

10 great reasons for women to quit smoking to improve their overall health

1. You'll breathe easier.
 - Smoking adds to the risk of chronic coughs, bronchitis and asthma. It also can hurt your lungs, leading to emphysema and other serious lung diseases.
2. Your heart will thank you.
 - Smoking is a major cause of heart disease in women. Heart disease is the No. 1 cause of death in the United States. Smoking also is a leading cause of stroke – the No. 3 cause of death in the United States.
3. You'll lower your risk of cancer.
 - Lung cancer is the leading type of cancer in women. Smoking causes most cases of lung cancer. Quitting lowers your risk of lung cancer.
4. Your menstrual cycle may improve.
 - If you suffer from irregular menstrual cycles, mood swings or cramps around the time of your period, quitting may help.
5. You'll reduce your risk of osteoporosis.
 - Quitting will lower your risk of osteoporosis and help your bones stay stronger.
6. You may have a healthier pregnancy.
 - Quitting before you become pregnant or while pregnant will lower your risk of having a premature birth or low-birth-weight baby.
7. You'll protect your family from secondhand smoke.
 - Secondhand smoke is a serious health risk for all members of the family, but it's especially dangerous for children.
8. Your skin and teeth will be healthier.
 - Smoking causes premature wrinkles, which can make you look older, and yellow teeth and contributes to gum disease.
9. You can quit without gaining weight.
 - On average, smokers who quit gain only about 5 to 10 pounds. Some women actually lose weight. By eating a balanced diet and increasing your amount of exercise, you can lower the chance of gaining weight while you quit.
10. You can do it!
 - Quitting may be hard, but the benefits are worth it. It can take people two, three or more tries to quit for good. So if you have trouble at first, don't give up!

Tasha Mason, Tobacco Prevention and Education Coordinator
 541-444-9659 or 800-648-0449, ext. 1659; or tasham@ctsi.nsn.us
 Oregon Quit Line – 800.QUIT.NOW



**Santa visits
 Siletz Tribal Head Start and the
 Tenas Illahee Childcare Center
 Dec. 16, 2010**

Photos by Natasha Kavanaugh

Angel Oleman visits with Santa (left) in the Head Start classroom. Daisy Fisher and her daughter, Maycee (right), check out the goodie bag from Santa at the child care center.



HFHCP, continued

nouncements of a "prize" the elderly person has won but must pay money to claim, solicitation of contributions by phony charities, investment fraud and magazine subscription sales.

- **Health care fraud and abuse.** Health care fraud and abuse is carried out by unethical doctors, nurses and hospital personnel as well as by other professional care providers. Examples of this type of abuse include not providing health care but charging for it, overcharging or double-billing for medical care or services, getting kickbacks for referrals to other providers or for prescribing certain drugs, over-medicating or under-medicating, recommending fraudulent remedies for illnesses or other medical conditions and Medicaid fraud.

What are the signs and symptoms of Elder abuse? At first, you might not recognize or take seriously signs of Elder abuse. They may appear to be symptoms of dementia or signs of the elderly person's frailty, or caregivers may explain them to you that way. In fact, many of the signs and symptoms of Elder abuse do overlap with the symptoms of mental deterioration, but that doesn't mean you should dismiss them on the caregiver's say-so.

In many cases, the symptoms or signs are very obvious that something is not right. In other cases, the signs and symptoms are extremely subtle or almost non-existent.

The following often can be warning signs of some kind of Elder abuse. It should be noted that the existence of any **one or more** of the following physical warning signs does not necessarily mean that abuse has occurred or is occurring. Instead, the following should be treated as signs that diligent attention or investigation could be needed:

- Frequent arguments or tension between the caregiver and the elderly person and/or changes in personality or behavior in the Elder
- Sudden changes in personal hygiene, such as poor skin condition, uncombed or matted hair with patches of hair missing or having a bleeding scalp; being unkempt, dirty or foul-smelling
- Any untreated medical condition, including bed sores, sprains, dislocations or broken bones
- Broken eyeglasses or frames
- Being malnourished or dehydrated or experiencing sudden weight loss
- Having torn or bloody clothing or undergarments
- Having scratches, blisters, lacerations or possible pinch marks
- Unexplained bruises or welts; burns that might be caused by scalding water, cigarettes or restraints
- Injuries that are incompatible with the explanations provided
- Injuries that reflect an outline of an object, for example, a belt, cord or hand
- Significant withdrawals from the El-

HFHCP, continued

der's bank accounts or sudden changes in the Elder's financial condition

- Items or cash missing from the Elder's household
- Suspicious changes in wills, power of attorney, titles or policies as well as the addition of names to the Elder's signature cards
- Unpaid bills or lack of medical care although the Elder has enough money to pay for them
- Financial activity the Elder could not have done, such as an ATM withdrawal when the account holder is bedridden
- Duplicate bills for the same medical service or device, or evidence of inadequate care when bills are paid in full
- Evidence of over-medication or under-medication
- The caregiver's refusal to allow you to see the Elder alone or in private

It's difficult to take care of a senior when he or she has many different needs, but one must remember that it's also difficult to be elderly when age brings with it infirmities and a dependence on others. Both the demands of care giving and the Elder's needs can create situations in which abuse is more likely to occur.

Several factors concerning the Elders themselves, while they don't excuse abuse, influence whether they are at greater risk for abuse:

- The intensity of the elderly person's illness or dementia

- Social isolation, i.e., the Elder and the caregiver are alone together almost all of the time
- The Elder's role, at an earlier time, as an abusive parent or spouse
- A history of domestic violence in the home
- The Elder's own tendency toward verbal or physical abuse

Many non-professional caregivers, such as spouses, adult children, other relatives and friends, find taking care of an Elder to be satisfying and enriching. But the responsibilities and demands of Elder care giving, which tend to escalate as the Elder's condition deteriorates, also can be extremely stressful. The stress of Elder care can lead to mental and physical health problems that make caregivers burn out, becoming impatient and unable to keep from lashing out against the Elders in their care.

If you are an Elder who is being abused, neglected or exploited, please tell at least one person – your doctor, a friend or a family member whom you trust – or call the police. Elder abuse is a crime and needs to be reported to someone.

If you suspect an Elder is being abused, call April Bender, Tribal Elders' Program coordinator, at 541-444-8225 or 800-922-1399, ext. 1225; or Rebecca Williams, Tribal programs manager, at 541-444-8220 or 800-922-1399, ext. 1220, and report the suspected abuse.