

Wyoming On Wellness – WOW

State of Wyoming

Worksite Wellness Tool Kit

Goal: To improve the health and well being of State of Wyoming Employees. This program rewards regular exercise, good nutrition and other healthy lifestyle choices.

Benefits:

- Improve productivity
- Reduce sick leave
- Decrease employee stress
- Better employee relations and moral
- Reduced absenteeism
- Improve recruitment and retention

SEVEN things needed for a successful Worksite Wellness program:

- Secure the support of top management. *Any meaningful change will be driven from the top.*
- Appoint a wellness team to oversee the effort.
- Collect some form of data. *You can't change what you can't measure.*
- Create a simple plan and set simple goals.
- Choose the appropriate intervention. *This could be anything from providing information on healthy eating to promoting exercise as part of an employee's daily schedule.*
- Create a supportive environment. *If, for example you want your employees to exercise more, make it easier for them to do it during the workday.*
- Carefully evaluate outcomes. *If the desired result isn't being achieved, it may be necessary to change the intervention or make the environment even more supportive.*

Sample Forms

- Activity Log

Incentives

- Administrative Leave
- Simple certificate of completion
- Day of celebration
- Purchase inexpensive water bottles, stress balls, pedometers
- Ask for donation of items

Creative Ideas

- Create routes and measure distances inside and outside buildings
- Post motivational signs to encourage stair usage (see StairWell program details included)
- Support physical activity breaks such as stretching or walking
- Offer flexible work hours to allow for physical activity during the day
- Monthly educational presentations on: how to purchase walking shoes, best nutrition, fitness centers, stress, etc. (Most of these speakers will do this free of charge – look for local resources such as hospitals, county health, state offices)

Health Tips

- Health information distributed via e-mail, place on bulletin boards throughout the building, in stairwells.

Lunch Time Activity Tips

- Local hospital's monthly brown bag lunches
- American Cancer Society brown bag lunches
- Local YMCA or fitness center events
- Community Health Calendar of Events
- Employee lunchtime walking groups
- Weight watcher weigh-ins
- Agency scheduled brown bag lunches for employees
- Video conferencing brown bag lunches
- Employee run exercise hour
- Employee sponsored healthy pot luck
- Hold a healthy recipe contest with samples

Resources and Wellness Websites

- till@state.wy.us Employees Group Insurance Wellness Coordinator
 - Take Control – A One Hour Interactive Wellness Presentation presented by Employees Group Insurance (EGI)
 - Active for Life – American Cancer Society Workplace Activity Program
 - Ready-to-Run Workshops (available for check-out from EGI)
 - On the Job Stress
 - Go for the Gold – Lifestyle Change
 - The AAAbc's of Stress
 - Creative Compromise Conflict Management
 - Keep Your Cool – Anger Management
 - Life – It's Worth Living – Self-Esteem Workshop
 - Coping with Loss – Grief Workshop
 - Spend Time Where It Counts – Time Management
- www.quitnet.com (Wyoming Smoking Cessation)
- www.cancer.org (American Cancer Society)

- www.diabetes.org (American Diabetes Association)
- www.americanheart.org (American Heart Association)
- www.cdc.gov (Centers for Disease Control and Prevention)
www.cdc.gov/nccdphp/dnpa/stairwell/project_checklist.htm
(Stairwell Program)
- www.welcoa.org (Wellness Councils of America)

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Participation Memo

The Department of _____ would like to participate in the State Worksite Wellness Program: **Wyoming On Wellness – WOW**

Please list two “champions” for your employees. These two individuals should be in tune to overall general wellness. Contact persons are:

Name: _____
Phone: _____
E-mail: _____

Name: _____
Phone: _____
E-mail: _____

Number of possible participants: _____

Please return this form to:
Tammy Till, Wellness Coordinator
Employees Group Insurance
Emerson Bldg., Room 106
Cheyenne, WY 82002
or fax at 777-7685

Procedures

PURPOSE:

The purpose of this wellness program is to encourage employees to become more physically active and health conscience. It has been shown with more active life styles enjoy increased cardiovascular health, weight loss, stress reduction and better overall health.

REWARDS:

This program will reward employees that complete _____ (ie: six months, 16 weeks) of program requirements by granting (ie: one day, four hours) of administrative leave.

REQUIREMENTS: (Sample)

To participate in the Wellness Program, you must:

- 1) Talk to your supervisor about your interest in the Wellness Program.
(The program should not interfere with your normal workday activities)
- 2) Complete the Wellness Questionnaire (optional for each agency), Liability Form and Consent Form (forms are included).
- 3) Submit forms to the Wellness Program Coordinator (name and phone)
- 4) Begin your Wellness Program workout during your free time or break or combined break.
Examples of qualifying exercises:
Walking Aerobic dance Swimming Bicycling Dancing
Cross-country skiing Running Jogging Aquatic exercise
Stair climbing Elliptical training Rowing Weight Lifting
- 5) Track your activity on the Log and turn in monthly to Wellness Program Coordinator.
- 6) Minimum requirements are that the employee completes (ie: 3 hours/week or 13 hours/month) of physical exercise.

We can add nutrition later or with this plan – depending on how simple we want to go

(ie: 3 hrs a week or 13 hrs a month for six months)

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(ie: four hours/1 day of ADMINISTRATIVE LEAVE

WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS
AGREEMENT FOR:
DEPARTMENT OF _____ WELLNESS
PROGRAM

PLEASE READ CAREFULLY

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out or sustained while participating in this program off of or away from State of Wyoming.

In registering for the program, you are agreeing as follows:

As a participant in the program, I recognize and acknowledge that there are certain risks however minor, of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program while off or away from State of Wyoming property. I further recognize and acknowledge that activities involving even slight or moderate exertion can be hazardous and involve some risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the Department of _____ Wellness Program against the State of Wyoming, any and all other participating or cooperating governmental units, officers, agents, servants and employees of the governmental bodies for any injuries that I might sustain while participating in the program off of or away from State of Wyoming property. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement).

I do hereby fully release and discharge the State of Wyoming and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me or my heirs, on account of my participation in the program off of or away from State of Wyoming property.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Name of Participant (please print) _____

Signature of Participant _____ Date _____

WELLNESS PROGRAM PARTICIPANT CONSENT FORM

I am being asked to read the following material to ensure that I am informed of the nature of this program and of how I will participate in it, if I consent to do so. Signing this form will indicate that I have been so informed and that I give my consent. Federal regulations require written informed consent prior to participation in this program so that I can know the nature and risks of my participation and can decide to participate or not participate in a free and informed manner.

PURPOSE

This is a voluntarily Wellness Program for Department of _____ employees. The program will consist of activities to increase your physical activity. The goal of this project is to increase the level of physical activity of employees through activities such as walking for 30 minutes a day.

PRODEDURE

Participation will mainly consist of involving yourself in daily physical activities. Specifically, you will be asked to walk or engage in some other physical activity for *three (3) hours a week or thirteen (13) hours a month for six (6) months* and to keep a weekly log of this activity. Finally, you will be asked to complete one pre-test concerning your level of physical activity and your impressions of the program.

Additionally, you can contact the wellness coordinator (*name and number*) to answer questions about the program and to help you participate in program activities.

Please remember that your participation in this program is strictly voluntary and that you are free to discontinue you participation at any time without repercussions affecting your employment or benefits.

RISKS

The risks of participating in this program should be minimal for most participants as all you will be asked to do is slowly increase your physical activity through walking or other physical activity, and complete a pretest and posttest survey. **However, as with any physical activity program we recommend that you consult with your personal healthcare provider if you have not participated in a physical activity program for some time (e.g., 2-3 years); or if you have been diagnosed with any of the following: cardiovascular disease, cancer (recently and are taking chemotherapy), lung disease such as COPD or asthma, diabetes, hypertension, rheumatoid arthritis, or are taking any immunosuppressant medication.**

BENEFITS

The main benefit of participation in this program is to increase your physical activity and knowledge of wellness issues. Additional benefits **may** include increased cardiovascular health, weight loss, and stress reduction.

CONFIDENTIALITY

While we need your name on a sign up sheet, the data you provide will remain confidential. Your name and wellness information will remain confidential and will not be used in any data analysis or published in any manner.

COSTS AND COMPENSATION

Your participation in this program is free. There will be no charge to join or participate in any of the activities. Individuals, who engage in activity for *three (3) hours a week or thirteen (13) hours a month for six (6) months*, will be rewarded with no more than *one day of administrative leave or other incentive items*.

LIABILITY

Complications or harm are possible in any physical activity despite the use of high standards of care and could occur through no fault of yours or the committee involved. State workers compensation insurance covers all employees while on state property. It does not cover employees once they leave state property; therefore, you will be asked to sign a liability waiver if you plan to participate in any physical activity off of or away from state property. Please understand that you do not give up any of your legal rights by signing this form. If you have any questions as to your participation in this program, please contact, (name and number of contact person)

AUTHORIZATION

BEFORE GIVING MY CONSENT BY SIGNING THIS FORM, THE PURPOSE, PROCEDURES, RISKS, AND BENEFITS HAVE BEEN EXPLAINED TO ME, AND MY QUESTIONS HAVE BEEN ANSWERED. I MAY ASK QUESTIONS AT ANY TIME, AND I AM FREE TO WITHDRAW FROM THE PROGRAM AT ANY TIME WITHOUT REPERCUSSIONS EFFECTING SUBSEQUENT MEDICAL CARE. MY PARTICIPATION IN THIS PROGRAM MAY BE ENDED BY THE COMMITTEE FOR REASONS THAT WOULD BE EXPLAINED. NEW INFORMATION DEVELOPED DURING THE COURSE OF THIS PROGRAM, WHICH MAY AFFECT MY WILLINGNESS TO CONTINUE IN THE PROGRAM, WILL BE GIVEN TO ME AS IT BECOMES AVAILABLE. I DO NOT GIVE UP ANY OF MY LEGAL RIGHTS BY SIGNING THIS FORM. A COPY OF THIS SIGNED CONSENT FORM WILL BE GIVEN TO ME IF REQUESTED.

By signing this form I hereby give permission to the Department of _____ to use the information provided by me in their data analyses to assist in the development of a program designed to increase physical activity and wellness among Department of _____ employees.

Subject's Signature

Date

WELLNESS PROGRAM COORDINATOR

The nature of the above project has been explained to the above participant. I hereby certify that to the best of my knowledge the person who is signing this consent form understands clearly the nature, demands, benefits, and risks involved in his/her participation and his/her signature is legally valid. It is also my understanding that a medical problem or language or educational barrier has not precluded this understanding.

Signature of Manager

Date



Wellness

Fitness Log

NAME _____

Week of:	Amt. of time (30 minute minimum)	Time of day	Activity	Daily total
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			Weekly Total:	

Wellness During Break Periods

Pursuant to the action memo signed by Governor Dave Freudenthal, employees who choose to participate in the Department of _____ Wellness Program may consolidate either two daily fifteen (15) minute break periods into one thirty (30) minute period. This policy statement is meant to explain and clarify when and in what manner this thirty-minute break should be utilized in connection with the Wellness Program.

Please remember that the 30-minute break is still part of your normal workday and that you should remain available to your supervisor should they need you for work-related activities. While we encourage you to participate in this program, your participation will require your supervisor pre-approval and it should not take priority over your other job-related duties.

All employees participating in the Department of _____ Wellness Program are expected to adhere to the following guidelines, unless otherwise stipulated.

- All employees that wish to consolidate the break periods for the purpose of participation in the wellness program must be registered in the program and have their Supervisors approval.
- The 30-minute break period is to be taken for the purpose of participating in wellness activities. These activities include, but are not limited to physical activity (e.g., walking, stretching).
- ***In general, the 30-minute break period should be taken between the hours of 9:00 a.m. and 4:00 p.m. Monday-Friday. The break period should not be used to arrive 30 minutes late or leave 30 minutes early from work.***
- ***All individuals who participate in wellness activities will need to sign a Wellness Liability Waiver. This waiver will release the State of Wyoming from any liability or responsibility for any injury sustained while participating in wellness activities off of State of Wyoming property.***

