

ETWR Recognition Application Winter 2026

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.

To verify workplace policies, we request the supporting documents be uploaded with your application. To be prepared please review the application here and have your policies and other documentation ready before beginning your application.

Resources will be awarded differently this year, then they have been in the past. To request wellness resources, you will be asked to communicate areas for improvement among your existing wellness initiatives. Resources will be awarded from a limited supply and will support your existing wellness initiative. ***Resources are not guaranteed and are limited.***

KCHD can also provide technical assistance, sample worksite policies for improving upon or implementing new wellness initiatives, and toolkits for initiating wellness challenges and engaging remote employees.

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 employer 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 your worksite is eligible for ETWR Recognition. You will be notified of award status from KCHD by March 6, 2026. Should your worksite not achieve the certification or desired resources at this time, you will have the opportunity to reapply in 2027.

This application opens on Tuesday, January 20th and closes on Friday, February 27 at 5 p.m. EST.

Frequently Asked Questions

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: [ETWR-Recognition-Frequently-Asked-Questions.pdf](#)

Thank you in advance for your participation. Please contact Kinsey Simmerman at the kinsey.simmerman@knoxcounty.org or call 865-215-5610 if you have any questions.

Who is the primary contact person for this application?

First Name:

Last Name:

Title:

Company Name:

Company Street Address:

Apartment/Suite/Office #:

City:

State:

Zip Code:

County:

Work phone number:

Mobile Phone number

Company website

Please enter your email address

Please confirm your email address

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

Please select your organization's business type

- For-profit
- Government
- Nonprofit
- Other

Please select your organization's industry type (select 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

Please indicate the size of your worksite

- Small (<300 employees)
- Medium (300-1000 employees)
- Large (>1000 employees)

How many employees work for your organization? (Estimate for East Tennessee Worksites if your organization has multiple sites)

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
- Fully Remote: All staff work remotely or from home

Application Type

I am applying for

- Bronze or Gold Status only
- Platinum status only

Have you previously applied for ETWR bronze/gold status?

- Yes
- No

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

- Yes
- No

ETWR Recognition and Criteria

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

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

- Yes
- No
- Partial

Please list the names and titles of managers and leaders at your organization who have communicated a commitment to worksite wellness. The purpose of these 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.

- 1. Name**
- 2. Name**
- 3. Name**

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

- Yes
- No

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

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

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

- Yes
- No
- Not applicable

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

- Email
- Staff meetings
- Newsletters
- Intranet
- Other

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

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

- Yes
- No
- Not applicable

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

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

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

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

- Yes
- No
- Not applicable

What incentives and/or intrinsic rewards are provided?

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

- Yes
- No

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.

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.

Disease Prevention

Please indicate whether the following disease monitoring and prevention-related initiatives apply to your worksite.

Does your worksite:

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

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

Physical Activity

Please indicate whether the following physical activity-related initiatives apply to your worksite.

Does your worksite:

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

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

Nutrition

Please indicate whether the following nutrition-related initiatives apply to your worksite.

Does your Worksite:

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

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.

Does your worksite:

Have a written policy on breastfeeding for employees that is consistent with state and federal laws?	Yes	No
Offer additional flexibility for new mothers/fathers if paid maternity/paternity leave is not an option?	Yes	No
Qualify as a “Breastfeeding Welcomed Here” establishment? (This requires taking the TDH “Breastfeeding Welcomed Here” pledge.	Yes	No
Offer paid maternity/paternity leave or flexible work hours, separate from sick, annual or vacation time?	Yes	No
Provide private space (other than a restroom) that may be used by an employee to express breast milk?	Yes	No

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

Mental Health, substance misuse and workplace stress

Please indicate whether the following mental health and workplace stress-related initiatives apply to your worksite.

Does your worksite:

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

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

Tobacco

Please indicate whether the following tobacco-related initiatives apply to your worksite

Does your worksite:

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

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

Request Worksite Wellness Resources

In this section, you have the opportunity to explain what wellness initiatives you would like to improve upon and request resources to help you achieve that goal.

Are there any existing wellness initiatives that your worksites implement that you would like to improve upon?

Yes, continue

No, take me to the end of the application

Please elaborate on your wellness initiatives and where you need additional assistance. Then select 3-5 top choices for requested resources from the list below.

Available Resources

You may select up to 5 resources from the list below. **ONLY worksites within Knox County** are eligible to receive these resources and will be awarded at least 3 of their top choices based on availability.

Exercise Equipment

Weighted bars

Yoga mats

Under desk bikes

Resistance bands for hips and glutes

Resistance bands for arms

Pickle ball paddles

Exercise balls

Foam roller

Breakroom Supplies

Brita and Brita filter

Reusable plates and cups

Silverware

Silicone ice molds

Meditation/Stress Relief

Stress balls (pack of 8)

Gratitude journals

Gratitude tokens

Zen garden

Sound machine

Gardening Kits

Lactation Space Supplies

Breastmilk Bags

Clorox wipes

Sanitizer bags

Nursing pads (box of 200)

Three-tiered cart

Breast pump wipes

Books

Atomic Habits – James Clear

Four Thousand Weeks: Time Management for Mortals - Oliver Burkeman

How to Winter: Harness Your Mindset to Thrive on Cold, Dark, or Difficult Days – Kari Leibowitz, PhD

Outlive: The Science of Art and Longevity – Dr. Peter Attia

Wellness Resource Toolkits and Sample Policies

The items below are available for worksites both in and outside of Knox County.

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

- Worksite wellness toolkit
- 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
- Health 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
- Remote/Hybrid Worksite wellness toolkit
- Worksite Wellness Challenge Toolkit
- None needed

If you selected local food guides, please indicate how many you are requesting.

If you did not select local food guides, enter N/A.

Release and Verification

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

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

Electronic signature

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