

Jan., Feb., & March 2010



# Northwest Health Connections

A Division of



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## We have relocated

**We have relocated to the opposite end of Pennsylvania Avenue, the West end of Warren. Our office was previously a restaurant (seems to be a pattern with us) called The China King Buffet in what is called the *Warren Station*. The physical address is 1020 Pennsylvania Avenue West, our phone number and email remain the same. It is a beautiful site and we have lots of room to grow. Our training room is huge and is available for those who need a space for meetings, gatherings, etc...**

**Stop in and take a tour anytime, we are open from:**

**8:00AM to 4:00PM  
Monday thru Friday**

### Oct., Nov. & Dec.

**Total Number of Training Sessions Offered: 66**

**Number of Sessions per Region:**

- **Cameron/Elk**                    **5**
- **Clearfield/Jefferson**       **19**
- **Erie**                                **23**
- **Forest/Warren**                **12**
- **Potter**                              **5**
- **McKean**                          **2**



[www.northwesthc.org](http://www.northwesthc.org)

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# Phobias: Real Fear

By Amy Tobolski



A phobia is defined as, “an extreme, irrational fear of something posing little or no real danger.” Phobias develop for many reasons, and can often result from a traumatic experience with or related to the feared object or situation. Phobias also tend to run in families – having an immediate family member with phobia(s) increases one’s likelihood of developing a phobia threefold.

General symptoms include trembling, rapid heartbeat, and difficulty breathing. Some may have a full-blown panic attack, with feelings of terror and dread to the point they may think they are dying (symptoms often mimic those of a heart attack). The severity of the symptoms often depends on the proximity of the object and the availability of escape from the object / situation. People may go to extreme lengths to “escape” the source of the phobia. Common manifestations in people with Intellectual Disabilities include crying, tantruming, and even aggression as a means of escape.

## Some of the most common phobias include:

**Acrophobia** – the fear of heights

**Agoraphobia** – the fear of being outside or in a situation from which it may be difficult / impossible for the person to escape.

**Arachnophobia** – the fear of spiders

**Claustrophobia** – the fear of closed in spaces (ex. elevators, tunnels, etc.)

**Hemophobia** – the fear of blood

**Ophidiophobia** – the fear of snakes

## Some less common, but still very real phobias include:

**Arachibutyrophobia** – fear of Peanut Butter sticking to the roof of your mouth

**Coulrophobia** – fear of clowns

**Ergophobia** – fear of work

**Geniophobia** – fear of chins

**Genuphobia** – fear of knees

**Lutraphobia** – fear of otters

**Papaphobia** – fear of the Pope

**Peladophobia** – fear of bald people

**Pentheraphobia** -fear of mother-in-law



As you can see, people can experience phobia related to literally anything and everything (polyphobia), even phobias (phobophobia)!

Picture: [http://www.golocaljamaica.com/imgz/ist2\\_2091114\\_phobias.jpg](http://www.golocaljamaica.com/imgz/ist2_2091114_phobias.jpg)  
<http://generalhealthtopics.com>

Picture on cover: <http://webzoom.freewebs.com/lazyriver/Disney%20Birds-2.gif>  
<http://www.career-builders-club.com/newest/humming-bird>



*Think Spring*

### **Upcoming Events:**

This Spring, the Cameron, Elk, McKean, Potter, Warren & Forest Counties along with the HCQU will be hosting a conference in Johnsonburg. There will be one in the morning and one in the afternoon. The subjects are as follows:

#### **Aging 101**

by Michael Cowger

&

#### **Challenging Behaviors**

by Carl Longosky

Registration forms will be sent out as the date nears. If you would like to be added to our mailing list please call Brenda at:

(814)729-9400

Hope to see you there!



**Please welcome our newest member to our HCQU family....**  
**Michael Cowger**

Thank you all for the warm welcome to this much needed organization. The folks here at NWHC have been so good to me, as well as those I have met at

Milestone for orientation.

I grew up in Erie County PA in a town called Cranesville. A small town with a Post Office, hardware store and one blinking light. I played basketball, football and track in high school. Out of high school I attended a Tech school for Drafting and then went to work for American Sterilizer, a manufacturer of hospital equipment. I then moved to North Carolina for Square "D", a company in the Fortune 500. When I moved back to Pennsylvania, I found that jobs in manufacturing were scarce. I was led to attend Jamestown Community College in Jamestown NY where I received an AAS in Nursing. While attending JCC I worked part-time in a residential group home for Aspire of Western New York, serving individuals with CP and intellectual disabilities. I had no idea how valuable this experience would become to me. Many have asked, "why the big career change?", if I were to change careers I wanted something that had more of a human meaning..... and here I am!

Sincerely,  
Michael Cowger



## An Excerpt from Charging the Human Battery

by Mac Anderson



The older I get, the more I enjoy Saturday morning. Perhaps it's the quiet solitude that comes with being the first to rise, or maybe it's the unbounded joy of not having to be at work. Either way, the first few hours of a Saturday morning are most enjoyable. A few weeks ago, I was shuffling toward the garage with a steaming cup of coffee in one hand and the morning paper in the other. What began as a typical Saturday morning turned into one of those lessons that life seems to hand you from time to time. Let me tell you about it:

I turned the dial up into the phone portion of the band on my ham radio in order to listen to a Saturday morning swap net. Along the way, I came across an older sounding chap, with a tremendous signal and a golden voice. You know the kind; he sounded like he should be in the broadcasting business. He was telling whomever he was talking with something about "a thousand marbles." I was intrigued and stopped to listen to what he had to say.

"Well, Tom, it sure sounds like you're busy with your job. I'm sure they pay you well but it's a shame you have to be away from home and your family so much. Hard to believe a young fellow should have to work sixty or seventy hours a week to make ends meet. It's too bad you missed your daughter's dance recital," he continued; "Let me tell you something that has helped me keep my own priorities." And that's when he began to explain his theory of a "thousand marbles."

"You see, I sat down one day and did a little arithmetic. The average person lives about seventy-five years. I know, some live more and some live less, but on average, folks live about seventy-five years.

Now then, I multiplied 75 times 52 and I came up with 3,900, which is the number of Saturdays that the average person has in their entire lifetime. Now, stick with me, Tom, I'm getting to the important part.

It took me until I was fifty-five years old to think about all this in any detail," he went on, "and by that time I had lived through over twenty-eight hundred Saturdays. I got to thinking that if I lived to be seventy-five, I only had about a thousand of them left to enjoy. So I went to a toy store and bought every single marble they had. I ended up having to visit three toy stores to round up 1,000 marbles. I took them home and put them inside a large, clear plastic container right here in the shack next to my gear.

Every Saturday since then, I have taken one marble out and thrown it away. I found that by watching the marbles diminish, I focused more on the really important things in life.

There's nothing like watching your time here on this earth run out to help get your priorities straight.

Now let me tell you one last thing before I sign off with you and take my lovely wife out for breakfast. This morning, I took the very last marble out of the container. I figure that if I make it until next Saturday then I have been given a little extra time. And the one thing we can all use is a little more time.

It was nice to meet you Tom. I hope you spend more time with your family, and I hope to meet you again here on the band. This is a 75 year old man, K9NZQ, clear and going QRT, good morning!"

You could have heard a pin drop on the band when this fellow signed off. I guess he gave us all a lot to think about. I had planned to work on the antenna that morning, and then I was going to meet up with a few hams to work on the next club newsletter.

Instead, I went upstairs and woke my wife up with a kiss. "C'mon honey, I'm taking you and the kids to breakfast."

"What brought this on?" she asked with a smile.

"Oh, nothing special, it's just been a long time since we spent a Saturday together with the kids. And hey, can we stop at a toy store while we're out? I need to buy some marbles."



Pictures: [watchthisspace.ca](http://watchthisspace.ca)

# MARCH IS NATIONAL COLORECTAL AWARENESS MONTH

By Sue Swanson



## Why do we need to raise awareness of Colorectal Cancer?:

1. Colorectal cancer is the # 2 cause of cancer death in the U.S.
2. Over 150,000 Americans will be diagnosed with colorectal cancer each year.
3. Colorectal cancer often has no symptoms at all until it's at an advanced stage.
4. Colorectal cancer is 80% preventable when detected early.
5. You can reduce your risk through regular screening.

Beginning at age 50 (or earlier if you have a family history), everyone should be screened for colorectal cancer.

## Who is at risk for Colorectal Cancer?

- Men and women age 50 and older
- People who use tobacco, are obese or are sedentary
- People with a personal or family history of colorectal cancer or benign (not cancerous ) colorectal polyps
- People with a personal or family history of inflammatory bowel disease, such as long standing ulcerative colitis or Crohn's disease
- People with a family history of inherited colorectal cancer

## What are the symptoms of Colorectal Cancer?

**Early stages of colorectal cancer do not usually have any symptoms.**

**Advanced disease may cause:**

- Rectal bleeding or blood in or on the stool
- Change in bowel habits or stools that are narrower than usual
- Stomach discomfort (bloating, fullness or cramps)
- Diarrhea, constipation or feeling that the bowel does not empty completely
- Weight loss for no apparent reason
- Constant fatigue
- Vomiting

## How do you reduce your risk of Colorectal Cancer?

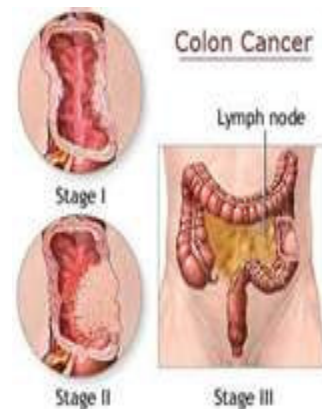
- Become physically active and exercise regularly
- Maintain a healthy weight
- Eat a high-fiber diet rich in fruits, vegetables, nuts, beans and whole grains
- Consume calcium-rich foods like low- fat or skim milk
- Limit red meat consumption and avoid processed meats
- Don't smoke
- Don't drink alcohol excessively

## How is Colorectal Cancer diagnosed?

- Because it is often a silent disease, early detection by a chemical test for blood in the stool after age 50
- If risk factors are present a visualization of the colon is important via a sigmoidoscopy or colonoscopy. Screening starts at age 50 or 10 years before the age of a first degree relative being diagnosed. Example: First degree relative being diagnosed at age 30, you should start colonoscopy at age 20

Standard: Medical doctor uses at least one of these:

- Every 10 years for colonoscopy
- Every 5 years for sigmoidcopy
- Every 5 years for barium enema
- Every 1 year for hemocult card



<http://www.preventcancer.org/education> Pictures: <http://www.sph.sc.edu>

<http://www.ccalliance.org/news>

[http://i778.photobucket.com/albums/yy66/junitj\\_girl/coloncancer-1.jpg](http://i778.photobucket.com/albums/yy66/junitj_girl/coloncancer-1.jpg)

# Adult Vaccinations

## Part 2

By Darcee D. Dunkle RN

This is Part 2 of our series of articles on Adult Vaccinations. If you missed Part 1, which talked about Diphtheria, Influenza, Pneumococcal Disease, and Tetanus, please see our last newsletter or contact Brenda Brien at 728-9400 or [bbrien@northwesthc.org](mailto:bbrien@northwesthc.org) to obtain a copy of that newsletter. Please remember that this article deals with adult vaccinations only. The recommendations listed below for each vaccine are specific to adults and all information can be accessed at [cdc.gov](http://cdc.gov).

**Hepatitis A** – This is a disease of the liver that is caused by the Hepatitis A virus (HAV). Symptoms, if present, may consist of jaundice (yellow skin or eyes), tiredness, stomach ache, loss of appetite, or nausea. Hepatitis A is spread via the fecal-oral route (i.e. when an object that is contaminated with the stool of a person with Hepatitis A is put into another person's mouth) or by swallowing food or water that contains the virus. The vaccine is recommended for anyone over the age of 1 who lives in a community with a high rate of Hepatitis A, who is a man who has sex with other men, who uses street drugs, who travels to countries with high rates of Hepatitis A, who already has long-term liver disease, who receives blood products to help their blood clot, or who works with HAV infected animals or work with HAV in research settings.

**Hepatitis B** – This is also a disease of the liver but this disease is caused by the Hepatitis B virus (HBV). Symptoms are similar to Hepatitis A – jaundice, tiredness, stomach ache, loss of appetite, or nausea. Joint pain may also be a symptom of this disease. The younger the person is when contacting Hepatitis B, the greater is the chance of them staying infected and having life-long liver problems such as scarring of the liver or liver cancer. Hepatitis B is caused by having contact with the blood of an infected person or by having sex with an infected person. As an adult, you should get the Hepatitis B vaccine if you have sex with or live in the same house as a person with HBV infection, you have sex with more than 1 partner, you are a man who has sex with other men, you inject drugs, you have a job that involves contact with human blood, you are on the staff or are a client of an institution for the developmentally disabled, you have end-stage renal disease, you are on dialysis, you already have HIV infection, you have chronic liver disease, you are a prisoner in a correctional facility, or you live or travel in countries where Hepatitis B is common.

**Herpes Zoster (Shingles)** – Shingles is a skin disease that is caused by the varicella zoster virus (VZV). This is the same virus that causes chicken pox. Symptoms of shingles usually begin with pain, itching, or tingling of the skin. This is followed by a painful skin rash of blister-like lesions which are usually localized to a small area on one side of the body – often the face or trunk. Other symptoms can include fever, headache, chills, and an upset stomach. Complications of shingles can include extreme pain and, rarely, pneumonia, hearing problems, blindness, brain inflammation, or death. Shingles is not spread through sneezing, coughing, or casual contact. Shingles is caused by a reactivation of the VZV virus. Anyone who has ever had chickenpox can develop shingles. This disease is more common in people 50 years old or older, people who have medical conditions that keep the immune system from working properly, or people who receive immunosuppressive drugs. The shingles vaccine is recommended for adults 60 years old and older. This vaccine helps to reduce the risk of shingles and its associated pain.

Cont. on page 7

**Polio** – Polio is a highly infectious disease that is caused by a virus that infects the nervous system. About 95% of people infected with the polio virus will have no symptoms. About 4-8% of those infected may have minor symptoms such as fever, fatigue, nausea, headache, flu-like symptoms, stiffness in the neck and back, and pain in the limbs. These symptoms often resolve completely. Fewer than 1% of person infected with the polio virus will suffer permanent paralysis of the limbs (usually the legs). Of this 1%, about 5-10% will die when the paralysis affects the respiratory muscles. Most adults were vaccinated as children against polio so they do not need another vaccine. However, there are 3 groups of adults who are at higher risk and should consider polio vaccination. Those traveling to polio-endemic or high risk areas of the world. Those working in a laboratory and handling specimens that might contain polio viruses. Those who are healthcare workers treating patients who could have polio or have close contact with a person who could be infected with the polio virus.

In the next newsletter, I will discuss some more vaccine-preventable diseases. I hope that you have found this information informative as well as helpful. If you have any questions about any of the information noted, please feel free to contact me at [ddunkle@northwesthc.org](mailto:ddunkle@northwesthc.org) or at 814-728-9400.

### **Nursing CEU's Now Available Through NWHC by Darcee D. Dunkle RN**

RN's in Pennsylvania are required to have 30 CEU hours prior to renewing their RN license the next time. Dates for the nurses have been staggered but if you just renewed your license in October of 2009 then you must have 30 CEU's prior to renewing in 2011. If you license renewal comes due in April of 2010, you do not need to begin collecting CEU's until your next renewal in 2012 (lucky ducks!). See chart below for further dates.

<b>If your expiration date on your RN license is:</b>	<b>You must complete 30 hours of Board approved CE from:</b>
April 30, 2010	Not required for this renewal
October 31, 2010	11/1/08 through 10/31/10
April 30, 2011	5/1/09 through 4/30/11
October 31, 2011	11/1/09 through 10/31/11
<b>If your expiration date on your RN license will be:</b>	<b>You must complete 30 hours of Board approved CE from:</b>
April 30, 2012	5/1/10 through 4/30/12

Northwest Health Connections is pleased to announce that we are now able to offer CEU courses. We currently have 2 courses available and plan to have more in the near future. The 2 courses currently available are Diabetes for the Professional Nurse (3 CEU) and Schizoaffective Disorder (2 CEU). Watch our website and course schedules to see when these courses are being offered near you.

The CEU's that we offer are granted through the Office of Developmental Programs of the Public Welfare Department. They are an approved provider of nursing CEU's by the Pennsylvania State Board of Nursing.

# Falls

by Beth Lorenzo

Falls can have devastating results for people of all ages, but especially as people with intellectual disabilities age.

How to assess if someone is at increased risk for falling:

1. Total disorientation to intermittent confusion
2. History of falls (esp. recent)
3. Chair-bound requiring assist with toileting
4. Ambulatory & incontinent
5. Poor vision with or without glasses to legally blind
6. Balance problems while standing or walking
7. Jerking & unstable when making turns
8. Requires assistance with ambulation (person, furniture/walls or device)
9. Systolic blood pressure drops more than 20 between lying & standing
10. Heart rate increases more than 20 between lying & standing
11. Takes the following medications or combination of:
  - \* Anesthetics
  - \* Antihistamines
  - \* Laxatives
  - \* Diuretics
  - \* Antihypertensives
  - \* Antiseizure
  - \* Benzodiazepines
  - \* Hypoglycemics
  - \* Psychotropics
  - \* Sedatives
12. Have the following conditions:
  - \* Hypertension
  - \* Vertigo
  - \* Strokes
  - \* Parkinsons disease
  - \* Loss of limb(s)
  - \* Seizures
  - \* Arthritis
  - \* Osteoporosis
  - \* Fractures
13. Inappropriate or nonuse of assistive device
14. Oxygen tubing



If you would like more information or training on Fall Prevention, contact NWHC at 814-728-9400  
We also can do an environmental assessment of the residence for safety

## Letter From The Director:

*It is with excitement that we share the news of our move to 1020 Pennsylvania Avenue West. We invite you to visit our new site. Our training room is bigger, better, and just waiting to be used. If you need a room and our HCQU site is convenient, please call and reserve this room for your meeting. We will work on making you comfortable.*

*We are proud to announce that we are now offering Nursing CEU's for two courses: Diabetes and Schizo-affective Disorder. Contact our training coordinator, Lynn, if you would like to schedule either of these trainings. Please note that these CEU trainings are geared to clinical professionals. We also offer these trainings with training certificates for the non-clinical staff.*

*As the H1N1 and seasonal flu season is upon us, I remind you of the importance of hand washing and using hand sanitizers when soap and water are not available and coughing into your sleeve. We are most fortunate to have Darryl up to date on training materials and he will come to your agency with training on H1N1 or Bird Flu.*

*Remember the HCQU is here to share resources with you. If we can assist you as you support others, please call us. We look forward to providing training or technical assistance as you request these from us. Please call us at 814-728-9400 to schedule. Spring is coming!!! Let us know when you see those daffodils, crocuses, and tulips breaking through the earth or see that first robin.*



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