

HealthLink Wellness

*Pharmaceutical Industry Labor Management Association
Rhode Island Alliance for Retired Americans
Boston University*

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Spring Health Fair and Rally- John Pernorio

HealthLink members may remember when we initiated the HealthLink program in 2001 we started with a regional health fair. It was very popular and to this day I get questions at our retiree meetings as to when are we going to have another one? We at the Rhode Island ARA are currently planning a health fair for next spring. We will limit it to the Rhode Island retiree chapters and Teamsters Local 170 retiree chapter in Worcester. It will involve tests and screenings that are beyond the basic HealthLink screening. We have been seeking some additional funding and have some preliminary positive responses. We are also in discussion with local hospitals as to our medical backup for the broader range of medical tests. Since oral cancer screening was very popular at our last health fair Dr. Boffa will make arrangements for that service through Boston University's Goldman School. Since we are still at a preliminary stage I don't have the specifics about date, place and time. I hope that by the next newsletter we can provide more details.

I would like to announce a new union partner into our HealthLink Wellness community. United Nurses & Allied Professionals will join us to help plan the health fair. They have offered their union hall as a location for the health fair and their experience and guidance in its organizing and planning will be invaluable. I know we all welcome our brothers and sisters of UNAP.

Don't Forget About Your BMI—Joseph Boffa DDS MPH

In the September 2006 Newsletter I mentioned the results of a questionnaire designed so members could provide input as to what they see as their major health concerns. After tallying the results we found most members considered hypertension as their primary concern. That was to be expected because the screening results we collected during the CDC funded phase of HealthLink pointed to hypertension as quite common among our members. In past newsletters I reported early improvements in Blood Glucose and Cholesterol levels but for hypertension it was difficult to show improvement.

You may remember we initiated a campaign specifically to improve your blood pressure readings. We started walking clubs, introduced you to the DASH (Dietary Approaches to Stop Hypertension) diet and urged everyone through our newsletters and progress reports to set personal blood pressure improvement targets. The hypertension campaign did show positive results over the next two screenings. We reduced the number of individuals classified as having full hypertension from 62% to 37%. The improvement data indicated that many of you shifted into the area of being classified as “pre-hypertension”. The number of individuals classified with normal blood pressure improved but not very dramatically, only from 6% to 14%.

I do think our efforts paid off in that more of you are now focusing on blood pressure as a primary concern. In our survey you rated blood pressure as a very valuable part of the HealthLink screening process. It is quite gratifying to see your collective personal assessment of health priority is consistent with our screening observations. We at HealthLink are on the same page with you in establishing this as a priority.

There is a result of the survey where we may diverge with you as to your views on relative importance. That has to do with the BMI. This measure in our survey received some of the lowest member ratings as to importance. The question then becomes should we include it if members didn't rate it as important? We provide this measure because it is related to hypertension. The chart below examines blood pressure levels and average BMI for HealthLink members.

Blood Pressure	Average BMI
Optimal	26.1
Normal	28.1
High-Normal	29.5
Hypertension	31.2

Blood pressure is classified at the left of the chart as optimal, normal, high-normal and hypertension as defined by the Framingham Heart Study. Remember normal BMI is considered less than 25. An individual with a BMI of 30 or over is considered obese. I know dieting and losing weight can be quite a struggle for many of us but the chart indicates that weight is a factor in hypertension. It isn't easy but setting personal targets for blood pressure should also include setting a personal target for your BMI. This is especially true for those of you who are at a BMI of 29 or above.

We do not have the resources to do the full program as was in the past. However our motto of you taking charge of your health is quite evident as we survey and talk to HealthLink members. I have found more and more of you have acted on your own regarding hypertension by indicating that either you have a portable blood pressure monitor and keep track of blood pressure at home or track blood pressure at your pharmacy that has a blood pressure monitor for public use. You do this on top of your regular physician visits. Just keep in mind that a comprehensive approach to blood pressure reduction must also in part involve setting BMI targets.

Planning for the Future—Mark Schwager, MD

HealthLink Wellness stresses actively participating in your health care. Sometimes, taking charge of your health means thinking about who will be in charge of your health when illness prevents you from making decisions for yourself. The best way to make sure you get the care you want when you cannot speak for yourself is to complete a legal document developed by the Rhode Island Attorney General's office called an Advanced Directive. This document allows you to express your wishes concerning medical treatment decisions if you become unable to make treatment decisions for yourself. An attorney is not required to complete the Rhode Island Advanced Directive form, but you may want to review the form with a lawyer if you want to make changes to the standard form.

The Advanced Directive

The Advanced Directive contains two parts, a section in which you designate someone to make decisions on your behalf if you become incapacitated (your Health Care Power of Attorney or "Proxy"), and a section that provides written guidance about your wishes (a Living Will).

Health Care Power of Attorney ("Proxy")

The first part of your Advanced Directive allows you to appoint a Proxy to make medical treatment decisions for you when you cannot make these decisions for yourself. A Proxy may be used for all types of medical settings, such as hospitals and nursing homes, and for all types of medical care, life sustaining treatment and non-life sustaining treatment.

Living Will/Health Care Instructions

The second section of your Advanced Directive is the Living Will (Health Care Instructions). This section provides guidance for your Proxy, family and physicians regarding medical care and withholding or withdrawing life-sustaining medical

procedures if you become terminally ill and cannot communicate your wishes for medical treatment. Although your written guidelines are helpful, these guidelines may not cover all the medical decisions that may arise during the course of a complicated illness. An open and wide-ranging conversation with your Proxy about your health care wishes is even more important than your written instructions. Based on your relationship and discussions with the your Proxy, they will participate in making decisions with your health care providers regarding any of your medical decisions, not just life-sustaining medical procedures for a terminal condition. It is the Proxy's responsibility to try to represent what you would want done if you were able to state your preferences. The Proxy will base these decisions on the previous conversations you've had with the Proxy.

As long as you are able to make your own medical decisions, only you can direct your medical treatment. You always have the right to revoke, change or override the Proxy at any time. You do not need a lawyer or a notary to create an Advance Directive. To get copies of Advance Directive forms, call:

- RI Department of Elderly Affairs at 462-3000.
- The Department of Health at 222-2401.
- Or log on to: http://www.riag.ri.gov/reports/health/power_of_attorney.pdf

Healthy Choices—Paula M. Beaulieu

As Dr. Boffa alluded to in his article, so many aspects of our life can directly influence and affect others. While not all individuals with diabetes, hypertension, and/or high cholesterol are overweight, being overweight is a risk factor for developing these chronic diseases. It is also known that losing excess weight can help improve each of these conditions. Research shows that even a loss of 5 pounds can have a positive impact on health, especially if combined with physical activity of at least 20 minutes per day. It all starts with that first pound and the first step!

Listed below are a few strategies that may help you on your weight loss journey. These are strategies that I have used and when practiced on a daily basis can be very helpful.

- Keep a food diary. During the course of the day, it is very easy for us to forget what we have eaten; a handful of potato chips here, an extra serving of pasta there. By keeping a daily food diary, you become aware of everything you chose to eat. After a few days, review your lists, you may be surprised to find you are eating much more than you thought. Once you have identified those "extra" foods you will become more conscious the next time you reach for them.
- Watch the "liquid calorie." For some people as much as 30% of their total daily calories can come from liquids such as non-diet sodas, fruit juices, iced tea, coffee

with sugar and/or cream and alcohol. These liquid calories do not fill you up or decrease appetite. They are calories added to your regular food intake.

- Add more movement/exercise into your daily routine. Find something you like to do and spend 20-30 minutes each day doing it. Walking is always a good choice, also many senior centers in the area have exercise programs specifically for seniors.
- Find a friend, someone who shares your goals, whether it's a weight loss buddy or an exercise buddy or both. Knowing there is someone else who is willing to support, encourage, motivate, and just be there makes all the difference in the world.
- Do Not Give Up. If you have a day when you haven't exercised or have eaten things that you shouldn't have, get over it, let it go, don't carry it over to the next day.
- Finally, don't think you have to make major changes to your lifestyle immediately, start small. Each day we have the opportunity to make new choices, healthier choices – try to make 1 healthy choice today.

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Brunswick Stew

Serves 6

Recipe from the American Heart Association Low-fat, Low-cholesterol Cookbook

Vegetable Oil Spray

1 tsp olive oil

1 medium onion, chopped

1 pound boneless, skinless chicken breast, cut into 1 inch cubes

10 ounces frozen baby lima beans

10 ounces no salt added frozen whole kernel corn (2 cups)

3 cups low sodium chicken broth

1 1/2 cups chopped tomatoes

6 ounce can no salt added tomato paste

3 Tbsp fresh lemon juice

1 Tbsp Worcestershire sauce

Spray a deep pot or Dutch oven with vegetable oil spray. Heat over medium high heat. Add oil and swirl to coat bottom of pot. When pot is hot, add onion, sauté until soft, about 3 minutes. Add chicken and remaining ingredients to the pot. Reduce heat to low and simmer, covered, for 1 hour.

Nutrient Analysis

Calories	238
Protein	24 g
Carbohydrate	29 g
Total Fat	4 g
Saturated Fat	1 g
Polyunsaturated Fat	1 g
Monounsaturated Fat	1 g
Cholesterol	41 g
Sodium	144 mg