## HEALTHY LIFESTYLE CENTER General Information



#### WHAT IS THE

## Healthy Lifestyle Center?

The Healthy Lifestyle Center (HLC) is a community-based resource center focused on improving the health and well-being of individuals in our community. We provide information, consultation, and support for making healthy lifestyle choices and adopting healthy behaviors.

Services include individual meetings related to diet, physical activity, behavior change, medical education and navigating socio-economic challenges. We also provide healthy lifestyle workshops and programs and other health-related assessment services.

We offer all of these services for **FREE** and you do not need insurance! The HLC is here as a **support** for you!

# OCTOBER is Health Month

The Healthy Lifestyle Center (HLC) is committed to improving health outcomes in our community. This Health Month, join us in our Health Month Challenge by completing various health activities prepared by our various disciplines.

As you learn about the HLC, there are some activities provided throughout this booklet that you can use to start your journey to a healthier you. Small changes in diet, exercise, and health behaviors can make a dramatic impact on your personal health outcomes.

Complete the challenges to be entered into a raffle to win a prize!

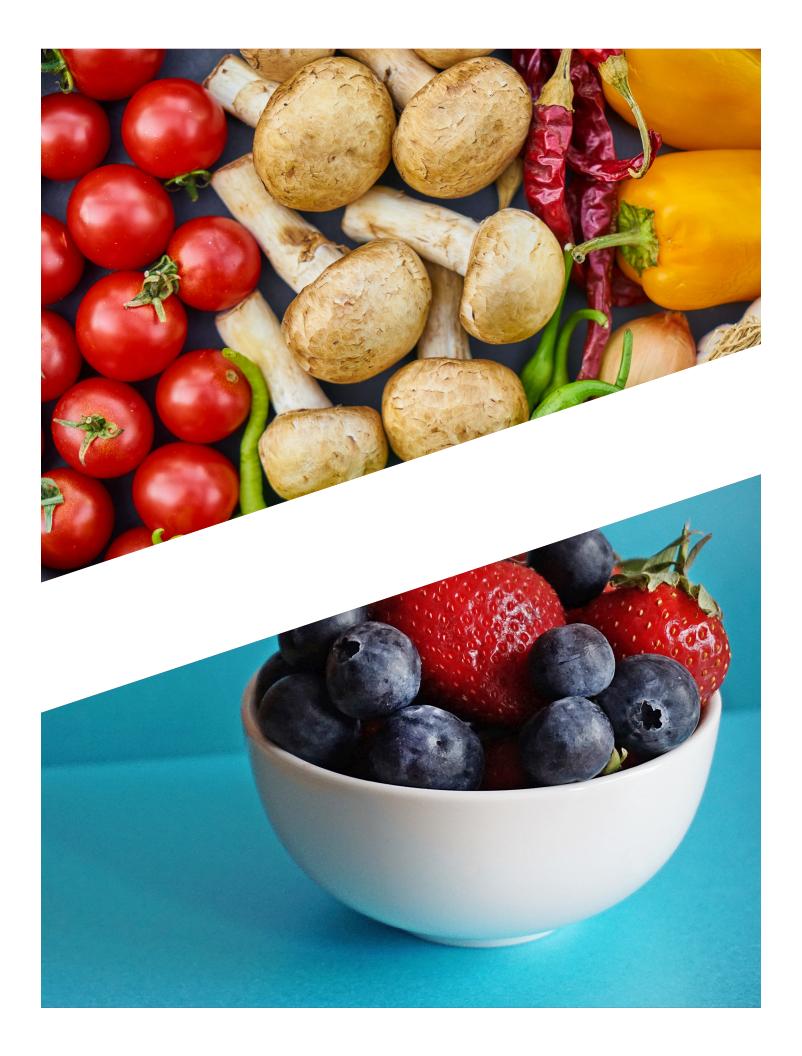
#### **HLC GOALS**

## What are your goals?

Rate the goals below 1 - 5, 1 being your biggest goal and 5 being your smallest goal.







## Healthy Eating & Nutrition

#### ONE-ON-ONE CONSULTATION

### Appointments include:

- 1. Review of your past diet history and current nutrition status
- 2. Support developing your goals for healthy eating habits
- 3. Provide education that supports your specific nutrition goals
- 4. Provide ongoing support towards these goals

## Healthy Lunches

Health Month: Nutrition

By HLC Nutrition Graduate Assistants

A healthy lunch will include at least 4 of 5 areas below. Track your how your meals change when you thin your plate with variety and color!





## Vegetables

- -Dark Greens
- Red and Orange Vegetables
- -Beans and peas
  - -Carrots
- Brussels Sprouts
  - -Cabbage
  - -Tomatoes

## Fruit

- Whole fruits
  - -Apple
- -Blueberries
  - -Grapes
  - -Cherries
  - -Peaches
- -Blueberries,
- -Cantaloupe
  - -Oranges

## Prot Foo

- -Seafood
- Poultry, a
  - -Salmor
- -Beef, C Turkey, an
  - Peanut
  - -Nuts a produ





## tein ds

d, Meat, and Eggs a Tuna hicken, d Shrimp butter nd soy

ucts



## Grains

- -Whole Grains
- -Wheat bread
  - -Brown rice
    - -Popcorn
      - -Pasta
    - -Pretzels
    - -Tortillas

## Dairy Products

Milk , Yogurt, and Cheese

## What's in your Lunch?

## Week 1 Food Log

Log your lunches each day! Fill in what foods come from which sections.

	Vegetables	Fruits	Protein	Grains	Dairy
M					
Т					
W					
TH					
F					
S					
SU					

## Week 2 Food Log

Log your lunches each day! Fill in what foods come from which sections.

	Vegetables	Fruits	Protein	Grains	Dairy
M					
Т					
W					
TH					
F					
S					
SU					

## Week 3 Food Log

Log your lunches each day! Fill in what foods come from which sections.

	Vegetables	Fruits	Protein	Grains	Dairy
M					
Т					
W					
TH					
F					
S					
SU					

## Week 4 Food Log

Log your lunches each day! Fill in what foods come from which sections.

	Vegetables	Fruits	Protein	Grains	Dairy
M					
Т					
W					
TH					
F					
S					
SU					

Water is an essential part of nutrition! Log your water consume at least 8 glasses of water daily. Drinking weight, and reduce the amount of soda you drink. I temper



## Water Goal Tracker



Week #	Sun	Mon	Tues	
1				
2				
3				
4				
5				

r intake to see how much you drink. A good goal is to can help with unclear thinking, help manage body thelps with body function and maintains a normal rature.

## **Daily Goal:**

8 cups or 64 oz /day

Wed	Thurs	Fri	Sat



## Physical Activity & Fitness

### ONE-ON-ONE CONSULTATION

### Appointments include:

- A review of your past history and your current physical activity / excercise habits
- 2. Provide education related to general physical activity and recommendations
- 3. Establish your goals for healthy exercise habits and ongoing support reach these goals

## Behavior Change

#### **ONE-ON-ONE CONSULTATION**

#### Appointments include:

- Discussion about your difficulty setting goals and why you might be hesitant to do so
- 2. Improving your motivation to meet your goals
- 3. Help to understand how yout past behavior limits or determines current behavior and how you can change it

## MY FITNESS PLAN

"Begin with the end in mind" - write a SMARTER goal that you are hoping to achieve in your fitness plan.

	MY SMAR	TER GOAL
S pecific	Make your goals specific, detailed and narrow for effective planning. Use "who", "what", "when" and "where" language	I will accomplish
M easurable	Define what evidence will prove you're making progress to your goal. It should be quantifiable data eg. time in minutes for running, weight kgs for strength goals	I will measure success by
A chievable	What skills, personal capabilities, resources, equipment and support systems will allow you to achieve this goal?	This goal is achievable because
R elevant	Why is this goal important to you? How will it move you forward in your fitness journey? What will achieving this goal allow you to do?	This goal is important to me because
T imely	When will you achieve this goal? Set a specific date to help you stay accountable.	I will achieve this goal by the date
E valuate	How will you know if you have achieved your goal? I.e. completing 5 km, finishing a race or challenge, lifting a particular weight?	I will evaluate my success by
R eward	What will you do to celebrate the success of completing your goal? It could be a medal, prize, treat, meal or activity that you enjoy	I will reward myself for achieving this goal by

Now that you've dreamt big, break your goal into mini weekly targets.

	MY WEEKLY TARGETS								
WEEK	MINI TARGET	ACTIVITIES	EVIDENCE						
	This should be a small achievable weekly target that moves you forward toward your larger SMARTER goal. This helps you to experience small wins along the way	Outline the activities that you will complete each week to achieve your weekly target. Make sure you write down the day and approximate times you will complete these activities	What evidence will you collect of your progress this week? This helps to keep you motivated towards your larger goal and adjust your mini targets each week if you need to up or reduce the level of challenge.						
	I.e. if your big goal is to run 5km, your week 1 goal may be to run 1km	I.e. how many times will you run, for how long (duration or distance)	It could be screenshots from a fitness app, recordings of your run time or weights lifted						
1									
2									
3									
4									

Last step before you get started is to be really clear on why you are completing this fitness plan and how you can overcome any obstacles that may get in your way.

MY WHY						
What excites you about your fitness plan?						

MY OBSTACLE CRUSHER									
OBSTACLE	HOW WILL I CRUSH THIS OBSTACLE?								
List any obstacles or challenges that may get in the way of you achieving your SMARTER goal	Write down a plan or strategy for how you will crush each of these obstacles								
I.e. not enough time, bad weather, other plans coming up, injuries, lack of motivation	I.e. planning exercise times in advance, having a back up indoor space, modifying activities etc.								

You've set your plan, now it's time to do the work! Track your progress below:

- At the beginning of the week, write in the activities you are planning to do in to the day column
- At the end of the week, put a tick or a cross the tracker column indicating whether you completed your planned activities or not

	MY FITNESS CALENDAR													
WEEK	MON	×	TUE	√ ×	WED	√ X	THU	×	FRI	×	SAT	×	SUN	×
1														
2														
3														
4														

Well done, you've done the hard yards this week! Take a moment to record your evidence and reflect on how you went.

	MY EVIDENCE LOG									
WEEK	EVIDENCE	EMOJI RPE	REFLECTION							
	Write, screenshot or paste in the evidence you have collected for your activities below	Record how you felt during the activities this week using the emoji scale  1-2: very easy 3-4: easy 5-6: moderate 7-8: diffcult 9-10: very diffcult	Record any notes as to how you went, what you enjoyed or found diffcult and how you might need to tweak your targets for the following weeks							
1										
2										
3										
4										

You did it! You completed your 4 week fitness plan. Now it's time to evaluate your progress in achieving your SMARTER fitness goal and reward your success.

MY EVALUATION	
Did you achieve your SMARTER goal?	Y / N
How do you know that you did or did not achieve your SMARTER goal?	
How did creating and following the fitness plan allow you to achieve or work towards your SMARTER goal?	
What areas of the fitness plan were useful / successful and why?	
What areas of the fitness plan were not useful / successful and why?	
What would you change to allow you to continue to be successful or be more successful in future fitness goals?	
MY REWARD	
If you achieved your SMARTER fitness goal, write down when and how you will give yourself your planned reward	
If you did not fully achieve your SMARTER	

fitness goal, write down some small wins

that you can still celebrate from the journey of completing your fitness plan and how you will celebrate them



## Social Work Support

#### ONE-ON-ONE CONSULTATION

### Appointments include:

- 1. Promoting self-advocacy: learn about yourself, your needs, and how to accomplish what you want
- 2. Promoting self-care (self-improvement)
- 3. Provide education to overcom barriers to living a healthy proactive lifestyle



### School / Work Self Care

School and work can be demanding places. The number of obligations we have can seem overwhelming. Acknowledging our struggle and practicing self-care at school or work can prevent burnout. Taking regular breaks, practicing self-compassion, prioritizing health, and creating supports are all forms of school and work self-care.

## Relationship / Social Self Care

Relationship/social self-care is nurturing relationships with friends, family, partners and even your pets! Individuals with strong social bonds and access to a social support system are at lower risk for health issues and better physical health overall (Rook et al., 2017). Social self-care can also include creating healthy boundaries in relationships and reducing social exhaustion.



### Physical Self Care

Physical self care involves maintaining a healthy diet (eating well), exercising frequently, getting adequate rest or sleep, getting regular medical checkups, taking time off from work when needed, wearing clean clothes, etc. Taking care of yourself makes you feel and think well of yourself and it helps you to be connected to places, things, and people you love, as you will become more mobile when you are physically fit.





### Emotional / Spiritual Self Care

It is important for us to identify our emotions, give ourselves space to feel them, reflect on them, and create practices that will allow us to cope with the negative emotions. Being able to identify your emotions and the things that might cause them will allow you to be prepared with coping skills that will help you to feel more connected to your emotional self.

## **OCTOBER**

HEALTH MONTH



































































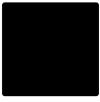
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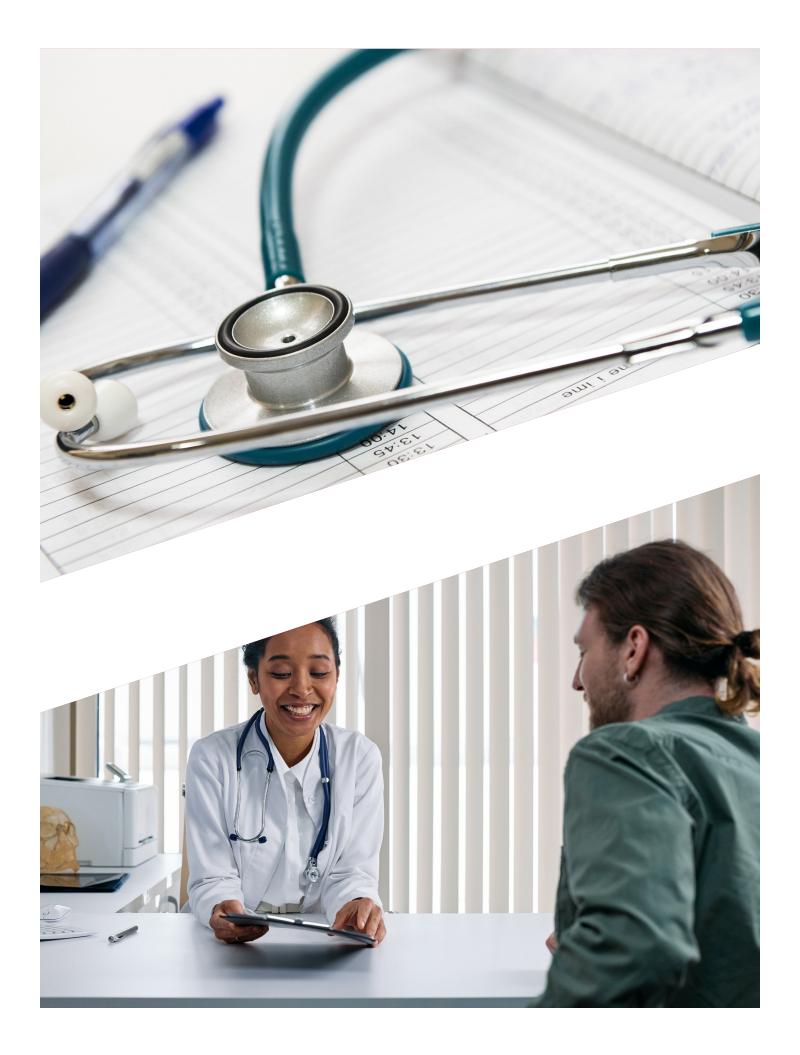


Consider doing the self care activity on each day of the month. Mark activities you complete on the calendar. Get 3 sets of 4-in-a-row (column, row or diagonal) for the chance to receive a prize at the end of the month!

## **Activities**

- 2. Take a break by reading a passage from a favorite book or poem
- 3. Go to bed on time
- 4. Identify the tasks you enjoy most in work or school
- Praise yourself by naming what you are most proud of about yourself
- 6. De-clutter your workspace to allow focus on the tasks at hand
- Take a break outside and identify a simple healthy lifestyle goal, e.g., drink more water
- Notice when your inner voice is being critical and actively reframe the thought as if it you were talking to a friend
- Hang out with a friend with zero distractions
- Meet up with a friend and go for a walk
- 11. Message a friend/loved one or your significant other and tell them why/how you are grateful for them
- 12. Play with your furry friend
- 13. Make time to do something fun with your kids/nieces/nephews/cousins
- 14. Tidy up your social media Consider following accounts that have positive content

- 15. Have a brief phone/facetime/zoom date with someone in your life that lives far away
- 16. Allow yourself to cry
- 17. Create and repeat positive "I Am" statements (example: I Am Kind)
- 18. Find things that will make you laugh
- 19. Journal your feelings/thoughts
- 20 Make time for self-reflection
- 21. Listen to inspirational talks
- 22. Identify your "safe space" and make time to spend there
- 23. Eat at least one nutritious meal
- 24. Engage in any physical activity of your choice for at least 20 mins
- 25. Get a massage
- 26. Personal hygiene day
- 27. Medical check-up
- 28. Take a vacation (could be a short trip nearby with yourself or others)
- 29. Record the number of hours you rest or sleep



## **Medical Education**

#### ONE-ON-ONE CONSULTATION

### Appointments include:

- 1. Detailed consultation reviewing your medical history
- 2. Detailed overview of your health-related risk factors, medical conditions and medication indications and side-effects
- Recommendations for topics to discuss with your physician and how to get the most out of every doctor's appointment



Now that you have completed the activities for **Health Month**, here are a few of the ways that the HLC can support you.

## What your first visit will look like

You will complete a medical questionnaire prior to your first appointment (intake form)

You will be contacted by staff to review this form and expand on any questions that may come up

2

You will schedule an appointment to review your primary goal

Each appointment will have a plan!

For convenience, you may have more than one staff member in your meetings to discuss multiple goals you have identified.

Be sure to bring questions!

## Assessments the HLC can offer **YOU**

Body Fat Assessment

Is your weight due to muscle or too much fat?

Body Weight
Assessment

Is your weight normal, obese, or overweight

Sleep Assessment & Overnight Sleep Study

Do you have a hard time sleeping or sleep too much?

Follow Blood Sugar Trends

Is your diabetes under control?

Track Dietary Intake

Are you eating healthy or what should you change?

24 Hour Diet Recall
Assessment

Quick picture of what you eat

Fall Risk Assessment Are you at risk of accidental injury or broken bones?

## Assessments the HLC can offer **YOU**

**Pulmonary** What's causing your shortness of **Function Test** breath?

**Physical Activity Assessment** 

Are you "in shape" or do you need work?

**Muscular Strength** How can we improve your **Assessment** fitness?

Effect Review causing problems?

**Medication & Side** Are you medications helping or

Assessment

**Blood Pressure** High blood pressure is a risk factor that is a cause of many health problems

**Tobacco Cessation** Councelling

Improve your chance of living a long and healthy life

Disorder Screening disorder (SUD)?

**Substance Use** Are you at risk of Substance Use

## **CHECK OUT OUR RESOURCES**

## follow our social media



Subscribe for educational videos

Stay up-to-date with our programs and schedules





Follow for pictures and updates

Visit our website for healthy lifestyle TIPS





## **CONTACT US**

OFFICE HOURS Mondays & Wednesdays 9am - 5pm

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