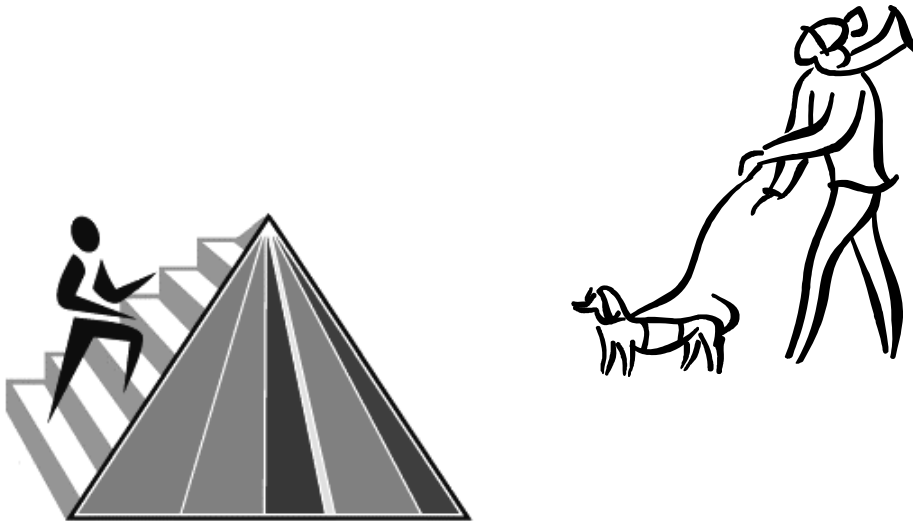


**WELLNESS WORKS!  
DFS Cheyenne Guide  
Health & Wellness Challenge  
October 2007-September 2008**

**Develop healthy habits  
Earn a “wellness day” off**



## Wellness During Break Periods

Pursuant to the action memo signed by Governor Dave Freudenthal, employees who choose to participate in the Department of Family Services Wellness Program may consolidate 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 Family Services 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 Supervisor's 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 must 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.***

## Wellness Works Purpose and Procedures

### **PURPOSE:**

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

### **REQUIREMENTS:**

To participate in the Wellness Program, you must:

- 1) Talk with your supervisor about your interest in the Wellness Program. (The program should not interfere with your normal workday activities)
- 2) Complete and sign Liability and Sign Up/Consent forms (forms are included). Submit these forms to **local** wellness program coordinators. A list of coordinators is contained within this booklet.
- 3) Complete your goal sheet, sign, and turn in to your **local** coordinator. If you complete all four quarters you will receive a “wellness” day off. Do not claim this time as “annual leave” on your timesheet. Coordinate all “wellness” days off with the district manager, supervisor, and wellness coordinator.
- 4) Begin your wellness program. Your quarterly goal log sheet is all you need to complete and turn in to your local coordinator. You must earn a “Y” on at least 10 of the 12 weeks in the quarter to meet your quarter’s goals.
- 5) **Local coordinators are responsible for all local record keeping and wellness questions.**

### **Move More!**

Accumulate a total of 30 minutes of moderate physical activity or walk 10,000 steps per day for good health. You can split the 30 minutes into 3- 10 minute bursts of activity to receive the same health benefits as exercising for 30 minutes straight. Walking is one of the easiest physical activities you can do! To balance your physical fitness plan add strengthening and flexibility exercises at least twice a week.

### **Enjoy a Healthy Diet!**

Eating breakfast daily, choosing to eat at least 5 servings of fruits and vegetables daily, 3 servings of whole grains daily, 2-3 servings of dairy daily, and 2 servings of fish per week can improve your health. Visit [www.MyPyramid.gov](http://www.MyPyramid.gov) to learn more.

### **Maintain, Don't Gain!**

Gaining just a half a pound of weight per month over a year adds up to 6 pounds and over the course of 5 years 30 pounds. Maintaining a healthy body weight helps prevent heart disease, type 2 diabetes, some types of cancer, and high blood pressure. Aim for a BMI of 25 or less or a waist circumference of <35 inches if you are female, or <40 inches if you are male.

Visit <http://www.nhlbisupport.com/bmi/bmicalc.htm> to calculate your BMI.

### **Set Your Goals!**

Whether your goal is to stop smoking or lower your cholesterol, in one year you can earn 1 day of administrative leave.

**Governor's Wellness Site: [www.wyomingfitnesscouncil.org/](http://www.wyomingfitnesscouncil.org/)**

## **GET READY TO START A SMOKE-FREE LIFE!**

**Breathe Easier\*Save Money\*Smell Better\*Live Longer**

Congratulations! You are taking the first step to quitting cigarette smoking. Quitting isn't easy. Remember that millions of people have quit smoking for good. You can be one of them!

### **DID YOU KNOW?**

Your body gets more than nicotine when you smoke. There are more than 4,000 chemicals in cigarette smoke. Some of them are also in wood varnish, the insect poison DDT, arsenic, nail polish remover, and rat poison. The soot, tar, gases, and other poisons in cigarettes harm your body over time. They damage your heart and lungs. They also make it harder for you to taste, smell, and fight infections.

### **QUIT TIPS**

**S** = Set a quit date

**T** = Tell family, friends, & co-workers you plan to quit

**A** = Anticipate and plan for the challenges you'll face while quitting

**R** = Remove cigarettes products from your home, car, and work

**T** = Talk to your doctor about getting help to quit

If you smoke at work, quit on the weekend or during a day off. That way you'll already be cigarette-free when you return.

Quit with a buddy and enlist support from a former smoker.

### **WHERE TO FIND HELP**

Using a support system increases your chances to stay smoke-free. The sources provided are **free**.

<http://wy.quitnet.com>

1-866-WYO-QUIT (1-866-996-7848)

UMC Tobacco-Free Support Group

Thursdays, 6:30-8 pm.

UMC-East, Cardiac Rehab

2600 E 18<sup>th</sup> St.

Call: 633-7060

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR:  
DEPARTMENT OF FAMILY SERVICE'S 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 of 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 Family Service's 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 SIGN UP/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 Family Services 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 and wellness of employees through activities such as walking for 30 minutes a day.

### **PROCEDURE**

Participation will mainly consist of involving yourself in daily physical activities, changes in nutritional habits, or de-stressing activities. Specifically, you will be asked to keep a quarterly goal log, establish measurable wellness goals, and document each quarter's wellness activities.

Additionally, you can contact Deetta Rapp at 777-3695 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 your 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 post-test 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.

**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 meet quarterly goals for at least 3 of the four quarters will be rewarded with *one day of administrative leave*.

**LIABILITY**

Complications or harm are possible in any physical activity despite the use of high standards of care 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, Deetta Rapp x3695.

**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. 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 Family Services 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 Family Services' employees.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

## WELLNESS GOAL SETTING

Goals - are *measurable* outcomes statements.

Measurable steps - the steps to attain the goal(s) or the process.

Listed below are some examples:

### **Personal goal example:**

I will eat a healthier diet and consume the appropriate amount of calories for my body weight/age.

### **Measurable steps:**

1. Increase fruits and vegetables intake to 5 on 3 days per week minimum; increase whole grain servings consumption at least 2 more days per week; eat one more serving of fish per week; and meet the dairy requirement on one additional day per week.
2. Check out the mypyramid.com web site to assess the appropriate amount of calories that should be consumed.
3. Get a physical examination to assess health and to obtain recommendations on healthy weight and healthy life style.

### **Personal goal example:**

I will walk 3 times a week for 30 minutes.

### **Your personal goal:**

My personal wellness goal(s) for this quarter (12 weeks) is (are):

My measurable steps are:

WEEK	WEEK BEGINNING DATE	GOAL MET Y OR N	WEEK	WEEK BEGINNING DATE	GOAL MET Y OR N
ONE			SEVEN		
TWO			EIGHT		
THREE			NINE		
FOUR			TEN		
FIVE			ELEVEN		
SIX			TWELVE		
QUARTER # _____					

## Quarterly Points Goal Sheet

Quarter \_\_\_\_\_

I have met my quarterly point's goals:  YES       NO  
 (At least 10 out of 12 weeks)

\_\_\_\_\_

Print your name

\_\_\_\_\_

Signature/date

## WELLNESS WORKS TIPS FOR COORDINATORS

1. Collect signed **total quarterly hours log sheets & a copy of the certificate** from participants at the end of the quarter. Keep the quarterly hours log sheets and a copy of the names/points for your records as coordinator. Do not send the state office any log sheets.
2. Send district/regional managers or superintendents a total count of participants for the field office and the list of participant names at the end of the wellness year (September 2008). We want to be able to determine if there were more participants this year.
3. Complete your goal sheet, sign, and turn in to your **local** coordinator. If you complete all four quarters you will receive a “wellness” day off. Do not claim this time as “annual leave” on your timesheet. **Coordinate all “wellness” days off with the district manager, supervisor, and wellness coordinator.**
4. Try sharing recipes, exercise ideas, motivational articles, or speakers with your office. A new site to try out is: [sparkpeople.com](http://sparkpeople.com).
5. Send in wellness ideas, websites, or wellness articles of interest to: Deetta Rapp, Hathaway Building, 2300 Capitol Avenue-Third Floor, Cheyenne, WY 82002 or email at [drapp@state.wy.us](mailto:drapp@state.wy.us).
6. Wellness coordinators will handle most of the questions on a local level. Wellness coordinators can make certificates for their participants by using the template included in this booklet. Feel free to personalize the certificates for your office. More questions or need help? Several websites are referenced in this booklet to refer personnel to, but remember we are NOT health professionals.

**WYOMING DEPARTMENT OF FAMILY  
SERVICES  
WELLNESS GOALS CERTIFICATE**

**THIS WELLNESS CERTIFICATE IS AWARDED TO**

**SUSIE WALKSALOT**

**IN RECOGNITION FOR CONSISTENTLY ACHIEVING  
WELLNESS GOALS QUARTER I  
2007-2008**

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**COORDINATOR'S NAME**

