



# Partnerships in Wellness Journal

Name

**rtc** on community living

INSTITUTE *on* COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA

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Institute on Community Integration, University of Minnesota

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

Graphic design: Connie Burkhart

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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**

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# 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:

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## 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

☐

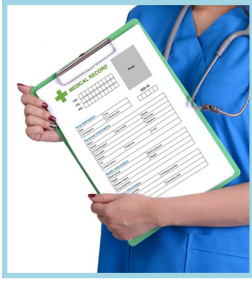
Day 5

☐

Day 6

☐

# My health basics



Brief medical history \_\_\_\_\_

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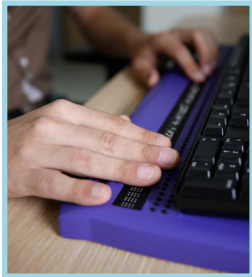
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How I move \_\_\_\_\_

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How I communicate \_\_\_\_\_

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My vision and hearing \_\_\_\_\_

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My sensitivities \_\_\_\_\_

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

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You can help me by \_\_\_\_\_

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Things I like \_\_\_\_\_

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Things I do not like \_\_\_\_\_

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Other health concerns \_\_\_\_\_

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# 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



FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY

# 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



FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY

## 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

FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY



## 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

FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY



# 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

FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY



# Physical activity



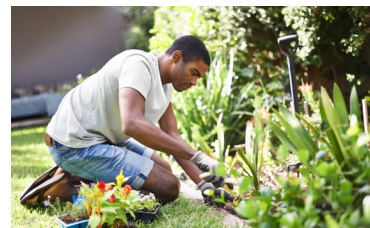
## Slow cardio

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

FEELINGS



SOCIAL SUPPORT



FOOD & DRINK



PHYSICAL ACTIVITY



# A Healthy Plate



**Vegetables**



**Whole Grains**



**Fruits**



**Healthy Protein**



## 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](http://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



The graphic is a circle divided into four equal quadrants, each with a different colored border and a specific theme. The top-left quadrant is green and labeled 'FEELINGS'. The top-right quadrant is orange and labeled 'SOCIAL SUPPORT'. The bottom-left quadrant is red and labeled 'FOOD & DRINK'. The bottom-right quadrant is light blue and labeled 'PHYSICAL ACTIVITY'. Each quadrant contains two sets of horizontal lines for writing, one set preceded by 'My goal' and the other by 'Help I need'.

FEELINGS	SOCIAL SUPPORT	FOOD & DRINK	PHYSICAL ACTIVITY
My goal _____	My goal _____	My goal _____	My goal _____
_____	_____	_____	_____
_____	_____	_____	_____
Help I need _____	Help I need _____	Help I need _____	Help I need _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# 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 \_\_\_\_\_

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

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The next 3 months, together we will —



☐ Exercise



☐ Walk



☐ Cook

☐ Other \_\_\_\_\_

