



Partnerships in Wellness

Journal

Name

rtc on community living

INSTITUTE *on* COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA

December 2016

Research & Training Center on Community Living,
Institute on Community Integration, University of Minnesota

Authors: Lynda Lahti Anderson, MA, MPH
Meredith Salmi-Bydalek, MA
James Mahoehney, MPH, RN
James Flowers, MA
Lindsey Boyke, MPH
Patricia Salmi, PhD

Graphic design: Connie Burkhart

Partnerships in Wellness was developed through a grant from the U.S. Department of Health and Human Services, Administration on Community Living, National Institute on Disability, Independent Living, and Rehabilitation Research grant #90IF0031. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not therefore necessarily represent official ACL or NIDILRR policy.

The University of Minnesota is an equal opportunity educator and employer.
Alternate formats are available upon request.

For additional information, training on this topic, or any material in this manual,
please contact —

Lynda Lahti Anderson
Institute on Community Integration
University of Minnesota
150 Pillsbury Dr SE
Minneapolis, MN 55455
Email: lla@umn.edu
Phone: +1 612-626-7220
Web: z.umn.edu/PIW

This facilitator manual and participant journal are available at **z.umn.edu/PIW**

facebook.com/wellnesforall

instagram.com/partnershipsinwellness/

facebook.com/wellnesforall

Lesson 1

Welcome to Partnerships in Wellness



At home

- Partner Agreement
- My health basics
- Work on your daily goal

Wellness Wheel



Partner Agreement

Partners should work together to complete this Partner Agreement. This is a commitment between partners to work together during Partnerships in Wellness.

My name _____

My partner's name _____

Today's date _____

Two qualities we value in a partner are someone who —



Listens



Is honest



Is on time



Is positive



Is kind



Other _____

During Partnerships in Wellness, we will work together on:

Daily goal

Circle one!

My goal for each day this week —



Drink _____ glasses of water each day
fill in

or

Stretch for _____ minutes each day
fill in

or



Other goal _____



Did I meet my goal?

Each day check the box if you met your goal.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

My health basics



Brief medical history _____

How I move _____



How I communicate _____

My vision and hearing _____



My sensitivities _____

If I'm upset or in pain, you can tell because _____



You can help me by _____

Things I like _____

Things I do not like _____

Other health concerns _____





Lesson 2

My social support

Relationships keep me healthy

We all give and get support from the people in our lives

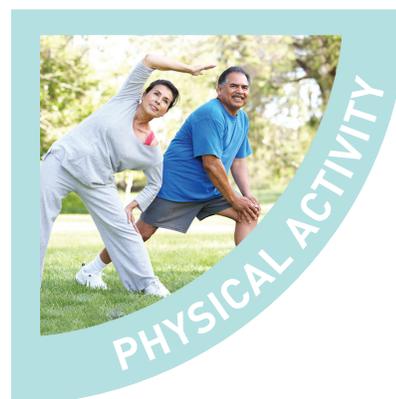
Keep in touch with people you already know

Doing things you like help you meet new people



At Home

- Reach out
- Work on daily goal



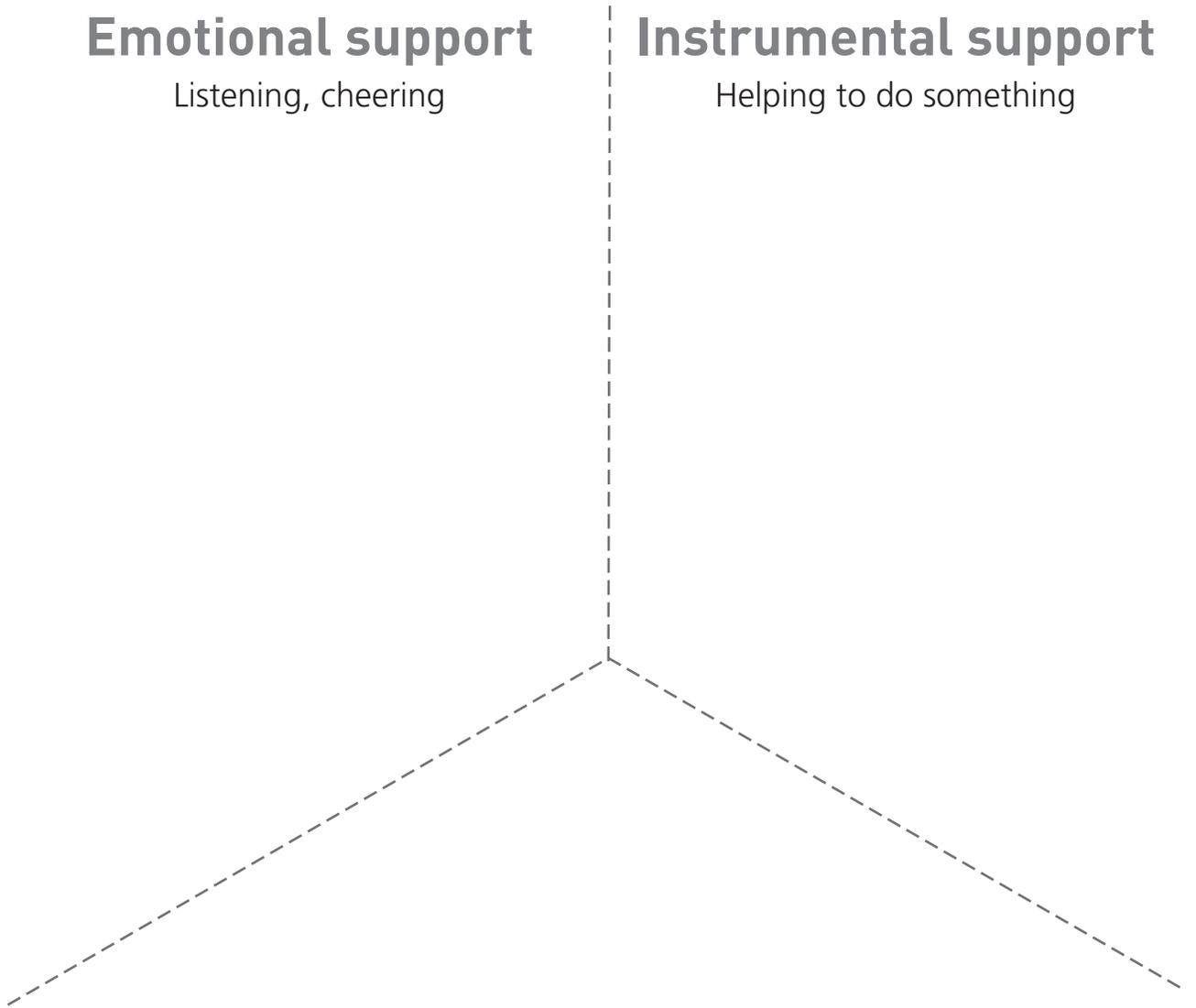
Social Support Map

Emotional support

Listening, cheering

Instrumental support

Helping to do something



Informational support

Health information from a doctor
Someone teaches us a new skill

Reach out

This week, reach out to someone you care about.

1. Pick a person from your Social Support Map to reach out to. This is someone you wrote down in **emotional support, instrumental support, or informational support.**

Person's name _____

2. Plan a time to contact the person.
3. How are you going to contact the person? (Circle one.)



Phone



In person



Email



Other

Daily goal

Circle one!

My goal for each day this week —



Find an activity or community resource you might enjoy

or

Spend 5 minutes sitting quietly and deep breathing each day



Did I meet my goal?

Each day check the box if you met your goal:

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Lesson 3

My physical activity

Move my body

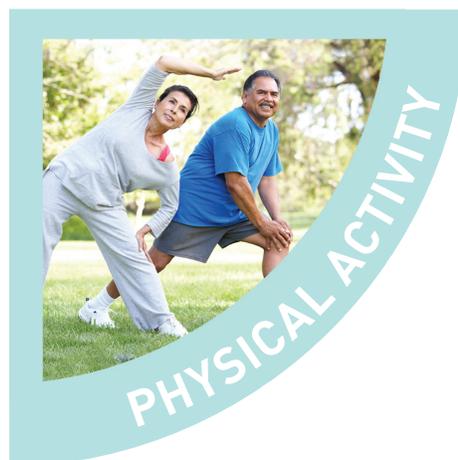
Being active helps us have better health.

I should move my body every day!



At home

- Find new ways to be more active during the day
- Work on daily goal



Daily goal

Circle one!

My goal for each day this week —



Walk for _____ each day
fill in

or

Do 20 air punches each day

or



Other goal _____



Did I meet my goal?

Each day check the box if you met your goal:

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Lesson 4

My food & drink basics

Eat a rainbow of fruits and vegetables

Choose whole grains

Drink water



At home

- Try a new fruit or vegetable
- Grocery store search
- Work on daily goal



Grocery store search

Go to a local grocery store with your partner. Find the item and check it off your list!



Banana



Oatmeal



Sweet potato
or yam



Box whole-
wheat pasta



Can of beans



Bag frozen
strawberries



Container of
low-fat yogurt



Frozen green
peas



A fruit or vegetable
you have never
eaten before

Daily goal

Circle one!

My goal for each day this week —



Eat 1 item made from whole grains each day

or



Eat 2 vegetables each day

Did I meet my goal?

Each day check the box if you met your goal.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Lesson 5

My feelings

We are all good at something!

Do things everyday that make you feel good inside



At home

- What I've achieved
- Work on daily goal



What am I good at?

Circle what you are good at below, or write in your own answers!

With others



Helping



Listening



Being Kind

Other _____

At home



Cooking/baking



Cleaning



Laundry

Other _____

Activities



Sports



Music



Dancing



Reading



Games



Arts and crafts

Other _____



What fills me up?

Answer the questions below.

Things that make me happy:

Where I go to be quiet:

What calms me down:

Rituals that are important to me:
(Holidays, celebrations, family gatherings)

Optional: Religion or faith community:

What I've achieved

Take time to reflect together on your achievements. You can write, draw, or collage your answers.

I am most proud of myself for doing:

I had a hard time with:

This is something new that I tried:

Daily goal

Circle one!

My goal for each day this week —

Stretch for 5 minutes each day

or

Spend 5 minutes sitting quietly each day



Did I meet my goal?

Each day check the box if you met your goal.

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Lesson 6

My physical activity

Types of physical activity

Strength

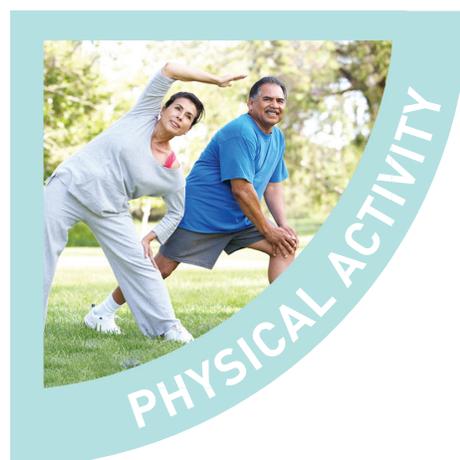
Cardio

Flexibility and balance



At home

- My health basics
- Work on daily goal



Physical activity



Slow cardio

Things like walking, water aerobics, or biking: 2 hours 30 minutes/week



Fast cardio

Things like running, swimming, or basketball: 1 hour 15 minutes/week



Strength

Things like lifting weights or gardening: 2 times/week



Stretching

Things like stretching or yoga: 2 times/week

New physical activity

With your partner, pick one new exercise to try this week and record below if you liked it.

- Exercise DVD
- 30-minute walk
- Exercise class. For example: Zumba, water aerobics, yoga
- Play basketball
- Work outside. For example: Rake leaves, shovel snow, dig in the garden
- Bike ride
- Go for a boat ride; rowing or canoing



I liked it!



I did not like it

Daily goal

Circle one!

My goal for each day this week —



Walk for _____ each day
fill in

or

Do 20 air punches each day

or



Other goal _____



Did I meet my goal?

Each day check the box if you met your goal:

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Lesson 7

My food & drink: A Healthy Plate

Watch portion sizes

Limit sugary drinks

Choose healthy snacks



At home

- Create a healthy meal
- Work on daily goal



A Healthy Plate



Create a healthy meal

With your partner, pick a healthy meal from the options below. Recipes and shopping lists are on the following pages.

Shop for ingredients, and then come home to cook the meal. Share the meal with your partner and other friends.

Check **one** meal choice.

Menu #1 (page 22)

Raspberry-Balsamic Glazed Chicken

Side Salad

Whole-Wheat Couscous

Menu #2 (page 23)

Vegetarian Taco Salad

Fresh Fruit

After enjoying your meal with your partner, discuss the questions below.

- What was the protein in our meal?
- What was the whole grain in our meal?
- What was the vegetable and/or fruit?
- Was there dairy in our meal?
- Did I enjoy it?
- Would I make it again?

Menu #1

Raspberry-balsamic glazed chicken

Side salad

Whole-wheat couscous

Shopping list

- Red onion
- Dried thyme
- 4 skinned, boned chicken breast halves
- Seedless raspberry preserves
- Balsamic vinegar
- Box of whole-wheat couscous

In your pantry

- Vegetable oil
- Cooking spray
- Lettuce or bagged salad
- Salt
- Pepper
- Salad dressing

Raspberry-balsamic glazed chicken

Ingredients

- 1 teaspoon vegetable oil
- Cooking spray
- ½ cup chopped red onion
- ½ teaspoon dried thyme
- ½ teaspoon salt divided
- 4 skinned, boned chicken breast halves
- 1/3 cup seedless raspberry preserves
- ¼ teaspoon pepper
- 2 tablespoons balsamic vinegar

Directions

1. Heat oil in a large nonstick skillet coated with cooking spray over medium-high heat until hot.
2. Add onion; sauté 5 minutes.
3. Combine thyme and 1/4 teaspoon salt; sprinkle over chicken.
4. Add chicken to skillet; sauté 6 minutes on each side or until done.
5. Remove chicken from skillet; keep warm.
6. Reduce heat to medium-low.
7. Add 1/4 teaspoon salt, preserves, vinegar, and pepper, stirring constantly until the preserves melt.
8. Spoon raspberry sauce over chicken.

Adapted from <http://www.cookinglight.com/food/recipe-finder/mplate-inspired-vegetarian-recipes-00412000082602/page18.html>

Couscous

Prepare as directed on box.

Side salad

Fill up half your plate with lettuce and other vegetables.
Go light on the dressing!

Menu #2

Vegetarian taco salad Fresh fruit

Shopping list

- Large onion
- Package frozen corn
- 4 Large tomatoes
- Package brown rice
- 1 can black beans
- Chili powder
- Dried oregano
- Cilantro
- Jar salsa
- Shredded lettuce
- Shredded pepper jack cheese
- Tortilla chips
- Fruit – your choice

In your pantry

- Olive oil
- Salt

Vegetarian taco salad

Ingredients

- 1 ½ cups brown rice, cooked
- 2 tablespoons olive oil
- 1 large onion, chopped
- 1 ½ cups frozen corn, thawed
- 4 large tomatoes
- 1 can black beans, rinsed
- 1 tablespoon chili powder
- 1 ½ teaspoons dried oregano divided
- ¼ teaspoon salt
- ½ cup cilantro, chopped
- 1/3 cup salsa
- 2 cups shredded lettuce
- 1 cup shredded cheese
- 2 ½ cups crumbled tortilla chips

Directions

1. Prepare brown rice as package directs.
2. Heat oil in a large nonstick skillet over medium heat. Add onion and corn; cook, stirring, until the onion begins to brown, about 5 minutes. Coarsely chop 1 tomato. Add it to the pan along with rice, beans, chili powder, 1 teaspoon oregano, and 1/4 teaspoon salt. Cook, stirring frequently, until the tomato cooks down, about 5 minutes. Let cool slightly.
3. Coarsely chop the remaining 3 tomatoes. Combine with cilantro, half the salsa, and the remaining 1/2 teaspoon oregano in a medium bowl.
4. Toss lettuce in a large bowl with the bean mixture and 2/3 cup cheese. Serve sprinkled with tortilla chips, the remaining cheese, and salsa.

Adapted from www.delish.com/recipefinder/vegetarian-taco-salad-recipe-ew0510

Fresh fruit

Cut up fresh fruit of your choice, such as strawberries or oranges, as a side dish.

Daily goal

Circle one!

My goal for each day this week —



Make half my dinner plate fruits and vegetables

or



Sit at the table for all my meals

Did I meet my goal?

Each day check the box if you met your goal.

Day 1

Day 2

Day 3

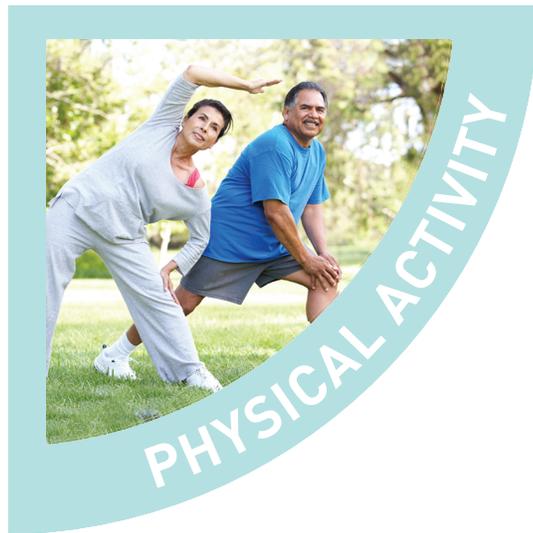
Day 4

Day 5

Day 6

Lesson 8

Setting wellness goals



My wellness goals

Write, draw or collage a goal for each area of the Wellness Wheel to accomplish in the next 3 months.

FEELINGS _____ My goal

_____ Help I need

SOCIAL SUPPORT My goal _____

_____ Help I need _____

_____ My goal

_____ Help I need

My goal _____

_____ Help I need _____

FOOD & DRINK

PHYSICAL ACTIVITY

Future partner agreement

With your partner, take a look at your first Partner Agreement. How did you do meeting your first Partner Agreement?

Now take time with your partner to write a new Partner Agreement for the next 3 months.

My Name _____

My Partner's Name _____

Today's Date _____

The next 3 months, I can help my partner to be healthy by _____

The next 3 months, my partner can help me to be healthy by _____

The next 3 months, together we will —



Exercise



Walk



Cook

Other _____

