

2009



NAUGATUCK VALLEY COMMUNITY CORPORATE CUP

Your Guide to the
HEALTHY TEAM
Competition



Working Together for Better Health

PRE-TEST RESULTS

SCREENING

RESULTS

Blood Pressure	
Weight	
Step Test	
Body Fat Percentage	
Blood Sugar	
Total Cholesterol	
HDL/LDL	

A stylized illustration of a man in a suit running on a film strip. The man is depicted in a dynamic, forward-leaning pose, suggesting movement and energy. The film strip is a light gray color with a dashed line indicating the path of the film. The background is a light gray color with a subtle pattern of small squares and dots.

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 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 in reaching their goals. During the competition, points are awarded for specific healthy behaviors, for measured, positive physical improvements, and for participating in other healthy events scheduled throughout the Corporate Cup competition.

PARTICIPANT REQUIREMENTS

- A written physician's consent is required for each participant prior to the initial screening.
- Each participant must go through an initial health screening and a final health screening. Refrain from eating for one hour prior to testing.
- Each Healthy Team must participate in at least one additional Corporate Cup event.
- Each participant must exercise three times weekly for a minimum of 30 minutes. An exercise diary is included in this handbook. Participants are permitted to exercise at their own gym or fitness facility.
- Each participant must participate in at least one Healthy Meal and maintain a food diary for a minimum of three consecutive days each month for the duration of the event. A food diary is included in this handbook.
- Each participant must complete a participant contract, to be submitted at post-testing.



Pre-testing

Pre-testing is by appointment on Monday, January 26, 11:15 AM - 3:00 PM, 6:00 - 7:30 PM & Wednesday, January 28, 11:15 AM - 3:00 PM.

Post-testing

Your post-test will be scheduled on Monday, May 11 or Wednesday, May 13, according to your pre-test time slot.

Post-test Requirements:

All paperwork (photocopies, diaries, etc.) must be submitted at the post-test. No faxes or late submissions will be accepted.

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 step-test (consisting of stepping up and down) to determine cardio-vascular 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 (please 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 step-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 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 who’s 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 11%, he is already in the “Good” range. If by the post-test, he has maintained his 11%, he will be awarded three points for maintaining his good health. If his post-test result is 10%; in the “Excellent” range, he will receive a full four points.

Participants who’s pre-test results are “Below Average” or lower, can receive points for improvement, but not for maintenance. For example, if Mrs. Griffin’s pre-test body fat is 30%, she falls into the “Poor” range. By her post-test, she has reduced her body fat and it is now 27%; 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.

There is one caveat! Any participant who’s 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 declined and he now has 14% 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 11% and will be penalized as a result of dropping one tier from “Good” to “Excellent”. Likewise, if

Points Matrix

	Body Fat % Men	Body Fat % Women	Cholesterol / HDL	Diastolic Blood Pressure	Systolic Blood Pressure
Excellent + 4 points	10.9 or lower	14-15.9	2.4 or lower	69 or lower	99 or lower
Good + 3 points	11-12.9	16-17.9	2.5-2.9	70-74	100-109
Above Average + 2 points	13-14.9	18-19.9	3-3.5	75-79	110-119
Average + 1 point	15-20	20-25	3.6-4.5	80-84	120-129
Below Average	20.1-24	25.1-28	4.6-5.5	85-89	130-139
Poor	24.1-28	28.1-33	5.6-6.5	90-99	140-159
Very Poor	28.1 or higher	33.1 or higher	6.6 or higher	100 or higher	160 or higher

STEP TEST POINTS MATRIX

Men

Age	18-25	26 - 35	36 - 45	56 - 65	65+
Excellent + 4 points	70-78	73-79	72-81	72-82	72-86
Good	82-88	83-88	86-94	89-97	89-95
Above Average + 2 points	91-97	91-97	98-102	98-101	97-102
Average + 1 point	101-104	101-106	105-111	105-111	104-113
Below Average	107-114	109-116	113-118	113-118	114-119
Poor	118-126	119-126	120-128	122-128	122-128
Very Poor	131-164	132-164	132-168	131-150	133-152



Women

Age	18-25	26 - 35	36 - 45	56 - 65	65+
Excellent	72-83	72-86	74-87	74-92	73-86
Good	88-97	91-97	93-101	97-103	93-100
Above Average + 2 points	100-106	103-110	104-109	106-111	104-114
Average	110-116	112-118	111-117	113-117	117-122
Below Average	118-124	121-127	120-127	119-127	123-127
Poor	123-137	129-135	130-138	129-136	129-134
Very Poor	145-155	141-154	143-152	142-151	135-151

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>Failure to submit exercise diary</i>	-10

Nutrition

<i>Attend all three healthy meals</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</i>	+10
<i>Refraining from alcohol consumption for the duration</i>	+10
<i>Participate in a Stress Reduction class at Griffin Hospital (held each Tuesday at 6:15 PM in the Meditation & Learning Center</i>	+5
<i>Male/Female team</i>	+1
<i>For 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 your current First Aid certification</i>	+4
<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

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"/> <i>Bowling</i> | <input type="checkbox"/> <i>Run/Walk</i> |
| <input type="checkbox"/> <i>Darts</i> | <input type="checkbox"/> <i>Orienteering</i> |
| <input type="checkbox"/> <i>Billiards</i> | <input type="checkbox"/> <i>Miniature Golf</i> |
| <input type="checkbox"/> <i>Wiffle Ball</i> | <input type="checkbox"/> <i>Horseshoes</i> |

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.

Participant Name (please print) _____

Participant Signature _____ **Date** _____

