



2018 Healthy Hometown Awards Application

Any questions regarding the application process should be directed to Sheila Grogan at 601-664-4525. Please complete this application electronically and submit it as a single PDF document to healthyhometown@bcbsms.com by March 1, 2018. Please label all Exhibits as noted in each question on the application. Your Exhibit letters may not be in alphabetical sequence if a question does not apply (i.e., Exhibit A, Exhibit B, Exhibit E, Exhibit H, etc.).

Name of Municipality: _____

Name of Mayor: _____

Municipality Population: _____ **Municipality Website:** _____

Eligibility Requirements

- | | | |
|--|-----|----|
| 1. The municipality has a smoke-free ordinance in effect by February 1, 2018, and named a 100% Smoke-free Mississippi Community by the Mississippi State University Social Science Research Center, Mississippi Tobacco Data (www.mstobaccodata.org). | Yes | No |
| 2. The municipality agrees to work exclusively with the Blue Cross & Blue Shield of Mississippi Foundation for a minimum of one year from the award date until the end of the grant term on all Healthy Hometown activities. | Yes | No |
| 3. The municipality agrees to partner with the Blue Cross & Blue Shield of Mississippi Foundation on all health and wellness activities sponsored by the municipality for a minimum of one year from the Healthy Hometown award date until the end of the grant term. | Yes | No |
| 4. The municipality agrees to obtain written approval from the Blue Cross & Blue Shield of Mississippi Foundation for the use of the Blue Cross & Blue Shield of Mississippi Foundation name and logo and "Healthy Hometown" or "Healthiest Hometown" name and logo. | Yes | No |
| 5. The municipality agrees to host a city-sponsored public event exclusively for the purpose of celebrating the municipality's honor in receiving a Healthy Hometown award, with a check presentation from the Blue Cross & Blue Shield of Mississippi Foundation that includes a physical fitness activity (e.g., 5K, community walk led by the mayor, parade led by the mayor, etc.), and/or a healthy cooking demonstration. The municipality agrees to hold the event within ninety (90) days from the award announcement. The Foundation must approve the event date, program, agenda, and any vendors prior to scheduling. The municipality also agrees to cooperate with the Foundation in obtaining photography and publicity releases for the purpose of capturing video and still photography at the Healthy Hometown celebration event. | Yes | No |



A Subsidiary of Blue Cross & Blue Shield of Mississippi.

3545 Lakeland Drive • Flowood, Mississippi 39232

Continued on page 2.



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Eligibility Requirements *(continued)*

Name of Contact Person/Health and Wellness Champion: _____

(Note: The contact person/health and wellness champion should have in-depth knowledge of the municipality and activities, committees, and priorities included in this application. As noted in Section 2 of the application, the health and wellness champion will serve as chair of the Healthy Hometown Committee. All email and mail correspondence related to this grant application will be addressed to the contact person/health and wellness champion.)

Email address: _____ **Telephone Number:** _____

Mailing Address: _____

Section 1: Tobacco-free Community

1. Provide documentation that the municipality is smoke-free. *To be eligible for the Healthy Hometown Award Program, the municipality must have a smoke-free ordinance in effect no later than February 1, 2018, and be named a 100% Smoke-free Mississippi Community by the Mississippi State University Social Science Research Center, Mississippi Tobacco Data (www.mstobaccodata.org). (Attach and label as Exhibit A.)*

2. Respond to the following questions related to the municipality's smoke-free ordinance:

2.(a) Does the municipality's smoke-free ordinance prohibit the use of electronic smoking devices? Yes No

If yes, reference the page and section where this information is documented in the municipality's smoke-free ordinance.

2.(b) Does the municipality's smoke-free ordinance prohibit smoking in 100% of all workplaces, including tobacco and electronic smoking device retail store workplaces? Yes No

If yes, reference the page and section where this information is documented in the municipality's smoke-free ordinance.

2.(c) Does the municipality's smoke-free ordinance prohibit smoking in 100% of all hotel and motel rooms? Yes No

If yes, reference the page and section where this information is documented in the municipality's smoke-free ordinance.

2.(d) Does the municipality's smoke-free ordinance prohibit smoking in 100% of all indoor and outdoor restaurants and bars? Yes No

If yes, reference the page and section where this information is documented in the municipality's smoke-free ordinance.

Section 1 continued on page 3.



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Section 1: Tobacco-free Community *(continued)*

- 2.(e) List the areas that are exempt from the provisions in the municipality's smoke-free ordinance (*i.e., private residences, except when used as a childcare, adult day care, or healthcare facility; not more than twenty percent of hotel and motel rooms rented to guests, etc.*).

Please type no more than 250 characters.

If there are areas that are exempt from the provisions in the municipality's smoke-free ordinance, reference the page and section where this information is documented.

3. Provide documentation demonstrating that all hospitals and medical facilities (e.g. pharmacies, physician offices, emergency clinics) in the municipality are tobacco-free. ***(Attach and label as Exhibit B.)***
4. Describe the community's efforts to discourage the use of electronic smoking devices.

Section 1 continued on page 4.



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Section 1: Tobacco-free Community *(continued)*

5. Describe the community's efforts to discourage the use of smokeless tobacco.

Please type no more than 1000 characters.



Section 2: Community Leadership and Involvement

1. Provide documentation (e.g. meeting notifications, meeting minutes) demonstrating that the municipality has established a “Healthy Hometown Committee” of 10-15 persons that meets bi-monthly (or more often as necessary).The committee shall be chaired by one designated “health and wellness champion” who will serve as point person on all efforts. The committee should include the following people: **(Attach and label as Exhibit C.)**
 - Mayor
 - Alderman or city council member(s)
 - Local citizens (to include senior citizen representatives)
 - Local business leader or owner(s)
 - Local church leader(s)
 - Medical representative(s) (doctor, nurse or pharmacist, etc.)
 - School superintendent(s)
 - High school student representative(s)
2. Describe how the “Healthy Hometown Committee” has taken steps to comprehensively improve the health and wellness of the community by involving all facets of the town (e.g. local businesses, schools, faith-based organizations, etc). Describe the plans it has made to sustain these efforts and how an award of \$50,000 or \$25,000 would be utilized.

Please type no more than 1000 characters.

Section 2 continued on page 6.



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Section 2: Community Leadership and Involvement *(continued)*

3. Describe how each member of the "Healthy Hometown Committee" serves as a role model for good health in the community.

Please type no more than 1000 characters.

4. Describe how the municipality provides health and wellness information on the hometown website and/or provides printed material at all city/town owned facilities that are open to the public.

Please type no more than 1000 characters.

Section 2 continued on page 7.



Section 2: Community Leadership and Involvement *(continued)*

5. Describe steps the municipality has taken to create and adopt ordinances/city codes that require all new road and general construction projects to consider the impact of the project on the “walkability” of the community. Describe how the municipality encourages the built community to support exercise (e.g. designated multi-use lane(s) for walkers and cyclists, etc.)

Please type no more than 1000 characters.

6. Does the municipality have an enforceable helmet ordinance requiring all children and adults to wear a helmet when riding a bike, skateboarding, rollerblading, or riding an all-terrain vehicle? Yes No

If yes, reference the page and section where it is documented that all children and adults are required to wear a helmet when riding a bike, skateboarding, rollerblading, or riding an all-terrain vehicle.

7. If the response to question 6 above is “yes,” provide documentation that the municipality has an enforceable helmet ordinance requiring all children and adults to wear a helmet when riding a bike, skateboarding, rollerblading, or riding an all-terrain vehicle. **(Attach and label as Exhibit D.)**
8. Describe how the municipality works with the local media to provide regular updates to the community on health and wellness efforts, community opportunities to engage in healthy events, etc.

Please type no more than 1000 characters.



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Section 3: Promotion, Support and Encouragement of Exercise

1. Provide documentation and pictures demonstrating that the municipality has areas designated for outdoor health and wellness activities (e.g. parks, playgrounds, soccer fields, recreational sports space). **(Attach and label as Exhibit E.)**

1.(a) Describe how the municipality encourages children and families to utilize these areas.

Please type no more than 1000 characters.

2. Provide documentation and pictures demonstrating that the municipality has at least one walking trail or walking track area that is maintained by the municipality. **(Attach and label as Exhibit F.)**
3. Describe the municipality's efforts to ensure that the walking trail/track is safe, well-maintained and utilized often by citizens.

Please type no more than 1000 characters.

Section 3 continued on page 9.



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Section 3: Promotion, Support and Encouragement of Exercise *(continued)*

4. Describe the community-wide events that encourage and promote exercise in the municipality.

Please type no more than 1000 characters.

5. Describe efforts the municipality has made to encourage a healthy work environment for city employees.

Please type no more than 1000 characters.

Section 3 continued on page 10.



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Section 3: Promotion, Support and Encouragement of Exercise *(continued)*

6. Does the municipality have a policy in place that allows all city employees to walk or exercise for 30 minutes during business hours two times per week? Yes No
7. If the response to question 6 above is "yes," provide documentation that the municipality has a policy in place that allows all city employees to walk or exercise for 30 minutes during business hours two times per week. **(Attach and label as Exhibit G.)**
8. Describe efforts the local business community has made to encourage and promote worksite wellness programs for employees.

Please type no more than 1000 characters.



Section 4: Encouragement of Healthy Community Nutrition

1. Do all vending machines on machines on municipal property meet the following criteria: Yes No

Beverages should be limited to the following general guidelines

- Bottled water
- 100% juice with no added sugar
- "Diet" soft drinks

Snacks should be limited to the following general guidelines

- At least 20% of the recommended daily value for vitamins and minerals
- No more than 200 calories per package
- No more than 25% of total calories from fat and less than 3 grams of fat per serving
- Less than 1 gram of saturated fat per serving
- Less than 10 milligrams of cholesterol per serving
- No grams of trans-fat
- Less than 480 milligrams of salt per serving

2. If the response to question 1 above is "yes," please provide documentation that all vending machines on municipal property meet the criteria outlined above. **(Attach and label as Exhibit H.)**
3. Provide documentation that local restaurants have healthy options on their menus. **(Attach and label as Exhibit I.)**
4. Describe efforts taken to provide and promote healthy food and beverage options at convenience stores.

Please type no more than 1000 characters.

Section 4 continued on page 12.



Section 4: Encouragement of Healthy Community Nutrition *(continued)*

5. Is there a farmers' market in the municipality open to the public at least 100 days per year? Yes No

6. If the response to question 5 above is "yes," provide documentation and pictures demonstrating that there is a farmers' market in the municipality open to the public at least 100 days per year. ***(Attach and label as Exhibit J.)***

7. Describe how the municipality encourages its citizens to utilize the farmers' market.

Please type no more than 1000 characters.

8. Is there a community garden in the municipality available for use by citizens? Yes No

9. If the response to question 8 above is "yes," provide documentation and pictures demonstrating that there is a community garden in the municipality available for use by citizens. ***(Attach and label as Exhibit K.)***



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Section 5: Ensuring Healthy School Environments

1. Are all schools located within the municipality aligned with the 2007 Healthy Students Act? Yes No
2. Provide documentation that all schools located in the municipality meet the criteria of the 2007 Healthy Students Act. Documentation should include: local school wellness policies, a listing of school health council members at each school site, and copies of minutes of the most recent school health council meeting. **(Attach and label as Exhibit L.)**
3. Do all schools located in the municipality have shared use agreements with the municipality? Shared use agreements authorize local school boards to allow school property to be used by the public during nonschool hours for recreation and sports: (Shared Use Agreements – HB 540-2012). Yes No
4. If the response to question 3 above is “yes,” provide documentation that the schools located in the municipality have shared use agreements with the municipality. **(Attach and label as Exhibit M.)**
5. Describe how the schools located in the municipality provide a healthy environment for its students, faculty, and administrators. Include a description of the school cafeteria’s philosophy for healthy food and specifics regarding the physical education program and health education program. (Requirements include: 150 minutes per week of physical activity or physical education for grades K-8; ½ Carnegie Unit of physical education or physical activity for high school; 45 minutes per week of health instruction for K-8 and ½ Carnegie Unit of health in high school.)

Please type no more than 1000 characters.

Section 5 continued on page 14.



Section 5: Ensuring Healthy School Environments *(continued)*

6. Criteria for beverages and snacks on school property during the school day:

Beverages limited to following minimum guidelines

- Bottled water
- Low fat and non fat regular and flavored milk
- 100% juice with no added sweeteners
- Zero calorie or low calorie soft drinks and sports drinks

Snacks limited to the following minimum guidelines

- At least 5 percent of the recommended Daily Value (DV) for three or more nutrients (fiber; vitamins A, C, D, E; thiamin, niacin, riboflavin, calcium, iron, and zinc). At least 3 grams protein per package may be substituted for one of the listed nutrients
- No more than 200 calories per package
- No more than 35 percent of total calories from fat and 7 grams maximum (with the exception of nuts, seeds, peanut and other nut butters, and cheeses)
- No more than 10 percent of calories from saturated fat and/or trans fat and 2 grams maximum (with the exception of nuts, seeds, peanut and other nut butters, and cheeses)
- No more than 35 percent added sugar by weight and 15 grams maximum (excludes sugars naturally occurring in fruits, vegetables, and dairy)
- Fruits and vegetables included anywhere snack items are sold (e.g. dried fruit in vending machines; fresh fruit or vegetables in snack bars and concessions)

6.(a) All vending machines, snack bars, and concessions on school property accessible to students during the school day meet the above criteria.	Yes	No
6.(b) All vending machines, snack bars, and concessions on school property accessible to administrators, faculty and staff during the school day meet the above criteria.	Yes	No

Section 5 continued on page 15.



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Section 5: Ensuring Healthy School Environments *(continued)*

7. Describe how schools located in the municipality involve parents and the community in supporting and reinforcing their health and wellness initiatives.

Please type no more than 1000 characters.

- | | | |
|---|-----|----|
| 8. Does the school district with schools located in the municipality have a formal written overall district strategic plan? | Yes | No |
| 8.(a) Does the school district with schools located in the municipality have health and wellness as one of its 3 to 5 overall district strategic goals? These goals are the <u>high level overall district strategic goals</u> and not the wellness policies. | Yes | No |

Section 5 continued on page 16.



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Section 5: Ensuring Healthy School Environments *(continued)*

- 8.(b) If the response to 8.(a) is “yes,” list the 3 to 5 overall district strategic goals of the school district that are in the formal written overall district strategic plan, and indicate whether each goal is related to health and wellness. These goals are the high level overall district strategic goals and not the wellness policies.

Overall District Strategic Goals	
1	Please type no more than 250 characters.
2	Please type no more than 250 characters.
3	Please type no more than 250 characters.
4	Please type no more than 250 characters.
5	Please type no more than 250 characters.