



Volume 2 / Spring 2008

Partners

**Rhode Island Alliance
for Retired Americans**

**Pharmaceutical
Industry Labor
Management Association**

Boston University

**New England Association of
Labor Retirees**

Addresses

**Rhode Island
Alliance for Retired Americans
341 Simmonsville Ave. # 310
Johnston, RI 02919
401-275-0726**

**Boston University
c/o Dr. Joseph Boffa
560 Harrison Ave. Room 344
Boston, Mass. 02118
617-638-4673**

**Web Site
www.newenglandsenior.com**

Wellness - Your Personal Journey

Joseph Boffa DDS MPH

As we approach the upcoming health fair and rally, this is a good time to pause and reflect upon our achievement of the past eight years and to put it into perspective. In our last issue of this newsletter I talked about the wellness benefit. I related how a General Motors / United Auto Workers wellness program demonstrated that employer sponsored wellness programs can make economic sense. That was the conclusion of a University of Michigan / Rand Corporation study. The interesting aspect of that program was that it involved both active employees and retirees.

It is also clear that as I review the field of wellness programs, a growing number of both public and private groups are now entering this area of health services. There are diet programs, exercise programs and sometimes a packaging of both. In many cases these are coupled with screenings for various chronic conditions. Some of the ads for these programs are very polished and usually show healthy and vigorous looking individuals participating in the proposed wellness agenda. It is almost as if you can just go out in the market place and buy wellness. Those of you who have been with us over the years know it is not that simple. Don't get me wrong, such programs do provide structure and a way of organizing activities that is very valuable to both individuals and organizations.

This naturally brings me to the issue of why do some wellness programs fail? Potential benefits are well known but how to achieve them can sometimes run into trouble. In the employment setting it is essential to have the support of top management. This helps crystallize the value placed on the wellness program. It not only promotes the acceptance of the program but with proper resources, helps ease the set up of communication links within the organization that are so vital. HealthLink is not employer based but community based but key for its growth was the support of the Rhode Island AFL/CIO and now the ARA and its member organizations that serve the same function. We should not forget the support of some key senior citizens centers.

.....continue page 3.

Inside This Issue

RI ARA President Mark Schwager, MD	2
Continuation from front cover	3
Mark Schwager, MD Heart Healthy Recipe	4

**HealthLink Health Fair..... June 23, 2008
West Valley Inn, West Warwick, RI
Don't Forget To Sign Up Now**

The Rhode Island Alliance for Retired Americans

John A. Pernorio, RI ARA President

The mission of the Alliance for Retired Americans is to ensure social and economic justice and full civil rights for all citizens so that they may enjoy lives of dignity, personal and family fulfillment and security. The Alliance believes that all older and retired persons have a responsibility to strive to create a society that incorporates these goals and rights and that retirement provides them with opportunities to pursue new and expanded activities with their unions, civic organizations and their communities.

In Rhode Island, we have accomplished goals that help our members, both labor and community based. We have had legislation enacted called RI Best RX to help with the high cost of medications, especially in the Medicare Part D donut hole of no coverage. We have also endorsed the HealthLink Wellness program to help members live a healthier life and sponsored both the HealthLink Wellness Health Fair and its quarterly screenings. Among some of our other accomplishments is the creation of a social network for retirees to communicate with other retirees. Our website www.newenglandsenior.com provides valuable information for our members so they can be better informed citizens. We will continue to build a strong organization of seniors with a viable structure, ample resources and clear objectives, a structure compatible with that of the labor movement and community-based groups at local, state and national levels.

Our programs and membership organizations are designed to promote a commitment by retired workers and older persons to the concept of lifelong participation in their unions, and in their community, political and civic organizations. We encourage all segments of the senior population to act with unity on legislative, political and policy issues of importance to retirees and their families in order to maximize their influence on federal, state and local governments and on private organizations that affect their interests.

Your Personal Risk Profile for Heart Disease

Mark Schwager MD

Heart disease and disease of the blood vessels are the leading cause of death and disability in Americans over the age of 65. Heart disease is caused by damage to your blood vessels (hardening of the arteries) which leads to heart attack, and can also cause stroke, kidney failure and poor circulation to the legs. Unfortunately, until serious problems like chest pain or heart attack occur, people may have no symptoms and not know that they have significant blockage of their arteries. The good news is that the majority of the causes of heart disease are known and the evidence shows that most heart disease is preventable. Researchers have studied the residents of Framingham Massachusetts since 1948, over three generations, to learn what factors lead to heart disease. We have learned that preventing heart disease is largely related to a healthy lifestyle. A diet rich in fruits and vegetables, fish and poultry and low-fat dairy products, is ideal. Cut down on your salt and keep alcohol to a maximum of one drink per day for women and two drinks per day for men. Try to get at least 30 minutes of exercise daily and establish a goal for your body weight. Make sure you know your blood pressure, cholesterol and blood sugar and ask your doctor if you are in the recommended ranges. Tobacco and second hand smoke in any amount is a hazard to your heart. The first step in preventing heart disease is to know your risk. If you are at low risk for heart disease you need to continue with your good health habits. If you have heart disease or are at high risk for heart disease you will need to improve your lifestyle and likely use medication to control your risk.

.....continue page 4

.....Boffa (cont.)

Perhaps the overriding reason there are failures is that wellness is a very personal issue, and making improvements can require making extremely difficult lifestyle changes (i.e., physical exercise, nutrition, smoking cessation, etc.). Many life style habits took years to develop and change is going to be gradual, will take a substantial length of time, and to be sustained, demands personal commitment. If an organization is looking for immediate results on all fronts then the expectation is not realistic and can only lead to disappointment. We found in HealthLink that we could make quick progress in some areas but for some conditions we are still a work in progress.

Due to the personal nature of wellness, the program cannot be a “one size fits all” type of effort. One person may like walking on a treadmill while another may like to walk outside. Still others may enjoy organized sports. We did organize walking clubs but knew that many members already had their own walking arrangements so we asked them to report on a regular basis their progress to date. There were others who participated in more vigorous exercise and sports activities.

While the range of activities can be varied, the measurement of improvement must be consistent. How you get there can contain a number of options but determining success should be clear and unequivocal. So that progress would be easy for you to judge, we provided specific measurements and targets for improvement. The measures we used were weight (BMI), blood pressure, activity level, blood glucose, degree of cessation of tobacco use and both total and HDL cholesterol. We also formulated a special risk profile index to make it easier for you to personally monitor your health improvement. Dr. Schwager in his article speaks in a little more detail about this index.

Ultimately overall program success is the culmination of each of your personal journeys. I remember asking a HealthLink member during a screening session her views of the program and how it can be improved. She mentioned she found regular screenings valuable in pointing out areas that needed work. The regular progress reports did help her get a clear picture where she started, where she was currently and where to set future personal goals. She also indicated that when the schedule of the upcoming screenings arrived in the mail, “it was like a jolt”! It was a reminder that the screenings are coming up soon and there is still much to be done.

The importance of that conversation was that we were having it at all. So often we fall behind and decide to push our targets further down the road. How easy is it to say “well, I got a little behind in my efforts so I’ll skip this screening and show improvement next time”. She was determined to try to meet her personal expectations. I did ask “how did you do today”? Her response was that in most areas she was where she wanted to be and was quite pleased. In one specific measure, she indicated she needed to keep up the effort. I am confident she is living as our motto states: “taking control” and will eventually show improvement in all of her targeted goals.

HealthLink Members - If you would like to invite a friend (s) to the health fair who is not a member, then have them go to the HealthLink web site to either register on-line or you can obtain a copy of a registration form for them to fill out and mail in. The web site is:

www.NewEnglandSenior.com

e-mail address: info@newenglandsenior.com

For those of you who participated in the Center for Disease Control and Prevention funded HealthLink research study, we collected your total cholesterol, HDL, blood pressure, blood glucose and smoking history at each screening session. With your screening results plus age and gender we calculated a “Risk Profile Index” (RPI) which is a mathematical calculation of heart disease risk developed by the Framingham Study. Based on RPI score, individuals fell into one of three categories: normal, above average risk, elevated risk. Each HealthLink participant was mailed a summary of his or her screening results to date. In addition to individual screening tests, the RPI score was also included. This score along with recommendations for improvement provided each HealthLink member with an easily understandable score to set as a target for improvement. It was in effect a “report card” to help members to monitor their progress. The results of the study indicated that males exhibited 18% improvement in their average RPI score and females a 20% improvement. This was during the two year time period of the study and it involved 288 females (51%) and 274 males (49%).

At the upcoming health fair on June 23rd HealthLink staff will be available to provide you with your Risk Profile Index and discuss your results. In the past we had mailed the results of your RPI score after the screening session but at this health fair you will receive your score at the health fair. We will also have a diabetes counselor available for those who wish to review their screening results in relation to diabetes along with heart disease. You should also discuss your Risk Profile Index with your primary care doctor to be sure you know all the guidelines and goals for preventing the complications of heart disease.

Quick Beef Casserole

NIH National Heart, Lung and Blood Institute From Heart-Healthy Latino Recipes

*1/2 pound lean ground beef
1 cup onion, chopped
1 cup celery, chopped
1 cup green pepper, cubed
3 1/2 cups tomatoes, diced
1/4 teaspoon salt
1/2 teaspoon black pepper
1/4 teaspoon paprika
1 cup frozen peas
2 small carrots, diced
1 cup uncooked rice
1 1/2 cups water*

- 1. In a skillet, brown the ground beef and drain off the fat to lower the amount of fat and calories*
- 2. Add the rest of the ingredients. Mix well. Cook over medium heat and cover skillet until boiling. Reduce to low heat and simmer for 35 minutes. Serve hot.*

Nutrient Analysis

Yield:	8 servings	Total fat:	3 g
Serving size:	1 1/3 cups	Saturated fat:	1 g
Each serving provides:		Cholesterol:	15 mg
Calories:	184	Sodium:	125 mg
		Calcium:	33 mg
		Iron:	2 mg