



Board of County Commissioners Agenda Request

2P
Agenda Item #

Requested Meeting Date: July 8, 2025

Title of Item: Adoption of Health Promotion Team Guidelines

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA	Action Requested: <input type="checkbox"/> Approve/Deny Motion <input checked="" type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
Submitted by: Bobbie Danielson		Department: HR
Presenter (Name and Title):		Estimated Time Needed:
Summary of Issue: Guidelines and forms were developed for the Health Promotion Team use, with input from the Interim Administrator Team, HHS Director, and HPT members. A copy is attached.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Motion to adopt resolution and approve the attached HPT Guidelines.		
Financial Impact: <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

CERTIFIED COPY OF RESOLUTION OF COUNTY BOARD OF AITKIN COUNTY, MINNESOTA

ADOPTED July 8, 2025

By Commissioner: xxx

20250708-xxx

ADOPTION OF HEALTH PROMOTION TEAM (HPT) GUIDELINES

WHEREAS, the Aitkin County Health Promotion Team (HPT) is committed to fostering a culture of wellness for all county employees through inclusive, low-cost health promotion initiatives, and

WHEREAS, guidelines to ensure alignment with Aitkin County policies, applicable laws, and best practices in employee wellness have been developed, and

WHEREAS, these guidelines outline the structure, governance, financial management, and procedures for planning and implementing wellness activities that benefit Aitkin County employees and are aimed to help reduce healthcare-related expenditures,

NOW, THEREFORE, BE IT RESOLVED, that the Aitkin County Board of Commissioners hereby adopts the Health Promotion Team (HPT) Guidelines, effective July 8, 2025.

Commissioner xxx seconded the adoption of the resolution and it was declared adopted upon the following vote

xxx MEMBERS PRESENT

All Members Voting xxx

**STATE OF MINNESOTA}
COUNTY OF AITKIN}**

I, John Welle, County Engineer, Aitkin County, Minnesota do hereby certify that I have compared the foregoing with the original resolution filed in the Administration Office of Aitkin County in Aitkin, Minnesota as stated in the minutes of the proceedings of said Board on the 8th day of July 2025, and that the same is a true and correct copy of the whole thereof.

Witness my hand and seal this 8th day of July 2025

John Welle
County Engineer

Aitkin County Health Promotion Team (HPT) Guidelines

Effective March 1, 2025, revised June 30, 2025

Mission Statement

The Health Promotion Team (HPT) is committed to fostering a culture of wellness within Aitkin County by providing accessible, low-cost, and engaging health promotion initiatives. Through inclusive programs, healthy food options, and physical activity opportunities, the HPT aims to support the well-being of all employees while ensuring compliance with applicable laws and policies.

By preventing chronic diseases, reducing emergency care reliance, and promoting healthier lifestyles, such initiatives help lower medical expenditures funded by taxpayer dollars.

Article 1: Name, Structure, and Purpose

The official name of this committee shall be the Health Promotion Team (HPT). The purpose of the HPT is to promote health and wellness among Aitkin County employees by offering low-cost, healthy food options in break rooms where feasible and organizing wellness activities that encourage physical activity and healthy lifestyles.

Department heads may appoint staff to the Health Promotion Team. The HPT may include the following members:

- 1 PHN (assigned HPT Coordinator)
 - 1 Health Educator
 - 1 Signer on the HPT bank account, in addition to the HPT Coordinator
 - 1 IT Representative
 - 1 Administration or HR Representative
 - 1 Representative from each: HHS, Highway Department, Sheriff's Office, Land Department, Government Center (1st floor), Government Center (2nd floor), LLCC, and Judicial Center
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Article 2: Oversight and Governance

1. The County Administrator will provide general oversight of the HPT to ensure events are compliant with applicable laws, aligned with the mission, and inclusive of all staff.
 2. Proposed HPT events must be reviewed and approved by the County Administrator prior to implementation.
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Article 3: Financial Management

1. HPT Discretionary Wellness Funds
 - HPT funds from snack boxes, auctions, and event registrations are considered discretionary wellness funds and shall be used solely for HPT events and initiatives.
 - The HPT shall maintain a checking account at a local bank.
 - All purchases shall require two authorized signatures: one from the assigned HPT Coordinator and one from an assigned HHS Accounting Technician.
 - The HPT bank account shall be audited at least twice annually by the HHS Fiscal Supervisor I and Public Health Supervisor, or more frequently if deemed appropriate, with the audits being conducted at random times each year.
 - According to CLA Auditor guidance, HPT prizes and awards are not subject to payroll taxes if paid from the HPT checking account.

2. Forfeited FSA Funds

- Forfeited FSA funds are employer-owned and are maintained within the county general ledger system. They are subject to a separate review and approval process. Their use must comply with all applicable tax and regulatory requirements.
 - It is the intent of this provision to allow access to the forfeited FSA funds by the HPT, Administrator, and HR Director for activities that promote health and wellness. Requests to use forfeited FSA funds may be submitted to the County Administrator. All expenditures must comply with IRS regulations governing forfeited FSA funds as well as criteria for valid public expenditure.
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Article 4: Meetings, Event Planning, and Locations

1. Recurring HPT meetings will be scheduled on a date and time that typically works for all members.
 2. Any event held at LLCC must receive prior approval from the LLCC Business Manager.
 3. The County Administrator, HHS Director, and HR Director will be copied on HPT agendas.
 4. Events must be held at county-owned facilities for insurance liability reasons.
 5. If an event is proposed at a non-county location (e.g., state, county, or township public access points), the HPT must submit the entity's insurance coverage limits to the County Administrator along with the event proposal.
 6. No events shall require employees to disclose private medical data.
 7. Employees must sign an annual liability waiver before voluntarily participating in Health Promotion Team (HPT) events that involve physical activity. Participation in HPT events is voluntary and not covered by workers' compensation insurance. If an injury occurs during a HPT event, the employee voluntarily participating is responsible for their own medical costs and lost wages, if applicable.
 8. Non-employees participating in HPT events are required to sign a liability waiver prior to participation.
 9. HPT events must be inclusive of all departments and staff.
 10. FLSA non-exempt (hourly paid) employees assigned to the HPT and required to assist in hosting events will coordinate with their immediate supervisor as soon as practical to flex their schedule, when possible, to avoid incurring overtime pay for HPT events.
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Article 5: Amendments

1. Amendments to these Guidelines may be proposed in writing by the HPT to the County Administrator.
 2. Amendments must align with Aitkin County policies and applicable laws.
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Article 6: Dissolution

In the event the County Board dissolves the HPT, any Discretionary Wellness funds remaining in the HPT's bank account shall be allocated to employee wellness initiatives, as determined by the County Administrator.



NON-EMPLOYEE WAIVER / PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

Participant(s) Information

Each non-employee participant must be listed. Adults must complete their own form. Children under 18 may be listed together.

1. Participant's Full Name (print): _____
2. Participant's Full Name (print): _____
3. Participant's Full Name (print): _____
4. Participant's Full Name (print): _____
5. Participant's Full Name (print): _____
6. Participant's Full Name (print): _____

Contact Information for Participant(s)

List the name(s) of the participant(s) this contact information applies to. If it applies to all participants listed above, you may simply write "All." _____

☐ Check this box if any participants listed above have different contact information. Provide the additional contact info below or attach a separate sheet as needed. _____

- Address: _____
- City: _____ State: _____ Zip: _____
- Email: _____
- Phone Number(s): _____
- Emergency Contact Name(s): _____
- Emergency Contact Phone Number(s): _____
- HPT Event Name: _____

Waiver and Release of Liability

I acknowledge and understand that participation in this Health Promotion Team activity involves inherent risks. I voluntarily accept and assume all such risks on behalf of myself and any individuals I have listed above as participants, including, but not limited to, family members, friends, household members, or any other individuals I have listed. These risks may include, but are not limited to, physical injury, emotional injury, paralysis, permanent disability, illness, death, or property damage due to factors such as:

- Inclement weather;
- Walking on uneven terrain or trails;
- Participation in water activities such as canoeing, kayaking, or tubing;
- The actions, negligence, or misconduct of other participants or third parties.

I certify that I have full authority to sign this waiver on behalf of each participant listed above and that all listed participants are participating voluntarily. I understand that neither I nor any participant listed on this form is covered by workers' compensation or other benefits for injuries or damages sustained during this event.

In the event of an emergency, I authorize emergency medical personnel to provide necessary treatment for myself and any participant I have listed. I understand that I, or the parent(s)/legal guardians of any minor participants, am solely responsible for any resulting medical expenses.

Accordingly, I hereby voluntarily release, waive, and forever discharge Aitkin County—including its elected officials, HPT committee members, employees, agents, affiliates, volunteers, and directors—from any and all claims, liabilities, or damages related to or arising from participation in this activity by myself or any individual I have listed above, whether due to ordinary negligence or any other cause.

This release applies to any and all claims or liabilities made by or on behalf of myself or any participant listed on this form, including their estate, heirs, executors, and assigns. I further agree to indemnify and hold harmless Aitkin County from any claims, costs, or expenses, including legal fees, arising from the actions or participation of any individual listed.

By signing this document, I affirm that:

- I have the legal authority to waive rights and assume risks for all participants listed above;
- I waive the right to bring a lawsuit against Aitkin County or any released parties for negligence on behalf of myself or any participant listed;
- I have had sufficient time to read this agreement and consult legal counsel if desired;
- Participation is not permitted for any individual listed on this form unless this waiver is signed.

I have read and understood this document, and I voluntarily agree to its terms on behalf of myself and all participants I have listed above.

Signature of Participant or Legal Guardian: _____
(Required for all participants age 18 or older, or by a parent/legal guardian for minors)

Printed Name: _____

Relationship to Participant(s): _____
(Self, Parent, Legal Guardian, etc.)

Date: _____

Select one:

- ☐ Yes, I authorize Aitkin County to use photos of the participant(s) from this event for publicity purposes.
- ☐ No, I do not authorize the use of photos of the participant(s) for publicity purposes.



EMPLOYEE ANNUAL WAIVER

PARTICIPANT RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND ASSUMPTION OF RISK AGREEMENT

To attend and participate in any Health Promotion Team events involving physical activity during this calendar year, employees must sign and return this form to Aitkin County Public Health.

Employee Name: _____

Address: _____

City: _____ State: MN Zip: _____

Emergency Contact Name: _____ Emergency Contact #: _____

Email: _____ Phone #: _____

Employee Acknowledgment and Signature

I acknowledge and understand that participation in Health Promotion Team activities involves inherent risks, which I voluntarily accept and assume. These risks may include, but are not limited to, physical injury, emotional injury, paralysis, permanent disability, illness, death, or property damage due to factors such as:

- Inclement weather;
- Walking on uneven terrain or trails;
- Participation in water activities such as canoeing, kayaking, or tubing;
- The actions, negligence, or misconduct of other participants or third parties.

I further acknowledge that intentional harm to property or others during this activity may result in personal liability for damages and/or legal consequences.

I am participating voluntarily on my own time and understand that I am not covered by workers' compensation for injuries or damages sustained during this event.

In the event of an emergency, I authorize emergency medical personnel to provide necessary treatment. I understand that I am solely responsible for any medical expenses incurred.

Accordingly, I hereby voluntarily release, waive, and forever discharge Aitkin County, including its elected officials, HPT committee members, employees, agents, affiliates, volunteers, and directors, from any and all claims, liabilities, or damages related to or arising from my participation in this activity, whether due to ordinary negligence or any other cause.

This release applies to any and all claims or liabilities made by me or on my behalf, including my estate, heirs, executors, and assigns. I further agree to indemnify and hold harmless Aitkin County from any claims, costs, or expenses, including legal fees, arising from my actions or participation in this activity.

I understand that by signing this document:

- I waive my right to bring a lawsuit against Aitkin County or any released parties for negligence.
- I have had sufficient time to read this agreement and consult legal counsel if desired.
- I acknowledge that I may be denied participation in the activity if I refuse to sign this release.

I have read and understood this document, and I voluntarily agree to be bound by its terms.

- Printed Name: _____
- Signature: _____
- Date: _____

***Select one:**

- ☐ Yes, I authorize the use of any photos taken of me during this event in publicity materials.
- ☐ No, I do not authorize the use of any photos taken of me during this event in publicity materials.