
CENTRAL PA HEALTH CARE QUALITY UNIT NEWSLETTER FOR HEALTHY OUTCOMES

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STAGES OF OUR LIVES

From MerckSource.com

For a person to successfully adopt a healthier behavior -- whether it's to exercise, lose weight, or stop smoking -- it may not be as simple as just deciding to do it. Behavior change expert James Prochaska and his colleagues developed a theory, which has been supported by numerous studies, showing that people cycle through a variety of stages before a new behavior is successfully adopted over the long term. It may help you to understand how this works. As you read the description of each stage -- specifically as it relates to exercise -- you may find yourself nodding and saying to yourself, "Yes, that's me!"



Stage 1: Pre-Contemplation

People at this stage have no plans or desire to exercise. They aren't even considering exercising. People at this stage are generally unaware of the specific benefits that exercise can bring -- exercise may seem more like a hassle than something worth doing. Or, they may simply have "failed" in the past and have given up. There's no point in talking about how to start an exercise program if you are at this stage. Instead, it is important to think about why exercise might be good for you personally -- by helping you to lose weight, feel better, have more confidence, live longer, sleep better, or have less stress. The benefits must be identified before a person will consider exercise. If you are at this stage, a good activity is to ask four friends or family members why they exercise. That may unveil real-life benefits and inspire enough interest to compel you to take the next step.

Stage 2: Contemplation

A person at this stage is thinking, "I think I should probably exercise, but I need help getting started." People at this stage know that exercise is good for them, but it seems like a daunting task or they don't think they can pull it off. Some may have tried and "failed" in the past, but they are still receptive to another go-round. It's important for people at this stage to consider some of the truths and falsehoods of exercise. For example, it is helpful to know that there are many forms of physical activity to select from, and that you can do your exercising in small chunks. It is not true that exercise has to be painful, or that you either succeed or fail. There is no such thing as "failure" -- people become more or less active at different stages of their lives, and it is never too late to get moving again. And people at this stage should find assurance that an exercise plan can be very simple.

If you are at this stage, a good activity is write down (brainstorm) all your potential roadblocks -- the things that you believe make exercise difficult - - and to learn strategies for overcoming or side-stepping those hurdles. Many ideas are available on the Internet. People at this stage might benefit from making a pledge, contract, or other commitment that they are going to get more active in the near future. They are "aware of the pros of changing but are also acutely aware of the cons. This balance between the costs and benefits of changing can produce profound ambivalence that can keep people stuck in this stage for long periods of time. We often characterize this phenomenon as chronic contemplation or behavioral procrastination." Thus, the goal is to get un-stuck by identifying the roadblocks, ways to overcome these hurdles, and making a commitment.

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Stage 3: Preparation

These folks are primed and motivated. They are ready to give exercise a try. The goal of this stage is to create a specific action plan that takes all factors into account, so that the "launch" is successful. People at this stage need to know how much they should be exercising, their target heart rate, and the types of exercises. They should explore the different kinds of exercises and decide on which ones to try. At this stage, they'll evaluate exercise machines and health plans, if that interests them, pick the proper clothing or accessories, and consult a physician if necessary. And they need to think about how they are going to fit their exercise plans into their daily and weekly schedule.

If you are at this stage, you should also consider some backup plans -- what to do if it rains, or if you don't feel like exercising. That way you are prepared to overcome that hurdle when it happens. And you should be aware of what to realistically anticipate at the beginning (for example, you should understand that weight loss takes time, but the health benefits of exercise begin immediately).



Stage 4: Action!

People at this stage have just started exercising. This stage is where the most behavior change occurs -- these folks have started to exercise but it is not yet a long-term, ingrained habit. Prochaska notes that this stage requires significant commitment and energy.

If you are at this stage, keep talking to friends and family for inspiration. Review your backup plans. Reward yourself for small achievements. And give yourself notes and reminders to exercise. If you can find a friend to exercise with, that can be a huge support as you get through this stage. You want to build and maintain momentum, because it gets easier once it is a habit!

Stage 5: Maintenance

The folks at this stage have been exercising at least 6 months. At this point, exercising has started to become a habit. The goal here is to prevent relapse. If you are at this stage, identify ways that you can fine-tune your program. Continue to identify roadblocks and improve your backup plans. Think about what you have found most enjoyable about exercising. What benefits have you gained? Keep reminding yourself of these perks.



If giving yourself a challenge as part of your initial motivation, set new goals and give yourself new challenges. If you risk getting bored with your routine, find ways to vary it. Or maybe you have found a comfortable routine that you enjoy -- if it's working, great! Then no need to change it.

One point about the theory is that people do not proceed from one stage to another in a simple, step-by-step fashion. They actually cycle or spiral back and forth, so that they may move from stage 1 to 2 to 3, and then back to 2 again. They may stay in maintenance mode for years and then fall back to stage 2.

Remember that this is normal -- if you tried exercising in the past and didn't stick with it, don't consider yourself a failure. Just know that it's time to try again!

The information offered in this newsletter is to increase your awareness of health related conditions and situations and not intended to be a substitute for professional medical advice. If you believe you or someone you support has a condition, please seek the advice of a physician.



NURSES TRAINING DAY

November 12, 2009 9am – 3pm

Training Center – Selinsgrove Center

Featuring Jim Siberski, M.A.

“ID/Death, Dying and Grief”

To register call (570) 271-7240 or fax (570) 271-7241

H1N1 Swine Origin Influenza Virus - Questions and Answers

From Geisinger Health System

Q: What is swine flu?

A: Swine origin influenza—referred to as swine flu in the media—is a respiratory disease found in pigs that is caused by type A influenza viruses. Humans do not normally get swine flu; however, as the recent outbreak shows, human infections can and do occur. Swine flu viruses have been reported to spread from person to person. Spread of swine influenza is believed to occur in the same way that seasonal flu spreads—through coughing or sneezing of people with influenza. People may also become infected by touching something with flu viruses on it and then touching their mouth or nose.

Q: When are people contagious?

A: Infected people may infect others beginning one day before their symptoms develop, and up to 7 or more days after becoming ill.

Q: How do people know they have swine origin flu, rather than some other respiratory illness?

A: Patients are asked screening questions regarding their symptoms, recent travel to geographic areas with known swine origin flu exposure (Mexico, for example), or contact with anyone who traveled to these areas. If swine origin flu is suspected based on those responses, a culture (nasal swab, for example) is taken and tested. Should the test indicate influenza A, additional testing is completed for sub-types and the results are reported to the State Department of Health.

Q: How do I protect myself from becoming sick?

A: Wash your hands. Most cold and flu viruses are spread by direct contact, so wash your hands often. If no sink is available, use antibacterial hand sanitizer. Wash for approximately 30 seconds, and pay particular attention to fingernails and rings.

Catch sneezes and coughs with tissues. When you feel a sneeze or a cough coming, cover your mouth and nose with a tissue, discard it immediately and wash hands. If you don't have a tissue, cough or sneeze into your hands and wash immediately.

Don't touch your face. Cold and flu viruses enter your body through the eyes, nose or mouth.

Drink plenty of fluids. A typical, healthy adult needs eight glasses of eight-ounce fluids each day.

Get fresh air. Central heating dries you out and makes you more vulnerable to cold and flu.

Exercise regularly. Aerobic exercise increases heartbeat, improves breathing and makes you sweat—which helps increase the body's natural virus-killing cells. Talk to your doctor before beginning any exercise program.

Don't smoke. Smoke dries out your nasal passages and paralyzes cilia—the delicate hairs that line mucous membranes in your nose and lungs and sweep cold and flu viruses out of nasal passages.

Eat well. Eating a balanced diet including foods rich in zinc and vitamin C helps keep your immune system strong.

Avoid crowds. Avoid crowded places to decrease the likelihood of coming into contact with a cold or flu virus.

If you do become ill with influenza, the Centers for Disease Control (CDC) recommends that you stay home from work or school and limit contact with other people to avoid infecting them.

Q: What is the proper way to wash your hands?

A: Washing your hands often will help to protect you from germs. Use soap and water or clean with an alcohol-based hand cleaner. Be sure to wash your hands for 30 seconds and thoroughly clean all hand surfaces including between the fingers (pay particular attention to fingernails and rings). If using alcohol-based cleaner, rub your hands until the gel is dry.

Q: How serious is swine origin flu? What should I do if I become sick?

A: Like seasonal flu, swine origin flu in humans can vary in severity from mild to severe. Those people who develop flu-like symptoms and are in areas where swine origin influenza cases have been identified should contact their health care provider. He or she will determine if influenza testing or treatment is required. If you are sick, you should stay home and avoid contact with other people as much as possible. In adults, warning signs that require urgent medical attention include:

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting



CDC Issues H1N1 Vaccination Recommendations

From *Medscape Medical News* - Emma Hitt, PhD

July 30, 2009 (Atlanta, Georgia) — New H1N1 influenza vaccine recommendations from the Centers for Disease Control and Prevention (CDC) suggest priority distribution among 5 groups. The CDC announced the recommendations in a press conference held after an "urgent" meeting of the Advisory Committee of Immunization Practices yesterday.

Recommended Target Groups

Anne Schuchat, MD, director of the National Center for Immunization and Respiratory Diseases with the CDC, announced that the Advisory Committee of Immunization Practices recommends that 5 target groups receive the vaccine:

- Pregnant women,
- household contacts of children who are younger than 6 months of age,
- healthcare workers and emergency medical services personnel,
- children and young people between the ages of 6 months and 24 years of age, and
- nonelderly adults with underlying risk conditions or medical conditions that increase their risk for complications from influenza.

The committee also addressed the issue of what to do in the event of a vaccine shortage and how to prioritize those groups who should receive the vaccine.

"In general, under most circumstances, we really ought to promote vaccine in all of these 5 focus groups, and...picking them or prioritizing some before others would not benefit the public," Dr. Schuchat said. The CDC's estimate of the target groups totals 159 million individuals, but "there's a lot of overlap in some of the groups... [it is] probably a lower number than that," she said.

"Just in Case" Prioritization Group

However, the Advisory Committee of Immunization Practices also proposed a priority group consisting of a much smaller group, about 41 million individuals that should be vaccinated in the event of a shortage. These include

- Pregnant women,
- household contacts of children who are younger than 6 months of age,
- healthcare workers and emergency services personnel who have direct patient contact or direct contact with infectious substances,
- children between the ages of 6 months and 4 years of age, and
- children 5 to 18 years of age who have underlying risk factors that put them at greater risk for complications of influenza.

According to Dr. Schuchat, the real operating assumption is that they will "go forward with the broader group," she said.

Seasonal Influenza Vaccine Remains Important

According to the CDC, the seasonal influenza vaccine remains very important. "Our assumption is that it is very likely [that seasonal influenza and H1N1 vaccines] can be given together," Dr. Schuchat told *Medscape Infectious Diseases* during the briefing. "There will be more data coming out...but it is likely they can be given at the same visit," she said.

"Of interest is the observation that persons over 64 years, a high priority for seasonal flu vaccine, are not included here," he told *Medscape Infectious Diseases*. "That decision is based on the curious observation that the people born before 1957 appear to be relatively well protected from infection or serious disease with this strain of H1N1 virus." According to Dr. Bartlett, it appears that a similar strain circulated before 1957, accounting for this protection; other comparable viruses also have circulated more recently.

"Pregnant women and young people seem to be especially susceptible to [the H1N1] influenza strain and also to bad outcomes when infected," he said. "But the elderly should get [the] seasonal flu vaccine, since they account for the vast majority of the 36,000 deaths attributed to seasonal influenza in the average season" he added. "In fact, most people should get seasonal flu vaccine. The current indications for that vaccine apply to about 80% of the US population."

Production a Concern

Dr. Schuchat noted that the production of the H1N1 vaccine could be unpredictable. "Right now, we are to on track, expecting vaccine doses in the fall," she said, adding that "exactly how many [doses will be available] exactly when will be tough to pinpoint." "Production is a concern, since the novel H1N1 virus does not grow well in eggs, and 2 doses are likely to be necessary," said Dr. Bartlett. If the virus thrives in the fall in the Northern hemisphere, "it will be a challenge to be ready," he said.