



## Health and Wellness

**Health and Wellness:** Staying healthy and getting well are sort of two different things. Some of us, for instance, are born with stronger immune systems than others, and with different metabolisms. **These are personal characteristics.** Surrounding ourselves with people who support our being healthy can boost individual efforts. **Friends & family.** Healers of all sorts can help us heal when we get sick or broken. **Community.** Believing in the doctors, healers, workout process is important too. **Beliefs.** Whether there is enough money or insurance to cover what's wanted is a good consideration. **Financial.** Whether legal documents are in place. **Again, under Financial.**

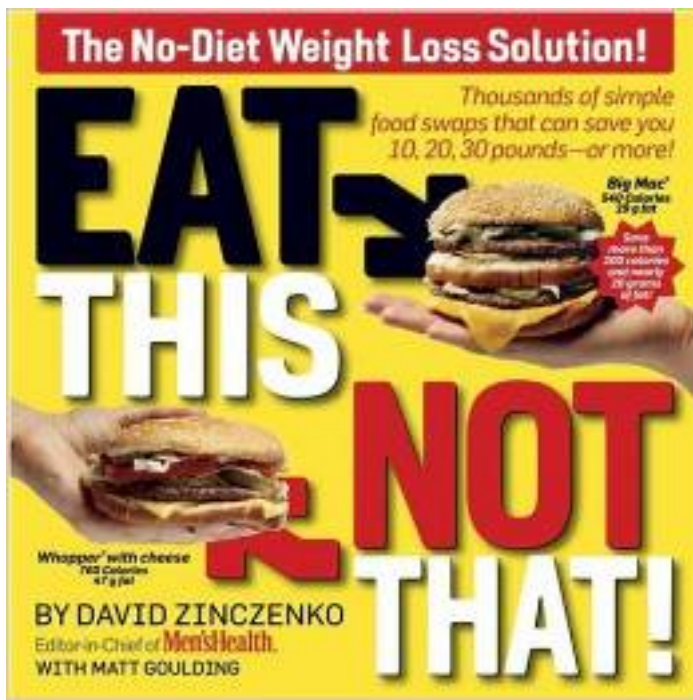
**Here's some activities to get you started:**

- List all health professionals you see: medical, dental, homeopathic, alternative, psychic - with their contact information.
- List the activities you take part in, the people you associate with that help you stay healthy.
- What personal characteristics help (or get in the way of) the health you want?
- Help keep this part of your Personal Safety Net organized by gathering and placing these things and your wishes in a place where you, and those you want to have the information, will be able to access it:
- Primary-care doctor and contact information
  - Other practitioners who assist with your health, such as naturopath, homeopath, etc.
  - How about trainers/instructors/those who help keep you healthy
  - List of significant illnesses, conditions, surgeries
  - List of conditions to watch for or be aware of
  - List of medications and schedules for taking them
  - Extra prescriptions for life-threatening illnesses
  - List of allergies
  - Birth dates – you and your children
  - Blood type(s) – you and your children
  - Long-term care paperwork
  - Vision records
  - X-rays records
  - Lab results
  - Prescription plan card/records
  - Dental records
  - Gym and/or activity memberships
  - Health history form or notes
  - Medic Alert program information
  - Medicaid number
  - Next stage plans and information
  - Do Not Resuscitate (DNR) form (A DNR form basically states that the named individual is not to be resuscitated if he or she stops breathing. If 911 is called, they must, by law, resuscitate, so if there is a DNR preference, then everyone around the individual must be informed so 911 is not called in.)

**Resources:**

## 8 Foods You Should Eat Every Day

- 
- [Get Started](#)
  - [Who We Are](#)



The purpose of [Eat This, Not That!](#) [1] is to arm you with information you need to make smart choices when you decide what to eat. But how can you make good nutrition certain? Here's the simple answer: Just eat these eight foods--along with a little protein such as salmon, turkey, or lean beef--every day. We're even supplied some menu ideas, along with some substitutes when you can't find the real thing.

~~Spinach~~ Spinach is green and leafy, but spinach is no nutritional wallflower. This noted muscle builder is a rich source of plant-based omega-3s and folate, which help reduce the risk of heart disease, stroke, and osteoporosis. Bonus: Folate also increases blood flow to the nether regions, helping to protect you against age-related sexual issues. And spinach is packed with lutein, a compound that fights macular degeneration. Aim for 1 cup fresh spinach or 1/2 cup cooked per day. **Substitutes:** Kale, bok choy, romaine lettuce

- Recipes: Make your salads with spinach; add spinach to scrambled eggs; drape it over pizza; mix it with marinara sauce and then microwave for an instant dip.

#### ~~Yogurt~~

This 2,000-year-old food's health benefits are not disputed: Fermentation spawns hundreds of millions of probiotic organisms that serve as reinforcements to the battalions of beneficial bacteria in your body. That helps boost your immune system and provides protection against cancer. Not all yogurts are probiotic, though, so make sure the label says "live and active cultures." Aim for 1 cup of the calcium and protein-rich goop a day. **Substitutes:** Kefir, soy yogurt

- Recipes: Yogurt topped with blueberries, walnuts, flaxseed, and honey is the ultimate breakfast--or dessert. Plain low-fat yogurt is also a perfect base for creamy salad dressings and dips.

#### ~~Tomatoes~~

There are two things you need to know about tomatoes: Red are the best, because they're packed with more of the antioxidant lycopene, and processed tomatoes are just as potent as fresh ones, because it's easier for the body to absorb the lycopene. Studies show that a diet rich in lycopene can decrease your risk of bladder, lung, prostate, skin, and stomach cancers, as well as reduce the risk of coronary artery disease. Aim for 22 mg of lycopene a day, which is about eight red cherry tomatoes or a glass of tomato juice. **Substitutes:** Red watermelon, pink grapefruit, Japanese persimmon, papaya, guava



- Recipes: Pile on the ketchup and Ragú; guzzle low-sodium V8 and gazpacho; double the amount of tomato paste called for in a recipe.

### **~~Carrots:~~**

Most red, yellow, or orange vegetables and fruits are spiked with carotenoids--fat-soluble compounds that are associated with a reduction in a wide range of cancers, as well as reduced risk and severity of inflammatory conditions such as asthma and rheumatoid arthritis--but none are as easy to prepare, or have as low a caloric density, as carrots. Aim for 1/2 cup a day. **Substitutes:** ~~Sweet potato, pumpkin, butternut squash, yellow bell pepper, mango~~

- Recipes: Raw baby carrots, sliced raw yellow pepper, butternut squash soup, baked sweet potato, pumpkin pie, mango sorbet, carrot cake

### **~~Blueberries:~~**

Host to more antioxidants than any other North American fruit, blueberries help prevent cancer, diabetes, and age-related memory changes (hence the nickname ""brain berry""). Studies show that blueberries, which are rich in fiber and vitamins A and C, also boost cardiovascular health. Aim for 1 cup fresh blueberries a day, or 1/2 cup frozen or dried. **Substitutes:** *Acai berries, purple grapes, prunes, raisins, strawberries*

- Recipes: Blueberries maintain most of their power in dried, frozen, or jam form.

### **~~Black Beans:~~**

All beans are good for your heart, but none can boost your brain power like black beans. That's because they're full of anthocyanins, antioxidant compounds that have been shown to improve brain function. A daily 1/2-cup serving provides 8 grams of protein and 7.5 grams of fiber. It's also low in calories and free of saturated fat. **Substitutes:** *Peas, lentils, and pinto, kidney, fava, and lima beans*

- Recipes: Wrap black beans in a breakfast burrito; use both black beans and kidney beans in your chili; puree 1 cup black beans with 1/4 cup olive oil and roasted garlic for a healthy dip; add favas, limas, or peas to pasta dishes.

### **~~Walnuts:~~**

Richer in heart-healthy omega-3s than salmon, loaded with more anti-inflammatory polyphenols than red wine, and packing half as much muscle-building protein as chicken, the walnut sounds like a Frankenfood, but it grows on trees. Other nuts combine only one or two of these features, not all three. A serving of walnuts--about 1 ounce, or 7 nuts--is good anytime, but especially as a post-workout recovery snack. **Substitutes:** *Almonds, peanuts, pistachios, macadamia nuts, hazelnuts*

- Recipes: Sprinkle on top of salads; chop and add to pancake batter; spoon peanut butter into curries; grind and mix with olive oil to make a marinade for grilled fish or chicken.

### **~~Oats:~~**

Oats garnered the FDA's first seal of approval. They are packed with soluble fiber, which lowers the risk of heart disease. Yes, oats are loaded with carbs, but the release of those sugars is slowed by the fiber, and because oats also have 10 grams of protein per 1/2-cup serving, they deliver steady, muscle-friendly energy. **Substitutes:** *Quinoa, flaxseed, wild rice*

- Recipes: Eat granolas and cereals that have a fiber content of at least 5 grams per serving. Sprinkle 2 Tbsp. ground flaxseed on cereals, salads, and yogurt.

*Adapted by Personal Safety Nets® from Eat This, Not That!* The comprehensive, up-to-date menu and grocery information from the experts at Men's Health Magazine.



# A Hospital-Discharge Planning Checklist



**For patients and their caregivers preparing to leave a hospital, nursing home, or other care setting**

~~During your stay, your doctor and the staff will work with you to plan for your discharge. You and your caregiver(s) – family member or friend who may be helping you – are important members of the planning team.~~

~~Below is a checklist of important things you and your caregiver(s) should know to prepare for discharge. Use this checklist early and often during your stay. Talk to your doctor and the staff (which could be a discharge planner, social worker, or nurse) about the items on the checklist.~~

~~Use the notes column to write down important information (like names and phone numbers). Skip any items that don't apply to you.~~

## ACTION ITEMS NOTES

### 1. What's Ahead?

- Ask where you will get care after discharge. Do you \_\_\_\_\_ have options (like home health care)? Be sure you \_\_\_\_\_ tell the staff what you prefer.
- If a caregiver will be helping you after discharge, \_\_\_\_\_ write down their name and phone number.

### 2. Your Health

- Ask the staff about your health condition and what \_\_\_\_\_ you can do to help yourself get better.
- Ask about problems to watch for and what to do \_\_\_\_\_ about them. Write down a name and phone number \_\_\_\_\_ to call if you have problems.
- Use "My Drug List" (scroll down) to write down \_\_\_\_\_ your prescription drugs, over-the-counter drugs, vitamins, and herbal supplements. Review the list with the staff.
- Tell the staff what drugs, vitamins, or supplements you took before you were admitted. Ask if you should still take these after you leave.
- Write down a name and phone number to call if you have questions. \_\_\_\_\_

### 3. Recovery and Support

- Ask if you will need medical equipment (like a walker). \_\_\_\_\_
- Who will arrange for this? Write down where to call if \_\_\_\_\_



you have questions about equipment.

- Ask if you're ready to do the activities listed below. \_\_\_\_\_

**Circle the ones you need help with and tell the staff.**

- Bathing, dressing, using the bathroom, climbing stairs
- Cooking, food shopping, house cleaning, paying bills
- Getting to doctors' appointments, picking up prescription drugs

- Make sure you have support (like a caregiver) in place \_\_\_\_\_ that can help you.
- Ask the staff to show you and your caregiver any \_\_\_\_\_ other tasks that require special skills (like changing \_\_\_\_\_ a bandage or giving a shot). Then, show them you \_\_\_\_\_ can do these tasks. Write down a name and phone number to call if you need help.
- Ask to speak to a social worker if you're concerned \_\_\_\_\_ about how you and your family are coping with your \_\_\_\_\_ illness. Write down information about support groups and other resources.
- Talk to a social worker or your health plan if you \_\_\_\_\_ have questions about what your insurance will cover \_\_\_\_\_ and how much you will have to pay. Ask about possible ways to get help with your costs.
- Ask for written discharge instructions (that you can read and understand) and a summary of your current health status. Bring this information and your completed "My Drug List" to your follow-up appointments.
- Use "My Appointments" (scroll down) to write down any \_\_\_\_\_ appointments and tests you will need in the next several weeks.

**4. For the Caregiver**

- Do you have any questions about the items on this checklist or on the discharge instructions? Write them down and discuss them with the staff. \_\_\_\_\_
- Can you give the patient the help he or she needs? \_\_\_\_\_
- What tasks do you need help with? \_\_\_\_\_
- Do you need any education or training? \_\_\_\_\_
- Talk to the staff about getting the help you need before discharge.
- Write down a name and phone number to call if you have questions. \_\_\_\_\_
- Get prescriptions and any special diet instructions early, \_\_\_\_\_ so you won't have to make extra trips after discharge.

**~~Now it's time to create and fill out a list with all prescription drugs, over-the-counter drugs, vitamins, and herbal supplements you take. Review this list with the staff.~~**

- [Get Started](#)
- [Who We Are](#)



**MY DRUG LIST** \_\_\_\_\_ **Filled out on:** \_\_\_\_\_

*Be sure to include:*

Drug Name	What it Does	Dose	How to take it	When to take it	Notes
_____					

**Finally, make and create a list of future appointments.**

**MY APPOINTMENTS**

***Be sure to include:***

Appointments & Tests

Date

Phone number

*Adapted by Personal Safety Nets® from Medicare® Medicaid® and other sources.*

## A Longer Life



Can you really add extra years to your life? Would you want to? And under what conditions? With current life expectancy in the USA for men at 76 and for women at 81, would you like to add an extra 12 years?

Author Dan Buettner assumes that you would. He did world-wide research, and found that **the keys to adding years to your life centers on lifestyle and environment**. A few years ago he lead a scientific expedition to the Greek island of Ikarian to investigate what had become common knowledge - **one in three residents there reached the age of 90**. This lead to Buettner's idea that the earth has a few "Blue Zones" - places where an extraordinary high proportion of natives live past 90.

**Buettner also found that Ikarians suffered 20 percent fewer cases of cancer than American and have about half our rate of heart disease and one-ninth our rate of diabetes.**

And as Buettner said in an AARP magazine article in 2009, "Most astonishing of all: among the Ikarians over 90 whom the team studied . . . **there was virtually no Alzheimer's disease or other dementia.**" (In the USA more than 40% of people over 90 suffer some form of these ailments).

While Buettner cannot guarantee that living like an Ikarian will help you live significantly longer, he did come up with **likely contributors to Ikarian longevity** (which he published in *The Blue Zones: Lessons for Living Longer From the People Who've Lived the Longest*, National Geographic, 2008) - ideas that you may want to consider:

- Eat a diet rich in whole grains, fruits, vegetables, olive oil, and fish.
- Drizzle olive oil on food after cooking, before eating.





- Eat sourdough bread.
- Try Greek honey: studies show antibacterial, anticancer and anti-inflammatory properties - local honey doesn't.
- Graze on greens.
- Sip herbal teas.
- Nap 30-minutes daily.
- Walk where you are going and add hills.
- Grow your own garden (or use local farmer's markets).
- Phone a friend.
- Get religion: services are linked to longer life spans.
- Throw out your watch: reduce stress.



In the years since publishing this research, Buettner has found the same habits in **four other Blue Zones**: Sardinia, Italy; Nicoya Peninsula, Costa Rica; Loma Linda, California; and Okinawa, Japan. In his new updated: *The Blue Zones: 9 Lessons for Living Longer*, **Buettner synthesizes the lessons that people in these Blue Zones have in common and follow. Improved and elongated lives occurred in all:**

1. **Move naturally**: don't do marathons or pump iron, walking is good.
2. **Know your purpose**: have a reason for waking up in the morning.
3. **Kick back**: find ways to shed stress - praying, napping or going to happy hour - relax.
4. **Eat less**: stop eating when you are 80% full.
5. **Eat less meat**: Beans are the key.
6. **Drink in moderation**: one to two glasses a day are normal in these places.
7. **Have faith**: it doesn't matter what, but attendance does.
8. **Power of Love**: put families first.
9. **Stay social**: build a social network that supports healthy behaviors.

You'll want to read more details on what Buettner now calls his Power9® or "Reverse Engineering Longevity" to learn more concerning what these Blue Zones have in common. **If you do want to live longer and healthier, add in a Personal Safety Nets' bias toward getting friends, family or colleagues to implement changes with you. Your success rate will soar, and your friends will be likely to live longer too.**

## Attitudes on Health & Hope

***Adapted by Personal Safety Nets® from Health & Hope, a study conducted by members of the Hope Research Advisory Committee, Hope Foundation of Alberta.***

It may be tempting to assume that people in poor health are less hopeful than those who enjoy good health. While being healthy and feeling hopeful seem to go hand in hand, the two are not always necessarily linked.

People have different views of hope. In this 2002 survey, researchers were interested in exploring those views of hope in relation to how people rated their health. People who took part in this survey were asked two questions:

**Question #1** - In general, compared with other people your age, would you say your health is....

- 
- [Get Started](#)
  - [Who We Are](#)



- excellent
- very good
- good
- fair
- poor

Most people (90.7%) described themselves as being in *excellent*, *very good* or *good* health. Seven percent described their health as *fair*. The remaining 2.3% said they were in *poor* health.

### Summary #1

Regardless of their health, those who took part in this survey were quite hopeful. Those in *poor* health may have been more challenged than those who were healthier. This does not necessarily mean their level of hope was low. In the same way, some people who described their health as *excellent*, *very good* or *good* also reported having low levels of hope. Those who reported *excellent* health rated their hope as 8.3 on average. Individual ratings of hope levels ranged within this group from as low as 3 to as high as 10. Those who reported being in *very good* health rated their hope as 8.0 on average. Individual ratings of hope levels within this group ranged from as low as 1 to as high as 10. Those who reported being in *good* health rated their hope as 7.5 on average, with a range from 1 to 10. Those who reported being in *fair* health rated their hope as 7.4 on average, ranging from a level of 3 to 10. Finally, those who reported being in *poor* health rated their hope as 6.5 on average. People within this group rated their level of hope from as low as 1 to as high as 10.

**Question #2** - Which one of the following items **best** describes what hope means to you?

- being open to possibilities
- having a good future
- having goals or plans
- finding meaning in life
- being connected to others
- having a deep inner faith
- having a positive outlook

“Having a positive outlook” was chosen most often by those in *excellent* (34.6%), *very good* (41.0%), *good* (40.4%), and *fair* (43.2%) health. For the people who reported being in *poor* health, “having a deep inner faith” was chosen most often (33.3%).

### Summary #2

Persons reporting *excellent*, *very good*, *good* and *fair* states of health described hope, most often, as “having a positive outlook.” Those reporting *poor* health chose “having a deep inner faith” as the best description of hope.

## Cardiac Rehab – The Gym & Health Benefits for Your Heart

**Adapted by Personal Safety Nets® from “For Seniors, an Underused Heart Therapy: the Gym” in The New York Times by Paula Span.**

For years, doctors have known that cardiac rehabilitation programs — incorporating not only regular exercise but nutritional counseling, stress management and smoking cessation — can speed patients’ recovery and extend their lives.

But the experts didn’t know whether, in research jargon, there was a “dose-response relationship.” In other words, said Bradley Hammill, a biostatistician at Duke University School of Medicine, “Do we see that increasing the





number of sessions you go to leads to a better outcome?”

Now, thanks to a broad study led by Mr. Hammill, they know the answer: yes. **When it comes to cardiac rehab, more is better.** Just published in the journal *Circulation*, the study shows that **patients who had suffered heart attacks, undergone coronary bypass graft surgery or been hospitalized for chronic stable angina (chest pain accompanying exertion) lived longer and had fewer subsequent heart attacks when they had more rehab sessions.**

After sampling five percent of all Medicare beneficiaries who attended at least one session and following them for four years, the researchers found that 12 sessions improved survival and reduced future heart attacks; 24 sessions had still greater impact, and 36 sessions — the number that Medicare covers — showed the greatest effect of all.

Patients, who came to 36 sessions, usually three times a week, lowered their risk of death by nearly half and their risk of a heart attack by nearly a third, compared to those who attended just one session. They also had a 14 percent lower risk of death and a 12 percent lower risk of a heart attack than those who attended 24 sessions, and substantially lower risk than those who came to just 12. “It keeps improving,” Mr. Hammill said. “Every session helps.”

**So why aren’t more people on the Rehab Plan? Medicare covers cardiac rehab after a variety of heart-related procedures and ailments, including those mentioned above, plus heart valve surgery, stent implantation and angioplasty. Yet only about 20 percent of eligible patients ever take advantage of rehab, and many of those don’t stay with it long enough to maximize its benefits.**

“The main reason,” said Dr. David Prince “is that physicians don’t refer eligible patients.” Rehab doesn’t involve a drug or device, he noted, so pharmaceutical firms and reps don’t promote it. Patients may also have trouble making the time commitment, arranging transportation to rehab centers or, in rural areas, even finding a cardiac rehab program. And non-Medicare patients often struggle with the \$10 to \$50 insurance co-pays.

What doesn’t seem true, Dr. Prince said, is the common assumption that patients aren’t motivated to exercise and just won’t go, even if their doctors urge them to. “That’s just projection,” he scoffed. **“I’ve found most patients are very interested in taking care of themselves.” He hopes that physicians get the message that cardiac rehab works but, even more important, that patients come to understand the benefits and ask their doctors about it.**

After 36 monitored sessions paid for by Medicare, he noted, patients can continue to exercise independently. “They can walk. They can dance. They can do workouts at home or at community centers,” he said. “They can take control of their disease and feel better than they have in years.”

**Another reason, not mentioned in this article is that people forget that finding someone else to exercise with will increase the chances of sticking with a plan.** Personal Safety Nets recommends teaming up with 1 or more buddies:

1. See your doctor as one resource; get her/him to prescribe rehab. This will give you up to 36 visits.
2. Ask a friend, colleague, or someone you want to get to know, to walk/bike/swim with you 1-3 times per week – and put it on your calendar!
3. Visit ([meetup.org](https://www.meetup.org)) or other similar websites to find groups to join.
4. Share other ideas with us.

## Dieters Beware: Calorie Counts May Not Be Real

Dieters beware: those low-calorie meals may not be so healthy after all.



[2]According to a new study, prepared foods contain an average of 8% more calories than what their packaging label says, reports Time.com. The study, published in the “Journal of the American Dietician Association,” also says restaurant meals can contain up to 18% more calories than what the menu claims.

But perhaps the worst news for calorie-conscious eaters is that the Food and Drug Administration says these margins of error are perfectly O.K.

Susan Roberts, a professor of nutrition at Tufts University, conducted the study of 29 restaurants and 10 frozen-food products. She focused on foods that dieters were likely to include in their diets - meals that claim to be less than 500 calories.

Roberts said that an 8% gain in a single 500 calorie meal, only 40 calories, may not sound like much, but over time, those numbers can really add up. In a year, eating just 5% more than a 2,000 calorie diet means a potential weight gain of 10 pounds. “The 18% [in restaurants] and 8% [in packaged foods] figures are just what you need not to lose weight,” said Roberts.

The problem is that federal regulations aren’t tight when it comes to calorie counts. While the net weight of a package of prepared foods must be at least 99% of the advertised weight, calorie counts are allowed to be off up to 20%. The federal government plays no role in checking the calorie counts restaurants put on their menus, according to Time.com, which means it’s up to individual states to handle the job.

“And when state inspectors do visit, they have other issues to worry about - like making sure there are no mouse droppings in the kitchen,” Roberts says.

Calorie counts can also be confusing because most menus list each item separately, meaning that many consumers still aren’t getting a clear picture of what they’re eating. Most people pay attention to their main course, but may ignore side dishes, which can add up to just as much. Five of the restaurants Roberts studied had an average of 471 calories in side dishes - way over the 443-calorie average on the entrees.

*Adapted by Personal Safety Nets® from “Calorie counts listed by restaurants and on packaged foods are often inaccurate.” By Amy Eisinger in the New York News (January, 2010)*

## **Do Work-Based Wellness Programs Really Work?**

Since most Americans obtain health insurance coverage through their employer, we thought it would be interesting to look at how well popular wellness programs really work.



**[3]For various reasons, employers have found it in their best interest to try to promote a healthy, productive workforce in order to moderate health care spending. The way to this goal is often through a company wellness program.** The goal is usually to balance the organization's program costs with health results leading to large dollar savings for organizations and employers. In fact, today, wellness plans are often promoted as saving companies \$3 or more for every dollar invested. Do you work in a company with a wellness program? Does this sound familiar?

The American Medical Association's Chicago headquarters, started an employee wellness program in 2007. Now more of the 1,000 employees take the stairs. The company's cafeteria has expanded its nutrition labels. TVs in the building highlight wellness events. Employees can participate in daily dance, yoga, tai-chi, and other fitness classes, guest speakers appear regularly showing how to turn fresh fruits and vegetables into delicious meals. A biometric testing program measures employees' cholesterol and glucose levels. **But does it get the results that were intended? We were unable to get exact statistics.**

In fact, while the percentage of firms of any size offering at least one wellness program grew from 58 percent in 2009 to 77 percent in 2013, results are inconclusive. A recent survey by the Kaiser Family Foundation and Health Research & Educational Trust raises questions about the effectiveness of these wellness programs. **What aspects of these programs work, for whom, and for how long? How successful are they for employers? What questions would you have about this?**

**One recent review of 33 workplace wellness programs in place since 2000 found that programs generally focused on the basics of healthy living, including increasing physical activity, eating well, and losing weight.**

Some programs focused explicitly on reducing health care costs (13 percent of programs) or smoking cessation (11 percent), while others worked toward improving mental health (6 percent), and reducing alcohol consumption (5 percent).



**[4]Workplace smoking cessation programs had higher quit rates compared to non-participating groups. Those programs that integrating the program with occupational health lessons attracted more participants and resulted in quit rates twice as high as those for workers who participated in smoking cessation programs alone. Was it because they did it together? Overall, the findings, in regard to effectiveness of wellness programs in terms of improving health outcomes and behaviors, are inconsistent, with positive evidence for programs focused on smoking cessation, but insufficient or negative**



evidence for those focused on physical activity, eating habits, and biometric measures. Why?

Programs focusing on physical activity have such varied components that it's difficult to get clear evidence of their effectiveness. For example, over a two year period, one set of researchers found no significant difference in levels of physical activity for employees at schools with wellness programs compared to those at schools without programs. However, in another study providing fitness centers was sufficient to produce some change in sedentary employees, **but those who also received group-counseling with the exercise training consistently had greater improvements in physical activity and energy expenditure overall. They did it together!**

Many wellness programs focus on improving biometrics - such as weight, blood pressure and cholesterol levels - and aim to develop healthy eating habits, with no decrease in hospital admissions or emergency room visits among participants. Still, RAND found "Well-executed programs appear to improve employee health meaningfully," the California Health Benefits Review Program, which advises the state's legislature, found that though employees' blood pressure, blood sugar or cholesterol did not improve by participating in a corporate wellness plan, workers lost about 1 pound annually for three years. I know I'd like to lose, rather than gain this ... how about you?

What about the effectiveness of wellness programs with regard to their return on dollars spent by employers? **RAND found that fewer than half of companies took the time to calculate whether wellness programs saved them money.** If they did, the numbers might have startled them. **The study concluded that wellness programs did not significantly reduce employer health costs.** Why? Because health screenings (often part of the wellness program) generally promote more doctor visits, prescription medications or further tests. **While this might benefit workers' health, which might pay off with longer terms. In the short run, it doesn't necessarily save money. And some employers pass on the cost of these programs to workers by raising their insurance premiums. So, if money saved is the metric, then no - these programs don't work.**



**[5]And what about the doctors?** While it's widely known that physically active people are healthier overall than people who are sedentary, and that active people are less likely to gain excess weight thus having a smaller chance of developing chronic conditions such as high blood pressure, diabetes and heart disease, **doctors have not always gotten that message across to patients.** And they don't seem to be very good at taking the advice themselves, either!

Although U.S. doctors are giving their adult patients more advice on exercise than they used to as we pointed out in our August newsletter, only about a third of all doctor-patient encounters in 2010 included such counseling, according to a report published by researchers at the CDC.

### ***How do you think your physician would score?***

Importantly, physically inactive doctors are more likely to sidestep the subject of exercise than are fit physicians, according to an international study published in the British Journal of Sports Medicine in 2008. **The researchers found that physically active doctors were more likely to encourage and motivate patients to do the same.** And a new study from Truven Health Analytics, reports that hospital employees (including doctors) are less healthy than the general workforce and cost more in health care spending.

As reported in a recent article in the Georgia Health News, the lesson for the all of us is when it comes to wellness programs, **"when doctors practice it, they're better at preaching it."** **So, bring the subject up with your doctor, and see if they're practicing what they need to be preaching.**



## Does Age Affect Attitudes on Hope?

*Adapted by Personal Safety Nets® from Health & Hope, a study conducted by members of the Hope Research Advisory Committee, Hope Foundation of Alberta.*

Persons of different ages often have different life experiences which may shape their views. For example, young persons have been known to view themselves as invincible to danger. Older persons, with long life experience, recognize that they are vulnerable in many situations. But they also realize they've weathered storms before.

This research describes the views of hope and levels of hope of different ages. The following question was asked: **How do people of different ages view hope?**

Persons were also asked to indicate which of seven different views of hope was the one best description of hope for them. These seven views were:

- having a positive outlook,
- having a deep inner faith,
- having goals or plans,
- finding meaning in life,
- having a good future,
- being open to possibilities,
- and being connected to others.█

There were notable differences in terms of how people of different age-groups viewed hope:

- Young adults (ages 18-24) selected *having goals or plans* as their best description of hope more often than any other age group (23.4%).
- In older age groups, fewer people described their hope in this way. For example, only about 5% of people 65 years of age or older selected this response. In contrast, in general, people 65 years old and older were more likely to describe their hope as **having a deep inner faith** (24.8%) than people between the ages of 18 and 24 (7.2%).█

### Summary

These findings highlight some important differences in our view of hope for persons of different ages. Although people in this survey were generally quite hopeful regardless of their age, their definition of hope differed by age group. Young adults' views were more goal-oriented than were older adults. As people age and become members of older age groups, their view of hope may shift toward a deeper faith orientation. Another possible explanation for these findings is that older people are more likely to have been raised within a faith tradition than younger people. With a steady decline in church attendance over the past 30 years and a lessening of the role of religion and faith within families and communities, young adults of today are less likely to have been influenced by a religious or faith tradition than older people, thus possibly accounting for some of the differences.

## Exercising with Friends - The Health Benefits for Seniors

Just as eating right and pursuing an active social life can help you stay happy and healthy, exercise can help seniors enjoy a healthier and more satisfying lifestyle. And the benefits of regular exercise are not just physical. You'll gain emotionally and psychologically too!

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[6]Regular exercising will also help you maintain your independence and enhance your mobility. Take a look at the short-term benefits below and you'll realize that the bottom line about sticking to an exercise program is that it makes you feel better and enjoy life longer! What could be simpler than that?

### Short-term Benefits

- Increased metabolism. Exercising helps you burn more calories per day - both while you're exercising and when you're at rest. This creates a favorable balance between the calories you eat and those you expend.
- Increased bone density. With strength training often comes an increase in bone density (or at least prevention of bone loss), which helps in the prevention of osteoporosis and can prevent falls and broken bones.
- Increased cardiovascular fitness. When you exercise regularly, you strengthen your heart muscles which helps your heart function more effectively.
- Increased muscle strength, flexibility and endurance. These help you perform day-to-day tasks without straining your muscles and can reduce the chance for injury. You'll also reduce the pain and stiffness that come with arthritis.
- Decreased severity of menopause and diabetes symptoms.
- Increased energy and ability to cope with stress.
- Better sleep. You'll fall asleep more quickly and sleep more soundly through the night.

### Long-term Benefits

- Reduced risk of coronary artery disease and high blood pressure.
- Reduced risk of type 2 diabetes.
- Reduced risk of some types of cancer.
- Long-term weight management - and possibly even weight loss. As you increase your muscle mass, you burn more calories. You may also change your body composition, which decreases the ratio of body fat to muscle, bone, vital tissue and organs.
- Decreased depression and anxiety.
- Stronger immune systems that more easily and effectively fight infection and sickness, and help you recover from illness more quickly.
- Increased mobility, flexibility and balance. These will reduce the risk of falling and lessen arthritis pain. When you increase your coordination through regular exercise, many of your daily chores and activities can also be easier to perform.
- Better digestive function - with better waste elimination and functioning of your gastro-intestinal tract

Many people who exercise regularly also report that they feel better, have more self-confidence and experience greater contentment with life. And exercise is a great way to meet people and stay connected - just join a class or plan exercise activities with your friends.





[7]According to some studies, older people who exercise may even increase their intelligence - and exercise definitely helps our minds become more alert! Recent research shows that regular exercise can help prevent Alzheimer's disease and dementia because it keeps the brain active and enhances regular brain functioning. Exercise also benefits patients of Alzheimer's by improving memory and circulation.

*NOTE: Always talk with your doctor before beginning an exercise program. Every type of exercise is not appropriate for all people, especially if you have high blood pressure, heart disease or diabetes. And it's important that you start slowly with any physical activity.*

*Adapted by Personal Safety Nets® from "Benefits of Exercise" in senior.com and "Exercising with Your Partner or Friends" in realbuzz.com.*

## Exercising with Friends - Working with a Buddy

There's strength in numbers, the old saying goes, and that's especially true for many of us when it comes to exercising. Social support encourages physical activity. An exercise buddy (or two) makes such support even more personal. If you decided to become more active this year, having an exercise buddy may help you achieve and maintain that goal. Overall physical health is definitely an area where creating a team network pays big dividends!



[8]"Exercise partners can provide a kind of gentle coercion and limit your negative self-talk," says Barbara A. Brehm, Ed.D. professor, Department of Exercise and Sport Studies, at Smith College in Northampton, MA. Forget making excuses about why you're too tired or too busy to exercise. When you're scheduled to meet a friend for exercise, Brehm says, "You'll avoid that debate in your head about whether you should go and work out."

The buddy system keeps boredom away and makes time pass quickly. Many exercise partners talk as they walk or bike (both are popular buddy exercises). The miles or kilometers seem to disappear more rapidly while chatting with a companion than they do when you're exercising alone, focusing on every step or minute.

Having a conversation while exercising dissociates you from any possible discomfort of the activity even if, in Seattle, it's often the rain or dark, says researcher James J. Annesi, Ph.D., Director of Wellness Advancement at the YMCA of Metropolitan Atlanta. "People who can tolerate discomfort better are less likely to drop out from exercise," he says. What's more, even if they start out as only casual acquaintances, exercise buddies often build strong friendship bonds. Nowadays, everyone is busy and rushing around and the opportunity to take a little quality time out should not be missed. A group workout that leaves you refreshed and relaxed is fantastically therapeutic.

The buddy system works for losing weight as well. Researchers at Miriam Hospital/Brown Medical School and University of Massachusetts Dartmouth found that participants in a weight loss regimen that included exercise lost more weight when their support partners took part in the same program and were successful at dropping pounds. Others participating alone, or whose support buddies didn't lose weight, did not do as well. See our February 2009 Newsletter for an example.

One reason that teaming up with an exercise buddy works is that you see someone who's similar to you doing a physical activity. That strengthens your belief that you can accomplish the same thing. (Our founder, Judy, reports success in the annual Seattle to Portland bike ride (STP) because "if Carolyn could do it – so can I!")

The greater your self-confidence about performing regular activity or keeping up in an exercise class, the more motivated you're likely to become, Brehm says. That boosts adherence—your ability to stay with an exercise regimen beyond the start-up phase.

"People who stick to their exercise program get some kind of reward: it makes them feel better, it helps them sleep, it's fun to do, or it's accomplishing something," says Brehm. When you have a buddy, "you're accomplishing two things at once. You're getting to see your friend...and you're exercising at the same time." You can achieve adherence success with a supportive group as well, says Annesi, who has conducted research on the subject.



[9]He's sympathetic if your knees grow weak at the thought of entering a room filled with sleek, high-intensity, power exercisers. Not all physical activity that happens in a social setting is supportive, he notes. Annesi advises you avoid groups (and individuals) that make you feel as if your body is being judged negatively. "When you find a group that you feel comfortable with...you'll stay with the exercise," he says. Lois and Gloria, having finished their first Women's Danskin Triathlon each commented: "I didn't know strong bodies came in so many beautiful shapes and sizes."

### Tips for a successful exercise buddy relationship

- *Consider personality.* Pick somebody who you really want to spend time with but don't convince your best friend to be your exercise buddy if she/he doesn't like physical activity. If you do, your plan could fail quickly.
- *Make joint decisions.* Find someone who shares your same exercise interests and whose schedule is similar to yours. Choose an activity location that's convenient for both of you.
- *When possible, match skill levels.* If you walk for exercise, your buddy's speed should be similar to yours. It's okay if she's a little bit faster, because that will encourage you to push yourself a bit. You don't want a wide difference in skill or you might feel as if you're holding her back.
- *Matching ages doesn't matter.* Brehm tells us age doesn't matter as much as matching fitness levels. Partners of varying abilities can buddy up by meeting at a gym and using equipment set to their skill levels, such as elliptical trainers or treadmills.
- *If you need extra encouragement, make an altruistic match.* Some people have more success when they're exercising because it's good for someone else, such as an overweight child or a spouse with heart disease.
- *Make your exercise sessions a priority.* Buddies need a similar amount of commitment to the plan.
- *Have a back-up plan ready for when your buddy can't participate.* Occasionally, your buddy will get sick or have a schedule conflict. If she can't make a session, have an alternate plan—whether it's to walk the same route alone or while talking to a friend on a cell phone, exercise to a DVD or video at home, or go to the gym.
- If you've not been exercising regularly, checking with a physicians first may be a prudent step.

*Adapted by Personal Safety Nets® from "Exercising with Friends" in healthywomen.org and "Exercising with Your Partner or Friends" in realbuzz.com.*

## Foods You Should Eat Every Day

*Adapted by Personal Safety Nets® from Eat This, Not That!*

The comprehensive, up-to-date menu and grocery information from the experts at Men's Health Magazine.



The purpose of [Eat This, Not That!](#) [1] is to arm you with information you need to make smart choices when you decide what to eat. But how can you make good nutrition certain? Here's the simple answer: Just eat these eight foods--along with a little protein such as salmon, turkey, or lean beef--every day. We're even supplied some menu ideas, along with some substitutes when you can't find the real thing.

### **Spinach**

It may be green and leafy, but spinach is no nutritional wallflower. This noted muscle builder is a rich source of plant-based omega-3s and folate, which help reduce the risk of heart disease, stroke, and osteoporosis. Bonus: Folate also increases blood flow to the nether regions, helping to protect you against age-related sexual issues. And spinach is packed with lutein, a compound that fights macular degeneration. Aim for 1 cup fresh spinach or 1/2 cup cooked per day.

- Substitutes: Kale, bok choy, romaine lettuce
- Recipes: Make your salads with spinach; add spinach to scrambled eggs; drape it over pizza; mix it with marinara sauce and then microwave for an instant dip.

### **Yogurt**

This 2,000-year-old food's health benefits are not disputed: Fermentation spawns hundreds of millions of probiotic organisms that serve as reinforcements to the battalions of beneficial bacteria in your body. That helps boost your immune system and provides protection against cancer. Not all yogurts are probiotic, though, so make sure the label says "live and active cultures." Aim for 1 cup of the calcium and protein-rich goop a day.

- **Substitutes:** Kefir, soy yogurt
- Recipes: Yogurt topped with blueberries, walnuts, flaxseed, and honey is the ultimate breakfast--or dessert. Plain low-fat yogurt is also a perfect base for creamy salad dressings and dips.

### **Tomatoes**

There are two things you need to know about tomatoes: Red are the best, because they're packed with more of the antioxidant lycopene, and processed tomatoes are just as potent as fresh ones, because it's easier for the body to absorb the lycopene. Studies show that a diet rich in lycopene can decrease your risk of bladder, lung, prostate, skin, and stomach cancers, as well as reduce the risk of coronary artery disease. Aim for 22 mg of lycopene a day, which is about eight red cherry tomatoes or a glass of tomato juice.

- Substitutes: Red watermelon, pink grapefruit, Japanese persimmon, papaya, guava
- Recipes: Pile on the ketchup and Ragú; guzzle low-sodium V8 and gazpacho; double the amount of tomato paste called for in a recipe.

### **Carrots**

Most red, yellow, or orange vegetables and fruits are spiked with carotenoids--fat-soluble compounds that are associated with a reduction in a wide range of cancers, as well as reduced risk and severity of inflammatory conditions such as asthma and rheumatoid arthritis--but none are as easy to prepare, or have as low a caloric density, as carrots. Aim for 1/2 cup a day.

- Substitutes: Sweet potato, pumpkin, butternut squash, yellow bell pepper, mango
- Recipes: Raw baby carrots, sliced raw yellow pepper, butternut squash soup, baked sweet potato, pumpkin pie, mango sorbet, carrot cake

### **Blueberries**

Host to more antioxidants than any other North American fruit, blueberries help prevent cancer, diabetes, and age-related memory changes (hence the nickname "brain berry"). Studies show that blueberries, which are rich in

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fiber and vitamins A and C, also boost cardiovascular health. Aim for 1 cup fresh blueberries a day, or 1/2 cup frozen or dried.

- Substitutes: Acai berries, purple grapes, prunes, raisins, strawberries
- Recipes: Blueberries maintain most of their power in dried, frozen, or jam form.

### ***Black Beans***

All beans are good for your heart, but none can boost your brain power like black beans. That's because they're full of anthocyanins, antioxidant compounds that have been shown to improve brain function. A daily 1/2-cup serving provides 8 grams of protein and 7.5 grams of fiber. It's also low in calories and free of saturated fat.

- Substitutes: Peas, lentils, and pinto, kidney, fava, and lima beans
- Recipes: Wrap black beans in a breakfast burrito; use both black beans and kidney beans in your chili; puree 1 cup black beans with 1/4 cup olive oil and roasted garlic for a healthy dip; add favas, limas, or peas to pasta dishes.

### ***Walnuts***

Richer in heart-healthy omega-3s than salmon, loaded with more anti-inflammatory polyphenols than red wine, and packing half as much muscle-building protein as chicken, the walnut sounds like a Frankenfood, but it grows on trees. Other nuts combine only one or two of these features, not all three. A serving of walnuts--about 1 ounce, or 7 nuts--is good anytime, but especially as a post-workout recovery snack.

- Substitutes: Almonds, peanuts, pistachios, macadamia nuts, hazelnuts
- Recipes: Sprinkle on top of salads; chop and add to pancake batter; spoon peanut butter into curries; grind and mix with olive oil to make a marinade for grilled fish or chicken.

### ***Oats***

Oats garnered the FDA's first seal of approval. They are packed with soluble fiber, which lowers the risk of heart disease. Yes, oats are loaded with carbs, but the release of those sugars is slowed by the fiber, and because oats also have 10 grams of protein per 1/2-cup serving, they deliver steady, muscle-friendly energy.

- Substitutes: Quinoa, flaxseed, wild rice
- Recipes: Eat granolas and cereals that have a fiber content of at least 5 grams per serving. Sprinkle 2 Tbsp. ground flaxseed on cereals, salads, and yogurt.

## **Happiness & Health: Yours and Those Around You**

Whether you're young or old, good health, stalwart friends and financial security are the best predictors of happiness, according to a new survey on aging by the Pew Research Center.



The new survey shows that levels of happiness are roughly constant across age groups, despite platitudes about the bliss of youth. Among older adults, happiness tended to vary little with gender or race, the survey also found.

Still, key factors separate the happy from the unhappy.

Unsurprisingly, people in excellent health were 25 percent more likely to say they were “very happy” compared to those in poorer health, the survey found. Feeling financially prepared for retirement and having good friends were associated with similarly increased odds that people would describe themselves as happy.

Happiness intrigues scientists. While it’s clear that good health contributes to one’s contentment, many researchers think the reverse is also true — that happiness leads to good health. But the mechanisms are not clear, said Marlene Lee, a senior research associate at the Population Reference Bureau, a nonprofit research organization.

“It’s just absolutely fascinating that your happiness can not only lead to your health, but also to other people’s happiness and their health,” Ms. Lee said.



[10]Scientists strongly suspect that expectations and the ability to adapt to changing life circumstances also influence happiness. Ms. Lee said people who adjust their expectations as their social networks and lifestyles change may avoid feelings of loneliness and isolation, which are linked to illness and earlier death. As people age, their social networks shrink, scientists have found. But while having fewer social outlets may negatively influence health, the intensity and emotional connection of the remaining relationships increases with age, which may help compensate for fewer social ties.

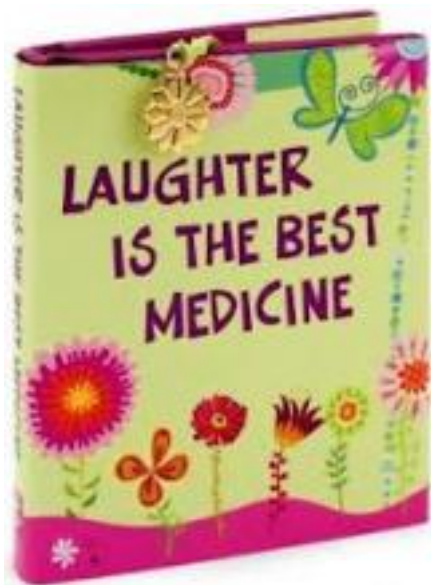
*Adapted by Personal Safety Nets® from “What Makes Us Happy” by Sarah Arnquist in the New York Times (June, 2009).*

## Make Laughter a Part of Your Safety Net

The findings are pretty clear: laughter certainly isn’t hurting anyone.

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[11]While the definitive research hasn't been completed, Robert R. Provine's work is ongoing and suggests strongly that laughter does, in fact, have health benefits. It's getting a lot of investigative attention and, in [Laughter: A Scientific Investigation](#) [12], Provine details research that supports this conclusion. In fact, another researcher, ~~Paul E. McGhee, Ph.D~~ says, "Your sense of humor is one of the most powerful tools you have to make certain that your daily mood and emotional state support good health."

**Investigative researchers have already proven:**

- 1) Laughter is a powerful antidote to stress, pain, and conflict;**
- 2) Nothing works faster or more dependably to bring your mind and body back into balance than a good laugh;**
- 3) Humor lightens your burdens, inspires hopes, connects you to others, and keeps you grounded, focused, and alert.**

Authors Melinda Smith, M.A., and Jeanne Segal, Ph.D examined the research and concluded, "With so much power to heal and renew, the ability to laugh easily and frequently is a tremendous resource for surmounting problems, enhancing your relationships, and supporting both physical and emotional health."

When it comes to general health, Smith and Segal noted that:

- **Laughter relaxes the whole body**, leaving your muscles relaxed for up to 45 minutes after a good laugh.
- **Laughter boosts the immune system.** Laughter decreases stress hormones and increases immune cells and infection-fighting antibodies, thus improving your resistance to disease.
- **Laughter triggers the release of endorphins, the body's natural feel-good chemicals.** Endorphins promote an overall sense of well-being and can even temporarily relieve pain.
- **Laughter protects the heart.** Laughter improves the function of blood vessels and increases blood flow, which can help protect you against a heart attack and other cardiovascular problems.

*But nowhere was the link between laughter and health stronger than in the area of mental health:*

- Laughter dissolves distressing emotions. You can't feel anxious, angry, or sad when you're laughing.
- Laughter helps you relax and recharge. It reduces stress and increases energy, enabling you to stay focused and accomplish more.
- Humor shifts perspective, allowing you to see situations in a more realistic, less threatening light. A humorous perspective creates psychological distance, which can help you avoid feeling overwhelmed.

**So, how do you get from where you might be now (serious and stressed) - to the right (laughing and lighter) side?**

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Begin by setting aside special times to seek out humor and laughter, as you might with working out, and build from there. Eventually, you'll want to incorporate humor and laughter into the fabric of your life, finding it naturally in everything you do.

Here are some ways to start:

- **Smile.** Smiling is the beginning of laughter. Like laughter, it's contagious. Pioneers in "laugh therapy," find it's possible to laugh without even experiencing a funny event. The same holds for smiling. When you look at someone or see something even mildly pleasing, practice smiling.
- **Count your blessings.** Literally make a list. The simple act of considering the good things in your life will distance you from negative thoughts that are a barrier to humor and laughter.
- **When you hear laughter, move toward it.** Most often, people are very happy to share something funny because it gives them an opportunity to laugh again and feed off the humor you find in it. When you hear laughter, seek it out and join in.
- **Spend time with fun, playful people.** These are people who laugh easily-both at themselves and at life's absurdities -- who routinely find the humor in everyday events. Their playful point of view and laughter are contagious.
- **Bring humor into conversations.** Ask people, "What's the funniest thing that happened to you today? This week? In your life?"
- **Consider getting a pet.** Having a pet is good for your mental and physical health and people with pets tend to laugh more. Studies show that **pets** can protect you from depression, stress, and even heart disease.

## Putting a Team Together - First Steps

***Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has. ~ Margaret Meade***

Once you have put together your own supportive personal safety network (see story below), organized what you might need and want in your life, and asked to be part of this network, **a time will come to look at reaching out to form a team to help with some change or challenge that comes up for you or someone you want to help.**



[13] Sometimes you or those in need of help are cooperative and capable of enlisting aid from others. Sometimes, though you or they need someone else to take a lead role in organizing this team or network. A spouse, child, sibling or friend can step in to serve as leader whether asked, appointed or hired. At this time, **asking for help is the first step.**

**The next two steps are to set ground rules (such as: keeping information from the meeting confidential, not using personal money, honoring limits, time, endings, and being respectful) and to set a working vision to reach clear and sustainable solutions.**



**Step four** is to create a plan of care or assistance, and to break down this plan into a list of manageable tasks which need to be prioritized to match available skills, information, and individuals. Encourage people to start small by taking on only one or two tasks to begin, and then expand their role as is comfortable to build on success, and help avoid burnout. Don't let anyone promise too much!

**To help your team get organized**, you can try various websites like [lotsahlepinghands.com](https://lotsahlepinghands.com), [wiggio.com](https://wiggio.com), [caringbridge.com](https://caringbridge.com), [whocanhelp.com](https://whocanhelp.com), or use an old-fashioned calendar or letter. The important thing is that each person knows what is going on and how important their task is to the whole. **The group should plan for what will happen if someone can't or doesn't handle a scheduled task:** someone will need to cancel or won't come through - at least one time. It is important to know when tasks are being done, by whom, and who is the back up.

**Before you have a change or challenge where you would want a team to support you, think about and honestly answer these questions for yourself:** what do you like to do for others; what do you do well; when are you generally available; are you likely to be a good leader for your own team, or for someone else's; and can you take care of yourself by setting limits to what you say "yes" and "no" to?

***With answers in hand, you're on your way to success!***

## Social Connection Benefits for Cancer Survival



Hot off the press, courtesy of the *Journal of Clinical Oncology*, is a study entitled, *Marital Status and Survival in Patients With Cancer (Aizer et al)*. The research, which included more than one million patients, highlights **the potentially significant impact that social support can have on cancer detection, treatment, and survival.**

Though some researchers had expected such findings, others were surprised by the findings that found "unmarried patients are at significantly higher risk of presentation with metastatic cancer, undertreatment, and death resulting from their cancer."

**In very clear terms, patients who are married are: 1) more likely to undergo surgical and/or radiotherapeutic management than unmarried patients, 2) are significantly less likely to die of their disease, and 3) are more likely to be treated than their unmarried counterparts.**

***The study found the survival benefit associated with marriage was larger than the published survival benefit of chemotherapy!***

You can also see, hear and read *Married Cancer Patients are 20% More Likely to Beat the Disease*, which talks about these findings, and was featured earlier this week on NBC Evening News.

**But all is not lost for those of us who are single, separated, divorced or widowed!** The study's results raise a strong probability that investments in targeted social support interventions could significantly improve the likelihood

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of improving outcomes among unmarried patients with cancer. **The researchers say, "the most effective way to combat the included risks associated with unmarried status in patients with cancer would be to aggressively promote support mechanisms."**

In his review of and comments on this research entitled, *Marriage Is As Protective As Chemotherapy in Cancer Care*, Dr. David W. Kissane, of the Memorial Sloan-Kettering Cancer Center and Weill Cornell Medical College, discusses the challenge of getting single, disconnected people to join support groups, especially after a diagnosis. Clinical depression often results from a cancer diagnosis.



~~The public's money must be used to help people get more and more organized and push personal safety nets as part of their philosophy and service so all can have an equal, better and more long-lasting life. Let's all spread the word!~~ Dr. Kissane recommends communication skills training as well as more and better support services on the part of oncologists, hospitals and public health agencies. But maybe his best approach is to espouse ideas central to building a personal safety net: ". . . **we are tribal people, drawn into connection with one another to share what is most meaningful and fulfilling in life. Or medicine needs to follow a parallel paradigm: healing care that is both person - and family - centered in its expression.**" (We're also adding "community" centered to Dr. Kissane's thoughts.)

## The Mind-Body Connection . . . Between Stress and Disease

There was an email circulating on-line that caught our eyes.

"In an evening class at Stanford University the last lecture was on **the mind-body connection . . . between stress and disease**. The speaker (head of psychiatry at Stanford) said, among other things, that (while) one of the best things that a man could do for his health is to be married to a woman; for a woman, one of the best things she could do for her health is to nurture her relationships with her girlfriends. At first everyone laughed, but he was serious . . . ."



[14]Since there's always a chance of misinterpretation and confusion, and because we found all of this so interesting, we did some sleuthing and found and talked to the person who gave the lecture - [Dr. David Spiegel](#) [15], Director of the Center on Stress and Health, Professor in the School of Medicine, Associate Chair, Stanford University School of Medicine - Psychiatry and Behavioral Sciences. The Center on Stress and Health researches interrelationships among the social environment, mind, brain and body to understand how stress and support can influence health - a field known as **integrative medicine**. The

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emailer went on to state a number of "claims" the presenter was said to have made, including: 1) Quality "girlfriend time" helps women create more serotonin - which helps combat depression and can create a general feeling of well-being; 2) Women share feelings whereas men often form relationships around activities; 3) Spending time with a friend is just as important to our general health as jogging or working out at a gym; 4) Failure to create and maintain quality personal relationships with other humans is as dangerous to our physical health as smoking!

Dr. Spiegel was happy to tell us he did give the lecture (you can see it here), and, in fact, did make the statements included in the opening paragraph, including "one of the best things she (a woman) could do for her health is to nurture her relationships with her girlfriends."

Dr. Spiegel also told us research has proven that creating and maintaining quality personal relationships with other humans is good for our physical health - although at this point there is no research comparing its benefits to curtailing smoking!

Dr. Spiegel also said such other claims as - quality "girlfriend time" creating more serotonin; women sharing feelings whereas men forming relationships around activities; spending time with a friend is as beneficial as jogging - were not made by him, nor has he (or we) found any research that says any of these ideas are true.

Dr. Spiegel has conducted some ground-breaking research, though. "Healing And Feeling: Stress, Support, and Breast Cancer" (recently discussed on *Good Morning America*) provided positive research that mind-body interventions can improve mood, quality of life and coping skills, as well as alleviate symptoms.

Spiegel found that stress can elevate the chance of developing breast cancer, and that the stress of dealing with cancer can both wear down the endocrine, nervous and immune systems, affecting the body's ability to fight disease.



[16]"These studies underscore the importance of treating people's psychosocial needs, not just their biological ones," Spiegel said. "~~Integrative medicine~~ needs to be an integral part of cancer care." The landmark study also found that women with advanced metastatic breast cancer involved in a support group, along with traditional medical care, not only experienced reduced anxiety, depression and pain, but survived an average of 18 months longer than women who did not take part in a support group. **If we can modulate emotional and psychological responses, we can have a direct effect on physical health.**

And this is where Personal Safety Nets come in to play. Paying attention to the whole of our lives, to the wellness parts, if you will, pays huge dividends. When we're well supported by people, plans, and both inner & outer resources we have many more options for addressing any challenge. We have a stronger sense of security and connection. We know who to count on for what, and how to ask for and graciously accept help, paying kindness forward. Those support groups that Spiegel found so important, are easily called into action.

## Using Personal Safety Nets to Help Patients Recover and Reduce Hospital Re-Admissions

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The Centers for Medicare and Medicaid Services (CMS) recently **reported that up to 75 percent of hospital re-admissions are potentially preventable, and "by encouraging providers to reduce preventable re-admissions, the US government expects cost savings of over \$26 billion in the next ten years."**



[17]This has lead to the rapid growth of hospital discharge planners," and to the creation of "discharge" departments within hospitals and clinics. As helpful as these services may be, implementation is commonly referred onward to private home care agencies with the idea of saving the government, hospitals and health insurers money. **Unfortunately, no matter where patients derive these services, they most frequently come at a cost - although probably less than a continued hospital stay.** What CMS and others often overlook is the value of actively engaging patients themselves in designing their own discharge desires and supports. **Discharge planners (private and public) know that if the following assistance is provided, it will cut the chances of re-admission. In their job descriptions:**

- Meeting the patient at the hospital or rehabilitation facility and providing safe transportation home for them and their equipment and belongings;
- Picking up prescriptions, groceries and supplies;
- Helping prepare meals and ensure proper nutrition;
- Monitoring medication compliance;
- Assisting with activities of daily living while a person may be continuing to build strength;
- Assisting with strengthening exercises per physical therapist;
- Transporting client to follow-up appointments

Read the list again, slowly, please. These are common tasks - although not easy for all those leaving a facility. They are also tasks that can certainly be done by friends, family members and volunteers who may be willing to give a bit of their time to come together to help another. **Using a team approach and tactics, this can be very effective. We all have a human need to help others. Urging patients, before discharge, to identify and create a support base addresses this need, while supporting healthy discharges and reduced readmission rates.**



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**This is the incredibly simple concept known as creating a personal safety net (PSN): organizing a team to**

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**help accomplish goals or help with needs that one cannot by oneself. Having a network will minimize isolation or bouts of depression while helping ensure better regimented homecare.**

If you know a patient looking toward discharge, here are two sources of assistance: 1) the chapters of Personal Safety Nets book - to remind or help you deal with the processes of creating, building and using a PSN team; and 2) A checklist (on this site) called "A Hospital Discharge Planning Checklist"- with a series of questions and actions that safety net friends/teams can ask and follow to help.

**Remember, if you know someone is in need of help and you think you might help:1) A little help is better than none at all and 2) if your help is declined, it's not personal. So, use your intuition - leaving a hospital is strenuous, but for some, asking for assistance is even tougher. Offer to help.**

## What Good is Hope?

***Adapted by Personal Safety Nets® from The Power of Hope by Richard Innes, ACT International, and from Maxine Dunham, Perceptions: Observations on Everyday Life.***

While it's universally held in the scientific world that "hope" is not measurable or quantifiable, the wonder remains: What part does hope play in our lives? Do we need hope to make our lives better, or to survive? Does hope keep us moving ahead in life's journey?

Doctors and scientists continue to try to experiment with the concept of "hope" and more and more are finding inroads that are helping us at least see and understand the value of hope.

John Hopkins University, trying to understand the value of hope did an experiment with mice\*. A group of mice was held tightly in the experimenters' hands so that they could not move. The mice struggled but were immobilized without being injured. Then after a set period of time, they were placed in a tub of water. They immediately sank, having learned that fighting was hopeless.

The second group of mice was held in the lab technicians' hands less tightly. The mice were given some hope of escaping the grip of the lab technician but without being actually free. After the same length of time, they were also dropped into a tub of water. These mice immediately swam to safety.

Life for all of us is filled with challenges and changes. If, when we believe these challenges leave us unable to cope, feeling hopeless—we will be overcome. If, when faced with the same challenges, we believe in the value of endurance, planning, people and hope—we will overcome.

*\* Though we at Personal Safety Nets decry the loss of mouse life, we included this research as fascinating evidence of the power of hope.*

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