

Inland Empire Health Plan

Self-Management Tools

HELPING YOU STAY HEALTHY

F

Instructions

This booklet includes tip sheets and tools on the seven health topics below:

- Healthy Eating
- V Depression
- Veight Weight
- Managing Stress
- Physical Activity
- Smoking Cessation
- 💜 At-Risk Drinking

If you have questions or need help filling out the tools, please call IEHP Member Services at **1-800-440-IEHP (4347)** or **1-800-718-4347 for TTY users**. Ask to speak with a Team Member in the Health Education Department.

You can also go to the IEHP website for more interactive tools on these seven health topics at: https://ww3.iehp.org/en/members/health-and-wellness/

Table of Contents

MODULE 1: Healthy Eating 2
EAT HEALTHY, FEEL BETTER
MODULE 2: Depression
COULD IT BE DEPRESSION?11SAMPLE SELF-HELP CHECKLIST12BLANK SELF-HELP CHECKLIST13POSTPARTUM DEPRESSION14
MODULE 3: Healthy Weight 18
OBESITY SELF-CARE GUIDE
MODULE 4: Managing Stress
WHAT IS STRESS?.28STRESS SCREENING.30PHYSICAL ACTIVITY LOG.32
MODULE 5: Physical Activity
BENEFITS OF PHYSICAL ACTIVITY
MODULE 6: Smoking Cessation 40
STOP SMOKING SELF-CARE GUIDE
MODULE 7: At-Risk Drinking
ALCOHOL AND YOUR HEALTH

MODULE 1 Healthy Eating

EAT HEALTHY. FEEL BETTER.



Destination >>>> Health

MAKING HEALTHY FOOD CHOICES THAT ARE BOTH EASY AND AFFORDABLE!

WHY EAT HEALTHY?

Making healthy food choices can help you feel great and energetic! Eating healthy can also help you stay at a healthy weight. It can help lower your chances of having health issues like diabetes, high blood pressure, and heart disease. Healthy eating is not about cutting out foods you love or sticking to a strict diet plan. It's about knowing which foods to choose and how much to eat.

WHERE TO START?

- Discuss your new goal with your family. Ask for their support by joining you in eating healthy.
 - Plan ahead. Plan and pack healthy lunches and snacks ahead of time for easy access throughout your week.
- Make one change at a time. Add a new healthy food each week.
- Read the food labels. Understand what you are eating and how much is in your serving size.

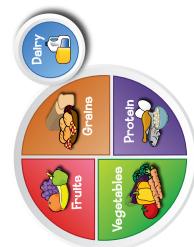
Check for:

Serving size
 Total fat
 Sugars
 Calories
 Sodium

MAKING WISE FOOD CHOICES

- **Eat more whole grains.** At least half of the grains you eat should be foods like brown rice and whole wheat bread.
- Choose lean protein sources. Chicken, fish, turkey, beans, legumes, nuts, and tofu are good protein sources and lower in calories.
- Eat the foods you love, but stick to smaller portions. Aim to eat 3 smaller meals and 1 or 2 healthy snacks each day.

Use a 9-inch plate and make it look like the one below.



To get great recipes and learn about healthy foods, visit: www.choosemyplate.gov



MAKING HEALTHY FOOD CHOICES THAT ARE BOTH EASY AND AFFORDABLE!

EATING HEALTHY ON A BUDGET

- Make a shopping list. This helps you stick to your healthy eating plan and budget.
- Save money by using coupons, choosing store brands, and buying in bulk.
- Don't shop when you're hungry. This will stop you from buying unhealthy foods.
- Suy fruits and vegetables in season.
- Stock up on canned or frozen fruits and vegetables when they are on sale. Choose canned fruits packed in juice or water and select canned vegetables that are labeled "low sodium."
- Eat meat less often. This can help keep your wallet fuller and your waistline slimmer.
- Freeze leftovers to make new meals at a later time.



WANT TO LEARN MORE?

Visit these websites:

Academy of Nutrition and Dietetics www.eatright.org Champions for Change www.cachampionsforchange.cdph.ca.gov

Dairy Council of California www.healthyeating.org

EHP OFFERS MANY HEALTH EDUCATION PROGRAMS

To sign up for a program: Call IEHP Member Services at 1-800-440-IEHP (4347) TTY users may call 1-800-718-4347

You can also sign up online at

www.IEHP.org

Choose Member LOGIN to sign in or to set up your account. Then select "Health Ed" to find a program. IEHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call1-800-440-4347 (TTY: 1-800-718-4347). IEHP cumple con las leyes Federales aplicables de derechos civiles y no discrimina por notivos de raza, color, nacionalidad, edad, discapacidad o género. ATENCION: Si habla español u otro idioma diferente al inglés, le ofrecans los servicios gratuitos de un intérprete de idiomas. Llame al 1-800-440-4347 o al 1-800-718-4347 (TTY). IEHP jërjäff Hf)聯 邦民權法律規定, 不因種族, 膚色、民族血統, 年齡、殘障或性別 而歧視任何人。注意:如果您使用繁體中文, 您可以免費獲得語 言援助服務。請致電 1-800-440-4347 (TTY: 1-800-718-4347).

SEASONAL PRODUCE TIP SHEET Save Money all Year While Eating Healthy!

Fruits and vegetables in Southern California are cheaper when they are in season. You can find good deals at local food stores and farmers markets. Use this chart as a guide on what to buy each season of the year!

Winter

Fruits: Avocados Grapefruit Kiwi Oranges Strawberries Tangerines

Spring

Fruits: Apricots Avocados Cantaloupe Cherries Grapefruit Grapes Honeydew Kiwi Oranges Peaches Plums Strawberries Watermelons

Vegetables:

Artichokes Asparagus Broccoli Brussels Sprouts Cabbage Carrots

Vegetables:

Artichokes Asparagus Broccoli Cabbage Carrots Cauliflower Celery Cucumbers Lettuce Mushrooms Onions Spinach Tomatoes





Inland Empire Health Plan

Summer

Fruits: Apples Avocados Cantaloupe Grapefruit Grapes Honeydew Oranges Peaches Plums Strawberries Watermelons

Fall

Fruits: Apples Avocados Cantaloupe Dates Grapefruit Grapes Honeydew Kiwi Oranges Peaches Pears Plums Strawberries Watermelons

Vegetables:

Artichokes Broccoli Cabbage Carrots Cauliflower Celery Cucumbers Lettuce Mushrooms Onions Spinach Tomatoes

Vegetables:

Artichokes Broccoli Cabbage Carrots Cauliflower Celery Cucumbers Lettuce Mushrooms Onions Spinach Tomatoes



Inland Empire Health Plan

Do You Know How to Read Food Labels?

Reading food labels helps you choose foods that are lower in saturated fat, cholesterol and **sodium**. You can also read labels to find out the **calorie** content. Here's how you do it:



You will find "Nutrition Facts" on the label.

Look for these words: Total Fat Saturated Fat Trans Fat Cholesterol Sodium

Look at the % **Daily Value** listed next to each term. If the value is 5% or less in fat, saturated fat, cholesterol, and sodium, then that food is low in those items. Avoid foods that contain trans fat.

Here are some common food claims and what they mean per serving:

- Low Fat: 3g (grams) of fat or less
- Low Calorie: 40 calories or less
- Fat Free: Less than .05g of fat
- No Trans Fat: Less than 0.5g of trans fat
- Light/Lite: 50% less fat or 1/3 fewer calories than the regular product
- Cholesterol Free: Less than 2mg (milligrams) of cholesterol and 2g or less saturated fat.
- Extra Lean: Less than 5g of fat, 2g of saturated fat and 95mg of cholesterol

Foods like fresh fruits, vegetables, meat, fish and seafood don't have nutrition labels. But, the law states that their nutrition value must be on signs or posters in the store.



Activity: How to Read Food Labels

Take the food label quiz.

Food Label Quiz

Directions: Read the labels to answer the questions.

Amount Per Serving	
	Calories from Fat 12
	% Daily Value
Total Fat 14g	22
Saturated Fat 2g	10
Cholesterol Omg	0
Sodium Omg	0
Total Carbohydrate	∍ 0g 0
Protein 0g	0
Not a significant sou sugars, vitamin C, c thiamin, riboflavin, a	alcium, iron,
*Percent Daily Value a 2,000 calorie diet	
A Tortilla Chip	
F Tortilla Chip Serving Size 1 oz. (28g Servings Per Containe	g/about 18 chips)
Serving Size 1 oz. (28g	g/about 18 chips)
Serving Size 1 oz. (28 Servings Per Containe	g/about 18 chips)
Serving Size 1 oz. (28g Servings Per Containe Amount Per Serving	g/about 18 chips) r 11
Serving Size 1 oz. (28g Servings Per Containe Amount Per Serving	g/about 18 chips) r 11 Calories from Fat 6
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 0
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 0 6
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg Total Carbohydrate	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 00 6 e 22g 7
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg Total Carbohydrate Dietary Fiber 2g	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 0 6
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg Total Carbohydrate Dietary Fiber 2g Sugars 3g	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 00 6 e 22g 7
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg Total Carbohydrate Dietary Fiber 2g Sugars 3g	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 00 6 e 22g 7
Serving Size 1 oz. (28 Servings Per Container Amount Per Serving Calories 150 Total Fat 7g Saturated Fat 1g Cholesterol 0mg Sodium 135mg Total Carbohydrate Dietary Fiber 2g	g/about 18 chips) r 11 Calories from Fat 6 % Daily Value 11 5 00 6 22g 7 8

Α

Butter	
Serving Size 1 Tbs	p (15g)
	-
Amount Per Serv	
Calories 102	Calories from Fat 102
	% Daily Value*
Total Fat 12g	18%
Saturated Fat 6	g 30 %
Cholesterol 30n	ng 9%
Sodium 117mg	6%
Total Carbohyd	rate 0g 0%
Protein 0g	0%
Vitamin A	9%
Not a significant	source of fiber,
sugars, vitamin	C, calcium, iron,
thiamin, riboflav	in, and niacin.
*Percent Daily V	alues are based on
a 2,000 calorie	

В

1. Which food is lower in saturated fat: "A" or "B"?

The answer is "A." Vegetable, canola, corn, olive, safflower, and sunflower oils are lower in saturated fat than butter. Choose foods that are lower in saturated fat to help lower your cholesterol level. Limit the total amount you eat to keep your calories in check.

Serving Size 1 oz. (28 Servings Per Containe	
Amount Per Serving	1
Calories 110	Calories from Fat
	% Daily Valu
Total Fat 1g	1
Saturated Fat 0g	0
Cholesterol Omg	0
Sodium 200mg	8
Total Carbohydra	te 24g 8
Dietary Fiber 2g	8
Sugars 0g	
Protein 2g	
Vitamin A 0%	Vitamin C 0
Calcium 4%	• Iron 2%
* Percent Daily Values are b Your Daily Values may be your calorie needs.	

B

2. Which food is lower in total fat: "A" or "B"?

The answer is "B." Baked chips have less total fat than regular chips. Other low fat snacks are baked pretzels, air popped popcorn without butter or oil, fruit, low-fat yogurt or raw vegetables with low-fat dip.



A	
Egg Substitu Serving Size 1/4 cup (5 Servings Per Container	7g)
Amount Per Serving	
Calories 35	Calories from Fat 0
	% Daily Value*
Total Fat Og	0%
Saturated Fat 0g	0%
Polyunsaturated Fat	0g
Monounsaturated Fa	t Og
Cholesterol Omg	0%
Sodium 95mg	4%
Potassium 60mg	2%
Total Carbohydrate	2g 1%
Dietary Fiber 0g	0%
Sugars 2g	
Protein 6g	
Vitamin A	15%
Calcium	2%
Iron	6%
Thiamin	20%
Riboflavin	20%
Pantothenic Acid	15%
Zinc	4%
Not a significant source	
* Percent Daily Values are bas Your Daily Values may be hig your calorie needs.	

	В
Hard-Cool Serving Size 1 egg (
Amount Per Servin	g
Calories 77	Calories from Fat 45
	% Daily Value*
Total Fat 5g	8%
Saturated Fat 2g	10%
Cholesterol 213m	g 71 %
Sodium 62mg	3%
Total Carbohydra	ate 1g 0%
Protein 6g	12%
Vitamin A	6%
Calcium	3%
Iron	3%
Thiamin	2%
Riboflavin	15%
Not a significant s	source vitamin C,
thiamin, riboflavin	, and niacin.
	based on a 2,000 calorie diet. higher or lower depending on

3. Which food is lower in cholesterol: "A" or "B"?

The answer is "A." Egg substitute is cholesterol free. Egg yolk is high in cholesterol and saturated fat. Don't eat more than two eggs per week. Use two egg whites for each whole egg in recipes, or use a cholesterol-free egg substitute.

Good job!

Now you can compare the fat, cholesterol and sodium amounts in your food by reading food labels. Remember to eat a variety of foods in order to be heart healthy.

Use These Tips to Choose Healthy Foods

- Choose foods with less salt
- Eat whole grain products, fruits and vegetables
- Eat foods that are lower in animal fats (like poultry without skin)
- Eat foods with fats found in plants and seafood (like sesame, corn, soybean, nuts and fish)



MODULE 2 Depression

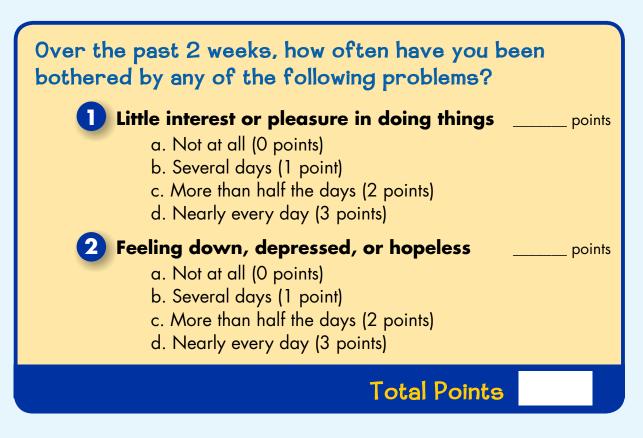
Could it be Depression?

Everyone feels down at times – it's a normal part of life. But if low moods are making it hard for you to get through your days, you may be struggling with depression.

Depression is a real and common illness – most people with depression need treatment to get better.

If you think you may have depression, we want you to know that you're not alone! IEHP can help – and you can get better!

Below are 2 questions that healthcare providers use as a tool to check if patients may be having problems with depression. Select **ONE** answer per question. Each answer has a point value. After you answer the questions, add your points together.



If your point total is **3 or higher**, you are showing signs of depression.

Please follow up with your Doctor to discuss this screening and to get the help you may need.

If your point total is **2 or less**, you are not showing signs of depression at this time. But if you still have concerns, please talk to your Doctor about your feelings.

This screening does not take the place of a clinical evaluation.

Self Help Checklist

Treating **depression** requires action, but taking action when you are depressed can be difficult. So start slowly. Plan to add positive things to your days one at a time, and reward yourself for the things you do. Below are some ideas to help you get started.

Check off the positive choices you made each day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Notes
Talked to a person I trust about my feelings								
Attended a support group								
Invited a friend for a walk								
Took an exercise class and meet new people								
Took some time for myself								
Slept at least 8 hours								
Spent time outside for at least 15 minutes of sunshine								
Ate breakfast								
Ate lunch								
Ate dinner								



My Self Help Checklist

Treating **depression** requires action, but taking action when you are depressed can be difficult. So start slowly. Plan to add positive things to your days one at a time, and reward yourself for the things you do.

Check off the positive choices you made each day:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Notes



"Baby Blues" and Postpartum Depression

Baby Blues

After your baby is born, your hormone levels will drop quickly. This coupled with lack of sleep and the stress of caring for your new baby can take its toll. One minute you feel happy and the next you start to cry. You may also feel anxious, irritable, worn out, or frustrated. These are normal **Baby Blues** symptoms and can last from a few hours to a couple of weeks. Most often, these feelings go away on their own without treatment.

Coping with Baby Blues

- Ask for help or allow others to help with household chores or caring for your baby.
- Make sure you get rest and take some time for yourself.
- Eat meals on a regular basis.
- Know that it's okay to talk about your feelings.

Postpartum Depression

For some women, these feelings can be more intense and can get in the way of daily life or caring for the baby. If the Baby Blues **last more than <u>two</u> weeks, call your Doctor** — you may have **Postpartum Depression**. This can happen at any time during the first year after your baby is born.





According to the CDC (Centers for Disease Control and Prevention), 1 in 8 U.S. women are diagnosed with Postpartum Depression.



Share this important message with your Support Person

Your **Support Person** can spot symptoms that are common with Postpartum Depression that may not be obvious to you. Here are some of the emotional and physical symptoms you may have that your Support Person should watch out for:

Emotional

- Anxiety, sadness, or hopelessness
- Feelings of guilt or shame
- Thoughts of harming yourself or your baby
- Being afraid to touch or not caring about your baby

Physical

- Shortness of breath
- Stomach problems/nausea
- Chills or hot flashes
- Palpitations
- Unable to sleep or concentrate
- Loss of energy
- Eating too much or too little



Don't ignore your Support Person's help and **talk to your Doctor**. Treatment and counseling will help relieve symptoms of Postpartum Depression.

Postpartum Depression isn't a character flaw or a weakness. Sometimes it's simply a side effect of giving birth. If you have Postpartum Depression, prompt treatment can help you manage your symptoms—and enjoy your baby.

If you think you may have Postpartum Depression, call your Doctor for help.



If you suspect that you may have Postpartum Depression, take the Edinburgh Postnatal Depression Scale Test **below** to find out.

Rea	inburgh Postnatal Depression Scale Test ad each question. Find the answer closest to how you have felt the past en days, not just how you feel today. Then circle the number on the right side
1.	I have been able to laugh and see the fun side of things.a. As much as I always could0b. Not quite so much now1c. Definitely not so much now2d. Not at all3
2.	I have looked forward with enjoyment to things.a. As much as I ever did
3.	I have blamed myself unnecessarily when things went wrong.a. Yes, most of the time3b. Yes, some of the time2c. Not very often1d. No, never0
4.	I have been anxious or worried for no good reason.a.No, not at all
5.	I have been scared or panicky for no good reason.a. Yes, quite a lot



	a. Yes, most of the time I haven't been able to cope at all
	b. Yes, sometimes I haven't been coping as well as usual
	c. No, most of the time I have coped quite well
	d. No, I have been coping as well as ever
7.	I have been very unhappy that I have had difficulty sleeping.
	a. Yes, most of the time
	b. Yes, sometimes
	c. Not very often 1
	d. No, not at all 0
8.	I have felt sad or miserable.
	a. Yes, most of the time 3
	b. Yes, quite often 2
	c. Not very often 1
	d. No, not at all 0
9.	I have been so unhappy that I've been crying.
	a. Yes, most of the time 3
	b. Yes, quite often 2
	c. Only occasionally 1
	d. No, never 0
10.	The thought of harming myself has occurred to me.
	a. Yes, quite often
	b. Sometimes 2*
	c. Hardly ever
	d. Never
	*Please contact your Doctor right away if you answer a., b. or c. to question #10

and need help. Please contact your Doctor right away.

MODULE 3 Healthy Weight



Obesity

Self-Care Guide

What is obesity?

Obesity is when a person weighs more than what is healthy for his or her height. Extra weight raises the risk of health problems like high blood pressure, type 2 diabetes, and heart disease.

What can lead to obesity?

For many people, it's eating more calories than the body can burn. There are also other factors, some of which can be changed while others can't:

- Age As you get older, your metabolism (how fast your body burns calories) slows down. You need fewer calories.
- Gender Men burn calories faster than women.
- Lifestyle How much you eat, the types of food, and how active you are affect your weight.
- **Illness** Although rare, there are some illnesses that can lead to weight gain.
- Medicine Some medicines such as steroids and those used to treat depression may lead to weight gain.

How does obesity affect me?

Research has shown that people who are obese have a higher risk for:

- Heart disease
- Type 2 diabetes
- High blood pressure
- High cholesterol
- Stroke
- Liver and gallbladder disease
- Breathing problems like sleep apnea
- Joint pain



How your Doctor can help you

<u>Talk to your Doctor</u> first about your desire to lose weight. He or she can give you advice on which method is best for you. To prepare, write down your questions before the visit:

- Do I have any health problems because of my weight?
- Where can I learn more about healthy eating?
- How much weight should I lose?
- Is weight loss medicine an option for me? What are the side effects?
- Is it safe for me to start an exercise program?

Don't forget to bring your questions and a notebook to the visit so you can take notes.

How to choose a weight loss program

Losing weight can be hard for a lot of people. To lose weight and keep it off often takes lifestyle changes, not fad diets.

A weight loss program should teach you how to:

- Reduce calories in a healthy way.
- Increase physical activity.
- Prepare healthy meals.

Once you have chosen a program, follow it and stick with it.

Here is some helpful advice:

- Be patient and give the program time. It takes about 66 days to change a habit. Set small weekly goals you can reach (e.g. losing 1-2 pounds per week, drinking water instead of soda).
- **Don't quit.** Don't let past failures to lose weight keep you from trying again. Breaking old habits takes time. Success will come.
- Do it for your health. Losing just 5% of your weight will:
 - \checkmark Lower your risk of heart disease and some cancers.
 - ✓ Reduce your risk for type 2 diabetes, and lower your blood sugar levels.
 - ✓ Lower your cholesterol level.
 - ✓ Take strain off your joints.
 - ✔ Give you more energy.
 - ✓ Improve your breathing.



Take an Active Role in Losing WeightSet up your Weight Loss Self-Care Plan so you know what to do.Trying to change habits after so many years is hard. Be honest with your Doctor and yourself. By working as a team, you can come up with new ideas to help you stay on track.	What I will do	I will join a weight loss program.	I will focus on losing 1-2 pounds this week.		I will have a side salad with low-fat dressing instead of french fries. I will start drinking water instead of soda. Aim for 8-10 glasses each day.	 Will create a food/activity journal: List how much and what you eat and drink each day. Don't forget snacks. Record your exercise – what you did and for how long. Record your weight once a week at the same time. For example, on Fridays when you first wake up. Write about your success and failures. Doing this will help you see which areas you are strong in and where you may need extra help. Track the amount of water you drink. 	Ask my Doctor how long I can be on weight loss medicine and what are the side effects.	Call IEHP Member Services at 1-800-440-4347 or 1-800-718-4347 for TTY users to enroll in a Weight Loss Program .	
an Ac Jr Weight Jabits after as a team,	>	D D	time	7		□ ser 1	٦	t get	
Take c Set up you Trying to change h yourself. By working ;	What needs to be done	Stick to the treatment plan and get support.	Set real goals. Lose weight slowly. Trying to lose too much too fast can set you up to fail. Smaller changes are easier to stick to over time	than drastic ones.	Choose healthy foods. Practice saying "no" to seconds and foods high in fat and sugar. Eat your meals slowly.	Keep a food and activity journal. Did you know that people think they eat and drink less than they really do? Taking a closer look at what you eat and drink in a day will help you in your weight loss efforts.	If you take weight loss medicine,	Keep in mind that medicine alone will not get you to a healthy weight. Your medicine	attend an IEHP weight loss program.

How is obesity measured?

The Body Mass Index (BMI) is the most common tool used in health care to assess weight and obesity in the general public. BMI is a number based on a person's weight and height. A person with a BMI of 18.5–24.9 is considered to be at a healthy weight.



										DI	1 12	ble	101.	Ad	uit
			0ve	erwei	ight						Ob	ese			
В	MI	25	26	27	28	29	30	31	32	33	34	35	36	37	38
He	eight									Body	Weig	ht (Po	unds)		
4′	10″	119	124	129	134	138	143	148	153	158	162	167	172	177	181
4'	′ 11 ″	124	128	133	138	143	148	153	158	163	168	173	178	183	188
5	'O″	128	133	138	143	148	153	158	163	168	174	179	184	189	194
5	<i>'</i> 1″	132	137	143	148	153	158	164	169	174	180	185	190	195	201
5	'2″	136	142	147	153	158	164	169	175	180	186	191	196	202	207
5	'3″	141	146	152	158	163	169	175	180	186	191	197	203	208	214
5	'4"	145	151	157	163	169	174	180	186	192	197	204	209	215	221
5	'5"	150	156	162	168	174	180	186	192	198	204	210	216	222	228
5	'6"	155	161	167	173	179	186	192	198	204	210	216	223	229	235
5	'7"	159	166	172	178	185	191	198	204	211	217	223	230	236	242
5	'8″	164	171	177	184	190	197	203	210	216	223	230	236	243	249
5	'9″	169	176	182	189	196	203	209	216	223	230	236	243	250	257
5′	10″	174	181	188	195	202	209	216	222	229	236	243	250	257	264
5'	′ 11 ″	179	186	193	200	208	215	222	229	236	243	250	257	265	272
6	ʻ0″	184	191	199	206	213	221	228	235	242	250	258	265	272	279
6	<i>"</i> 1 <i>"</i>	189	197	204	212	219	227	235	242	250	257	265	272	280	288
6	<i>'2″</i>	194	202	210	218	225	233	241	249	256	264	272	280	287	295
6	<i>'3″</i>	200	208	216	224	232	240	248	256	264	272	279	287	295	303
6	<i>'4"</i>	205	213	221	230	238	246	254	263	271	279	287	295	304	312



* This chart is a useful tool for adults only. BMI is measured differently for children and teens than it is for adults. determined by using a BMI chart that compares their weight and height along with growth charts. To receive a BM

How to find your BMI

Using the table below:

- 1. Find your height in the first column.
- 2. Go across the row to find the weight closest to your weight.
- 3. The bold number at the top of the column is your BMI.

Example:

1. My height: **<u>5'3"</u>**

2. My weight: **<u>249</u>**

3. My BMI: **44**

Men and Women

						Ext	reme	e Ob	esity	Y					
39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
					\bigcirc										
186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258
193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267
199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276
206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285
213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295
220	225	231	237	242	248	254	259	265	270	278	282	287	293	299	304
227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314
234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324
241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334
249	255	261	268	274	280	287	293	299	206	312	319	325	331	338	344
256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354
263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365
271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376
279	286	293	301	308	315	322	329	338	343	351	358	365	372	379	386
287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397
295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408
303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420
311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431
320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443
														Source	e: CDC

Source: CDC

Children are still growing, and boys and girls develop at different rates. So, BMI for children 2 to 20 years old is ⁄II screening for your child, call your pediatrician.



Obesity Self-Care Guide

Support groups

Overeaters Anonymous: For telephone meetings, face-to-face meetings, and online meetings visit <u>www.oa.org</u> or call 505-891-2664.

TOPS (Take off Pounds Sensibly): 1-800-932-8677 or visit www.tops.org

Notes:

Additional Resources

National Heart, Lung, and Blood Institute (NHLBI): www.nhlbi.nih.gov/health/resources

My city's Parks and Recreation Department:

YMCA general number 1-800-872-9622 My closest YMCA:

My local hospital: Hospitals sometimes offer weight loss or other wellness programs at no cost.

Phone Numbers and Program Information

IEHP Members can enroll in these no-cost/low-cost programs:

- Weight Loss
- Blood Pressure Management
- Healthy Heart
- Diabetes Self-Managemen
- Bicycle Safety
- Child Car Seat Safety
- Family Asthma
- Healthy Babies
- Living Well with a Disability
- Stop Smoking

For more information on these programs, call IEHP Member Services at 1-800-440-IEHP (4347) or 1-800-718-4347 for TTY users.





My Physical Activity Log

For The Week Of: 06/01/2020 Name: Mrs. Heart

Pick One:

Medium Intensity: For 3 days, I will be physically active for 25 minutes.

] High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes)

And Medium and high Intensity: For 2 days, I will include muscle strengthening exercises

	Day	Notes	Duration	Intensity	Type of Activity
	Monday	Zumba at the IEHP Community Resource Center	25 minutes	High	Aerobic
	Tuesday	Got busy and didn't have time			
	Wednesday	Did 20 squats after breakfast and before dinner	5 min. in the morning, 5 min. in the afternoon	High	Strength Training
	Thursday	Brisk walk at the mall	25 minutes	High	Aerobic
	Friday	Used water jugs as weights	10 minutes	Medium	Strength Training
	Saturday	Dancing at Blobbington Family Reunion	25 minutes	High	Aerobic
	Sunday	Rest day			
6	Reme	Remember to check with vour Doctor to help vou decide how much physical activity vou can safely do	cide how much physics	al activity vou can sa	felv do

Remember to check with your poctor to help you decide how much physical activity you can sately do

		-		_	 	 	
			Type of Activity				
Name: For The Week Of:	(S		Intensity				
	es. (Kids need 60 minute	nening exercises	Duration				
My Physical Activity Log	Medium Intensity: For 3 days, I will be physically active for 25 minutes. High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes) And	Medium and high Intensity: For 2 days, I will include muscle strengthening exercises	Notes				
Pick One:	 Medium Intensity: Fa High Intensity: For 4 And 	Medium and high In	Day				

Remember to check with your Doctor to help you decide how much physical activity you can safely do

MODULE 4 Managing Stress

What is Stress?

Stress is your body's normal response to any demand or pressure. But, if you're not able to manage your stress in a good way, it can lead to many health problems, like heart disease and high blood pressure.

Two Types of Stress

1. Acute Stress – Acute stress is the most common form of stress. This kind of stress lasts a short time. Common symptoms include:

Emotional Distress

- Anger
- Anxiety
- Sadness

Body Aches

- Tension headaches
- Back or jaw pain
- Muscle tension

Stomach Problems

- Heartburn
- Diarrhea
- Constipation

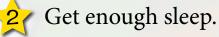


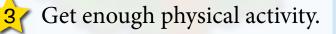
2. Chronic Stress – Chronic stress builds up and lasts a long time. It can feel like constant pressure that never ends. This type of stress can affect your mind and body in negative ways, leading to severe health problems.



Tip Sheet: How To Manage Your Stress







Take breaks during the day.

- 57 Make time to enjoy life and relax.
- **6** Be positive and stay calm.



7 Set goals that you can meet.



What's Your Stress Level?

The stress test looks at the physical, mental, emotional, spiritual, and so

Rate your satisfaction to each of the items by using this point scale below. To get your total score, please add up the points for all the items.

Extremely happy = +3	Mildly disappointed = -1
Very happy = +2	Very disappointed = -2
Mildly happy = +1	Completely disappointed = -3
Indifferent = 0	

The Ardell Wellness Stress Test*

Items	Points
1. Choice of career	
2. Present job/business/school	
3. Marital status	
4. Relationships with family and best friends	
5. Ability to have fun or enjoy things you like to do	
6. Amount of fun experienced in the last month	
7. Financial situation	
8. Sense of who you are (self-respect and confidence)	
9. Meaning or purpose in life; spirituality	
10. Level of self-worth or self-esteem	
11. Ability to impact others	
12. Sex life	
13. Your body – how it looks and performs	
14. Home life	
15. Life skills and education – knowledge of issues and facts not related to your job	
16. Ability to deal with change, crisis, setbacks, and other life events you did not expect	
17. Nutritional knowledge, attitudes, and eating habits	

cial aspects of health.

- 18. Ability to recover from disappointments, hurts, failures, and tragedies
- 19. Confidence that you are close to reaching your highest goals
- 20. Achievement of a balanced quality in your life
- 21. Sense that your life is getting better and fuller all the time
- 22. Level of participation in issues and concerns beyond your immediate interests
- 23. Choice whether to parent or not, and of child-rearing style and accepting the consequences or results of that choice
- 24. Role in some kind of group of friends, relatives, and/or others about whom you care deeply and who care deeply about you
- 25. Emotional acceptance of aging

TOTAL POINTS

What Your Score Means

+51 to +75: You are a person who has great balance when it comes to stress. There are a few, if any, challenges likely to affect your overall well being.

+25 to 50+: You are a person who is quite familiar with the wellness approach to life and have the ability to deal with events that can cause stress.

+1 to +24: You are a well-oriented person with the ability to improve. You may want to give a bit more attention to health concepts and skill building.

0 to -24: You may need to learn more information on how to deal with stress. A sudden increase of stress can cause an emotional setback.

-25 to -50: You might be experiencing too much stress, which can affect your health and well being. Talk to your Doctor.

-51 to -75: You are experiencing too much stress, which affects your health and well being. Talk to your Doctor right away.

This screening is not intended to be a substitute for a clinical evaluation. Please see your Doctor for a complete evaluation.

*Adapted from High Level Wellness: An Alternative to Doc, Drugs and Disease by Don Ardell

My Physical Activity Log

Name: *Mrs. Heart* For The Week Of: <u>06/01/2020</u>

Pick One:

Medium Intensity: For 3 days, I will be physically active for 25 minutes.

] High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes) And

Medium and high Intensity: For 2 days, I will include muscle strengthening exercises

Day	Notes	Duration	Intensity	Type of Activity
Monday	Zumba at the IEHP Community Resource Center	25 minutes	High	Aerobic
Tuesday	Got busy and didn't have time			
Wednesday	Did 20 squats after breakfast and before dinner	5 min. in the morning, 5 min. in the afternoon	High	Strength Training
Thursday	Brisk walk at the mall	25 minutes	High	Aerobic
Friday	Used water jugs as weights	10 minutes	Medium	Strength Training
Saturday	Dancing at Blobbington Family Reunion	25 minutes	High	Aerobic
Sunday	Rest day			

Remember to check with your Doctor to help you decide how much physical activity you can safely do

		Type of Activity				
Name: For The Week Of:	(9	Intensity				
	e. Kids need 60 minute Iening exercises	Duration				
My Physical Activity Log	Medium Intensity: For 3 days, I will be physically active for 25 minutes. High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes) And Medium and high Intensity: For 2 days, I will include muscle strengthening exercises	Notes				
Dick One.	Medium Intensity: For the High Intensity: For the And Medium and high Intensity manual high Intensity in the H	Day				,

Remember to check with your Doctor to help you decide how much physical activity you can safely do

MODULE 5 Physical Activity

Benefits of Physical Activity

Being physically active each day can greatly reduce your chance of getting heart disease. When you are just starting, you should choose something that you enjoy enough to do at least three times a week. If you are a beginner, work up to 30 minutes. Once you can do this easily, work up to one hour.

Physical Activity that Raises Your Heart Rate (Aerobic)

This type of physical activity makes your heart and lungs strong and helps you lose weight. The activity you choose does not have to be intense all of the time. Anything that gets your heart rate up is good.

Here are some examples:

- Walking Running
- Cycling Hiking

Physical Activity that Strengthens Your Muscles and Bones (Strength Training) This type of physical activity is sometimes called weight training, but it is not just for body builders. The weights that you use don't always have to be heavy.

This type of physical activity helps you:

- Sleep better Increase your metabolism
- Avoid injuries Improve coordination and balance

Common Physical Activities

Physical activity can be any kind of movement. Here are some activities you may be doing already or can start doing to help you become more active:

- Dancing
- Housework
- Parking your car farther away at the mall or grocery store
- Working in your garden
- Mowing the lawn or washing the car
- Taking the stairs instead of the elevator
- Walking the dog
- Walking before and after meals and during a break at work
- Getting off the bus a few blocks before your stop and walking the rest of the way

Calories Burned During Physical Activity

If your goal is to lose weight, you will have to burn extra calories by being more physically active and eating fewer calories. One pound of body fat is equal to 3,500 calories. This means you have to burn this amount of calories to lose one pound of body fat.

Physical Activity that Raises Your Heart Rate (Aerobic)

The amount of calories you burn while being physically active depends on three things:

- 1. How hard you work out
- 2. Your body weight the more you weigh, the more active you have to be
- 3. How long you work out each time being active for a longer time will burn more calories

Here are some common activities and the amount of calories that can be burned if a person does them consistently for one hour:

Activity	Calories Burned
Housework	160 Calories
Gardening, Planting	250 Calories
Walking, 3mph	280 Calories
Gardening, Hoeing	350 Calories
Dancing	388 Calories
Biking	450 Calories
Gardening, Digging	500 Calories
Jogging	500 Calories
Power Walking, 5mph	600 Calories
Running	700 Calories
Skipping Rope	700 Calories



Fitness on a Budget

You don't have to spend a lot of money on workout equipment. Common household items make great workout tools:

- Fill empty milk or water bottles with water or sand. Tape the top with duct tape to create a set of weights. You can add more water or sand to adjust the weight of the bottles as you get stronger.
- Canned goods come in many sizes and can be used as hand weights.
- You can also use bags of cereal, potatoes, rice and beans as hand weights.
- Trade workout DVDs with a friend or borrow them from the public library. You could also go to your local discount store for low-cost workout DVDs or try searching for videos online.
- Call your city's Park and Recreation Department and ask about low-cost sports and classes.

Logging Your Physical Activity

You may have tried tracking what you eat, but how about logging your physical activity? Keeping tabs on your activity routine may even inspire you to do more.

Use the log on the next page as a sample. Make photocopies of the blank log (on back of the sample log) and write down every physical activity that you do each day. Don't just log going for a run or lifting weights. Everyday chores that burn calories count too. Track activities like cleaning, shopping, or even walking the dog. Keep the log with you, so you can write things down before you forget. For best results, write in your log every day.



My Physical Activity Log

Name: *Mrs. Heart* For The Week Of: <u>06/01/2020</u>

Pick One:

Medium Intensity: For 3 days, I will be physically active for 25 minutes.

] High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes) And

Medium and high Intensity: For 2 days, I will include muscle strengthening exercises

Day	Notes	Duration	Intensity	Type of Activity
Monday	Zumba at the IEHP Community Resource Center	25 minutes	High	Aerobic
Tuesday	Got busy and didn't have time			
Wednesday	Did 20 squats after breakfast and before dinner	5 min. in the morning, 5 min. in the afternoon	High	Strength Training
Thursday	Brisk walk at the mall	25 minutes	High	Aerobic
Friday	Used water jugs as weights	10 minutes	Medium	Strength Training
Saturday	Dancing at Blobbington Family Reunion	25 minutes	High	Aerobic
Sunday	Rest day			

Remember to check with your Doctor to help you decide how much physical activity you can safely do

		Type of Activity					. .
Name: For The Week Of:	(9	Intensity					
	s. Kids need 60 minute Iening exercises	Duration					
My Physical Activity Log	Medium Intensity: For 3 days, I will be physically active for 25 minutes. High Intensity: For 5 days, I will be physically active for 30 minutes. (Kids need 60 minutes) And Medium and high Intensity: For 2 days, I will include muscle strengthening exercises	Notes					
My P Pick One:	 Medium Intensity: F High Intensity: For And Medium and high In 	Day				Ç	39

Remember to check with your Doctor to help you decide how much physical activity you can safely do

MODULE 6 Smoking Cessation



Stop Smoking

Self-Care Guide

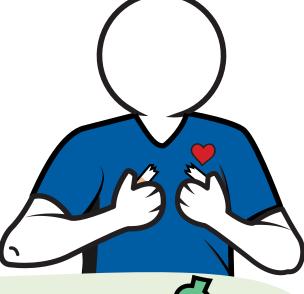
Smoking Can Take Over Your Life

You have seen all the stop-smoking ads on TV or have heard your Doctor tell you why you should quit smoking. You may be tired of hearing that smoking can kill you, or give you cancer, high blood

pressure, lung disease, bone disease, heart disease or stroke. You know the facts. Have you thought about how smoking takes over your life?

THINK ABOUT THIS:

- You need to carry matches or a lighter.
- You must find a place where you are allowed to smoke.
- You have to make time to smoke, even when it's not convenient.
- You always have to make sure you have money to buy cigarettes.



Want an Extra \$262 a Month?

In California, most brands of cigarettes cost about \$8.76 a pack (taxes included) at this time. Smoking a pack a day will cost you \$262.80 a month (30 days). That's over \$3,153 a year! Think of what you can do with that money!

N JUST A MONTH, YOU CAN BUY ONE OF THESE:

- O A mini getaway
- O A smartphone
- O Some new clothes
- O A day at the spa
- O Tickets to a sporting event

- O Dinner and a movie for the whole family
- O Your wish list: _____





Quitting is Worth it!

Quitting takes effort. But the rewards are priceless – your health and your loved ones' health.

- In just 1 day, your risk of heart attack drops.
- In as little as 2 weeks, you can breathe better.
- In 1 year, your risk of heart disease is cut in half.
- The longer you stay smoke free, the less chance you'll have for getting a stroke, cancer, or other "smoker" diseases.
- Your loved ones aren't exposed to secondhand smoke.

When you quit smoking, you gain many benefits:



More Time Instead of using up time for smoking breaks, you're free to do other things you enjoy.



More Cash Instead of spending your hard-earned money on cigarettes, you can save that money, pay off debt faster, or treat yourself to something nice!



More Energy In two weeks or so after you quit, you can breathe better and enjoy being more active.



More Health You'll be doing more to protect those you love from the dangers of secondhand smoke.



How to Quit Smoking

There are many ways to quit smoking. Some people quit "cold turkey." Others quit by using medicines.

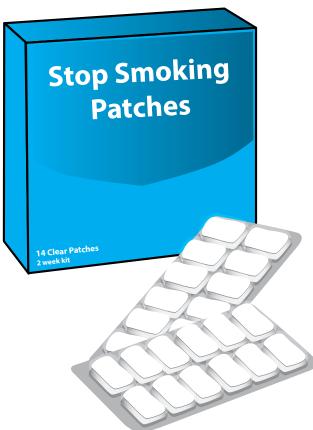
You may have quit for a short time using one method or another. But you started smoking again because it was too hard to cope with the cravings, headaches, and other symptoms. **Don't give up!**

USING MEDICINES TO HELP YOU QUIT

If you are ready to quit now, there are medicines that can help <u>reduce</u> the urge to smoke and other withdrawal symptoms. These include:

- Gum
- Patches
- Nasal spray
- Pills
- Lozenges
- Inhalers

Talk to your Doctor about which one is best for you.



IEHP can help you quit for good!

IEHP will cover your stop smoking medication, plus offer you a program to help you quit!
The Stop Smoking Program provides information by mail and supportive phone counseling – all in the comfort of your own home!

You can enroll through IEHP's Secure Member Portal or by calling IEHP Member Services at **1-800-440-4347** or **1-800-718-4347** for TTY users.





CHANGING HABITS AND COPING WITH TRIGGERS

Over the years, you form the habit of smoking. Smoking becomes part of everything you do. It can be smoking after a meal, while talking on the phone, when driving or drinking coffee. These are called **triggers**.

Here are a few tips to cope with triggers:

- Stay away from places where others will be smoking.
- Beat the craving by chewing sugarless gum or eating celery, carrots and other healthy foods.
- Take a deep breath through your nose and blow out slowly through your mouth. Do this 10 times.
- Instead of smoking first thing in the morning, go for a walk or take a shower right after you get up.
- Drink lots of water and avoid alcohol or drinks with caffeine at least for a short time.

It Gets Better!

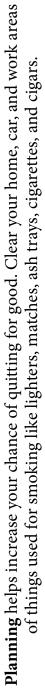
You will have fewer withdrawal symptoms over time. These symptoms mean your body is trying to get over the effects of smoking. Millions of people like you have quit for good.

Stick with it...you are on your way to a smoke-free life!





Your Stop Smoking Self-Care Plan



Make a list of reasons why you are ready to quit for good and remind yourself of them when you want to smoke:



For example:	My reasons are:
1. I want to be healthy for myself and my family.	I .
2. I want to save money so I/my family can buy the things we want.	3
3. I'm tired of planning for my next cigarette.	3.
4. I want to breathe better.	4.
5. I'm tired of my clothes, hair, car, and home smelling like smoke.	5.
6. I want to avoid health problems in the future.	6.
7. I want to stop coughing.	Ч.
What I Will Do:	
O Talk to my Doctor about the best way for me to stop smoking.	

O Ask someone to support me as I quit.

O Call IEHP Member Services at 1-800-440-4347 or 1-800-718-4347 for TTY users to enroll in the Stop Smoking Program.



Stop Smoking Self-Care Guide

Stay Informed About How to Quit:

Web Sites

Medline Plus www.nlm.nih.gov/medlineplus/quittingsmoking.html

Office of the Surgeon General www.surgeongeneral.gov/priorities/tobacco

American Lung Association www.lung.org/stop-smoking/

California Smokers' Helpline www.nobutts.org

IMPORTANT PHONE NUMBERS

Doctor:

Phone:_____

Pharmacy:

Phone:_____

Call **1-800-NO-BUTTS (1-800-662-8887)** for more information.

Phone Numbers and Program Information

IEHP Members can enroll in these no-cost/low-cost programs:

- Stop Smoking
- Family Asthma
- Bicycle Safety
- Blood Pressure Management
- Child Car Seat Safety
- Diabetes Self-Management
- Healthy Babies
- Healthy Heart
- Living Well with a Disability
- Weight Loss

For more information on these programs, call IEHP Member Services at **1-800-440-4347** or **1-800-718-4347** for TTY users.





Is Smoking Putting Your Family's Health at Risk?

The Truth about Secondhand Smoke



Even if they don't smoke, the people you live with can be at risk when exposed to your "secondhand" smoke. Even a very small amount can hurt their health.

What is Secondhand Smoke?

- Smoke that comes out of a smoker's mouth when exhaled, plus
- It smoke from the lit end of a cigarette, cigar, or pipe

Secondhand smoke has more than 4,000 chemicals. More than 60 of these can cause or increase the risk for cancer, even in people who don't smoke!

Being around secondhand smoke, even for short periods of time, can cause:

- 💜 Eye, nose, throat irritation
- **(**Coughing and wheezing
- 💜 Heart disease
- More problems for people with asthma, bronchitis, or allergies
- Headaches
 Dizziness
 Nausea
 Hoarseness

Pregnant women exposed to secondhand smoke are also at more risk of having low birth-weight babies.

Secondhand Smoke and Children

Children living with smokers have a higher risk of lung infections. Also, babies living with smokers have a higher chance of dying of Sudden Infant Death Syndrome (SIDS), the major cause of death in babies age 1 or younger.

Other problems for young children exposed to secondhand smoke:

- Coughing and wheezing
- Sore throats
- Wore middle ear infections
- V Increase in new cases of asthma
- Asthma getting worse in children who have asthma





Is Smoking Putting Your Family's Health at Risk?

The Truth about Secondhand Smoke



What can you do to protect your family? Of course, the best thing you can do for yourself and your family is to quit smoking. But, until you do, make sure you:

- Smoke outside only well away from other family members and pets. There are no safe levels of secondhand smoke.
- Never smoke indoors even when other family members are away.

Start on your quit smoking plan today! Fill out and mail back your survey to get started on a healthier life...for you and your family.





If you want to know more about the IEHP Stop Smoking Program or any other Health Education Program, call us today at 1-800-440-4347 or 1-800-718-4347 for TTY users. For details, you can also go to iehp.org.

Call **1-800-NO-BUTTS (1-800-662-8887)** for more information.



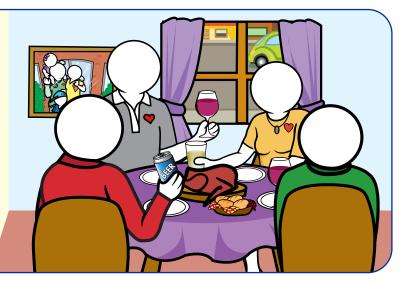
MODULE 7 At-Risk Drinking



Alcohol and Your Health

Drinking alcohol is often part of family celebrations and adult social events. Families have dinner and share a bottle of wine. Friends go out after work and have a couple of drinks.

But alcohol is also a very strong drug. And drinking too much alcohol can put your health and safety at risk.



What is heavy and at-risk drinking?

Drinking more alcohol than the daily or weekly limits listed below is called heavy or at-risk drinking.



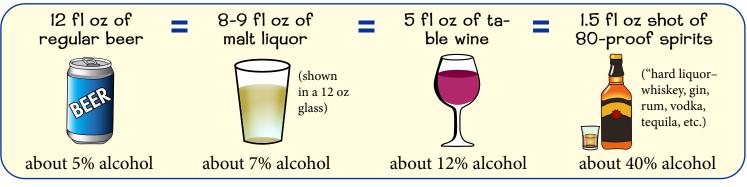
For men: 4 drinks in one day OR 14 drinks in one week.

For women: 3 drinks in one day OR 7 drinks in one week. For pregnant women, drinking any amount of alcohol puts you and your baby at risk.

"*Binge drinking*" is the most common type of heavy and at-risk drinking. Binge drinking is having enough drinks at one time to raise your blood alcohol above the legal limit.

What is a drink?

A standard drink in the U.S. has 0.6 ounces of pure alcohol. This is about what you might find in the items below.





The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

What are the risks?

Heavy drinkers are at high risk of becoming alcohol abusers. Alcohol abuse is when a person keeps drinking even when it causes family, social, and even legal problems.



Heavy drinking can lead to broken relationships with spouses and children, lost productivity at work or school, and loss of job.



For pregnant women, drinking alcohol can increase risk of miscarriage or stillbirth, or can cause brain damage and other birth defects.



Studies show that heavy drinking is the cause of 40% of fatal auto crashes, suicides, and fatal falls; 60% of fatal burns, drownings, and murders; and 50% of severe trauma injuries and sexual assaults.



🔴 Other risks are DUI tickets and legal costs, loss of driver's license, and even jail time. In California it is illegal for persons under 21 to drink alcohol.

Alcohol use is also linked to long-term *health problems* such as high blood pressure, heart disease, stroke, liver disease, cancer, dementia, depression and anxiety.

Over time, alcohol abuse can lead to alcohol dependence, also called "*alcoholism*." Alcoholism is a disease where a person is addicted to alcohol and feels that he or she must drink just to get through the day.

If you think you need to cut down on your drinking or if you need help quitting, talk with your Doctor. He or she can help you get the care you need.

Resources

Alcoholics Anonymous: Meetings to support those who want to quit drinking alcohol. To learn more or find A.A. near you, visit www.aa.org or call 212-870-3400.

Al-Anan/Alateen: Meetings to support friends and families. To learn more or find meetings near you, visit www.al-anon.alateen.org or call 1-888-425-2666.

2-1-1: This 24/7 live call center has many resources for free and low-cost health and human services. Dial 2-1-1 on your phone for this free call, or visit www.211sb.org in San Bernardino County and www.connectriverside.org in **Riverside County.**

"Rethinking Drinking," an informative booklet from the National Institutes of Health. You can download the booklet for free at www.rethinkingdrinking.niaaa.nih.gov.



At-Risk Dr Are you drinking too muc Answer the questions belo	ch alcohol?		Audia Entity Inland Empire Health Plan
_			
The CAGE Scre	ening*		
1. Have you ever felt you shou		drinking?	
Yes Yes	\square No	0	
<u> </u>			
2. Have people <u>annoyed</u> you l	oy criticizing your dri	inking?	
Yes	No No		
3. Have you ever felt bad or g	<u>uilty</u> about your drin	king?	
Yes	No No		
4. Have you ever had a drink hangover (<u>eye opener</u>)?	first thing in the mor	ning to steady your nerve	es or to get rid of a
Yes	🗌 No		

How to Score:

- 1. Each "Yes" answer has a score of "1" point, and each "No" answer has a score of "0" points.
- 2. Add up the points for all four questions to get your score.

What Does My Score Mean?

- A total score of 0 point means "negative" for alcohol dependence. You do not have an alcohol dependence.
- A total score of 1 point may suggest a problem with alcohol. If you have concerns about your results or would like a full assessment, follow up with your Doctor.

A total score of 2 or more points means "positive" for alcohol dependence. It is recommended that you follow up with your Doctor for a complete assessment.

This screening is not a substitute for a clinical evaluation. See your Doctor for a complete evaluation.

* Reference: Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill.



Questions? Call IEHP Member Services at 1-800-440-IEHP (4347) 1-800-718-4347 TTY

Monday - Friday, 8am - 5pm



