



Spanky and Our Gang

Can a little push on
the tush actually
be a form of
parental abuse?

from slapping the child in the face to pushing him, grabbing him by the throat or beating him in any number of ways."

Williams says he believes parents should think proactively in terms of their preparedness to discipline children if an issue comes up. "Parents need to be taught not to strike their children when they are angry, and that's often when parents actually strike their children," Williams continues.

Hitting "sends the wrong message to children, which is neither corrective or involves a parent consciously trying to teach a child a different way to behave. Rather than learn a lesson, children will draw a correlation between the punishment and aggression." Essentially, he said, you teach your children it is OK to be violent, especially when dealing with somebody else who is weaker.

Dr. David M. Reiss, a psychiatrist based in Rancho Santa Fe, Calif., says there are two ways to evaluate the spanking issue: It can either fall under the column of a well-intended means of discipline or something spontaneous that can escalate into abuse. Reiss says he believes not every person will experience long-term trauma as a result of spanking, but it still may not be the most effective way to discipline a child.

plines a child.

"Even if we are not really dealing with abuse, spanking is not necessarily the most effective way to discipline a child, especially if it is not intended to cause pain or be sadistic," says Reiss. "However, if you want your child to learn a lesson, the objective is to teach your child to differentiate between right and wrong, have a conscience and stay safe."

"When you physically discipline a child, what you may end up teaching him is how to be afraid of authority rather than to focus on the behavior that needs to be changed. If a behavior changes, it changes out of fear or anger, or not to get caught, as opposed to permanently changing behavior."

Although Reiss observes that spanking is still socially acceptable in some parts of the United States and within certain cultures, he acknowledges the questions of spanking as child abuse has caused further blurring of the line between appropriate discipline and child abuse.

On the plus side, the publicity has encouraged parents and doctors to have an open discussion, but the issue is so politicized that some people can end up missing the point.

There is also the matter of personal bias based on a parent's own experience with spanking when he or she was a child. "Many people say, 'I was spanked as a child and it did not hurt me,'" Reiss says. "That may be true for some people as they grew up normal, and no long-

term harm was done. However, I still recommend people try different forms of discipline not involving physical contact "and stick to what works."

He continues: "If the punishment can make a child think — by such actions as withholding something they want, being stern, or removing privileges — those kinds of punishments are more likely to result in a change of behavior."

"Children can respond to the lesson in an appropriate way and learn the correct behavior rather than be afraid or respond back in anger."

Jane Bluestein, author of *The Parent's Little Book of Lists: Do's and Don'ts of Effective Parenting and Parents, Teens and Boundaries: How to Draw the Line*, says the extra small step of setting boundaries of right and wrong with your children can make a big difference, not only in the way a parent approaches affirmative discipline, but also the ability of a child to learn the required lesson and change the behavior.

"Being able to anticipate what kids will need, or what they will be tempted to do or ask for is one of the 20 skills" in her book, she says. "There are many ways to redirect what could become negative behavior, hold kids accountable for their commitments, and focus on positive outcomes of cooperative behaviors that would ultimately make hitting unnecessary."

"Good boundaries and, better yet, good follow-through, is a great way to help kids connect their choices to the outcomes of their behaviors."

Rather than react through a verbal or physical hit, she advises parents be a role model for their child — and they should think before they act and react. •

HEALTH

ELYSE GLICKMAN | THE FEATURE

BABY HOMIERS and generation X-ers may recall spanking as part of their upbringing. In many cases, it was highly unpleasant, but recognized as a definitive means of reinforcing correct behaviors.

However, as time went on, with more conscientious parenting techniques and discussions gaining attention (especially with shows ranging from *Don't Ask to Oprah* to *Dr. Phil*), the line between a mild push on the tush and full-on child abuse has blurred beyond recognition in many areas and schools of thought.

According to one recent study covered in *Pediatrics* magazine, epidemiologist Tracie Atkin of the Department of Community Health Sciences at the University of Manitoba, Canada, concluded that children who are spanked, hit or pushed as a means of discipline may be at an increased risk of mental problems in adulthood, ranging from mood and anxiety disorders to drug and alcohol abuse.

In this country many physicians have weighed in on the consequences of spanking as well as alternative and healthier ways to instill in a child a clear message about correct behavior without the potential psycholog-

ical side effects. While opinions on the right ways to discipline vary between experts as well as parents, there is a growing consensus that spanking may produce a desired result (a change of behavior) in the short term, but may have a negative outcome when looking at the bigger picture.

Philadelphia-based Chuck Williams, a clinical professor in the School of Education at Drexel University, appointed by Mayor Michael Nutter to serve on the oversight board for the Department of Human Services, goes beyond endorsing less physical and more conversational forms of discipline. He speaks from the perspective of somebody who experienced physical parental abuse as a child.

"As a community, we are all responsible for protecting our children from abuse and neglect, including within their family units," explains Williams. "Though I want to be clear that not all spanking is abuse, there is a line that is too easy to cross. When many parents discipline their children physically, they do it at the wrong time."

He goes on to say that "parents, at a given moment, may feel embarrassed or flustered, and strike out because of their own immediate frustration. They need a release, which may be intended to correct a child, but instead can be anything

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HEALTH

ELYSE GLICKMAN | JE FEATURE

ROBIN ROBERTS and Katie Couric have made headlines by literally working through their struggles with cancers (breast cancer for Roberts; her husband's death by colorectal for Couric) publicly and reporting on course of treatments.

Fran Drescher has further endeared herself to Jews and everybody else around the world with her *Cancer Schmancer* book after her bout with uterine cancer.

While these celebrities and others, including Sheryl Crow, Christina Applegate, Melissa Etheridge, Tom Green, Scott Hamilton and Cynthia Nixon, have used their public figure status to raise awareness and funds for different cancers, there is also much to be said about public figures who succumbed to cancers in which fewer patients have survived: Yul Brenner and Dana Reeve (wife of Christopher Reeve) leave behind a legacy that has both touched and enlightened the public.

But, ultimately, can a celebrity sell better health practices and more frequent doctor visits as well as they can endorse a Nespresso machine or a clothing line? And are there some celebrities who present the argument and their cause better than others?

Doctors who have become public figures in their own right for their insights and medical advances have mixed opinions about how effectively a famous name can prompt a thoughtful response from their fans and the general public.

Dr. Robert Somer, co-director of the Genitourinary Cancer Center at Cooper University Hospital, notes that when it comes to men's cancers, celebrities have been instrumental in taking the fear out of seeking treatment and going on with life once the disease has been treated. He cites comedian Tom Green and praises him for making the courageous move to videotape the process of his testicular cancer treatment back in the 1990s. And before he resigned as chairman and board member of the Livestrong Foun-

Would You Buy a Treatment From This CELEBRITY?

Whether stars advocating for cancer treatments make a difference is debatable

dation, a cancer patient support group, Lance Armstrong was cited by Somer as well.

Dr. Generosa Grana, director of Cooper Cancer Institute, head of the Division of Hematology/Medical Oncology, and director of the Cancer Genetics Program at Cooper, meanwhile, cautions that celebrity cancer survivor testimonials can work both ways.

They can help if their discourse focuses on treatments and courses of action that are accessible to most people with insurance. Others who swear by some forms of alternative medicines or experimental treatments not tested by the mainstream medical establishment may unintentionally lead patients astray.

She sites some high-profile examples in both instances.

"With breast cancer, one celebrity who really made an impact was actress Christina Applegate," says Grana. "When she had breast cancer and then had a bilateral mastectomy, and she took the time to learn more



▲ Robin Roberts (left) and Katie Couric have brought breast and colorectal cancer to the public eye.



about her family history, it made many of her followers realize they, too, may have a family history they need to take more seriously.

"I do think people seeing somebody in the media who is as proactive with family history exploration as Applegate is helpful to the public."

On the other hand, she cites Suzanne Sommers as an example of a celebrity who has taken a non-orthodox path, espousing bioidentical hormones for treatment, as "not a good example. While the course of action may have worked for her, this is not an ideal or tested path for the general population."

There are other cancers, such as lung cancer, that are so difficult to treat because of the

way its symptoms surface, that testimonials of celebrity patients and their families may be a "too-little-too-late." While lung cancer for many patients is hypothetically preventable (by not smoking, or quitting, for example), some people may simply ignore the warnings.

Dr. Frank Bowen, director of the Lung Cancer Center at Cooper, explains: "The thing about lung cancer is that it is the black sheep of the cancer family. Everybody looks at it as if it is a smoking-related issue."

"However, there is that 20 percent of patients who get lung cancer who are not smokers, and we don't know why. There is no good screening for it. With regards to public service announcements like Yul Brenner's

posthumous testimonial against smoking or Peter Jennings's experience, people know smoking is bad, but they do it anyway.

"There is not much of an impact, because nobody wants to go out and say they have lung cancer through smoking because it is a frowned-upon habit."

Bowen adds that patients often will not stop smoking until they get a serious health scare, or their smoking becomes so socially unacceptable for them that they will stop. The majority of his patients have a smoking history, but by the time they come in to see him, it is often too late. He also suggests that instead of celebrity no-smoking ads, a better solution may be to make cigarettes so expensive people won't smoke.

On the other hand, Bowen admires the awareness efforts of former NFL star Chris Draft, whose wife died of lung cancer. Draft, who noted his wife, Keasha, was not a smoker, found out about the cancer when it was in Stage 4 and had no symptoms beforehand. The loss galvanized him to launch the foundation Team Draft, which is intended to create greater awareness for the importance of finding new ways to detect lung cancer earlier.

Even with the iron-clad commitment of Draft, Bowen says individuals have to be their own best advocate for making the best health-related decisions, especially in situations like lung cancer. ●

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ELYSE GLICKMAN
Jewish Exponent Feature

If you were to describe the American mindset with the name of a television show, what would it be?

Given the current economy, many probably would call it *Survivor*; others competing in today's job market or for a spot at a quality university may consider it *The Amazing Race* or *Fear Factor*.

However, based on the findings of Young-Hoon Kim, a postdoctoral research fellow in the University of Pennsylvania's psychology department, he would probably recommend *Curb Your Enthusiasm*.

Kim's research suggests there is such a thing as too much of a good thing when it comes to being optimistic and confident. Encouraging overconfidence can lead to disappointment if a situation does not pan out, he argues.

As Kim sees it, the United States is in the midst of a self-esteem/grade-inflation boom — borne out by his newly released study comparing student self-assessment with performance here and in China.

The study, published by the American Psychological Association, is based on self-assessments administered to 295 U.S. college students and 2,780 Hong Kong high school students. Kim discovered that students with unrealistic self-perceptions performed worse in school, had lower motivation and experienced more depression than those who accurately assessed their academic performance.

"In America, we try to give positive performance feedback even if children are not qualified," hoping they "might be motivated to work harder," Kim explains, noting that his results were consistent with his own observations between American and Asian cultures.

"In Asia, you get negative per-

THE TRUTH?



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too much praise
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formance feedback, even if you did well."

If you see your life as a smooth road to achieving your dreams, you're left completely defenseless once your delusions wear off, says Kim. On the other hand, he reasons, people who are realistic about their abilities can mentally prepare themselves for the occasional rough patch.

Though well-intentioned parents and teachers may be indulging children, teens and young adults with praise, it can have negative repercussions. For example, allowing them to move on to the next grade even if they are not academically ready can be a recipe for long-term disaster, he says. According to Kim, that notion also holds true for adults in the workplace.

The truth is that intelligent people deep down want to know the truth and learn from it rather than live a lie, he says.

If your supervisor or boss is full of nothing but good news, "I recommend seeking out a peer or classmate who will shoot straight with you," he says.

Jeff Gordon — Los Angeles-based founder of InterActive99 (a national online marketing agency) and an education-related blog, www.IWantAnEducation.com — was new to Kim and his studies, but found he was in agreement with many of his arguments.

Gordon has done some research of his own, reinforcing many of the findings of Kim's studies, such as that children need to know what they have to fix in order to find more lasting success.

He notes that his research originated with information from the National Center for Educational Statistics, and findings from an article on *Reading, Writing and Narcissism*, one of many published pieces by Lillian G. Katz, a former president of the National Association for the Education of Young Children.

The fact that our children are not able to accept constructive criticism has become an increasingly problematic situation in the United States, says Gordon.

The feel-good classroom environment trend, where educators celebrate everybody's differences rather than challenging individual students to confront their weaknesses, has been particularly disturbing, he adds.

"The crux of our country was based on innovation and daring. If the people who became our nation's great inventors and industrialists hadn't been pushed during their grade-school days, they would not have emerged as builders" of this country.

Donna Flagg's *Surviving Dreaded Conversations: How to Talk Through Any Difficult Situation at Work* is winning attention for its premise that the truth is the biggest gift you can give someone.

While the book was originally written for managers to provide them with tools to initiate and carry out difficult, face-to-face conversations in the workplace, Flagg points out that her information can also be beneficial to teachers and parents who want to reach overly confident students.

"I have been accused of being brutally honest, but I can tell you that I have also had people come back years later and thank me for it," affirms Flagg. ♦

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Can Pancreatic Cancer Be Stopped?

Area doctors research the disease that took the life of Steve Jobs

ELYSE GLICKMAN
Jewish Exponent Feature

The death of Steve Jobs from pancreatic cancer two months ago resonates as a story of American triumph overcome by tragedy.

During the same month that Jobs died, Ralph Steinman, 2011 Nobel Prize Laureate for Medi-

cine, passed away from the same disease just days before the Nobel Foundation announced his win for the discovery of the dendritic cell and its role in adaptive immunity.

A frighteningly high 90 percent of patients reportedly die within the first year of diagnosis of pancreatic cancer, but the high-profile deaths of these two men underscore the urgency of finding treatments and cures.

Though many recent attempts to curb and cure the disease have not staved off the fourth deadliest

form of cancer in the United States, several physicians and institutions in Philadelphia are endeavoring to change this.

"The loss of these talented gentlemen is a reminder that there are still many cancers for which we don't have a cure," stresses Dr. Chi Van Dang, director of the pancreatic cancer "Dream Team" at the Abramson Cancer Center at the University of Pennsylvania and longtime member of the American Cancer Society's Stand Up to Cancer.

"With a number of expert sur-

geons and great research medical institutions in the Philadelphia area," the doctor adds, "the city is sparked by the desire to eradicate this deadly disease."

The Abramson Cancer Center is in the forefront of research for the way its physicians and researchers have taken a "superhero approach" — acting aggressively in educating patients — in the fight against this cancer. Van Dang notes that an approach to curbing the illness' reign of terror is to "starve" the lethal cancer cells to death by depriving them of a specific nutrient that they require for survival.

In most cancers, this nutrient "drug of choice" is glucose. Pancreatic cancer, however, thrives on "consuming" the amino acid glutamine, which helps build muscle mass and is used by some cells for energy.

When cancer metabolizes excess amounts of glutamine, it can lead to extreme weight loss by robbing other cells of this important nutrient, a condition from which many pancreatic cancer patients suffer.

The excess glutamine results in cancers resistant to standard forms of chemotherapy.

Van Dang notes that "Penn's researchers have identified that autophagy" — self-eating organisms — "trigger the onset of pancreatic cancer. We have launched a clinical trial to stop the self-eating with a drug that has been used against malaria.

"We have also put this toward tweaking the immune system to fight off pancreatic cancer."

Dr. Charlie Yeo, chair of surgery and pancreatic cancer expert affiliated with the Thomas Jefferson University and Hospital in Philadelphia, cautions that Jobs died of a variation of pancreatic cancer, and he did not have a classic textbook case or assume traditional treatment.

Although high-profile cases draw awareness to the issue, Yeo says that less-famous, long-term survivors who have lived years past their diagnoses can serve as beacons of successful treatment.

He cites the October issue of *National Geographic* as required reading for finding out more about the disease. "Four of the five deadliest cancers listed which received the most significant amount of funding and support showed a steady decline in

death rates over time. Not so for pancreatic, which has less funding and whose death rates had not declined," he says.

Yeo says that Ashkenazi Jews are at a slightly higher risk for the disease, especially in families with previous occurrences of breast and other forms of cancer.

Says Yeo, who was part of a team at Johns Hopkins to discover the DNA aspects of pancreatic cancer, "unlocking the genetic code to this cancer has not provided substantive benefit to patients" but it still provided useful information for future research.

Yeo asserts that there are several breakthroughs poised to emerge out of laboratories at Jefferson, under the leadership of Dr. Jonathan Brody, known in the field for developing novel therapeutic strategies to combat the cancer's chemical triggers.

Brody's use of molecular biology techniques includes gene knockout — making the gene associated with causing the disease inoperative, done in the test tube — and silencing assays — switching off a gene through cell manipulation — as well as development of a drug metabolism assay, detoxing through biochemical changes applied to drugs.

Researchers at Penn's Abramson Cancer Center and the Perelman School of Medicine are now making public the breakthroughs they've had with pancreatic cancer treatments that activate the immune system to destroy the cancer's protective "scaffolding," which allows it to spread and do damage.

Early test subjects include a small group of patients with advanced pancreatic cancer, several of whose tumors shrank substantially. The team believes their findings could lead to quicker, less expensive cancer drug development.

"Until this research, we thought the immune system needed to attack the cancer directly in order to be effective," explains senior study author Dr. Robert H. Vonderheide, associate professor of hematology and oncology.

"Now, we know that isn't necessarily so. Attacking the dense tissues surrounding the cancer and tumor tissue is another approach, similar to attacking a brick wall by dissolving the mortar in the wall." ♦

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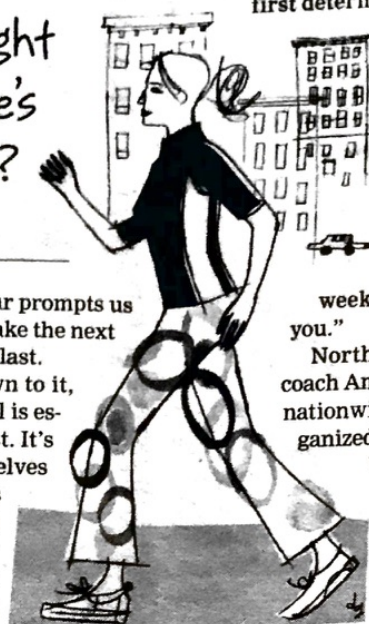


Illustration by Donna Grethen

The promise of a new year prompts us to clean the slate and make the next 365 days better than the last.

However, when you get down to it, the New Year resolutions ritual is essentially an enhanced to-do list. It's no wonder we disappoint ourselves when few or none of those things committed to paper don't get checked off.

On the other hand, if we look at resolutions for what they should be — promises we make to ourselves — we have to recognize that effort is required to get that job, lose those extra pounds or attract a mate.

If we expect the people we love to take the proper steps to fulfill a promise, this means we have to do that for ourselves as well.

"I am not a big fan of New Year's resolutions," affirms Dr. Robert Sterling, a psychologist at Thomas Jefferson University Hospital in Philadelphia.

"While the New Year is an obvious time to draw that line in the sand, I hate to think people are limiting their capacity to make positive changes to one day a year."

After all, he adds, "this desire to make a significant behavioral change should be available to somebody any time of year, whenever he or she is ready. We should look at every day as New Year's Day, because each day presents a new opportunity to take stock of one's life."

Though Sterling cites resolution-making efforts that date back to the Roman era, he makes it clear modern-day practitioners are better served taking their objectives one step at a time.

"It is much better to set realistic, meaningful goals so you experience some degree of success, and that success will build upon itself," Sterling advises.

"This is how real behavioral change occurs. Reversing bad habits and addictions is a process, not a switch you can just turn on and off."

"Making resolutions is a fall activity for many Jews during Rosh Hashanah and Yom Kippur," says Dr. David Hahn, psychiatrist at the Philadelphia-based Renfrew Center, which addresses different forms of eating disorders.

"With the arrival of the secular New Year, some Jews may want to use the opportunity to reflect on how they are doing with resolutions they made during the High Holidays and make whatever adjustments are needed."

Like Sterling, Hahn observes that keeping goals smaller will produce the greatest success: "A person making a resolution should first determine a manageable first step toward a goal that is health-driven. By keeping things simple, change will be more likely to stick."

"If you over-exercise," he says, "make a resolution to exercise two fewer days a week. If you under-exercise, make a resolution to walk with a trusted friend two or three days a week, as her presence will motivate you."

Northern California-based wellness coach Amy Wheeler (who coaches clients nationwide via Skype) offers a highly organized approach to resolution making.

Wheeler notes that while making a resolutions laundry list is a common practice, time is better spent with confining the number of resolutions to three that can be accomplished in a year.

Each resolution, when planned within her "Wellness Nexus" model, is a lifestyle change developed over the course of four months. The results will endure if a step-by-step approach is taken, she emphasizes.

Wheeler further explains that deciding what resolutions, or goals, to focus on are prioritized based on assessing one's values, core beliefs and health needs.

"Realizing a goal may require letting go of something that gives you comfort currently," says Wheeler. "The more you are willing to let go of, the bigger the change that is possible."

However, the most important element of resolution-building is realizing there needs to be "juice" within those goals, she says. In other words, those goals need to stir up feelings of passion to bring about change.

Once a person has ranked his goals, she continues, he starts with the one resolution that will make a difference in many areas simultaneously. For example, if a person resolves to make a career change, he would make a list of steps needed to achieve this, ranging from updating a resume to joining a job networking club or attending computer classes that may increase employability.

If the goal is to get fit, it never hurts to get an assist from an outside expert (or two or three), notes Wheeler, who says she believes people cannot do everything on their own. Companies like Paleta (www.paleta.com) and LIFE (Live In Fitness Enterprises; www.liveinfitness.com) have gotten national press for their interactive methods of translating health goals into learned habits.

"Achieving several goals with one strategy is the key to sticking with the goals" set, Wheeler affirms: Don't just promise yourself something and wait for things to magically change, she advises.

Just do it! ♦

SEEING SPOTS

Before Your Eyes?

ELYSE GLICKMAN
Jewish Exponent Feature

Among the various childhood rites of passages, many of us will recall a bout of measles as one of them. From a kid's perspective way back when, it did have a plus side — staying home from school, eating chicken soup and watching cartoons.

But the illness is no trivial matter.

Recent reports have shown a resurgence nationally of measles, a highly contagious virus usually identifiable by red spots/rashes appearing on a victim's body, and generally associated with young children. Dr. Kristen Feemster, an assistant professor at the University of Pennsylvania Perelman School of Medicine's Division of Infectious Diseases, considers the resurgence to be in part due to families refusing to have their kids vaccinated.

"If you really want to prevent the spread of measles in the community, you are going to have to convince the public to get vaccinated," she says.

"Nationally, our rates of vaccination are quite high. However, there are smaller communities where individuals have not vaccinated their children. When this happens, it does not take much for measles to re-establish itself."

What makes the comeback of measles all the more ironic is that it is entirely preventable, thanks to one of the most effective vaccinations around. Several local doctors concur with Feemster, pointing to the refusal

A resurgence of measles? But there is much that can be done about it

of some parents to immunize their children as contributing to the problem.

Their message to the public: Just do it!

If some parents have concerns about the cure being worse than the illness, those fears have been eradicated through science, according to Dr. Paul A. Offit, chief of the Division of Infectious Diseases and the director of the Vaccine Education Center at the Children's Hospital of Philadelphia.

"Though it is perfectly reasonable for parents to have the question of whether or not the vaccine triggers autism or other illnesses and disabilities, the research has been done and the question unequivocally answered: No, the measles vaccine does not cause autism," states the doctor.

Through the end of April this year, there have been 33 cases reported. Though statistically, this number is a little bit behind where we were this time last year, it could theoretically rise as the year progresses and possibly be worse than last year, says Offit.

This in itself, he adds, should motivate parents to reconsider, especially with global travel being more commonplace.

"The source for" the surge "is Europe," Offit continues. "In 2011, the area the World Health Organization defines as the Eu-

ropean region had nearly 30,000 cases with 7,000 hospitalizations and nine deaths from measles.

Dr. Steven Shapiro, chairman, Department of Pediatrics at Abington Memorial Hospital, explains the necessity for vaccination through a theory called "the herd effect."

Theoretically, if you immunize 95 of 100 cows in the community, the five that are not immunized will not get sick because the other cows are immunized, he says. However, with society becoming increasingly global, and "herds" of children mixing when they go from school to soccer practice, camp, on an overseas family vacation or have a chance meeting with a family of tourists from abroad, that all can change.

That was the story behind one recent case from Bucks County, where a young boy who had moved to the area from India got sick and passed measles along to other children.

"In essence, measles may resurface in communities where there is an intense population that chooses not to immunize," says Shapiro. "We had a major outbreak in Philadelphia recently at the Faith Tabernacle Church in the Northeast; as religious fundamentalists, they refused to immunize."

Like Offit, Shapiro has also observed that in the United States, there will be years in which relatively few cases are found while in others the numbers increase exponentially.

If you do not immunize your child on time, and he or she does contract the illness, the one reassuring thing, he notes, is that with proper care and rest, the illness is self-limiting to cold-like symptoms and some very uncomfortable rashes, although there are exceptions that can cause complications, such as when the child has additional immunity-based health issues. ♦

Mothers' Daze

To be a working mom
or a stay-at-homer?
That is the question

ELYSE GLICKMAN
Jewish Exponent Feature

Just in time for Mother's Day comes a revived battle of choices for women dealing with circumstances that can dictate their own physical and emotional health: The oft-discussed "War on Women" has brought back the old "working mom" vs. "stay at home" controversy and which is healthier for families overall.

Democratic strategist Hilary Rosen was fired up about, and later, fired at for her recent comments about Ann Romney, wife of Republican presidential candidate Mitt Romney, being out of touch with middle- and lower-income mothers because of her wealth and access to services most cannot afford.

Ann Romney and conservative pundits fired back, arguing that a mother's job is a full-time job no matter what your economic status is.

On many levels, both sides are correct. However, this conclusion leads to the realization that like politics, a mother's fight for equality and respect is actually a local one, as close to home as her own household.

"This is sort of a chicken-and-egg quandary, really," says Mitchell Mortimer, executive director of the International Mothers Hall of Fame, a Texas non-profit founded in 1967 by Douglas Stroud to honor his own mother.

The group recently instituted a list of Mothers of the Year, which includes both Ann Romney and First Lady Michelle



Illustration by Donna Grethen

Obama among others, famous and otherwise.

"Motherhood is a tough gig no matter what clarifier you put in front of the term," he continues. "Whether or not a woman decides to go back to work or stay at home is dictated by finances and personal preference.

"However, whichever form of motherhood takes place, it doesn't change the core issue — being a mom is not a job. It is a life commitment."

"Media coverage only generates a war if you buy into it," insists Boston-based life coach Miriam J. Katz, who recently co-authored *The Other Baby Book* (www.theotherbabybook.com), and describes herself straddling both worlds as a "work-at-home mom."

"When I look around and talk to working and stay-at-home moms, all of them seem to understand they have different life situations. They are all very respectful of each other and their circumstances," she adds.

"Though there are individuals who make a big deal about their lifestyle choices being more correct than others, the dialogue we are hearing" apparently has more to do with the presidential election.

Casey Slide, editor of *Money-Crashers.com*'s Personal Finance Section, observes that the working vs. stay-at-home mom argument is more complex than what can be reported in a five-minute news segment.

Other factors that need to be taken into consideration: the

changes in society that led women to work, and decisions mothers need to make that their mothers may have not been faced with.

"To fully analyze the argument, it is best to understand the causes and impact this issue has had on society," Slide says. "I'm a stay-at-home mom, and I work significantly longer hours than I ever did working a 40-hour a week job."

Images of haggard and exhausted moms come to mind. "That said, not all stay-at-home moms have the same workload as I do, and some working moms may be single or have a special needs child who is extra demanding. Some stay-at-home moms have part-time jobs; others do not."

She adds that "the media can't give a definitive answer on who has it harder or who has it right, as every situation is unique."

"We need to stop thinking of this as a woman's issue and start thinking of it as a societal issue."

Slide says she is not sure about why some conservative lawmakers oppose legislation that guarantee women earn as much as men; she does believe — in contrast to Katz — there is a war on women.

Is it unhealthy for the nation? As Slide sees it, women are being hurt by conservatives and liberals alike, and for a wide variety of reasons.

"Not being a working mom myself, I don't know exactly what the working mom would want," she notes, pointing out she grew up in a stay-at-home mom household in the 1980s and found herself empathizing with Ann Romney's response to criticisms.

"What I do know from my friends who are working moms is that they would rather be stay-at-home moms. To add more pressure to women, society and the economy have progressed in such a way that it makes it difficult to survive on a single income."

Katz, who said mothers with Ann Romney's resources can be disconnected from the realities middle- and lower-income mothers face, finds that the fight for services like this is going to go on for a long time. "As a life coach, I recommend evaluating the things in your life that you feel are most important to you, and set the priorities from there." ♦

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A Real Crying Shame

Do tears in workplace work more against women than men?

ELYSE GLICKMAN
Jewish Exponent Feature

When a woman cries in public, even against her best intentions to remain cool under pressure, studies show that it unleashes negative stereotypes, even in 2011.

However, it's a different story when powerful men such as U.S. House Speaker John Boehner and broadcaster Glenn Beck happen to unleash the waterworks.

In fact, these incidents, plus well-publicized recent research conducted by Kim Elsbach, a professor of management at the University of California/Davis, published in *Forbes*, has tapped into a wellspring of interest on the subject of crying at work.

While prominent women like

Hillary Clinton and Nancy Pelosi often get criticized for their "unfeminine" emotional restraint, crying on the job is just shy of being a career killer in many professional settings.

As a generation of women ascends the success ladder, one part of the price involves going against their natural tendency to show emotion.

Ellen Pober Rittberg — parenting expert, attorney and author of *35 Things Your Teen Won't Tell You, So I Will* — had been put through her paces on the job, and has much to say on the subject.

Times may be changing, but some women need a little help in this area to train themselves not to cry, Pober Rittberg points out in her book.

She insists that keeping emotions in check in the workplace is the only way one can hold on to dignity, self-respect and the respect of others.

CONDITIONED NOT TO CRY

Elsbach's three-year study about crying in the workplace reinforces Pober Rittberg's advice. According to her research, women are much more likely to cry at work because of the way they are socialized as girls, while boys are conditioned not to cry.

Unfortunately, the nature and nurture that shape women, even with strong female role models, sends them to their adult career playing field with a clear disadvantage. And tears can be rewarded with harsh consequences.

Anne Kreamer sheds more insight on the subject in her book, *It's Always Personal: Emotion in the New Workplace*, which documents that 41 percent of women surveyed said they have cried at work, compared with just 9 percent of men.

All of those same women expressed the wish that they hadn't.

New York-based executive recruiter Patricia H. Lenkov acknowledges that the way young women are raised puts them at a disadvantage. She stresses the need to abide by the unwritten rules of business conduct: While they don't have to close down their emotions, women must understand that there are appro-

priate times and places to express them.

While it is healthy to cry at home, or go to the gym and get it all out, the expectation is that when you step through the door into the workplace, you are there to be a professional and keep it together, says Lenkov.

When you break down at work, you make people uncomfortable, and their perception of you being a leader and making good judgments is compromised; you cross a barrier that should not be crossed because people cannot deal with it from the other side. They are not trained to comfort you, as handling other people's crying is not part of most job descriptions.

It's not exactly a win-win for bosses, either. Philadelphia's John Eric Jacobsen, founder of Jacobsen Business Programs, Inc., cautions in his writings that "if you let an employee have their way or break normal company culture because they have cried, you're teaching them that tears are the road to your decision-making. You've taught them where you're weak and where your buttons are, and you can be sure they'll use the same tactic again for future manipulation."

Meanwhile, Lenkov points out, as do many books on the subject, that there are all sorts of anti-stress techniques that can be used to put the best face forward at work — the one without the tears. These include such common-sense measures as taking a short walk, closing the office door for a moment of privacy and asking the person on the other end of a conflict if the topic can be discussed later.

Sharon Melnick, a national expert on success under stress in the workplace, adds that the physiological reality is that a women's tendency to cry is an adaptive response that her body is set up to do in order to process emotions and move past them.

Men, on the other hand, have a low level of the hormone that sets women up to have that response.

Even with our bodies calling the shots, Melnick adds any person who wants to be a leader must be able to think clearly and decisively in situations, and not take things personally. ♦



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Thighs Matter

ELYSE GLICKMAN
Jewish Exponent Feature

Though fashion has periodically glorified the slender, delicate leg and adorned it with sky-high stiletto shoes and skinny jeans for women, the findings of one recent study in Denmark suggest that bigger may actually be better when it comes to body types that include thicker thighs.

And that goes for men, too.

The study, covered in last month's issue of the *Harvard Men's Health Watch*, also reveals that not all body fat is created equal.

The conventional wisdom that has existed for many years assumes that even if lower body fat is less dangerous than upper body fat, it is a problem that still needs to be dealt with.

However, the Danish study presented surprisingly reassuring news about ample thighs, raising the possibility that lower body fat may be associated with a lower risk for several common diseases.

To arrive at this conclusion, Danish scientists evaluated 2,816 men and women, ages 35 to 65, who were free of heart disease, stroke and cancer when they joined the study in the late '80s.

THICKER RATHER THAN LEANER MAY WARD OFF HEART PROBLEMS, SAYS A NEW STUDY OF LEG CONTOURS.

Each participant provided a detailed health history and each underwent comprehensive examinations that included measurements of height and weight, thigh, hip and waist circumferences, and body fat percentage.

After years of observation, the study concluded that people with bigger thighs had a lower risk of heart disease and premature death than those with thin thighs.

"The results of the study are intriguing," since most people "would normally think that a thick thigh would be correlated to greater fat content and poorer health," says Dr. Danielle Duffy, assistant professor of medicine at the Jefferson Heart Institute in Philadelphia.

Size remained a strong, independent predictor even after researchers adjusted for risk factors such as smoking, exercise, alcohol use, systolic blood pressure, cholesterol and triglyceride levels. For women, menopause was also a factor.

The researchers measured thigh size but not thigh composition, and it wasn't totally clear, the article suggests, if the apparent protection of big thighs was due to more muscle, more fat, or both.

Some American physicians aware of the study note that although more health risks often befall individuals with apple-shaped body types (more upper-body fat) than those with pear-shaped bodies (more lower-body fat), it is critical to keep overall body fat in check through sensible diet and exercise.

Duffy suggests more studies along these lines should be organized to substantiate and fortify



the findings of the Danish study, as it raises many important points about how individuals can shift their paradigm about their body types and take control of their health.

Although other cardiovascular risk factors, genetics and individual diets may not have been figured in, she says, she believes the findings underscore that a greater waist circumference and more visceral or abdominal fat can be linked to greater cardiovascular risk.

When looking to medical studies for guidance, "people are looking for a simple way to measure their potential cardiovascular risk," Duffy says. "Comparing measurements of the abdomen and thighs appears to be a good place to start, especially with findings that support the argument that larger upper bodies and waistlines are associated with a stream" of problems, "which include high blood pressure, low protective cholesterol, high triglycerides and diabetes.

"However, it would be interesting to see if indeed this is a better predictor of cardiovascular issues and metabolic syndrome, which is one of the fastest rising health issues in the U.S."

Beverly Hills-based orthopedic surgeon Dr. Bal Rajagopalan ("Dr. Raj") recommends returning to a "caveman diet," where everything eaten is whole, natural, unprocessed.

"I support the philosophy of consuming five or six small meals a day that incorporate complex carbs from grown foods, such as kale, Brussels sprouts or broccoli, as they are loaded with antioxidants and fiber," Rajagopalan says.

Like Duffy, Rajagopalan stresses that people with stronger, thicker legs have more muscle, strengthening the argument that bigger is better if care is taken.

"The second largest muscle groups are in our legs and thighs," he points out. "When you work out and maintain these muscles, it makes our bodies run more like metabolic machines that in turn can reduce cholesterol levels.

"There is a reason why personal trainers focus on squats and other leg-strengthening exercises. Most people have weak legs and sit during the day. Others, when working out, may focus on their aesthetic areas."

It is better to acknowledge the power of leg muscle, he adds: "Legs should not be overlooked, as a pound of muscle in the leg can burn three times as many calories as a pound of fat.

"The more muscle you have the healthier you are going to be." ♦

Moms Working It

A new study shows having careers and kids can pay great benefits



ELYSE GLICKMAN
Jewish Exponent Feature

Just as technology has changed at a dizzying speed in the past century, so have the ways American mothers define their personal satisfaction and growth.

The perceptions have pin-balled wildly, from the patriotic 1940s mother doing her part for the war effort, to the 1950s housebound and ladylike *Leave It to Beaver* ideal, to the do-it-all moms of the '70s, '80s and '90s up through today, bringing home the proverbial bacon and frying it up in the pan.

A study in the December issue of the *Journal of Family Psychology* reveals that a "woman's place" happens to be as individual as the mother deciding where that place is.

Unlike other reports that used a comparison of children raised by working moms and stay-at-home mothers as a base, study author Cheryl Buehler set out to measure how a mother's "having a life" outside the home made her feel about her parental role as well as her overall health and stress.

It also included the study of women who work part time or have home-based businesses, sizing them up with the others.

"Employment helps women and their families," observed Buehler, professor of human development and family studies at the University of North Carolina at Greensboro.

The message stemming from her study: Jobs and careers, whether full time or part time, bring a welcome dimension of balance to a mother's life.

While mothers who worked part time were the most content group in Buehler's examination, she also found that women who worked full time were often more content than their stay-at-home counterparts.

Has the old "Supermom" paradigm some boomers entertained given way to a balanced mom mindset among those in Generations X and Y?

"It really depends upon the attitude of the woman, and her personal goals and aspirations," notes Dr. David M. Reiss, interim medical director, Providence Behavioral Health Hospital, in Holyoke, Mass.

"A woman who feels more satisfied and productive, and not bored or 'locked in' will be happier, more even-tempered and more balanced in dealing with their kids. Someone who is unhappy in their job or who likes their job but comes home tired may feel guilty and resentful.

"It makes sense that having a combination of work and home life is best for all concerned."

Tal Weinberger, a general adult psychiatrist with a focus on mood and anxiety disorders and women's mental health, has seen this dynamic play out in different ways, based on her patients' varied socioeconomic situations and career choices.

She explains that she has an affluent set of clients in her Bala Cynwyd-based private practice, and a working to middle-income client base at Jefferson Hospital.

Some variances can be observed between women with a career focus and women working out of financial necessity, she asserts; however, there are also some universal similarities all modern mothers confront, no matter how they make their way in the world.

"Women often tend to be perfectionists," says Weinberger. "As many of us women can acknowledge, we define our lives in terms of absolutes, such as, 'I must have the perfect career,' or 'I must stay at home.'"

"While it is true that women with a more flexible lifestyle"—such as greater financial resources—"often have an easier time finding fulfillment," the psychiatrist puts her "focus on why mothers in general are so hard on themselves.

"I help them explore some ways they can ask for more help from other people, including their husbands."

Weinberger also says that today's mothers deal with pressures that often transcend the economy, financial expectations and some lingering societal pressures to raise their children in a given way. However, she also stresses that in Jewish families, from her own Orthodox household to more secular settings, common family values and shared cultural underpinnings shape the way women find balance between work and family.

"Most women in my community work, because they have large families," she says. "They want to provide for their children in terms of private school tuition and other essentials."

Baltimore-based family and marriage counselor Israella Meyerstein has enjoyed what she calls a successful multidecade marriage—to a rabbi—and a balanced work life.

Making a successful lifestyle, she says, "lies within the amount of work an individual woman can handle in her career and raising a child. No matter what your life and economic circumstances are, it is impossible not to have a full plate in today's world" when both parents are working.

With that in mind, she adds, "mothers and fathers should make it a priority to set time aside for self-care breaks and for each other." ♦

Picky, Picky, Picky

Annoying, sure. But can toddlers playing with their food have darker implications?

counts like the above are not only shifting unwarranted blame from parents, but also suggest there may be ways parents can proactively work with their children and well-chosen physicians and experts to find explanations and solutions.

Minneapolis psychologist and addiction specialist Brenda Schaeffer (www.brendaschaeffer.com) details several signs parents should look for beyond changes in eating habits themselves: Is there anything happening in a child's life that is different? Is the child seeking attention for some reason? Are the parents and child in a power struggle over food?

She also says any illness or diagnosis should be taken into account. "There are many ways to find the source of changes like this with minimal conflict," affirms Schaeffer. "Besides avoiding power struggles over food with your child, you should be inquisitive in your approach rather than angry."

From there, she advises consulting experts. Start with a thorough physical exam with a pediatrician knowledgeable in behavioral disorders. Next, check out hearing and vision.

If a physical cause is ruled out, she recommends a visit to a child psychologist to help rule out OCD, anxiety disorders, sexual or physical abuse, Asperger's, behavioral problems or the presence of family problems.

She also advises looking at outside relationships with babysitters, neighbors and extended family members.

Dr. Ruth Frank of Philadelphia's Renfrew Center, one of the nation's first residential eating disorder treatment facilities, agrees a pediatrician is a good place for parents to start. However, once triggers of eating habits are pinpointed, she says a "team approach" for the family is an effective way to address the problem's many dimensions.

The team can include nutritionists and child psychologists as well as pediatricians and family therapists.

"Blame is counterproductive in any context, when a parent is exploring preventive intervention and proactive action," stresses Frank. "Taking responsibility is better than accepting the blame. Effective parenting involves maintaining an observing eye."

Schaeffer of Minneapolis fur-

ther explains that if a physical or psychological problem is diagnosed, examining the family history to establish a biological basis for a problem can provide valuable insight.

If there is a trauma or emotional problem established, family therapy is recommended, she says. "If parents are in conflict, they should be mindful that the child is likely to be sensitive to it," Schaeffer adds.

"Have a conversation letting the child know that healthy conflict is OK, and that the child is in no way responsible for the parents' conflict."

"The tendency to figure out

who's to blame is misguided," concurs Frank. "Children highlighted in the Tel Aviv study and European media accounts" may have other "problems that may not have been fully examined."

Bucks County's Barry Ginsberg, an applied developmental psychologist with more than 40 years of practice, questions the viability of assessing eating disorders for toddlers. "You may not want to make such a definitive diagnosis" for a patient that young "as you want to see how a child's personality and relationships with parents and other adults will grow and develop over time," he says. ♦



ELYSE GLICKMAN
Jewish Exponent Feature

Why do toddlers play with their food? Is it simply an annoying — and frustrating — rite of passage for a child? Or does it have deeper implications?

Recent headlines in Europe and a major study in Israel show that quirky early eating habits may have some serious roots with international ramifications.

Britain's *Daily Mail* reported recently that a child of 3 was among 600 pre-teens hospitalized for eating disorders since 2009 while the German magazine *Der Spiegel* reported on the complex case of a 3-year-old girl named Klara who weighs under 18 pounds and only eats in the presence of her grandmother.

Sabine Rohde, a consultant in child and adolescent psychiatry at the University Hospital Munich Schwabing, has been quoted as saying that diagnosing an eating disorder in a young child is "not so rare" and that children as young as 3 are being hospitalized with eating disorders.

Indeed, a recent study by researchers at Tel Aviv University suggests that food hypersensitivity in children — picky eating — could be an "early warning sign" of their developing an obsessive-compulsive disorder in adulthood.

In that study's findings, children who are hypersensitive to certain smells or sensations, but too young to be able to articulate what is bothering them, may develop ritualistic behaviors to "manage" their responses to their sensory discomfort.

This, in turn, could have adverse affects with how their nervous system processes sensory information.

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Bridge over troubled water? Pollution and ozone problems can plague outdoor exercise.

Workout WARNING:

It's Not Always Sunny in Philly

ELYSE GLICKMAN
Jewish Exponent Feature

As bikini season approaches, temperatures rise and the desire to embrace the great outdoors beckons. So here's some recent news that may have some fitness-minded Philadelphians running for cover: Enduring fitness magazine *SELF* released its annual "Best Cities for Women" this past December, and results revealed that the city ranked low in categories revolving around the environment.

Although Philadelphia is strong in history, tradition and a can-do attitude, it ranked toward the bottom of *SELF*'s 11th annual list of the Top 100 Healthiest Cities for women. Cities as geographically diverse as San Francisco, Honolulu, Boston, Minneapolis and Fargo, N.D., ranked in the top 10.

Though the survey is now a few months old, Anna Maltby, *SELF* magazine's New York-based associate health editor, explains that the findings of the survey are particularly relevant since the arrival of spring and summer will mean some Philadelphians will be anxious to take their workouts outside as winter subsides.

Though other lower-ranked cities may have a citizenry with wider waistlines and leaner motivation, Philadelphia held the low spot of 80 on *SELF*'s healthiness scale because it has the greatest number of toxic sites and most polluted water in the survey.

"We work with a wonderful

statistician who has a proprietary formula for the process to evaluate the over 7,000 bits of data on health and fitness throughout the United States from **BestPlaces.net**," explains Maltby.

"The ranking came from the fact that Philadelphia has the largest number of EPA Superfund sites in the metro area, which affect both air and water quality and, in turn, bring about health concerns about exposure to various hazardous chemicals."

The EPA defines a Superfund site as an uncontrolled or abandoned place where hazardous waste is located, possibly affecting local ecosystems or people. The 39 sites in the Philadelphia metropolitan area (not including the suburbs) can be found at: www.epa.gov/superfund/sites.

She goes on to detail that the primary culprits in Philadelphia's Superfund site problem trace back to the city's long-standing industrial and manufacturing might. Chemical processing, paint manufacture and steel production that play a role in the local economy also contribute to those unwelcome by-products.

Maltby goes on to note that while evaluating the cities in water cleanliness is a more complicated process for the survey's statistician to evaluate, there is a definitive tie-in between the number of Superfund sites and water purity as the chemicals from those sites seep into local bodies of water, the air and the

See Next Page

Clouded Forecast

Continued from Previous Page

water supply.

Maltby encourages Philadelphians to move forward with their fitness plans, but with proper precautions.

Don't let Philadelphia's environmental "problems scare you off from getting a good workout," Maltby says. "When you work out outdoors in the warmer months, you want to do what you have to in order to keep yourself safe.

"Before you go outside, it is always a good idea to check the ozone levels with the many websites out there," such as airnow.gov, that can help you track air quality.

That's not all: "It is also a good idea to not do your runs and power walks along busy boulevards or highways. You're better off running on residential side streets or a local park with running or hiking trails."

Maltby notes that air quality also tends to be worse in the mid- to late afternoon. When the sun is at its high point, the level of ozone in the air increases, and this is compounded with heavier rush hour traffic on the streets.

There are other things a citizen can do, she says. "The EPA Superfund website also lists many ways you can get involved to help clean up those sites, both in terms of taking action hands-on through various volunteer opportunities, as well as how-tos on writing to your local and community government repre-

sentatives and offices in order to voice your concerns," she says.

Maltby also suggests residents can research and join up with community and non-profit organizations, such as Clean Water Action, the Sierra Club and Philadelphia's Academy of Natural Sciences, in their efforts to clean up the city.

Good news: Philadelphia ranked well in terms of the number of physicians serving the general population. It also scored in the top 20 in terms of the number of health clubs and gyms.

"Philadelphia also scored very high with overall life satisfaction," Maltby says. "Even with the uphill environmental battle, you Philadelphians are justifiably happy in this great city." ♦

A Date With Bad Breath?

ELYSE GLICKMAN
Jewish Exponent Feature

Just in time for National Bad Breath Awareness Month — we're in the middle of it now — a Harvard School of Medicine report reveals that 90 percent of bad breath originates from oral bacteria.

From there, the report provides compelling evidence that the same bacteria that cause bad breath (halitosis) also cause gum disease. When plaque collects under the gums, bacteria in the gums release foul-smelling sulfur compounds.

Even more astonishing, perhaps, is the fact that the American Academy of Periodontology estimates that approximately 75 percent of Americans suffer from some form of gum disease.

Furthermore, there have been additional studies and articles over the last five years that underscore the reality that periodontal disease is a silent killer. Some articles have drawn connections between periodontal disease and cardiovascular disease, stroke, diabetes and premature birthrate babies.

The symptoms of gum disease, according to the National Institutes of Health, not only includes bad breath, but also red or swollen gums, painful chewing, sensitive teeth, receding gums and loss of teeth.

Even with these findings, Dr. Harry Taub of Chess and Taub Family Dentistry in Jenkintown informs patients that although periodontal disease can arise from the bacteria causing bad breath, there are many other possible causes that patients should review with their doctors.

"You need to pinpoint the actual cause of the bad breath before deciding on a course of treatment, and you need to determine how serious your situation is," advises Taub.

One possible cause is post-nasal drip; others are gastric reflux and sulfur production on the base of the tongue. This means the bad breath can exist whether there is periodontal disease or not.

However, with mild cases, remedying the problem can be as

simple as having your dentist show you how to use a toothbrush, dental floss and tongue scraper correctly, he says.

Philadelphia periodontist Dr. Stephen Brown, however, advocates the use of a relatively new FDA-approved dental technology (Laser Assisted New Attachment Procedure, or LANAP) to treat gum disease.

He is one of a handful of creators of National Bad Breath Awareness month. Though he says his mission is to introduce more patients to this treatment — which has yet to gain wide acceptance — his motivation for Bad Breath Awareness Month (continuing to March 13) is to wake up the public to the reality that there can be more to bad breath than what meets the eye — or the other senses.

A professor of periodontics at the University of Pennsylvania and Temple University, as well as the operator of the dental implant center at the Einstein Healthcare Network, Brown explains that the laser employs a more direct and less painful process of treating disease.

When you cause the laser to fire, the energy is attracted to red, yellow, orange and black color found in the bacteria. The laser goes directly to those colors no matter where they rest within the mouth, and it vaporizes them.

Says Brown: "Unlike the old solution, cutting away from the gum and allowing the healing from the top down, with the laser, we vaporize the bacteria and create a clot that allows the body to heal from the bottom up.

"These bacteria are unique, in that they emit gasses, which are part of their life cycle. These gasses are volatile sulfur compounds, which also inhabit the make-up of rotten eggs, and that's where the oppressive smell compounds.

"If the bacteria is still in the mouth, it does not matter how much you perfume the breath."

As for the laser, he notes, that "many of my colleagues have not shifted to that yet."

Though the laser was launched in 2004 after 18 years of development and some good

press in dental trade journals, not everybody is convinced about this laser treatment.

Taub, who has discussed the matter with his own colleagues, says he feels more testing and scientific evaluation of the laser device will probably be necessary.

"There is no definitive research that suggests laser treatments fix the problem better than any other conventional treatment, according to findings with the American Association of Periodontists," he says. ♦

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