

Some Things Can't Be Fixed

Recessions, layoffs, foreclosures, bankruptcies, terminal diagnoses, spiritual distress, hopelessness...some things, it seems, can't be fixed—we simply “see in a mirror, darkly.” This is frustrating, exhausting, and frightening for those living with such things—and there are many who watch and wait.

Throngs of people are:

- Waiting to see what will happen with treatment for a serious illness
- Hoping and praying for an organ transplant to come through in time
- Working with a special needs child whose future is uncertain
- Wondering if their job will be saved in the coming weeks and months
- Worrying about losing (or finding) health insurance

Also wrenching is the pain of those who have recently experienced losses that they cannot change—the loss of a job that once provided income and friends; the loss of physical or mental ability through terminal illness; or the loss of a loved one through a tragic death.

Some things can't be fixed or even changed. But through all things we are held in love by the God who will not let us go. The Apostle Paul, writing to the church in Rome, asked worried people who also were watching and waiting at a time of crisis and fear: “Who will separate us from the love of Christ? Will hardship, or sickness, or persecution, or famine, or nakedness, or peril?...Nothing will be able to separate us from the love of God in Christ Jesus our Lord.” (Romans 8:35,38)

The Rev. Dr. Reinhold Niebuhr (before suffering a stroke late in life), wrote the Serenity Prayer, which closes with the words, “And the wisdom to know the difference.”

Some things we *can* fix...give us the wisdom to make a difference, Lord. Some things we *can't* fix...some day we will fully understand. For now, Lord, grant us wisdom. And thank you for your love from which no loss can sever us, now and forever.

Source: Rev. Dr. Deborah Patterson, Executive Director
International Parish Nurse Resource Center

Access to Care

Area Agencies on Aging

Continuing with our articles on access to care, we are featuring in this issue the Area Agency on Aging. These agencies are located throughout the state. Local agencies include the Detroit Agency on Aging, serving Detroit, Hamtramck, Highland Park, Grosse Pointe, Grosse Pointe Park, Grosse Pointe Shores, Grosse Pointe Woods, Grosse Pointe Farms, and Harper Woods. The Area Agency on Aging 1-B serves Livingston, Macomb, Monroe, Oakland, Washtenaw, and St. Clair Counties. The Senior Alliance covers Wayne County except areas served by 1-A.



Some services offered are:

- Home Care Services. Personal care (bathing, dressing, etc.), homemaking, home-delivered meals, respite care, chore assistance, home injury control.
- Community-Based Services. Adult day services, transportation, congregate meal sites, out-of-home respite, legal assistance, elder abuse prevention, services for vision and hearing impaired, long-term care ombudsman, resource advocacy, counseling, and volunteer caregivers.
- Information and Assistance Service. Resource specialists can quickly answer questions and access information for callers using a computerized database listing 5,000 senior services and 2,000 providers in southeast Michigan.

Access Center Phone Numbers

- Detroit Agency on Aging – 313-446-4444
- Macomb County – 586-226-0309
- Oakland County – 248-357-2255
- St. Clair County – 810-388-0096
- The Senior Alliance, Inc. – 734-722-2830

May Health Observances

Mental Health Month	nimh.nih.gov
.....	nami.org
National Arthritis Awareness Month.....	arthritis.org
.....	cdc.gov
National High Blood Pressure Education Month	
.....	americanheart.org
.....	www.nhlbi.nih.gov
Stroke Awareness Month.....	StrokeAssociation.org
.....	ninds.nih.gov/disorders/stroke
Clean Air Month.....	tobaccofreekids.org
.....	lungusa.org
National Asthma and Allergy Awareness Month	aafa.org
.....	AsthmaGap.com

May is National Asthma and Allergy Awareness Month

When it comes to managing asthma, it's important to understand the difference between controlling symptoms and controlling risk. The Asthma G.A.P. survey, conducted by the Asthma and Allergy Foundation of America (AAFA) with support from AstraZeneca, shows there's an alarming divide between what people know about their asthma and the actions they take to achieve optimal control of their asthma symptoms.

Despite public education and national guidelines, the study uncovered some significant **misconceptions** held by asthma patients.

ER visits are a part of managing asthma

It's important to recognize that regular visits to the emergency room do not indicate control and that they don't need to accept these visits as a part of life with asthma.

Asthma goes away when symptoms go away

The reality is that asthma is a chronic disease that requires long-term control – even when asthma symptoms are not present.

Patients can stop taking their medication when they feel better

Asthma medication should be taken exactly as prescribed to effectively manage the disease and to avoid serious consequences.

Asthma patients can take action to better manage their asthma symptoms through appropriate treatment, tools and resources, many of which are available at www.AsthmaGap.com.

Source: "Fresh Air™", Spring 2009

HOPE: The Stroke Recovery Guide

May is Stroke Awareness Month. In the past we've focused on signs and symptoms and risk factors for stroke—all important facts. This issue, we're focusing on preventing another stroke.

After stroke, survivors tend to focus on rehabilitation and recovery. But, preventing another (or recurrent) stroke is also a key concern. Of the 750,000 Americans who have a stroke each year, 5 to 14 percent will have a second stroke within one year. Within five years, stroke will recur in 24 percent of women and 42 percent of men.

Your Lifestyle Choices

Everyone has some stroke risk. But, there are two types of stroke risk factors. One type you can't control. The other you can.

Stroke risk factors you can't change include:

- Your age—the older you are, the higher your risk
- Being a man
- Being African American
- Someone in your family has had a stroke

Having one or more of these factors doesn't mean you will have a stroke. By making simple lifestyle changes, you may be able to reduce the risk of a first or recurrent stroke.

These simple lifestyle changes can greatly reduce your chance of having a stroke:

- Monitor your blood pressure; if it is high, make sure it is treated.
- Find out if you have atrial fibrillation (an irregular heartbeat which allows blood to pool in the heart and cause blood clots).
- Quit smoking.
- Limit alcohol.
- Check your cholesterol levels and make sure bad cholesterol is controlled.
- Manage your diabetes.
- Exercise often.
- Eat foods low in sodium (salt) and saturated or trans fat.
- Monitor circulation problems with the help of your doctor.

The National Stroke Association has developed a booklet called "HOPE: The Stroke Recovery Guide". It is available to download free on www.stroke.org. A bound copy can be ordered for \$5.00 by calling (800) STROKES or online.

Source: stroke.org

June Health Observances

Home Safety Month www.homesafetycouncil.org

National Headache Awareness Week - June 6 - 12
..... www.headaches.org

National Scleroderma Awareness Month.....
..... www.scleroderma.org

National Scoliosis Awareness Month.....www.scoliosis.org

National Cancer Survivors Day – June 6.....www.ncsdf.org

National Men's Health Week – June 11 - 17
..... www.menshealthweek.org

..... www.menshealthnetwork.org
Sun Safety Week - June 6 – 12..... www.sunafetyalliance.org

Monitoring Moles

Moles are small, pigmented (colored) marks on the skin. They have no known purpose. Most moles appear before age 30. Moles most often are benign (not cancer) and harmless. But some become cancerous. That's why you need to watch the moles on your body.

What Are Moles?

Moles are a type of pigmented mark. Freckles, which often are sprinkled across the bridge of the nose, are another type of pigmented mark. Moles can appear on any part of the body. There are many types, sizes, and shapes of moles. Most moles are solid brown. In most cases, they are flat or dome-shaped, smooth, and have well-defined edges.

Why Worry About Moles?

Most moles are benign and don't require treatment. You can have moles removed if you don't like the way they look or feel. But moles that appear after you are 30 or that change in certain ways may become a problem. These moles may turn into melanoma, a type of skin cancer. Melanoma is often curable if caught early. But this disease can be life-threatening. Anyone who has moles is at risk. To manage your risk, it's smart to check your moles for changes. To do this, you first need to learn where your moles are. Then, be sure to check your moles each month.

It's easy to check your moles each month. You can do this right after you shower and before you get dressed. Check your body from head to toe. Then, make a list of your moles. If you find any new moles or changes in your moles, call your doctor. To check your moles, you'll need a full-length mirror and a stool or chair to sit on while you check your feet.

When to Seek Medical Treatment

See your doctor if your moles hurt, itch, ooze, bleed, thicken, become crusty, or show other changes. Also, be sure to call your doctor if your moles show any of the following signs of melanoma:

- A change in size, shape, color, or elevation
- Asymmetry (when the sides don't match)
- Ragged, notched, or blurred borders
- Varied colors within the same mole
- Size is larger than 6 mm in diameter (the size of a pencil eraser)

Source: stjohn.org

Good Relationships = Good Health For Men

June is Men's Health Month. Alarming statistics show that men's health is at great risk. On average, men die almost 6 years younger than women and suffer higher mortality rates for the top causes of death. The lives of hundreds of thousands of men will continue to be threatened unless immediate action is taken to combat this growing crisis.

Research shows that:

- Men do not see physicians for a physical exam nearly as often as women
- Men are dying of the top causes of death at higher rates than women
- Men are more likely to be uninsured than women
- Approximately 30,000 men in the United States die each year from prostate cancer

James Sniechowski, Ph.D., co-author of *Be Loved for Who You Really Are* and co-founder of Men's Health Network, gives tips to men for maintaining good relationships, which leads to better health for men.

1. **Make Yourself Available.** Men are taught to hide their feelings as a sign of strength and masculinity. But when it comes to loving and being loved, that belief is a sure fire guarantee of isolation, loneliness, and depression.
2. **Honesty is Your Trump Card.** Love can be trusted only when you are being loved for who you really are—for your excellence and shortcomings, your toughness and tenderness—all of you.
3. **Genuine Love Requires...** A relationship takes two. Both people must feel seen, heard, appreciated, and valued.
4. **Differences are Critical.** No matter how much two people have in common, when they enter into a relationship they soon discover all the ways they are different from one another. How you treat those differences will either make or break your relationship. Trying to change your partner leads only to resistance and rejection.

Good Relationships cont.

5. **Fear is Natural.** No one receives any formal training for intimate relationships. Deepening intimacy entails the risk of revealing yourself, discovering yourself, and allowing your partner to do the same.
6. **Intimacy is not Automatic.** Intimacy takes time. Intimacy results when two people share their affection and their fear, their desire and their upset, their willingness to be known and know one another. Be patient with love—it is a garden worth seeding and weeding, watering and pruning for the rest of your life.

Source: menshealthnetwork.org

Dates To Remember:

May 3 and 5, 2010 – Spring Support Group Celebrating Pastors and Faith Community Partnerships. May 3 – Lunch at St. John Providence Macomb-Oakland Hospital, Oakland Education Center, Madison Heights. May 5 – Dinner at Providence Hospital, Southfield. Featured speaker: Dr. Debra Hollander, Clinical Director, St. John Providence Health System, Behavioral Health.

May 26, 2010 – 2nd Annual Nursing Open House Celebration, 1:30 pm – 7:30 pm. St. Paul of the Cross Passionist Retreat & Conference Center. Free, contact hour presentation available. Call (313) 535-9563 for more information.

September 16 – 19, 2010 – 24th Annual Westberg Parish Nurse Symposium, “Thriving in a Changing World,” Embassy Suites & St. Charles Convention Center, Saint Charles, Missouri.

What’s New?

The St. John Health Breast Care Program is looking for assistance in identifying uninsured or underinsured women under the age of 40 who would benefit from a free screening mammogram because of an increased risk of developing breast cancer. Increased risks would include having a family history, genetic predisposition (BRCA 1 or 2 positive) or having a suspicious palpable mass. Patients should be encouraged to either contact their primary care physician for a mammography order or by contacting St. John Health Connect at 1-888-440-0644 for assistance. A mammography order form specific for this program can be found at www.stjohn.org/breastcare under “Patient Forms and Instructions”. This program which is entitled “Because We Care” is being funded by a Komen Detroit Race for the Cure 2009 grant. For further information, please contact LaJuana Fuller at 313-647-3343 or Jennifer Valenti at 248-849-8289.

A Faith Community Nurse Story

By Dee Marshall, R.N.

St. Joseph Parish, South Lyon

St. Joseph Parish in South Lyon has been part of the parish nurse program since 2004. Marian Bjerke, Mirandi Raines, Anna Johnson, and now Mary Ann Martin have been our congregation coordinators. I cannot thank them enough for their guidance, kindness, encouraging words and help for our screenings, speakers and handouts.

On average we have 50-70 parishioners who partake in our screenings and blood drives. There are between three and twelve nurses in the program depending on their schedules.

Health topics and handouts which are changed every month are on a bulletin board outside the religious education offices. They reach 700-800 parishioners. In our sacristy, we have a space for juice and medical supplies—even a kit for delivering a baby! The AED is in a visible location. During the swine flu crisis we implemented a hand-washing protocol for Eucharistic ministers. In May at the coffee and donut hour, we will present any nurse there with a carnation in appreciation. One last note, some of our nurses are involved in our new parish program for any pregnant women who need help in any way—financial, baby formula and supplies, or transportation.

This is, and has been, very rewarding and memorable. I graduated from Providence School of Nursing 50 years ago. “In Thy Sight We Serve”

Missing Equipment

Our Providence resource room is missing the **Glo-light!** Would you please look around your facilities and give Sally (586-753-1484) or your coordinator a call if you locate it? No late fees will be charged!

Who’s Responsible?

Mary Ann Martin, R.N. B.A.S.
Faith Community Coordinator

Sally Sterr, Administrative Assistant
St. John Providence Health System,
Community Health
586-753-1484 • Fax: 586-753-1488
Email: sally.sterr@stjohn.org