## Safeway remodels Union Avenue store



A view of the newly remodeled interior of the Union Avenue Safeway. (Photo by Richard J. Brown)

Safeway Stores Inc. has remodeled its store located at 5920 N.E. Union. Remodeling featured replacement of old equipment and fixtures with more modern fixtures and equipment.

Remodeling includes: Replacement of floor tile.

·Painting of interior walk

 Attractive wall colors, graphics and accent color tiles to highlight each department.

•New refrigerator cases.

·Refinished freezer cases.

•Remodeled meat department and new wrapping equipment. New fresh meat cases.

•Improvements in baked goods display area.

Also the store has received new electronic cash registers and check-

Built in 1965 the Union and Ainsworth Safeway is managed by Ray Tremayne, a 20-year veteran with Safeway. Assisting Tremayne are Sue Tippery, Assistant Store Manager; Gene Jones, Meat Department Manager; Arijzona Warren, Retail Inventory Control Clerk, and Ed Miller, Dairy Department Manager.

The Committee To Elect Harold Williams State Representative, District 18, invites the community to a reception commencing Harold's campaign.

AT HIS CAMPAIGN HEADQUARTERS 4845 N.E. Union Ave. Date: March 18, 1982

"Everyone is welcome." Time: 5:00 to 9:00 P.M.

Paid for by The Committee to Elect Harold Williams Box 1275, Portland OR 97207, Ginger Sharp, Treas.

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or Potatoes and Vegetable



Newberry's Lloyd Center Coffee Shop

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# Social isolation leads to poor health

by Tom Ferguson, M.D. Pacific News Service

Most people know that smoking, obesity, high blood pressure, cholesterol and lack of exercise are associated with an increased risk of heart disease and stroke.

But there is another risk factor for heart disease that appears to be just as important-lack of friends and close family ties. Unfortunately, because of the way doctors normally are trained, few have incorporated this knowledge into their recommendations to those with heart disease.

With startling consistency, several recent studies have shown that social isolation increases risk of death from heart disease, stroke and cancer, the nation's three top killers. The leading study in this area is a 1979 report that measured the "social support networks" of 4,725 San Francisco Bay area residents, and their mortality rate over a nine-year period. The researchers, Dr. Leonard Syme, of the University of California Public Health School in Berkeley, and Dr. Lisa Berkman, of the Institution for Social and Policy Studies at Yale, found that as social ties increased, the death rate decreased. The study measured social ties to spouses, family, friends, religious groups and other groups.

Married people lived longer than the unmarried. People who saw many friends and relatives frequently showed a lower death rate than those who had fewer friends and relatives, and visited them less frequently. Members of religious groups also lived longer than nonmembers, and the same was true for members of other groups compared to nonmembers.

Socially isolated women in their 30s and 40s appeared to face the highest risk; they were more than four times as likely to die in that age bracket than their peers who had strong social support networks. Socially isolated men in their 60s came out the best among the less-connected groups, but they were still almost twice as likely to die as their counterparts with more family and friends.

Subsequent findings have corroborated the Syme-Berkman results. In a recent study of more than 2,700 residents of Tecumseh, Michigan, scheduled for summer publication in the prestigious American Journal of Epidemiology, researcher James House and his co-workers found that people with "lower level of social activity have a greater mortality

The original study in this area was conducted by Syme and other researchers in 1964. They discovered that Japanese immigrants to the United States had a heart disease rate five times higher than a comparable group in Japan. They also found that a small subgroup of Jap-

anese immigrants, who continued to speak Japanese and generally continued to live within a distinctly Japanese culture, had the same low rate of heart disease as native Japanese.

The researchers concluded that membership in a stable social network could provide a buffering effect against heart disease for people who experience rapid social change.

This research may help explain why the American health care system has not had great success in preventing the major diseases of our era: heart disease, stroke and cancer. Syme said, "Few would argue with the proposition that 'People need people.' But our current approach to medical care, with its tendency to look at illness at the tissue and organ level, has excluded the social support factor from its methods of prevention and treatment."

Doctors, moreover, are trained to make quantitative descriptions: so many pills, so many times a day. To the extent that they make preventive health recommendations, these also tend to be quantitative: so many minutes of exercise, so many times per week. Doctors trained to view treatment in quantitative terms often find it extremely difficult to offer qualitative lifestyle recommendations like "make more friends."

It remains unclear exactly how strong social ties work to protect people from disease, but Syme and Berkman speculat that;

·Social isolates may be more likely to adopt self-destructive health practices;

·Social isolation may lead to depression, which may, in turn, prompt accidents, serious illness, or even suicide;

•The absence of social networks may produce physiological changes that increase general susceptibility to disease, whereas social support systems may actually increase the body's defense against disease.

But experts also warn that for many people, taking steps to improve social support networks is no simple matter. "I'm a bit uncomfortable giving people the idea that it's necessarily within everyone's ability to go out and create vast new social support systems for themselves," Berkman cautioned readers of Medical Self-Care magazine. For some people, there may be strong social, and even physical constraints, against doing so."

Dr. Mark Pilisuk, of the Department of Applied Behavioral Sciences at the University of California at Davis, added, "For many of the permanent poor, for some of the elderly, for some disabled persons and for many minority individuals, the routine affronts from a noxious environment go beyond the buffering protection that a group of close family and friends might offer."

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