

Lisa Scolman

Be Well Therapy Inc.

Submission Date: Oct 13, 2021 1:00 PM

Organization Name: Be Well Therapy Inc.

Program Title: Be Well Yoga for Cancer Recovery

Person submitting the report: Lisa Scolman

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	0	
Young Adults (13-18)	0	
Adults (18-60)	85	
Seniors (60+)	15	
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	96	
Male	4	
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	15	
Very Low (50%0 Income (ceiling of \$53,500)	60	
Low (80%) Income (ceiling of \$85,600)	25	
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter?

3

Please provide the Goal 1 statement from your application. Discuss the actions within each

GOAL 1: To improve the health and well being of cancer survivors by providing Yoga and mindfulness practices that compliment traditional therapies thereby

objective and provide your outcome data accordingly.

providing optimal physical and mental healing for the recovering patient as well as to their caregivers and support structure.

Our 1st objective will be to increase the number of program participants in our FRHD Yoga and Mindfulness for cancer recovery classes to greater than the number enrolled and participating pre-Covid.

OUTCOME: Our in person classes still has still not grow to preCOVID, though we are researching class schedule times for better attendance. Broga class has remained small, despite change of class time. We are reaching out to other doctors and nurses to get the word out again.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Our second objective will be to provide one on one socially distanced sessions for those survivors who have been unable to attend our virtual classes due to a lack of internet or who do not yet feel comfortable attending public classes once resumed. We will target holding 2-3 private sessions per month.

OUTCOME: Private sessions have proved to be very popular and we have hosted 1/week. We hope to continue to grow these until people feel more comfortable to attend the in person classes.

Participant Success Story:

We have had one loyal Broga attendee since we started the program and since FRHD funded the program. Attached is his testimonial. In addition, attached is our quarterly survey.

Participant Success Story:


[ParticipantSuccessStory_Q1_FRHD_Survey.pdf](#)

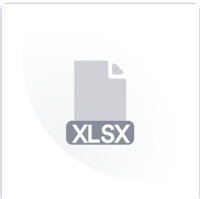
Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

Fallbrook Regional Health District's Grant investment was acknowledged via social media and emails to Be Well Followers and Subscribers on posts and mentions about Broga and also upcoming FRHD events.

Please upload one example of how the District's support for this program was publicly acknowledged.


[2021 Q1 FRHD PROGRAM ACKNOWLEDGMENT.pdf](#)

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[21_22 FRHD CHC Program Budget Form Be Well Therapy Inc. REV1.xlsx](#)

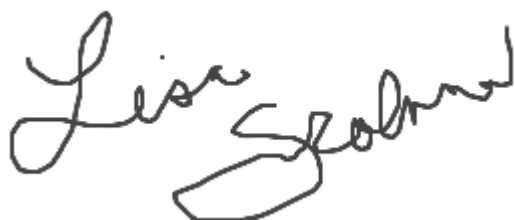
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Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

N/A

Please sign your form:

A handwritten signature in black ink, appearing to read "Lisa Johnson". The signature is written in a cursive, flowing style.

