There are plenty of healthy reasons to stay physically active. Exercise can help you manage your weight, strengthen your heart and reduce your stress level. It can also help you control your blood pressure. In fact, being physically active is one of the best things you can do to prevent or control high blood pressure. A DANGEROUS CONDITION More than 75 million Americans have blood pressure that is too high. As you get older, your risk for developing high blood pressure increases—75 percent of all people older than 60 have higher-than-ideal blood pressure rates.

High blood pressure is potentially dangerous. It can increase your risk of having a heart attack or stroke. It can also lead to kidney damage, vision problems, lung damage, memory loss and other unwanted health conditions. It's important to have your blood pressure checked when you visit your doctor. Many people don't know they have high blood pressure because the disease has few symptoms—especially in its early stages.

GET MOVING It doesn't take a lot of activity to lower your blood pressure. If you get 30 minutes of moderate-level physical activity most days of the week, you may see your blood pressure begin to drop within a month. If you're busy, you can divide that 30 minutes of exercise into shorter periods of at least 10 minutes each. For instance, you can use the stairs instead of an elevator, get off the bus one or two stops early, or park your vehicle at the far end of the parking lot. Other types of moderate-level activity include:

- Shooting hoops.
- Gardening.
- Shoveling snow.
- Walking briskly.
- Riding a bike.
- Swimming.
- Jogging.

Have your blood pressure checked at no charge every Wednesday from 2 to 3 p.m. in the TCGH cafeteria.

Sources: American College of Sports Medicine; National Heart, Lung, and Blood Institute; American Heart Association; U.S. Department of Agriculture; Centers for Disease Control and Prevention.
Prediabetes: What to do and why you shouldn’t ignore it

Meteorologists can often warn us of impending bad weather. Doctors can often do the same with our health—warning us when we’re at risk for a serious disease.

An example: a condition called prediabetes.

If you’ve been diagnosed with prediabetes, it means you have a blood glucose (sugar) level that is creeping up. Your level isn’t high enough yet to be called type 2 diabetes, but it is abnormally high. The condition is basically a warning that screams, “Pay attention! Danger ahead!” That’s because your risk of developing full-blown diabetes is increased with prediabetes. And once you have diabetes, it never goes away.

But here’s the good news: If you act now, you can slow this trip toward diabetes. You may even be able to stop it altogether.

**Taking a safer route**

According to the American Diabetes Association (ADA), you can cut your risk of developing type 2 diabetes by 58 percent if you:

- Lose just 7 percent of your body weight, or about 15 pounds if you weigh 210 pounds.
- Exercise moderately—taking a brisk walk, for example—30 minutes a day, five days a week.
- These may require turning off the TV, prioritizing schedules to make time for exercise, and eating and shopping in a new way. A healthy diet is one that cuts back on calories and fat and emphasizes low-fat or nonfat dairy products, whole grains, lean meats, dried beans, fish and lots of fruits and vegetables. By taking positive steps now to control prediabetes, you can put yourself on the path to better health—a path that just might lead to a life without diabetes.

To learn more about prediabetes, visit the ADA website at [www.diabetes.org](http://www.diabetes.org). Search for “prediabetes.”

**Medical Screenings**

**What does Medicare cover?**

When it comes to protecting your health, one of the best things you can do is to get medical screening tests. These tests can find health problems early—before symptoms develop—and give you a head start on potentially lifesaving treatments and lifestyle changes.

What’s more, Medicare covers many of the most essential screening tests, making it easy to safeguard your health. These include screenings for:

- **Breast cancer.** All women over 40 with Medicare are eligible for yearly screening mammograms. These x-rays can find cancerous tumors in a woman’s breast when they’re still too tiny to be felt and when treatment is most likely to be effective. Medicare also covers one baseline mammogram for women between 35 and 39.

- **Cholesterol.** Anyone with Medicare is eligible for a cholesterol check every five years. High levels of this blood fat raise your risk for heart disease and stroke. If your cholesterol is high, lifestyle changes and—if necessary—medicine prescribed by your doctor can bring it down to a safe level.

- **Colon cancer.** Screening tests can help find precancerous polyps—or growths in the colon—that can be removed before they turn into cancer. There is no minimum age for a screening colonoscopy, which Medicare covers once every 10 years for people at average risk. Even if you were screened before you had Medicare, it’s important to keep being checked.

- **Cervical cancer.** Screening tests can help find precancerous changes so that they can be treated before cancer develops.

- **Prostate cancer.** Medicare covers a Pap test and pelvic exam once every 24 months for all women at average risk of cervical cancer. Women at high risk for cervical cancer are eligible for these screening tests every year. The Pap test in particular can help doctors find precancerous changes so that they can be treated before cancer develops.

**Beware of health scams**

Could this be a scam?

That’s something to ask yourself before seriously considering a sales pitch for any product that promises a quick or painless cure for a serious health problem. It might be an ad claiming that an arthritis drug will make pain disappear like magic or a supplement will melt away pounds without dieting.

Keep this advice from the National Institute on Aging in mind:

- **Be wary.** If it sounds too good to be true, it probably is. At best, the product is very likely worthless and might divert you from proven treatments. At worst, it could be dangerous.

- **Protect yourself.** Check with your doctor before you buy any product that seems to promise too much.

- Also, be suspicious of any ad that:
  - Describes a product made from a special, secret or ancient formula.
  - Guarantees an easy fix.
  - Features testimonials from supposedly satisfied patients.
  - Claims to be a cure for a wide range of ailments.
  - Promises a no-risk, money-back guarantee.
  - Offers an additional free gift or a larger amount of the product as a special promotion.
  - Requires advance payment and claims there is a limited supply of the product.
Urgent medical needs? We’re ready to help in a hurry

From minor mishaps to fevers and sore throats, almost every family has pressing medical needs. Though they may not be emergencies, they need attention now. And they can happen when your doctor’s office is closed.

Fortunately, there’s an answer. It’s called urgent care. And it just might save you a lot of time and money.

Urgent care centers are set up to handle a wide range of minor problems. They include:
- Minor allergic reactions.
- Some burns and broken bones.
- Earaches.
- Cuts that might need stitches.
- Animal bites...

Walk right in Most centers are open weekends and evenings. You usually don’t need an appointment. Plus, you may not have to change. They include:
- Fevers, coughs and sore throats.
- Earaches.
- Strains and sprains.
- Cuts that might need stitches.
- Some burns and broken bones.
- Animal bites...
- Minor allergic reactions.

Is it an emergency? Of course, when you have a true emergency, you need to be seen in the emergency department right away. Here are some signs of medical emergencies:
- Chest pain or pressure.
- Bleeding that doesn’t stop.
- Trouble breathing or shortness of breath.
- Passing out.
- Coughing or vomiting blood.
- Sudden or severe pain.
- Sudden vision changes.

Your medical home: A new way of getting care

Here’s a term you may hear more often in the coming months: medical home.

A medical home isn’t a building. It isn’t even an actual place.

A medical home is more like a neighborhood of people who are your health care team. In the center of this figurative town is you. A few streets over, perhaps, is your hospital, your orthopedist or your diabetes educator. Nearby is the surgeon who repaired your broken arm.

And right next door to you is your primary care physician, the sort of block captain of your health care.

The medical home is a new concept in health care that’s being tested in demonstration projects around the country. Progress is being tracked. What works will be enhanced, and what doesn’t will be changed as needed to meet the mission.

And that is...

“This is a new way to improve health care and lessen costs,” says J. Fred Ralston Jr., MD, past president of the American College of Physicians. “And to re-establish the importance of the primary care provider.”

How a medical home works In a medical home, your primary care provider (PCP) coordinates whatever care you need.

If that involves a specialist, your PCP’s office staff will find the right one for you. That specialist then becomes part of your medical home, treating you in partnership with your provider.

If you need emergency care at night, the hospital in your medical home neighborhood will have access to your electronic medical records. The next morning, your provider’s office will contact you to arrange any follow-up care.

“That might include setting up an appointment with your PCP or calling in a prescription,” Dr. Ralston says.

The goal is to provide seamless and efficient health care at a reduced cost, he adds. And a big part of what makes that possible is information technology, such as electronic medical records and shared databases.

Key features of a medical home The medical home is one answer to rapidly changing health care concerns. As more challenges arise, Dr. Ralston expects that medical homes, too, will evolve.

But some of the key features aren’t likely to change. They include:
- A personal patient care coordinator who works with your PCP. “This person is an added resource for you, not a replacement for your doctor,” says Dr. Ralston.
- A phone number or secure email address to contact a member of your medical home around-the-clock.
- Expanded hours for seeing your provider.
- Flexible scheduling, with same-day appointments.
- A patient advisory committee and regular patient satisfaction surveys.

So far, the word from trial projects of medical homes across the country is positive, Dr. Ralston says. Patients are happier, he notes. And with less pressure to see a certain number of patients every day, medical professionals are happier.

To learn more about medical homes, visit www.pcpcc.net and click on “Consumers & Patients” at the top of the page.


Coming soon to Tillamook

Health care will change rapidly over the next several years, as new ways of providing services are introduced that are designed to improve quality while reducing costs.

The leadership team and board of Tillamook County General Hospital (TCGH) and Tillamook Medical Group have been planning how these changes can best benefit Tillamook County residents.

You’ll hear more about the medical home concept (see the article at left) as this more-coordinated approach to your medical care becomes better defined.

All of your medical information will be available electronically to your provider, whether you are being seen at one of our clinics or at the hospital.

Our new clinic building in Tillamook is scheduled to open in 2013 and will include an urgent care clinic with expanded hours. Lab and x-ray services will also be housed in the new building, giving you the convenience of having all your primary health care services in one location.

Although you will see changes in health care, be assured that our board, physicians and staff remain committed to the mission of patient-centered care that provides you with the best possible physical, mental and spiritual healing.

That’s why you’ll see us investing in and improving health care services for people in Tillamook County.
MENOPAUSE

Take charge of your health

Menopause has long been referred to as "the change of life." For most women, it is just one of life's many ongoing changes. The average age at which women go through menopause is 51. The body slows production of estrogen and progesterone, two female hormones, and reproductive ability comes to an end.

Menopause is a completely natural part of aging, not a disease or a condition that needs to be managed or treated. However, the lowered levels of hormones associated with menopause may lead to bothersome symptoms and increased health risks.

Educating yourself about menopause may help prepare you for the possible symptoms. Visiting your doctor to discuss your reproductive and overall health can set the stage for you to be healthier during the menopausal transition.

Common symptoms Each woman experiences the transition to menopause differently, but certain symptoms affect nearly all women sooner or later. The first thing most women notice as menopause approaches is a change in their periods, which may be shorter or longer, lighter or heavier. (You officially reach menopause when you have gone one year without having a period.)

Other common menopause symptoms include:

- Hot flashes and night sweats.
- Vaginal dryness.
- Sleep disturbances.

There are many ways to ease these symptoms. Talk to your doctor to find out what is right for you.

Health risks Once women reach menopause, risk increases for osteoporosis and heart disease.

To help reduce your risk for these problems, discuss your health history with your doctor and make sure you are getting all recommended screening tests. Your doctor should also regularly check your blood pressure, cholesterol levels and bone density.

Certain lifestyle changes recommended by the National Institute on Aging (NIA) can help strengthen your general health after menopause. For example:

- Don't smoke. If you do, quit.
- Eat a healthy diet low in fat, high in fiber, and with lots of fruits and vegetables.
- Get enough calcium and vitamin D.
- Watch your weight, and get plenty of exercise.

For more information about menopause, go to www.nia.nih.gov and search for "menopause."

LAPAROSCOPIC SURGERY

An option for gynecological conditions

Maybe you have a fibroid in your uterus that needs to come out or severe endometriosis that is best treated with a hysterectomy. If you're facing a gynecologic procedure such as these, ask your doctor if laparoscopic surgery is an option.

Among its benefits, this type of surgery is less invasive, less painful and usually requires less recovery time than traditional surgeries, notes the American College of Obstetricians and Gynecologists. Here's how it works:

Laparoscopy allows doctors to do surgery without making large cuts. A small incision in the belly button is made so the doctor can insert a laparoscope—a thin, lighted tube with an attached camera. The camera sends images to a screen so the doctor can see inside the body while performing surgery. A gas (such as carbon dioxide) is used to fill and inflate the abdominal cavity to make the internal organs more visible.

Other small incisions might be needed for instruments the doctor is using. These incisions are usually no longer than half an inch. That means you heal more quickly and have less scarring.

Multiple uses Laparoscopy can be used for many gynecological conditions and procedures. Among them:

- Endometriosis—a condition in which tissue similar to the type that lines the uterus starts growing outside of the uterus. This abnormal growth can cause problems such as fatigue, pain and infertility.
- The only way to know for sure you have endometriosis is for a doctor to examine the inside of your pelvis. Laparoscopy is one way to do this. It can also be used to treat endometriosis. The abnormal tissue is removed with a laser or through the use of heat or other methods.
- Ovarian cysts—fluid-filled sacs in or on the ovaries. They can be found with a physical exam and ultrasound. If the cysts are painful, getting larger or not going away on their own, you may need surgery. Laparoscopy may be an option for removing small cysts.
- Fibroids—muscular tumors that can grow in the uterine wall. They are almost never cancerous, but they can grow quite large and cause pain and other problems. Laparoscopy can help your doctor confirm if you have fibroids. And if your fibroids are causing symptoms, laparoscopy is one option to remove the tumors.
- Hysterectomy—surgery to remove the uterus. It may be used to treat cancer, fibroids, endometriosis and other conditions.
- A hysterectomy may be done laparoscopically. In that case, the uterus is removed in small pieces through the incisions. Other times, the uterus is removed through the vagina, but the doctor uses a laparoscope to guide the surgery.

Ready for recovery

You may be back on your feet in short order after laparoscopic surgery, but you still need to take some precautions, according to the American College of Obstetricians and Gynecologists.

Most of the time, you’ll go home the same day as your surgery. But plan to have someone else do the driving. Soreness and discomfort are normal, especially around the incisions. Some pain in your shoulder or back is also normal. This is from the gas used during the surgery. It should go away within a few days.

Let your doctor know if your pain and nausea don’t get better or if they get worse after a few days.

And ask how soon you can get back to your normal activities.
Pap tests: The why and when

The Pap test takes less than a minute, and it could save your life. So if you’re a woman, get that test on schedule—don’t put it off.

The Pap test takes a sample of cells from the cervix to look for any abnormal changes. Sometimes, abnormal cells can lead to cancer. The Pap test helps find those changes early, which may help to prevent cancer in some cases.

In other cases, cancer found at an early stage is easier to treat.

All women should have Pap tests starting at age 21. After that:

- Women younger than 30 should have a Pap test every two years.
- Women 30 and older should have a Pap test every two years. However, after three normal Pap tests in a row, these women could opt to have the test every three years instead. (Women with certain risk factors may need to continue having tests every two years. Talk to your doctor to see what’s best in your situation.)
- Women older than age 65 may be able to stop having Pap tests. But, as always, talk to your doctor to get the OK before you stop.

Sources: American College of Obstetricians and Gynecologists; U.S. Department of Health and Human Services

Don’t suffer in silence

If you’re one of the millions of Americans with a bladder control problem, you know the challenges it creates. Worries about urine leaking may make you reluctant to leave home, socialize and do things you enjoy. And that can—shall we say—dampen your enthusiasm for life.

It doesn’t have to, though. With help, urinary incontinence (UI) can be managed.

An overview There are several types of UI. Stress incontinence is the most common and occurs when there’s pressure on the bladder. This may be a result of coughing, sneezing or physical activity.

Urge incontinence causes a strong, sudden need to urinate. It’s sometimes called overactive bladder.

Overflow incontinence occurs when the bladder doesn’t completely empty and urine dribbles out.

Functional incontinence refers to trouble reaching a toilet in time due to problems such as immobility or dementia.

Mixed incontinence is a combination of two or more types.

Why it happens Incontinence can affect anyone. But it’s more common as people age. In adults, incontinence is also much more prevalent in women than men.

Changes caused by pregnancy and childbirth are one reason for women’s higher rates. Labor and vaginal delivery, for example, can weaken muscles and damage nerves that control bladder function.

Women are also more vulnerable to incontinence because loss of estrogen after menopause may weaken tissues that normally prevent urine from leaking.

In addition, other things—such as having diabetes, being overweight and taking certain medications—can lead to UI.

Get help Incontinence isn’t easy to talk about, but you shouldn’t be embarrassed to mention it to your doctor. It’s a medical condition with many effective treatments, reports the American Urological Association Foundation.

Your doctor is likely to ask you questions about your bladder habits and when and how you leak urine. He or she may also perform a physical exam and order one or more tests.

The type of UI you have will help determine its treatment. Some treatments are fairly simple, such as losing weight to relieve pressure on your bladder or limiting your fluid intake. Other options include:

- **Kegel exercises.** These help strengthen the muscles that stop urine flow. Your doctor or a physical therapist can teach you how to do them.
- **Bladder retraining.** By going to the bathroom on a schedule, you can learn to lengthen the time between trips as you gain control.
- **Medication.** Certain medicines reduce urine production and enable the bladder to empty better. Others tighten muscles that help stop leakage or block abnormal nerve signals to the bladder.
- **Medical devices.** A pessary can be inserted into a woman’s vagina to reposition the urethra—the tube that carries urine from the body—and reduce leakage.
- **Nerve stimulation.** Electrical impulses can be used to stimulate nerves that control the bladder.

If these treatments don’t help, surgery may be considered. Often the right treatment provides a cure. But even when it doesn’t, your doctor can help you take control of your bladder problem and feel more confident.

Women younger than 30 should have a Pap test every two years.

Women 30 and older should have a Pap test every two years. However, after three normal Pap tests in a row, these women could opt to have the test every three years instead. (Women with certain risk factors may need to continue having tests every two years. Talk to your doctor to see what’s best in your situation.)

Women older than age 65 may be able to stop having Pap tests. But, as always, talk to your doctor to get the OK before you stop.

Sources: American College of Obstetricians and Gynecologists; U.S. Department of Health and Human Services
Celebrating 80 years of community service

For our volunteers, getting involved at Tillamook County General Hospital (TCGH) is a way to put their time and talent to work and serve their community. It’s also an enjoyable, fulfilling activity and the hospital and its staff can become almost a second home and family.

Here are the stories of three of our longtime volunteers, who have combined for 80 years of service to the hospital and its people.

Elizabeth “Liz” Heinz

For Liz, volunteering is something she has always done.

After moving to Tillamook with her family in 1981, Liz passed by the TCGH booth at the Tillamook County Fair, where friendly volunteers invited her to join them. She immediately accepted and has served at the hospital for 31 years, logging more than 15,200 hours. In 1983, she also became a member of the hospital’s Civic Advisory Board. The hospital became her second family.

After more than three decades, Liz is still enthusiastic about volunteering and recommends it to anyone who enjoys meeting people and making new friends.

“I always get back so much more than I give,” she says. “Volunteering is a wonderful way to meet people.”

Virginia Darby

A registered nurse who worked for Rex Parsons, MD, across the street from TCGH, Virginia was no stranger to the hospital.

Each time she visited the hospital gift shop, Virginia would be greeted by volunteer Liz Heinz, who would remind her, “When you retire, there is a place for you here.”

And Ruth Huster, another volunteer in the administration office, would always say, “We have a place for you.”

Virginia took them up on their invitation when she retired and decided that volunteering was a good way to continue working in health care.

For the last 23 years, she has spent her Fridays working in the TCGH gift shop and has logged more than 11,960 hours as a volunteer.

“I enjoy the people and the atmosphere,” she says. “It is very congenial, and I always feel appreciated.”

Irene Haggblom

A member of the local Art Association, Irene became acquainted with TCGH’s volunteers when she displayed some of her paintings in the hospital’s first-floor hallway.

The association donates 10 percent of the proceeds from artwork sold at the hospital to the gift shop.

She had met Liz Heinz, another volunteer, while playing bridge. Irene’s husband passed away in May 1986, and later that year, Liz told her, “I think it is time for you to start volunteering.” By December, Irene was volunteering at the hospital and soon became a regular on the Wednesday day shift.

During the last 26 years, Irene has put in more than 7,120 hours and enjoys her work with the hospital staff and the camaraderie of her fellow volunteers.

Estate planning: What it is, why you need it

Many of us spend nearly all of our lives working, saving and accumulating—yet we may spend hardly any time planning what should happen to those hard-earned assets after we die.

Estate planning is important, however. And it’s not just for the rich. It’s for everybody.

The purpose of estate planning is to determine what will happen to your important and valuable assets—bank accounts, retirement funds, proceeds from insurance policies, homes, belongings—after your death and, in some cases, even during your life.

According to AARP, every adult—regardless of income—needs an estate plan that includes at least these four documents:

- A will to let you name who will care for any minor children, manage your estate and get your belongings after you die.
- An durable power of attorney to name trusted people to make financial or legal decisions for you while you’re alive if you can’t make them yourself.
- Advance directives to indicate the types of care you do and don’t want if you become sick or terminally ill. You can also appoint someone you trust to make medical decisions for you if you are unable to do so.
- A letter of instructions, which can include any important information loved ones will need after your death, such as burial wishes or the location of bank accounts.

Depending on your family and financial circumstances, you may need other documents too, such as those creating a trust.

You can prepare estate documents yourself, but the help and advice of an attorney experienced in estate planning is invaluable. In many cases, it’s a relatively small fee to have the documents prepared by an attorney. And, as AARP notes, once estate planning is done, it’s done, except for periodic updates if circumstances change.

TCGH launches mobile-friendly website

Following the debut of our redesigned website last year, Tillamook County General Hospital (TCGH) has launched a companion mobile website.

The new mobile website can be reached on any smartphone or tablet by scanning the QR code at right, or accessed directly by going to www.TCGH.com.

The site provides immediate access to emergency and urgent care information—including maps and telephone numbers—and the latest health care news.

“We’re excited to have this mobile site rolled out,” says Melody Ayers, the hospital’s director of development & marketing. “This service is one more way to make it easier for both residents and visitors to have our most important phone numbers and directions to services right at their fingertips.”

The mobile site is linked with the health library services provided by Krames Staywell on the hospital’s main website, which includes access to the latest health information, daily podcasts and health assessment tools.

To access the health library, go to www.TCGH.com and click “Health Library” on the blue navigation bar.

Volunteering: Feeling good by doing good

Whether it’s bringing a smile to someone who is sick or running an errand for a busy staff member, our volunteers make such a difference in how Tillamook County General Hospital (TCGH) runs each day. In addition to their time, they give support, encouragement and compassion.

But our volunteers quickly find out that volunteering isn’t just about giving. They often tell us how much they get out of their experience.

“Volunteering here has been so rewarding,” says hospital volunteer Doris Bundy. “Each time I volunteer, I come away feeling like I made someone’s life a little better.”

We want you to become a volunteer too. Volunteering at TCGH is a great chance to interact with our community, to add variety to your life, and to use your skills and interests to help others. Almost anyone can volunteer—after all, there are many tasks that need doing.

Whether you can give minutes or hours of your time, we’re happy for your help.

Take the next step. At TCGH, put your interests into action and help others at the same time.

To learn more about how you can get involved, call 503-815-2364 or go to www.TCGH.com and click on “Volunteer.”
DON’T MISS
THESE COMMUNITY EVENTS

For more information or to register, call 503-815-2313 or toll-free from North Tillamook County at 503-368-6544, ext. 2313, unless otherwise noted.

Better Health
Living Better with Diabetes
Tuesdays and Thursdays,
■ June 19 to 28,
1:30 to 4 p.m.
TCGH Conference Room
Referral by a health care provider is required. To schedule a one-hour nutrition counseling session before class, call 503-815-2292. Most health insurance plans are accepted. For information, call 503-815-2443.

Relief from Joint Pain
Thursday, May 17,
4:30 to 6 p.m.
TCGH Conference Room A
No charge.
If you are considering joint replacement or other treatments, this seminar can help you learn about relieving joint pain. Presented by Ronald Teed, MD, and Danielle Nightshade, PT. To RSVP call 503-815-2270.

Prenatal Care and Women’s Health
Childbirth Preparation Class
■ Wednesdays, May 16 to June 6,
July 11 to 25,
7 to 9 p.m.
TCGH Conference Room
$40 for mom and a support person.

Look Good...Feel Better
Wednesday, June 20,
2 to 4 p.m.; also by individual appointment
No charge.
Beauty supplies and support for women undergoing cancer treatment. Registration required.

Women’s Cancer Survivor Support Group
First Wednesday of each month
10:30 a.m. to noon
312 Laurel Ave., Tillamook
For more information, call 503-842-4508.

Respite Care
WellSpring Adult Respite Care
■ Second and fourth Tuesdays of each month, Tillamook United Methodist Church
■ First and third Wednesdays of each month, Tillamook SDA Church
First and third Thursdays of each month, Covenant Community Church, Manzanita
Second and fourth Thursdays of each month, Beaver Community Church
10 a.m. to 4 p.m.

$30 per day; financial assistance is available. Call Faith in Action at 503-815-2272.

Support Groups
Alzheimer’s and Caregiver Support Group
Third Wednesday of each month,
10:30 a.m. to noon
Tillamook SDA Church
For more information, call 503-815-2270. For respite care, call 503-815-2272.

CHIP Supper Club
Second Monday of each month
5:45 to 8 p.m.
Tillamook SDA Church, lower level in back To RSVP, call 503-815-2270.

Mammography Spa Day
Enjoy a complimentary chair massage and refreshments along with your mammogram. For an appointment, call 503-815-2292.

Ways to Live Healthier with Arthritis: Luncheon and Presentation
Noon to 2 p.m.
TCGH third-floor conference room
No charge.
A representative of the Arthritis Foundation will speak. To RSVP call 503-815-2313.

‘Help, My Kid Has a Fever!’
8:30 a.m., 6:30 p.m.
TCGH conference room A
Especially for parents; children welcome.

Wellness Screenings
Blood Pressure
Wednesdays, 2 to 3 p.m.
TCGH cafeteria
No charge.

Wellness Screenings
Arthritis: Luncheon
Thursday, June 7
3 to 4:30 p.m.
Manzanita Arthritis Foundation
A representative of the Arthritis Foundation will speak. To RSVP call 503-815-2270.

Community Events
Tillamook County Relay for Life
Saturday and Sunday, July 7 and 8
Tillamook County Fairgrounds
■ Opening ceremony, 10:15 a.m. Saturday
■ Luminaria ceremony, dusk Saturday
■ Closing ceremony: 10 a.m. Sunday
For more information, go to www.relayforlife.org/tillamookor call Robin at 503-803-2971.

Rolling Out the Red Carpet for our community
Wednesday, May 9
To commemorate National Hospital Week and Community Health Day, Tillamook County General Hospital invites you to a wellness visit.

Wellness Screenings and Information
7 to 10 a.m.
TCGH Lobby
$10 (a $20 value) includes screening for total cholesterol, HDL, LDL, triglycerides and blood sugar plus a free blood pressure measurement. You must fast for 12 hours prior to the screening. Appointments are recommended. Call 503-815-2313.

Relay Open House
2 to 3 p.m.
TCGH first floor

Diabetes and All That Jazz
Second Tuesday of each month
1:30 to 3:30 p.m.
TCGH third-floor conference room
For more information, call 503-815-2443.

Grief Support Group
Tillamook
First and third Tuesdays of each month
3 to 4:30 p.m.
TCGH third-floor conference room
North County First and third Thursdays of each month
3 to 4:30 p.m.
Calvary Bible Church, Manzanita

Mammography Spa Day
Enjoy a complimentary chair massage and refreshments along with your mammogram. For an appointment, call 503-815-2292.

‘Help, My Kid Has a Fever!’
8:30 a.m., 6:30 p.m.
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Especially for parents; children welcome.

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Arthritis: Luncheon
Thursday, June 7
3 to 4:30 p.m.
Manzanita Arthritis Foundation
A representative of the Arthritis Foundation will speak. To RSVP call 503-815-2270.

Community Events
Tillamook County Relay for Life
Saturday and Sunday, July 7 and 8
Tillamook County Fairgrounds
■ Opening ceremony, 10:15 a.m. Saturday
■ Luminaria ceremony, dusk Saturday
■ Closing ceremony: 10 a.m. Sunday
For more information, go to www.relayforlife.org/tillamookor call Robin at 503-803-2971.

Join a Support Group
You didn’t expect this. You’ve just received a life-changing diagnosis—or even a life-threatening one.

More than ever before, you will rely on your doctor for guidance and medical care. But there is another resource that could also help you tremendously. This resource—a support group—can help you adjust to your diagnosis and the future you now face.

Support groups bring together people with the same disease or condition. They put you in touch with people who may have already overcome challenges that you are only beginning to confront.

Because they have been there, people in your group can tell you about the real-life outcomes of their treatment choices. They can also give you practical advice about how to cope with your illness and its possible complications. Their insights can be invaluable.

Just how valuable are support groups? According to the Agency for Healthcare Research and Quality, studies show that compared to those who try to manage on their own, people who turn to support groups:

■ Experience less depression.
■ Are less anxious.
■ Have a better quality of life.
■ Have more success coping with their illness.

To learn about the support groups available at Tillamook County General Hospital, check our calendar listings above.
Del's Story

Delbert "Del" Dials is a spry and friendly 80-year-old who has lived in Tillamook County since 1959, when he moved here to work at the mill in Garibaldi.

He started working in cleanup and 17 years later became the mill superintendent. He enjoyed a leadership career with Louisiana-Pacific until he retired in 1985.

Good health is important to Del. He quit smoking in 1980, after his father died from lung disease. He watches what he eats. And unless it's very bad weather, he walks the 1.2-mile round-trip to the library from his house each day. With his focus on staying well, Del is grateful the 43-mile round-trip to the library from his house from work. As it turned out, Del needed to go back to the hospital that evening, where his surgical wound was cared for and the dressings reapplied.

Del was then set up with appointments at the hospital’s Outpatient Therapy Services (OTS), where Laura Fournier, RN, a certified wound care nurse, provided specialized care over the next several weeks. Del was able to stay in the comfort of his own home while receiving the professional services of the OTS clinical team.

With his driving days mostly behind him, Del discovered that with Dial-a-Ride and the Veterans’ Services van, he could easily get to his medical appointments.

"If you’re going to grow old and need health care, you can’t do it in a better place than Tillamook County," Del says. "Just about every health care service you need is accessible and convenient. I tell all my friends that you can’t go wrong here."