

Appendix

Appendix A: Sample Introduction Document

School's Name is about to launch a Pedometer Challenge amongst all teachers and administrative staff. The administrative staff and each grade level will be encouraged to participate and form a team to compete against each other during the 6-week long Pedometer Challenge. At the end of each week, tallies from all teams will be posted on the Pedometer Challenge chart. We first need to build a team to lead the process, if you would like to step up and be the Pedometer Challenge Captain for your team, please e-mail *Wellness Ambassador's Name* by *deadline date* and state your interest.

Appendix B: Sample Timeline

Event/Activities	April, 1	April 8	April 16	April 24	May 2	June 10	June 12
Solicit Donations	XX	XX	XX	XX	XX	-	-
Market Program	XX	XX	-	-	-	-	-
Registration Deadline	-	-	XX	-	-	-	-
Start Date/Kick Off	-	-	-	XX	-	-	-
Challenge	-	-	-	XX	XX	XX	-
End Date	-	-	-	-	-	XX	-
Award Ceremony	-	-	-	-	-	-	XX

Appendix C: Sample Donation Letter, Pedometer Challenge

Dear Store Manager:

According to the Behavioral Risk Factor Surveillance System (BRFSS), a survey conducted by the Centers for Disease Control and Prevention (CDC, 2005) that assesses America's level of physical activity, less than half (46.4 %) of Texans are meeting the recommended levels of physical activity. Furthermore, 27.8% of Texans reported participating in no leisure-time physical activity in the previous month compared to the National average of 14%. This statistic proves that almost 28% of Texans are remaining inactive on a daily basis increasing their risk of many health disparities and health conditions.

In an attempt to increase employee's physical activity and provide a starting point in a long-term effort to maintain health, *School's name* from the EPISD is encouraging their employees to participate in a Pedometer Step Challenge. The Pedometer Step Challenge will promote employees to engage in more walking activity and their endeavor will affect their families and trickle down into the community. Local efforts such as these, work toward affecting the overall health of the El Paso community.

It is at this time that we ask for a donation to help defer the costs of purchasing a pedometer *or ask for a donation of (specify amount of pedometers needed)*. Your donation will help alleviate the cost of purchasing a pedometer and will help propel our employees on their way to better health. If you choose to donate, please contact *Wellness Ambassador* at *phone # or e-mail address*.

We thank you for your consideration and time.

Respectfully,
Your Name

Appendix D: Sample Announcement Document

Pedometer Challenge!

Beginning *Start Date xx, 2009* through *End Date xx, 2009*, *School name* is challenging you to increase your daily steps.

Wear a pedometer every day, mark your steps in the activity log, tally your weekly steps, and mark your progress as a team!

Each grade level and administrative staff will be a

Appendix E: Sample Walking Log

Date	Description of Walk	Minutes	Pedometer Reading	Notes
Week 1	Include all forms of extra walking		From all day	
April 24	Neighborhood w/ dog	15	4500	
April 25	Neighborhood w/ dog	15	4750	
April 26	Around school at lunch	18	5000	
April 27	Around school at lunch	18	5000	
April 28	Around school at lunch	20	6000	
April 29	Around school at lunch	20	6250	
April 30	Park with kids	20	6200	
Total		136	37700	
Week 2				
May 1				

Appendix F: Sample Donation Letter, Reward Point System

Dear Store Manager:

According to the Behavioral Risk Factor Surveillance System (BRFSS), a survey conducted by the Centers for Disease Control and Prevention (CDC, 2005) that assesses America’s level of physical activity, less than half (46.4 %) of Texans are meeting the recommended levels of physical activity. Furthermore, 27.8% of Texans reported participating in no leisure-time physical activity in the previous month compared to the National average of 14%. This statistic proves that almost 28% of Texans are remaining inactive on a daily basis increasing their risk of many health disparities and health conditions.

In an attempt to increase employee’s physical activity and provide a

Appendix G: Recommended Levels of Physical Activity

Adults need 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) and muscle strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)

Or

1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity (i.e., jogging or running) every week muscle strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

Or

An equivalent mix of moderate and vigorous-intensity aerobic activity and muscle strengthening activities on 2 or more days a week that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).

Source, CDC, 2009

Online Resources include:

Centers for Disease Control and Prevention

<http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html>

U.S. Department of Health and Human Services

<http://www.health.gov/PAGuidelines/>

MyPyramid.gov

http://mypyramid.gov/pyramid/physical_activity.html

American College of Sports Medicine

http://www.acsm.org/AM/Template.cfm?Section=Home_Page&CONTENTID=11398&TEMPLATE=/CM/HTMLDisplay.cfm

Appendix H: Sample Reward Point System

Activity	Points
Turning in weekly/monthly Activity Log	10
Attending a Health Fair	15
Visiting a Health Professional	20
Participating the recommended levels of PA	25

Reward	Points Needed
\$25.00 Gift Card	75
Family Movie Pass (4 movie tickets)	100
Family Western Playland Pack (4 tickets)	125
Athletic Apparel	150
Fleece Jacket	150
Yoga Mat	100
Healthy Cook Book	100

Appendix I: Activity Log Feedback

“How are the workout classes going? You are working out about 3x a week for 48 minutes, which is about 144 minutes of physical activity a week. Great job. The recommended amount of PA is 150 minutes a week at a moderate level; however it is recommended that adults participate in 75 minutes of PA plus 2 days a week of muscle strengthening activities. You are almost there; all you need to do is add one more Pilates or intense yoga class to achieve this. Look here for more info:
<http://www.cdc.gov/physicalactivity/everyone/guidelines/adult>”

“Great log, you are working out about 4x (4.25) a week at an average of 54 minutes per session, or 230 minutes a week. You are meeting the recommended levels of physical activity.”

“Congratulations Mary, this is an excellent log. You are averaging 6.25 day of physical activity per week at an average of 44 minutes each time. You are engaging in the recommended levels of physical activity that will lead to substantial health benefits.”

Appendix J: Sample Activity Log

Date	Activity	Minutes	Notes
April 24	Yoga	50	
April 25	Jog around the block	20	
April 26	Step Class	45	Tough Class
April 27	Walk around the mall	45	
April 28	Walk Around school at lunch	20	
April 29	Walk Around school at lunch	20	
April 30	Park with kids	50	

Appendix K: Sample Walk Leader Request

School's Name will be encouraging their employees to participate and train for *Race Name*. We are looking for volunteers to lead walking groups during *list times of the scheduled walks*. Please e-mail *Wellness Ambassador's Name* by *deadline date* and state your interest.

Appendix L: Sample Train for the Race Document

Join our team!

- Train at UTEP
- Walk at UTEP
- Race at Cchen Stadium

Form a department team and help end breast cancer with us?

- Receive a free T-Shirt and Visor

Race: 02/22/09 Training: 01/05/09 - 02/20/09

For more information contact:
Lucia Hernandez:
lhernandez3@miners.utep.edu

Armida Ruiz-Martinez:
747-5280

The University of Texas at El Paso
Employee Health & Wellness Program

Susan G. Komen
race
FOR THE
cure

HUMAN
RESOURCES
SERVICES

Appendix M: Resources for Health Food Guidelines

Mypyramid.gov

<http://www.mypyramid.gov/>

Harvard: School of Public Health

http://www.helpguide.org/life/healthy_eating_diet.htm

Nutrition.gov

http://www.helpguide.org/life/healthy_eating_diet.htm

Helpguide.org

http://www.helpguide.org/life/healthy_eating_diet.htm

Appendix N: Sample of Challenges

Challenge	Intensity (Effort) Level
15 extra minutes of walking per day	Low
Go up three flight of stairs each day	Moderate
Use a basket while grocery shopping	Low
Eat three extra servings of fruit a day	Low-Moderate
Jump Rope for 3 minutes a day	Moderate
Keep a food journal	Moderate
Eat three extra servings of veggies a day	Low-Moderate
Use a cooking spray in lieu of oil	Low-Moderate
Choose a healthy snack	Low

Appendix O: Sample Banner

*Principle's name challenges all 1st grade teachers
to walk an extra 15 minutes every day during
April 13-19, 2009!*

Appendix P: Sample Activity Log, Challenge

Date	Did you complete the challenge?	If not, for what reasons?	Where?	When?	How long?	Planned or Unplanned?
April 13	Yes	-	Basketball Courts	Lunch Time	15 minutes	Unplanned
April 14	No	No time	-	-	-	-
April 15	Yes	-	Park	Evening	20 minutes	Planned
April 16	Yes	-	Around Campus	Lunch Time	20 minutes	Planned
April 17	Yes	-	Around Campus	Lunch Time	25 minutes	Planned
April 18	Yes	-	Neighborhood	10 am	20 minutes	Unplanned
April 19	Yes	-	Mall	11-1	~45 minutes	Unplanned

Appendix Q: Local Community Resources

Resource	Address/Website	Phone Number
<i>Local</i>		

UTEP Health Promotion Department	1101 N. Campbell	747-7280
El Paso City Government Health Education and Promotion	5115 El Paso	771-5703
UTEP Kinesiology Department	1101 N. Campbell Statewide	747-7280
Employee Assistance Program (EAP)	Guidanceresources.com	877-533-2363

Appendix R: Presentation Ideas for Weight Loss Challenge

1. Get organized- Tips on how to organize the pantry to facilitate healthy eating
2. Food Pyramid: Basis of Healthy Eating
3. Benefits of eating at home
4. From zero to hero: Starting an exercise routine for you and your family
5. Portion Control
6. Open discussion.

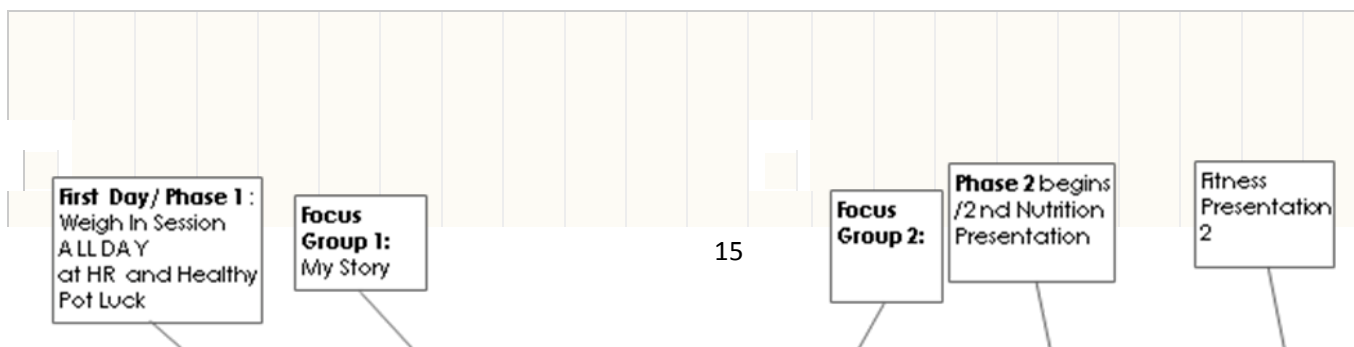
Appendix S: Homework Ideas for Weight Loss Challenge

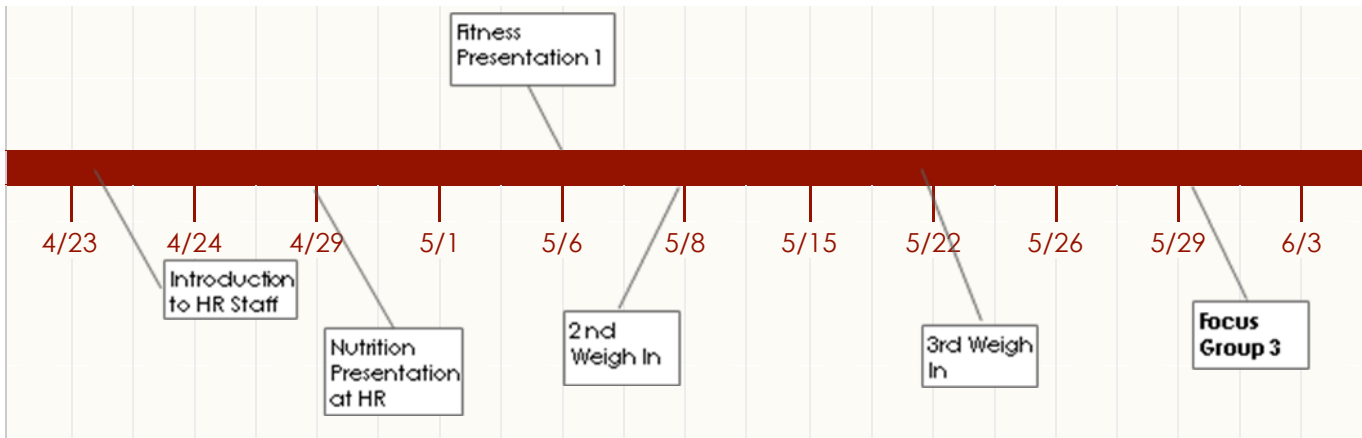
1. Food log of everything they eat one week prior to the challenge and the last week of the challenge.
2. Open discussion- Write down questions dealing with physical activity and nutrition to ask the presenters.
3. What change(s) have you made? What thing(s) are you doing different?
4. Write a healthy recipe or a recipe that you have modified to be healthier.
5. Write two or three questions and bring to the final nutrition presentation.

Appendix T: Discussion Ideas for Weight Loss Challenge

1. **Healthy Meal Dishes/Factors that influence what you are eating-** Everyone will share a recipe that they modified to a healthier version. The recipes will be compiled and turned into an PDF recipe book. In addition to the recipes, everyone will discuss the factors that most influence what they are eating.
2. **Barriers of Physical Activity-** Each person will state a problem they have regarding PA, and the other members will work together to gather ideas to fix or ease the problem.
3. **Involving the Family-** Members will share their struggle and successes to involve their family and close friends to joining them in their effort to live a healthy life.
4. **Status Update-** Each member will discuss their status update, omitting specific weight loss/gain numbers, sharing factors that act as barriers and facilitators to their goals and how they have dealt with each. Stress coping mechanisms will also be discussed.
5. **Maintaining progress-** Members will discuss their plans on maintaining their newly adopted healthy behaviors.

Appendix U: Sample Timeline, Weight Loss Challenge





Appendix V: Web Resources, Weight Loss Challenge

National Body Challenge

<http://health.discovery.com/national-body-challenge/national-body-challenge.html>

Appendix W: Community Vendors for Health Fair

- | | | |
|--|-------------------------------------|--|
| ___ Alpha & Omega Wellness Center | ___ EP Drs. Of Chiropractic | ___ R.E. Thomason Hospital |
| ___ American Cancer Society | ___ EP 1 st Health Plans | ___ Sierra Providence |
| ___ Area Agency on Aging | ___ Fidelity | ___ Southwest Surgeon |
| ___ Assurant | ___ HR Benefits | ___ TIAA-CREF |
| ___ Bienivir Sr. Health Services | ___ Blue Cross Blue Shield | ___ La Fe/ CHIP/Medicaid |
| ___ CAN Group Long Term Care | ___ Lincoln | ___ UTEP Speech Pathology (Hearing screenings) |
| ___ City of El Paso, Dept of Public Safety | ___ Maximus | |
| ___ Costco | ___ Medco | |
| ___ Deer Oaks | ___ Mt. West Health Center | |
| ___ Delta Insurance | ___ New Balance | ___ Desert Imaging |
| ___ Poison Center | | |

El Paso Public Health Department

Michael Hill 771-5702

-El Paso Public Health Department: Health Promotion

Sue Beatty 771-5853

-Texas Tech: Breast Cancer Awareness

Carmen Gonzalez

545-6926

-El Paso Diabetes

Lucy Shoope

577-7258

-Susan G. Komen Breast Cancer

1700 Murchinson, Suite 207

El Paso, TX 79902

Appendix X: Sample Health Fair Vendor Invitation

Dear *NAME OF VENDOR*,

The *SCHOOL NAME* will hold a Health Fair on July 2, 20XX. Please accept our invitation to participate.

This year the Fair will provide an opportunity for local health care vendors and our group Insurance vendors to make available to our employees, information and resources about health and wellness. This year the fair has been expanded to include presentations about various health and wellness topics for the body and the mind, including nutrition, exercise, smoking cessation, diabetes, breast and prostate cancer, high cholesterol, and other health conditions. With this, if you

Appendix Y: Sample Health Fair Registration Form

The University of Texas at El Paso Health Fair 2008

July 02, 2008

Tomas Rivera Conference Room

9:00 a.m. to 2:00 p.m.

**PARTICIPATION WILL BE LIMITED TO THE FIRST 25 VENDORS
REGISTRATION FORM**

_____ Our Company/Agency *will* participate
 _____ Our Company/Agency *will not* participate

Company/Agency Name: _____

Company/Agency Contact: _____

Address: _____

Phone # _____

Fax # _____

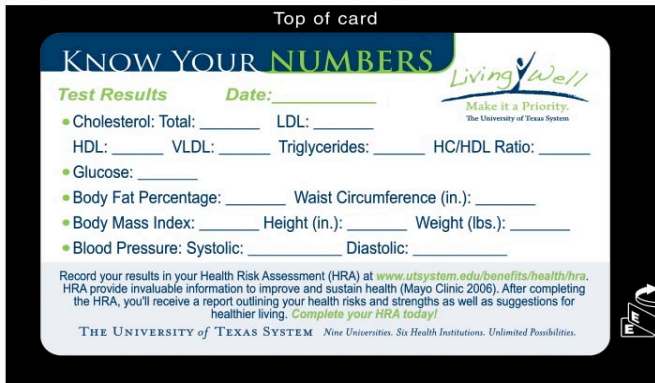
Briefly describe the type of testing/printed information you will provide. If fasting is required or recommended for any testing, please include that information. Also, indicate cost of testing if applicable:

Number of tables, chairs, power cords, etc., your booth will require or if you will have table displays:

Length 6ft/ Width 1.5ft **Tables** _____ **Chairs** _____

Other (Electrical cords, outlets, table displays, etc.) _____

PLEASE RETURN YOUR REGISTRATION FORM NO LATER THAN June 20, 2008 ATTENTION: Benefit Administration Team, fax 915-747-5815.



Front

If you have any questions, or need additional information, please contact, Sarah Jordon at 747-5000.

Appendix Z: Sample Know Your Numbers Document

