



May/June 2010 Publication

For Parish Nurses and Health Ministers



Coordinator's Corner

Essential Oils & Aroma Therapy - Health Benefits

Peppermint: Useful in treating headaches, muscle aches, digestive disorders such as slow digestion, indigestion, and flatulence.

Eucalyptus: Helpful in treating respiratory problems, such as coughs, colds, and asthma. Also helps to boost the immune system, and relieve muscle tension.

Lavender: Relaxing, and also useful in treating wounds, burns, and skin care. Helps to balance hormones in women, good for balancing the skin. Can be both relaxing and uplifting, as well as antidepressant.

Lemon: Very uplifting, yet relaxing. Helpful in treating wounds, infections, and house cleaning and deodorizing.

Sage: Natural pain killer, helpful in treating muscular aches and pains. Very relaxing, and can help with insomnia. Also very helpful in balancing hormones.

Chamomile: Very relaxing, and can help with sleeplessness and anxiety. Also good for muscle aches and tension. Useful in treating wounds and infection.

Rosemary: Very stimulating and uplifting, good to help mental stimulation as well as to stimulate the immune system. Very good for muscle aches and tension.

Stimulating to the digestive system. www.naha.org

Throughout recorded history, Aromatic plants have been used for their healing, preservative, and pleasurable qualities, in both the East and West. As early as 1500 B.C. the ancient Egyptians used waters, oils, incense, resins, and ointments scented with botanicals for their religious ceremonies. The Chinese may have recognized the benefits of herbal and aromatic remedies as early as 2700-3000 B.C. Traditional Indian medicine, dating back over 2,500 years, used aromatic herbs for treatment. The Romans, Greeks and Arabs bathed with botanicals; and integrated them into their state and religious rituals. In aromatherapy, essential oils are carefully selected for their medicinal properties. As essential oils are absorbed into the bloodstream through application to the skin or inhalation, their active components trigger certain pharmacological effects such as pain relief. Email: info@naha.org

Aromatherapy can be defined as the art and science of utilizing naturally

extracted aromatic essences from plants to balance, harmonize and promote the health of body, mind and spirit. It is an art and science, which seeks to explore the physiological, psychological and spiritual realm of the individual's response to aromatic extracts as well as to observe and enhance the individual's innate healing

process. Aromatherapy is both a preventative approach as well as an active treatment during acute and chronic stages of illness or 'dis'-ease.

It is a *natural, non-invasive* treatment system designed to affect the whole person, and to assist the body's natural ability to regulate, heal and maintain itself by the correct use of essential oils.

Rene Maurice Gattefosse in 1928 coined the word to imply the therapeutic use of aromatic substances called essential oils. As aromatherapy developed into a practice it adopted a holistic approach encompassing body, the mind and the spirit.



May 4th is the next Parish Nurse Meeting, Lourdes Vestal Medical Rehab Lounge, 7:00 PM with Iaveta Dervay to discuss:

"Healing Oils from the Bible"

More information to follow!

Blessings,
Kathy Medovich

What Would Jesus Do? An Upper Room Conversation about Advance Care Directives

Rev. David L. Schriber, OSL

[The camera opens upon an upper room in an undisclosed location within Jerusalem, one night before Passover. The following discussion was not recorded by any of the Evangelists, making the execution of advance care directives all the more important....]

Jesus: I have earnestly desired to eat this Passover meal with you, my friends, before I die. Before we break bread, I want to talk to you about a different kind of passing over, the \varnothing hinitis from this mortal life to the life beyond.

John: Lord, we really don't want to talk about that now. Maybe later.

Jesus: We need to talk about it so when I face death you'll all know what I want done for me.

James: Die? No, Lord. Not you. You are the Christ!

Jesus: Every one of us will make that \varnothing hinitis some day. Some may not until you are very old. But any of you could be put in that position any day. It will be easier if we talk about this now instead of waiting until death is at the door.

Peter: Don't worry Lord, we'll be right beside you; we'll defend you with the sword.

Jesus: No, Peter, keep your sword sheathed; that's not what I want. When the time comes, I will go willingly by my choice. I know you would choose differently. If I am unable to speak for myself when death approaches, someone will need to make sure my wishes for my care are honored. Mother will be too distraught to do this; it will be like a sword piercing her soul. That's why I must choose someone as my health care agent who will be able to think clearly and logically in the crisis and "follow my way."

Thomas: But Lord, how can we be sure we know your way?

Jesus: I will state some specific wishes for the end of my life in a living will (new testament). For example, in the event I am dying from asphyxiation due to crucifixion, I do not want to be administered wine mixed with myrrh; I've consulted with Luke the

Physician about the effects. I've also had very frank discussions with the Father in Gethsemane, so much so that I was diaphoretic to the point of hemorrhage. I have carefully considered the alternatives and have made my choices. Listen carefully to my views about life and death and you will know the way to go, even when I have not given specific instructions for every circumstance. My health care agent and contingent agents must be assertive and not timid before the authorities or others.

Simon the Zealot: Lord, I'll stand up to anyone, and I can rally others to revolt, if need be. I have contacts among the revolutionaries, like Barabbas.

Jesus: Guys, we've been like family. It's good we're having this discussion, because not all of you agree on what should be done for me, and some of you have ideas altogether different from mine. It's my life and my death that matter here. My agent and contingent agents will choose as I would, and as a result, all of you will be relieved of the burden of these agonizing decisions. Thus relieved, your hearts need be neither troubled nor afraid. You will more easily experience the peace I give you. You will be freed to focus more clearly on the time of passing, a holy moment when I give up my spirit and this mortal life touches the Eternal.

One after another: Who will your agent be, Lord? Is it I?

[Fade to black]



Fear & the Economy

Recent economic events in our country have generated fears in the hearts and minds of many people. Realistically the value of our assets and possibly our income has diminished. The catastrophic collapse of the economy necessitated the government to bail out certain segments of the business world. This has developed fear in our minds that we are not going to be able to cope with the consequences. Furthermore, we don't get the story right and confusion and skepticism intensifies the fear.

What can provide us with peace of mind in such a time as this?

Realism is a workable approach.

First of all, identify the facts. Separate the truth from fiction. Banish thoughts of what might happen and similar thoughts such as "what if?" Make a list of options with advantages and disadvantages as a practical guide to making important decisions.

Live in the present moment. Distractions with thoughts from the past and fears about tomorrow rob us of today.

Pray. Remind yourself of the care of the Lord who looks after the birds of the air and lilies of the field. If you ask the Lord for bread, will He give you a stone? Have faith that the Lord will provide.

Don't settle for the idea that you can't manage. Yes, you can. Tell yourself, "I can handle this." There is a solution.

However, if you cannot find a satisfactory solution on your own, don't be afraid to ask for help. We all have times in life when we can use a little help. If this is one of those times, professional help might just be the solution, someone who can help sort through the fear and confusion. A Samaritan Counselor can help.

The Samaritan Counseling Center

www.SamaritanEndicott.com

202 East Main Street

Endicott, NY 13760

Endicott: 607-754-2660

Toll Free: 1-877-825-0678

Offices in Owego &

Windsor

By appointment only

Windsor: 607-655-2063

24th Annual Westberg Parish Nurse Symposium

*Thriving in a
Changing
World*



September 17-19, 2010
St. Charles Convention Center
St. Charles, Missouri



Presented by the
International Parish Nurse
Resource Center
St. Louis, Missouri
www.parishnurses.org

Second Annual Walk/Fun Run Against Obesity

Saturday May 15, 2010
Otsiningo Park- Binghamton, NY

Registration starts @ 9:00 am
Walk/Run starts at 10:00 am

Sponsored by: Southern Tier
Surgical Clinic
Emceed by: Louie G from Wild 104

Walk 1-3 miles
(Choose the right distance for you)
Or
Fun Run 5K

Pre-register for walk at

www.stscny.com

or call (607) 763-8205

Proceeds to benefit: Stay Healthy
Kids Obesity Prevention
Children under 12 are FREE

Everyone welcome! Kid events, Live
music, Vendors.

Lupos Speidie lunch will be available
for purchase

Post-Traumatic Stress Disorder - PTSD

It's natural to be afraid when you're in danger. It's natural to be upset when something bad happens to you or someone you know. But if you feel afraid and upset weeks or months later, it's time to talk with your doctor. You might have post-traumatic stress disorder.

PTSD is a real illness. You can get PTSD after living through or seeing a dangerous event, such as war, a hurricane, or bad accident. PTSD makes you feel stressed and afraid after the danger is over. It affects your life and the people around you.

If you have PTSD, you can get treatment and feel better.

PTSD can happen to anyone at any age. Children get PTSD too.

You don't have to be physically hurt to get PTSD. You can get it after you see other people, such as a friend or family member, get hurt.

Living through or seeing something that's upsetting and dangerous can cause PTSD. This can include:

- Being a victim of or seeing violence
- The death or serious illness of a loved one
- War or combat
- Car accidents and plane crashes
- Hurricanes, tornadoes, and fires
- Violent crimes, like a robbery or shooting.

There are many other things that can cause PTSD. Talk to your doctor if you are troubled by something that happened to you or someone you care about.

Your doctor can help you find out. Call your doctor if you have any of these problems:

- Bad dreams
- Flashbacks, or feeling like the scary event is happening again
- Scary thoughts you can't control
- Staying away from places and things that remind you of what happened
- Feeling worried, guilty, or sad
- Feeling alone
- Trouble sleeping
- Feeling on edge
- Angry outbursts
- Thoughts of hurting yourself or others.

Children who have PTSD may show other types of problems. These can include:

- Behaving like they did when they were younger

- Being unable to talk
- Complaining of stomach problems or headaches a lot
- Refusing to go places or play with friends.

PTSD may start soon after a frightening event and then continue. Other people develop new or more severe signs months or even years later.

PTSD can be treated. A doctor or mental health professional that has experience in treating people with PTSD can help you. Treatment may include "talk" therapy, medication, or both.

Drinking alcohol or using other drugs will not help PTSD go away and may even make it worse.

- PTSD can affect anyone at any age.
- Millions of Americans get PTSD every year.
- Many war veterans have had PTSD.
- Women tend to get PTSD more often than men.
- PTSD can be treated. You can feel better.

You are not alone. Get help:

- Call your doctor.
- Call 911 if you feel like hurting yourself and need help right away.
- Talk to a trained counselor at the National Suicide Prevention Lifeline at 1-800-273-TALK (8255); TTY: 1-800-799-4TTY (4889).

National Institute of Mental Health

Phone: 301-443-4513 or

1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431 or

1-866-415-8051 toll-free

E-mail: nimhinfo@nih.gov

Web site: www.nimh.nih.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

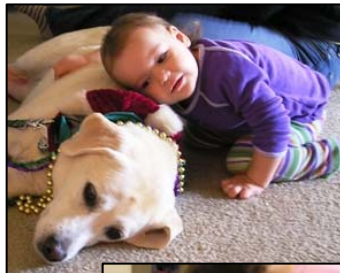
NIH Publication No. TR-08-6388



DELTA SOCIETY®
The Human-Animal Health Connection®

Healthy Reasons To Have a Pet

- 1) Visits with a therapy dog helps heart and lung function by lowering pressures, diminishing release of harmful hormones and decreases anxiety with hospitalized heart failure patients. (Cole, 2005)
- 2) Displaying tanks of brightly colored fish may curtail disruptive behavior and improve eating habits of individuals with Alzheimer's disease. (Beck, 2002)
- 3) Presence of a therapy dog can lower behavior distress in children during a physical examination at a doctor's office and may be useful in a variety of healthcare settings to decrease procedure induced distress in children. (Nagengast, 1997, Hansen, 1999).
- 4) Animal-assisted therapy can effectively reduce the loneliness of residents in long-term care facilities. (Banks, 2002).
- 5) People with borderline hypertension had lower blood pressure on days they took their dogs to work. (Allen, K. 2001).
- 6) Seniors who own dogs go to the doctor less than those who do not. In a study of 100 Medicare patients, even the most highly stressed dog owners in the study have 21% fewer physician's contacts than non-dog owners. (Siegel, 1990).
- 7) Activities of daily living (ADL) level of seniors who did not currently own pets deteriorated more on average than that of respondents who currently owned pets. (Raina, 1999).
- 8) Seniors who own pets coped better with stress life events without entering the healthcare system. (Raina, 1998).
- 9) Pet owners have lower blood pressure. (Friedmann, 1983, Anderson 1992).
- 10) Pet owners have lower triglyceride and cholesterol levels than non-owners (Anderson, 1992). ACE inhibitors lower resting blood pressure but they do not diminish reactivity to mental stress.
- 11) Pet ownership can lessen cardiovascular reactivity to psychological stress among hypertensive patients treated with a daily dose of Lisinopril. (Allen, 1999).
- 12) Companionship of pets (particularly dogs) helps children in families adjust better to the serious illness and death of a parent (Raveis, 1993).
- 13) Pet owners feel less afraid of being a victim of crime when walking with a dog or sharing a residence with a dog. (Serpel, 1990).
- 14) Pet owners have fewer minor health problems (Friedmann, 1990, Serpel, 1990).
- 15) Pet owners have better psychological well-being (Serpel, 1990).
- 16) Contact with pets develops nurturing behavior in children who may grow to be more nurturing adults (Melson, 1990).
- 17) Pet owners have a higher one-year survival rates following coronary heart disease (Friedman, 1980, 1995).
- 18) Pets in nursing homes increase social and verbal interactions adjunct to other therapy. (Fick, 1992).
- 19) Pet owners have better physical health due to exercise with their pets. (Serpel, 1990).
- 20) Having a pet may decrease heart attack mortality by 3%. This translates into 30,000 lives saved annually (Friedman, 1980).
- 21) Dogs are preventive and therapeutic measures against everyday stress (Allen, 1991).
- 22) Pets decrease feeling of loneliness and isolation (Kidd, 1994).
- 23) Children exposed to humane education programs display enhanced empathy for humans compared with children not exposed to such programs. (Ascione, 1992).
- 24) Positive self-esteem of children is enhanced by owning a pet. (Bergensen, 1989).
- 25) Children's cognitive development can be enhanced by owning a pet. (Poresky, 1988).
- 26) 70% of families surveyed reported an increase in family happiness and fun subsequent to pet acquisition. (Cain, 1985).
- 27) The presence of a dog during a child's physical examination decreases their stress. (Nadgengast, 1997, Baun, 1998).
- 28) Children owning pets are more involved in activities such as sports, hobbies, clubs or chores. (Melson, 1990).
- 29) Children exposed to pets during the first year of life have a lower frequency of allergic rhinitis and asthma. (Hesselmar, 1999).
- 30) People who have AIDS who have pets have less depression and reduced stress. Pets are a major source of support and increase the perception of the ability to cope. (Siegel, 1999, Carmack, 1991).



February 2010 Parish Nurse Meeting Attendance

Lourdes Parish Nurse Ministry

Kathy Medovich, Coordinator

Holy Trinity, Binghamton

Joan Pozzi

UCC Greene

Sharon Fowler

St. Paul's Episcopal Church, Owego

Elaine Carril & Judy Hessberger

St. Thomas Aquinas, Binghamton

Ellen Burns

1st Presbyterian Church, Endicott

Phyllis Camp & Bev Conklin

Our Lady of Sorrows, Vestal

Eve Jarrold & Margaret Milkovich

Blessed Trinity & St. Pat's, Owego

Ellen Keough

St. James, Johnson City

Rose Sullivan

Conklin Forks United Methodist

Mary Hessberger

Church of the Holy Family, Endwell

Kate Fenstemacher

Fairview United Methodist

Susan Barton

Living Healthy with Chronic Diseases

February's program was presented by Deb Kerins of Broome County Catholic Charities, RSVP Program. She discussed the RSVP Program, the Good Morning Broome! Program, Bone Saver Tips, and Living with Arthritis Tips. The 6-week *Living Healthy* workshop, which is funded by Broome County Office for Aging, empowers older adults and their caregivers to self-manage living with a chronic health condition such as diabetes, heart disease, osteoporosis, arthritis and the like. Deb can be reached at: dkerins@ccbc.net or 231-0726. She now has approval to organize classes in Tioga County! TX, Deb!

March 2010 Parish Nurse Meeting Attendance

St. Thomas Aquinas, Binghamton

Ellen Burns

New Life Ministries, Endicott

Michele Summers

1st Presbyterian Church, Endicott

Bev Conklin & Phyllis Camp

Fairview UMC

Susan Barton

St. Paul's, Binghamton

Rita Bates

Christ the King Lutheran, Vestal

Helga Kunow

Holy Trinity, Binghamton

Joan & Joe Pozzi

St. Paul's Episcopal Church, Owego

Judy Hessberger



Thank You to All



ABC's of Broome County Senior Services & Powerful Tools for Caregivers

In March, I was on medical leave. Ellen Burns did a fine job with coordinating the meeting in my absence! Shelli Cordisco, Action for Older Persons discussed the ABC's: Action for Older Persons, Broome Co. Office for Aging, and CASA-Community Alternative Systems Agency. Joanne Kays, Faith in Action Volunteers, of the Broome County Council of Churches discussed the 6-week facilitated program called Powerful Tools for Caregivers. Kathy Medovich is a trained facilitator. The Program is free to caregivers. Marsha Bailey, Healthy Lifestyle Mentor Coordinator attended. Thanks to Shelli and Joanne! www.ActionforOlderPersons.org

www.broomecouncil.net www.gobroomecounty.com/senior

April 2010 Parish Nurse Meeting Attendance

Lourdes Parish Nurse Ministry

Kathy Medovich, Coordinator

UCC Greene

Sharon Fowler

St. Paul's Episcopal Church,

Owego

Mike Medovich & Elaine Carril

Fairview UMC

Susan Barton

Conklin Presbyterian

Judy Saar

Church of the Holy Family

Kate Fenstemacher

Holy Trinity

Joan & Joe Pozzi

St. James

Rose Sullivan

Most Holy Rosary

Kathy Tewksbury

Our Lady of Sorrows

Joan Eisch

St. Paul's, Binghamton

Mike Curry

Christ the King Lutheran

Helga Kunow

St. Paul's & Holy Trinity

Rita Bates

Rescue Mission

April's guests were from Rescue Mission. Corey Kociela, Regional Program Dev. Director, is developing the project to open a facility to house, feed and train homeless men. Mark Conti, Regional Prog. Mgr, is overseeing the expansion of Binghamton shelter services. Al Ortiz is Mobile Case Mgr, which entails a diverse knowledge of the community's services. It's mission is to share Christ's love and provide biblically based serves that meet the spiritual and practical needs of the poor. Thanks, guys, for an informative evening! www.rmsyr.org/binghamton

Round Robin

Health Promotion

Healthy snacks during
blood pressures

Hats, scarves, mittens
collection

Holy Rosary Cholesterol
Information Workshop

ACT Meal Health Ministry

Blood pressure screenings

Prayer Shawl Ministry

Nursing Home visits

Hats and Mittens for

Floating Hospital

Cholesterol Education

at Altar Rosary

Cardio at TOPS

2 installed AED's

National Organ

Donation Education

Home visits

Health Articles

New Health Ministry

Improving Sound System

during Mass



On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. The following timeline provides implementation dates for key provisions. It reflects provisions in the new law and incorporates modifications to the law included in the Health Care and Education Reconciliation Act of 2010 passed by the House and the Senate.

2010 Timeline

Insurance Reforms

- Establish a temporary national high-risk pool to provide health coverage to individuals with pre-existing medical conditions. (Effective 90 days following enactment until January 1, 2014)
- Provide dependent coverage for adult children up to age 26 for all individual and group policies.
- Prohibit individual and group health plans from placing lifetime limits on the dollar value of coverage and prior to 2014, plans may only impose annual limits on coverage as determined by the Secretary. Prohibit insurers from rescinding coverage except in cases of fraud and prohibit pre-existing condition exclusions for children.
- Require qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women.
- Provide tax credits to small employers with no more than 25 employees and average annual wages of less than \$50,000 that provide health insurance for employees.
- Create a temporary reinsurance program for employers providing health insurance coverage to retirees over age 55 who are not eligible for Medicare. (Effective 90 days following enactment until January 1, 2014)
- Require health plans to report the proportion of premium dollars spent on clinical services, quality, and other costs and provide rebates to consumers for the amount of the premium spent on clinical services and quality that is less than 85% for plans in the large group market and 80% for plans in the individual and small group markets. (Requirement to report medical loss ratio effective plan year 2010; requirement to provide rebates effective January 1, 2011)
- Establish a process for reviewing increases in health plan premiums and require plans to justify increases. Require states to report on trends in premium increases and recommend whether certain plans should be excluded from the Exchange based on unjustified premium increases.

Medicare

- Provide a \$250 rebate to Medicare beneficiaries who reach the Part D coverage gap in 2010 and gradually eliminate the Medicare Part D coverage gap by 2020.
- Expand Medicare coverage to individuals who have been exposed to environmental health hazards from living in an area subject to an emergency declaration made as of June 17, 2009 and have developed certain health conditions as a result.
- Improve care coordination for dual eligibles by creating a new office within the Centers for Medicare and Medicaid services, the Federal Coordinated Health Care Office.
- Reduce annual market basket updates for inpatient hospital, home health, skilled nursing facility, hospice and other Medicare providers, and adjust for productivity.
- Ban new physician-owned hospitals in Medicare, requiring hospitals to have a provider agreement in effect by December 31; limit the growth of certain grandfathered physician-owned hospitals.

Medicaid

- Creates a state option to cover childless adults through a Medicaid State Plan Amendment.
- Creates a state option to provide Medicaid coverage for family planning services to certain low-income individuals through a Medicaid State Plan Amendment up to the highest level of eligibility for pregnant women.
- Creates a new option for states to provide CHIP coverage to children of state employees eligible for health benefits if certain conditions are met.
- Increase the Medicaid drug rebate percentage for brand name drugs to 23.1% (except the rebate for clotting factors and drugs approved exclusively for pediatric use increases to 17.1%); increase the Medicaid rebate for non-innovator, multiple source drugs to 13% of average manufacturer price; and extend the drug rebate to Medicaid managed care plans.
- Provide funding for and expand the role of the Medicaid and CHIP Payment and Access Commission to include assessments of adult services (including those dually eligible for Medicare and Medicaid).
- Require the Secretary of HHS to issue regulations to establish a process for public notice and comment for section 1115 waivers in Medicaid and CHIP.

Prescription Drugs

- Authorize the Food and Drug Administration to approve generic versions of biologic drugs and grant biologics manufacturers 12 years of exclusive use before generic s can be developed.

For more extensive information: (<http://www.kff.org/healthreform/8060.cfm>)

 **LOURDES**
Parish Nurse Program

Vestal Medical Rehab
1020 Vestal Parkway E.
kmedovich@lourdes.com
607-321-2633

"To Answer a Call, there is a light in this world; a healing spirit more powerful than any darkness we may encounter. We sometime lose sight of this force when there is suffering, and too much pain. Then suddenly, the spirit will emerge through the lives of ordinary people who hear a call and answer in extraordinary ways' ...Mother Teresa

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June 1st
Lourdes Parish Nurse Meeting
Lourdes Vestal Medical Rehab Lounge
7:00 - 8:30 PM
Theology of Health & Healing
with Rev. David Schriber, OSL

It is not too late to register for Parish Nurse Curriculum at Sky Lake May 19-22!