

ETWR Recognition Application Fall 2023

Welcome to the East Tennessee Wellness Roundtable (ETWR) Recognition application. Thank you for your interest and for taking the time to complete this application.

ETWR is a member-based collaboration of area professionals who strive to create cultures of wellness at their worksites through the promotion of professional development, evidence-based wellness and networking. Our goal is to promote physical, mental, emotional, financial and spiritual wellness among East Tennessee employers and their employees. There is no fee to join the organization. If you are not already a member, and wish to join, visit <https://www.etwellness.org/join/>

The ETWR Recognition Program identifies businesses that exemplify excellence in worksite wellness. The program takes a systems approach to worksite wellness by using evidence-based built environment and policy changes. The aim is to create cultures of health rather than to focus on traditional wellness programming. To achieve ETWR Recognition, worksites must demonstrate a supportive wellness infrastructure and must meet a certain number of criteria related to disease prevention.

The online application was developed and adapted from the 2019 Centers for Disease Control and Prevention Worksite Health ScoreCard. The application contains items related to infrastructure, disease monitoring and prevention, physical activity, nutrition, lactation and pregnancy, mental health and substance abuse and tobacco use. Worksites awarded the ETWR Bronze, Gold or Platinum status will be given a certificate, decals and access to the logo.

Preview the full application here

To request wellness resources: Communicate areas where your worksite could use assistance/funding/resources from the Knox County Health Department (KCHD) in order to implement new wellness initiatives or improve upon existing initiatives. For example, if you would like to have an employee garden, but do not have the resources to purchase gardening supplies, you can request resources from KCHD to support this initiative.

Examples of resources being provided are bike racks, fitness equipment for onsite fitness centers, kitchen equipment for preparing healthy foods, supplies and furniture for lactation rooms. supplies for worksite gardens. scales and blood pressure cuffs for health

new rooms, supplies for women's gardens, seats and shower pressure seats for health monitoring, walking route and smoke-free workplace signage, and supervisor trainings. KCHD can also provide technical assistance and sample worksite policies for improving upon or implementing new wellness initiatives.

The information collected in this application will not be made public. However, awarded worksites will gain publicity through the ETWR website, ETWR Facebook page and through media releases, unless you select that you wish for your worksite to be unlisted. Worksites are encouraged to use ETWR Recognition for employee recruitment, retention and health promotion.

The application should take approximately 30 minutes to complete. Applications will be scored based on a predetermined scoring protocol to determine whether or not your worksite is eligible for ETWR Recognition. You will be notified of award status and eligibility for resources from KCHD by Friday, November 3, 2023. Should your worksite not achieve the certification or desired resources at this time, you will have the opportunity to reapply in 2024. Apply by **August 25th** to be entered into a **early application prize** drawing.

This application closes on Friday, September 8th at 5 p.m. EST.



This project is funded under a grant contract with the State of Tennessee.



Frequently Asked Questions

In order to prepare for the application, please have an electronic copy of your worksite's wellness plan available if you currently have a wellness plan. For more details and answers to frequently asked questions (FAQs), click the link below. It is recommended that you use these FAQs as a reference as you complete the application.

FAQ: <https://www.etwellness.org/wp-content/uploads/2020/01/ETWR-Recognition-Frequently-Asked-Questions.pdf>

After the application is submitted, you will be asked to provide documentation of your responses and an onsite meeting may be scheduled if your worksite requested wellness resources.

Thank you in advance for your participation. Please contact Julia Nieforth at the KCHD at julia.nieforth@knoxcounty.org or call 865-215-5129 if you have any questions.

Who is the primary contact person for this application?

1

First Name: *

2

Last Name: *

3

Title: *

4

Company Name: *

5

Company Street Address: *

6

Apartment/Suite/Office #

7

City: *

8

State: *

9

Zip Code: *

10

County: *

11

Work Phone Number:

12

Mobile Phone Number:

13

Company Website:

14

Please enter your email address: *

15

Please confirm your email address: *

16

How did you hear about this application? (Select all that apply) *

Facebook

LinkedIn

ETWR Website

ETWR Meeting

Email

Friend/Colleague

Invitation in the mail

Other

Business and Industry Type

17

Please select your organization's business type *

- For-profit
- Government
- Nonprofit
- Other

18

Please select your organization's industry type (all that apply) *

- Retail
- Hotel/restaurant
- Healthcare
- Real estate, rental and leasing
- Finance and insurance
- Educational services
- Logistics
- Manufacturing
- Arts, entertainment and recreation
- Public Service
- Other

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) *

21

Please select the option that best describes your organization's work setting:

- On-site only: All staff work on-site
- Mixed Hybrid: Some staff work on-site and some staff work remotely
- Optional Hybrid: All staff have the option to work remotely at least part of the time
- Fully Remote: All staff work remotely or from home

Application Type

Are you applying for ETWR Recognition (Bronze, Gold or Platinum status) only?

Or are you applying for Recognition AND worksite wellness resources? See a list of available resources here: <https://www.etwellness.org/wp-content/uploads/2022/01/ETWR-Resource-List.pdf>

Or are you applying for grant-funded resources only? This option is reserved for organizations who have received a Bronze, Gold, or Platinum award from ETWR in the past.

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I am applying for *

- Bronze or Gold status only
- Bronze or Gold status PLUS worksite wellness resources
- Platinum status only
- Platinum status PLUS worksite wellness resources
- Worksite wellness resources only (this option is reserved for past recipients of bronze/gold/platinum status)

23

Have you previously applied for ETWR bronze/gold status? *

Yes

No

24

Have you previously been **AWARDED** ETWR bronze/gold status? *

Yes

No

Please Apply for Bronze or Gold Status

Before requesting "resources only" or applying for Platinum status, please apply for Bronze or Gold status.

Platinum status is for organizations who have maintained Gold status for at least one year.

ETWR Recognition Criteria

The following section will contain a series of questions covering each ETWR Recognition category. As a reminder, you will be asked at a later date to provide documentation for items that you select. Documentation can include photographs, policies, emails, calendars, etc.

The following categories will be covered in this section:

1. Organizational/Infrastructure
2. Tobacco
3. Nutrition
4. Lactation/pregnancy
5. Physical activity
6. Mental health, substance misuse and stress
7. Disease prevention

Organizational/Infrastructure

25

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

- Yes
- No
- Partial

26

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 questions is to assess how much leadership support your worksite has related to wellness. **The individuals you list will not be contacted.**

List name, title, and role in worksite wellness for up to 3 individuals. *

27

Do employers role model healthy behaviors? (For example, choose healthy snacks, beverages, participate in wellness challenges and activities, etc.) *

Yes

No

28

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

29

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

30

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

- Yes
- No
- Not applicable

31

How does your worksite regularly communicate wellness programming and information to employees? Select all that apply. *

- Email
- Staff meetings
- Newsletters
- Intranet
- Other

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

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

34

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

- Yes
- No
- In development
- Not applicable

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

36

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

37

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

- Yes
- No
- Not applicable

38

What incentives and/or intrinsic rewards are provided? *

39

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

- Yes
- No

40

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

Yes

No

Please read these instructions before proceeding.

For the following questions, you will be asked to indicate whether or not listed programs/policies/initiatives apply to your worksite. For worksites with multiple locations/sites, answer "yes" if the statement applies to at least one location in East Tennessee.

FAQ's: <https://www.etwellness.org/wp-content/uploads/2020/01/ETWR-Recognition-Frequently-Asked-Questions.pdf>

For all items in which you select "yes", you will be asked to provide documentation via **workplace policies, photos, email, or other written documents**. This is to ensure that ETWR recognitions are awarded appropriately. You will be contacted via the email you provided to collect this information at a later date.

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Disease Prevention

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	<input type="radio"/>	<input type="radio"/>

online information to address the benefits of the flu vaccine?

Provide educational materials such as brochures, videos, posters, etc. that addresses risks of health issues (hypertension , diabetes, high cholesterol, overweight/o besity)?

Provide educational workshops, seminars, classes or online trainings for health issues (hypertension , diabetes, high cholesterol, overweight/o besity)?



42

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

Physical Activity

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

43

Does your worksite:

Yes

No

Provide free, discounted or employer subsidized memberships to fitness centers?

Provide signage for indoor or outdoor walking routes?

Provide access to an onsite exercise facility, basic fitness equipment or outdoor exercise areas, playing fields or walking trails for employees to use?

Provide prompts to promote physical activity near each stairwell or elevator and other key locations?

Provide bike racks in safe and convenient locations and

locations and make employees aware of where they are located?

Provide organized individual or group physical activity programs for employees (i.e., run club, hiking club or onsite group fitness classes)?

Provide a physical activity policy that allows for flexible hours to accommodate activity?

Provide educational materials such as brochures, videos, newsletters, etc. that address the benefits of physical activity?

44

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

Nutrition

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

45

Does your worksite:

	Yes	No
Have a healthy vending machine 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 learn" or	<input type="radio"/>	<input type="radio"/>

learns , or
classes on
nutrition?

Offer or
promote
fresh fruits
and
vegetables?
(Cafeteria
offerings,
snacks,
connect
employees to
farmer's
markets)

Promote
healthy
choices from
vending or
cafeteria
through
symbols,
signage or
other
communicati
on?

46

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

Lactation and Pregnancy

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

47

Does your worksite:

Yes

No

Have a written policy on breastfeeding for employees that is consistent with state and federal laws?

Qualify as a "Breastfeeding Welcomed Here" establishment? (This requires taking the TDH "Breastfeeding Welcomed Here" pledge.

Offer additional flexibility for new mothers/fathers if paid maternity/paternity leave is not an option?

Offer paid maternity/paternity leave or flexible work hours, separate from sick, annual or vacation time?

48

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

Mental health, substance misuse and workplace stress

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

49

Does your worksite:

Yes

No

Have referral programs for depression, stress and/or other mental health risk factors?

Sponsor or organize social events throughout the year (i.e., company picnics, group outings, employee sports teams, team building events, etc.)?

Provide free or subsidized screenings (beyond self-report) for depression followed by direct feedback and clinical referral when appropriate?

Offer training to employees and/or supervisors for recognizing an assisting with social wellness, stress, depression or substance

abuse?

50

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

as deep breathing exercises?

Have referral programs for employees with drug or alcohol concerns?

Have a drug-free workplace policy?

Promote work-life balance?

Provide financial wellness support?

Provide stress management programs for employees?

Encourage employees to use paid vacation time, personal days or hours?

Tobacco

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

51

Does your worksite:

Yes

No

Have a written tobacco and e-cigarette policy?

Make employees and the public aware of the tobacco use policy through adequate signage?

Prohibit all forms of tobacco use anywhere on the property, including company vehicles?

Offer resources to employees who want to quit or have quit using tobacco products (i.e., Tennessee Tobacco QuitLine)?

Provide incentives for being a current nonuser of tobacco and for current tobacco users

that are

52

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

Request Worksite Wellness Resources

In this section, you may request worksite wellness resources that you are interested in receiving to enhance your wellness program.

The Knox County Health Department has funding from the Tennessee Department of Health and can provide resources for your worksite to improve upon your wellness initiatives. Your responses to these questions will not affect whether or not your worksite achieves ETWR Recognition.

Please do not request items if you are unsure if you will be able to use them. For example, do not request the furniture and supplies for the lactation room if you do not foresee administrative approval to use a room for this purpose.

For certain items, onsite meetings will be scheduled to assess whether or not your worksite would be able to utilize the resources you request. You may select as many items as you'd like, but resources are limited and you may not receive all selected items.

Only Knox County locations will be eligible for grant-funded resources, but all East Tennessee applicants can request electronic resources that do not require funding.

If you are pursuing Platinum status in addition to grant-funded resources, the ETWR Chair will contact you within two weeks of your application to schedule an on-site visit.

53

Would you like to request worksite wellness resources?

- Yes, continue
- No, take me to the end of the application

Disease Prevention Resources

54

Please select the disease prevention items you would like to request (select all that apply).

- Blood pressure cuff
- Scale
- Supplies for a worksite blood pressure monitoring station (table, chair, signage and instructions for proper usage)
- Implementation toolkit for 8-week workplace blood pressure challenge
- Educational materials on blood pressure and heart healthy living
- Blood pressure tracking booklets
- Educational handouts related to diabetes, physical activity, healthy eating, etc.
- None needed

55

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Physical Activity Resources

56

Please select the physical activity items you would like to request (select all that apply).

- Walking route signage (custom to your workplace, can be printed on material for indoor or outdoor posting)
- Stairwell prompts
- Walking group activities (walk and talk conversation cards)
- Resistance bands
- Under-desk bikes
- Yoga mats
- Yoga blocks
- Stability balls
- Medicine balls
- Weighted bars
- Dumb bells
- Steppers
- Jump ropes
- Foam rollers
- Kettlebells
- Fitness DVD's
- Employee shareable bikes

57

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Nutrition

58

Please select the nutrition items you would like to request (select all that apply).

- Breakroom supplies (describe items needed below)
- Picnic tables for on-site employee use
- Worksite garden equipment (describe below - are you requesting a new garden, or supplies for existing garden?)
- Healthy vending promotional items (includes "better bite" signage and food item stickers)
- Water fountain signage
- None needed

59

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Lactation and Pregnancy

60

Please select the lactation and pregnancy items that you would like to request (select all that apply).

- Lactation room furniture (chair, side table, lamp)
- Panel room divider
- Mini fridge (with freezer)
- Lockers
- Microwave
- Sound machine
- Surge protector
- Milk storage bags
- Cooler packs
- Steamer bags and bottle sterilizer
- Wall photo display
- Sign for the door (in use/available)
- None needed

61

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Mental health, substance misuse, and workplace stress resources

62

Please select the mental health, substance misuse, and workplace stress items you would like to request (select all that apply).

- Free mental health resources for employers, supervisors, and employees
- Random acts of kindness tokens (personalized) for a mental health initiative
- Gratitude journals for a workplace gratitude challenge
- Metropolitan Drug Coalition drug free workplace training (2-hour training for supervisors, paid for by ETWR)
- Parking lot signage for wellness recognition (Describe below: examples include employee of the month, wellness champion, etc.)
- Personalized wellness trophies or certificates (Describe below: examples include Fittest department, wellness champion, employee of the month, wellness role model, most steps this month, etc.)
- None needed

63

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Tobacco Use Prevention

64

Please select the tobacco use prevention items you would like to request (select all that apply).

Signage can be used to make employees and the public more aware of tobacco-free areas.

- Tobacco free workplace signage for outdoor installation (includes sign posts)
- Tobacco free workplace signage for outdoor use (wall/surface mount)
- Tobacco free workplace signage for indoor use (wall/surface mount)
- None needed

65

Please describe your need/intended use for the item(s) you selected. Please also indicate how many of each item you are requesting.

Enter "N/A" if you did not select any items in this category. *

Free Wellness Resources Toolkits and Sample Policies

The items below are available for free. Worksites both in and outside of Knox County may select items from this list.

66

Please select the toolkits and sample policies you would like to request (select all that apply).

- Worksite wellness toolkit (large organizations)
- Worksite wellness toolkit (small organizations)
- 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
- Healthy Vending Machine Implementation Toolkit
- Breastfeeding Support and Promotion Policy template
- Tobacco-Free Environment Policy template
- Local food guides
- Breastfeeding Welcomed Here pledge
- Breastfeeding-Friendly Workplace training modules
- None needed

67

If you selected Local Food Guides, please indicate how many you are requesting. If you did not select Local Food Guides, enter N/A. *

Other Resources

68

What other resources would you like to request? ETWR may be able to provide additional items as funding and grant-requirements allow. Describe items and intended use below or enter "N/A" *

Release and Verification

69

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

Yes

No

70

Do you have any additional comments or information that you would like to share pertaining to this application and/or your worksite wellness initiatives?

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Electronic Signature

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

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