

ETWR Recognition Application 2022

Source

1. How did you hear about this application? *

- Facebook
- ETWR website
- ETWR meeting
- Email
- Friend/colleague
- Other

Contact Information

2. First Name *

3. Last Name *

4. Title *

5. Company Name *

6. Street Address *

7. Apartment/Suite/Office

8. City *

9. State *

10. Zip Code *

11. County *

12. Work Phone

Number:

13. Mobile Phone Number:

14. Company

Website:

Email Address

15. Please enter your email address. *

16. Please confirm your email address. *

Business and Industry Type

17. Please select your organization's business type. *

- For-profit
- Government
- Nonprofit
- Other - Write In (Required)

18. Please select your organization's industry type. *

- Retail
- Hotel/restaurant
- Health care
- Real estate, rental and leasing
- Finance and insurance
- Educational services
- Logistics
- Manufacturing
- Arts, entertainment and recreation
- Public service
- Other - Write In (Required)

*

Employer Size

19. Please indicate the size of your worksite. *

- Small (< 300 employees)
- Medium (300-1,000 employees)
- Large (> 1,000 employees)

20. How many employees work for your organization? (estimate for East Tennessee worksites if your organization has multiple sites) *

Application Type

21. Are you applying for ETWR Bronze, Gold or Platinum status (ETWR Recognition) only, for grant-funded resources only or both ETWR Recognition and grant-funded resources? To review the criteria and descriptions click [here](#). To view resources available before continuing, see a printable list [here](#). *

- ETWR Bronze or Gold status only
- Both ETWR Bronze or Gold status and grant-funded resources
- ETWR Platinum status only
- Both ETWR Platinum and grant-funded resources
- Grant-funded resources only

Previously Applied?

22. Have you previously applied for ETWR Gold status? *

- Yes
- No

23. Have you previously received ETWR Gold status? *

- Yes
- No

Leadership Commitment

24.

Are key stakeholders (i.e., senior management, human resource managers, safety officers, staff members, etc.) committed to worksite wellness?

*

- Yes
- No
- Partial

List of Leaders

25. Please list the names and titles of managers and leaders at your organization who have communicated a commitment to worksite wellness. The purpose of this question is to assess how much leadership support your worksite has related to wellness. The individuals you list will not be contacted.

	Name	Title	Role in Worksite Wellness
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Modeling Healthy Behaviors

26. Do employers role model healthy behaviors? (Choose healthy snacks/beverages, participate in wellness challenges and activities, etc.) *

- Yes
- No

Wellness Committee

27.

Does your worksite have a wellness committee, champions, or designated employees who meet at least annually to oversee worksite wellness program operations?

*

- Yes
- No
- Not Applicable

Wellness Plan

28.

Does your worksite have a worksite wellness plan in place? (Examples of documentation include action/strategic plans, wellness calendars, organizational objectives, summary of wellness program components, etc.)

*

- Yes
- No
- In Development

Wellness Plan Upload

29. Please attach your worksite wellness plan. Appropriate documents include action/strategic plans, wellness calendars, organizational objectives, summary of wellness program components, etc.

Browse...

Communication

30.

Does your worksite regularly communicate wellness programming and information to employees?

*

- Yes
- No
- Not Applicable

Description of Communication Strategies

31. How does your worksite regularly communicate wellness programming and information to employees? *

- Email
- Staff Meetings
- Newsletters
- Intranet
- Other - Write In (Required)

*

Wellness Budget

32.

Is there a worksite wellness budget (including insurance rebates, allotted funds, etc.) for employee health promotion that includes some funds for programming or incentives?

*

- Yes
- No
- Not Applicable

Employee Interest Survey

33.

Does your worksite offer an annual needs and interests survey to employees as a means to check-in with the wellness program target audience?

*

- Yes
- No
- Not Applicable

Community Health Initiatives

34. Does your worksite engage in other health initiatives throughout the community and support employee participation and volunteer efforts? (Ex: community events, school-based efforts, corporate walks, participation in health organizations or coalitions) *

- Yes
- No
- In development
- Not applicable

Evaluation

35. Does your worksite have a formal, ongoing evaluation process in place to evaluate the worksite wellness program? (Evaluation examples may include participant counts for various campaigns, documentation on action plans, or assessing the return on investment of money spent on wellness vs. cost savings.) *

- Yes
- No
- In Development
- Not Applicable

Evaluation Description

36. Please briefly describe how your worksite evaluates wellness programs, policies and initiatives. *

Incentives

37. Does your worksite provide incentives along with other strategies to encourage participation in wellness activities? *

- Yes
- No
- Not Applicable

Description of Incentives

38. What incentives and/or intrinsic rewards are provided? *

Competitions

39. Does your worksite use competitions when combined with additional interventions to support employees making behavior change? *

- Yes
- No

Health Insurance

40.

Does your worksite offer health insurance to employees and their families?

*

- Yes
- No

Disease Prevention Items

41. Please indicate whether or not the following disease monitoring and prevention-related initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Offer/require health risk assessments and/or biometric screenings on a regular basis (at least every other year)?	<input type="radio"/>	<input type="radio"/>
Make blood pressure monitoring devices available with instructions?	<input type="radio"/>	<input type="radio"/>
Make scales available for assessing weight with instructions?	<input type="radio"/>	<input type="radio"/>
Provide influenza vaccinations at your worksite with no or low cost to employees?	<input type="radio"/>	<input type="radio"/>
Promote/encourage influenza (flu) vaccines through written materials or online information to address the benefits of the flu vaccine?	<input type="radio"/>	<input type="radio"/>
Provide educational materials such as brochures, videos, posters, etc. that addresses risks of health issues (hypertension, diabetes, high cholesterol, overweight/obesity)?	<input type="radio"/>	<input type="radio"/>
Provide educational workshops, seminars, classes or online trainings for health issues (hypertension, diabetes, high cholesterol, overweight/obesity)?	<input type="radio"/>	<input type="radio"/>

42. Would you like to add any additional comments related to the questions above?

Physical Activity Items

43. Please indicate whether or not the following physical activity-related initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Provide free, discounted or employer subsidized memberships to fitness centers?	<input type="radio"/>	<input type="radio"/>
Provide signage for indoor or outdoor walking routes?	<input type="radio"/>	<input type="radio"/>
Provide access to an onsite exercise facility, basic fitness equipment or outdoor exercise areas, playing fields or walking trails for employees to use?	<input type="radio"/>	<input type="radio"/>
Provide prompts to promote physical activity near each stairwell or elevator and other key locations?	<input type="radio"/>	<input type="radio"/>
Provide bike racks in safe and convenient locations and make employees aware of where they are located?	<input type="radio"/>	<input type="radio"/>
Provide organized individual or group physical activity programs for employees (i.e., run club, hiking club or onsite group fitness classes)?	<input type="radio"/>	<input type="radio"/>
Provide a physical activity policy that allows for flexible hours to accommodate activity?	<input type="radio"/>	<input type="radio"/>
Provide educational materials such as brochures, videos, newsletters, etc. that address the benefits of physical activity?	<input type="radio"/>	<input type="radio"/>

44. Would you like to add any additional comments related to the questions above?

Nutrition Items

45. Please indicate whether or not the following nutrition-related initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Have a healthy vending or cafeteria policy?	<input type="radio"/>	<input type="radio"/>
Have a healthy catering policy?	<input type="radio"/>	<input type="radio"/>
Make filtered water available and/or promote drinking water throughout the day?	<input type="radio"/>	<input type="radio"/>
Provide a designated space for employee breaks and kitchen equipment for employee food storage and preparation?	<input type="radio"/>	<input type="radio"/>
Provide onsite gardening for employee use?	<input type="radio"/>	<input type="radio"/>
Provide educational seminars, workshops, "lunch and learns", or classes on nutrition?	<input type="radio"/>	<input type="radio"/>
Offer or promote fresh fruits and vegetables? (Cafeteria offerings, snacks, connect employees to farmer's markets)	<input type="radio"/>	<input type="radio"/>
Promote healthy choices from vending or cafeteria through symbols, signage or other communication?	<input type="radio"/>	<input type="radio"/>

46. Would you like to add any additional comments related to the questions above?

Lactation/Pregnancy

47. Please indicate whether or not the following lactation/pregnancy initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Have a written policy on breastfeeding for employees that is consistent with state and federal laws?	<input type="radio"/>	<input type="radio"/>
Qualify as a "Breastfeeding Welcomed Here" establishment? (This requires taking the TDH "Breastfeeding Welcomed Here" pledge. To take the pledge now and get credit for this item, visit this link: https://www.tn.gov/health/health-program-areas/fhw/bf/breastfeeding-welcomed-here.html)	<input type="radio"/>	<input type="radio"/>
Provide private space (other than a restroom) that may be used by an employee to express breast milk?	<input type="radio"/>	<input type="radio"/>
Offer paid maternity/paternity leave or flexible work hours, separate from sick, annual or vacation time?	<input type="radio"/>	<input type="radio"/>
Offer additional flexibility for new mothers/fathers if paid maternity/paternity leave is not an option?	<input type="radio"/>	<input type="radio"/>

48. Would you like to add any additional comments related to the questions above?

Mental Health, Substance Misuse & Workplace Stress Items

49. Please indicate whether or not the following mental health and workplace stress-related initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Have referral programs for depression, stress and/or other mental health risk factors?	<input type="radio"/>	<input type="radio"/>
Sponsor or organize social events throughout the year (i.e., company picnics, group outings, employee sports teams, team building events, etc.)?	<input type="radio"/>	<input type="radio"/>
Provide free or subsidized screenings (beyond self-report) for depression followed by direct feedback and clinical referral when appropriate?	<input type="radio"/>	<input type="radio"/>
Offer training to employees and/or supervisors for recognizing an assisting with social wellness, stress, depression or substance abuse? (seminars, workshops, resources, etc.)	<input type="radio"/>	<input type="radio"/>
Provide dedicated space that is quiet where employees can engage in relaxation activities such as deep breathing exercises?	<input type="radio"/>	<input type="radio"/>
Have referral programs for employees with drug or alcohol concerns?	<input type="radio"/>	<input type="radio"/>
Have a drug-free workplace policy?	<input type="radio"/>	<input type="radio"/>
Promote work-life balance?	<input type="radio"/>	<input type="radio"/>
Provide financial wellness support?	<input type="radio"/>	<input type="radio"/>
Provide stress management programs for employees?	<input type="radio"/>	<input type="radio"/>
Encourage employees to use paid vacation time, personal days or hours?	<input type="radio"/>	<input type="radio"/>

50. Would you like to add any additional comments related to the questions above?

Tobacco Items

51. Please indicate whether or not the following tobacco-related initiatives apply to your worksite.

Does your worksite: *

	Yes	No
Have a written tobacco and e-cigarette policy?	<input type="radio"/>	<input type="radio"/>
Make employees and the public aware of the tobacco use policy through adequate signage?	<input type="radio"/>	<input type="radio"/>
Prohibit all forms of tobacco use anywhere on the property, including company vehicles?	<input type="radio"/>	<input type="radio"/>
Offer resources to employees who want to quit or have quit using tobacco products (i.e., Tennessee Tobacco QuitLine)?	<input type="radio"/>	<input type="radio"/>
Provide incentives for being a current nonuser of tobacco and for current tobacco users that are currently involved in cessation classes or actively quitting?	<input type="radio"/>	<input type="radio"/>

52. Would you like to add any additional comments related to the questions above?

Blood Pressure Cuff and Scale

53. Would you like to request a scale or blood pressure cuff for health monitoring purposes? *

- Scale
- Blood pressure cuff
- Both
- Neither

54. Would you like to offer an 8-week employee wellness program on blood pressure self management? (If so, check all that apply)

Note: The program comes with an implementation toolkit, and you can request all the supplies needed to implement a worksite blood pressure station, including a table, chair, blood pressure cuff and monitor, signage, and educational flyers.

- Signage and instructions for proper measurement of blood pressure
- Educational materials on healthy living
- Table and chair
- Blood pressure device and cuff
- Individual blood pressure tracking booklets for participants
- Educational packets for participants
- Implementation toolkit for 8-week program, including email templates, competition ideas, and blood pressure station set-up and maintenance instructions
- Incentives for program participants (like water bottles, lunch boxes, etc).

55. Please describe your need or intended use for these items. *

Walking Route Signage

56. Would you like to request walking route signage for your worksite? Example signs are provided below. These will be tailored to your worksite and printed on material for either outdoor or indoor posting. *

- Yes
- No

57. Please describe your need or intended use for walking route signage. *

Stairwell Prompts

58. Would you like to request stairwell prompts for your worksite? An example sign is provided below. *

- Yes
- No

Walking Group Activities

59. Would you like walking group activities like walk-and-talk theme cards for your worksite? *

- Yes
- No

Fitness Equipment

60. Would you like to request fitness equipment for your worksite? (If so, check all that apply.) *

- Resistance bands
- Under-desk bikes/ellipticals
- Yoga mats and yoga blocks
- Stability balls
- Medicine balls
- Weighted bars
- Dumb bells
- Steppers
- Jump ropes
- Foam rollers
- Kettlebells
- Fitness DVDs
- Televisions or tablets for fitness videos
- Employee sharable bikes
- No, I do not wish to request fitness equipment.

61. Please describe your need or intended use for these items. *

Bike Racks

62. Would you like to request employee bike racks for your worksite? *

- Yes
- No

63. Please describe your need or intended use for employee bike racks. *

Kitchen Equipment

64. Would you like to request kitchen equipment for your worksite? (If so, check all that apply.) *

- Cutlery
- Cutting boards
- Measuring cups and spoons
- Colander
- Mixing bowls
- Reusable plates
- Tupperware
- Flatware
- Tongs
- Can opener
- Electric kettle
- Dish towels and drying mat
- Food scales
- Other - Write In
- No, I do not wish to request kitchen equipment.

65. Please describe your need or intended use for these items. *

66. Would you like picnic tables for on-site employee use? *

- Yes
- No

Garden Supplies

67. Would you like to request garden equipment to implement an employee garden at your worksite? Garden equipment includes items such as:

- Raised garden beds
- Organic soil and mushroom compost
- Large outdoor storage bin and combination lock
- Gardening starter kit with tools and gloves
- Hose and wall attachment
- Landscape fabric and staples
- Spray nozzle and watering wand
- Kneeling pad
- Reusable plant markers
- Rain gauge
- Watering can
- Bucket
- Twine

*

- Yes
- No

68. Please describe your need or intended use for these items. *

Lactation Room and Supplies

69. Would you like to request lactation room furniture and supplies for your worksite? Lactation room furniture and supplies includes items such as:

- Sofa chair
- Side table
- Lamp
- Panel room divider
- Mini refrigerator/freezer
- Lockers
- Microwave
- Sound machine
- Surge protector
- Milk storage bags and cooler packs
- Steamer bags and bottle sterilizer
- Wall photo display
- Sign for the door

*

Yes

No

70. Please describe your need or intended use for these items. *

Breastfeeding Support

71. Would you like information on how to become a Breastfeeding Welcomed Here worksite? *

- Yes
- No

72. Would you like access to training modules related to supporting breastfeeding in the workplace?

- Yes
- No

Mental Health Resources

73. Would you like more information about free mental health resources available to employers, supervisors and employees? *

- Yes
- No

74. Would you like to request personalized "random acts of kindness" tokens for a mental health workplace initiative? *

- Yes
- No

75. Would you like to request gratitude journals and tips for initiating a gratitude initiative at your workplace? *

- Yes
- No

76. What is your intended use for this item? *

Supervisor Drug Training

77. Would you like to request supervisor training related to a drug-free workplace? This 2-hour training would be provided by staff from the Metropolitan Drug Commission. *

- Yes
- No

78. Please describe your need or intended use for this training. *

Tobacco Signage

79. Would you like to request signage to make employees and the public more aware of tobacco-free areas? An example sign is provided below. These will be tailored to your worksite and printed on material for either outdoor or indoor posting. *

- Yes
- No

80. Describe your need or intended use for this signage. *

Wellness Recognition

81. Would you like parking lot signage to designate a parking spot for wellness-related recognition? *

- Yes
- No

82. What is your intended use for this item? *

Worksite Wellness Toolkit

83. Would you like to request an electronic copy of a worksite wellness toolkit for your organization? *

- Yes
- No

Example Policies

84. Select example worksite policies that are of interest to you. For each item you select, we will send you an example policy. *

- Flexible Schedule for Alternative Transportation Policy template
- Walking Meeting Policy template
- Flexible Schedule for Physical Activity Policy template
- Healthy Catering Policy template
- Healthy Vending Policy template
- Breastfeeding Support and Promotion Policy template
- Tobacco-Free Environment Policy template
- None of the above

Wellness Trophies/Certificates

85. Would you like to request personalized department or individual trophies as wellness incentives? (Ex: Fittest department, wellness champion of the month, most steps this month, wellness role model, etc.) *

Yes

No

Healthy Vending

86. Would you like to request healthy vending promotional materials including a starter toolkit, vending machine stickers and food item stickers?

*

Yes

No

Connect with Local Food

87. Would you be interested in learning more about participating in Nourish Knoxville's pilot Nourish Wellness program? Nourish Knoxville is a nonprofit organization focused on building healthy communities by supporting relationships between local farmers, producers, and the public.

Partnering with their Nourish Wellness program will provide your employees with the following opportunities:

- Employees will receive \$5 each in vouchers provided by grant-funding for fresh, local fruits and vegetables at participating Nourish Knoxville farmers' market locations*, for up to 5 visits during business hours on Wednesdays and Thursdays.
- Employees will receive recipe cards and other resources for buying and preparing locally-grown produce.

**Participating farmers' markets (note: Location availability is subject to change due to the pandemic)*

- *Market Square Farmers' Market: Located at Market Square in downtown Knoxville*
- *New Harvest Farmers' Market: New Harvest Park, 4775 New Harvest Lane, Knoxville*

*

- Yes
- No

88. Would you like to receive East Tennessee Local Food Guides from Nourish Knoxville for employee use?

Local Food Guides are a free, comprehensive resource to help consumers in East Tennessee find locally-grown food at farmers' markets, restaurants, farm and grocery stores, and more. Please note that 2022 Local Food Guides will be available in April of this year. *

Yes

No

89. How many Local Food Guides would you like to request for your worksite?

Other Resources

90. What other resources would you like to request in order to improve upon worksite wellness initiatives? We may be able to provide other items if funding allows.

Release

91. Should you be eligible for ETWR Recognition, do you give ETWR permission to list your worksite as an awardee on the ETWR Facebook page, the ETWR website, and in media releases? *

Yes

No

92. Please upload an image of the logo that you would like used on any given resources (i.e., walking route signage) or on the ETWR Facebook page and website, should your organization be awarded. Your logo will only be shared if you selected that you give permission above.

Browse...

93. Please upload an image of the logo that you would like used on the ETWR Facebook page and website, should your organization be awarded. Your logo will only be shared if you selected that you give permission above.

Browse...

94. Please upload an image of the logo that you would like used on any given resources (i.e., walking route signage).

Browse...

Additional Comments

95. What additional comments or information would you like to share pertaining to this application and/or your worksite wellness initiatives?

Signature

96. Electronic Signature.

Please provide your electronic signature below to confirm that all information provided is correct to the best of your knowledge. *