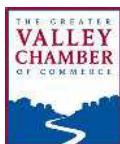




Your Guide to the

Healthy Team

Competition



Working Together for Better Health

TEST DATE: _____

NAME: _____

Pre and Post test Results

Screening

Results

	PRE TEST	POST TEST
Resting Heart Rate		
Blood Pressure		
Height		
Age		
Weight		
Walking Test #		
Walk Test Ending Heart Rate		
Body Fat Percentage		
Blood Sugar		
Total Cholesterol		
HDL/LDL		

What is A Healthy Team?

The “Healthy Team” event is a competition that rewards participants for improving their health by incorporating healthy lifestyle changes and recognizing their employers for encouraging and supporting those changes. As an added benefit, each Healthy Team participant receives a FREE membership to the Valley YMCA in Ansonia, for the individual participating in Healthy Team for the duration of the Healthy Team competition.

A team consists of two individuals from the same company who will be each other’s support toward reaching their goals. During the competition, points are awarded for specific healthy behaviors, for measured positive physical improvements in testing, and for participating in other healthy events scheduled throughout the Corporate Cup competition.

***Watch for bonus events at mid season
when participants can earn additional points
for participating in a Couch to 5K program.***

Participant Requirements

- A written physician's consent is required for each participant prior to the initial screening.
- Each participant must complete both the Pre and Post Test to score points and receive their results. Refrain from eating for one hour prior to testing, as well as refrain from consuming caffeinated food and beverage prior to both testing dates.
- Each Healthy Team must participate in at least one additional Corporate Cup event.
- Each participant is encouraged to exercise three times weekly for a minimum of 30 minutes to acquire bonus points. An exercise diary is included in this handbook
- Each participant must maintain a food diary for a minimum of three consecutive days each month for the duration of the event to acquire bonus points. A food diary is included in this handbook.
- Each participant must complete a participant contract, which is submitted at post-testing.

Pre-testing

BY APPOINTMENT: Please call the YMCA at 203-736-9622 to schedule.

Monday February 23, 11:15 AM - 3:00 PM & 6:00 - 7:30 PM

or

Wednesday, February 25, 11:15 AM - 3:00 PM.

Post-testing

Monday, May 18, 11:15 AM - 3:00 PM & 6:00 - 7:30 PM

or

Wednesday May 20, 11:15 AM - 3:00 PM.

YOUR POST TEST WILL BE THE SAME DAY (1st date or 2nd date) AND TIME AS YOU PRE TEST. NO EXCEPTIONS!

Post-test Requirements:

Your Post Test Appointment in May will be on the same day and time as the pre test scheduled appointment in February. All paperwork (photocopies, diaries, etc.) must be submitted at the post-test. No faxes or late submissions will be accepted.

Please wear proper fitness clothing and sneakers to both your pre and post test.

Informed Consent for fitness testing

The purpose of the fitness testing program is to assess cardio-respiratory fitness and body composition. All participants in the Healthy Team event are required to participate in both an initial and final screening. Fitness testing consists of blood pressure, weight, measurement of body fat percentage, blood cholesterol screening and a treadmill walking test to determine cardiovascular fitness. Body composition is analyzed by taking several skin-fold measurements to calculate body fat percentage.

By signing this consent form, I affirm that I have read this form in its entirety and that I understand the description of the tests and their components. My questions regarding the fitness testing program have been answered to my satisfaction. However, because a medical clearance must be obtained prior to my participation in the fitness testing program, I agree to consult my physician and obtain written permission before beginning any fitness tests. I further agree to assume the risk of such testing, and hold harmless the Valley United Way, Valley YMCA, Griffin Health Services, The Greater Valley Chamber of Commerce, Griffin Hospital and their staff members, sponsors, and Corporate Cup committee conducting such testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way, from the testing program.

Printed Name _____

Signature _____

Date _____

Healthy Team Physician Consent Form

_____ is under my medical care. He/she is in good health and could benefit from a mild to moderate program of exercise and (if necessary) weight loss. He/she has no medical conditions which contraindicate this type of program.

Physician's Name (print) _____

Signature _____

Date _____

Physical Fitness Evaluation

All Healthy Team participants are required to have a health screening prior to and upon completion of the event. Participants will be screened for blood pressure, weight, body fat content, blood cholesterol and HDL. The blood testing procedure will be conducted at Griffin Hospital. A treadmill walking test will be used to determine cardiovascular fitness. Points will be awarded for improvements in these tested areas. Extra points will also be awarded for additional lifestyle modifications. Please see the “Bonus Points” section for details.

Guidelines for Fitness Testing

- Wear sneakers and appropriate exercise attire for the fitness evaluation.
- Refrain from eating and drinking for one hour prior to evaluation (including caffeinated beverages such as coffee and tea).
- Refrain from alcohol consumption for 24 hours prior to evaluation.
- Refrain from smoking for four hours prior to evaluation.
- Refrain from exercise seven hours prior to evaluation.

The Scoring System

The purpose of the Healthy Team competition is to encourage each participant to improve their health (or maintain good health), regardless of their current health status. Scores are based on changes in blood pressure, cholesterol, heart rate, and body fat. Each of those screenings has a tiered set of benchmarks, ranging from “Excellent” to “Very Poor” and participants are told where their results fall for each screening and where improvement is needed. At the end of the competition, post-test results will be compared to pre-test results and points will be awarded accordingly.

Participants whose pre-test results are “Average” or better, will be rewarded for either maintaining or improving their good health. For example: If Mr. Griffin’s pre-test body fat is 16%, he is already in the “Good” range. If by the post-test, he has maintained his 16%, he will be awarded three points for maintaining his good health. If his post-test result is 14% - in the “Excellent” range - he will receive a full four points.

Participants with pre-test results at “Below Average” or lower, can receive points for improvement, but not for maintenance. For example, if Mrs. Griffin’s pre-test body fat is 33%, she falls into the “Poor” range. By her post-test, she has reduced her body fat and it is now 30%; in the “Below Average” range. She will receive one point for moving from “Poor” to “Below Average”. Granted, “Below Average” means she has some work to do yet, but because she has improved upon her own personal benchmark of “Poor” she is rewarded for her achievement. If she had improved by more than one tier, she would be awarded one point per tier.

However, there is one caveat! Any participant whose post-test results decline is subject to a deduction in points, regardless of their tier placement. For example: If, by his post-test, Mr. Griffin's body fat has increased and he now has 18% body fat, he will lose one point. Even though he is in the "Above Average" range, he is now below his own personal benchmark of 16% and will be penalized as a result of dropping one tier from "Good" to "Above Average." Likewise, if Mrs. Griffin's body fat had increased, she is also subject to a deduction in points at a rate of one per tier.

Points Matrix

	Body Fat % Men	Body Fat % Women	Cholesterol / HDL	Diastolic Blood Pressure	Systolic Blood Pressure
Excellent + 4 points	14% or lower	15-20%	2.4 or lower	69 or lower	99 or lower
Good + 3 points	15-17%	21-22%	2.5-2.9	70-74	100-109
Above Average + 2 points	18-20%	23-24%	3-3.5	75-79	110-119
Average + 1 point	21-23%	25-30%	3.6-4.5	80-84	120-129
Below Average	24-26%	31-23%	4.6-5.5	85-89	130-139
Poor	27-29%	33-34%	5.6-6.5	90-99	140-159
Very Poor	30% or higher	35% or higher	6.6 or higher	100 or higher	160 or higher

Corporate Cup Treadmill Test

This year, for the Cardio Testing we will be using the Corporate Cup Treadmill Test. After a brief 3 minute warm-up on the treadmill, you will be asked to walk to one of the set miles per hour and grade from chart below for 12 minutes. Your score will then be calculated based on the percentage at completion for your calculated maximum heart rate.. You will receive 4, 3, 2, or 1 point based on your results. You will also be given a walking program based on your ability to help you improve your score when you re-test in May!

NOTES:

You must complete a 3 minute warm up.

Test will be 12 minutes in length.

TEMPO # 3		TEMP # 2		TEMPO # 1	
Fast Walk Uphill	PTS	Moderate Walk on Hill	PTS	Slow and Easy no Hill	PTS
3.8 mph @ 6% grade		3.3 mph @ 3% grade		2.5 mph @ 0% grade	
Up to 60% THR	4	_____	---	_____	---
31% - 75% THR	3	Up to 60% THR	3	_____	---
76% - 90% THR	2	61% - 75% THR	2	Up to 60% THR	2
Above 91%	1	Above 76%	1	Above 61%	1
Not Completed	0	Not Completed	0	Not completed	0

You must choose the same test for the pre and post test.

THR = 220 - Age

Max Heart Rate is taken at the end of your 12 minute walk.

Bonus Points

Regular Exercise

<i>30 minutes (minimum) 36 times or more</i>	+10
<i>30 minutes (minimum) 30-35 times</i>	+8
<i>30 minutes (minimum) 24-29 times</i>	+5
<i>Couch to 5K (April-June)</i>	+1- 5
<i>Failure to submit exercise diary</i>	-10

Nutrition

<i>Attend all three healthy meals (only open to Healthy Team participants)</i>	+10
<i>Attend two Healthy Meals</i>	+7
<i>Attend one Healthy Meal</i>	+4
<i>Failure to submit meal diary</i>	-10

Health Habits

<i>Refraining from tobacco use for the duration of the Healthy Team competition</i>	+10
<i>Refraining from alcohol consumption for the duration of the Healthy Team</i>	+10
<i>Male/Female team</i>	+1
<i>Having equal or improved pre-test scores as compared to last year's post-test scores</i>	+5

Health Education

<i>Submit proof of your current CPR or BLS certification</i>	+4
<i>Submit proof of CPR Friends & Family course completion</i>	+2
<i>Submit proof of your current First Aid certification</i>	+4
<i>For each health education session (i.e. Healthy U Talks) attended at Griffin Hospital (maximum 3)</i>	+3
<i>Submit copy of your Griffin Hospital Health Resource Center Library Card</i>	+1
<i>Each service or item borrowed from the Griffin Health Resource Center (maximum 3)</i>	+1
<i>Failure to return items borrowed from Griffin Health Resource Center</i>	-4

food Diary

Food intake should be recorded for a minimum of three consecutive days per month.

[illegible]

[illegible]

Participant Contract

(to be submitted at post-test)

Please indicate each event in which you participated or expect to participate in (one event minimum):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Bocce |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Wiffle Ball |
| <input type="checkbox"/> Cornhole | <input type="checkbox"/> 5K Road Race |
| <input type="checkbox"/> Horseshoes | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Miniature Golf | |

List any Griffin Hospital health education seminars attended:

1. _____
2. _____
3. _____

List items borrowed from the Griffin Health Resource Center:

1. _____
2. _____
3. _____

- ☐ I have not used any tobacco products for the duration of the Healthy Team competition.
- ☐ I have not consumed alcohol for the duration of the Healthy Team competition.

I hereby certify that all the information I have provided for the Healthy Team event is complete, truthful and correct to the best of my knowledge.

Print Name _____

Signature _____ Date _____

