

“Let’s Connect”

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Trainings for July-September:

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Clearfield – 21
Elk – 9
Erie – 7
Forest – 2
Jefferson – 4
McKean – 2
Potter – 1
Warren – 21
Venango – 1
Home Study—159

Communication: Who's Listening?

Guest Speaker
David Hingsburger



November 30, 2016
9:30am - 3:30pm

Raymond M. Blasco, M. D. Memorial Library,
160 E Front St, Erie, PA
Hirt Auditorium

Effective communication with people with disabilities begins with an evaluation of attitude, power and prejudice. This session will have the participants examine the role that power plays in their interactions with those with disabilities and will give each an opportunity to practice new ways of understanding, listening and relating to people with intellectual disabilities.

Dave Hingsburger works providing direct service to people with intellectual disabilities. He is Director of Clinical and Educational Services for Vita Community Living Services. Dave also works in private practice as a consultant for schools, parents and agencies in a variety of areas regarding service provision to people with intellectual disabilities, focusing primarily on problematic sexual behaviour, understanding problem behaviour and abuse prevention. Dave has published over 30 books, and countless articles in magazines, newspapers and journals.

Mark your calendars and save the date!
Flier and registration form will be sent out soon.

**Brought to you by Milestone HCQU Northwest and In
conjunction with Erie County Department of Human Services**

October is Breast Cancer Awareness Month

Other than skin cancer, breast cancer is the most common cancer among women in the United States. Breast cancer is a group of diseases that affects breast tissue. Both women and men can get breast cancer, though it is much more common in women. Some women are at higher risk for breast cancer than others because of their personal or family medical history or because of certain changes in their genes.

Getting mammograms regularly can lower the risk of dying from breast cancer. The United States Preventive Services Task Force recommends that average-risk women who are 50 to 74 years old should have a screening mammogram every two years. Average-risk women who are 40 to 49 years old should talk to their doctor about when to start and how often to get a screening mammogram.

Different people have different symptoms of breast cancer.

Some people do not have any signs or symptoms at all. A person may find out they have breast cancer after a routine mammogram.

Some warning signs of breast cancer are:

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.
- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

Keep in mind that these symptoms can happen with other conditions that are not cancer.

If you have any signs or symptoms that worry you, be sure to see your doctor right away.

[mammogram.\(http://www.cdc.gov/cancer/breast/basic_info/mammograms.htm\)](http://www.cdc.gov/cancer/breast/basic_info/mammograms.htm)



**If you have any signs or
symptoms that worry you,
be sure to see your doctor
right away.**


**milestone
HCQU Northwest**

**Roseland Building
247 Hospital Drive
Warren, PA 16365
Phone (814) 728-9400**



How to Maintain Oral Health with Aging

- Drink fluoridated water and use fluoride toothpaste; fluoride provides protection against dental decay at all ages.
- Practice good oral hygiene. Careful tooth brushing and flossing to reduce dental plaque can help prevent periodontal disease.
- It is important to see your dentist on a regular basis, even if you have no natural teeth and have dentures. Professional care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions.
- Avoid tobacco. In addition to the general health risks posed by tobacco use, smokers have seven times the risk of developing periodontal disease compared to non-smokers. Tobacco used in any form—cigarettes, cigars, pipes, and smokeless (spit) tobacco—increases the risk for periodontal disease, oral and throat cancers, and oral fungal infection (candidiasis). Spit tobacco containing sugar also increases the risk of cavities.
- Limit alcohol. Drinking a high amount of alcoholic beverages is a risk factor for oral and throat cancers. Alcohol and tobacco used together are the primary risk factors for these cancers.
- Make sure that you or your loved one gets dental care prior to having cancer chemotherapy or radiation to the head or neck. These therapies can damage or destroy oral tissues and can result in severe irritation of the oral tissues and mouth ulcers, loss of salivary function, rampant tooth decay, and destruction of bone.
- Caregivers should reinforce the daily oral hygiene routines of persons who are unable to perform these activities independently.
- Sudden changes in taste and smell should not be considered signs of aging, but should be a sign to seek professional care.



If medications produce a dry mouth, ask your doctor if there are other drugs that can be substituted. If dry mouth cannot be avoided, drink plenty of water, chew gum, and avoid tobacco and alcohol.

http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adult_older.htm

When you encourage others, you in the process are encouraged because you're making a commitment and difference in that person's life.

Encouragement really does make a difference.

Zig Ziglar

Most people associate the idea of hospice care with terminal illness when someone has six months or less to live and prefers comfort care in lieu of more aggressive treatment designed to bring about a cure. Hospice does, however, offer palliative (comfort) care for persons dealing with a serious illness and who also desire what is considered aggressive or curative treatment.



Palliative care is designed to assist in improving a person's quality of life during a chronic or even progressive illness and does not affect the already prescribed treatments that the person is receiving. It can be provided to the patient regardless of location (hospital, nursing facility, group home, the person's own home) and can continue even if the patient is moving from one setting to another. It is also user-friendly, i.e., the patient decides what options available from Hospice that he or she desires to have.

One of the prime features of palliative care is that it can focus on alleviating unpleasant symptoms such as pain, shortness of breath, nausea or other gastrointestinal symptoms, anxiety, or depression while someone is battling an illness. Hospice palliative care will work in coordination with the person's current healthcare providers and can also refer family and loved ones to community resources if the need exists.

I can say from personal experience that our local Hospice organization was wonderful to work with when my dad was suffering from prostate cancer. They were kind, compassionate, and supportive, and made a huge difference to him and to me. If you think that Hospice Palliative Care might be appropriate for you or for a loved one, please contact your local Hospice chapter.

Timothy A. Juliano, RN



What *She* Said

By Amy Tobolski

I recently came across something from a conference I attended many years ago that I thought might be helpful to share. It is a letter written by a mother of a young man with disabilities to his service providers. It is an important reminder of what it can be like for the parents of the people we support. Although her son was obviously school-aged at the time of this letter, the ideas this mother expressed cross age barriers to supporters of adults as well.

Dear _____,

I am writing to you as one of the myriad professionals involved in M.'s life - at this time. First of all, thank you for your expertise, time and valuable input. All in all, when I include Teachers, Therapists, Doctors, Wrap Around Services, Bus, Government Agencies, School District Officials; there are about 50 of you. Keeping communications clear, accurate and current is a challenge. It is my task to keep the appropriate people informed, delegate responsibilities, coordinate people, tasks and services, arrange and attend appointments and meetings, make final decisions when conflicting information comes in, arrange funding, replace you when you leave, prep you when you come new on the scene, research laws when they are not being upheld, see that they are implemented when they are not, and keep abreast of the latest medical / therapeutic discoveries as they are presented. Your responsibilities vary from direct close involvement to indirect occasional involvement.

In business terms, I am the CEO, you are the managers, and M. is the product. These past months, our product has had difficulties. As CEO, I am ultimately responsible for the well-being of the whole organization. I am dependent on your input and our teamwork. Since all 50 of us are not likely to get together, communication is essential.

I would be grateful for the following from you in order to help my business of raising a happy, healthy, well-adjusted, productive boy:

- 1. Please let me know of any small changes you make in M.'s life - what may be small to you can be huge to M., and effects not only our family, but all the other "managers" who work with M.*
- 2. Please give me occasional updates. These can be given in short notes or a message on my phone machine.*
- 3. Don't just let me know what isn't going well. Let me know what is going well and works. Aside from being less distressing, it could be of great help to the rest of us - and our approach to M.*
- 4. When I request a task and you accept - please do it or communicate to me why it is taking so long.*
- 5. Please call me back the first time, without repeated requests from me.*
- 6. Please include me in all big decisions or changes you make in M.'s life. While some of you are more involved than others, none of you have the full picture. Most of the traumatic periods in my children's lives were preceded by decisions and changes made without me. Please don't do this to the rest of us, yourselves, and especially M.*

Although I try to relate what is relevant to each of you involved, I am sometimes remiss. Please forgive me, call me anytime, and keep in mind that I am CEO for two - M. and M. - plus I am self-employed; consulting as a movement therapist in a doctor's office and two schools.

These past five months, I have spent 15-20 hours a week minimum with one or another of you as CEO for M. With your help, I could cut these hours down to 1/10 of this and do what I want to do most, am able to do best and is ultimately the most nourishing for our product - be a mom.

Thank you.

Pumpkin Crunch

Ingredients

1 (15 ounce) can pumpkin puree
1 (12 fluid ounce) can evaporated milk
4 eggs
1 1/2 cups white sugar
2 teaspoons pumpkin pie spice
1 teaspoon salt
1 (18.25 ounce) package yellow cake mix
1 cup chopped pecans or walnuts
1 cup margarine, melted
1 (8 ounce) container frozen whipped topping,
thawed

Directions

Preheat oven to 350 degrees F (175 degrees C).
Lightly grease one 9x13 inch baking pan.
In a large bowl, combine pumpkin, evaporated
milk, eggs, sugar, pumpkin pie spice, and salt. Mix
well, and spread into the prepared pan.
Sprinkle cake mix over the top of the pumpkin
mixture. Sprinkle chopped pecans evenly over the
cake mix, then drizzle with melted margarine.
Bake for 60 to 80 minutes, or until done. Top
with whipped topping when ready to serve.



A THANKSGIVING DINNER

by Maude M. Grant

Take a turkey, stuff it fat,
Some of this and some of that.
Get some turnips, peel them well.
Cook a big squash in its shell.
Now potatoes, big and white,
Mash till they are soft and light.
Cranberries, so tart and sweet,
With the turkey we must eat.
Pickles-yes-and then, oh my!
For a dessert a pumpkin pie,
Golden brown and spicy sweet.
What a fine Thanksgiving treat!



Cranberries make great decorations!

How many holiday crafts can you think
of to make from cranberries?

Garland	Wild bird feeders
Swags	Floating candles
Wreaths	Candle wraps
Centerpieces	Topiaries
Ornaments	Napkin holders

Cranberry Salad

Ingredients

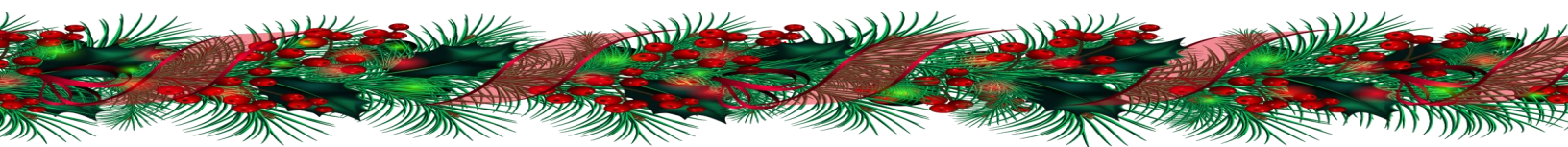
1 cup hot water
1 pkg. black cherry Jello
1 sm. Can crushed pineapple
1 can whole cranberry sauce
1/2 cup chopped celery
1/2 cup chopped pecans or walnuts

Directions

Mix Jello with 1 cup hot water. Add other in-
gredients. Pour into a mold or decorative glass
bowl.

Options

If you like lots of crunch, you can double the
nuts and omit the celery or visa versa.



Letter from the Director

Summer flew by (as usual) and a highlight for me was attending the Everyday Lives conference in Hershey in September. It was great to be there with approximately 1605 attendees and many choices of speakers in all of the breakout sessions. There were more topics to choose from than I will write about here, but the overall thought was to get everyone together again and focus our efforts to allow everyone to lead an everyday life (thus the title of the conference). I heard some awesome stories, met people from all areas, and re-focused my thoughts and actions around others instead of trying to get through the day and home to more challenges there. I am already thinking of attending the next conference in January of 2018, and encourage you to do the same thing.

The HCQU hosted several speakers of the month at the Israel Building on the Warren State Hospital grounds, most recently featuring Bob Winters from the department of Homeland Security talking about Active Shooters, and the Jennifer MaCioce and Lynn King presenting on Gaming / Gambling addictions. If you have topics for next year please send them to us; we are starting the series again in April.

Darryl



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