

ETWR Gold Application 2019

Source

1. How did you hear about this application? *

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

Contact Information

2. Who is the primary contact for this application?

First Name *

Last Name *

Title *

Company Name *

Street Address *

Apt/Suite/Office

City *

State *

Zip *

County *

Work Phone *

Mobile Phone

Company Website

Email Address

3. Please enter your email address. *

4. Please confirm your email address. *

Business and Industry Type

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

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

6. 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

7. Please indicate the size of your worksite. *

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

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

Application Type

9. Are you applying for ETWR Gold status only, for grant-funded resources only or both ETWR Gold status and grant-funded resources? *

- ETWR Gold status only
- Grant-funded resources only
- Both ETWR Gold status and grant-funded resources
- I'm not sure. I would like to see the resources available.

Previously Applied?

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

- Yes
- No

11. Have you previously received ETWR Gold status? *

- Yes
- No

Leadership Commitment

12.

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

13. 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"/>

Wellness Committee

14.

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

Frequency of Committee Meetings

15. How often does this group meet? *

- Monthly
- Quarterly
- Annually
- Other

Wellness Plan

16.

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

*

- Yes
- No
- In Development

Wellness Plan Upload

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

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Communication

18.

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

*

- Yes
- No
- Not Applicable

Description of Communication Strategies

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

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

*

Wellness Budget

20.

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

21.

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

Evaluation

22. Does your worksite have a formal 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

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

Educational Programming

24.

Please select all topics for which your worksite *internally* provides education or counseling to employees (i.e., lunch and learns, speaker series, group classes, newsletters, one-on-one counseling). Do not include topics for which education and/or counseling is *only* covered by benefits.

*

- Physical activity
- Nutrition
- Weight management
- Breastfeeding
- Stress management
- Mental health
- Work/Life balance
- Financial health
- Workplace violence/safety
- Tobacco cessation
- Chronic diseases (i.e., diabetes, heart disease, stroke, cancer, HIV, etc.)
- None of the above

Incentives

25. Does your worksite provide incentives to encourage participation in wellness activities? *

- Yes
- No
- Not Applicable

Description of Incentives

26. What incentives are provided? *

Work/Life Balance

27. Does your worksite promote work/life balance? *

Yes

No

Work/Life Balance Description

28. Briefly describe how your worksite supports work-life balance. *

Health Insurance

29.

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

*

Yes

No

Disease Prevention Items

30. Please indicate whether or not the following disease monitoring and prevention-related initiatives apply to your worksite. In order to achieve ETWR Gold status, you must answer affirmatively to at least 2 of the following items.

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?	<input type="radio"/>	<input type="radio"/>
Make scales available for monitoring weight?	<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"/>

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

Physical Activity Items

32. Please indicate whether or not the following physical activity-related initiatives apply to your worksite. In order to achieve ETWR Gold status, you must answer affirmatively to at least 3 of the following items.

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 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"/>

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

Nutrition Items

34. Please indicate whether or not the following nutrition-related initiatives apply to your worksite. In order to achieve ETWR Gold status, you must answer affirmatively to at least 3 of the following items. Additionally, at least 1 of your selections must be related to breastfeeding.

Does your worksite: *

	Yes	No
Have a healthy vending and 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"/>
Promote healthy vending options?	<input type="radio"/>	<input type="radio"/>
Provide a designated space for employee breaks and kitchen equipment for employee food storage and cooking?	<input type="radio"/>	<input type="radio"/>
Provide onsite gardening for employee use?	<input type="radio"/>	<input type="radio"/>
Have a lactation policy?	<input type="radio"/>	<input type="radio"/>
Provide an appropriate place for breastfeeding/pumping (lactation room)?	<input type="radio"/>	<input type="radio"/>
Qualify as a "Breastfeeding Welcomed Here" establishment? (This requires taking the Tennessee Department of Health "Breastfeeding Welcomed Here" pledge. To take the pledge now to get credit for this item, visit this link: https://www.tn.gov/content/tn/health/health-program-areas/fhw/bf/breastfeeding-welcomed-here/breastfeeding-welcomed-here-business-pledge.html)	<input type="radio"/>	<input type="radio"/>
Offer paid maternity and/or paternity leave (separate from sick/vacation time)?	<input type="radio"/>	<input type="radio"/>

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

Mental Health Items

36. Please indicate whether or not the following mental health-related initiatives apply to your worksite. In order to achieve ETWR Gold status, you must answer affirmatively to at least 4 of the following items.

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"/>
Offer training to employees for recognizing social wellness and stress in the workplace?	<input type="radio"/>	<input type="radio"/>
Provide dedicated space that is quiet where employees can engage in relaxation activities?	<input type="radio"/>	<input type="radio"/>
Have referral programs for employees with drug or alcohol abuse issues?	<input type="radio"/>	<input type="radio"/>
Train supervisors to understand alcohol and drug abuse issues to better assist employees?	<input type="radio"/>	<input type="radio"/>
Have a drug-free workplace policy?	<input type="radio"/>	<input type="radio"/>

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

Tobacco Items

38. Please indicate whether or not the following tobacco-related initiatives apply to your worksite. In order to achieve ETWR Gold status, you must answer affirmatively to at least 3 of the following items.

Does your worksite: *

	Yes	No
Have a tobacco 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"/>
Have a policy that prohibits all forms of tobacco including cigarettes, smokeless tobacco and electronic vaping?	<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"/>

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

Blood Pressure Cuff and Scale

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

- Scale
- Blood pressure cuff
- Both
- Neither

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

Walking Route Signage

42. 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

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

Stairwell Prompts

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

- Yes
- No

Fitness Equipment

45. Would you like to request fitness equipment for your worksite? Fitness equipment includes items such as:

- Resistance bands
- Yoga mats and yoga blocks
- Stability balls
- Medicine balls
- Weighted bars
- Dumb bells
- Steppers
- Jump ropes
- Foam rollers
- Kettlebells

*

Yes

No

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

Bike Racks

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

Yes

No

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

Kitchen Equipment

49. Would you like to request kitchen equipment for your worksite? Kitchen equipment includes items such as:

- Cutlery
- Cutting board
- Measuring cups and spoons
- Colander
- Mixing bowls
- Reusable plates
- Tupperware
- Flatware
- Tongs
- Can opener
- Electric kettle
- Dish towels and drying mat

*

Yes

No

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

Garden Supplies

51. 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

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

Lactation Room and Supplies

53. 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

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

Breastfeeding Support

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

- Yes
- No

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

- Yes
- No

Right Direction for Me

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

- Yes
- No

Supervisor Drug Training

58. 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

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

Tobacco Signage

60. 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

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

Worksite Wellness Toolkit

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

- Yes
- No

Example Policies

63. 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

Other Resources

64. 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

65. Should you be eligible for ETWR Gold status, 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

66. 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 Gold status. Your logo will only be shared if you selected that you give permission above.

Browse...

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

Browse...

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

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Additional Comments

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

Signature

70. Please sign this application to verify that all information provided is correct to the best of your knowledge.

Sign name using mouse or touch pad

Signature of