



ALAMEDA COUNTY BHCS  
ROUND THREE  
INNOVATION GRANT PROGRAM



## Senior Support Program of the Tri-Valley (SSPTV)

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SOAR  
(Stepping Out and Reconnecting)



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## SOAR (Stepping Out and Reconnecting)

### OUR STORY

Since 1981, SSPTV has delivered free, comprehensive services to seniors aged 60 and older in the Tri-Valley to foster independence, promote well being, preserve dignity, and improve quality of life. Our team annually serves over 5,600 seniors. From experience, we realize the importance of understanding the unique challenges seniors face and delivering services addressing the whole person. Though increasing mental health services ranks first in concerns for the Tri-Valley, there is the perception the area is prosperous and does not need to invest in services (“Eastern Alameda County’s Needs Assessment,” 2011). Thus, SOAR fills mental health service gaps for Tri-Valley seniors. By using counseling and a combination of social/educational activities, SOAR reduces isolation in older adults with severe mental illness.

#### For more information, please contact:

For organization:

Marlene Petersen, Executive Director

925.931.5378

mpetersen@ssptv.org

For SOAR Program:

Cara Houck, SOAR Program Manager

925.931.5394

chouck@ssptv.org

**[www.ssptv.org](http://www.ssptv.org)**

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# STEPPING OUT AND RECONNECTING

## PROGRAM DESIGN



### Senior Support Program of the Tri-Valley

"Giving our best to a special generation"



(925) 931-5379  
5353 Sunol Boulevard  
Pleasanton, CA 94566  
[www.ssptv.org](http://www.ssptv.org)

2015



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## Program Design Narrative

### LEARNING QUESTIONS

- 1. Identify the Learning Question(s) your project addressed.**
  - I. Can the use of trained peers or family members of consumers for home-based outreach to socially isolated adults and older adults with serious mental illness reduce their isolation through relationship building?
  - II. Can in-reach efforts that connect residents of board and care homes, single room occupancy (SRO) hotels and unlicensed boarding houses to social and recreational opportunities in and outside of the facility reduce social isolation and improve quality of life for isolated adults and older adults with serious mental illness?
  - III. How does a telephone- or telephone- and internet-based program that provides social interaction and individual support reduce isolation among adults and older adults with serious mental illness and lead to greater in-person social interaction over time?
- 2. Address your selected Learning Question(s) based on your project findings and final project desired outcomes. Explain how your strategies address the learning question(s)**
- 3. Any other ideas or interventions employed to help decrease consumer isolation? Please explain.**

Senior Support Program of the Tri-Valley (SSPTV) is so grateful to have had the opportunity to create the SOAR (Stepping Out and Reconnecting) Program. SOAR addresses the issue of isolation among older adults with severe mental illness (SMI). Imagine if your world was suddenly filled with loss. The loss of: a loved one, hearing, vision, driver's license, friends, family, children, mobility, and/or beloved pets are all difficult events that can lead an older adult to experience depression and isolation. This lack of connection to others makes it easy to become seemingly invisible, allowing overall wellbeing to decline and isolation to increase. Thus, we set out to meet this need for services.

SOAR was initially designed to address Learning Questions "I" and "II" listed above; however, the program naturally addressed Learning Question "III," as well. To strategically address these Learning Questions, we developed a step-by-step program to successfully reintroduce older adults with severe mental illness to peers. SOAR is a six-month series, for isolated seniors (60+) with serious mental illness, which provides support, education and inspiration to become involved in their community again. SOAR starts with in-home counseling that continues throughout the program; then consists of classes in our office covering health, wellness and creativity; and finally takes seniors into the community to attend events, explore meeting places and expand their comfort zones. SOAR participants are emotionally supported, physically cared for (with transportation and lunch each week), and mentally challenged to expand their social lives to be healthy members of their community.

**ADDRESSING LEARNING QUESTION I:** The use of peers with socially isolated older adults with serious mental illness (our consumers) for home-based outreach absolutely reduces their isolation through relationship building. One of the most **innovative and effective** strategies to reach isolated seniors was providing in-home counseling. By going into seniors' homes, many barriers to receiving therapy are eliminated; a supportive, trusting relationship can be developed between the counselor and participant. After creating a solid relationship and addressing personal issues that led the client to become and/or remain isolated, the client is ready to participate outside the home with a group. This is where we saw relationships truly begin to flourish.

Though hesitant at first, participants from both SOAR sessions connected to their peers through structured and unstructured activities. The simple act of conversing over a meal was deeply appreciated. As one participant shared, "there is so much talent here." We found both SOAR groups genuinely respected one another and enjoyed sharing about themselves. We know these friendships were successful, as participants self-reported calling and meeting with their peers outside of the program. Once given the confidence to build self-esteem, our seniors enjoyed making new relationships. In fact, when asked what she thought about the program, another participant told the group, "there is life after life; life is not over." For many of our SOAR participants, building friendships has enriched their lives in ways words alone simply cannot express.

**ADDRESSING LEARNING QUESTION II:** Seniors absolutely benefit from in-reach efforts connecting them to social/recreational opportunities. The final six weeks of SOAR involve clients participating in recreational activities in the community. At this point in the program, relationships have developed between participants. They have learned about each other, completed activities together, and built trust with members of the group. With the logistics taken care of by staff, clients make the effort to mentally and physically prepare themselves to participate.

During counseling sessions, we learned how much these activities improved participants' quality of life. These outings expose participants to affordable and accessible activities they may not have known existed in their community. For instance, participants loved going to the county fair and didn't realize there are discount days for seniors. After outings, the group has shared how: "SOAR came into my life at the right time;" "[Outings] are really helping with my depression;" and "My son is so happy that I am going [to SOAR] and getting out of the house." Adding social/recreational activities to these seniors' lives brought back much needed joy.

**ADDRESSING LEARNING QUESTION III:** Telephone calls can effectively provide social interaction and individual support to reduce isolation for older adults with serious mental illness and lead to greater in-person social interaction over time. Phone calls prove to be beneficial in not only reminding participants of upcoming events, but also encouraging them to be open to the idea of attending new activities. Clients need additional emotional support to go out into the community. Even though many of our seniors have lived in this area for a number of years, isolation has made going back into the community a difficult



and daunting endeavor. Phone calls have made a huge difference in building confidence and reducing anxiety for clients, and the phone calls have even been reciprocated. We are very pleased clients have taken the time and effort to call staff with updates. By the end of the program, clients wanted to call staff just to check in, which shows they are truly interested in and benefiting from SOAR. Without phone calls, participants simply would not be as willing to engage in socialization and activities.

## **PROGRAM DESIGN**

- 4. What are the goals of the program?**
- 5. Describe the Program Design, including the essential components (e.g., outreach & engagement, interventions, treatment, evaluation, etc.)**
- 6. How did the program impact the population served by this project?**

**GOALS:** SOAR's primary goal is to reduce isolation in older adults with severe mental illness. Though Senior Support Program has a variety of different services to meet the needs of seniors, we recognized that older adults with severe mental illness needed more encouragement, support and structure to reduce their isolation. This is accomplished through: 1) outreach, 2) in-home counseling, 3) orientation, 4) wellness classes, 5) special interest classes, 6) community activities, and 7) graduation. All of these components focus on relationship building. SOAR not only addresses issues that led to participants' isolation, but the program also gives the participant the opportunity to slowly get out and attend activities in a safe environment. By attending SOAR classes and eventually community activities, participants build confidence and create skills to make friendships, attend community events and create a foundation for building self-esteem.

**ESSENTIAL COMPONENT 1:** In the two completed trial sessions of SOAR, outreach for and recruiting of participants were very successful. Outreach predominantly occurred at senior housing sites, senior group exercise classes, faith-based centers, physicians' offices, and senior centers to market SOAR. Interested participants simply had to provide their name and phone number to receive a follow-up phone call from SOAR staff. These initial screening calls were greeted with positive feedback, such as, "I would love to participate in this program;" and "This is just what I need in my life right now."

**ESSENTIAL COMPONENT 2:** SOAR started the process of reducing isolation and building relationships with each client through in-home counseling. By providing an in-home counselor that completes the initial evaluation, addresses emotional issues attributing to isolation, and provides on-going support throughout the SOAR program, the participant is given the necessary tools and support for expanding their lives. This also eliminates the emotional and physical energy and effort it takes for most seniors to leave their homes. Many seniors, particularly those with serious mental illness, are immediately anxious and easily overwhelmed by planning outings that aren't "essential" to their everyday survival. They have a difficult time getting groceries, planning transportation, going to multiple doctor appointments, maintaining their living space and managing their limited incomes. Many are not able to consider adding social or recreational activities, even though they are essential to maintaining a healthy life. By going

into their homes, many barriers are eliminated and a supportive, trusting relationship can be developed. Also, from the counselor's perspective, there is a more complete picture of the client captured by meeting with them in their living space. We found most seniors appreciate the effort required to meet them in their homes, even when they may be reluctant to venture out and participate in community activities.

**ESSENTIAL COMPONENT 3:** After creating a solid relationship between the counselor and client and addressing personal issues leading the client to become and/or remain isolated, the client is ready to participate outside the home with a group. We introduced older adults to a group in the community via a fun orientation in Senior Support Program's office. Counselors



drove participants to our office, where they were greeted with a warm welcome from staff and an office decorated just for the occasion. Complete with snacks, an icebreaker, and goodies (i.e. binder, pen, schedule, customized bag) to take home, orientation was a great opportunity to introduce the group to one another and learn what activities the group was interested in.

**ESSENTIAL COMPONENT 4:** Following orientation, participants experience a six-week wellness, prevention, and safety series of classes. This structured educational program, called Finding Wellness, provides the opportunity for clients to learn senior-specific health, prevention and nutrition information in a

setting that encourages social interaction. Although filled with educational material, Finding Wellness is delivered in a relaxed manner, allowing for questions, feedback and peer learning. Individuals have the opportunity to express themselves as much or as little as they feel comfortable. They can share personal stories and opinions, or they can simply receive the experience of being part of the group and learning about others in a safe environment. This initiates the path toward improving the quality of the older adult's life through concrete health, safety and wellness information and also through the development of a social, peer group. The structure of Finding Wellness is key to allowing each individual to Step Out and Reconnect at their own pace.

**ESSENTIAL COMPONENT 5:** When the group has completed Finding Wellness, they are ready to deepen their relationships and open up more. The next six weeks include special interest classes focusing on specific needs expressed by the group during orientation. For instance, our SOAR first session participants shared they really wanted to reconnect with pets, and the second session participants expressed they missed the hobbies they once loved and wanted to create things with their hands. These desires reflect deeper mental health issues



and are addressed through interactive activities, such as: music therapy, art therapy, pet therapy, craft projects, and building communication skills; each activity also includes a “movement” (or exercise) component. The program staff or professionals teach these classes. This section of the program allows more time for structured and casual interaction time among participants. There usually is group sharing/feedback, such as when the music therapist had the group write new lyrics to a popular tune. The opportunity to do an activity together builds trust within the group and also gives participants a positive experience being out with others. They are able to build self-esteem through creating new relationships.

**ESSENTIAL COMPONENT 6:** Following special interest classes, SOAR introduced once isolated older adults back into the community. Activities in the community were the most challenging and also the most rewarding. Staff managed all logistics and asked participants to sign-up to attend various outings. From visiting the Japanese Tea Gardens to enjoying activities at Livermore Area Recreation and Park District, we were thrilled by how much our group wanted to participate together. Peer support helped participants attend events and activities they either didn’t feel they could or simply had not been able to do due to physical restraints. Following an event, one participant commented that “I haven’t been to a movie in years; what a treat.” In planning all events, staff made sure they were appropriate and interesting for seniors, affordable for low-income older adults and occurred in the local area.

**ESSENTIAL COMPONENT 7:** To validate participants’ amazing progress and courage in reconnecting to their community, we held a program graduation. Staff took this opportunity to share observations of how each person grew, and each participant talked about how SOAR impacted their lives. Thanking participants for opening up to their peers and new experiences touched them; they felt appreciated and received a diploma, flowers, and eagle pin to commemorate the experience. While participants received these tokens of appreciation, we feel friendship was the most important gift participants received.

**IMPACT:** As soon as the weekly classes began, success was evidenced by regular participation. For the first session of SOAR, 88% of participants came to at least one outing, and we averaged a 70% attendance rate for all activities. In the second session of SOAR, 87% of participants came to at least one outing, and we averaged a 75% attendance rate for all activities. Clients who previously had not left their homes besides doctor appointments and food purchases were regularly attending weekly SOAR classes. SOAR provided socialization, a nutritious meal, education on healthy living and an exercise/movement component each week; mental, physical, and emotional health needs were being supported. One participant said, “I was so alone. I got to be part of this great group of women.” Another participant expressed



how she found other people going through the same things she is experiencing and could share this with others who really understood.

At the end of the first session, every graduate said they wanted to participate again and be supportive to new participants. Some participants asked to bring friends with them during the session, since they were so excited about the program. Though uncertain initially, participants gained confidence to reach out and connect with other people. One participant claimed the first step to connect to society again was “rough,” but she was so glad she took that step. Though she once led an active life surrounded by other people at work and home, those connections disappeared with retirement, family moving away, and children working and raising families of their own. We found this was the case with many participants. Once they began SOAR, they thoroughly enjoyed rediscovering how to connect with peers and to thrive. Every week, numerous participants told their counselor how much SOAR was making a positive difference in their lives, and the counselors were seeing improvements in mental health during counseling sessions.

A clear example of the difference SOAR can make is evidenced in the following participant. Senior Support Program’s transportation department, which frequently provided this person with rides to doctor appointments, referred her. After each ride, she would become sad and start crying as she returned to her home. When SOAR staff met this 75-year-old woman, she was living alone in a rural area on a small ranch. She had some early symptoms of dementia, and her main complaint was she couldn’t go anywhere, couldn’t do anything, and nobody came to see her. She stated she was very angry about having her driver’s license revoked, which left her isolated and depressed. The client cried intermittently throughout the assessment. SOAR staff told her all about the new SOAR program, and she was anxious to try it.

This client showed up to all but one session of SOAR. She was very friendly and talked to everyone. One notable thing about her behavior was her friendliness to each member. She made a special effort to bring people who were sitting off by themselves into her group at lunch; she felt she had a sense of purpose in helping others feel welcomed. She was also very considerate and always asked the staff if she could help with anything. She made close personal connections and invited different people to visit her ranch and spend time with her miniature horses. She left the group each week with a smile; not only did she not cry when she was dropped off at home after SOAR, she also stopped crying when being taken out to other appointments during the week. Knowing she had a regular social outing and peer group helped to bring her out of depression.

## **PROGRAM STRATEGIES**

### **7. Describe the strategies, methods of implementation and timeframe.**

SOAR program outline:

- Three months of program set up:
  - Outreach/connecting with the community to gather referrals
  - Secure health and wellness class teachers
  - Recruit volunteers for transportation and lunch preparation

- Plan transportation
- Prepare program materials
- Six weeks of in-home counseling:
  - Initial contact with phone screening
  - Initial meetings with in-home counselor, including completing assessments
  - Provide weekly counseling to prepare participant for attendance to SOAR classes
  - Continue securing teachers and preparing program materials
- Orientation at office with all program participants, with transportation provided
  - Welcoming environment for introductions and ice breaker activity
  - Review schedule for next several months
  - Create list of group interests to create second six weeks of activities
  - Snacks and individual interactions
  - Thank you for attending
- Six weeks of Finding Wellness classes, with lunch and transportation provided
  - Comprehensive prevention program covering all aspects of health and wellness
  - Ideally, should be taught with the assistance of a dietitian or nutritionist
  - Program materials are included for all seven weeks of the program
- Six weeks of Special Interest classes (including or in addition to the 7<sup>th</sup> Finding Wellness class), with lunch and transportation provided; mid evaluations completed
  - Sample Classes
    - Art Projects and Garden Walk
    - Get to Know You and Swap Meet
- Six weeks of community activities with at least two activities each week
  - Sample Week
    - Monday - Free Movie at the local Senior Center
    - Thursday - Go to Café Art (on Senior Discount day to paint ceramics)
- Final Graduation session with lunch provided; final evaluations completed
  - Thank each participant, recognize their unique contributions to the group and present them with a Certificate of Completion and eagle pin

## TARGET SUBPOPULATION

- 8. Identify the subpopulation of isolated adult and/or older adult consumers for whom this program was most effective. Please include age, culture/ethnicity, language, and other factors. How was this determined?**
- 9. Describe the involvement with BHCS stakeholders.**
- 10. How are the strategies culturally responsive to the target population?**

SOAR caters to older adults of any culture in the Tri-Valley (Dublin, Pleasanton, Livermore, and Sunol) experiencing severe mental illness and isolation. So often, this subpopulation of older adults, those in isolation, is overlooked; they do not have the resources to visit a senior center and learn about programs they can access. Many communities have a Senior Center that provides recreational activities for their aging population. However, this population requires additional emotional support to access services. The "Eastern Alameda



County Human Needs Assessment" (2011) corroborates this notion by stating the Tri-Valley faces two prominent challenges. First, there is the perception East County (the Tri-Valley) is relatively prosperous; thus, there's no need to develop senior services. However, poverty in East County has increased 58% since 1990, and the majority of SOAR's participants are considered "near-poor," with incomes just above the federal-poverty level. These individuals typically do not qualify for federal assistance, but they cannot afford to pay for services; this leaves them vulnerable to isolation and declines in health. Concurrently, the number of female adults over the age of 85, who often require the most human services, has quadrupled in this part of the county.

Second, East County is geographically isolated from other areas and services in the county. This isolation prompts the need for services to accommodate an increasingly diverse senior population. The Hispanic/Latino, Asian/Pacific Islander, and Indian/Hindu populations have grown at rates greater than any other ethnic group. As our client population becomes more diverse in religion, culture, and languages, we have also seen the needs of aging seniors becoming more complex. Thus, we like to think aging is a culture of its own. Through programs, like SOAR, we work to bridge gaps in senior services with a culturally appropriate approach.

Furthermore, in the next 25 years the number of adults aged 65 years and older is expected to double. At that point, 20% of the US population will be made up of older adults. Currently, 90% of older adults live on their own, and 40% of these seniors are isolated. Taking into consideration the growing number of older adults, the number of people needing early interventions to prevent social isolation is staggering.

Older adults are particularly vulnerable to social isolation due to experiencing multiple losses, including the loss of family and friends, health, mobility and income. These factors together create new challenges that are difficult or impossible to overcome, leading to separation from any social connections. By involving key stakeholders in creating appropriate support through SOAR, these isolated seniors can decrease isolation as well as depression.

### **EFFECTIVENESS OF STRATEGIES**

- 11. How do you know these strategies are effective in achieving the goal of reducing isolation for the target population?**
- 12. Describe the process for arriving at the Program Design supported by evidence-based or community defined best practice findings.**
- 13. Provide quantitative and qualitative data that show the effectiveness of the strategies. Include assessment tools and measures of effectiveness and data sources used.**

Multiple studies show the correlation between physical health and mental health. Specifically, older adults with higher levels of loneliness, perceived social isolation and depression have more health issues and higher mortality rates. Research has identified that living alone, having a small social network, infrequent participation in social activities, and feelings of loneliness all pose health risks. There are even studies showing several of the previously mentioned indicators of social isolation have been studied together to define what leads to a healthier life. The Social Care Institute for Excellence has identified a range of

effective interventions that prevent loneliness and isolation. These interventions can be grouped into one-to-one interventions, group services, and wider community engagement. These are the three evidence-based interventions we combined to create SOAR.

By first creating a one-on-one relationship with a counselor, research shows the isolated senior receives vital companionship and emotional support. In building this relationship with one person, they can start to feel how valuable this relationship is to their wellbeing and are encouraged to create more relationships. In SOAR, volunteer drivers provided transportation to individuals who were unable to take public transportation. These drivers began developing close relationships with participants while driving to and from the program. We also connected participants from the first SOAR session to new participants in the second session. Without creating a full mentoring program, we simply gave the returning participants a recognized role and encouraged them to reach out to the new program participants as much as they felt comfortable with. This helped individuals build confidence and feel more assured when joining the whole group.

The second evidence-based practice we used was group services. Social group activities with a creative, therapeutic or discussion-based focus are strongly supported by research. Seniors who participate in these groups have better subjective health and survival rates compared to those who do not participate in these types of groups. In SOAR, we met weekly for most of the six-month program to learn new information; participate in music, art, or pet therapy; and discuss our views and experiences. SOAR participants experience small groups during lunch, and come together in a larger group setting to share stories and opinions. We used dyads and popcorn discussions, so the group could share and interact in a variety of settings. We found the group setting helped to support each of the individuals. Since this population experiences so much loss, we did not want to create more in this program. Within the group setting, they formed relationships with several participants; if one dropped out due to mental or physical health issues, the senior still had several more relationships.

The final section of SOAR employed the practice of providing “community navigators” to assist the participants in engaging in activities out of their home. By taking isolated individuals to events and activities in their community, they are more socially connected and less lonely. SOAR staff arranged all the transportation, paid for the activities and provided a strong presence throughout each event.

The strategies used in the SOAR program are now tried and tested to reduce isolation, address depression, reduce other complications of having severe mental illness, and build confidence in the seniors served. This was proven by the individual assessments and also through the use of observed evaluations done by staff. Participants reported more contact with friends and family, fewer medical visits, and felt more hope about their future.

When we asked family members about the effect of the program on their loved one, they said, “I am so happy that my mom is attending this program;” the family member also reported seeing less depression and more activities in their loved one’s life. Another family member said, “This program has changed [my mom’s] life. She is less nervous and doesn’t worry as much. She is more content.” We have also had participants say their friends have told them they are communicating more clearly and expressing themselves better after attending SOAR. Such constructive feedback confirms the strategies used in SOAR.

**PROGRAM REPLICATION**

- 14. What are your recommendations for program replication, including essential elements for successful replication?**
- 15. Identify staffing requirements:**
  - a. Job title;
  - b. Role/responsibilities with Full Time Employment (FTE)
  - c. Required qualifications, certification and/or licensure
- 16. Identify the collaborators necessary to the success of the program.**
- 17. Recommendations for resource, facilities, and infrastructure requirements needed for support:**
  - a. Technology and equipment needs
  - b. Systems and services needs (e.g., billing, interpreter, etc.)
  - c. Budget requirements
  - d. One-time costs (e.g., implementation and training)
  - e. Other resources for infrastructure support

**RECOMMENDATIONS:** To successfully replicate SOAR, you must first and foremost have a great appreciation for the older adult population; older adults are the people who built our communities by caring for and nurturing children, providing services, governing, and leading those who have come after. Caring for older adults enhances the value of our society as a whole. With this basis, you will then need to secure facilities, staff, resources and collaborators.

In addition to the paid staff, it is extraordinarily effective to have interns and volunteers help run the program. The counseling interns play an essential role in assisting the program staff. They provide in-home counseling under the direction and supervision of the lead counselor, a Licensed Marriage Family Therapist; a Licensed Clinical Social Worker would also be an appropriate fit for the lead counselor role. The interns also can help with transportation and lunch preparation, if needed.

Transportation is such a challenge for most seniors and is definitely a large part of the SOAR program. Organizing the drivers, checking in multiple times each week with participants, planning for mobility devices and preparing for last minute cancelations are some of the challenges staff regularly manage. Plan to spend time arranging and re-arranging transportation for this population. In our experience, working through transportation challenges was well worth the effort; having program staff provide transportation can develop a closer relationship with the participant. Certainly, this adds another level of responsibility to staff running the program. Ideally, the senior will become comfortable riding on public transportation through a door-to-door service. This provides an added level of independence and can give the senior confidence to take the same service to other destinations. Some program participants will not be able to take even a door-to-door service due to mental or physical health challenges. In these cases, having volunteers and the interns provide transportation is a great alternative.

Another essential part of the program is lunch. This part of the program not only provides a healthy meal to the participants, but this also helps them to feel welcomed as a guest. By having nicely decorated tables with matching settings, they feel like they are going to

a friend's house or out to lunch with a friend. We cooked hot meals and had a dessert at the end of the class each week. We also tried attending a local meal program with all of the participants. This could be a good alternative to cooking, if the program is in the same building or can provide food at your location. We highly recommend reserving a table for SOAR participants if attending an outside lunch program. Another alternative would be to have volunteers come in to bring and/or prepare meals and serve them to the group. There may be local charitable organizations or churches willing to support the program in this way. Though this would take additional staff time, a third option would be to solicit donations from local food establishments.

After securing the staff and necessary facilities, creating strong relationships with other senior service providers is imperative. These programs will provide participant referrals. Referrals can come from anywhere in the community, therefore, comprehensive publicity and marketing is important. Presentations about SOAR to local senior centers, senior-housing facilities, faith-based centers, mental health programs that serve seniors and other agencies will help obtain referrals. Social service workers at senior housing facilities will likely prove to be the best contacts for recruitment, since they know who is especially isolated.

**Staffing Roles and Responsibilities:**

- Program Manager; .75 FTE
  - handle all the daily operating procedures
  - create program schedule, including planning each class and activity
  - take lead role in running program activities, including speaking to small and large groups, managing equipment, planning details and caring for clients
  - recruit teachers/contractors and volunteers
  - plan and supervise all community activities for program participants
  - coordinate with other organizations and build collaborations
  - support and coordinate with program MFT and other staff
  - identify and complete initial assessments on participants (with lead counselor)
- Lead Counselor - Marriage and Family Therapist (MFT) or Licensed Clinical Social Worker (LCSW); .85 FTE
  - recruit, train and supervise interns to provide individual counseling
  - identify and assess participants (with program manager)
  - provide on-going counseling and referral to other services, as needed
  - lead program activities including speaking to small and large groups, managing equipment, planning details and caring for clients (with program manager)

**COLLABORATORS:**

- Local senior service programs that can provide participant referrals and supports as necessary.
- A meal program that can deliver or is located in the same building as program or volunteers who can make and serve lunch weekly.
- Transportation program that coordinates with SOAR to ensure participants arrive safely and on time or volunteer drivers to take participants to and from the program.



- Volunteer recruitment program or center for meal preparation and/or drivers.
- Hospital discharge planners, who can refer patients to the program.
- Faith-based communities able to provide referrals and volunteers.
- Teachers to provide the Finding Wellness program, including an educator, a nutritionist and an exercise leader.
- Private contractors to provide art therapy, music therapy, pet therapy, and other specialty classes/activities as needed.

### Resources and Facilities:

- Private/confidential meeting space for regular weekly meetings, ideally with tables for lunch and space for a circle of chairs for activities and movement/exercise.
- Kitchen facilities (or a relationship with a lunch program) to provide a meal, coffee and tea and dessert. Tablecloths, decorations and table settings for lunch service.
- Transportation to and from the program facilities through volunteer drivers, staff vehicles and/or a relationship with local public transportation for seniors.

**Technology and Equipment:** While the SOAR program does not require much technology, there are a few basic tools that helped our program thrive. A phone and computer, with Microsoft Word/Excel and internet access, are essential for contacting participants, keeping records, and writing reports. Our staff used their own vehicles to transport clients to the program and activities in the community.

**Systems and Services Needs** (e.g., billing, interpreter, etc.): Senior Support Program uses an outside accounting organization to carry out accounting activities. Receivables and Payables are prepared and reviewed monthly and signed by the executive or administrative director. Payroll timecards are reviewed and approved by the bookkeeper, and an outside payroll processor, monthly, processes payroll. Financial statements are prepared monthly by the accounting company and reviewed by the financial committee monthly. The financial committee then provides an overview to the Board of Directors who meets monthly. An outside auditor, approved by the Board of Directors, audits the financials and all corresponding details annually.



### Budget Requirements:

We learned the majority of expenses SOAR incurred fell into two categories: staff salaries and mileage. When writing the grant, we anticipated inviting specialists from the community to conduct special presentations would be the largest program cost, since we would reimburse these professionals for their time and expertise. However, we discovered SOAR participants were more interested in low-cost activities (i.e. card making, tai chi, painting) leaving space for unstructured socialization; our incredibly talented staff members at Senior Support Program were able to lead

the majority of special activities.



Our budget contained funds for the following staff members: Program Coordinator, Licensed Marriage and Family Therapist, Program Assistant, Executive Director, and Administrative Assistant. The program simply would not have been possible without these key team members.

The remainder of our budget accounted for typical program supplies, such as printing materials and lunch supplies. We found it especially useful to purchase Wheels/Dial-a-Ride tickets for participants, empowering them to utilize existing transportation systems.

We are very fortunate the City of Pleasanton provides our office-space in-kind. Located in the same building as the Pleasanton Senior Center, the space is ideal for social and educational gatherings. Participants can use existing bus routes to reach the Center and learn about a variety of services they may not be aware of.

### SOAR Program Projected Costs (12 months)

Category		\$	Notes	% with office space	% without office space
Tech & Equipment-one time cost		1,000		0%	1%
Systems & Services needs		2,000	admin., fiscal services	1%	1%
	<i>Travel</i>	3,500		2%	2%
	<i>Project Activities</i>	3,000	food, social	1%	2%
	<i>One time costs - guest speakers, tech equip (already listed above)</i>	1,000		0%	1%
	<i>Printing-in house</i>	1,500		1%	1%
	<i>Incentives</i>	1,000		0%	1%
	<i>Office space (1250 sq ft) plus overhead = \$2.60/sq ft per month (in kind for SSPTV)</i>	39,000	in-kind for SSPTV	18%	0%
	<i>Insurance Expense</i>	1,000		0%	0%
	<i>Supplies</i>	1,000		0%	1%
Personnel		160,000		75%	91%
	<i>includes FT Counselor &amp; Program Manager</i>				
<b>Total without office space</b>		<b>175,000</b>			
<b>Total with office space</b>		<b>214,000</b>			

**One-Time Costs (e.g., implementation and training):** SSPTV purchased a laptop for the program coordinator, since this was essential to documenting and reporting program progress.

**Other Resources for Infrastructure Support:** The beauty of SOAR is the low-level of infrastructure required. The most powerful resource used to support SOAR was fellow SSPTV staff members. At any time, SOAR staff could reach out and connect to other staff for advice and ideas to successfully implement the program. While this is not a program requirement, peer support for staff proved to be very beneficial.

## Program Outline

- Three months of program set-up:
  - Outreach/connecting with the community to gather referrals
    - Senior Housing Apartments and Mobil Homes
    - Senior Centers
    - Community organizations/groups who reach seniors
    - Medical organizations/Doctors/Therapists who serve seniors
    - Senior transportation providers
  - Secure health and wellness class teachers
  - Recruit volunteers for transportation and lunch preparation
  - Plan transportation
  - Prepare program materials
  
- Six weeks of in-home counseling:
  - Initial contact with phone screening
  - Initial meetings with in-home counselor including completing assessments
    - SSPTV Letter of Agreement for Service/Release of Liability
    - Informed Consent for Counseling
    - Patient Health Questionnaire-9
    - Pre-Assessment History Questionnaire
    - Pre-Assessment Questionnaire
    - Treatment Plan and Case Notes Form
  - Provide weekly counseling to prepare participant for attendance at SOAR classes
  - Continue securing teachers and preparing program materials
  
- Orientation Meeting at office with all program participants with transportation provided
  - Welcoming environment for introductions and ice breaker activity
  - Review schedule for next several months
  - Create list of group interests to create second six weeks of activities
  
- Six weeks of Finding Wellness classes with lunch and transportation provided
  - Comprehensive prevention program covering all aspects of health and wellness
  - Ideally, should be taught with the assistance of a dietician or nutritionist
  - Program materials are included for all seven weeks of the program
  
- Six weeks of Special Interest classes (including or in addition to the 7<sup>th</sup> Finding Wellness class) with lunch and transportation provided; mid evaluations completed



# SOAR

- **Sample Class: Art Projects and Garden Walk**
  - Walking in the Garden
  - Preview Calendar of Outings
  - Art Projects
  
- Six weeks of community activities with at least two activities each week
  - Sample Week
    - Monday – Free Movie at the local Senior Center
    - Thursday-Go to Café Art (on Senior Discount day to paint ceramics)
  
- Final Graduation session with lunch provided; final evaluations completed
  - Thank the group, review experiences
  - Thank each participant, recognize their unique contributions and present them with a Certificate of Completion and eagle pin

# SOAR - Stepping Out And Reconnecting

SOAR combines recreational, therapeutic, and educational activities to inspire seniors 60 years or older to enrich their lives.

## Part 1: Reconnecting

Have you been feeling...

- a loss of interest or abilities to do what makes you happy?
- disconnected?
- lonely?

SOAR offers a supportive and encouraging team to explore new activities and return to favorite pastimes.

## Part 2: Inspiration

SOAR will provide classes on:

- nutrition and healthy choices
- stress management
- fall prevention

Classes are interactive and packed with helpful information that will benefit your health.

## Part 3: Special Interest Classes

Choose from numerous activities that may interest you:

- Music
- Arts and crafts
- Socializing and Conversation

Special Interest Classes allow participants to engage in interactive and independent activities.

## Part 4: Stepping Out

Explore various social outings and actively participate in activities outside the center!



To learn more, please contact:

## SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY

Phone: (925) 931-5379 Fax: (925) 931-5391

5353 Sunol Boulevard, Pleasanton, CA 94566

[WWW.SSPTV.ORG](http://WWW.SSPTV.ORG)

Funded By: Alameda County Behavioral Health Care Services



# SOAR

# March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6 1:00 – 3:00 SOAR Orientation	7
8	9	10	11	12	13 12:00 Lunch 1:00 – 3:00 Finding Wellness	14
15	16	17	18	19	20 12:00 Lunch “Fresh Bites” 1:00 – 3:00 Finding Wellness	21
22	23	24	25	26	27 12:00 Lunch 1:00 – 3:00 Finding Wellness	27
29	30	31	1	2	3 12:00 Lunch 1:00 – 3:00 Finding Wellness	4

# SOAR

# April 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3 12:00 Lunch 1:00 – 3:00 Finding Wellness	4
5	6	7	8	9	10 12:00 Lunch 1:00 – 3:00 Finding Wellness	11
12	13	14	15	16	17 12:00 Lunch “Fresh Bites” 1:00 – 3:00 Finding Wellness	18
19	20	21	22	23	24 12:00 Lunch 1:00 – 3:00 Tai Chi Class	25
26	27	28	29	30	1 12:00 Lunch 1:00 – 3:00 Music and Sound	2

# SOAR

# May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	1 12:00pm Lunch 1:00pm – 3:00pm Music and Sound	2
3	4	5	6	7	8 12:00pm Lunch 1:00pm – 3:00pm “Get to Know You” And Thrift Store	9
10	11	12	13	14	15 12:00pm Lunch 1:00pm – 3:00pm Art Projects and Garden Walk	16
17	18	19	20	21	22 12:00pm Fresh Bites for Lunch 1:00pm – 3:00pm Tai Chi and Card Making	23
24	25	26	27	28	29 12:00pm Lunch 1:00pm – 3:00pm Tea Party and Stories	30

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3 11:30-1:00 Cowboy Lunch at Livermore Senior Center	4	5 12:00 Lunch 1:00-3:00 Art Mural Project	6
7	8	9 1:00 Lunch in Pleasanton and Museum on Main Street	10	11 1:00-2:30 Café Art, Livermore	12	13
14	15 1:00 "St. Vincent" Movie at Pleasanton Senior Center	16	17	18 1:00 Alameda County Fair - Senior Day	19	20
21	22	23	24 12:00 Japanese Tea Garden and Lunch, Castro Valley	25	26 1:30-4:00 Social Dance, Dublin Senior Center	27
28	29 1:00 "Annie" Movie at Pleasanton Senior Center	30	1	2 4:00 Farmer's Market, Livermore	3	4

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29 1:00 "Annie" Movie at Pleasanton Senior Center	30	1	2 4:00 Farmer's Market, Livermore	3	4
5	6 12:00 Lunch 1:00 Movie "Fred and Elsa", Livermore Senior Center	7	8	9	10 12:00 Picnic and Dublin Heritage Museum	11
12	13	14 7:00 An Evening with Laura Ingalls Wilder, Firehouse Arts Theater	15	16	17 12:00 Lunch 1:00 <b>Graduation</b>	18
19	20	21	22	23	24	25
26	27	28	29	30	31	



<b>SOAR Session 1</b>					
<b>Month</b>	<b>Dates</b>	<b>Activity</b>	<b>Handouts</b>	<b>Staff/consultants</b>	<b>Drivers</b>
		Counseling	Initial Paperwork		
		Counseling			
		Counseling			
		Counseling			
		Counseling			
		Counseling			
		Orientation Class	SOAR Bag of Goodies		
		Finding Wellness	FW Session 1		
		Finding Wellness	FW Session 2		
		Finding Wellness	FW Session 3		
		Finding Wellness	FW Session 4		
		Finding Wellness	FW Session 5		
		Finding Wellness	FW Session 6		
		Finding Wellness	FW Session 7		
		Special Interest Class	Mid Evaluations		
		Special Interest Class			
		Special Interest Class			
		Special Interest Class			
		Special Interest Class			
		Special Interest Class			
		Community Activities/Events			
		Community Activities/Events			
		Community Activities/Events			
		Community Activities/Events			
		Community Activities/Events			
		Community Activities/Events			
		Evaluations (with Individuals)	Final Evaluations		
		<b>Graduation</b>			

# SOAR

## ORIENTATION



### GOALS

- Introduce participants to their peers and the program.
- Discover what participants are interested in learning more about.
- Create excitement for upcoming classes.



### SUGGESTED MATERIALS

- Name tags
- Tote bags (with SOAR logo)
- Binders with program materials, as follows:
  - Staff contact information
  - SOAR Calendars for first two months
  - SOAR brochure
  - Paper
  - Divider tabs
- Healthy snack packs
- Water bottles
- Pens
- Dessert
- Flip chart/white board/large paper



### SUGGESTED STAFF INVOLVED

- Program Coordinator
- Program Counselor
- Program Interns

## ORIENTATION ACTIVITIES

1:00 – 1:15

**Welcome** - The program director offers a warm welcome to the participants. They should be acknowledged for taking this step to expand themselves. This welcome can include general information about the SOAR program, how it has helped other seniors and how much it will add to the participant's lives. The whole day needs to convey a feeling of comfort (a safe and secure environment), hope for the future and a feeling of

# SOAR

fun and excitement about how participants can benefit from the program. By starting with this attitude and conveying it to the clients, they are excited to be here and encouraged to attend the rest of the program.

- 1:15 – 1:45**     **Introductions** - Name and favorite food that starts with the same letter (Cara – Chocolate) or name and descriptive word (Cara – Curious). Each person should have a name tag. They can introduce themselves and say the word that describes them.
- 1:45 – 2:00**     **Classes** – This is when the participants “plan” their own program. On a white board or large pad of paper the group does brain storming to talk about the classes they are interested in attending during the Special Interest Class portion of SOAR. Staff can contribute ideas to keep the discussion going and can add things that the staff has a skill or interest in teaching to the group. It is always interesting what the group may come up with that staff may not have thought about. As in every brain storming session, there are no bad ideas. Participants are free to ask for what they would like.
- 2:00 – 2:15**     **Outings** – This is also when the participants shape their program. On a white board or large pad of paper the group does brain storming to talk about ideas for outings into the community. As in every brain storming session, there are no bad ideas. Participants are free to ask for what they would like. While planning outings, keep in mind the distance and how strenuous the activity is for your participants. Many of the outings will be scheduled according to what is available in the community during the time of the program.
- 2:15 – 2:30**     **Goodie Bags** – These are canvas bags we ordered with the SOAR logo on the front. They contain a binder, senior services information or general information for seniors, a pen a snack bag and a bottle of water. The binder has the SOAR logo on the front and contains the contact information for the SOAR staff, calendars for the first two months of the program, lunch menus (if used), and paper for participants to write notes on.
- 2:30- 3:00**     **Dessert and visiting time**

# SOAR

## GRADUATION



### GOALS

- Validate and appreciate participants' progress in the program.
- Receive feedback about the program.
- Allow time for group to socialize.



### SUGGESTED MATERIALS

- Name tags
- SOAR Graduation Certificates
- Eagle pins
- Bundles of various flowers
- Vases
- Lunch
- Dessert



### SUGGESTED STAFF INVOLVED

- Program Coordinator
- Program Counselor
- Program Interns
- Any staff, volunteers, or interns involved in the program



## GRADUATION ACTIVITIES

### **Flower Ritual**

Move clients from the lunch tables to the circle of chairs. Have each participant pick out a flower that they like and take it to the circle with them. Thank them all for participating in the SOAR program and for their individual contributions. Talk about how each of them is unique, like the flower they picked out. Gather the flowers and put into one vase to make a new bouquet. Talk about how each individual contribution/participation made the beautiful bouquet.

### **Graduation Ceremony**

Call each individual to the front of the group. Pin on an eagle pin. Each staff says something about that person and what they contributed to the group. Present their certificate. Ask if that person would like to say something about what the group has meant to them.

Talk about next steps, which could include the next session of SOAR or an on-going SOAR Support Group.



# *Certificate of Completion*

Senior Support Program of the Tri-Valley  
gladly presents this certificate to

\_\_\_\_\_

In recognition of completion of the requirements for the  
SOAR Program.

Awarded On \_\_\_\_\_

\_\_\_\_\_

SOAR Program Director

**SENIOR SUPPORT PROGRAM OF THE TRI-VALLEY**

## In-Home Counseling



### GOALS

- Provide emotional support for participants.
- Build a trusting relationship between the participant and counselor.
- Encourage participation in socialization (through SOAR), if appropriate.



### SUGGESTED MATERIALS

- Letter of Agreement for Services/Release of Liability
- Informed Consent for Counseling
- Patient Health Questionnaire-9
- Pre-Assessment History Questionnaire
- Pre-Assessment Questionnaire
- Treatment Plan and Case Notes Form



### SUGGESTED STAFF INVOLVED

- Program Counselor
- Program Counseling Interns

## IN-HOME COUNSELING ACTIVITIES

The initial six weeks of in-home counseling is the way to connect the participants with the SOAR program. This contact between the counselor and participant is the first step in getting them ready to venture out of their homes. During this part of the program counselors and interns make a connection, begin building a relationship and address the issues keeping this person isolated. Once a connection is made, a relationship established and mental health issues are address, the participant is ready to come to the classes in the next step of the SOAR program.

The counseling portion is possible with an MFT (Marriage Family Therapist) or LCSW (Licensed Clinical Social Worker) to train and recruit interns. The number of interns depends on



# SOAR

the number of SOAR participants but having three interns would be effective. The interns may help with transportation, program delivery and food preparation in addition to providing individual counseling in the senior's home.

The counseling department does the initial assessments of the seniors who expressed an interest in joining the program, meet with them during the first six weeks and continue to provide support and counseling throughout the whole SOAR program.

- Six weeks of in-home counseling:
  - Initial contact with phone screening
  - Initial meetings with in-home counselor including completing assessments
    - SSPTV Letter of Agreement for Service/Release of Liability
    - Informed Consent for Counseling
    - Patient Health Questionnaire-9
    - Pre-Assessment History Questionnaire
    - Pre-Assessment Questionnaire
    - Treatment Plan and Case Notes Form
  - Provide weekly counseling to prepare participant for attendance at SOAR classes
  - Provide on-going counseling during the SOAR program

**Senior Support Program of the Tri-Valley**

5353 Sunol Boulevard, Pleasanton, CA 94566

Phone: (925) 931-5379 Fax: (925) 931-5391

**Letter of Agreement for Service/Release of Liability**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I agree Senior Support Program of the Tri-Valley will assist me/us with in-home services and authorize them to share information when necessary for the coordination of these services.

I/we also release Senior Support Program of the Tri-Valley from any liability resulting from any information and referral or other services including but not limited to transportation.

Signature of Client/Responsible Person: \_\_\_\_\_

**INCOME VERIFICATION (Self-Certification Form)**

I declare that my income or household income is not higher than the amounts listed below.

I understand that this statement constitutes a personal affidavit and falsification of information constitutes perjury.

Family Size		SSI	Extremely Low	Very Low	Low	Median	Over Limits
1 Person	Annually	\$10,524	\$19,650	\$32,750	\$47,350	\$65,450	> \$78,550
	Monthly	\$877	\$1,638	\$2,729	\$3,946	\$5,454	> \$6,546
2 Person	Annually	\$17,736	\$22,450	37,400	\$54,100	\$74,800	> \$89,750
	Monthly	\$1,478	\$1,871	\$3,117	\$4,508	\$6,233	> \$7,479

Signature of Client/Responsible Person: \_\_\_\_\_

Agency Worker: \_\_\_\_\_

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

## INFORMED CONSENT FOR COUNSELING

(Name of your Organization)

1. The Senior Support Program's (SSPTV) Counseling Program may provide individual counseling sessions of up to 60 minutes each at no charge to persons over 60 years of age in the Tri-Valley Area (Pleasanton, Livermore, Dublin, Sunol) when referred by staff of SSPTV. In most cases, these sessions will be held in the client's home and some preference will be given to those unable to seek counseling in an office setting because of disability or transportation difficulties.
2. Any information disclosed during counseling sessions is confidential unless there is a reasonable suspicion of elder abuse or child abuse. By law, this must be reported to Adult Protective Services or Child Protective Services. Also, if there is a reasonable suspicion that the client is a danger to him/herself or to someone else, confidentiality may be broken to protect the safety and well-being of those involved.

---

Signature of Client

Date

---

Signature of Counselor

Date



# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

# SOAR

## Pre-Assessment History Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

1. Patient Health Questionnaire-9 (PHQ-9) Results: \_\_\_\_\_

2. Current medical status: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Medication use: \_\_\_\_\_

4. History of mental health issues: \_\_\_\_\_

\_\_\_\_\_

5. How many/much drugs, alcohol, and other substances are used:  
daily \_\_\_\_\_ and weekly \_\_\_\_\_

6. Memory loss: \_\_\_\_\_

7. Past trauma: \_\_\_\_\_

\_\_\_\_\_

8. Presenting Problem (i.e. Health, losses, isolation, family, anxiety, depression): \_\_\_\_\_

\_\_\_\_\_

9. How would you like your life to be different? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. What is missing in your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. How would you like this program to help you? \_\_\_\_\_

\_\_\_\_\_

Completed By:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

# SOAR

## Pre-Assessment Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Circle a number, with 1 being “never” and 5 being “usually”\*\***

1. In the past month, were your sleeping habits good?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

2. In the past month, were you're eating habits good?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

3. In the past month, how often did you see your physician?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

4. In the past month, I left my house...

**1-2 times                      3-5 times                      6-8 times                      10+ times**

5. In the past month, has your energy level been good?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

6. In the past month, how often were you hopeful about the future?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

7. In the past month, how frequently have you seen friends and family?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

8. In the past month, how frequently did you participate in hobbies, groups, or activities?

**1-2 times                      3-5 times                      6-8 times                      10+ times**

9. In the past month, how often did you experience anger or guilt?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

10. In the past month, how frequently did you experience personal enjoyment?

**1                      2                      3                      4                      5**

**Never      Seldom      Sometimes      Often      Usually**

11. What do you feel are barriers preventing you from going out?

Time of Day                       Fear                       Unaware of activities                       Other:  
 Transportation

# SOAR

## Mid-Assessment Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Circle a number, with 1 being “never” and 5 being “usually”\*\***

1. In the past month, were your sleeping habits good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

2. In the past month, were you're eating habits good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

3. In the past month, how often did you see your physician?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

4. In the past month, I left my house...

**1-2 times                      3-5 times                      6-8 times                      10+ times**

5. In the past month, has your energy level been good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

6. In the past month, how often were you hopeful about the future?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

7. In the past month, how frequently have you seen friends and family?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

8. In the past month, how frequently did you participate in hobbies, groups, or activities?

**1-2 times                      3-5 times                      6-8 times                      10+ times**

9. In the past month, how often did you experience anger or guilt?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

10. In the past month, how frequently did you experience personal enjoyment?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

11. What do you feel are barriers preventing you from going out?

Time of Day                       Fear                       Unaware of activities                       Other:  
 Transportation

# SOAR

## Post Assessment Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Circle a number, with 1 being “never” and 5 being “usually”\*\***

1. In the past month, were your sleeping habits good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

2. In the past month, were you're eating habits good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

3. In the past month, how often did you see your physician?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

4. In the past month, I left my house...

**1-2 times                      3-5 times                      6-8 times                      10+ times**

5. In the past month, has your energy level been good?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

6. In the past month, how often were you hopeful about the future?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

7. In the past month, how frequently have you seen friends and family?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

8. In the past month, how frequently did you participate in hobbies, groups, or activities?

**1-2 times                      3-5 times                      6-8 times                      10+ times**

9. In the past month, how often did you experience anger or guilt?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

10. In the past month, how frequently did you experience personal enjoyment?

**1                      2                      3                      4                      5**  
**Never      Seldom      Sometimes      Often      Usually**

11. What do you feel are barriers preventing you from going out?

Time of Day                       Fear                       Unaware of activities                       Other:  
 Transportation



# Senior Support Program of the Tri-Valley

## SOAR- Treatment Plan/Notes

---

**Client Name:** <client name>

Date:

**Presenting Problems / Needs:**

- 1.
- 2.
- 3.

**Diagnosis:**

**Plan / Goals:**

Goal 1.

Objective 1a.

Goal 2.

Objective 2a.

Objective 2b.

Goal 3.

Objective 3a.

Objective 3b.

<Intern name>, MFT <Trainee or Intern> (S. Gorham, MFT, MFC 29536, supervisor)

### Progress Notes

---

Date	Loc.	Dur.	Progress
	H/V	60 mins	<i>Data:</i>
			<i>Assessment:</i>
			<i>Plan:</i> <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	O/V	60	<i>Subjective:</i>
			<i>Objective:</i>
			<i>Assessment:</i>
			<i>Plan:</i> <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	<i>Data:</i>
			<i>Assessment:</i>
			<i>Plan:</i>

## Senior Support Program of the Tri-Valley

Date	Loc.	Dur.	Progress
			<name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
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	H/V	60 mins	Data: Assessment: Plan: <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)

## Senior Support Program of the Tri-Valley

Date	Loc.	Dur.	Progress
	H/V	60 mins	<i>Data:</i>
			<i>Assessment:</i>
			<i>Plan:</i> <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)
	H/V	60 mins	<i>Data:</i>
			<i>Assessment:</i>
			<i>Plan:</i> <name>, MFT <status> (S. Gorham, MFT, MFC 29536, supervisor)

### Discharge Summary

---

**Client Name:**

Date:

**Treatment Provided:**

- 1.
- 2.
- 3.

**Outcome:**

- 1.
- 2.
- 3.

**Next Steps:**

- 1.
- 2.
- 3.

**Referrals:**

- 1.
- 2.

<Intern name>, MFT <Trainee or Intern> (S. Gorham, MFT, MFC 29536, supervisor)

SOAR Attendance and Notes, (Class Activity)

(Class Date)

	<u>Name</u>	<u>Counselor</u>	Attended	Happy, Sad, Neutral	Participated 1 2 3 4 5	Comfort 1 2 3 4 5	Comments
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

Senior Support Program of the Tri-Valley  
Finding Wellness Program  
5353 Sunol Boulevard Pleasanton, CA 94566  
Main 925.931.5379 Fax 925.931.5391



## Participant Consent Form

I desire to engage in an older adult group wellness program, part of the Finding Wellness series, in collaboration with the Senior Support Program of the Tri-Valley.

**I understand that I am responsible for monitoring my own condition throughout the wellness program and should any unusual symptoms, especially during the modifiable “movement” portion of the series, such as fatigue, shortness of breath, or chest discomfort occur, I should stop exercising immediately and notify the instructor or program director.**

In consideration of being allowed to participate in this wellness program, I agree to assume the risk of movement/exercise and further agree to hold harmless the above mentioned agencies, their staffs, collaborators and partners conducting this wellness program from any medical and legal liability or responsibility that may arise, and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from this overall health program.

Your Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Email Address (Optional) \*\* \_\_\_\_\_

Your Ethnicity (Caucasian, Asian, Latino, etc.) \_\_\_\_\_

Circle Your Gender Male Female Circle Your Age 45-64 Over 65

Participant's Signature \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

\*\*For Finding Wellness' monthly newsletter, which includes statistics, health information, nutritional updates, new class locations, and much more!





The Solutions You Need to Help

# Prevent Slips, Trips and Falls

*“An ounce  
of prevention is  
worth a pound  
of cure”*

- Benjamin  
Franklin

## *Session One Topics:*

- ✓ Nutrients to Help with  
Bone Protection
- ✓ Fall Prevention Review
- ✓ I've Fallen & I CAN Get Up!

*Presented by*  
The Finding Wellness  
Senior Support  
the Tri-Valley  
5353 Sunol Boulevard,  
CA 94566  
925-931-5379  
[www.ssptv.org](http://www.ssptv.org)



Team at  
Program of  
Pleasanton,

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*Funded by the Alameda County Behavioral Health Care Services*

Revised 6/28/2016

# *Tips on Good Nutrition and Fall Prevention*

*\*Please make donations payable to SSPTV  
or visit our website for more information*

1. **CALCIUM** is a mineral that is a building block of bone and the absorption rate decreases with age
  - Your body needs several other nutrients in order for calcium to be absorbed and used properly, including magnesium, phosphorous, and especially vitamins D and K
  - Ninety-nine percent is in our bones and teeth, and one percent is in body fluids. If dietary or supplemental intake of calcium is too low, hormones will pull it out of bones and teeth to keep blood levels tightly controlled
  - Adequate intake can help prevent or slow the onset of osteoporosis (disease that thins and weakens the bones to the point that they become fragile and break easily)

## **RECOMMENDATION FOR**

**WOMEN OVER 50:**  
1200 mg per day

**MEN, AGES 51-70:**  
1000 mg per day

**MEN OVER 70:**  
1200 mg per day

**SOURCES:** Cheeses, low-fat dairy products, tofu, and blackstrap molasses. Some other good sources of calcium include almonds, brewer's yeast, bok choy, broccoli, cabbage, dried figs, kelp, dark leafy greens, hazelnuts, oysters, sardines with bones and canned salmon with bones. Foods that are fortified with calcium, such as juices, soy milk, rice milk, and cereals, are also good sources of this mineral. Refer to chart for other sources of calcium.

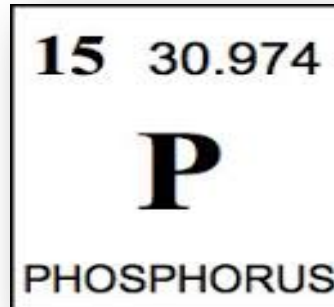
2. **VITAMIN D** is important because it helps your body absorb and utilize calcium

- Recommendations increase with age, since the ability to make and absorb Vitamin D in the body decreases with age.
- Have a blood test to check for deficiency. Treatment of vitamin D deficiency has been associated with a significant reduction in hip fractures.

**RECOMMENDATION FOR  
AGES 51-70 YEARS:**  
At least 600 IUs per day

**OVER AGE 70:**  
At least 800 IUs per day

**SOURCES:** Fish (cod, salmon, mackerel, and tuna), milk, yogurt, and fortified cereals and orange juice



3. **PHOSPHOROUS** like calcium, phosphorous is a part of the bones. These 2 important nutrients work closely together to build strong bones and teeth

- About 85% of phosphorus in the body can be found in bones and teeth.
- Because this mineral is naturally present in many foods, most people get enough phosphorus.

**RECOMMENDATION:**  
700 mg per day

**SOURCES:** milk, grains, meat, and protein rich foods



4. **MAGNESIUM** is required for the proper growth and maintenance of bones and teeth

- Most importantly, it helps regulate calcium
- Foods high in fiber are generally high in magnesium

**RECOMMENDATION:**  
Women 320 mg per day  
Men 420 mg per day

**SOURCES:** legumes, whole grains, fruits (bananas, dried apricots, and avocados), vegetables (especially broccoli, squash, and green leafy vegetables), seeds, and nuts (especially almonds and cashews), dairy products, peas, beans, meats, chocolate, and coffee. Water with a high mineral content, or “hard” water, is also a source of magnesium



5. **VITAMIN K** is important in making at least one bone protein, which allows for the binding of calcium to the bone

- It may be as important as vitamin D for bone formation
- It is worth noting that the absorption of vitamin K from vegetables is likely enhanced by the presence of dietary fat in the same meal

**RECOMMENDATION:**  
Women 90 mcg per day  
Men 120 mcg per day

**SOURCES:** green leafy vegetables, broccoli, brussel sprouts, cabbage, cauliflower, soy bean oil, smaller amounts in fish, liver, eggs, and cereals

6. **PROTEIN** is important for your health. Specifically, intakes of both calcium and protein must be adequate to fully realize the benefit of each nutrient on bone. Optimal protein intake for bone health is likely higher than current recommended intakes, particularly in the older adults.

**The current recommendation is 46 grams per day for women and 56 grams per day for men.** This is the equivalent of .36 grams per pound of body weight. Research shows that older adults actually require about 0.45 grams of protein per pound of body weight each day.

**Here's an example for a person who weighs 150 pounds:  
 $150 \times 0.45 = 67.5$  grams of protein a day**

That's relatively easy to consume with a few smart choices: a cup of yogurt (18 g) for breakfast, a peanut butter (8 g) and jelly sandwich (4 g) with a cup of milk (8 g) for lunch,  $\frac{1}{4}$  cup nuts for a snack (7 g), and salmon (21 g) for dinner clock in at 66 grams. Plus other foods you eat throughout the day add even more protein to your diet. **Everything from vegetables, grains, dairy, and much more will help meet your daily protein needs.**



**SOURCES:** Meat, milk, cheese, legumes, peas, nuts, seeds, eggs, tofu, beverage supplement

Body Weight (Pounds)	Protein (Grams per day)
100	45g
110	49.5g
120	54g
130	58.5g
140	63g
150	67.5g
160	72g
170	76.5g
180	81g
190	85.5g
200	90g



7. **CAFFEINE** is often added to soft drinks, coffee and tea. Caffeine may **decrease** calcium absorption when they are consumed together

**SOURCES:** coffee, tea, soft drinks, sodas, energy drinks, energy water, chocolate, ice cream (chocolate, coffee flavors), pain-relievers (e.g. Excedrin)

8. **SODIUM** may **decrease** your body's ability to retain calcium

- Eating too much sodium is bad for your bones and can cause bone loss
- Try cooking without adding extra salt, and limit the salty snacks and processed foods you eat.

**RECOMMENDATION:**  
1500 mg per day or less

**SOURCES:** salt, processed foods, condiments, soy sauce, cheese, soft water

9. **PHYSICAL ACTIVITY** increases bone density while improving your energy level, balance, strength, and flexibility. Weight-bearing equals bone building

**RECOMMENDATION:**  
30 minutes or more per day

**EXAMPLES OF WEIGHT-BEARING:** Tai Chi, hand-held weights, golf, resistance exercises, dancing, yoga, walking, racquet sports, hiking



# Recipe of the Week

## CHERRY PIE FRIDGE OATS

*Makes One Serving*

### INGREDIENTS

- ✓ 1/3 cup old fashioned or rolled oats
- ✓ 1/3 cup unsweetened almond milk
- ✓ 1/2 cup 2% plain yogurt (try Greek yogurt for more protein!)
- ✓ 1 teaspoon ground flaxseed or Chia seeds
- ✓ 1/2 tablespoon almond or peanut butter (optional)
- ✓ 1 teaspoon honey
- ✓ 1/2 cup frozen cherries
- ✓ Sprinkle of cinnamon

### DIRECTIONS

Layer the uncooked oats first then add the milk, chia seeds, honey, almond butter, yogurt, and cherries. Stir everything together and sprinkle with cinnamon. Cover and put in the refrigerator overnight for a scrumptious and filling breakfast the next morning!



# *Food Sources of Calcium, Protein & Vitamin D*

<b>FOOD</b>	<b>SERVING SIZE</b>	<b>CALORIES</b>	<b>MILLIGRAMS OF CALCIUM PER SERVING</b>
Basil	2 tsp	7	59
Turnip Greens	1 cup cooked	28	197
Thyme	2 tsp	7	52
Oregano	2 tsp	9	57
Spinach	1 cup cooked	41	244
Collard Greens	1 cup cooked	49	266
Dill	2 tsp	12	63
Mustard Greens	1 cup cooked	21	103
Tofu	4 oz-wt	86	396
Cinnamon	2 tsp	12	52
Sea Vegetables	0.25 cup	8	33
Rosemary	2 tsp	7	30
Blackstrap Molasses	2 tsp	32	117
Cheese	1 oz-wt	72	221
Yogurt	1 cup	154	448
Swiss Chard	1 cup cooked	35	101
Kale	1 cup cooked	36	93
Celery	1 cup	16	40
Milk	1 cup	122	292
Goat Milk	1 cup	168	326
Romaine Lettuce	2 cups	16	31

<b>FOOD</b>	<b>SERVING SIZE</b>	<b>CALORIES</b>	<b>MILLIGRAMS OF CALCIUM PER SERVING</b>
Sardines	3.20 oz-wt	188	346
Sesame Seeds	0.25 cup	206	351
Coriander	2 tsp	17	29
Cabbage	1 cup raw	17	28
Fennel	1 cup raw	27	42
Broccoli	1 cup raw	30	42
Garlic	1 oz-wt	26	32
Asparagus	1 cup raw	26	32
Green Beans	1 cup raw	31	37
Scallops	4 oz-wt	127	130
Brussels Sprouts	1 cup raw	37	36
Leeks	1 cup raw	54	52
Oranges	1 each	61	52

<b>FOOD PROTEIN</b>	<b>GRAMS OF PROTEIN</b>
3 ounces cooked turkey or chicken	27g
3 ounces tuna, salmon, haddock, or trout	21g
6 ounces plain Greek yogurt	18g
½ cup cottage cheese	14g
½ cup cooked beans	9g
1 cup of milk	8g
¼ cup or 1 ounce of nuts (all types)	7g
1 egg	6g
1 cup cooked pasta	6g

<b>FOOD SOURCE</b>	<b>SERVING SIZE</b>	<b>IUS OF VITAMIN D PER SERVING</b>
Milk	1 cup	100
Baked Herring	3 oz.	1,775
Baked Salmon	3 oz.	238
Canned Tuna	3 oz.	136
Orange Juice (fortified)	1/2 cup	175
Raisin Bran Cereal	3/4 cup	42
Egg yolk	1	25

# *Fall Prevention for Older Adults*

*Falls can be categorized into two classifications:  
“Clumsy” or “Medical”*

1. About a third of older adults residing in the community and 50% to 75% of nursing home residents experience at least one fall every year
  - Less than half talk to their primary healthcare providers about those falls
2. Most falls occur in the home
3. After a fall, individuals may become fearful of subsequent falls, resulting in restricted mobility, isolation, depression, and further balance and strength deficits
4. Older adults represent slightly over 12% of the population, yet account for about 45% of hospitalizations and deaths due to unintentional injuries (75% of those are falls)
5. In 2006, unintentional injury was the ninth leading cause of mortality for older adults
6. In 2011, falls resulting in 2.4 million emergency department visits and over 689,000 hospitalizations
7. Moderate to severe injury occurs in about 20% to 30% of falls, most notably lacerations, head trauma, or fracture
8. 40% of fall related injuries resulting in hospitalization are due to hip fractures
9. Among adults 70 years and older, falls cause over 90% of broken hips and only half of those who break their hip will get around like they did before their broken hip





# Factors Contributing to Falls

## DECREASED EYESIGHT—

problems with eyesight can make it difficult to see things that you may **trip** over and problems with **depth perceptions** make it difficult to see the edge of a stair or sidewalk

## DECREASED HEARING—

hearing is sometimes associated with **dizziness and imbalance**. Hearing aids keep you better in touch with your environment when properly working

## MEDICATION SIDE EFFECTS—

discuss **all** known and adverse side effects with your doctor and/or pharmacist before taking a new or updated drug

## IRREGULAR PULSE—

significant heartbeat irregularities can contribute to feeling **dizzy**, which increases the chance of falling because it can cause **disorientation and fainting**

## DEHYDRATION—

improper hydration levels can cause fluid and electrolyte imbalances, impairing homeostasis and disrupting the circulatory, digestive, and urinary systems

## HOME SAFETY—

**unsafe conditions** in your home can contribute to a fall

## BLOOD SUGAR LEVELS—

keep blood sugars level by eating **three balanced meals a day**, which may decrease your chances of sudden spikes or drops

## BLOOD PRESSURE—

a sudden extreme drop in blood pressure **especially when changing from one position to another** can contribute to feeling dizzy. Move around before getting up from sitting or lying down for long periods of time—**Heart Rate Monitor “app”**

## EXERCISE—

arm and leg weakness can make it harder for you to **navigate your environment and also to steady or catch yourself if you trip**

## BALANCE—

keeping active and fit will not only help you feel better, but it will also help keep you safe from falls. **At any age, with practice, balance can be improved**. A strong stride and good balance is key to preventing falls. Assistive devices can provide stability, support, and protection when experiencing weakness or pain in legs. **Embarrassment or emotional issues** may also be contributing factors to ongoing use of assistive devices



# Preventing Falls

**EXERCISE REGULARLY**—builds strength and improves balance, coordination, flexibility and endurance. Ask your doctor or other health care provider about the best physical exercise for you.

**TAKE YOUR TIME**—being rushed or distracted increases your chances of falling. Get out of chairs and bed slowly and be sure to stand for a moment before you begin to walk.

**CLEAR THE WAY**—keep stairs and walking areas free of electrical cords, shoes, throw rugs, books and other clutter that are easy to trip and fall over. Be mindful of your pets around the home.

**LOOK OUT FOR YOURSELF**—improve the lighting in your home by opening shades, using night lights in hallways or restrooms and always turning on the lights before walking down the stairs. Have flashlights and batteries around the home in case of power outages.



**SEE A PROFESSIONAL**—visit your eye doctor once a year as poor vision can increase your chance of falling. Be aware that bifocal and trifocal lenses can cause vision problems when looking down. Always ask your doctor about new medication side effects since these can cause dizziness or drowsiness, which may increase your risk of falling.

**BATHROOM CAUTION**—use non-slip mats in the bathtub and on shower floors. Install grab bars on the wall next to the bathtub, shower and toilet.

**WEAR THE CORRECT GEAR**—pick shoes that are comfortable, as well as having a good grip and arch support, especially for outdoor activities.

**MAINTAIN HEALTHY FOOT CARE--**

**STEPS INSIDE OR OUTSIDE THE HOME—**

Apply brightly colored tape to steps. Also, use railings whenever walking up or down stairs. Be aware of changing surfaces like carpet to linoleum and raised thresholds.

**CARRY A “SAFETY NET”**—get in the habit of bringing your cell phone with you on walks or whenever you leave your home. Consider getting a medical alert system if you live alone.

**PROOF YOUR HOME**—store things that you use often on easy-to-reach shelves, so that you don't need to reach too high or bend too low to get them. Keep commonly used items within reach.

**LIFT WITH CAUTION**—never carry items in a way that prevents you from seeing where you are walking. Bend your knees when lifting heavy items. Keep your elbows bent when carrying things like grocery bags, so that you use the muscles in your arm and not your elbow joint.

**STEPPING TIPS**—get help with reaching high places, instead of climbing on step ladders yourself. If you must use a step ladder, be sure it is sturdy, has large standing areas and a handle for balance. Make sure you can see the steps on the ladder while holding items and hold light items only so that there is less chance for falls.

**GARDEN SAFETY**—bend your knees when reaching down to pull weeds, pick vegetables, cut flowers, etc. Take breaks often to prevent dehydration and exhaustion, especially in warm weather.

**USE A BUDDY SYSTEM**—set a designated time each day to check in with your buddy. Be sure to let your buddy know if you are not going to be in touch on any given day.

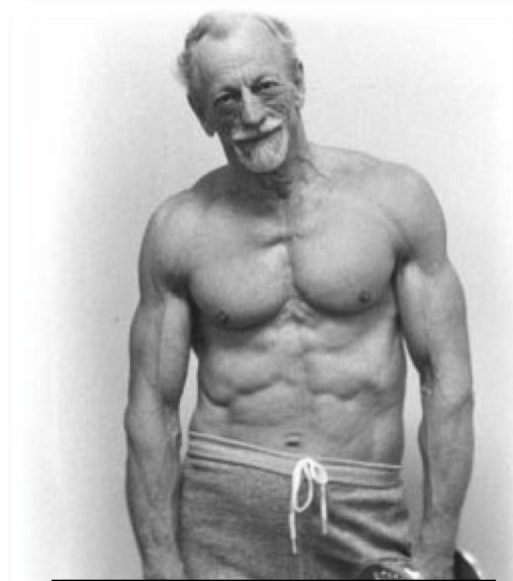


Photo taken from the book  
*Growing Old Isn't for Sissies*  
By Dr. Martin L. Cook

# What to Do After a Fall

***The first thing to do is to catch your breath and assess your body for injuries. Even if you think you're okay, take your time before getting up.***

## **....IF YOU CAN GET UP:**

- ✓ Lie on your side, bending the leg that is on top and then lift yourself onto your elbow and hands
- ✓ Pull yourself toward an armchair or other sturdy object, and then kneel while placing both hands on the chair or object
- ✓ Place your stronger leg in front, holding onto the chair or object
- ✓ Stand up
- ✓ Very carefully, turn around and sit down to check your body for any injuries



I didn't fall. The floor just needed a hug.

## **....IF YOU CANNOT GET UP:**

- ✓ If you have a cell phone or emergency alert device at hand, use it
- ✓ If you don't have one, try to slide yourself towards a telephone or a place where you will be heard
- ✓ Call out for help if you think you can be heard
- ✓ Make noise with your cane or other object to attract attention
- ✓ Wait for help in the most comfortable position possible
- ✓ If you can, place a pillow under your head and cover yourself with a piece of clothing or a blanket to stay warm
- ✓ Try to move your joints every so often to ease circulation and prevent stiffness and roll away from any damp area if your bladder "let's go"

- If you take a fall, NEVER underestimate its seriousness
- Even if it appears that no harm was done, there could be aftereffects and symptoms may appear in the days that follow
- It is ALWAYS better to mention falls to your doctor because then he or she can assess the situation to note if the fall is linked to an illness, lack of nutrients in your diet, or prescribed medications or over-the-counter (OTC) drugs

# Medical Alert Systems

Brand	Contact Information	Startup Fee	Price (month)	Range (feet)	Features
VITAL LINK	1-800-752-5522 www.vital-linkinc.com	\$0-99 (depending on device)	\$26.95-41.95	800	Waterproof pendant and wrist band button; home & yard units; fall detection pendants; accessories
LIFE STATION	1-866-725-8679 www.lifestation.com	none	\$25.95-29.95	400	Waterproof emergency pendant only; weekly test; **32 hour backup; *UL certified
MEDICAL ALERT	1-877-781-2772 www.medicalalert.com	none	\$29.95	600	Waterproof emergency pendant with wrist clip-on option; monthly test; **32-72 hour backup
ALERT 1	1-866-581-4540 www.alert-1.com	none	\$25.95-35.95	400	Waterproof pendant and wrist band button; free spouse service; monthly test; **24 hour backup; 30 day money back guarantee
LIFE GUARDIAN	1-855-272-1010 www.lifeguardianmedicalalarms.com	none	\$27.45-29.95	600	Waterproof emergency button; **24 hour backup; constant fault monitoring; monthly test
BAY ALARM MEDICAL	1-866-377-7894 www.bayalarmmedical.com	none	\$21.95-27.95	1000	Waterproof pendant and wristband; free monitoring for spouse; **32 hour backup; weekly testing; 14 day trial for a full refund
LIFE FONE	1-888-792-9135 www.lifefone.com	none	\$24.95-29.95	1500	Waterproof pendant and wristband; 30-day money back guarantee; *UL certified; emergency care agents
LIFE ALERT	1-800-813-3104 www.lifealerthelp.com	\$95	\$29.95	300	Waterproof pendant and button; **48 hour backup; *UL certified
MEDICAL GUARDIAN	1-800-668-9200 www.medicalguardian.com	none	\$29.95	400	Waterproof pendant and wristband; **72 hour backup; monthly test
ADT COMPANION SERVICE	1-800-588-2159 www.adt.com/medical-alert	\$75	\$34.95	300	Waterproof wristband or pendant; activation fee, cancellation fee, and yearly contract; monthly test; **12-20 hour backup

*\*Underwriters Laboratories has been writing standards for safety for more than a century. A UL certification is the globally-acknowledged gold standard for safety and reliability.*

*\*\*During a power outage, battery is backed up for this length of time.*





# An Introduction to Medication Safety

## *Session Two Topics:*

*“A strong positive mental attitude will create more miracles than any wonder drug”*

– Patricia Neal

- ✓ How to Read a Nutritional Label
- ✓ What Do You Define as a Drug?
- ✓ Understanding the Interactions & Precautions of Alcohol, OTC, Vitamins & Prescription Drugs
- ✓ Understanding Side Effects

*Presented by*  
The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard, Pleasanton, CA 94566  
925-931-5379    [www.ssptv.org](http://www.ssptv.org)



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*Funded by the Alameda County Behavioral Health Care Services*

Revised 6/28/2016

Nutrition can sometimes seem complicated. But, the good news is there is a tool to help you know exactly what you're eating. It's called the **Nutrition Facts Label and Ingredient List**. You will find it on all packaged foods and beverages.

<b>Nutrition Facts</b>	
Serving Size 1 cup (275g)	
Servings Per Container 4	
<b>Amount Per Serving</b>	
<b>Calories</b> 340	Calories from Fat 120
% Daily Value*	
<b>Total Fat</b> 13g	<b>20%</b>
Saturated Fat 8g	<b>40%</b>
Trans Fat 0g	
<b>Cholesterol</b> 40mg	<b>13%</b>
<b>Sodium</b> 410mg	<b>17%</b>
<b>Total Carbohydrate</b> 37g	<b>12%</b>
Dietary Fiber 1g	<b>4%</b>
Sugars 5g	
<b>Protein</b> 17g	
Vitamin A 10%	• Vitamin C 0%
Calcium 35%	• Iron 10%

\* Percent Daily Values are based on a 2,000 calorie diet

## 1 SERVING SIZE:

This section shows how many servings are in the package and how big the serving is. Serving sizes are given in familiar measurements, such as “cups” or “pieces.”

Remember: All of the nutrition information on the label is based upon **one serving** of the food.

It is very common for a food package to contain more than one serving. One bottled soft drink or a small bag of chips can actually contain two or more servings. **If you eat two servings of the food, you are eating double the calories and getting twice the amount of nutrients, both good and bad!**



## 2 AMOUNT OF CALORIES:

The calories listed are for **one serving** of the food. “Calories from fat” shows how many fat calories there are in **one serving**.

Remember — a product that’s *fat-free* isn’t necessarily *calorie-free*. Read the label!

## 3 PERCENT (%) DAILY VALUE:

This section tells you how the nutrients in one serving of the food contribute to your total daily diet. Use it to choose foods that are **high** in the nutrients you should get more of, and **low** in the nutrients you should get less of.

It can help you determine if a food is high or low in a nutrient: 5% or less is low, 20% or more is high. This can be good for nutrients like fiber (a nutrient to get more of) . . . but not so good for something like saturated fat (a nutrient to get less of).

Once you are familiar with %DV, you can use it to compare foods and decide which the better choice is for you.

Using %DV information can also help you “balance things out” for the day.

**FOR EXAMPLE:** If you ate a favorite food at lunch that was high in sodium, a “nutrient to get less of,” you would then try to choose foods for dinner that are lower in sodium.

Daily Values are based on a 2,000-calorie diet. However, your nutritional needs will likely depend on how physically active you are. Talk to your healthcare provider to see what calorie level is right for you.

#### 4 LIMIT THESE NUTRIENTS:



There are other nutrients that are important, but you should *eat these in moderate amounts*. Eating too much of these nutrients may **increase** your risk of certain chronic diseases, such as heart disease, some cancers, or high blood pressure.

They are:

- Total fat (especially saturated fat and trans fat)
- Cholesterol
- Sodium



#### 5 GET ENOUGH OF THESE NUTRIENTS:



There are some nutrients that are especially important for your health and help reduce the risk of disease. Americans often don't get enough of the following nutrients in their diets. You should *try to get adequate amounts* of these each day.

They are:

- calcium
- dietary fiber
- potassium\*
- vitamin A
- vitamin C

\* NOTE: The listing of potassium is optional on the Nutrition Facts Label.

# Ingredient List for the Nutrition Facts Label

Ingredient lists are a good way to know exactly what packaged food contains. Ingredients are listed in descending order of weight. The first two or three ingredients are the ones that matter most. Ingredients at the bottom of the list may appear in only very tiny amounts.

## MACARONI AND CHEESE

Enriched Macaroni Product (Wheat Flour, Niacin, Ferrous Sulfate [Iron], Thiamin Mononitrate [Vitamin B1], Riboflavin [Vitamin B2], Folic Acid), Cheese Sauce Mix (Whey, Modified Food Starch, Whey Protein Concentrate, Cheddar Cheese [Milk, Cheese Culture, Salt, Enzymes], Granular Cheese [Milk, Cheese Culture, Salt, Enzymes], Salt, Calcium Carbonate, Potassium Chloride, Contains Less Than 2% Of Parmesan Cheese [Part-skim Milk, Cheese Culture, Salt, Enzymes, Dried Buttermilk, Sodium Tripolyphosphate, Blue Cheese [Milk, Cheese Culture, Salt, Enzymes], Sodium Phosphate, Medium Chain Triglycerides, Cream, Citric Acid, Lactic Acid, Enzymes, Yellow 5, Yellow 6).

## TOTAL CEREAL

Ingredients: Whole Grain Wheat, Sugar, Corn Syrup, Salt, Monoglycerides, Annatto Extract Color. BHT Added to Preserve Freshness.  
Vitamins and Minerals: Calcium Carbonate, Vitamin C (sodium ascorbate), Zinc and Iron (mineral nutrients), Vitamin E Acetate, A B Vitamin (niacinamide), A B Vitamin (calcium pantothenate), Vitamin B<sub>6</sub> (pyridoxine hydrochloride), Vitamin B<sub>2</sub> (riboflavin), Vitamin B<sub>1</sub> (thiamin mononitrate), A B Vitamin (folic acid), Vitamin A (palmitate), Vitamin B<sub>12</sub>, Vitamin D<sub>3</sub>.  
CONTAINS WHEAT; MAY CONTAIN ALMOND INGREDIENTS.

## THE WORD "WHOLE":

Especially for breakfast cereals, crackers, pasta, and breads, the word "whole" should appear as the first or second ingredient, whether whole wheat, oats, rye, or another grain.

Enriched, refined, white, "wheat" are words you don't want to see at the top of an ingredient list.

## HIDDEN SUGARS OR ADDED SUGARS:

More and more, packaged foods are sweetened with a baffling array of sugars, which add calories without boosting nutritional value. To know exactly how many grams of total sugar a product contains, check out the nutrient facts label. Four to five grams of sugar is the equivalent of a teaspoon. The closer to the top of the list, the more that sugar is in the food.

### Look for these ingredients as added sugar:

Brown sugar	Invert sugar	Glucose	Honey
Corn sweetener	Lactose	Corn syrup	Sugar
Cane sugar	Maltose	Dextrose	Syrup
Malt syrup	Sucrose	Fructose	Molasses
Raw sugar	Beet sugar	Turbinado	
Agave nectar	Powdered sugar	Sugar Cane syrup	
Confectioner's sugar		High-fructose corn syrup	

## PARTIALLY HYDROGENATED OILS: SOURCE OF TRANS FATS:

Trans fats have been shown to be potentially more harmful to arteries than saturated fat. Foods can call themselves "trans-fat free" even if they contain up to .5 grams of trans fats per serving.

Look on the ingredients list. If a food contains partially hydrogenated oil or shortening it contains trans fats.

## GREEN GIANT – BROCCOLI & CHEESE SAUCE (FROZEN SECTION)

Ingredients: Broccoli in a Sauce Containing Water, Modified Corn Starch, Enzyme Modified Butter, Cheddar Cheese (milk, cheese cultures, salt, enzymes)\*, Baker's Cheese (skim milk, lactic acid, cheese cultures, BHA (preservative))\* , Partially Hydrogenated Soybean Oil, Salt, Whey Protein Concentrate, Corn Syrup Solids, Whey, Onion Powder, Sodium Phosphate, Sodium Alginate, Hydrolyzed Corn Gluten, Xanthan Gum, Parmesan Cheese (milk, cheese cultures, salt, enzymes)\*, Garlic Powder, Sodium Caseinate, Natural and Artificial Flavor, Autolyzed Yeast Extract, Torula Yeast, Soybean Oil, Lactic Acid, Dextrose, Buttermilk, Color Added, Disodium Inosinate, Disodium Guanylate. \*Dried



# *Recipe of the Week*

## **BAKED SALMON FILLET**

*A great source of Calcium and Vitamin D  
for bone strength and fall prevention!*

### **INGREDIENTS:**

- ✓ Salmon Fillet
- ✓ Ground Black Pepper
- ✓ Cayenne Pepper
- ✓ Pinch of Garlic Powder
- ✓ 1 Lemon
- ✓ 2 Tablespoons Olive Oil
- ✓ 2 cloves of minced Garlic
- ✓ 1 bag of Baby Spinach
- ✓ Fresh Basil



### **SALMON DIRECTIONS:**

Preheat oven to 375 degrees. Place salmon fillet(s) on a cookie sheet that is sprayed with cooking spray or place on non-stick foil. Pierce small holes in the salmon on the ends and in the center using a fork. Sprinkle the garlic powder, pepper and cayenne pepper onto the salmon fillet. Then brush 1 tablespoon of olive oil onto the fish. Juice 1/2 lemon and then pour over the salmon. Add slices of lemon on top of the fish. Bake for 12-15 minutes, until the salmon flakes easily with a fork.

### **SPINACH DIRECTIONS:**

While the salmon is baking, pour 1 tablespoon of olive oil and 2 cloves of minced garlic into a sauté pan. Add the spinach and sauté it for about 2 minutes. Add the juice from 1/2 of a lemon and sauté until the spinach is just slightly wilted.

Once the salmon is finished baking, separate the skin from the bottom of the fillet using a spatula. Place the baked salmon on a platter in the bed of spinach. Garnish with fresh basil.

# Medication Management Among Older Adults

*Medication misuse is defined as  
“The unintentional, inappropriate use of medications”*

**MEDICINE MANAGEMENT ISSUES CAN BE SEEN IN ALL AGE GROUPS, BUT IS PARTICULARLY PROBLEMATIC IN THE OLDER ADULTS DUE TO:**

- ✓ The average doctor relying almost exclusively on **drug therapy** in the treatment of illnesses
- ✓ Approximately 80 – 85 % of persons over 65 reportedly suffer from **one or more chronic diseases** such as arthritis, hypertension, digestive disorders, heart disease, and bladder problems
- ✓ The increase in chronic conditions goes hand-in-hand with an **increased use of medications**
- ✓ Older adults take **more drugs than any other age group**
- ✓ **Increased specialization:** most seniors are treated by more than one doctor, thereby increasing the risk of duplicate prescribing and harmful drug interactions

- ✓ Normal aging brings **physiological changes** that affect the way drugs work in the body

**SUBOPTIMAL DRUG USE IS PREVALENT IN OLDER ADULTS AND IS MANIFESTED AS UNNECESSARY, UNDERUSED, OR INAPPROPRIATE MEDICATIONS, AND MAY CAUSE ADVERSE DRUG EVENTS TO OCCUR:**

- ✓ Unnecessary drug use is defined as any drug lacking an indication, effectiveness, or is a therapeutic duplication
- ✓ 28% of hospitalizations among older adults are due to adverse drug reactions
- ✓ 32,000 older adults suffer hip fractures each year due to falls caused by medication-related problems
- ✓ The elderly account for 12.9% of the U.S. population, but consume approximately 34% of total prescriptions

# *How Do You Define “Drug”?*

*Drug is defined as “any substance used in or on the body to change the structure or function of the body”*

## **DO YOU CONSIDER THE FOLLOWING TO BE DRUGS?**

- ✓ Prescription medications
- ✓ Non-prescription (over-the-counter or OTC) products
- ✓ Illegal substances
- ✓ Caffeine
- ✓ Alcohol
- ✓ Nicotine
- ✓ Mega doses of herbs, vitamins & supplements

\* **NOTE:** another description of a “drug” is anything that has the potential to cause overdose, addiction or negative interaction with another substance

## **REDUCING YOUR RISK OF DRUG MISUSE**

- ✓ **Keep track** of your medications to help with following dosage instructions by using:
  - Pill boxes/bubble pack system
  - Dosing cues/reminder charts
  - Help from loved ones
  - Updated medication record (Fill out even if you do not take drugs. How would anyone know if you do not take any?)
- ✓ **Educate yourself** on the different medications you are taking (purpose, dosage, side effects, what to do for missed or delayed dosages, taking with food, possible dangerous interactions, etc.)
- ✓ **Visit [drugs.com](http://drugs.com)** (“Interactions Checker” tab) to learn about current possible interactions between any drug you are taking, including prescriptions, OTC, herbs, vitamins and supplements!
- ✓ Be extremely aware that **alcohol can be harmful when mixed with medications**
- ✓ **Inform ALL of your doctors about ALL of the drugs you are taking**
- ✓ When in doubt, **consult with your doctor, pharmacist, advice nurse, or online on reputable website only**

# The Language of Side Effects

- **THERAPEUTIC EFFECT**—means the medicine is doing what it is supposed to be doing (e.g. pain medicine relieves pain)
- **SIDE EFFECTS**—may occur in addition to the therapeutic effect. For example, drowsiness, stomach ache, head ache or dry mouth. How you react to a drug may be influenced by your age, weight, health conditions, the forms and dose of the drug, how long it is used, other medicines you are taking, and even by your gender or race. You may have to live with side effects in order to get the therapeutic effect of the medicine.
- **ADVERSE EFFECTS**—unusual responses such as a severe skin rash, rapid heart-beat or difficulty breathing. It is your body's way of saying that you cannot tolerate the medicine. Call your doctor, 911 or go to the hospital immediately. Do not assume you will feel better if you wait awhile.

**\* NOTE: Know what side effects may occur from your medicines. Ask your doctor and pharmacist, otherwise you may think you have a new medical problem.**



# *Personal Medication Record*

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name & Number: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Pharmacy Name & Number: \_\_\_\_\_

Emergency Contact Name, Number & Relationship: \_\_\_\_\_

Rx Number	Drug Name*	Dosage	Frequency	Purpose	Interactions	Comments
1.						
2.						
3.						
4.						
5.						
6.						
7.						

*\*Include prescription, over-the-counter, vitamins, herbs, topical treatments, eye drops, and supplements*

<b>Rx Number</b>	<b>Drug Name*</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Interactions</b>	<b>Comments</b>
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						





# Using Medications Safely

## *Session Three Topics:*

*“We must respect the past, and mistrust the present, if we wish to provide for the safety of the future”*

- Jeseeph Joubert

- ✓ Eat Your Colors
- ✓ Reading Drug Labels
- ✓ Dangers of Mixing Alcohol & Drugs
- ✓ How to Dispose of Expired Medications Properly
- ✓ Setting Up a Personal Medication Record

### *Presented by*

The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard, Pleasanton, CA 94566  
925-931-5379    [www.ssptv.org](http://www.ssptv.org)



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# ***Eat Your Colors: More Matters!***

What is a common sense trick for eating healthy? Eat colorful foods! Think about it: what do many unhealthy foods like potato chips, white bread and fried, well, anything have in common? They tend to be a blah beige hue. The more colors in your diet, the likelier it is you're getting all the nutrients you need. (And we're talking about naturally colorful foods, by the way—fruit punch doesn't count!)

**PUT FIVE COLORS ON YOUR PLATE.** Take a tip from Japanese food culture and try to include five colors on your plate. Fruits and veggies rich in color correspond to rich nutrients (think: blackberries, melons, yams, spinach, tomatoes, zucchini).

**IT ALL ADDS UP.** See how you can add fruits and vegetables (including beans, nuts, seeds, and grains) into your day as part of a healthy diet. Fresh, frozen, canned, and dried all count. A colorful meal is not only visually appealing, but it also contains a variety of nutrients and is quite flavorful.

**Example:** Instead of grilled chicken and mashed potatoes, consider painting a more colorful plate, such as grilled chicken topped with salsa, mashed sweet potatoes, asparagus, and spinach salad with orange slices.

The same phytonutrients (also known as phytochemicals) that offer plants protection from ultraviolet radiation and pests also protect us. Simply looking at their color can give you great insight as to what element of health various foods are likely to support.



# *Most Common Food Colors & Their Benefits*

**WHITE, TAN AND BROWN:** These foods have a wide range of beneficial nutrients that boost the immune system because they are anti-viral, anti-fungal, and anti-inflammatory, which helps the body fight infections. White foods may also help lower high cholesterol, control high blood pressure, and reduce the risk of stroke.

**Vegetables:** garlic, ginger, onions, shallots, parsnips, turnips, leeks, scallions, chives, mushrooms, potatoes, cauliflower, daikon radish, white corn

**Fruits:** bananas, dates, white peaches, white nectarines, jicama, brown pears

**Nuts, Beans, Grains:** red quinoa, pine nuts, almonds, cashews, soy beans, northern white beans, navy beans, pinto beans, garbanzo beans, rice, barley

**RED:** The delicious variety of red foods greatly benefits the circulatory system by helping build healthy cell walls. This improves blood pressure, organ function, and circulation. The antioxidants may reduce risk of prostate, breast, and skin cancer, as well as, diabetes complications and Alzheimer's disease.

**Vegetables:** tomato based products (juice, sauce, soup, paste), tomatoes, beets, red bell peppers, red potatoes, red cabbage, red onion, radicchio

**Fruits:** watermelon, \*red/pink grapefruit, guava, red raspberries, cherries, strawberries, cranberries, pomegranate and red apples (with skin), blood oranges, red grapes

**Nuts, Beans, and Grains:** pecans, red adzuki beans, kidney beans, red beans, red-hued grains like buckwheat and amaranth

*\*Take caution when using these foods with certain prescription medications*

**ORANGE/YELLOW-ORANGE:** Beta-carotene and Vitamin C galore. These nutrients aid in the prevention of cancer, heart disease, and infections; maintain healthy eyes and skin; helps reduce inflammation; and strengthens the collagen in your skin, tendons, ligaments, and cartilage.

**Vegetables:** carrots, sweet potatoes, squash, pumpkin, butternut squash, yellow peppers, yellow beets

**Fruits:** oranges, cantaloupe, mango, apricots, peaches, tangerines, clementines, nectarines, papaya, lemons, pineapples, pears, persimmons, yellow raisins, yellow figs, \*grapefruit

**GREEN/YELLOW-GREEN:** Green foods help maintain good vision and may reduce the risk of cancer (particularly breast and prostate). Among many other nutrients, green foods also contain high amounts of Vitamin K, which is needed for blood clotting and building strong bones.

**Vegetables:** \*kale, \*spinach, cabbage, brussel sprouts, bok choy, arugula, rutabaga, watercress, \*leafy greens (turnip, collard, mustard), broccoli, green beans, green peas, celery, cauliflower, artichoke, asparagus, chayote squash, Chinese cabbage, leeks, okra, peas, snow peas, zucchini

**Fruits:** apple, avocado, kiwifruit, honeydew melon, limes

**Nuts, Seeds, and Beans:** pistachios, pumpkin seeds, lentils, mung beans

*\*Take caution when using these foods with certain prescription medications.*

**PURPLE/BLUE AND BLACK:** The magical purple/blue foods contribute to overall health, disease prevention, and longevity. They also raise HDL (the “good”) cholesterol, help improve your memory, and aid in brain function.

**Vegetables:** eggplant, purple cabbage, black olives, purple potatoes, purple carrots

**Fruits:** blueberries, blackberries, purple grapes, black currants, raisins, elderberries, purple figs, dried plums (prunes), plums

**Nuts, Seeds, Beans, and Grains:** flaxseeds, walnuts, chestnuts, black beans, black quinoa, black wild rice

## *Incorporate More Colors into Your Meals*

### **FOR BREAKFAST:**

- Add sliced apples, grapes, berries, peaches, mandarin oranges, melon, frozen berries, dried fruit, or nuts to your bowl of cereal, oatmeal, yogurt, waffles, or pancakes
- Top toasted whole wheat bread with peanut butter and sliced bananas.
- Stuff an omelet with vegetables. Try any combination of chopped tomatoes, onions, green pepper, spinach, or mushrooms
- Blend a smoothie with fresh or frozen fruit
- Add chopped nuts or fruit (apples, bananas, dried fruit, berries) to the batter of baked goods (muffins, waffles, pancakes, breads)

### FOR SNACKS:

- A box of raisins or other dried fruit
- Trail mix—buy one or make your own
- Baked veggie chips
- Dip mini-carrots, broccoli, bell pepper, celery, cucumbers, snap peas, radishes, or apple in hummus or peanut butter
- Cup of vegetable soup



### FOR LUNCH AND DINNER:

- Add a serving of fruit and vegetable from home to your take-out dinner
- Top a baked potato with veggies, salsa, and chili
- Add beans, nuts, seeds, rice, quinoa, and fruit to salads
- Shred carrots or zucchini into meatloaf, casseroles, quick breads, and muffins
- Include chopped veggies (beans, broccoli, green beans, carrots, spinach) in pasta sauces, lasagna, and casseroles
- Add crushed pineapple to coleslaw
- Make a Waldorf salad, with apples, celery, walnuts, and a low-calorie dressing
- Have a vegetable based soup or stew, such as minestrone or veggie chili
- Add quinoa, wild rice, or other grains as side dishes

### FOR DESSERT:

- Fruit salad
- Marinated berries with angel food cake
- Make a parfait—add sliced fruit to yogurt and granola or nuts
- Have baked apples or pears
- Frozen juice bars



# Reading Medicine Labels

## **PRESCRIPTION DRUG LABELS ALWAYS INCLUDE THE FOLLOWING:**

- Pharmacy name, address and phone number
- Prescription number (given by the pharmacist)
- The ordering doctor's name
- Your name
- The amount of each dose
- Directions for taking the medication
- The name, strength and quantity of the drug
- The number of refills available
- The expiration date



## **AND THEY MAY INCLUDE:**

- Some general warnings & special precautions you should take
- Whether it is a brand name or generic version
- What it will do for you
- Side effects that may occur

**Remember, you can always ask your pharmacist for large print labels or an easy-to-remove cap. Never keep medications in an unmarked bottle (when traveling, etc.). Never take a drug that was prescribed for someone else. Every time you take any medicine, read the label to be sure you are taking it correctly.**

## **OVER-THE-COUNTER (OTC) DRUG LABELS ALWAYS INCLUDE THE FOLLOWING:**

- Symptoms which the product will relieve
- Net quantity of contents
- Active ingredients
- Side effects
- Name and place of business manufacturer
- Total dose that should be taken in a 24-hour period
- A limit on the length of treatment
- Circumstances which require a doctor's supervision for taking the medicine
- Precautions & warnings
- Drug interactions
- Age specific information
- The expiration date

- **Many OTC medicines should not be taken in conjunction with certain other drugs.** Labels may contain warnings to prevent a hazardous interaction. Example: “do not take this product if you are presently taking a prescription antibiotic drug containing tetracycline”
- Read the active ingredients to find out if the OTC drug contains aspirin, alcohol, caffeine, sodium or other concerning ingredients

**NOTE: OTC medicines can be harmful to your health if not taken correctly. They DO NOT cure; they are only meant to give temporary relief of minor symptoms. Also, be aware that mixing alcohol with OTC or prescription medications may cause severe side effects greater than the sum of their potency separately.**

## *Receiving a New Prescription*

When your doctor writes out a prescription for a new medication, **there are ten key questions to ask him/her.** Be sure to write each answer down:

- What is the drug name?
- Why am I taking this drug & what will it do?
- How often should I take it?
- How long must I take it?
- Are there any side effects I should watch for?
- What should I do about side effects?
- Are there any adverse effects related to this drug?
- Are there any drugs, foods, or liquids to avoid when taking this drug?
- Are there any special instructions?
- What should I do if I miss or delay a dose?



Visit [DRUGS.COM](http://DRUGS.COM) (“Interactions Checker” tab) to learn about current possible interactions between any drug you are taking, including prescriptions, OTC, herbs, vitamins and supplements!

# *How to Dispose of Expired Medications Properly*

*Over 80% of waterways tested in the U.S. show traces of common medications such as acetaminophen, hormones, blood pressure medicine, codeine, and antibiotics*

## **CASTRO VALLEY:**

Eden Medical Center  
Bin located at Emergency Entrance  
20103 Lake Chabot Road, 510-537-1234

## **FREMONT:**

Washington Hospital Main Lobby  
2000 Mowry Avenue, 510-797-1111

Washington Hospital Community  
Health Resource Library  
2500 Mowry Avenue, 510-477-7621

Alameda Household Hazardous Waste Drop-Off  
41149 Boyce Road  
1-877 -STOPWASTE or 510-252-0500

Haller's Pharmacy and Medical Supply  
37323 Fremont Blvd, 510-797-2772

## **NEWARK:**

Haller's Pharmacy Newark  
6170 Thornton Avenue  
510-797-2772 or 510-797-4333

Washington Township Medical Group  
35500 Dumbarton Court

Washington Township Medical Group  
46690 Mohave Drive, 510-477-7621

Washington Township Medical Group  
6236 Thornton Avenue, 510-477-7621

## **PLEASANTON:**

Pleasanton Custom Care Pharmacy  
4271 1st St, 925-846-4455

Pleasanton Police Department, open 24/7  
4833 Bernal Ave, 925-931-5100

## **SAN RAMON:**

San Ramon Police Department  
2401 Crow Canyon Rd.

## **LIVERMORE:**

Alameda Co. Household Hazardous Waste Drop-Off Site  
5584 La Ribera Street, 1-877-STOPWASTE or 510-670-6460

## **UNION CITY:**

Washington Township Medical Group  
33077 Alvarado Niles Road, 510-477-7621

## **HAYWARD:**

Alameda Co. Household Hazardous Waste Drop-Off Site  
2091 West Winton Avenue, 1-877-STOPWASTE or 800-606-6606

## **Ted's Drugs**

27453 Hesperian Blvd., 510-782-6494

## **SAN LEANDRO:**

City of San Leandro Senior Center  
13909E. 14th Street, 510-577-7990

City of San Leandro Public Works  
14200 Chapman Road, 510-577-3440

## **Davis Street Clinic**

3081 Teagarden Street, 510-347-4620

## **Medical Arts Pharmacy**

13847 E. 14th Street, 510-357-1881

## **Alameda County Sheriff's Office**

15001 Foothill Blvd., 510-667-7721

# *Other Disposal Information*

Old, expired or unused prescription and OTC medications **SHOULD NEVER** be flushed down the toilet (or thrown in the garbage without precautions)

**If there are no options for safe disposal**, the next best alternative is **disposal into the trash**. But before throwing the drugs in the household trash, the Federal Guidelines suggest first:

1. Take drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds, kitty litter, ashes or dirt, to discourage accidental consumption.
2. Put this mixture back to its original container, with personal information marked out to maintain privacy.
3. Seal original container, and place in an additional level of containment (such as a Ziploc bag) before disposing of in the trash to prevent the medication from leaking or breaking out of a garbage bag.

## **SYRINGES:**

- MUST be packaged in approved sharps containers
- The Alameda County Department of Environmental Health provides a better, safe and practical solution for residents that generate syringe waste at the Household Hazardous Waste facilities, FREE of charge



## **HOMEWORK FOR NEXT WEEK:**

- **Clean out your medications and bring expired items to class the next 4 weeks:** over-the-counter, prescriptions, eye drops, vitamins, supplements and herbs (and any other legal drugs not listed here)



# Staying Hydrated

## *Session Four Topics:*

*“A man may well bring a horse to the water, but he cannot make him drink”*

**- John Heywood**

- ✓ Health Benefits of Staying Hydrated
- ✓ Serving Size, Calorie Content & Recommended Limit of Alcohol per Day
- ✓ How to Buy, Store & Take Medicines Properly

*Presented by*  
**The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard, Pleasanton, CA 94566  
925-931-5379    [www.ssptv.org](http://www.ssptv.org)**



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# *Staying Hydrated as We Age*

## **WHY IS STAYING PROPERLY HYDRATED SO IMPORTANT?**

- Water is an essential nutrient that transports waste and nutrients, supports tissue and cell structure, cushions organs, regulates temperature, helps digestion, and keeps bowel regular
- The percentage of water in the body decreases with age, so smaller fluctuations make a big difference
- Sensitivity to thirst also decreases with age resulting in a greater likelihood of becoming dehydrated and not drinking enough to replace all lost water
- The function of the kidneys, which helps to regulate fluid, declines with aging
- Dehydration is a major cause of hospitalization after age 60

## **HOW MUCH WATER DO I REALLY NEED?**

- 6 to 8 glasses of fluid a day (8 ounces each), in addition to hydrating foods, should replace water lost
- Fever and illness can increase water loss and the risk of dehydration, as can central heating and air conditioning. If this occurs, two to three extra glasses of water may be necessary
- Examples of hydrating foods include milk, soy or nut milks, low-sodium soups, 100% fruit and vegetables juices, Jell-O, decaffeinated beverages



## WHAT ARE THE SYMPTOMS OF DEHYDRATION?

- Less resilient or dry skin
- Dark yellow urine and a strong urine odor
- Low urine output
- Sunken eyes
- Increased thirst or dry mouth
- Light headedness or impaired mental focus/confusion
- Fatigue, weakness, dizziness or headache
- Sore muscles or joints
- Increased heart rate and breathing



## HOW DO I AVOID DEHYDRATION?

- Drink water and fluids throughout your day; 1-3 glasses at each meal and a few glasses in between should be your goal. Exception: If you have congestive heart failure or kidney disease, follow your doctor's recommendations
- Add fruit pieces to water (check out our recipe ideas!)
- Drink 1 glass of water when you wake up
- Carry a water bottle with you
- Mix 50% water and 50% juice - sometimes sweet goes down easier and quicker compared to plain water
- Stay away from "fruit" cocktails, punches, beverages, drinks. Stick with 100% fruit and vegetables juices, if possible.
- Identify medications that cause fluid loss e.g. diuretics (water pills)

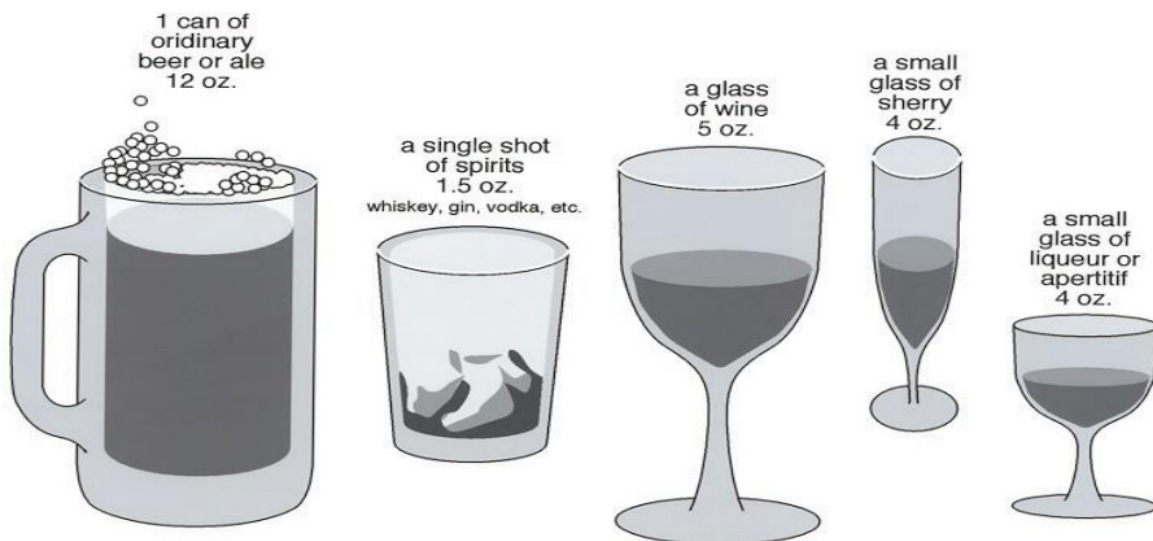
- Drink more water earlier in the day to avoid getting up too many times during the night
- Reduce or eliminate your alcohol intake

## SERVING SIZE & RECOMMENDED LIMIT OF ALCOHOL PER DAY

*For adults over the age of 65, it is recommended to drink no more than 1 alcoholic drink each day*

- One alcoholic drink consists of:
  - 12 oz. beer or ale ~103-200 cal.
  - 8-9 oz. malt liquor ~185-277 cal.
  - 5 oz. table wine ~109-125 cal.
  - 3-4 oz. fortified wine (sherry or port) ~35-47 cal.
  - 2-3 oz. cordial, liqueur or aperitif ~56-125 cal.
  - 1.5 oz. brandy (single shot) ~76-82 cal.
  - 1.5 oz. distilled spirits (whiskey, vodka, gin) ~76-82 cal.

What's a standard drink?  
1 standard drink =



**REMEMBER: Mixers add even more calories!**

# Recipe of the Week

## NATURALLY FLAVORED WATER

*Turn your boring water pitcher into something much more exciting! Just add ice, water, and any of the following:*

- sliced cucumbers
- sliced oranges, lemons, or limes
- sliced or mashed strawberries or raspberries
- mint leaves with a squeeze of lemon, lime, or sliced cucumbers
- basil leaves with sliced pineapple

### SASSY WATER

- 2 liters of water
- 1 teaspoon of freshly grated ginger
- 1 medium cucumber, peeled and thinly sliced
- 1 medium lemon, thinly sliced
- 12 small spearmint leaves

Combine all ingredients in a pitcher and let flavors blend overnight. Drink the entire pitcher by the end of each day.



### PRESSED WATERMELON WITH BASIL WATER

- 4 cups chilled still water
- 4 cups watermelon chunks (about 1/4 large melon)
- 6 to 8 large basil leaves
- Pinch of sea salt
- 1/4 teaspoon white wine vinegar

Combine the watermelon chunks and basil in a colander placed over a large bowl. Using a metal ladle or spoon, press the watermelon to extract as much juice as possible (the remaining pulp should be fairly dry). Season the juice with the sea salt and vinegar and strain through a fine-mesh sieve into a large pitcher. Add the water, stir, and serve.

# *Buy, Store & Take Medications Safely*

## **COMMON DRUG ERRORS OR MISTAKES**

- Not taking, under dosing or stopping too soon
- Double-dosing or self-medicating
- Not following directions
- Improper storage
- Taking medicines beyond their need
- Using past expiration date
- Sharing
- Not informing all doctors about all medications being taken
- Taking a night dosage without turning on a light or getting up to read the drug label
- Drinking too little water with dosage (at least 8 oz.)

## **FACTORS WHICH INCREASE MEDICATION MISUSE**

- Vision problems/poor lighting
- Hearing problems
- Language/cultural barriers
- Depression, isolation, anger, helplessness or illness
- Poor doctor/patient relationship
- Poor or lack of medicine-taking system
- Fear of drugs
- Fear of swallowing pills
- Financial reasons
- Memory issues/dementia
- Dehydration can lead to overdose
- Misdiagnosis because of mimicking symptoms

## **BUYING MEDICATIONS WISELY**

- Generics vs. Brand Name Medications
- Buying the Right Quantity
- Shopping Around
- Mail Order Pharmacy Service
- Prescription Drug Insurance Coverage/Medicare Part D



## USING THE PHARMACIST

- Build a relationship with your pharmacist
- Standard services to look for in a pharmacy:
  - ✓ Personal Medication Record
  - ✓ Professional Consultation
  - ✓ Health Service Information
  - ✓ Compound Prescription Service
  - ✓ Emergency Prescription Service
  - ✓ Prescription Delivery
  - ✓ Charge Account Service
  - ✓ Medi-Cal Prescription Service



## STORING MEDICATIONS PROPERLY

- Store medications in a cool, dark, dry place unless you have been specifically instructed to do otherwise
- Heed special instructions
- If you take medicines out of original container, be sure to label the new container
- Be careful when leaving medications on your nightstand: you could take the wrong medication during the night
- Be careful about storing medications when/if you have children around or people with memory loss
- Expired medications can become useless, sometimes toxic. Check with your pharmacist if you are not sure. Dispose of expired medications (pills, capsules, salves, liquids, powders) properly



**REMEMBER:** *If you have any questions, don't hesitate to ask your doctor, pharmacist, or staff at your local senior center!*





# Communicating with Yourself & Others

## *Session Five Topics:*

*“If you have the strength to speak, you should have the courage to listen”*

- Nishan Panwar

- ✓ Nutrients to Improve Stress Management
- ✓ Ways to De-Stress Without Using Other Substances
- ✓ Improving Doctor & Patient Communication
- ✓ Warning Signs of Poor Health Care
- ✓ Unsatisfied with Your Doctor?

*Presented by*  
**The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard, Pleasanton, CA 94566  
925-931-5379    [www.ssptv.org](http://www.ssptv.org)**



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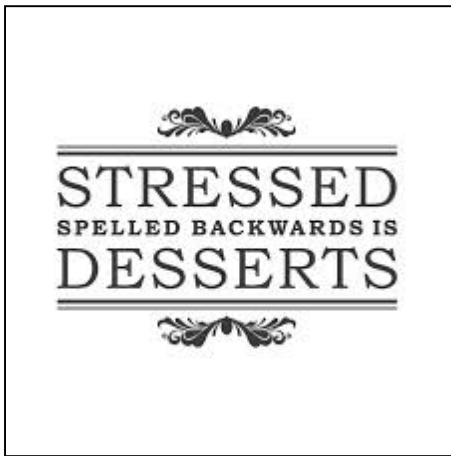


**S**tress is a natural part of daily life, and your body is programmed to deal with it through the flight-or-fight response. Cortisol is one of the hormones involved in this response. It means well but just doesn't know when to quit.

Produced by your adrenal glands, this "stress hormone" helps regulate blood pressure and the immune system during a sudden crisis, whether a physical attack or an emotional setback. This helps you to tap into your energy reserves and increases your ability to fight off infection.

The trouble is relentless stress can keep the release of cortisol churning in high gear. Chronically high cortisol levels can cause sleep problems, a depressed immune response, blood sugar abnormalities, and even abdominal weight gain. Implementing good dietary practices and management techniques can help you cope better with stress.

## **TIPS FOR IMPROVED NUTRITION & BETTER STRESS MANAGEMENT**



### **1. EAT REGULARLY AND TRY NOT TO SKIP MEALS**

- Eating three balanced meals a day, which include all the food groups (fruits, vegetables, whole grains, low-fat dairy and lean proteins), will keep your blood sugar balanced and your body fueled to handle anything hectic throughout the day.
- Also, combining carbohydrates and proteins enhance the availability of serotonin in your brain. Serotonin is a neurotransmitter said to have a calming effect and to play a role in sleep.

## **2. KEEP HEALTHY SNACKS AROUND**

- One or two snacks during the day will help you stay energized between meals and help maintain blood sugar levels.
- Good options include nuts, oatmeal, popcorn, eggs, peanut butter, vegetables, whole grain crackers and bread, lean protein, fruit, yogurt, string cheese, and granola bars.

## **3. BOOST YOUR VITAMIN INTAKE**

- Take a daily multivitamin and mineral formula that contains between 100% and 300% of the recommended dietary allowances of vitamin B, as well as minerals such as calcium, magnesium, chromium, copper, iron, manganese, molybdenum, selenium and zinc.

- Avoid stress formulas, which often contain large amounts of randomly formulated nutrients, such as the B vitamins, but little or nothing else.

## **4. CUT BACK ON ALCOHOL AND CAFFEINE**

- Using alcohol to cope with stress may actually compound the effects of stress. Stress may also alter the way that alcohol makes us feel in a way that increases the likelihood of drinking more alcohol.
- Stress responses are beneficial in that they help us to react to adverse events. By altering the way that our bodies deal with stress, we may be increasing the risks of developing stress-related diseases, including alcohol addiction.



- A positive relationship exists between caffeine intake and cortisol release, and this relationship is exacerbated when other stressors are introduced.
- Drinking too many caffeinated beverages (coffee, energy drinks, soda, and tea) can cause anxiety, irritability, sleeplessness, and headaches.
- Subtract a little regular coffee and add some decaf to your morning cup. Over the next couple of weeks, gradually increase the proportion of decaf to regular until you're drinking all decaf. You should also consider switching from regular soft drinks to caffeine-free or sparkling mineral water. Try decaffeinated tea.
- Drink more water to keep hydrated; try to drink the recommended 6-8 glasses or 48-64 ounces per day.

## 5. DIET AND MOOD

- Some foods and nutrients have been studied to assess their impact on mood. The results are mixed but seem to show an association between these foods and improved mood.
  - **OMEGA-3 FATTY ACIDS:** seafood (primarily salmon, tuna, mackerel, trout, and sardines), walnuts, flaxseed
  - **VITAMIN D:** fatty fish (i.e. salmon, tuna, mackerel), cheese, egg yolks, fortified foods (breakfast cereals, bread, milk, juices)
  - **TRYPTOPHAN:** cheese, chicken, eggs, fish, shellfish, milk, nuts, peanut butter, peanuts, pumpkin seeds, sesame seeds, soy, tofu, turkey

- **SELENIUM:** seafood (oysters, clams, sardines, crab, saltwater fish and freshwater fish), nuts and seeds (particularly Brazil nuts), lean meat (lean pork and beef, skinless chicken and turkey), whole grains (whole-grain pasta, brown rice, oatmeal, etc.), beans/legumes, low-fat dairy products
- **FOLATE (VITAMIN B9):** fruits and vegetables (especially dark green leafy vegetables), whole grains, beans, peas, poultry and meat, eggs,

seafood, breakfast cereals, and fortified grains and grain products peas, dairy products

- **VITAMIN B12:** found naturally in animal products (such as fish, poultry, meat, eggs, or dairy); it is also found in fortified breakfast cereals and enriched soy or rice milk.
- **DARK CHOCOLATE:** 70% cocoa or higher for the most health benefits



# *Recipe of the Week*

## **WALDORF SALAD**

**SERVING SIZE:** ½ cup salad • **SERVINGS:** 4 • **CALORIES:** 153 • **FAT:** 6g  
• **PROTEIN:** 2g • **CARB:** 26g • **FIBER:** 3g • **SODIUM** 72mg

**PREP TIME:** 10 minutes

### **INGREDIENTS:**

- 2 tablespoons plain yogurt or low-fat mayonnaise
- 2 tablespoon lemon juice
- 2 small (Gala or Fuji) apples, cubed
- 1 cup seedless red grapes, halved
- 1/3 cup dried cranberries
- 1/4 cup coarsely chopped walnuts
- 1/4 cup thinly sliced celery (about 1 stalk)
- 8 Boston or Bibb lettuce leaves



### **DIRECTIONS:**

1. Combine yogurt and lemon juice in a medium bowl. Add apples, grapes, and cranberries; mix well.
2. Add the walnuts and celery, and mix well. Serve it on a bed of 2 lettuce leaves. The salad can be refrigerated up to 2 hours before serving.

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# *Healthy Stress-Coping Methods*

- Keep a stress journal to write about your moods, thoughts or emotions
- Let your feelings out by talking, laughing, crying, or expressing anger with friends, family or a counselor
- Do something you enjoy, such as gardening, arts & crafts, playing with pets or grandchildren, reading, or volunteer work
- Try meditation or self-hypnosis
- Exercise or join a fitness class like yoga, tai chi or a walking group
- Autogenic training exercises to relax your body
  - Biofeedback training
- Music or humor therapy
  - Herbal supplements
- Massage, acupuncture or acupressure
  - Deep breathing
- Aromatherapy
  - Religious outlet
  - Socializing with the people you love

## **HEALTH BENEFITS TO STRESS MANAGEMENT**

- Strengthened immune system
- Better cardiovascular health (heart rate & blood pressure)
- Less depression = more enjoyable health & life!
- Better health conscious choices
- Improved health, feeling of well-being and quality of life
- Improved intuition, memory and cognitive function
- More energy during the day, restful sleep at night
- More heartfelt feelings like love, appreciation and kindness
- Less impatience, irritability, fits of anger



# *Improving Doctor/Patient Partnership*

## **PREPARING FOR A VISIT:**

- Keep a written record of your medical history
- Keep a personal medicine record
- Listen to your body
- Write down any questions you want to ask
- Write down any symptoms you have been experiencing
- Bring someone with you to an appointment

## **GIVING INFORMATION:**

- Present your current health issues in a clear, organized way
- Be concise & then let the doctor respond
- Inform the doctor if you have any vision, memory, or hearing issues
- Avoid non-verbal communication like nodding

## **RECEIVING INFORMATION:**

- Be assertive & ask anything you are unsure about
- Write down instructions on diet, exercise, weight, rest stress management, and medicinal info **OR**
  - Ask someone to do it for you
  - Ask for a print-out of the doctor's notes
  - Record the appointment using your cell phone or other recording device
  - Ask for a USB/flash drive/memory stick with all your medical information on it
  - Set up a friend/relative to be on speaker phone with you and your doctor during your appointment

## **KNOWING YOUR RIGHTS:**

- Be treated with respect and dignity, regardless of your gender, race, culture, education, economic or religious background or the source of payment for your health care
- To know the name, title, responsibilities and qualifications of your health care provider

- To know the purpose, risks, cost and alternatives for any suggested diagnostic or therapeutic procedures
- To receive upon request, a written statement of your diagnosed condition
- To receive the results of any test or x-rays with an explanation
- To receive info about any drug you are to take, including purpose, content, generic and brand names, risks, side-effects, interactions with food and/or other drugs, directions and special warnings and precautions
- To obtain a second opinion before agreeing to any surgical or diagnostic procedure or lab test
- To receive a copy or summary of your medical records upon request

### **WARNING SIGNS OF POOR CARE FROM YOUR DOCTOR**

1. Doesn't seem to listen to you when you talk and often forgets what you've told him/her
2. Doesn't answer your questions or take the time to ask if you have any. When he/she does answer, it's in word you don't understand
3. Fails to take an adequate medical history or give you a complete physical when he/she is still getting to know your medical needs
4. Doesn't help you learn more about your condition and what you can do about it, or explain why the recommended tests or treatments are needed
5. Neglects to inform you of potential risks, benefits and side effects of prescribed drugs or suggested procedures and tests (be careful if you've told your doctor about certain allergies and they are prescribed anyway)
6. Doesn't respect your modesty and makes suggestive remarks while doing a pelvic or breast exam
7. Doesn't suggest follow up appointments or urge you to call the office to tell how you're doing
8. Seems forgetful, particular or belligerent at times
9. Is hard to reach, doesn't return phone calls and fails to arrange for coverage when he/she is away
10. Is not on staff at a hospital or medical center
11. Is rigid, acts as if he/she knows it all and insists the only way to treat you is his/her way
12. Gets defensive when you suggest a second opinion

## WHAT TO DO WHEN YOU ARE UNSATISFIED

- Talk to your doctor—he/she may just be unaware
- Change your doctor (who will need your records)
  - Ask for recommendations
  - Get referrals from other health care professionals
  - Check with the professional association, county medical associations and schools of medicine for faculty members who will take on private patients
  - Check the yellow pages under health care professionals
  - Contact your county health department which can direct you to a variety of clinics and health care facilities
  - If you belong to an HMO, contact your Member Services Department regarding how to switch your doctor



## COMMUNICATION TIPS

- Be an active participant in your healthcare; don't assume the doctor knows everything that could benefit your health
- Ask questions by obtaining all the necessary info about the risks and benefits of proposed treatment so that you can make the best choice **FOR YOU!**
- Inform all of your doctors (**specialists, dentist, eye doctor, chiropractor**) about all of the drugs you are regularly taking (**prescription, OTC, vitamins, herbs, teas, supplements, caffeine, nicotine, alcohol**)
- Use one pharmacy to purchase all of your OTC and prescription drugs to reduce risks

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# Communicating for Others in an Emergency

*Stroke is the third leading cause of death in the US and the risk of stroke doubles every 10 years after the age of 55*

**F** — **face**: Ask the person to smile. Does one side of the face droop?

**A** — **arms**: Ask the person to raise both arms. Does one arm drift downward?

**S** — **speech**: Ask the person a simple phrase, like their full name or what their address is

**T** — **time**: If you observe any of these signs, call 911 immediately. **Note the time of onset of when symptoms initially appear.** If given within *three hours* of the first symptom, there is an FDA-approved thrombolytic drug (clot-buster) that may reduce long-term disability for ischemic stroke, which is the most common type of stroke (87%).

## **STROKE SYMPTOMS INCLUDE:**

- Sudden numbness or weakness of face, arm or leg—especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes, blurriness, double vision
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause



# Pain Management

*“Pain is  
mandatory,  
suffering is  
optional”*

- Dalai Lama

## *Session Six Topics:*

- ✓ Understanding Inflammation
- ✓ Nutrition Benefits to Chronic Pain Management
- ✓ Introduction to Emotional Wellbeing
- ✓ Acute Versus Chronic Pain

*Presented by*

**The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard Pleasanton, CA 94566  
925-931-5379 [ssptv.org](http://ssptv.org)**

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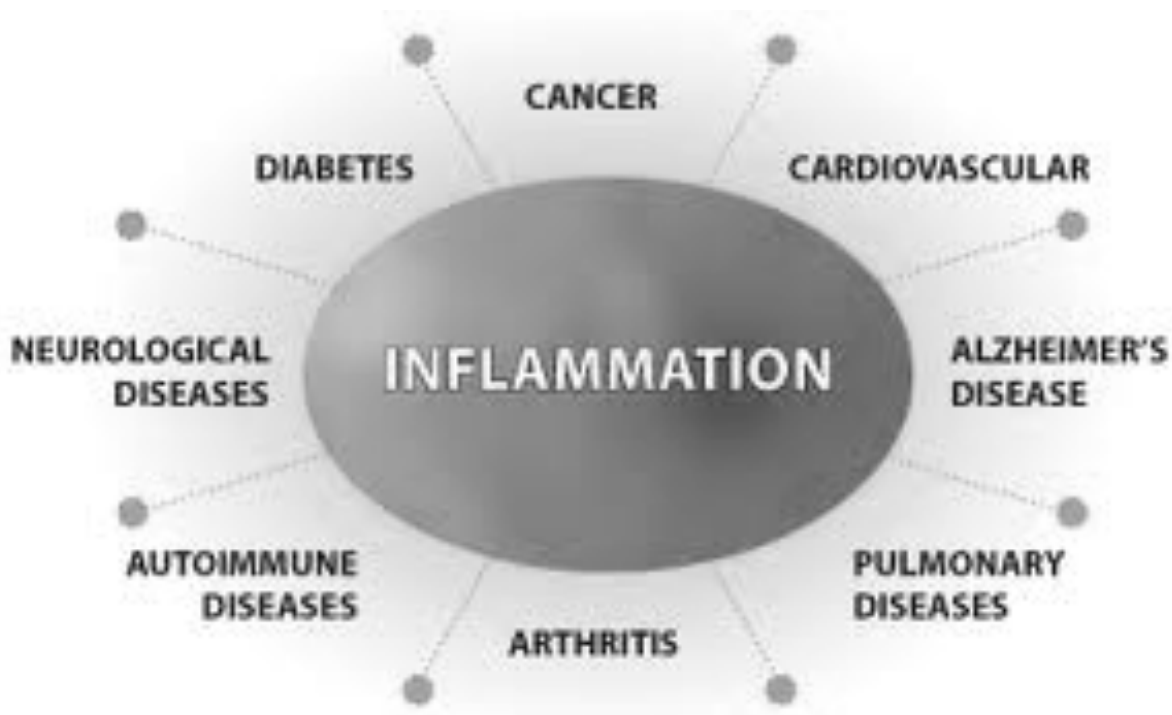
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# *Inflammation: What Is It?*

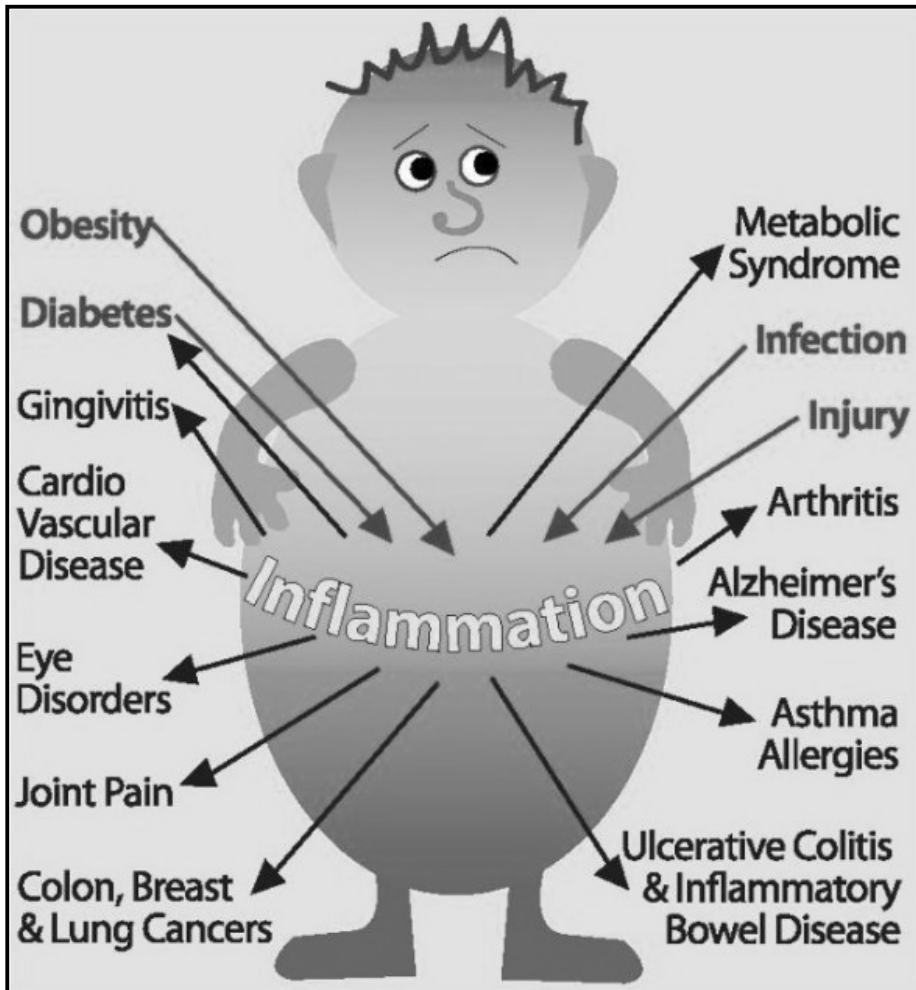
Inside your body, inflammation can be your friend—or wreak havoc with your health. On the friendly side, inflammation helps your immune system defend your body against bacteria, viruses, trauma, toxins, heat, oxidation, and other foreign invaders that would otherwise make you sick or cause harm. A whole host of biochemical reactions take place that are necessary when there is an acute injury. Those same reactions lead to damage and disease when they continue over a long period of time.

Chronic systemic inflammation can be caused by stress, obesity, insulin resistance, lack of exercise, poor diet, oxidative stress, allergens, toxins, and chronic infections. Diabetes, heart disease, cancer, Alzheimer's disease, and many other conditions have all been linked to long-term (chronic) inflammation.



# Inflammation: How to Make a Difference

## FOLLOW AN “ANTI-INFLAMMATION” LIFESTYLE



- ✓ **TRY TO REDUCE YOUR BODY WEIGHT, IF YOU ARE OVERWEIGHT**

A 5-10% weight loss (that's only 7.5 – 15 lbs. if you weigh 150 lbs.) improves insulin sensitivity, blood lipid values, and reduces inflammatory chemicals.

- ✓ **MAKE SURE TO GET ENOUGH SLEEP**

Get a minimum of 6 hours of sleep each night. Sleep deprivation raises stress, inflammatory chemicals, and risk of obesity.

- ✓ **INCORPORATE EXERCISE INTO YOUR DAILY ROUTINE**

- Try to get at least 2½ hours of moderate aerobic activity a week. Breaking up exercise into 10-minute blocks multiple times a day is a good way to fit it in and make the exercise manageable.

- Choose exercises that make your heart beat faster and make you breathe harder. For example, go for a swim, a brisk walk, a bike ride or attend an exercise class.
- You can also get some aerobic activity in your daily routine. Vacuuming, housework, gardening, and yard work can all be aerobic.
- Remember to do resistance exercises. 1 set of 10-15 repetitions for all 8-10 muscle groups 2-3 days a week. (Chest, upper back, biceps, triceps, quads, hamstrings, calves, abdominals, and back) This should take about 10-15 minutes.
- Increase the amount of weight used when it feels too easy, cutting back on the number of repetitions at first.

## ***Dietary Practices to Incorporate***

**To date, a specific anti-inflammatory diet does not exist. Most experts can agree that an anti-inflammatory diet would look something like the following:**

- Low in processed, refined, and low-nutrient foods
- Packed with fruits and vegetables to provide antioxidant and anti-inflammatory compounds
- Healthful carbohydrates; less refined, high in fiber, whole grains

- Moderately low in animal proteins, except fish
- Focus on plant proteins; legumes, soy foods, nuts, and seeds



- Includes healthy herbs and spices (garlic, ginger, turmeric, cinnamon)
- Includes healthy fats (extra virgin olive oil, canola oil, nuts, avocados, seeds, hemp seeds, freshly ground flaxseeds)

- Minimize saturated and trans fats
- Includes omega-3 fatty acids from fish, walnuts, flax, chia seeds OR taking omega-3 oils pills (EPA and DHA). Talk to your doctor first before taking any supplement
- Decrease intake of omega-6 oils, such as corn, safflower, and sunflower, which are inflammatory
- Add plant sterols by using enriched margarines, like Smart Balance Heart Right or Promise Activ
- Healthy sweets – sparingly ( e.g. 70% dark chocolate)
- Moderate consumption of red wine – no more than 1-2 glasses per day (if alcohol is consumed) OR grape juice is a good alternative to red wine
- Frequent decaffeinated tea (white, green, oolong) consumption
- Supplements – daily

# *Anti-Inflammatory Shopping List*

*Packed full of Vitamins, Minerals, and Antioxidants!*

## **FISH AND SHELLFISH**

Cod	Flounder	Mackerel
Halibut	Scallops	Mussels
Shrimp	Tuna (light, canned in water)	Oysters
Salmon	Sardines (canned in olive oil or water)	

## **FRUITS (fresh, frozen, or canned without sugar)**

Apples	Apricots	Avocados
Bananas	Blueberries	Cantaloupe
Cherries	Figs	Grapes
Grapefruit	Raspberries	Watermelon
Kiwifruit	Mangoes	Oranges
Peaches	Pineapples	Plums
Cranberries	Dried Plums (prunes)	Raisins
Strawberries		

## **GRAINS**

Amaranth	Barley	Brown rice
Bulgur	Farro	Kamut
Millet	Oatmeal	Popcorn
Quinoa	Spelt	Wheat berries
Whole wheat pasta	Whole grain stone-ground breads	

## **LEGUMES, NUTS, AND SEEDS**

Almonds	Black beans	Flax
Kidney beans	Chickpeas (garbanzo beans)	Lentils
Navy beans	Peanut butter	Peanuts
Pine nuts	Pinto beans	Pistachios
Pumpkin seeds	Sesame seeds	Tofu
Sunflower seeds	Soybeans/edamame	Walnuts

## HERBS AND SPICES (fresh or dried)

Allspice	Basil	Bay leaf
Chervil	Chives	Cilantro
Cinnamon	Clove	Dill
Garlic	Tarragon	Thyme
Tumeric	Marjoram	Mustard
Paprika	Nutmeg	Parsley
Pepper	Peppermint	Rosemary
Saffron	Sage	

## OILS

Extra-virgin olive oil      Canola oil      Avocado Oil

## VEGETABLES (fresh, frozen, or canned without salt)

Arugula	Asparagus	Beets
Bell peppers	Broccoli	Brussel sprouts
Cabbage	Carrots	Green beans
Kale	Swiss chard	Tomatoes
Mushrooms	Onions	Peas
Potatoes	Radishes	Spinach
Squash	Sweet potatoes	

## MISCELLANEOUS ITEMS

Dark chocolate (70% cocoa or higher)  
Red wine (in moderation)  
Grape Juice  
Tea (green, white, or black)





# Recipe of the Week

## CHERRY QUINOA PORRIDGE

**SERVINGS: 2**

**SERVING SIZE: 1 CUP**

**TOTAL TIME: 20 MIN**

**PREP TIME: 5 MIN | COOK TIME: 15 MIN**

For a twist on traditional oatmeal porridge, why not try adding a super-grain: quinoa. Add dried (or fresh) tart cherries. They contain powerful antioxidants that helps cut inflammation.

### INGREDIENTS

- ✓ 1 cup water
- ✓ ½ cup dry quinoa
- ✓ ½ cup dried unsweetened cherries or other fruit
- ✓ ½ teaspoon vanilla extract
- ✓ ¼ teaspoon ground cinnamon
- ✓ 1 tablespoon honey, optional



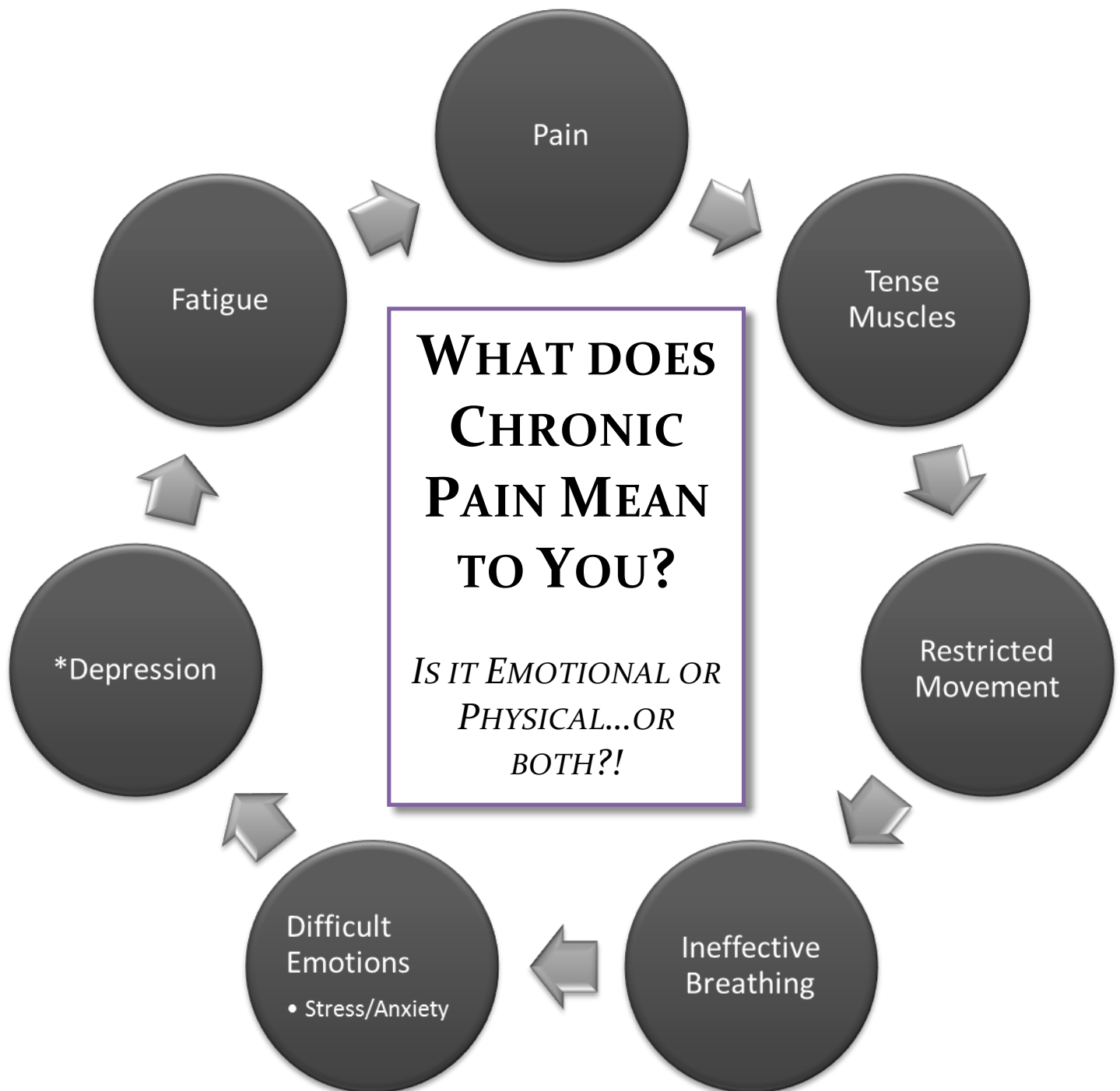
### DIRECTIONS

In a medium-sized saucepan, stir together first five ingredients and bring to a boil over medium-high heat.

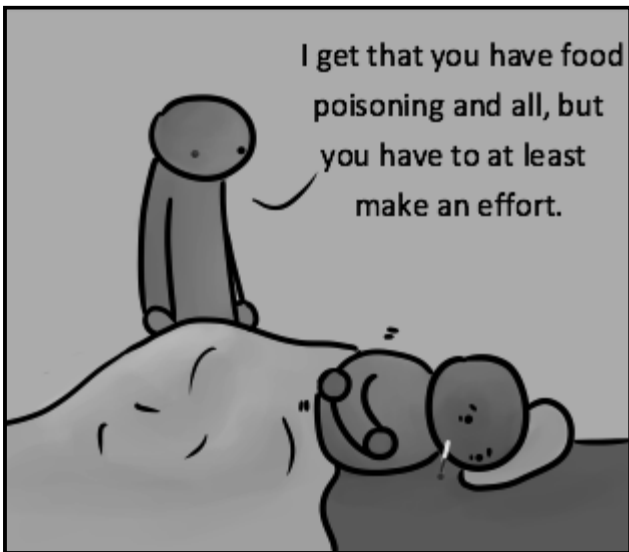
Reduce heat and simmer covered, 15 minutes or until all the water has been absorbed and the quinoa is tender. Serve drizzled with honey if desired.

**NUTRITION PER SERVING:** Calories: 314; Total Fat 2.8g; Saturated Fat 0.0g; Cholesterol 0mg; Sodium 9mg; Total Carbohydrate 66.0g; Dietary Fiber 5.0g; Protein 7.0g

# Cycle of Chronic Pain



*\*This bubble is flexible, in that it might float in or out of the cycle at any time and may be caused by situational or chronic depression*



## FACT OR MYTH?

*ABOUT PEOPLE SUFFERING FROM CHRONIC PHYSICAL OR EMOTIONAL PAIN*

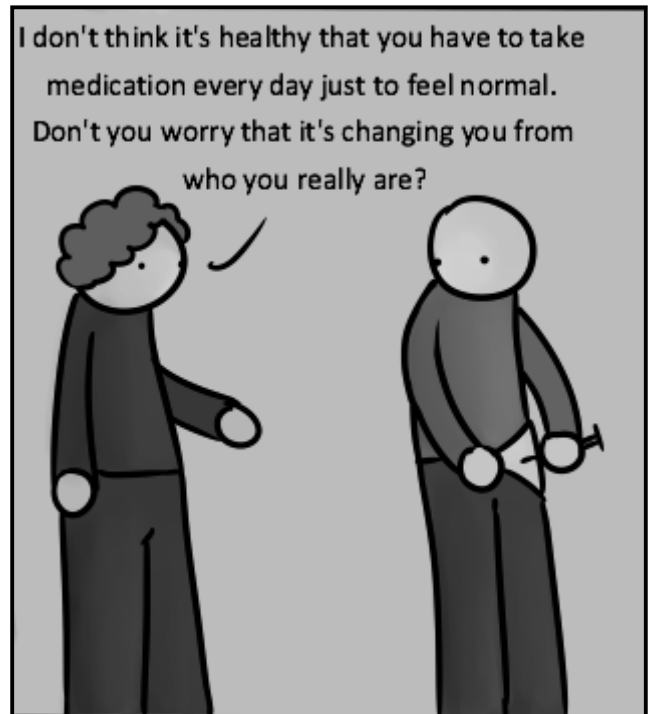
1. There is one pain relief method or medicine that works for everyone
2. Resting a lot is the best way to manage pain
3. If exercise hurts, you should do it anyway
4. Everyone with chronic pain is

depressed

5. The best diet for managing chronic pain is low-fat and high-fiber
6. It is best to listen to your body and the advice from your doctor to find what works for managing your own unique pain treatments and needs

## DID YOU KNOW?

- Since 1990, there has been a 500% rise in deaths from unintentional drug overdoses
- Most of the rise attributed to prescription painkillers which now kill more people than heroin and cocaine combined
- Where do these drugs come from?
  - ✓ Mostly from well-meaning doctors who prescribe them to alleviate pain



- Medical community encouraged more liberal use of opiates for compassionate pain management, further inflated by drug companies and “advocacy groups” funded by drug companies

- It's easier to start than to stop due to:
  - ✓ Tolerance
  - ✓ Dependence
  - ✓ Hyperalgesia (*abnormally heightened sensitivity to pain*)
  - ✓ Mood disorders
    - Requires high intensity support including detox, combined with physical and psychological therapies, pain education, training in pain coping/reduction skills

## OPPORTUNITIES TO REDUCE AND IMPROVE DRUG-RELATED PROBLEMS:

- ✓ **Understand risk factors** for adverse drug reactions when receiving a new drug
  - Polypharmacy
  - Multiple comorbidities
  - Previous adverse drug reactions
  - Dementia
  - Use of specific medications such as opioids, anticoagulants, anticholinergics, & benzodiazepines
- ✓ **Medication reconciliation:** the process of comparing a patient's medication orders to all of the medications that the patient has been taking
  - Pharmacist should also assess potential adverse effects and medication adherence or knowledge problems
  - May also include reduction of unnecessary medications due to proper diagnosis and treatment of other underlying issues and/or conditions
- ✓ Use **clinical pharmacy services and interpersonal education** to better understand risks and awareness



# Acute Versus Chronic Pain

	<b>ACUTE PAIN</b>	<b>CHRONIC PAIN</b>
<b>EXAMPLES:</b>	<i>BROKEN LIMB OR APPENDICITIS</i>	<i>ARTHRITIS OR SCIATICA OR DEPRESSION</i>
<b>DURATION:</b>	Time-limited	Lasts for more than 3-6 months
<b>INTENSITY:</b>	Often intense	Varies in intensity from mild to excruciating
<b>LOCATION:</b>	One area of the body	One area or multiple areas of the body can be affected
<b>FUNCTION:</b>	Has survival value; warns of danger and harm	Has <u>no</u> survival value; no longer warns of immediate danger
<b>CAUSE:</b>	Biological mechanisms of acute pain are fairly well understood	Mechanisms of persistent pain are <u>not</u> well understood
<b>EMOTIONAL RESPONSE</b>	Associated with anxiety and fear	Chronic pain is a form of chronic stress
<b>TREATMENT:</b>	Cure is common	Cure is not common
<b>ROLE OF ACTIVITY AND EXERCISE:</b>	Rest is often best for acute pain	Activity balanced with rest is best for chronic pain
<b>ROLE OF HEALTH CARE PROVIDER(S):</b>	Diagnose and treat the underlying problem and the pain	Teach and advise
<b>ROLE OF PERSON WITH PAIN</b>	Follow treatment advice of health care provider	Partner in health care—responsible for daily management

*Another way to think about chronic pain is persistent pain that may be initiated by an acute injury, but has lasted beyond the “normal” healing time*

# An Introduction to Emotional Wellness

*“Your entire universe is in your mind, and nowhere else. To expand the universe, expand your mind.”*

– Deepak Chopra

## *Session Seven Topics:*

- ✓ Review of SSPTV Services, Resources and Other Contact Information
- ✓ Maintaining Balance to Emotional Levels of Personal Wellbeing

*Presented by*  
The Finding Wellness Team at  
Senior Support Program of the Tri-Valley  
5353 Sunol Boulevard, Pleasanton, CA 94566  
925-931-5379    [www.ssptv.org](http://www.ssptv.org)



*\*Please make donations payable to SSPTV  
or visit our website for more information*

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*Funded by the Alameda County Behavioral Health Care Services*

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# ***Review of SSPTV Services***

**Share this list with your friends, family and neighbors so that they are also prepared and know about our services *prior* to needing us!**

## **CASE MANAGEMENT**

- A. Home visits to evaluate physical, mental, emotional, financial, and/or housing problems
- B. Help with Medi-cal, Social Security forms, find help for legal and housing issues, food, find emergency resources, etc.
- C. Coordinates with families, emergency responders, hospital social workers, Adult Protective Services, etc. to manage cases

## **FAMILY CAREGIVER SUPPORT PROGRAM**

- A. Works with family caregivers to provide support, connect with resources, and helps solve overall problems the caregivers may be experiencing
- B. Support groups: Caregiver Support Group and Moving On Group
- C. Alzheimer's/Impaired Memory Case Management
- D. Caregiver Respite: to provide care while family caregiver gets respite back

**ALCOHOL AND DRUG PROGRAMS** includes case management, counseling, education, support groups, Finding Wellness series

- A. Medication and alcohol misuse, poor nutrition intake can mimic dementia signs
- B. Community education program on aging and alcohol, medication management and misuse issues
- C. Individual counseling and case management
- D. Support group: encourages people to cut back, not necessarily stop drinking

**REGISTRIES** includes private for house work and personal care

- A. Coordinator visits clients at home to assess needs, checks references of workers, supplies a list of possible workers to client
- B. Clients interview and hire workers

## **FRIENDLY VISITING**

- A. Matches seniors to volunteers, includes home visit to assess needs, referrals for other services
- B. Volunteers help with writing letters, bill paying, grocery shopping, doctors' appointments, reading. May go out together to lunch or a movie (each paying own way), drive to see fall colors, holiday lights, spring flowers, etc. Many matches have been friends for years.
- C. Phone calls to monitor and connect with homebound seniors

## **EXERCISE AND NUTRITION PROGRAMS**

- A. Nutrition and fitness classes at low-income senior apartment complexes, community nutrition education, individual nutrition counseling
- B. Nutrition education posters and handouts (in English, Spanish and Chinese) made to rotate among senior sites.

## **HEALTH SCREENINGS—Tri-Valley and Central County (Castro Valley, Hayward, San Leandro, San Lorenzo)**

- A. Foot care; cholesterol, blood pressure, diabetes, vision, and hearing screening; medication management and referral to doctors as needed.
- B. Go to senior sites; by appointment only

## **COUNSELING**

- A. In-home, individual counseling to provide essential emotional support
- B. SOAR, GROW, internship programs (supervised by MFT)

## **TRANSPORTATION**

- A. Compliments Paratransit/Dial-a-Ride/Parataxi
- B. Same day and out of area rides by volunteers to medical appointments only
- C. Participants are screened and registered



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***Take care of your body. It's the only  
place you have to live.***

*-Jim Rohn*

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# ***Holistic Wellness—Are You Staying Balanced?***

***Your emotional health influences your overall happiness and well-being. If your emotional health is suffering, so will your physical health. People with good emotional health:***

- ✓ Believe that there is a good balance to their life between leisure time, healthy activity, and work
- ✓ Positive self-esteem
- ✓ Believe that there is a purpose to their lives
- ✓ Are able to accept change
- ✓ Enjoy living, and know the value of fun and laughter
- ✓ Able to cope with stress in a healthy way
- ✓ Have positive relationships with others

## **GRIEF: HURDLE OF HOLISTIC WELLNESS**

Grief is the emotional suffering you feel when something or someone you love is taken away. Often the cause of the most intense type of grief is death, but other types include:

Loss of health

Retirement

Death of a pet

A loved one's serious illness

Loss of a friendship

Divorce or relationship breakup

Losing a Driver's License

Moving away

***There is no “normal” way to grieve, so remember to try to stay patient with yourself and others...***

## **WAYS TO COPE WITH GRIEF:**

- Find support from friends, family members, support group or a counselor
- Support yourself by expressing your emotions in a creative way like in a journal, writing a letter or creating some art
- Look after your physical health by continuing to eat healthy, exercising and sleeping regularly

If your emotions from grief are **NOT** becoming less intense over time, you may be suffering from depression.

## **SIGNS AND SYMPTOMS OF DEPRESSION:**

- Sadness
- Losing interest in hobbies
- Social withdrawal and isolation (reluctance to be with friends or leave home)
- Changes in weight
- Increased use of alcohol or other drugs
- Sleep disturbances (difficulty falling or staying asleep, oversleeping)
- Fatigue
- Loss of self-worth (feelings of worthlessness)
- Fixation on death; suicidal thoughts or attempts

## **UNFORTUNATELY, DEPRESSION IS OFTEN OVERLOOKED IN OLDER ADULTS, REASONS INCLUDING:**

- Assumption that depression is just part of aging
- Isolation, which may mean there are less people around to notice distress or change in mental status
- Not realizing that physical complaints are signs of depression
- Reluctance to talk about feelings or ask for help

## **AGING MYTH:**

- It's a **MYTH** to think that after a certain age you can't learn new skills, try new activities, or make fresh lifestyle changes.
- The **TRUTH** is that the human brain never stops changing, so older adults are just as capable as younger people in learning new things.
- Overcoming depression often involves finding new things you enjoy, learning to adapt to change, staying physically and socially active, and feeling connected to your community.

## **TIPS FOR DECREASING/PREVENTING DEPRESSION AND INCREASING OVERALL EMOTIONAL HEALTH:**

### **EXERCISE**

- Physical activity has powerful mood-boosting effects. In fact, research suggests it may be just as effective as antidepressants in relieving depression. Decreases stress.

### **CONNECT WITH OTHERS**

- Face to face whenever possible. Getting the support helps lift the fog of depression and keep it away.

### **GET ENOUGH SLEEP**

- When you don't get enough sleep, your depression symptoms can be worse. Aim for somewhere between 7 to 9 hours of sleep each night.



## **MAINTAIN A HEALTHY DIET**

- Avoid eating too much sugar and junk food. Choose healthy foods that provide nourishment and energy.

## **PARTICIPATE IN ACTIVITIES YOU ENJOY**

- Pursue whatever hobbies or pastimes bring or used to bring you joy.

## **VOLUNTEER YOUR TIME**

- Helping others is one of the best ways to feel better about yourself and expand your social network.

## **LEARN A NEW SKILL**

- Pick something that you've always wanted to learn, or that sparks your imagination and creativity.

## **CREATE OPPORTUNITIES TO LAUGH**

- Laughter provides a mood boost, so swap humorous stories and jokes with your loved ones, watch a comedy, or read a funny book.

## **SPEND TIME IN THE SUN**

- Sunlight is a great natural way to boost your mood, but remember sunscreen.

**MOST IMPORTANTLY: BRING YOUR LIFE INTO BALANCE!** If you are feeling overwhelmed and stressed, balance that with something enjoyable.



## Behavioral Health Questionnaire

*After taking the Finding Wellness Series:*

1. Do you now carry a current medication list at all times? **YES NO**
2. Do you now use a system for remembering to take your drugs? **YES NO**
3. Would you still try someone else's medicine if you thought it would help? **YES NO**
4. Do you still use more than one pharmacy to obtain your drugs? **YES NO**
5. Do you believe that it is safe to assume all of your health care providers always know all of the drugs you are taking? **YES NO**
6. Have you learned **more** about alcohol awareness in conjunction with hydration needs, diet, stress management, exercise and other drugs? **YES NO**
7. Do you know **more** about safe medicine practices and how to avoid medication misuse after attending these classes? **YES NO**
8. Alcohol can be a cause of dehydration: **TRUE FALSE**
9. Are you aware that using alcohol can be the cause of falling? **YES NO**
10. Would you recommend this series of classes to a friend? **YES NO**
11. Regarding question number 10, why or why not? \_\_\_\_\_  
\_\_\_\_\_

12. Please mark all areas in which you felt you learned something during this series:

- |                                                          |                                                 |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Living healthier                | <input type="checkbox"/> Staying active         |
| <input type="checkbox"/> Drinking more hydrating liquids | <input type="checkbox"/> Eating a better diet   |
| <input type="checkbox"/> Fall prevention techniques      | <input type="checkbox"/> Medication safety tips |
|                                                          | <input type="checkbox"/> Pain/stress management |

**Thank you for your feedback!**



**MISSION:** Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

**VISION:** We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

**VALUES:** Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

## **Alameda County Behavioral Health Care Services**

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

**[www.acbhcs.org](http://www.acbhcs.org)**