



# RED CLIFF COMMUNITY HEALTH CENTER NEWSLETTER

JUNE 2011

## IPC - Improving Patient Care

Red Cliff Community Health Center is embarking on a sweeping program for improvement of the care we provide to our patients. We are doing this with national guidance through participation in a program simply and appropriately called “Improving Patient Care” and affectionately referred to as “IPC”. We began our involvement in December 2010 when we applied for participation and were accepted as one of 60 Indian health clinics across the country. We are in the first wave of expansion of a pilot program initiated with a few tribes in 2008.

The Indian Health Service (IHS) has identified four priorities: 1) to renew and strengthen our partnership with tribes; in the context of national health insurance reform, 2) to bring reform to IHS; 3) to improve the quality and access to care; and 4) to make all our work accountable, transparent, fair and inclusive. In a concerted effort to meet these priorities, the IHS has expanded its IPC Program. Through the IPC program, partnerships are built among the Indian Health Service (IHS), Tribal and Urban Indian health programs. As a result, we learn together how to build a well-organized, quality system of care for American Indian

and Alaska Native (AI/AN) people. The goal of the program is to engage more than 100 facilities in a collaborative effort to improve the quality of and access to care by 2013. The IPC program also strives to promote widespread adoption of best practices and assists in developing a vibrant health care workforce, thus ensuring quality health care for future generations. The clinical leadership of IHS recognizes that a fundamental change from a provider-oriented to a patient/family/community-oriented system of care is needed. The collaborative care and improvement models that you will be learning and implementing are key elements in the IHS strategy to improve the system of care, impact health outcomes and reduce disparities for AI/AN people. The goals and measures in this program are evidence-based and congruent with national measurement systems in the health industry.

The Aim of the IPC collaborative is to improve health and promote wellness for American Indians and Alaska Natives and to support the four agency priorities. It is a pathway toward a redesigned system of care that is grounded in the values and culture of the community served. The IPC

collaborative will focus on strengthening the positive relationships between the healthcare system/care team and the individual, family and community. The IPC Care Model serves as a framework to guide the creation of an Indian Health Medical Home; an accessible and patient-centered system of care that provides safe, timely, effective, efficient, and equitable care.

Participating organizations will show improvement in preventive care, management of chronic conditions and experience of care, while maintaining financial viability. Within a 12-month period, all engaged sites will achieve a basic level of development of the Indian Health Medical Home. This will be evident by delivery of care through care teams, improved continuity of care, partnerships with community and Tribal organizations, and integration of improvement into the overall Aim and focus of the organization. By the end of the 12-month period, successful changes will begin to spread throughout the participating site to support and accelerate their ongoing journey of transformation.

As part of the IPC collaborative,

## IPC - Improving Patient Care con't

the Red Cliff leadership team has had the opportunity to participate in two face-to-face meetings, one in Tuscon and one in Denver, We next will have two virtual meetings, and a site visit. The first virtual meeting will be in Mid July for two days connected to the national leadership but staying right in Red Cliff.

The leadership team consist of Pat Deragon Navarro, Diane Erickson, Jeff Lewis, MD, Jan Wilber, Pharmacist, Liz Marcoux, RN, Arlene Brandis , LPN, and Pauline Grooms. This team has already logged many hours learning, analyzing and beginning to promote changes. Within a year we expect to have created important and visible improvements regarding how we provide your health care.

We look forward to hearing from you. Please let us know how we are doing.

### 6 Components of the Chronic Care Model: Change Concepts

**Health Care Organization:** *Create a culture, organization and mechanisms that promote safe, high quality care.*

- Visibly support improvement at all levels of the organization, beginning with the senior leader.

- Promote effective improvement strategies aimed at comprehensive system change.
- Encourage open and systematic handling of errors and quality problems to improve care.
- Provide incentives based on quality of care.
- Develop agreements that facilitate care coordination within and across organizations.

#### **Community Resources and Policies:**

- Mobilize community resources to meet needs of patients.*
- Encourage patients to participate in effective community programs.
  - Form partnerships with community organizations to support and develop interventions that fill gaps in needed services.
  - Advocate for policies to improve patient care.

**Self-Management Support:** *Empower and prepare patients to manage their health and health care.*

- Emphasize the patient's central role in managing their health.
- Use effective self-management support strategies that include assessment, goal setting, action planning, problem solving and follow up.
- Organize internal and community resources to provide ongoing self-management support to patients.

**Decision Support:** *Promote clinical care that is consistent with scientific evidence and patient preferences.*

- Embed evidence-based guidelines into daily clinical practice.
- Share evidence-based guidelines and information with patients to encourage their participation.
- Use proven provider education methods.
- Integrate specialist expertise and primary care.

**Delivery System Design:** *Assure the delivery of effective, efficient clinical care and self-management support.*

- Define roles and distribute tasks among team members.
- Use planned interactions to support evidence-based care.
- Provide clinical case management services for complex patients.
- Ensure regular follow up by the care team.
- Give care that patients understand and that fits with their cultural background.

**Clinical Information Systems:** *Organize patient and population data to facilitate efficient and effective care.*

- Provide timely reminders for providers and patients.
- Identify relevant subpopulations for proactive care.
- Facilitate individual patient care planning.
- Share information with patients and providers to coordinate care.
- Monitor performance of practice team and care system.

## Nooni Circle

### Breastfeeding Support Group

Pregnant women, nursing mamas, new mamas and partners all welcome.

Eat, socialize, discuss breastfeeding and parenting.



Every other Thursday 10-noon

June 9: Nutrition for breastfeeding

June 23: Planning for breastfeeding tent at the pow wow



# Family Planting Week

**ECC Head Start Field Trips!!  
Parents Invited!!**

**Tuesday: Mashkodebizhiki**

**Wednesday: Maiingan**

**Thursday: Migizii**

**June 14-16th 9-10am**

**@ The Red Cliff Garden**

(About 1.5 miles past Casino on Aiken Road)

There is regular school this day, kids will go out to garden on the bus. Parents, meet us at the farm!

Lots of fun for the whole family!

Please bring mud boots. Hats, water bottles,  
and t-shirts will be provided.

Refreshments will be served after planting.

Please call Nicky (ext 243) or Nicole (ext 243) at 779-5030 with any questions.



# Red Cliff Community Cookout and Planting



## Mino Bimadiziwin Farm

**When: June 6-10, 2011, 9am to Noon**

**GLIFWC Fish Composting Demo:  
June 8, 9am to Noon**

**Cookout June 10!!**

**715-779-3782**



# Making Healthy Choices Support Group

Friday, June 10, 2011  
10 am to 11 am  
Red Cliff Health Center  
Conference Room

## Speaker

Rebecca Crumb-Johnson,  
MMC Dietician

Topic: Vitamin Supplements

*Refreshments will be served!*

SPONSORED BY THE RED CLIFF COMMUNITY HEALTH CENTER

# Making Healthy Choices

## Support Group

Friday, June 24, 2011

Red Cliff Community Health Center  
Conference Room

Topic:  
The Benefits of  
Exercising



Refreshments will be served

*Sponsored by the Red Cliff Community Health Center*



## **Diabetic Support Group**

**Monday, June 13, at 6:00 pm at the Elderly  
Apartments.**

**Topic this month - Food Safety.**

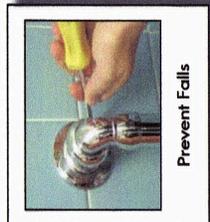
**Refreshments !!**

**All diabetics are welcomed.**

**For more information please call Carolyn  
Maunu at the Health Office, 779-3707.**

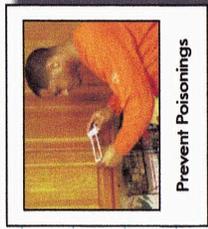
# Get Your Hands on Home Safety!

Installing the right safety products and planning for the whole family can prepare you to deal with whatever may arise. We all have the most critical tools needed to make the largest impact on our home's safety...our own two hands!



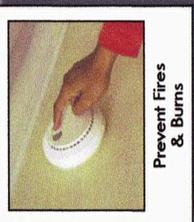
Prevent Falls

- 1.** Have grab bars in the tub and shower.



Prevent Poisonings

- 2.** Read the label before using products. If you see the words "caution", "warning", "danger", or "poison", lock these items in a place where children can't reach them. Call the Poison Control Center at 1-800-222-1222.



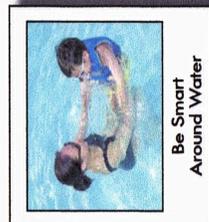
Prevent Fires & Burns

- 3.** Have working smoke alarms and hold fire drills. If you build a new home, install fire sprinklers.



Prevent Choking and Suffocation

- 4.** Things that can fit through a toilet paper tube can cause a young child to choke. Keep coins, latex balloons and hard round foods, such as peanuts and hard candy, out of children's reach.



Be Smart Around Water

- 5.** Stay within an arm's length of children in and around water. This includes the bathtub, toilet, pools and spas – even buckets of water.



Visit the Home Safety Resource Center at [www.homesafetycouncil.org/homesafetymonth](http://www.homesafetycouncil.org/homesafetymonth) for FREE information, including posters, brochures, safety checklists and additional tips to help keep your family safe.

## Red Cliff Community Health Center CHR Transportation Program

Available to Contract Health Service Clients (CHS)

Tuesdays & Thursdays

8:00 am to 4:00 pm

[Transports are limited to the immediate area, not to exceed a fifty-mile radius. Under certain circumstances, transportation may be extended to the Duluth area, provided that the CHR is given a 48 hour notice of the appointment and the GSA vehicle is available. Due to travel time, Duluth appointments must be between 10:00 am and 2:00 pm.

- ◆ All other resources must be contacted before we will transport.
- ◆ For medical appointments only. Transports are not for shopping, visiting, etc...
- ◆ We are unable to provide transports to wheel-chair bound individuals because we do not have the resources for this.
- ◆ When the tribal offices are closed due to inclement weather or natural disaster, all transports for that day will be canceled.
- ◆ No one under the age of 18 will be transported without the parent or legal guardian present.
- ◆ No intoxicated client will be transported.
- ◆ All passengers are required to provide a car seat for each child (when applicable) and to wear a personal restraint/seat belt or they will be denied transportation.
- ◆ The clinic does not transport to surgeries where sedation is involved or there exists the potential for life-threatening outcomes. In these situations, family should be involved in your care.



For more information or to schedule an appointment contact Janet Hillert at 715-779-3707



## NATIVE AMERICANS & TOBACCO USE

Despite reductions in smoking prevalence achieved since the first Surgeon General's report on the consequences of smoking in 1964, smoking remains the leading cause of preventable death in the United States.<sup>1</sup> Smoking accounts for more than 400,000 deaths in the United States each year, and is a major risk factor for the four leading causes of death: heart disease, cancer, stroke, and chronic obstructive pulmonary disease.<sup>2</sup> Native Americans, as a whole, have an especially high risk of suffering from tobacco-related death and disease because they have the highest prevalence of smoking and other tobacco use compared to any other population group in the United States.

### Smoking Among Native American Adults

While smoking rates vary considerably from one Tribe to another, American Indians and Alaska Natives (AI/AN) are, overall, more likely than any other racial/ethnic subgroup to be current smokers. According to the National Health Interview Survey (NHIS) of adults, 18 and over, 23.2% of AI/AN currently smoke, compared to 22.1% of Whites, 21.3% of African-Americans, 14.5% of Hispanics, and 12% of Asian-Americans. Overall, 20.6% of U.S. adults are current smokers.<sup>3</sup> According to a 2005 study, 14% of Southwest tribal members were smokers compared to a 50% smoking rate among Northern Plains tribal members.<sup>4</sup>

According to the 2009 NHIS, AI/AN men have the highest smoking prevalence among all racial/ethnic subgroups at 29.7%. The subgroup with the next highest smoking rate is White men at 24.5%.<sup>5</sup> Data for 2009 are not available for AI/AN women, but the 2008 NHIS reports that they smoke at rate of 22.4%. Smoking prevalence for white women, who have the next highest smoking rate, is 18.3%.<sup>6</sup>

According to the National Center for Health Statistics, 18.2% of American Indian women smoked during their pregnancy, compared to 13.8% of white women.<sup>7</sup> This disparity has been growing over time. Since 1978, the prevalence of cigarette smoking in women of reproductive age (18 to 44 years old) has declined in every subgroup of the American population except among AI/AN women.<sup>8</sup> Tobacco use during pregnancy is one of the key preventable causes of adverse pregnancy outcomes.

### Smoking Among Native American Youth

In 2001, cigarette use among high school students in National Bureau of Indian Affairs (BIA) funded schools was 56.5%, almost double the smoking prevalence rate among all U.S. high school students (28.5%).<sup>9</sup> There was no significant difference between smoking rates among AI/AN boys and girls. Almost one-quarter (24.4%) of students at BIA-funded schools reported frequent cigarette use (having smoked  $\geq 20$  of the 30 days preceding the survey),<sup>10</sup> compared to 13.8% of all U.S. high school students.<sup>11</sup> BIA funds 185 schools located on 63 reservations in 23 states with approximately 8,500 high school students.<sup>12</sup>

### Native Americans and Other Tobacco Use

While good current data is not available, the most recent data from the National Health Interview Survey (NHIS, 1991) indicates that prevalence of smokeless tobacco use has been highest among AI/AN men and women, compared to other racial/ethnic subgroups: 5.4% of AI/AN

adults (8.1% of men and 2.5% of women) were current smokeless tobacco users, compared to 2.9% for the overall U.S. population (5.6% of men and 0.6% of women).<sup>13</sup>

According to aggregated data from the 1987 and 1991 NHIS, the prevalence of current pipe and cigar use has also been higher among AI/AN than among other racial/ethnic subgroups. However, the NHIS did not distinguish between ceremonial and addictive daily pipe smoking which may contribute to the higher prevalence rates among this group.<sup>14</sup>

Nationally, Native American youth living on reservations have the highest smokeless tobacco use than any other group. Again, these children seem to have early, frequent, and heavy use of chewing tobacco and snuff.<sup>15</sup> Approximately 1 in 5 AI/AN students in BIA funded schools are current users of smokeless tobacco,<sup>16</sup> compared to 1 in 12 students at all U.S. high schools.<sup>17</sup>

### Tobacco Use Health Consequences Among Native Americans

Cardiovascular disease is the leading cause of death among AI/ANs, and tobacco use is an important risk factor.<sup>18</sup> Cancer is the second leading cause of death for those age 45 and older and the third leading cause of death for all ages of AI/AN, and lung cancer is the leading cause of cancer death.<sup>19, 20</sup> American Indians/Alaska Natives experienced an increase in respiratory cancer death rates between 1990 and 1995, the only subgroup of the four major U.S. racial/ethnic subgroups to experience such an increase.<sup>21</sup> Northern Plains tribal members, who have the highest smoking prevalence among American Indians, also have the highest rates of lung cancer and heart disease.<sup>22</sup>

The 2007 annual report on the status of cancer in the U.S. found that there is wide variation in AI/AN cancer surveillance, and that regional and Tribe-specific data is needed to fully understand the disease burden among Indian Tribes. Regional and Tribal variations in cancer rates likely reflect geographic and Tribal variations in risk factors and screening. For example, among AI/AN, regional lung cancer rates mirrored regional smoking prevalence rates.

Recommendations for lowering the high rate of smoking-caused cancer included reducing tobacco use among this community by better tailoring tobacco cessation and treatment programs to the AI/AN community, increasing tobacco product prices, and increasing funding for Tribal tobacco control programs.<sup>23</sup>

*Campaign for Tobacco-Free Kids, September 8, 2010 / Meg Riordan*

### Additional Sources of Information

- The National Tribal Tobacco Prevention Network, at the Northwest Portland Area Indian Health Board, [http://www.nptnb.org/programs/national\\_tribal\\_tobacco\\_prevention\\_network/](http://www.nptnb.org/programs/national_tribal_tobacco_prevention_network/)
- National Indian Health Board, <http://www.nihb.org>, and its Area Health Boards
- National Tobacco Native C.I.R.C.L.E. Alcohol/Tobacco/Smoking/Cessation at Mayo Clinic, <http://mayoresearch.mayo.edu/mayor/research/cancercenter/smoketobacco.cfm>
- Indian Health Service, [http://www.ihs.gov/epi/index.cfm?module=epi\\_tobacco\\_main](http://www.ihs.gov/epi/index.cfm?module=epi_tobacco_main)
- Bureau of Indian Affairs, <http://www.oieahp.bia.edu/>
- Association of American Indian Physicians, <http://www.aaip.org/>

## CATARACTS

### What is a cataract?

A cataract is a clouding of the eye's lens, which blocks or changes the passage of light into the eye. The lens of the eye is located behind the pupil and the colored iris, and is normally transparent. The lens helps to focus images onto the retina - which transmits the images to the brain.

Your vision may become blurry or dim because the cataract stops light from properly passing through to your retina.

### How common are cataracts?

Cataracts are a leading cause of blindness among older adults in the United States. More than 20 million Americans age 40 and older have cataracts. More than half of all Americans have cataracts by the time they are 80 years old. Cataracts can also sometimes be found in young people or even newborn babies.

### Am I at risk for developing cataracts?

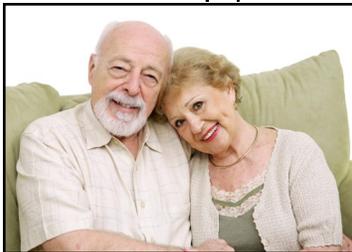
The exact cause of a cataract is unknown.

Most often, a cataract is part of getting older. As you age, you are at greater risk of developing a cataract. There are also several possible risk factors for cataracts, such as:

- \*Intense heat or long-term exposure to UV rays from the sun
- \*Certain diseases, such as diabetes
- \*Inflammation in the eye
- \*Hereditary influences
- \*Events before birth, such as German measles in the mother.
- \*Long-term steroid use
- \*Eye injuries
- \*Eye diseases
- \*Smoking

### What are the symptoms of a cataract?

Generally, a cataract does not cause pain, redness or tears. The following problems may indicate that you have a cataract:



\*You have blurred vision, double vision, ghost images, or the sense of a "film" over your eyes.

\*Lights seem too dim for reading or close-up work, or you are "dazzled" by strong light.

\*You change eyeglass prescriptions often and the change does not seem to help your vision. You may also be able to see the cataract in your eye. It may look like a milky or yellowish spot in your pupil.

### What treatments are available for cataracts?

The key to preventing vision loss is regular eye exams. If you are 65 or older, you should get a complete eye exam every one or two years, even if you have no problems seeing well. Be sure to ask your eye doctor for a dilated eye exam.

Source: Prevent Blindness

# ATTENTION VETERANS

**Are you homeless or at risk of becoming homeless? Do you need a clean, safe, alcohol and drug free, low cost, place to live?**



## *Veterans Assistance Foundation*

***Program Fees based on income, Health Care Assessments, Veterans Benefits Counseling, Meals provided and much more.***

**CALL .... 866-823-8387 or 608-372-1280**

Every year, 1 in 150 children is born with congenital CMV.

**Congenital CMV (cytomegalovirus)** causes deafness, blindness, cerebral palsy, mental and physical disabilities, seizures, and death.



**WHY IS CMV AWARENESS IMPORTANT?**

In the United States, about 50 to 60% of women are at risk for contracting CMV infection during pregnancy. In a recent survey of women in the United States, only 14% had heard of CMV, compared with 97% who had heard of Down Syndrome and 98% who had heard of HIV/AIDS. With CMV prevention measures rarely communicated to women, Stop CMV wants to increase the public profile of congenital CMV to save tens of thousands of babies each year from death and disability.

**ABOUT STOP CMV & THE CMV ACTION NETWORK**

The mission of Stop CMV and The CMV Action Network is to prevent and eliminate congenital CMV and to improve the lives of all people affected by congenital CMV.

Since 2003, Stop CMV has been working to foster awareness of congenital CMV through internet and public awareness campaigns. The CMV Action Network is comprised of families, friends, and medical professionals personally affected by CMV and committed to public education efforts to prevent future cases of the virus.

**HOW YOU CAN HELP**

There are many ways to make a difference, whether it be online or volunteering locally—there is always a way to participate in CMV awareness, outreach, and advocacy. Your service, caring and contribution can help change lives and prevent congenital CMV. Visit Stop CMV at [www.StopCMV.org](http://www.StopCMV.org) for more information about CMV and how you can get involved.

If you are pregnant or planning a pregnancy, learn how you can prevent congenital CMV:



- DO wash your hands after handling babies or small children.
- DON'T share food or drinks with babies or small children.
- DON'T kiss babies or small children on the mouth.

Learn the facts about CMV

- Most common virus transmitted from mother to unborn baby
- More common than Down Syndrome, Spina Bifida and Fetal Alcohol Syndrome
- Spread through saliva, urine, tears, blood, mucus, and other bodily fluids
- Found mostly in healthy babies, toddlers, and young children
- Poses a major risk to pregnant women, especially mothers, daycare workers, preschool teachers, therapists, and nurses

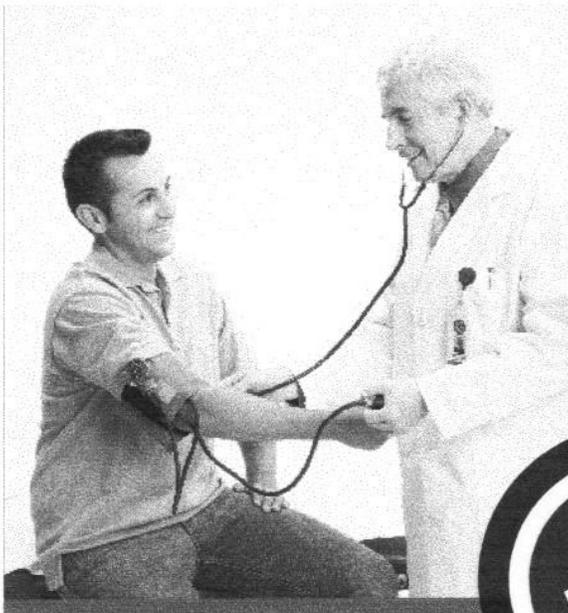
*Prevent birth defects. Stop CMV.*

For more information, visit Stop CMV at [www.StopCMV.org](http://www.StopCMV.org) or the Centers for Disease Control and Prevention (CDC) at [www.cdc.gov/cmV](http://www.cdc.gov/cmV).

AWARENESS. OUTREACH. ADVOCACY.  
STOP CMV AND THE CMV ACTION NETWORK INC.



**STOP CMV**  
The CMV Action Network



# MEN: Get It Checked.

Checkup and Screening  
Guidelines for Men



Checkups and Screenings	When?	Ages		
		20-39	40-49	50+
<b>Physical Exam</b> Review overall health status, perform a thorough physical exam, and discuss health related topics.	Every 3 years Every 2 years Every year	✓	✓	✓
<b>Blood Pressure</b> High blood pressure (hypertension) has no symptoms, but can cause permanent damage to body organs.	Every year	✓	✓	✓
<b>TB Skin Test</b> Should be done on occasion of exposure or suggestive symptoms at direction of physician. Some occupations may require more frequent testing for public health indications.	Every 5 years	✓	✓	✓
<b>Blood Tests &amp; Urinalysis</b> Screens for various illnesses and diseases (such as cholesterol, diabetes, kidney or thyroid dysfunction) before symptoms occur.	Every 3 years Every 2 years Every year	✓	✓	✓
<b>EKG</b> Electrocardiogram screens for heart abnormalities.	Baseline Every 2 years Every year	Age 30	✓	✓
<b>Tetanus Booster</b> Prevents lockjaw.	Every 10 years	✓	✓	✓
<b>Rectal Exam</b> Screens for hemorrhoids, lower rectal problems, colon and prostate cancer (see PSA Blood Test, below).	Every Year	✓	✓	✓
<b>PSA Blood Test</b> Prostate Specific Antigen (PSA) is produced by the prostate. Levels rise when there is an abnormality such as an infection, enlargement or cancer. Testing should be done in collaboration with your physician. <small>*Some medical associations recommend that men speak to their health care providers about a baseline PSA blood test at age 40. Men at high risk, including African Americans, should consider an annual prostate exam beginning at age 40.</small>	Every Year		*	✓
<b>Hemoccult</b> Screens the stool for microscopic amounts of blood that can be the first indication of polyps or colon cancer.	Every Year		✓	✓
<b>Colorectal Health</b> A flexible scope examines the rectum, sigmoid and descending colon for cancer at its earliest and treatable stages. It also detects polyps, which are benign growths that can progress to cancer if not found early.	Every 3-4 Years			✓
<b>Chest X-Ray</b> Should be considered in smokers over the age of 45. The usefulness of this test on a yearly basis is debatable due to poor cure rates of lung cancer.	Discuss with a physician		✓	✓
<b>Bone Health</b> Bone mineral density test. Testing is best done under the supervision of your physician.	Discuss with a physician		Age 60	
<b>Self Exams</b> Testicle: To find lumps in their earliest stages. Skin: To look for signs of changing moles, freckles, or early skin cancer. Oral: To look for signs of cancerous lesions in the mouth. Breast: To find abnormal lumps in their earliest stages.	Monthly by self	✓	✓	✓
<b>Testosterone Screening</b> Low testosterone symptoms include low sex drive, erectile dysfunction, fatigue and depression. Initial screening for symptoms with a questionnaire followed by a simple blood test.	Discuss with a physician		✓	✓
<b>Sexually Transmitted Diseases (STDs)</b> Sexually active adults who consider themselves at risk for STDs should be screened for syphilis, chlamydia, HIV, and other STDs.	Under physician supervision	✓	✓	✓

Men's Health Network does not provide medical services but provides this maintenance schedule as a reminder of your need to take responsibility for safeguarding your health. Regular checkups and age-appropriate screenings CAN improve your health and reduce premature death and disability. You should consult your health care provider to determine if these screenings are right for you and about the benefits of earlier screenings, especially if you are a member of a high risk group or have a family history of disease. For more information about men's health, contact: Men's Health Network: 202-543-MHN-1, [www.menshealthnetwork.org](http://www.menshealthnetwork.org)



## How to Tell if You Have Prediabetes

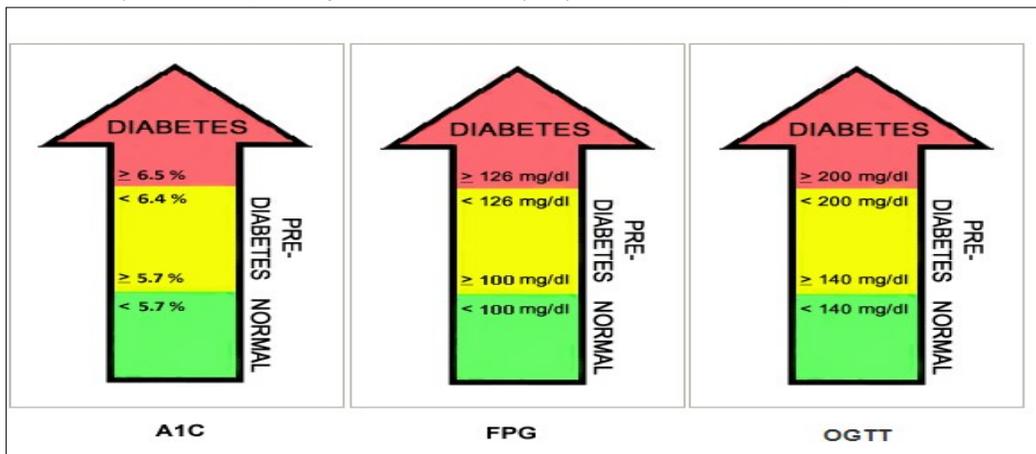
While diabetes and prediabetes occur in people of all ages and races, some groups have a higher risk for developing the disease than others. Diabetes is more common in African Americans, Latinos, Native Americans, and Asian Americans/Pacific Islanders, as well as the aged population. This means they are also at increased risk for developing prediabetes.

There are three different tests your doctor can use to determine whether you have prediabetes:

- The A1C test
- The fasting plasma glucose test (FPG)
- or the oral glucose tolerance test (OGTT).

The blood glucose levels measured after these tests determine whether you have a normal metabolism, or whether you have prediabetes or diabetes.

If your blood glucose level is abnormal following the FPG, you have impaired fasting glucose (IFG); if your blood glucose level is abnormal following the OGTT, you have impaired glucose tolerance (IGT). Both are also known as prediabetes.



### Mind & Body: Staying Fit at Work

Putting in a full day at the office may be sapping you of your strength. As more Americans move behind a desk for work it means more people are coming down with back and neck pain.

Sitting down too long can also lead to poor circulation. "I probably spend about eight hours, seven hours just sitting at the computer, because I bring my lunch so I don't even get up," says Kathryn Clark. "It's crazy my back just feels like someone punched me," she says. "It's like all hunched over."

Being office-bound doesn't have to mean being stagnant. Heather Sines is a fitness instructor at the Wellness Center of Cape Coral. "I'd say 95% of my clients sit behind a desk all day," says Sines.

"Some things you can do are simple chair exercises. Just standing up and sitting down slowly and doing that about 10-12 times just to get your heart rate going a little bit." This gets you and your blood moving. Another tip: "You can lift your legs up and squeeze your quads," she says. "Then push, point and flex your foot."

A lot of people hold stress in their neck and shoulders. "some good shoulder rolls are nice, breathing in, squeezing your shoulder blades together and then retracting down." Just throw in some standing leg raises for a mini all-around workout.

Being at a desk job shouldn't cost you your health. A few simple movements can keep both your body and mind active.

*Article from MSNBC*

Red Cliff Community Health Center  
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Bayfield, WI 54814

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Fax: 715-779-3777

**We're on the web!**  
**[www.red-cliff-health.com](http://www.red-cliff-health.com)**



**CLINIC HOURS**

**CLINIC**  
**715-779-3707**  
**Monday - Friday**  
**8:00 am to 4:30 pm**

**PHARMACY**  
**715-779-3752**  
**Monday - Friday**  
**9:00 am to 12:00 pm**  
**&**  
**1:00 pm to 4:00 pm**

**OPTICAL**  
**715-779-3707**  
**Mondays**  
**And**  
**Wednesdays**  
**1:00 pm to 4:00 pm**

**DENTAL**  
**715-779-3707**  
**Monday - Friday**  
**Call for an**  
**appointment**