



Healthy Business Academy 2009-2010 Program

The **Healthy Business Academy** offers a two-prong strategy: practical employee wellness program training and Certified Healthy Business application guidance. The Academy introduces the Make It Your Business for a Strong and Healthy Oklahoma modules over a period of several months. The modules introduce new aspects of employee wellness plans each quarter through luncheon classes from 11:30 a.m.-1:00 p.m. held at Moore Norman Technology Center. These classes bring a mix of discussions, group policy creation, question/answer sessions, and brainstorming. At least one outside speaker per class will give an overview of their company's employee wellness program. Homework may include reading assignments, worksheets, or preparing for classroom discussions. Participants are asked to bring their course notebook to every class.

Academy faculty is comprised of health promotion specialists, registered nurses, exercise specialists, nutrition specialists, tobacco control specialists, other wellness educators, and past graduates as guest speakers. The **2009-2010 Healthy Business Academy** Schedule includes:

September 18	Certified Healthy Business Application Review
November 20	Establishing/Expanding Policies and Activities to Eat Better
January 29	Establishing/Expanding Policies and Activities to Move More
March 12	Establishing/Expanding Policies and Activities to Be Tobacco-Free
April TBA	HBA Graduation

Target Audience:

- Open to local businesses, non-profits, organizations, and individuals
- Participants must be willing to commit to the full program by signing attendance contract that allows for one absence
- Businesses with wellness programs looking to expand and strengthen the current program, or those who do not have a program in place but are committed to creating a program in the future

Tuition

Healthy Community members: \$25*, Non-members \$25

Tuition is non-refundable to all participants upon acceptance and their commitment to the program. Participants must pay tuition by the first session.

*A limited number of scholarships are available please contact Lindy Beswick for more information.

To learn more and to download an application, visit

www.myhealthycommunity.com or contact Lindy Beswick at 405-307-6602 or email at lbeswick@nrh-ok.com.



Healthy Business Academy: 2009-2010 Application for Admission

This application provides you an opportunity to describe your organization, the employee wellness program, any relevant needs your employee wellness program may be facing as well as your expectations for participating in the Healthy Business Academy. Please answer the following questions in as much detail as possible while limiting your response to a maximum of half a page each. Be specific with questions or challenges that your employee wellness program is facing, or what you hope to accomplish in the next 12 months.

Please submit completed applications via email (preferred) to Lindy Beswick at lbeswick@nrh-ok.com or via mail by September 12th, 2009 to:

Norman Regional Health System
Community Health & Wellness Dept.
718 N. Porter, Suite 102
Norman, OK 73070

General Information

Company Name:
Address:
Contact Name:
Office Telephone Number:
Alternate Telephone Number:
Fax Number:
Email address:
Website address:
Are you a current Healthy Community Coalition member?:
Are you a current Certified Healthy Business?:
Do you currently have an employee wellness program?
Year the employee wellness program was established:
Do you currently have an wellness committee?:
Current number of employees (indicate full and part time):

Tell us about your company's current wellness program

Describe your company as well as your current employee wellness program, including policies, activities, and measurement tools. Please include your role in the program.

Policies

Does your organization have any wellness policies? If not, please indicate which policies you would like to try and implement in the next 12 months. If your organization has any wellness policies please include a copy of those policies with your application.

Nutrition Policy	<input type="checkbox"/> Have	<input type="checkbox"/> Do not have	<input type="checkbox"/> Would like to implement
Physical Activity Policy	<input type="checkbox"/> Have	<input type="checkbox"/> Do not have	<input type="checkbox"/> Would like to implement
Tobacco Free Policy	<input type="checkbox"/> Have	<input type="checkbox"/> Do not have	<input type="checkbox"/> Would like to implement

Your ideal wellness program

Please describe what policies or activities you would like to see your company incorporate into your employee wellness program.

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Concerns

Please list the top three concerns you have regarding the success of your employee wellness program over the next 24 months. Please be as specific as possible.

1.
2
3

Improvement

Where do you think your company's employee wellness can improve? Please include particular areas concerning the leadership involvement/support, policy implementation, etc.

Expectations

What are your expectations of this program?

Participation/Commitment

If selected to participate, I will commit to the full program and its requirements. I understand and acknowledge that tuition is non-refundable up on acceptance to the Academy, even if I am asked to withdraw due to failure to attend or if I withdraw voluntarily for any reason.

Applicant Signature

Date