



# WELLNESS PROGRAM

County of Riverside Human Resources

*Spiritual + Mental + Emotional + Physical = Wellbeing*

## **SHERIFF'S DEPARTMENT WELLNESS & FITNESS PROGRAM**

*To provide to all LEMU Members a Wellness Program that encourages and promotes healthy lifestyle choices leading to optimal health and well-being. The LEMU Wellness Program will engage and empower employees and their Spouses or Registered Domestic Partners to improve their health and fitness to achieve a better quality of life, while reducing health care costs and resulting in a more productive workforce.*

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## PROGRAM DESCRIPTION

The LEMU Standards Based Wellness Program (SBWP) is a negotiated Memorandum of Understanding (MOU) Voluntary Wellness Program. The purpose of the LEMU SBWP is to help improve the health status of LEMU Members, and their Spouses or Registered Domestic Partners, by implementing a wellness program that provides a series of non-cash wellness incentives for year one and a graduated cash incentive regime based on increasing levels of participation for eligible members for years two through four. Certain aspects of the program (Personal Wellness Profiles, One-on-One Consultations, and Nutritional Counseling) are available to Spouses and Registered Domestic Partners throughout the duration of the program.

The non-cash wellness incentives for year one begins with a Personal Wellness Profile. Following completion of a Wellness Profile, the LEMU Member (Member), Spouse or Registered Domestic Partner will receive a report outlining their individual results, personalized recommendations, and wellness guidelines. Education, activities and/or classes may be scheduled, and follow-up reviews may be arranged. LEMU members who wish to begin preparing for the Cooper Institute's Fitness Assessment may begin in year one by completing the Health Risk Assessment and if desired obtaining a cardiovascular or resistance training prescription from the LEMU Wellness Coordinator; a Copper Institute Certified Law Enforcement Fitness Specialist and a Certified Personal Trainer.

Starting in the second year of the program LEMU Members, except those specifically excluded by the Department, may participate in the semiannual Fitness Assessment consistent with the Cooper Institute's Fitness Training Program. Employees' whose Health Risk Assessment/Personal Wellness Profiles reveal coronary risk factors, cardiovascular or heart disease, use of medications that may prevent them from performing the Fitness Assessment, or other limiting health/injury factors, will not be allowed to participate in the Fitness Assessment until the Wellness Coordinator is satisfied they are able to participate without placing the employee in jeopardy. These Members will be provided the opportunity to work with trained advisors to develop a personal wellness/fitness program to address these concerns.

The Fitness Assessment shall consist of the following three (3) elements:

1. Sit-Up Test            Following a three (3) minute warm up, the Member has one (1) minute to complete as many sit-ups as possible.
2. Push-Up Test        Following a five (5) minute recovery, the Member has one (1) minute to complete as many push-ups as possible.
3. 1.5 Mile Run        Following a five (5) minute recovery, the Member will run 1.5 miles either on a designated track, flat outlined course or calibrated treadmill. The Member will actively cool down for five (5) minutes following the run.

Members will be allowed one attempt during each semiannual testing cycle to 'meet' the fitness standards. Each member will be allowed two (2) attempts to attain the 50<sup>th</sup> percentile in their age and gender category. Members reaching the 50<sup>th</sup> percentile on the first attempt of an individual element will not have to repeat that element.

Recognizing that some Members may initially fail to meet the fitness standards, a remedial fitness program is available under the direction of a Health Professional.

Monetary Incentives for years two (2) through four (4) of the MOU:

- Each Member who voluntarily elects to participate in all components of the Fitness Assessment, regardless of score or outcome, shall receive a bonus of \$300. Each employee deemed as ‘meets’ standard in all three fitness elements will receive an additional \$300; for a maximum bonus amount of \$600 per year.
- Any Member who does not receive a ‘meets’ standard in the Fitness Assessment, who elects to participate in the remedial fitness activities will be compensated upon the completion of the remedial fitness training, based on the number of activities completed; for a maximum remedial bonus of \$300 per year.

The Sheriff’s Department Wellness & Fitness Program rewards regular exercise, good nutrition and other healthy lifestyle choices. These ‘Activities’ are available, as an additional bonus, to all Members who have received a ‘meets’ on the Cooper Institute’s Fitness Assessment. For those Members who did not receive a ‘meets’ on the Fitness Assessment, these ‘Activities’ comprise the ‘Remedial Fitness Training’. There is no additional monetary compensation beyond the maximum of \$600 for those Members having achieved a ‘meets’ for participating in the below ‘Activities’.

### ***Explanation of Activities:***

- **Health Risk Assessment (HRA):** A tool, available to the Member and their Spouse or Registered Domestic Partner, consisting of valid and reliable questions related to your individual lifestyle practices and health history factors that have the highest impact on individual health, and biometric measures to determine health status. Lifestyle questions focus on exercise, nutrition, diabetes risk, smoking, alcohol, stress, and well-being and personal/family medical history. Additionally, the HRA addresses a person’s ‘readiness to change’ that allows for development of tailored interventions to meet specific needs. Some questions relate to how to improved health status can lead to increased work performance.
- **One-on-One Consultation:** A comprehensive counseling, available to the Member and their Spouse or Registered Domestic Partners, including care, disease and case management and one-on-one lifestyle consultation.
- **Biometric Screening:** Biometric screenings offer valuable insight into a Member’s health risks by providing a number of biometric measures, such as weight, height, blood cholesterol levels including HDL, LDL, triglycerides and blood glucose.
- **Nutritional Counseling:** A comprehensive one-on-one session, available to the Member and their Spouse or Registered Domestic Partner, with a registered dietician to create a customized and personal nutrition assessment to assist the Member and/or their Spouse or Registered Domestic Partner with nutritional requirements regarding Cardiac Disease, Diabetes, Obesity, Cholesterol, Hypertension and Weight-loss.

## BIOMETRIC SCREENING

If you choose to participate in the biometric screening, your blood test results will be provided on the Laboratory Report. Directly underneath the name of the test, the normal range is given. Your value is in large black type underneath the normal range. If you are outside of the normal range, the word HIGH or LOW will be printed. IF your values are outside of the normal range, *consult your physician for further information.*

A brief explanation of each component of the test is provided below.

1. **Glucose:** This is blood sugar. Normal fasting levels for an adult are 70-99 mg/dl. A fasting blood glucose level of 100-125 is called prediabetes. A fasting blood glucose level >125 mg/dl may indicate diabetes mellitus. It is not uncommon to have a mild elevation due to laboratory variation or dehydration. An abnormally low blood glucose level is called hypoglycemia.
2. **Total Cholesterol:** A sum of the very low density lipoprotein, low density lipoprotein and high density lipoprotein levels. High levels of total cholesterol are strongly associated with coronary artery disease. Normal adult values are 130-199 mg/dl. Total cholesterol levels are related to age, percent body fat, sex, dietary patterns, exercise habits and genetics.
3. **HDL Cholesterol:** This is a beneficial type of lipoprotein. Research indicates that HDL assists in the removal of excess cholesterol from the blood, thereby reducing the risk for cardiovascular disease. Low levels of HDL (<40 mg/dl) are strongly associated with increased coronary risk.
4. **LDL Cholesterol:** This refers to the lipoproteins which can bind to arterial walls and create plaque. This is the “bad” type of lipoprotein. Optimal values are <100 mg/dl, near-optimal values are 100-129 mg/dl. A high level (>129 mg/dl) of LDL cholesterol is a major risk factor for coronary heart disease.
5. **CHOL/HDL Ratio:** This is the ratio of total serum cholesterol to HDL. The ideal value for men is 4.0 or less, and the ideal value for women is 3.5 or less.
6. **Triglycerides:** This type of fat is found in the bloodstream and adipose tissue. High levels are a contributing factor for coronary heart disease and pancreatitis. The normal fasting adult values are 30-150 mg/dl.

# FITNESS ASSESSMENT TESTING PROTOCOL

## ***Test 1: One Minute Sit Up***

- This is a Level 3 assessment
- It is a measure of Dynamic Strength
- You are using your abdominal muscle group
- You will be asked about injuries/medical concerns
- You will start in the down position
- Your knees are bent, feet flat on the floor/mat
- Your hands are clasped behind the head
- The up position is elbows touching knees (or breaking the vertical plane)
- The down position is shoulder blades touching the mat
- Your buttocks must remain on the mat with no thrusting of the hips
- Do not hold your breath (Valsalva maneuver)
- Do not hyper flex your neck
- You can rest only in the up position
- Your score is the number of correct sit ups in one minute

## ***Test 2: One Minute Push Up***

- This is a Level 3 assessment
- It is a measure of Dynamic Strength
- You are using your pectoralis major, anterior deltoids and triceps
- You will be asked about injuries/medical concerns
- You will start in the up position – elbows in soft extension
- Your feet will be together, hands slightly wider than shoulder width apart
- Your body will remain in a straight (plank) position at all times
- You will move into a down position until you hit a 3” sponge
- You can rest only in the up position
- Do not hold your breath (Valsalva maneuver)
- Your score is the number of correct push ups in one minute

## ***Test 3: 1.5 Mile Run***

- This is a Level 3 assessment
- It is an estimation of your VO<sub>2</sub>max (Cardiorespiratory fitness)
- You will be asked about injuries/medical concerns
- You will be asked if you are properly warmed up
- You will be directed to a marked course, a track or a calibrated treadmill
- Your score is your 1.5 mile run in minutes and seconds
- You will be asked to cool down for 5 minutes

# HEALTH HISTORY FORM

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Emergency Contact: \_\_\_\_\_  
(Name and Telephone Number, including area code)

4. Resting Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

5. Resting Heart Rate: \_\_\_\_\_

6. Past and Present Personal Health History (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Diseases of the heart and arteries | <input type="checkbox"/> Abnormal electrocardiogram (ECG) |
| <input type="checkbox"/> High Blood Pressure                | <input type="checkbox"/> Angina pectoris (chest pain)     |
| <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Stroke                           |
| <input type="checkbox"/> Anemia                             | <input type="checkbox"/> Abnormal chest X-ray             |
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Asthma                           |
| <input type="checkbox"/> Other lung diseases                | <input type="checkbox"/> Orthopedic or muscular problems  |
| <input type="checkbox"/> Prediabetes/Diabetes               |   |

If any of the above are checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

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7. Level of Physical Activity:

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, step aerobics, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently participating in weight training?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you perform stretching exercises on a regular basis?

What best describes your level of physical activity during the past 4-6 weeks?

- Very Active  
 Moderately Active  
 Occasionally Active  
 Inactive

8. Please indicate any additional exercise information which you think is important for us to know prior to fitness testing or exercise.

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9. Is there a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease, or epilepsy? \_\_\_\_\_Yes \_\_\_\_\_No

If YES, please provide information regarding who the relative is, the medical program, and the age at onset or death.

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10. \_\_\_\_\_Yes \_\_\_\_\_No

Do you currently smoke cigarettes?

If YES, how many cigarettes per day?\_\_\_\_\_

If you smoked in the past, when did you quit?

11. \_\_\_\_\_Yes \_\_\_\_\_No

Are you currently taking medication prescribed by a physician?

If YES, indicate name of medication, dosage and reason for taking it:

\_\_\_\_\_  
\_\_\_\_\_

12. Please indicate any additional medical information that you think is important for us to know prior to fitness testing or exercise.

\_\_\_\_\_  
\_\_\_\_\_

# INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activities, specifically the Fitness Assessment, consisting of three (3) elements listed below. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include running and dynamic strength exercises performed in either a field or gymnasium type setting.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heart related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

I understand this is a voluntary program and participation in this program is not considered compensable (not payable time worked).

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

- The Fitness Assessment shall consist of the following three (3) elements:
1. Sit-Up Test            Following a three (3) minute warm up, the Member has one (1) minute to complete as many sit-ups as possible.
  2. Push-Up Test        Following a five (5) minute recovery, the Member has one (1) minute to complete as many push-ups as possible.
  3. 1.5 Mile Run        Following a five (5) minute recovery, the Member will run 1.5 miles either on a designated track, flat outlined course or calibrated treadmill. The Member will actively cool down for five (5) minutes following the run.

# MEDICATIONS

Individuals taking certain medications cannot undergo fitness testing. Other medications can affect fitness testing results.

## Antianginal Agents:

- A. Nitrates – Treatment of angina and coronary artery spasm
  - a. Trade Names of Agents: Isordil, Diltrate, Nitrobid, Nitrostat, Cardilate, Nitrodisc, Nitrol Ointment, Transderm Nitro, Monoket, Ismo

## Antihypertensive Agents:

- A. Diuretics – Edema, hypertension (high blood pressure), Chronic Heart Failure
  - a. Trade Names of Agents: Diuril, Esidrix, Enduran, Dyazide, Lasix, Hygroton, Hydrodiuril, Aldactone, Edecrin, Maxzide, Bumex, Dyrenium, Midamor
- B. Beta Blockers – Treatment of angina, arrhythmias, hypertension, migraine headaches
  - a. Trade Names of Agents: Inderal, Lopressor, Corgard, Tenormin, Visken, Blocadren, Sektal, Cartrol, Kerlone, Zebeta, Levatol
- C. Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors) – Hypertension, Post Myocardial Infarction, Chronic Heart Failure
  - a. Trade Names of Agents: Capoten, Vasotec, Prinivil, Zestril, Capozide, Accupril, Lotensin, Monoprio, Altace
- D. Calcium Channel Blockers – Hypertension, angina, coronary artery spasm
  - a. Trade Names of Agents: Procardia, Calan, Cardizem, Cardene, Isoptin, Adalat, Norvasc, Plendil, DynaCirc, Nimotop, Vascor
- E. Vasodilators/Alpha Blockers – Hypertension
  - a. Trade Names of Agents: Apresoline, Minipress, Hytrin, Cardura

## Antiarrhythmic Agents – Treatment of arrhythmias (irregular heartbeats)

- a. Trade Names of Agents: Dilantin, Xylocaine, Pronestyl, Quinidex, Procan, Norpace, Mexitil, Quinaglute, Enkaid, Tambocor, Tonocard, Moricizine

## Antihyperlipidemic Agents – Treatment of hyperlipidemia

- a. Trade Names of Agents: Lopid, Mevacor, Lorelco, Nicolar, Questran, Colestid, Zocor, Lescol, Pravachol, Simvastatin

## **NUTRITIONAL COUNSELING**

If you choose to participate in the Nutritional Counseling, you will be provided a One-on-One consultation with a Registered Dietician (RD). After completing a food diary, the Member, Spouse or Registered Domestic Partner will meet with the RD to create a customized and personal nutrition assessment to assist you with understanding nutritional requirements regarding Cardiac Disease, Diabetes, Obesity, Cholesterol, Hypertension and Weight-loss.

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

A 'yes' answer may require written physician clearance before the LEMU Member undergoes fitness testing.

Yes    No

		1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
		2. Do you feel pain in your chest when you do physical activity?
		3. In the past month, have you had chest pain when you were not doing physical activity?
		4. Do you lose your balance because of dizziness or do you ever lost consciousness?
		5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
		6. Is your Doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? (See Attachment 'Medications')
		7. Do you know of any other reason why you should not do physical activity?

Note: 1) If you have a temporary illness, such as a fever, or are not feeling well at this time, you may wish to postpone the proposed activity.

2) If you are pregnant, you are advised to consult your physician before exercising.

3) If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of your LEMU Wellness Coordinator.

# SCREENING LEVELS:

## Required prior to participation in the Voluntary Wellness Program – Levels 2 and 3

Level 1 – Year 1 of the Contract:

**Medical history questionnaire**

**PAR-Q**

**Informed Consent**

Resting Blood Pressure

Resting Heart Rate

Blood Analysis

Body Composition

Waist Circumference

Nutritional Analysis

Fitness Assessment

Cardiovascular Rx

Resistance Rx

HRI: May require medical examination and clearance to participate in the LEMU Wellness Program – LEVELS 2 and 3

**MEDICAL CLEARANCE**

### **HIGH RISK INDICATORS\***

1. Personal history of cardiovascular disease
2. Smoking
3. Hypertension (>140/90 mmHg) or on antihypertensive meds
4. Hyperlipidemia (abnormal cholesterol): total cholesterol >200 mg/dl
5. Family history
6. Diabetes mellitus or impaired fasting glucose
7. Sedentary Lifestyle
8. Obesity
9. Any absolute or relative contraindication – **See Attachment ‘Medications’**
10. Age (Male >45, Female >55)

LEVEL 2 – Years 2 through 4

3 minute step test

If the subject cannot finish the test, or scores at the very poor level, then he/she should obtain medical clearance before further testing

LEVEL 3 – Years 2 through 4

3 minute warm up

Perform the 1 minute sit up test; recover for 5 minutes (Dynamic Strength)

Perform the 1 minute push up test; recover for 5 minutes (Dynamic Strength)

Perform the 1.5 mile Run test; active cool down for 5 minutes (Cardiorespiratory Fitness)

\*High risk indicators include anything that would increase the likelihood of a cardiovascular event. This is not limited to only the major risk factors for coronary artery disease, but also applies to any personal history of cardiovascular disease or presence of any absolute or relative contraindications.

# TESTING STANDARDS

## ***CARDIORESPIRATORY FITNESS TEST***

A 'meets' standard will be given to Members who attain the 50th percentile, or above, of the Cooper Institute's Cardiorespiratory Fitness Norms

### **1.5 Mile Run Time:**

<u>Age</u>	<u>Males 50%</u>	<u>Females 50%</u>
20-29	11:58	14:15
30-39	12:25	15:14
40-49	13:05	16:13
50-59	14:33	18:05
60-69	16:19	20:08

## ***DYNAMIC STRENGTH***

A 'meets' standard will be given to employees who attain the 50th percentile, or above on the Cooper Institute's physical fitness Dynamic Strength Norms.

### **One Minute Sit Up:**

<u>Age</u>	<u>Males 50%</u>	<u>Females 50%</u>
20-29	40.0	35.0
30-39	36.0	27.0
40-49	31.0	22.0
50-59	26.0	17.0
60+	20.0	8.0

### **One Minute Push Up:**

<u>Age</u>	<u>Males 50%</u>	<u>Females 50%</u>
20-29	33	18
30-39	27	14
40-49	21	40+ 11
50-59	15	
60+	15	