



Schoolcraft Memorial Hospital

A commitment to excellence by people who care.



THE HEALTH & WELLNESS NEWSLETTER

SPRING 2012

500 Main Street • Manistique, MI 49854 • 906-341-3200 • www.scmh.org

WHY ADVANCE MEDICAL DIRECTIVES

A r e S o I m p o r t a n t !

Most of us have the idea that we should maybe start thinking about completing an advance medical directive when we get “old enough” to go to an attorney to have a will or trust drawn up. Or maybe we believe that an advance medical directive is for the end of life and we plan to live until at least 90 or 95, so why would we worry about it at 60 or 70?

Actually, any person 18 years of age or older would be wise to complete an advance medical directive, so that if anything unforeseen did happen to you, your own decisions for your health care would be honored and you would have someone you trust in charge of making medical decisions that are beyond the scope of the directive.

The truth is that advance medical directives are NOT just for end of life – they would be activated any time you were unable, due to illness or injury, to tell your physicians what you would want for your health care. In those situations, when you returned to health, the patient advocate’s powers would be suspended and you would again make your own health decisions.

However, there are those of us, and I think probably a great number of us, who have strong reactions after reading about some of these tragic cases that are dragged on and on through the courts. We know there are certain medical

procedures we would never want, but perhaps there are other forms of treatment that would be acceptable or that we definitely would want if we were ever critically ill.

As a competent adult, you have the right to accept or refuse any medical treatment, and you are the only person who can decide what medical treatment you will accept or reject. If you become unable to make your own decisions about medical care, however, these decisions will have to be made for you. If you haven’t given prior instructions, no one will know what you would want. Would you perhaps refuse treatment if you were unconscious and not likely to wake up? Would you refuse treatment if you were going to die soon no matter what? Would you want to receive the treatment your caregivers recommend? When your wishes are not known, your family or the courts may have to decide what to do. An advance medical directive can spare your family from the necessity of going to court.

There are several different types of advance medical directive. There is not yet a State of Michigan Living Will law, but the courts in this state have recognized Living Will directives as valid. The advance medical directive most used in Michigan, and recognized under the law, is the Durable Power of Attorney (DPOA) for Health Care, sometimes also referred to as a Designation of Patient Advocate form, in which you name a trusted person as your patient advocate. You can also

name a second person to be a successor advocate if your primary choice is unable to act on your behalf.

Many attorneys make advance medical directives a part of their service when creating a will or trust for clients. Schoolcraft Memorial Hospital offers the DPOA for Health Care forms at no cost, and SMH social workers are available to provide information and/or assist where needed in completion of the forms. They are unable to provide medical or legal advice, however, and they cannot advise you on wills or trusts.

If you have questions, would like further information on the DPOA for Health Care, or would like to receive copies of the forms, please contact Jeani Dalgord, LMSW at 341-1863 or Susan Phillips, LMSW at 341.3238. We will be happy to mail forms to you if this would be more convenient for you.

Upcoming Events!

March 19 & 20

SMH Auxiliary Book & Gift Fair
in SMH Lobby.

April 1st.

CBC Sunday, Manistique, MI

May 23rd.

Farmers Market Opens for the
season!

M²⁰¹² FARMERS' MARKET



The **Manistique Farmers' Market** started in 2010 as a test project with the Sault Tribe Strategic Alliance for Health (SAH) and the City of Manistique, and has since grown into a community success story providing access to fresh locally grown and produced foods. In October 2011, the City of Manistique was awarded a Farmers' Market Promotion Grant from the USDA to help develop a sustainability plan for the Manistique Farmers' Market. "To get the farmers' market up and running requires a lot of work and a lot of people," says Kerry Ott, Manistique Community Coordinator for the SAH project. "A successful farmers' market needs more than a few farmers and some tables in a parking lot. The USDA grant will help us set up a system that will ensure that the Manistique Farmers' Market will continue to be a growing, important part of our community for many years to come."

Some of the changes that will be put into place for 2012 are:

- 20 canopies for the farmers, which will provide a greater number of days that the market can be outside instead of in the Little Bear West Arena. These will be similar to the canopies used at the Rockford, Michigan Farmers' Market (see photo - right).
- Colorful light pole banners around the city advertising Wednesdays as Farmers' Market Day.
- An extended season (in the parking area of the arena):
 - Wednesdays, May 23rd through June 20th, 5-6pm (starter plants, early produce, and other farm products such as eggs, ground flours, honey and maple syrup)
 - Wednesdays, June 27th through October 31st, 4-6pm

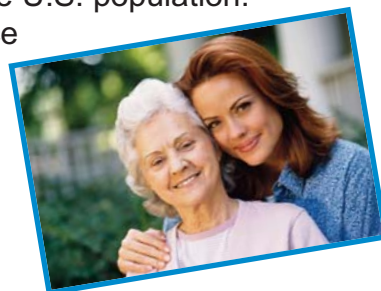


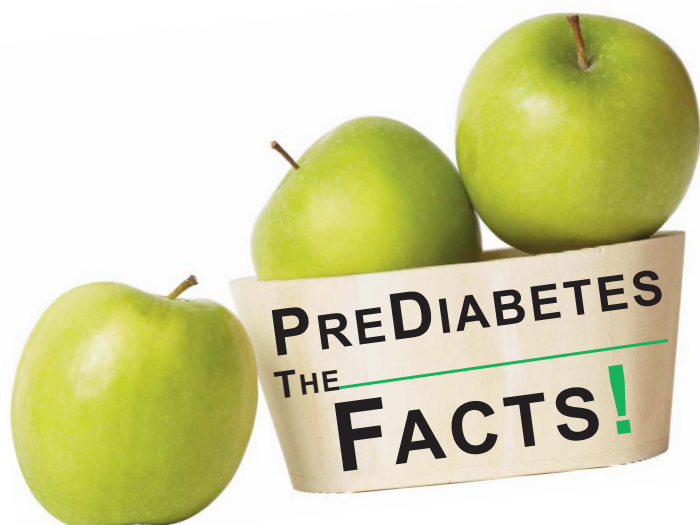
Other changes that won't be so visible to the public include volunteer and market manager trainings, along with educational and training opportunities for the farmers.

Any one with questions about the Manistique Farmers' Market or who would like to participate as a farmer or a volunteer, should contact 341-9561 or ManistiqueFarmersMarket@gmail.com. Also, be sure to visit ManistiqueFarmersMarket.com on the web for current news and information.

Fall Prevention Tips: Protecting Your Aging Parents

Seniors - people over the age of 65 - are the fastest-growing segment of the U.S. population. Falling is the leading cause of injury and death within this age group. Since many of you are likely to have parents in this age group, it is important to be aware of ways you can help them prevent falls. Studies show fall prevention measures can reduce the incidence of falls by 30%. *Continued on page 4 are tips to help keep your parents on their feet.*





Prediabetes is when a person's blood glucose levels are higher than normal but not high enough to be type 2 diabetes. People with prediabetes are more likely to develop type 2 diabetes and may have some problems from diabetes already.

You can greatly lower your risks of developing diabetes by losing 7% of your body weight (or 15 pounds if you weigh 200 pounds) and exercising moderately (such as brisk walking) 30 minutes a day, five days per week.

Don't worry if you can't get to your ideal body weight. Losing just 10 to 15 pounds can make a huge difference. For some people with prediabetes, early treatment can actually return blood glucose levels to the normal range.

Blood tests that are done to determine if a person has prediabetes are as follows: a fasting plasma glucose test (FPG), oral glucose tolerance test (OGTT), or an A1C test. A normal FPG is below 100mg/dl. A person with prediabetes has a FPG level between 100 and 124 mg/dl. If the blood glucose rises to 126mg/dl or above, a person has diabetes. With the OGTT normal blood glucose is below 140mg/dl 2 hours after the glucose rich drink used for the OGTT. In prediabetes, the 2-hour blood glucose is 140 to 199mg/dl. With the A1C test if the result is 5.6% or below it is normal and an A1C between 5.7%-6.4% would mean prediabetes.

Who should get tested for prediabetes?

A. People in these groups should be tested:

- If you are overweight and age 45 or older.
- If your weight is normal and you're over age 45.
- For adults younger than 45 and overweight, your doctor may recommend testing if you have any other risk factors for diabetes or prediabetes, including:

- o High blood pressure
- o Low HDL cholesterol and high triglycerides
- o A family history of diabetes
- o A history of gestational diabetes or giving birth to a baby weighing more than 9 pounds.
- o Belonging to an ethnic or minority group at high risk for diabetes (which includes African American, Native American, Hispanic, or Asian).

What is the treatment for prediabetes?

- A. Treatment consists of losing a modest amount of weight (7% of total body weight) through healthy eating and moderate exercise, such as walking, 30 minutes a day, five days a week.
- B. If you have prediabetes, you are at a 50% increased for heart disease or stroke, so your Doctor may wish to treat or counsel you about cardiovascular risk factors, such as tobacco use, high blood pressure, and high cholesterol.

Could I have prediabetes and not know it?

A. Absolutely. People with prediabetes don't often have symptoms. The symptoms of diabetes include:

- unusual thirst
- frequent urination
- blurred vision
- extreme fatigue
- frequent infections
- cuts/bruises that are slow to heal
- tingling/numbness in the hands/feet
- recurring skin, gum, or bladder infections

What is available here at SMH – We offer a free prediabetes/weight loss meeting monthly open to our community to help them if they have a diagnosis of prediabetes or they would simply like to be more successful with weight loss and developing a healthier lifestyle. Organized by Anne Richey, a registered nurse and Julie Richey, a registered dietitian, both are also Certified Diabetes Educators (CDE). The meeting is usually held on the 3rd Thursday of every month from 12noon to 1pm in the staff education room. For more information please contact Anne at 341-3210 or Julie at 341-3251. Meeting information can also be found on the SMH website at www.scmh.org

Source: <http://www.diabetes.org>

MONONUCLEOSIS/MONO

Mononucleosis, or Mono, is an infection that produces flu-like symptoms and is one of the most common human viruses. Most people become infected sometime during their lives.

Mono is usually caused by the Epstein-Barr Virus (EBV). Infants and young children infected with EBV usually have very mild symptoms or none at all. But teens and young adults who become infected often develop mono.

Mono is spread through kissing, coughing, sneezing, or any contact with the saliva of someone who has been infected with the virus. (Thus the nickname Kissing Disease). It can also be spread through other types of direct contact, like sharing a straw or an eating utensil.

Symptoms of mono can often be mistaken for the flu or strep throat. Symptoms include the following:

- Fever
- Sore throat
- Swollen lymph nodes (neck, underarms, groin)
- Fatigue and/or weakness
- Headaches
- Sore muscles
- Swollen liver and spleen
- Skin rash
- Abdominal pain

You may have different combinations of these symptoms or some of the symptoms may be so mild that they are hardly noticeable.

Mono symptoms usually go away on their own within 2 to 4 weeks, but the enlarged lymph nodes and spleen can last longer. And in some, especially teens, the fatigue and weakness can last for months. Persons with mono may be able to spread the infection to others for a period of weeks, however, only standard precautions are needed to prevent its spread. There are no specific treatments for mono, other than treating the symptoms. Symptoms related to mono seldom last for more than 4 months.

Doctors usually recommend that youth who contract mono avoid sports for at least a month after symptoms are gone because the spleen is usually enlarged temporarily from the illness. An enlarged spleen can rupture easily, causing bleeding, fever, and abdominal pain, which does require emergency surgery. Most who get mono recover completely with no problem.

The best treatment for mono is plenty of rest and fluids, especially early in the course of the illness when symptoms are the most severe. Acetaminophen or ibuprofen can help relieve the fever and aching muscles.

FALL PREVENTION TIPS - *continued from page 2*

Household Hazards

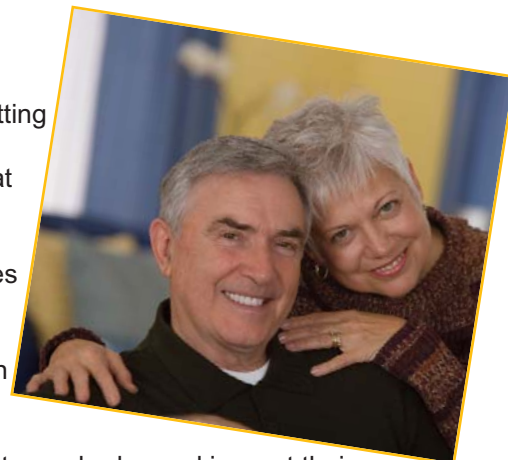
From loose cords and clutter to poorly lit rooms, your parents' home may be filled with hazards that could lead to falls. Do them a favor and inspect their home using the strategies listed below:

- Remove loose floor rugs & mark floor transitions with brightly colored tape.
- Keep walkways free of clutter. Remove any boxes, newspapers, electrical cords and phone cords.
- Move coffee tables, magazine racks and plant stands from high-traffic areas.
- Repair loose, wooden floorboards and carpeting right away.
- Use nonskid floor wax.
- Use nonslip mats in the bathtub or shower.
- Place nightlights in bedrooms, bathrooms, & hallways.
- Keep a lamp near your parents' bed for middle-of-the-night needs.
- Keep commonly used items within easy reach—including dishes & cooking utensils, & clothing.
- Install grab bars in the tub or shower.

Foot Care & Proper Footwear

Foot problems and poor fitting footwear can contribute to falls & injuries. Here's what you can do:

- Make sure your parents wear good walking shoes with a flexible toe box.
- Make sure your parents are not walking around in poorly fitting shoes or slippers or high heels.
- Encourage your parents to wash, dry, and inspect their feet daily. Whenever you visit your parents, check their feet for any sores, nail problems, coldness, numbness or tingling. If you notice any of the above, make an appointment with their primary care physician or a podiatrist.



Proper Nutrition

Many older adults are getting inadequate nutrition which is a risk factor for falls and subsequent injuries.

- Low vitamin B is related to fatigue.
- Low vitamin C can contribute to decreased strength and muscle recovery problems.
- Low Calcium leads to osteoporosis.
- A diet of fresh fruits, vegetables, dairy, and whole grains can help provide these vitamins & nutrients.
- If your parents have trouble getting to the grocery store, take them out once a week to buy fresh fruits & vegetables. [Don't forget the Manistique Farmers' Market that runs from May 23 – October 31 this year!] If you live far away, make arrangements with one of their neighbors or a local transportation system to make sure they're able to get out and get the nutrients they need.