HEALTH & WELLNESS

**VERMONT GRANGERS WORKING IN OUR COMMUNITIES**

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The goal for this program is to work with the other departments in the Grange and with people in our communities to educate them about health issues.

Feeding the hungry is a Grange project to collect food for your local Food Shelf. See Community Service “Empty Plate” project.

**Duties of Subordinate/Community Health & Wellness Chair**

* Work with the Master and Lecturer to present a health program relevant to your Grange.
* Report at every meeting about a Health and Wellness topic.
* Contact another subordinate grange and offer to help - maybe plan a joint meeting.
* Visit another Subordinate Grange in person or via Zoom

**Duties of Pomona Health & Wellness Chair**

* Report at every Pomona meeting about a Health and Wellness topic
* Contact every Subordinate Grange in your Pomona and communicate with them that you are available to help - plan to attend a meeting.
* Attend State Committee Meetings and communicate information to your Subordinate Health Chairperson

**Health and Wellness Topics - Following are some suggestions to promote:**

* Masks as required by your local community; keep one in the car.
* Take a cooking class using $100 grant-see Education Aid
* Educate about Dementia and other illnesses.
* Suicide Prevention- 802-254-6590/802-273-8255
* Opioid education
  + Rx Abuse Leadership Initiative (RALI) medication disposal bags
  + Local medicine disposal sites
* Discuss vaccines with your primary care provider.
  + Covid 19-Get boosted.
  + Shingles
  + Pneumonia
  + TDaP – Importance of parents and grandparents to get Pertussis vaccine.
* Healthy snacks
* Washing hands and use of soap
* Healthy Plate
  + Protein, dairy, fruits, veggies
  + portion size
  + 5 servings of fruit and vegetables per day
* Health eating habits
  + eat slower
  + eat breakfast
  + put fork down between bites
  + smaller fork/plates
* Move/exercise:
  + 5,000 steps/day
  + Take the stairs.
  + Do not pick the closest parking place to your destination.
* Dehydration, can cause:
  + dry skin/chapped lips
  + headaches
  + increase or decrease blood pressure.
* Time to drink water:
* At bedtime and first thing in the morning
* Add citrus (lemon), kiwi, fruit to water.
* Mental Well-being:
  + Check on your neighbor/senior citizen.
  + Be a good listener.
  + Depression, seek help.
  + Suicide Hotline – Dial 988 for Suicide and Crisis Lifeline - Suicide prevention and resources
  + Check in with people that live alone.
* Type 2 Diabetes/Hypertension
* Container or Raised Bed Gardening (work with Ag/Environment and/or Family Activities)

**Mental Health** – Website: Ruralminds.org

### Growing Hope Together – The National Grange and Rural Minds Collaborate to Help Prevent Suicide in Rural America. National Grange and Rural Minds have joined forces and offer free Webinar to all. Go to the National Grange or **Rural Minds website for additional information**.

**Monthly ideas for programs**

* January - Blood donor month; Cervical cancer awareness month; Thyroid cancer month, 1/11 is National Milk Day
* February - National Heart Month (wear Red); Low vision month; Children’s Dental month
* March - MS Awareness; Colorectal Cancer; Deaf History Month, Endometriosis Awareness; Nutrition
* April - Alcohol Awareness; IBS; Autism Awareness; Parkinson’s Awareness, Stress Awareness Month
* May - Stroke Awareness; Arthritis Awareness; CF; Healthy Vision, Dental Care Month
* June - VT Dairy Month; Alzheimer’s Awareness; Cataract Awareness; Scleroderma Awareness; Men’s Health, Pride Month
* July - Healthy Vision; Juvenile Arthritis; Sarcoma Awareness, National Ice Cream Month, World Chocolate Day on 7/5
* August - Psoriasis; Lung Cancer Awareness, Eye Exam Month, Immunization Awareness Month
* September - Blood Cancer; Healthy Aging Month; AFib Awareness; Cholesterol Awareness; Ovarian Cancer; Prostate Cancer
* October - Breast Cancer Month; Down Syndrome Awareness; Mental Illness Month, 10/21 is Apple Day
* November - Diabetes Month; Bladder Health Month; COPD Awareness; Epilepsy Awareness; Pancreatic Cancer; Great American Smoke-Out Nov. 19
* December- Flu Vaccination week 12/6-12; Handwashing Awareness; AIDS day 12/1

**Resources**

* Contact [www.CDC.gov](www.CDC.gov%20) for additional information and health related ideas
* [www.UVM.edu/extension](www.UVM.edu/extension%20)
* <Ruralminds.org>
* CRISIS TEXT LINE: Text VT to 741741 from anywhere in the USA to text with a trained Crisis Counselor.
* VT Health.Org Health Awareness Calendar

## **HEALTH & WELLNESS ANNUAL SUBORDINATE REPORT 2023-2024**

Grange Name & Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you donate to your local Food Shelf? **YES / NO**

How much money? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many pounds? \_\_\_\_\_\_\_\_\_\_\_\_\_ **or** items? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your Grange support a Food Shelf in some other way? If so, describe:

Did you write a Health resolution? **YES / NO**

* Please attach resolution to this report.

Did you report on Health topics at 6 meetings? **YES / NO**

Date of meeting List Topics

1.

2.

3.

4.

5.

6.

Did you support a community meal (donating food or time)?

See Community Service Empty Plate Form **YES / NO** Describe

Emergency Car totes – Host an educational program (Summer & Winter) **YES / NO**  Describe

Informational meeting on opioid crisis (proper disposal of drugs) **YES / NO**

Describe

**You need to provide evidence to earn your points**

|  |  |  |
| --- | --- | --- |
| **SUBORDINATE/COMMUNITY GRANGE SEAL REQUIREMENTS** | | Points Earned |
| 30pts | Submit completed report in notebook |  |
| 20pts | Present a Health program |  |
| 20pts | Write a Health Resolution (attach copy to this report) |  |
| 20pts | Report at every meeting (see documentation) |  |
| 20pts | Invite Pomona Health Chair to your Health Program |  |
| 20pts | Invite State Health Director to your Health Program |  |
| 20pts | Visit another subordinate Grange- show evidence |  |
| 1 to 40pts | Donate to Food Shelf - Money or point per pound/item of food donated with max of 40 pts |  |
| **Must total at least 80 points to receive a seal – Total your Points Here** | |  |

## **HEALTH & WELLNESS ANNUAL**

## **POMONA REPORT 2023-2024**

Name of Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pomona name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Pomona Committee Chair’s serve on the Vermont State Grange Committee to help the State Director and are the communication link to subordinate/community Granges.***

How many Subordinate Granges in your Pomona? \_\_\_\_\_\_

Did you contact the Health Awareness Chair (or Master) of each of your subordinate Granges to offer to visit, talk about Health Awareness program, offer assistance? Document date, Grange name, contact person, topics on separate piece of paper and attach to this form.

Did you attend Subordinate meetings in your Pomona when the Health Awareness Chair did the program? Were you invited? Where did you go? Document visits below and give brief descriptions of the theme and activities.

Subordinate Grange Invite Attended Date Activity

A few sentences of what was reported at Pomona meetings. (Minimum of 4 meetings)

Date Topic

1

2

3

4

**You need to provide evidence to earn your points**

|  |  |  |
| --- | --- | --- |
| **POMONA GRANGE SEAL REQUIREMENTS** | | Points Earned |
| 30pts | Submit completed report in notebook |  |
| 30pts | Present a Health Awareness- Describe your program |  |
| 40pts | Contact Subordinate Family Activities Chairs – provide proof of contact with chairs (copy of letters, emails, etc.) |  |
| 20pts | For each Subordinate Grange visit in your Pomona |  |
| 20pts | Required 4 Meeting reports |  |
| 15pts | Donation of $5.00 National Delegates Gift |  |
| 20pts | Invite State Health Director to your Health Program |  |
| 20pts | Attending state committee meetings in person or via Zoom |  |
| 30pts | Your Pomona’s Community Service Project- Describe project |  |
| **Must total at least 80 points to receive a seal – Total your Points Here** | |  |