

# Chapter 3

## Lesson 5 Be Healthy and Well

Theme: Health and Wellness

### Lesson Objective:

Students identify stressful situations and techniques to reduce stress. Students will demonstrate knowledge of resources to maintain health. (See matrix for Arizona Academic/Adult Standards).

### Steps to Follow:

**“Plan ahead, it wasn’t raining when Noah built the Ark.” --Richard Cushing**

1. Practice Chapter 2 litany. Define: Resiliency and resiliency-building skills. Which ones have we discussed so far in this chapter? This lesson is about health and wellness. What does that mean? How does this idea connect with resiliency?
2. Note: Chapter 4 has a lesson that connects leisure time activities with a healthy lifestyle. This lesson emphasizes how to stay well by managing stress and accessing community resources.
3. Discuss quotation and its connection to wellness.

### Community Resources

1. How is accessing resources a “resiliency move”? What resiliency-building skills could you be using?
2. Read: *Can I See About My Own Health Needs?* S6
3. Complete: *How My Insurance Works* S7
4. Complete: *Name That Agency* S10
5. \*Special Education students may include: *Emergency Information* S15.

### Make a Plan

- Have student look at *GOALS IN MY LIFETIME* in the Life Areas “Spiritual” and “Health/Wellness.”
- Student completes *Make a Plan* S16 sheet for each goal in “Spiritual” and “Health/Wellness” Life Areas.
- On the back of one of the worksheets, have student list at least 6 ways people overcome obstacles. List as many people as they can (either that they know personally or have heard of) who have shown they can overcome.
- Complete and review *Career Plan* EN2.

## **Materials:**

*Career Plan* (Chapter 1, Lesson 8 S4)

*Make a Plan* (Chapter 1, Lesson 2 EN 1)

*GOALS IN MY LIFETIME*

*Can I See About My Own Health Needs?* S6

*How My Insurance Works* S7

*Name That Agency* S10

\*Special Education students may include: *Emergency Information* S15

## **Evaluation:**

Rubric

## **Enrichment:**

Relaxation cassette tapes / Cassette player

Research the mind-body connection: For example, biofeedback, visualization, or meditation.

[www.absolutefitness.com](http://www.absolutefitness.com)

[www.thinkquest.org](http://www.thinkquest.org)

## Medicines that I need

1. Keep a list of the name(s) of the medicine(s) that you take.
2. Find out why you take them & how they work in your body.
3. Take your medicines at the same time every day, unless your doctor tells you to take it at different times.

*It might be better to take medicine at 10pm instead of bedtime since you might go to bed at different times (especially on weekends).*

4. It may help if you put all your medicine into a Pill Reminder Case\* so that it will be easy to see if you have taken your medicine each time every day.
5. Be sure you take the exact amount of medicine, the exact way it was prescribed. Some medicine has to be taken on an empty stomach, for example.
6. Always let your doctor or nurse know about ALL medicines you take, even the ones you can buy without a prescription.
7. If you have any questions about your medicines...  
*Ask your Doctor, Nurse, or Pharmacist*

*\*You can buy a 7-Day Pill Reminder Case at your pharmacy. The case is divided into sections, one for each day of the week.*

- |   |     |    |
|---|-----|----|
| 8. Do I have a medical condition that requires ongoing treatment? | Yes | No |
| 9. Do I take daily medication?                                    | Yes | No |
| 10. Can I take my medication without reminders?                   | Yes | No |

# CAN I SEE ABOUT MY OWN HEALTH NEEDS? (Page 2) S6

**MY MEDICINES:**

**taken when:**

**Breakfast**

**Lunch**

**Dinner**

1.

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2.

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3.

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4.

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5.

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**Who reminds me, if I need reminding?**

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My Insurance Company \_\_\_\_\_

- Who is my main doctor?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

- Is he or she assigned by my insurance company?      Yes    No
- Do I have to see the assigned doctor before I can go to any other doctor for a special problem?      Yes    No
- Do I keep my newest insurance card with me at all times?    Yes    No
- Do I know my own medical history and medical needs so I can tell the doctor or the nurse?      Yes    No
- Do I have conditions which must be treated a certain way?    Yes    No
- Do I have allergies to medications?    Yes    No
- Do I have other allergies?      Yes    No

What are my current medications?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Do I take vitamins or health supplements?      Yes    No
- Is there a specific medicine I should take if certain things happen?

What is it? \_\_\_\_\_

When do I take it? \_\_\_\_\_

Do I have an insurance care case manager?      Yes    No

There are many agencies, organizations, programs and individuals in the community that can be of assistance. Some of these may be federally funded and located in every state. Others may receive state or county funding and are local. Agencies can help people find jobs, get food and housing, finance education, and give information on many topics.

*People don't ask for help for a number of reasons. Some of the reasons are:*

- *Embarrassment*
- *Lack of information*
- *Denial of the problem*
- *Cost*
- *Belief that they should solve their own problems*

It is sometimes easier to ask friends and family members for help. They are part of your community, too.

### ***Activity***

#### **Steps**

1. Divide into small groups.
2. Each group should list as many agencies, organizations, and schools that offer assistance and resources as they can in five minutes.
3. Be sure to include places that offer assistance with food, clothing, shelter, health care, and education.
4. Services for legal rights, children, and the handicapped should also be included.
5. Compare your list with the other groups' lists.
6. Discuss the services provided by these organizations.

**Family Member**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Another phone \_\_\_\_\_

**Which non-family member would I call in an emergency?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Another phone \_\_\_\_\_

**Do I have my medical information with me all the time?**

Yes      No

**Always carry a card that lists:**

