**January /February 2015**

**Should I Consider Tracking My Activity?**

What is the point of tracking health statistics, diet and exercise? Most of the time the results of lifestyle changes can take many months or more to become noticeable. Many people quit their diet and exercise plan because they feel like they are working hard and sacrificing but nothing is happening. Tracking your health, diet, and fitness can help you to realize that you are making progress.

**Motivation** - Keeping a record can help you stay on track. Seeing that you've lost several pounds or can walk around the block faster are reminders that you are taking small steps toward your larger goal.

# Accountability - Even telling one person that you plan to walk, exercise, etc. increases your chance of doing it. *“Two are better than one . . . If either of them falls down, one can help the other up.” Ecclesiastes 4:9-11 (NIV)* Having your diet and exercise plan in writing is better that simply trying to "cut back" on unhealthy foods or "exercise more." Measurable, definite, time focused achievable plans and goals make sense.

**Planning** - Whether your goal is to lose 10 pounds or lower your blood pressure by 5 points you will need a plan. Tracking your exercise and diet on a daily basis will assist you to reach your goal. Did you know that 3500 calories is equivalent to one pound of body weight? By burning up 500 more calories per day than you are consuming you can lose 1 pound per week. Diet changes can assist to lower your blood pressure. The DASH method is a great resource. Menus available at http://mydoctor.kaiserpermanente.org/ncal/Images

/Dash%20Diet%2095380\_tcm75-99463.pdf

**Consistency** - Changes occur one at a time. Plan one change at a time. Start with small baby steps. Don’t get lost in the day-to-day struggle and lose sight of the big picture.

*Tracking can* give you a graphic view of your progress. Some may choose to use a pedometer or an online fitness tracking system. Pedometers have become more advanced recently. My place of employment promotes use of the MOVband. Popular brands are Fitbit, Omron and Ozeri. Prices range $10 and up. If a paper and pen diary will work for you, great! For others acomputer-based or web-based model might just ring in a healthy and happier new year.

**Exploring Ways to Get Active in 2015**

If one of your goals in 2015 is to increase your activity level here are some ideas.

*Yoga*- Classes teach relaxation, breathing, exercise and meditation.

If you have concerns about the type of meditation talk with the instructor first. Many classes do not center on Eastern religious practices.

*Tai Chi*- This practice can help with balance, flexibility and can also strengthen muscles.

*Arthritis Tai Chi* – Many classes offer a joint-safe program which can reduce pain and stiffness while improving flexibility and strength.

*Zumba –* This is a lively way to move in sync with music.

*Tae Bo* – This is a total body fitness system which incorporates martial arts techniques. It is rapid paced and has kicks and punches for a cardiac workout.

*Lebed Method* – This includes smooth and slow movement with gentle resistance. This can be especially beneficial to those dealing with lymphedema, osteoarthritis and muscle weakness.

Many of such classes are offered locally. Checking with local senior centers and YMCAs can be helpful.

The Hancock County Senior Service Center offers beginning yoga, walking (to music), arthritis tai chi and Lebed (as Health Steps) free. Zumba is $5 if < 60 and $3 if >60. Tai Chi is $3 for all. Tae Bo is $3 per class. Call 304-564-3801 or 304-387-1036 for registration or more information. You do not have to be a WV resident to participate.

**Suggested Resources for Families**

“Wise Words for Moms”

Teaching a child to “put off” the sinful and “put on” the right behavior can be a challenge. “Wise Words for Moms” by Ginger Plowman is a useful calendar sized chart. This scriptural guide includes everyday wisdom for dealing with strife, pride, revenge, discontentment, discouragement, destruction, disobedience, lying, fear, quarrelling, revenge, tattling, teasing, whining, worrying and more. Cost is under $8 including shipping and handling. Go to www.shepherdpress.com or call 1800-338-1445.

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Faith Friendly Movies and Programs are on Netflix – This is not an endorsement for Netflix but you may want preview these “Faith Friendly” resources. Some trailers available on http://www.christianfilmdatabase.com

## Revelation Road: The Beginning of the End

## This is an action movie about a traveling salesman caught in the middle of a robbery. All he wants is to get home to his family in the midst of earthquakes and world chaos that may be “the rapture.” His journey becomes one to the very center of his soul. Not rated.

## Unconditional

Unlikely childhood friends lost touch. Uncontrollable events bring them back together. A riveting story inspired by true events leaves audiences eager to find the hope in unfortunate circumstances and unexpected places. (PG -13)

The Encounter

### This isan inspirational and intriguing faith-filled family drama about five people stranded in a diner who are encouraged to examine the true condition of their lives. It stars Bruce Marchiano as Jesus in a present day setting. Not ratedd.

Veggies in the House (a series)

The original Veggie Tale characters like Bob tomato and Larry cucumber are redesigned in this new series that includes faith-based entertainment for today’s generation.

*If you have other suggestions of resources contact us so we can share them in future issues.*

**Doing More to Prevent Breast Cancer**

Researchers now are more convinced that the structure of diet, level of activity and alcohol intake in childhood and adolescence and up to age 30 establishes a woman's lifetime risk for breast cancer. Only 50% of breast cancers are preventable with a healthy lifestyle started in midlife but 68% of breast cancers are projected to be preventable with a healthy lifestyle started in childhood and continued through adulthood. *So what can be done at early ages?*

**Infancy -** Breastfeeding a baby girl reduces her risk. As early as age 2 avoiding excessive amounts of milk decreases growth velocity which decreases risk.

## **Childhood -** Proper physical activity and avoiding weight gain is essential. The recommendation of a healthy plant-based diet is clearly consistent with breast cancer prevention. A diet rich in vegetable protein diet results in later menarche, less growth velocity and less risk than an animal protein diet. Examples of vegetable proteins include split peas, green peas, corn, broccoli, chickpeas, spinach, artichokes and potatoes.

## **Adolescence -** This is an important time for parents to model all healthy behaviors. With breast cells dividing with each monthly cycle there is risk accumulation. Alcohol is a known carcinogen. Its use in adolescence and before the first pregnancy increases risk for premalignant breast lesions and invasive breast cancer about 5%.

Facts About Breast Cancer Prevention

* 30 minutes of walking each day lowers risk by 20%
* Each drink of alcohol per day increases risk by 10%
* Cumulative time spent breastfeeding can decrease risk by 20%
* Diets with < 20 – 30 % of calories from fat decrease risk

If overweight:

* Losing 10 pounds decreases risk by 10%
* Losing 20 pounds decreases risk by 20%.

# Reference: Brookes, L. and Colditz, G., Breast Cancer Prevention Starts in Childhood,

Medscape Oncology (2014) Retrieved at http://www.medscape.com/viewarticle/835892 on December 30, 2014

**March / April 2015**

**What Hospice is—and What It Isn’t**

Nearly half the U.S. population will be touched this year by the death of a friend, family member or colleague. Some may benefit by hospice care but many do not completely understand it.

**Myth *#1****: Hospice is a place*. Hospice isn’t a place. It’s the treatment of physical and emotional pain and symptoms at the end of life.

Hospice is designed to allow people to die at home free of pain, surrounded by family and loved ones.

**Myth #2**: Hospice is “giving up.” Hospice is not about giving up. When there is no cure an interdisciplinary team of professionals work to control pain, reduce anxiety and provide medical, spiritual and

emotional comfort to patients and their families. The goal is to improve the quality of life, easing fears and the financial burden.

**Myth #3:** Hospice is for cancer patients. Hospice provides care for a wide range of illnesses, including cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, Alzheimer’s, and Parkinson’s.

**Myth #4:** Hospice care is expensive. Compared to multiple hospital readmissions and complex intensive hospital care, hospice care saves healthcare dollars. Medicare Hospice Benefit covers 100 percent of cost including medication and related medical equipment. No deductibles; no out-of-pocket expenses. Most private insurance plans also include a hospice benefit.

Other facts

*Best hospice care takes time.* It is most beneficial to those whose life expectancy is approximately six months. Care can be longer when a physician certifies that the patient meets eligibility requirements.

*Transitioning to hospice is a simple process*. A patient or loved one asks the physician for a referral or contacts a hospice program for evaluation. If clinically appropriate, admission can be accomplished in less than 24 hours.

Research shows 94 percent of *families rated hospice care as*

*very good to excellent.*

Reference: Considering Hospice Care: A Discussion Guide for Families

https://www.vitas.com/~/media/pdfs/vitas\_discusson\_guide.ashx retrieved on 2/21/15

**Teaching Kids to Show Empathy**

It may seem pretty easy to teach kids how to rejoice with others but how do we teach the "mourn with those who mourn" part of Romans 12:15? How will they develop what we term “empathy”? It may not be often that they will walk alongside those who are hurting but helping them know how to respond to others' pain is important.  
 *Talk about acknowledging pain and sorrow*. Disappointments and hurts come in different sizes. Asking them to imagine themselves in the situation might be a good way to begin to explain someone else’s feelings. Have them imitate a facial expression like “sadness.” Studies show we can “boost” our empathic powers by doing this.

*Model empathy*: Point out situations that call for empathy. For example, if you see someone being victimized (in life, on TV or in a book) talk with your child about how that person must feel and what could help.

*Explain that pain is personal.* Loss of a pet can create a common experience or a very different one**.** Remind your kids not to minimize someone's pain by comparing it exactly to their own experience.  
  
*Expect awkwardness*. Let them know adults sometimes don’t know what to say and it’s OK to stumble over words. Having a listening ear and being willing to talk about our feelings and others feeling is OK.

*Be a prayer partner.* Let the person know that you are praying for them and write down specific requests. Ask how things are going.

*Memorize* II Corinthians 1:4 “He comforts us in all our troubles so that we can comfort others. When they are troubled, we will be able to give them the same comfort God has given us”. NLT

When the opportunity to show empathy arises put these points to practice. See what the Lord teaches us all and give God the glory.

*Resource: Daly*, J. Wrestling with Empathy, Thriving Family, Jan/Feb 2012 Retrieved on Feb. 21, 2015 at <http://www.thrivingfamily.com/Family/Life/For%20Him/2012/daly-focus-teaching-kids-to-show>- empathy.aspx?utm\_source=nl\_ focusenews &utm\_medium =email&utm\_campaign =255702&refcd=255702

**Test Your Stroke IQ**

1. A stroke occurs when a blood vessel in the brain is blocked, leaks,

or bursts. True or False?

2. What is the major risk factor for stroke? a. obesity b. diabetes

c. high blood pressure d. family history of stroke

3. Strokes rarely occur in people under 65. True or False

4. Who is more likely to die from a stroke? Men or Women?

5. A sudden, severe headache could be a symptom of a stroke. True or False

6. Stroke ranks fourth in the leading cause of death in the US? True or False

7. It’s not important how soon a stroke patient gets to emergency care. T /F

9. Blood supply to the brain that is *briefly* interrupted describes what?

10. What is another term for stroke?\_\_\_\_\_\_\_

11. What condition and stroke can occur together or very close in proximity?

*Answers*

1. True With an ischemic stroke a blood clot blocks a vessel. With a

hemorrhagic stroke, there is bleeding into the brain tissue.

2. c High blood pressure**.** As blood pressure rises, so does the risk of stroke.

Almost one in three adults in America has hypertension.

3. False. A stroke can happen at any age. Age increases risk. Nearly 1/4

occur under the age of 65. Incidence doubles for each 10 yrs .after age 55.

4. Women tend to live longer and have strokes when they're older. Men are

more likely to have strokes at younger ages, and survival rate is higher.

5. True**.** Other symptoms include sudden numbness or weakness of the face,

arms or leg, especially on one side of the body; sudden confusion, trouble

speaking or understanding; sudden trouble [walking](http://www.medicinenet.com/walking/article.htm), [dizziness](http://www.medicinenet.com/dizziness_dizzy/article.htm), loss of

balance or coordination, and/or sudden problems with vision.

6. False Stroke is the third leading cause of death in the United States.

7. False. Those who arrive at the ER within 3 hours of their first symptoms

tend to be healthier three months after stroke than those who delayed care.

9. Mini stroke, ([transient ischemic attack](http://www.medicinenet.com/transient_ischemic_attack_tia_mini-stroke/article.htm) or TIA).

10. Brain attackor CVA"cerebrovascular accident" (CVA).

11. [Heart attack](http://www.medicinenet.com/heart_attack/article.htm). It is not unusual for a stroke and heart attack to occur at the

same time or in very close proximity to each other.

Reference: Stroke Quiz: Test Your Medical IQ, Medicinenet.com retrieved from

http://www.medicinenet.com/stroke\_quiz/faq.htm#faq-2801 on 2/14/25

**Are You Irritable and Resentful? Do Some Self-Care**

Are you irritable and resentful when you are tired or burned out? Self care can help your perceptions to be realistic instead of distorted.

**Try these four suggestions.**

### **#1 Prayerfully encourage and equip others** to be responsible for their own matters. Avoid fostering them to depend on you. Scripture tells us to “encourage one another and build each other up” and also “to cast all of our anxieties on Him.” This requires a prayerful balance.

**#2** **Do at least one thing everyday for yourself.** Make a list of things you truly enjoy. It could be reading, singing, walking, **taking** a bath,…you get the idea. Schedule one of these activities into your daily routine. Make that time your self-care gift to yourself regularly. This should help to fill up your reserves of energy and patience. Humoring yourself is also self care since a merry heart is as good as medicine. (Proverbs 17:22)

**#3** **Get enough sleep**. Sleep is the most underrated basic necessity of life and helps emotional balance. Seven or eight hours is recommended on a regular basis. If you are “over committed”

take a good look at everything you are saying “yes” to. Ask God to help you prioritize.

**#4 Get supported**. Moses needed Aaron and Hur to encourage him. We are not meant to stand alone. Reach out. Find those who believe in you. The right amount of support can make the difference between feeling depleted, and fulfilled and happy.

**Still need help** with getting out of resentment and into fulfillment and joy? Make an appointment with your pastor or a spiritual mentor. Spend time in prayer about it.

Reference: Garchitorena, T.  Four Keys to Banishing Resentment and Irritation, Feb 19, 2015 retrieved March 1, 2015 at <http://www.deeplyhappy.com/four-keys-banishing-resentment-irritation/>

**May /June 2015**

**Blood Pressure and First Stroke Risk**

Stroke is one of the leading causes of death and disability. A new study reveals that keeping the top number in a blood pressure reading below 140 helps reduce the risk stroke in healthy people 60 and older.High blood pressure is a modifiable risk factor for stroke. *Modifiable* is the key word. See lifestyle changes to modify blood pressure below.

Three groups were in the study. Group “A” had systolic blood pressures less than 140. Group “B” had systolic blood pressures between 140 and 149. Group “C” had systolic blood pressures above 150.Group “B’s” (140 – 149) risk of *first stroke* was 70 percent higher than those in group “A” (those below 140). The *first stroke* risk of group “C” (those > 150) was 80 percent higher than those whose pressure was under 140.

The study also found these statistics per group:

|  |  |
| --- | --- |
| Group | First Stoke Risk |
| Hispanics with readings 140-149 | 2.4 times the risk of those < 140 |
| Blacks with readings 140-149 | 2 times risk of those <140 |
| Women with readings 140-149 | Almost 2 x risk of those <140 |
| Men with readings 140-149 | 34 % more likely than those <140 |

10 lifestyle changes to lower your blood pressure and keep it down.

1. Lose extra pounds and watch your waistline

2. Exercise regularly

3. Eat a healthy diet

4. Reduce sodium in your diet

5. Limit the amount of alcohol you drink

6. Avoid tobacco products and secondhand smoke

7. Cut back on caffeine

8. Reduce your stress

9. Monitor your blood pressure

10. Get support from family and friends

Preidt, R. (2015) Lower Blood Pressure Reduces First Stroke Risk: Study, HealthDay News, Retrieved on April 19, 2015 from <http://www.medicinenet.com/script/main/art.asp?articlekey=186866>

Mayo Clinic, (2015), Diseases and Conditions, High blood pressure <http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/high-blood-pressure/ART-20046974?pg=2> [Diseases and Conditions](http://www.mayoclinic.org/diseases-conditions), Retrieved April, 19, 2015

### **Ways to Lower Blood Pressure (BP)**

### Why should you be concerned about lifestyle changes to lower BP?

### 1. Losing weight also makes any blood pressure medications you're

### taking more effective. Losing just 10 pounds can help reduce your

### blood pressure. Your doctor can determine your target weight.

Those with greater risk of high blood pressure are:

|  |  |
| --- | --- |
| Men if | waist measurement is greater than 40 inches |
| Women if | waist measurement is greater than 35 inches |

### 2. Exercising 30 to 60 minutes most days of the week — can lower

### your BP by 4 to 9 points. This may happen within just a few weeks.

### Always consult a doctor about starting an exercise program.

3. Exercise can prevent pre-hypertension developing into

hypertension. Pre-hypertension is consistent readings of

120 to 139 over 80 to 89.

### 4. Dietary approaches can stop hypertension in some cases. A diet

### rich in whole grains, fruits, vegetables and low-fat dairy products

### and is low in saturated fat and cholesterol can lower your blood

### pressure by up to 14 mm Hg. ***Tips include.***

### ***Keep a food diary*.** Writing down what you eat, even for just a week. Monitor what you eat, how much, when and why.

### ***Consider boosting potassium* after consulting with your doctor.** Potassium can lessen the effects of sodium on BP.

### ***Be a smart shopper*.** Make a shopping list. Read food labels and stick to your healthy-eating plan.

### 5. A small reduction in sodium can reduce BP by 2 to 8 points.

### In general, limit sodium to 2,300 milligrams (mg) a day or less.

To decrease sodium in your diet, consider:

* ***Keep a food diary*** to estimate sodium intake.
* ***Read food labels.*** Choose low-sodium alternatives.
* ***Eat fewer processed foods.***
* ***Don't add salt.*** One teaspoon salt =2,300 mg of sodium. Use herbs or spices instead.
* ***Ease into less sodium.*** Your palate will adjust over time.

Mayo Clinic, (2015), Diseases and Conditions, High blood pressure

<http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/high-blood-pressure/ART-20046974?pg=2> [Diseases and Conditions](http://www.mayoclinic.org/diseases-conditions), Retrieved April, 19, 2015

**Four Reasons to Stop Crossing Your Legs.**

Crossing your legs can actually have some negative health effects.

***1. It can cause back and neck pain.*** Itputs your hips in a torqued position leading to the rotation of one of your pelvic bones. When it’s rotated and unstable this puts unnecessary pressure on the neck and lower and middle back. Issues may develop the longer you sit with your legs crossedand this can lead toherniated discs.

**2. *It’s indirectly linked to spider veins.*** Spider veins are small, red, purple, and blue vessels that branch out from larger veins right at the skin’s surface. Crossing legs putspressure on veins that return blood to the heart. The pressure can weaken or damage the leg veins. Damaged or weakened veins can leak and collect blood thus causing spider veins or worsen existing ones.

***3*. *It elevates your blood pressure*** temporarily. When one leg is over the other resistance increases and blood pressure increases in order to push your blood back up to your heart.

**4. *It affects the veins and*** ***nerves*** in your legs and feet, too.

Crossing your legs at the knee can cause pressure on the major nerve in your leg that passes just below your knee and along the outside of your leg. This pressure can cause numbness and temporary paralysis of some of the muscles and the “pins and needles” sensation. Repeatedly long term sitting with your legs crossed can cause long-term numbness in your legs from nerve damage.

Good News: Uncrossing legs every two to four minutes can help minimize damage. The best recommendation is to stop the habit entirely.

***Try these ways to stop:***

Sit less. Stay active.

Substitute crossing ankles for short times.

Sit correctly for increasing periods of time.

Notice when and where you cross legs the most.

Have a friend remind you to stop and likewise remind them.

Reference: Miller, K. (2015) Yahoo Health, Sitting With Your Legs Crossed? 4 Reasons To Stop — Now, retrieved 4/10/15 from

https://www.yahoo.com/health/sitting-with-your-legs-crossed-4-reasons-to-stop-113359313402.html

**Bring Back Family Dinners**

How many times last week did all members of your family eat dinner together? Is that enough? There's plenty of evidence that having dinner together as a family is definitely worth the effort.

Consider the following:

* A large study of American teenagers found a strong link between regular family meals and academic success. Eating together also improved psychological health, lower rates of alcohol and drug abuse, early sexual activity and suicide.
* A university study found that the single greatest predictor of improved achievement is family mealtime. This was a greater predictor than studying, sports or other school activities.
* With preschoolers mealtime conversations helped to build vocabulary more effectively than listening to stories or even reading aloud.
* Family mealtime also appears to decrease the likelihood of teenagers developing eating disorders like anorexia and bulimia.

**Getting Started:**

Take it one night at a time. Set aside one or two nights and protect them. Try to add a couple more “together nights” later.

Get the most out of the experience. Try to make sure all involved enjoy table time together, without interruptions.

Change the rules. Have a finger food night. No silverware allowed.

As Jim Daly from Focus on the Family writes, “Your children will be under your roof for a relatively short time. Before you know it, they'll be away . . . one day you'll wake up and wonder where all time went. Don't let the opportunity to eat together pass your family by. When we eat together with our children, we're nourishing more than our bodies. We're nourishing our hearts as well.”

[Daly](http://www.focusonthefamily.com/parenting/parenting-roles/dads-make-every-day-count/dinner-nourish-your-family-as-a-family?utm_source=advertisement&utm_medium=email&utm_campaign=248604&refcd=248604&crmlink=content-keeping-youre), J., Focus on the Famly, Dinner: Nourish Your Family ... As a Family, retrieved on 4/1/15 at <http://www.focusonthefamily.com/parenting/parenting-roles/dads-make-every-day-count/dinner-nourish-your-family-as-a-family?utm_source>=advertisement &utm\_medium=email& utm\_campaign =248604&refcd=248604&crmlink=content-keeping-youre

**July / August 2015**

**Kids and Lawn Mower Safety**

Summer means yard work and unfortunately also means more than 9,000 children a year are injured by lawn mowers. All age children are at risk but more injuries occur to those 2 and 12 years old. Projectiles account for 17% of all mower injuries. Objects can be launched at more than a hundred miles per hour. The most devastating of these injuries result from being run over or backed over. Many result in amputations, reconstructive surgery, life-long physical trauma for the child and emotional guilt for the adult.

Safety Rules to Practice

Never ride passengers.

Children under 6 should be kept indoors.

An adult should make sure the children stay indoors.

Do not allow children under 16 to use ride-on mowers.

Do not allow children under 12 to use walk behind mowers.

Clear the lawn of objects, twigs and stones before mowing begins.

Turn off the mower immediately if you see a child coming.

Carefully look for children behind you before backing up.

“Never mowing in reverse” is a good rule.

**When can children learn to operate mowers?**

According to the American Academy of Pediatricians most children will not be ready to safely operate a walk behind mower until 12 years of age or operate a ride-on mower until at least 16 years of age. Even then they need to display the necessary levels of judgment, strength, coordination, and maturity. They also need educated in mower operation and safety and need adult supervision.

References: Mullins, J. (2010), Lawn Mower Injuries: A Review, Journal of Emergency Nursing, vol. 26. Pg. 83- 84

Lawn Mower Safety Reminder, 2011, Johns Hopkins Children’s Center, retrieved from <http://www.hopkinschildrens.org/Lawn-Mower-Safety-Reminder.aspx>

**Spring Cleaning and Asthma**

Have using cleaning products ever made you cough or have a burning sensation in your mouth or nose? Have fumes caused lingering irritation? Actually, the American Lung Association (ALA) states that using certain cleaning products in the home can increase risks of asthma and allergy problems. They advocate using non-toxic cleaners instead of strong irritants like ammonia, bleach and hydrochloric acid. **Avoid Mixing:** Mixing products that contain bleach and ammonia can actually cause severe lung damage. **Chlorine and Bleach:** Some recent studies have linked the chlorine in swimming pools and bleach used for cleaning homes and schools to asthma and respiratory infections among swimmers and school children.

Natural Cleaning Alternatives and Safe Guidelines

* Choose cleaners with no synthetic chemicals
* Use non-toxic alternatives made from basic ingredients such as baking soda, washing soda, lemon and white vinegar.
* Read and follow the instructions on the label
* Use only the amount required for the job
* When using chemicals, ensure there is adequate ventilation, wear goggles and rubber gloves.
* *Never combine cleaning products* as they can interact in dangerous ways and give off toxic fumes.
* Stop if you feel dizzy, nauseous or develop headache.
* Minimize the use of harsh chemicals

**Who Knew?** You can even clean your oven with baking soda, water, time and elbow grease instead of harsh chemicals.

References:

Nelson, R. (2015), Common cleaning products can trigger asthma symptoms, Reuters. Health Information in Medscape nurses, retrieved on 6 29/2015 at http://www.medscape.com/viewarticle/845241?nlid=81865\_2822&src=wnl\_edit\_medp\_nurs&uac=93794AG&spon=24

Cleaning Products, retrieved on 6 30/15 at http://theorganicsinstitute.com/organic/cleaning-products/

**Strengthening Your Marriage**

When your spouse feels he or she is valued they feel emotionally safe. Wedding vows promise this honoring. King Solomon encouraged this attitude: "A man's greatest treasure is his wife" (Proverbs 18:22).

Don’t base honor on behavior or let it be subject to emotion. Honoring your spouce whether they want it or deserve it as a decision and a gift. This is living out the scripture stating, "Be devoted to one another in brotherly love; give preference to one another in honor" (Romans 12:10).

Consider sitting down and making a list of why your spouse is so valuable. For example list character traits, faith walk, values, morals, parenting skills, the roles he or she has (worker, friend, sibling, care giver, gardener, shopper, problem solver, home maintenance), how he or she makes you smile. Even look back to when you first fell in love. What drew you together?

Then the next time you don’t agree and need some alone time to “cool off” pull out that list. Read it slowly with an open heart. Most likely it will put things into perspective and help you see the “big picture” instead of that day’s dilemma.

You might want to name it “My Treasure List.” Luke puts it this way in chapter 12 verse 34: "For where your treasure is, so there will your heart be also." In other words, your heart’s treasure is a lifelong gift from God. By stopping to realize your spouse’s worth you may gain wisdom for today’s situation.

You might even decide to share the list with your spouse. That will let him or her know how much they are appreciated and “cherished.” I can’t think of a better way to say, “I love you and will continue to love and appreciate you.”

Reference: Smalley, G., Cherish: recognize your spouse’s value, Focus on the Family, retrieved on 11/16/ 2014 from

<http://www.focusonthefamily.com/marriage/communication-and-conflict/the-power-of-healthy-conflict/cherish-recognize-your-spouses-value?utm_source=nl_focusenews&utm_medium=email&utm_campaign=244508&refcd=244508>

**September / October 2015**

**Improving Safety of Older Driver**

Are you concerned about the safety of older adults that continue to drive despite serious age-related changes in vision, cognition, and motor skills? Are you wondering how to help them? Here are some FAQ and answers.

**Are there educational programs available to elderly to potentially improve driving safety in a classroom or group setting?**

1. The AARP has a traffic safety course available in a traditional classroom

or online.

2. Roadwise Review is offered on DVD and screens for the visual,

cognitive, and motor skills relevant to driving. It can identify those at

increased risk for motor vehicle crashes.

3. Drivesharp program focuses on cognitive retraining. When selective and

divided attention is impaired motor vehicle crash rates increase. It is

available online and was noted to reduce dangerous driving maneuvers

and improve reaction time.

4. ADEPT Lifelong Driver is available as a DVD or as computer software.

It takes the trainee through high-risk crash situations and focuses on

visual search and reaction time techniques.

**Is there a certain medical professional that has *expertise* in evaluating potential driving impairment?** Yes, occupational therapists called Driving

Rehabilitation Specialists (DRSs) have the expertise in the evaluation and

education of medically impaired drivers. They are able to provide a

fitness-to-drive evaluation. The evaluations may cost $200 to $400 which

is much less that the average cost of recovery from an accident.

**What is a reasonable initial step if a doctor wants a patient to retire from driving?** A physician can provide written information to the patient

and the family that serves as a reminder of the “no driving”

recommendation. A short period of follow-up usually occurs to see if

the patient and family has had success in enforcing this recommendation.

**What if the patient continues to drive against medical advice**? The doctor can make a referral to the driver's license authority. Patients can appeal this advice but very few will.

Reference: Carr, D. B., Safety First for Old Drivers, 2015, Medscape Education Family Medicine, retrieved at <http://www.medscape.org/viewarticle/837937> on August 30. 2015

**When to Talk to Kids about Alcohol**

The American Academy of Pediatrics states parents should start talking to their children about alcohol at age 9. They agree it is better to influence their ideas before middle school than attempt to change ideas later.

**Statistics on binge drinking:** As many as 50% of high school students currently drink alcohol, and in that group, up to 60 % binge drink. Among 12 to 14 year-olds who drink, about half binge drink. The recent study revealed 0.8 percent of 12- to 14-year-olds binge drink. That’s 8 in a thousand.

**What is binge drinking?** For some teens, having even three drinks is considered binge drinking due to low weight and height. Having fewer drinks than that should not be considered safe.

**Drinking kills**. Experts say alcohol is the substance most frequently abused by children and adolescents. Adolescents often turn to vodka and drink it very fast, often from the bottle with the goal of getting drunk — and this can kill. Nearly a third of fatal car accidents among 15- to 20-year-olds involve alcohol.

**Chronic risk:** Early alcohol use may also interrupt key processes of brain development and increase the risk of developing a chronic alcohol use disorder.

**Tips for parents**

**Warn/talk** to children about the dangers of alcohol abuse *at* *every available opportunity.* Talk about billboards, movies and unsafe drivers.

**Set a good example:** Eighty percent of teenagers say their parents are the biggest influence on their decision to drink. Getting drunk in front of the kids is a bad idea. Letting them think alcohol fixes problems, like saying, “I need a drink,” gives that impression.

Also, at doctor visits let the child talk to the doctor alone.

The Age Parents Should Start Talking to Kids About Alcohol, 2015, [LiveScience](http://www.livescience.com/), retrieved August 31, 2015 at <https://www.yahoo.com/parenting/the-age-parents-should-start-talking-to-kids-about-128028871167.html>

**Advantages of Reading Your Doctor’s Notes**

Many doctors’ offices or hospitals now have web portals that allow you to read about your health history and visits. Signing up to see them usually requires computer access and some computer savvy so it’s good to look at the pros and cons.

**Ever wonder what really happened during the office visit?** It’s easy to forget exactly what was recommended if it’s not written on a prescription. Things like fasting for the next blood work or how to prepare for a certain test can easily be confused.

**You may wonder if it’s worth the effort**. Case # 1 – Harry heard the word “pre-diabetic” in the office but only paid attention to it after seeing it in writing. Then he took action. The idea is that as people become more informed they will take better care of themselves and have more informed conversations. This can improve their health while lowering costs. Lowering costs. That got my attention.

**Will I be able to understand it?** Some portions are technical but other portions offer clear, valuable advice. It’s a good idea to clarify anything you don’t understand. Look things up and ask. If needed, correct references to family history, or add relevant details.

**Will it help me?** It may help you following through with treatment because you have time to better understand the disease process and the best course of action. The notes can serve as a reminder. Some patients say it is easier to focus on “key issues” or help doctors rule out a diagnosis. One doctor shares that the “open notes” cause him to make time to discuss difficult conversations he might otherwise skip.

**What about other doctors seeing these notes?** You will need to give permission for other doctors to see these notes.As doctors share notes it should reduce the odds of mistakes and thus better patient outcomes and satisfaction.

Now, what do you thing about opening that patient portal?

Reference: Luthra, S., 2015, What Patients Gain by Reading Their Doctor's Notes, Kaiser Health News, retrieved Sept. 1, 2015 at <http://www.medscape.com/viewarticle/845759?nlid=82145_2822&src=wnl_>

edit\_medp\_nurs&uac=93794AG&spon=24

**Heroin Epidemic – What Can We Do?**

Sadly local police officers and health providers say heroin use in our neighborhoods is increasing. Nationwide there is a **80% increase of young people trying heroin since 2002.** Statistics say:

* 25% of those that try heroin become addicted
* 50% of those that become addicted have a fatal overdose
* 90% of addiction starts in the teen years
* A 50% reduction in the risk of addiction can happen with ongoing educational conversations about drugs

We can strengthen the protective factors for drug abuse intentionally. Protective factors appear to balance and buffer the negative impact of existing risk factors. Protective factors against youth substance abuse are solid family bonds and the capacity to succeed in school. **Strong family relationships** in general are protective factors by supplying:

* Bonding (positive attachments)
* Healthy beliefs and clear standards for behavior
* High parental expectations
* A sense of basic trust
* Positive family dynamic (belonging)

Strong “church family” relationships can provide similar relationships and values.

Another challenge is early **detection and intervention**. Knowing drug “slang” will assist in monitoring youth behavior. WebMD has a site to educate persons on teenage drug slang. Some examples are below but reading the entire “slang” list could be very beneficial. See the reference below for the entire list.

### **Cold Medicine Abuse** could be texted as DXM, Syrup heads, Dexing, robotripping, robodosing, Triple C or *CCC*

**Special K** stands for Ketamine and can be known as[vitamin K](http://www.webmd.com/vitamins-and-supplements/lifestyle-guide-11/supplement-guide-vitamin-k), [breakfast](http://www.webmd.com/food-recipes/most-important-meal) cereal, K, Ket, new ecstasy and super acid.

Obviously, prayer for these youth concerns and those affected by abuse can be added to our personal and church prayer lists.

Reference: WebMD, 2015, retrieved on 9/3/15, at http://www.webmd.com/parenting/features/teen-drug-slang-dictionary-for-parents?page=2

**November/December 2015**

**Holidays and Your Health**

Doctors have long known that overall the U.S. mortality rate annually spikes around Thanksgiving and remains elevated thru the winter. Some of this is because of seasonal effects, like the increasingly chilly weather and the spread of the flu.

**Thanksgiving** sticks out as an especially dangerous day, and there are two major culprits: car accidents and coronary/heart events.

The National Highway Traffic Safety Administration warns drivers to practice simple precautions that would save lives.

**Follow these safety tips:**

**Wear your seat belt.**

60% of fatalities were from not wearing seat belts.

**Check the tires**.

Make sure tires are inflated properly. Check your car manual.

**Check windshield wipers**.

Make sure blades new are working to fight thru winter storms.

**Don’t rush on the roads**.

Plan the travel route checking weather, road conditions & traffic.

**Never drive drunk**.

40% of fatalities are caused by drunk drivers.

**How can I avoid the higher risks of heart attacks that start around Thanksgiving and continue through the holidays?**

* **Avoid** increased food, salt and alcohol consumption.
* **Destress**: Many of the emotional and psychological stresses of the holidays might contribute to higher heart attack rates.

Realize and avoid stressors. Practice relaxation techniques.

* **Don’t rush.** Be aware that underlying problems may worsen with therush to be with your family on Thanksgiving..
* **Consider** if your family’s routine can be more heart healthy.
* **Don’t forget your pills.** Set a timer to remind you to take medication correctly when you travel.
* **Avoid eating a lot of food.**  Eating too much can decrease the blood flow to the stomach.
* **Know your limits.** An increase in physical activity puts strain on the heart. Rest when tired.

Above was adapted from “U.S. death rates spikes on Thanksgiving.” on November 26th, 2014. www.Forbes.com/

**Top of Form**

**Bottom of FormBible Verses for Thanksgiving**

Read about Thanksgiving and God’s many blessings from the bible.

**Jeremiah 33:11 NIV** the sounds of joy and gladness,[1](javascript:void(0);) the voices of bride and bridegroom, and the voices of those who bring thank offer-ings[2](javascript:void(0);) to the house of the LORD, saying, "Give thanks to the LORD Almighty, for the LORD is good;[3](javascript:void(0);) his love endures forever."[4](javascript:void(0);) For I will restore the fortunes[5](javascript:void(0);) of the land as they were before,[6](javascript:void(0);)' says the LORD.

**1 Thessalonians 5:18** Give thanks in all circumstances, for this is God’s will for you in Jesus Christ.

**Psalm 100:4 NIV**  Enter his gates with thanksgiving[1](javascript:void(0);) and his courts[2](javascript:void(0);) with praise; give thanks to him and praise his name.

**Psalm 106:1 NIV** Praise the LORD.[a1](javascript:void(0);) Give thanks to the LORD, for he is good;[2](javascript:void(0);) his love endures forever.

**Consider using this prayer on Thanksgiving this year:**

Thank you, God, for this food we are about to eat. And thank You for Your many blessings on us this past year...the ones we've seen, as well as the ones we haven't seen. Thank you, God for the times You have said "no." They have helped us depend on You so much more. Thank you, God, for unanswered prayer. It reminds us that You know what's best for us, even when our opinion differs. Thank You for the things you have withheld. You have protected us from what we may never realize. Thank You, God, for the doors You have closed. They have prevented us from going where You would rather not have us go. Thank you, Lord, for the physical pain You've allowed in our lives.  It has helped us more closely relate to Your sufferings on our behalf. Thank you, Lord, for the alone times in our lives. Those times have forced us to lean in closer to You. Thank You, God, for all that You have allowed and not allowed in our lives this past year. For we commit our lives anew to You this day and ask that You would continue to remind us, throughout this next year, that You are God, You are on the throne, and You are eternally good. Amen.

Reference: McMenarin, C. 2015 Thanksgiving prayer, retrieved at http://www.crosswalk.com/faith/prayer/prayers/a-thanksgiving-prayer-that-god-might-rarely-hear.html

Adapted from [www.crosswalk.com](http://www.crosswalk.com), [www.biblestudytools.com](http://www.biblestudytools.com), Oct. 19, 2015

**Celebrating Christmas Traditions**

Traditions are powerful for a family. They bring families closer together. They take time and commitment. While we remembering the past

new memories are formed and solidified. Most importantly these traditions remind us stop our

business and focus on reconnecting and building bonds.

**How they affect children.** “Children love rituals,” says Martin V. Cohen,Ph.D., associate director of the Marital and Family Therapy Clinic at New York Cornell Hospital ([www.disneyfamily.com](http://www.disneyfamily.com)). He relates they “find a certain security and solace in something that gives a sense of belonging and comfort.” To them rituals are fascinating. They can inspire children to be artistic, spiritual, and even emotional. The awe in the holidays gives them a picture not only of family bonding, but also the importance of Christ. Traditions become a special family way to celebration His majesty.

**Traditions create legacy.**  They are a great way to pass down family values to children and then their children. Just as God told the Israelites in Deut. 11:18-20: “*You shall therefore impress these words of mine on your heart and on your soul; and you shall bind them as a sign on your hand, and they shall be as frontals on your forehead. You shall teach them to your sons, talking of them when you sit in your house and when you walk along the road and when you lie down and when you rise up. You shall write them on the doorposts of your house and on your gates…”* That’s part of God’s plan how stories of faith and customs should pass down through the generations.

**Traditions are symbolic.** Communion is one of these symbols. In Luke 22:19, we find Jesus leading the disciples in the first communion and saying, “…Do this in remembrance of Me.” Similarly Christmas traditions remind us of Christ. The treasured family nativity reminds us that God came as a man in the flesh to take away the sins of the world. The well-chosen gifts repeat the story of the three wise men as they came to adore the Christ child. What is your special tradition? Do all in the family understand its meaning?

Reference: Ten great ideas for Christmas traditions. Retrieved at <http://www.familylife.com/articles/topics/holidays/featured/christmas/10-great-ideas-for-christmas-traditions> on October 19, 2015

**Start New Christmas Traditions**

**Starting family traditions.** It may sound strange, but Christmas traditions don’t have to be traditional. You can start new activities that bring meaning to your holidays and build a legacy for your family.

**Want to start a new tradition? Here are some ideas.**

**What does God want for Christmas?** Jesus’ birth begins the story of God’s redeeming grace and love for his people. Ever ask a child “What does God want for Christmas?” Well, Family Life has developed an interactive nativity scavenger hunt that not only tells the story of the birth of Christ, but also presents the gospel to children. This resource, What God Wants for Christmas, can be used in your own family, in Sunday school classes, or as an outreach at parties. Find it at <http://www.familylife.com/~/media/Files/FamilyLife/PDFs/2014%20and%20older/What-God-Wants-Mine-to-Make-Printables.pdf>

**Use Decorations to tell about the entire life of Christ.** Christmas is a time that usually emphasizes the birth of Jesus, but decorations can also celebrate the remainder of his life on earth. In addition to the basic nativity set, angels, and stars, have children make ornaments like crosses and add verses that talk about the life of Jesus.

**Give up comforts.** Talk about how Mary, Joseph, and Jesus did not have it easy that first Christmas. Choose a night to sleep on the floor together to sacrifice comfort. Pray for those that do not have a warm bed or shelter.

**Share stories about how God has worked in your life.** Have you ever told your children the story of your salvation? Why not use this time with extended family to share personal stories about faith, redemption and life change? Record it for future generations.

Reference: Ten great ideas for Christmas traditions. Retrieved at <http://www.familylife.com/articles/topics/holidays/featured/christmas/10-great-ideas-for-christmas-traditions> on October 19, 2015