

Secretary of State's Wellness Program



No matter the goal, it can be reached one step at a time!

Purpose:

The purpose of this wellness program is to have fun while bringing positive change into our lifestyles; and to bring the Secretary of State's Office together to work on a common goal.

Areas of Focus:

1. Physical activities (may include cardiovascular, strength training, and/or stretching)
 2. Nutrition
 3. Water consumption
 4. Sleep
 5. Relaxation and stress reduction
 6. Stop an unhealthy habit
 7. Start a healthy habit
 8. Routine wellness check-ups
- In addition – Staff enrichment

Rewards:

Rewards will be incorporated and shared by the entire office as well as individually as we trek to the top of Mount Everest. Points will be accumulated every week and tabulated. A celebration will occur at base camp and each of the four camps (stages) before climbing to the summit. The finale, "Planting the Flag at the Summit Event," is scheduled when the summit of Everest is reached.

REQUIREMENTS:

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) Sign the Liability Form and Consent Form (forms are included).
- 3) Submit forms to the Wellness Program Coordinator – Karla Stackis.
- 4) Begin your Wellness Program workout during your break(s), combined break, or after hours.
- 5) Track your physical activity on your Fitness Log (form can be found in F:Common/Wellness) and post your results every week on the Wellness Points Accumulated by the Secretary of State's Office spreadsheet (located in F:Common/Wellness).

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 Secretary of State employees. The program will consist of activities to increase physical activity and nutrition awareness while decreasing stress levels. The goal of this project is to improve overall wellness to all Secretary of State employees.

PROCEDURE

Participation will mainly consist of involving yourself in daily physical activities and healthy nutrition choices. A weekly log will be kept to track progress.

Additionally, you can contact the Wellness Program Coordinator, Karla Stackis, 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 monitor your water and food consumption. **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 Chronic Obstructive Pulmonary Disease (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, published in any manner, or reviewed by other employees except possibly the SOS Wellness Oversight Committee.

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 the wellness program will be given incentive items or rewards as describe in the agency's wellness document.

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 Secretary of State’s Office to use the information provided by me (while still remaining confidential) in their data analyses to assist in the development of a program designed to increase physical activity and wellness among Secretary of State employees.

Participant’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 Coordinator

Date

Waiver, Release of All Claims and Hold Harmless Agreement For: Wyoming Secretary of State's Office 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 Secretary of State'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 During Break Periods

Pursuant to the action memo signed by Governor Dave Freudenthal, employees who choose to participate in the Secretary of State's Office 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's pre-approval and it should not take priority over your other job-related duties.

All employees participating in the Secretary of State's Wellness Program are expected to adhere to the following guidelines, unless otherwise stipulated:

- All employees who 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 (such as walking).
- In general, the 30-minute break period should be taken between the hours of 9:00 a.m. and 3:00 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.

Climbing Mount Everest

Just say “NO!!”……. **no** more excuses! Start the wellness program today!!

Step 1: Preparation is needed. Start by making a plan with goals to ensure your success. You won't know how far you've gone unless you keep track.

- The Secretary of State's Office Wellness Program has eight areas of focus. They are: 1. physical activity; 2. nutrition; 3. water consumption; 4. sleep; 5. relaxation-stress reduction; 6. stop an unhealthy habit; 7. create a healthy habit; and 8. routine wellness checks. Brainstorm ways (under each area) for you to earn points for the journey to the top.
- Make your pre-measurements for each area of focus. Measure what is important to you.
 - a. What level of fitness am I currently in? Heart rate while resting; measurement of waist, hips, etc.; weight – important to use same scale and weigh at the same time of day; pedometer reading; number of times in a week that you currently walk, lift weights, etc.; cholesterol levels; blood sugar levels; fitting into my favorite jeans; and so on.
 - b. Current consumption of water, fruits/vegetables, whole grains, meat, and cheese/dairy products.
 - c. How much sleep do I really get each night?
 - d. What activities do I do for relaxation and stress reduction?
 - e. Are there any unhealthy habits that I could stop or limit?
 - f. What healthy habit could I start that would be beneficial to my overall wellness?
 - g. Routine checks with doctors and dentists – am I up to date? Do I complete my monthly self-exams and so on?
- Don't forget to get a physician's approval, if necessary.
- Sign participant consent form and waiver form. Get approval from supervisor for combined breaks, if necessary.

Step 2: Now that the prep work is complete, let's get started. First we fly into the most dangerous airport in the world at Lukla, Nepal (8,126 feet) and begin our climb to the Base Camp which is at 17,600 feet.

- Start slow. Pace yourself. Listen to your body.
- Make it fun. Buddy up for support.
- Chart your progress each day.

Step 3: Camp 1 – 20,000 feet

Step 4: Camp 2 – 21,300 feet

Step 5: Camp 3 – 24,000 feet

Step 6: Camp 4 – 26,000 feet

Hit the Summit – 29,029 feet



Wellness Fitness Log



Name: _____

Week of:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Physical Activity: 2 points/10 minutes of activity (maximum of 12 pts/day)							
Nutrition: 1 point/fruit or vegetable serving (maximum of 5 pts/day)							
Water Consumption: 8 - 8 ounce servings (1 point/8 ounces – maximum of 8 pts/day)							
Sleep: 7-8 hours of sleep (2 pts)							
Relaxation-Stress Reduction: 1 point/15 minutes (maximum of 2 pts/day)							
Bonus Points:							
Stop an Unhealthy Habit: *Must identify habit before starting program (100 pts)							
Create a Healthy Habit: **Must identify habit before starting program (100 pts)							
Routine Wellness Checks:							
Annual Physical (100 pts)							
6-mo Dental Check-up (50 pts)							
Annual Eye Exam (100 pts)							
Health Fair (Annually 100 pts)							
Monthly Self-Exam ***Must identify self-exam (10 pts each)							
Staff Enrichment: 25 points/class attended							
Daily Totals:							

Weekly Total:	
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*Refer to Step 1: Preparation #6 for details.
 **Refer to Step 1: Preparation #7 for details.
 *** Refer to Step 1: Preparation #8 for details.

Step 1: Preparation

1. Physical Activity [2 points/10 minutes of activity - maximum of 12 points/day]: Physical activity can include but is not limited to walking, running, stretching, yoga, bicycling, swimming, walking stairs, cross-country skiing, chair exercises, dancing, weight lifting, circuit training.

Brainstorm and list ways to keep and/or improve your current level of physical activity:

-
-
-

Pre-measurement(s):

-
-
-

Goal(s):

-
-
-

Did you know? If all of your blood vessels were laid end-to-end, they would extend for about 60,000 miles — far enough to encircle the earth more than twice.

What is resting heart rate? This is a person's heart rate at rest. The best time to find out your resting heart rate is in the morning, after a good night's sleep, and before you get out of bed. The heart beats about 60 to 80 times a minute when we're at rest. Resting heart rate usually rises with age, and it's generally lower in physically fit people. Resting heart rate is used to determine one's training target heart rate. Athletes sometimes measure their resting heart rate as one way to find out if they're overtrained. The heart rate adapts to changes in the body's need for oxygen, such as during exercise or sleep.

How can I improve my physical fitness? Programs designed to improve physical fitness take into account **FIT** - **F**requency (how often-days per week), **I**ntensity (how hard, e.g., easy, moderate, vigorous), and **T**ime (how long-amount for each session or day). They provide the best conditioning.

AHA Recommendation for most healthy people: For health benefits to the heart, lungs and circulatory system, perform any moderate-to-vigorous-intensity aerobic activity for at least 30 minutes on most days of the week at 50–85 percent of your maximum heart rate. You can accumulate 30 minutes in 10 or 15 minute sessions. What's important is to include physical activity as part of a regular routine.

2. Nutrition [1 point/fruit or vegetable serving - maximum of 5 points/day]

Brainstorm and list ways to keep and/or improve your current eating habits:

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-
-

Pre-measurement(s):

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-
-

Goal(s):

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-
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Serving sizes:

Vegetables = 1 cup raw leafy greens/lettuce; 1 cup chopped raw vegetable (baseball size); ½ cup cooked, or canned vegetables; ¾ cup vegetable juice; ½ cup cooked or canned legumes (size of scoop of ice cream); 7-8 baby carrots/carrot sticks; lunch-box size container of unsweetened applesauce

Fruits = 1 medium apple, banana, or orange (size of baseball); 1 cup raw fruit/berries (baseball size); ½ cup chopped, cooked, or canned fruit; ¼ cup dried fruit - raisins, apricots, mango (size of large egg); ¾ cup fruit juice; ½ cup of grapes/15 grapes (size of a light bulb)

Please note that the Nutrition Facts listed on the product will give the “true” serving size as the above portions may equate to several servings for a particular product such as frozen vegetables.

Examples of “fruits and vegetables” that do not count as a serving: 1 piece of fruit pie, a frozen fruit margarita, sweetened blueberries/strawberries over pancakes, French fries, quick breads like banana bread, asparagus smothered in cheese sauce, zucchini brownies, fruit muffins like blueberry muffins, sweet potatoes with brown sugar and marshmallows.

3. Water Consumption [1 point/8 ounces of water consumption - maximum of 8 points/day]

Brainstorm and list ways to keep and/or improve your water consumption:

-
-
-

Pre-measurement(s):

-
-
-

Goal(s):

-
-
-

Water is of major importance to all living things. Every system in our body needs water. Water flushes toxins out of vital organs, carries nutrients to our cells, helps digest our food, transports waste, controls body temperature, and provides a moist environment for ear, nose and throat tissues.

The human body is made up of 60 - 75 percent of water (this statistic varies with different sources):

- the brain is composed of 70-85 percent water
- the lungs are nearly 90 percent water
- muscle is made up of nearly 75 percent water
- fat is made up of about 50 percent water
- bones are also composed of about 50 percent
- approximately 83 percent of our blood is water

4. Sleep [7-8 hours of sleep - 2 pts]

Brainstorm and list ways to keep and/or improve your current sleep habits:

-
-
-

Pre-measurement(s):

-
-
-

Goal(s):

-
-
-

What are the benefits of sleep? The simplest answer is that sleep restores our body, restores our minds, and helps us think better. If you don't get enough sleep, you could experience:

- Problems with memory, concentration, ability to consolidate information, word-finding difficulties where you can't find the words you are thinking of and reaction to signals
- Reduced productivity
- Irritability
- An increased risk of serious health consequences such as obesity, diabetes, heart problems, psychiatric conditions (such as depression and substance abuse)
- An increased risk of endangering your safety and the safety of individuals around you

5. Relaxation - Stress Reduction [1 point/15 minutes of relaxation and/or stress reduction activity - maximum of 2 points/day]

Brainstorm and list ways to keep and/or improve your current relaxation-stress reduction habits:

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-
-

Pre-measurement(s):

-
-
-

Goal(s):

-
-
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Stress is a normal part of life. But too much stress can lead to emotional, psychological and even physical problems -- including coronary artery disease, high blood pressure, chest pains or irregular heart beats. Ways to cope with stress? Eat and drink sensibly; assert yourself - it's OK to say "no"; stop smoking; exercise regularly; relax every day; take responsibility - control what you can and leave behind what you cannot control; reduce causes of stress; examine your values and live by them; set realistic goals and expectations; have a healthy sense of self-esteem; and get enough rest.

In order to cope with stress, you need to learn how to relax. Relaxing is a learned skill -- it takes commitment and practice. Relaxation is more than sitting back and being quiet. Rather, it's an active process involving techniques that calm your body and mind. True relaxation requires becoming sensitive to your basic needs for peace, self-awareness and thoughtful reflection. The challenge is being willing to meet these needs rather than dismissing them.

There are a number of methods you can use to relax, including: deep breathing; progressive muscle relaxation; mental imagery relaxation; relax to music; and biofeedback. Once you find a relaxation method that works for you, practice it every day for at least 30 minutes. Taking the time to practice simple relaxation techniques gives you the chance to unwind and get ready for life's next challenge.

Possible “outside the office” activities to relieve stress: Batting cage, kick boxing or punching bag, throw darts at a picture of your stress, hit a bucket of golf balls.

Just make sure that the activity you choose does not make you more frustrated! :)

6. Stop Unhealthy Habit: ** Before starting the wellness program, you must identify the unhealthy habit and outline the steps in the plan to complete a successful program including its duration (100 pts).

The unhealthy habit is _____.

Brainstorm and list ways to stop the unhealthy habit:

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-
-

Pre-measurement(s):

-
-
-

Goal(s)/what constitutes a successful program/how long will the program take to complete:

-
-
-

Ideas:

Cutting down/eliminating caffeine

Cutting down/eliminating sugar/sweets

Cutting down/eliminating soda

Cutting down/eliminating smoking or use of tobacco

7. Create a Healthy Habit: *** Before starting the wellness program, you must identify the healthy habit that you will incorporate into your lifestyle and outline the steps in the plan to complete a successful program including its duration (100 pts).

The healthy habit is _____.

Brainstorm and list ways to incorporate the healthy habit into your lifestyle:

-
-
-

Pre-measurement(s):

-
-
-

Goal(s)/what constitutes a successful program/how long will the program take to complete:

-
-
-

Ideas:

Begin and maintain a new healthy pattern of eating.

Begin and maintain an exercise program.

8. Routine Wellness Checks: Annual Physical-100 pts; 6-mo Dental-50 pts; Annual Eye Exam-100 pts; Health Fair-50 pts; Monthly Self-Exam-10 pts each

Appointment Dates:

Annual Physical (100 pts) is scheduled for _____.

6-mo Dental Check up (50 pts) is scheduled for _____.

Annual Eye Exam (100 pts) is scheduled for _____.

Health Fair (Annually-100 pts) is scheduled for _____.

Monthly Self-Exam (10 pts for each completed)

_____ on _____ of each month.

_____ on _____ of each month.

_____ on _____ of each month.

Examples of monthly self-exams, but are not limited to: blood pressure check, breast self-exam, testicular cancer self-exam, skin cancer self-exam, and dental/gum/oral cancer self-exam.

As part of the State's Wyoming on Wellness Campaign, Employees' Group Insurance has leased 24 blood pressure machines. Monitoring your blood pressure is important for the prevention and treatment of heart disease. Cheyenne locations are: Herschler Bldg., Hathaway Bldg., Emerson Bldg., Barrett Bldg. – State Lands, Adjutant General/Military Department, CBC Bldg., Game & Fish, LCCC, Qwest Bldg., and WyDot.

9. Staff Enrichment: The Secretary of State's Office will develop this portion of the program together – determining the areas that are of interest and value to the collective whole.

Possibilities: progressive relaxation and/or guided mental imagery taught by Pat Arp; bring in guest speakers to speak on fitness, nutrition and so on;

The Point System

This section needs to be worked out

Points earned can only be used in one area of focus – no doubling up. For instance, a yoga session can be used for either physical activity or relaxation – not both.

Disclaimer

If you whine, gritch, complain, moan; compare yourself to someone else who is getting a “better privileged” reward; and/or think that you or someone else is getting the short end of the stick, you have violated the Wellness Attitude Pact of the Secretary of State Team. The perpetrator(s) shall lose 500 points, be the brunt of mocking, or be kicked out of the wellness program, which ever is more severe.

If you think that there are any rules other than having fun as a cooperative office adventure, think again. If you would really prefer a more regulated program, sign up at your local fitness center. And if you would like to receive greater rewards than we might give, buy a lottery ticket. If you wish to exert your rights as to how the prizes should be administered, go to law school. Otherwise, Happy Fitness!!

All determinations of the Wellness Oversight Committee shall be final. Taxes and other charges may apply.

Rewards are subject to change without notice.