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Improving the Health of Our Communities

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Welcome New Clients!

Clinical Outcomes Group, Inc. (COGI) would like to take this opportunity to say "Thank You!" and recognize the following companies for partnering with COGI during the last quarter to offer Workplace Wellness services to their employees:

Mrs. T's Pierogies

PPL Susquehanna, LLC

October is Domestic Violence Awareness Month

Domestic Violence Awareness Month (DVAM) is a sweeping national movement that works to bring domestic violence and its prevention to the front of public debate.

Every October, hundreds of DVAM activities are planned across the country. National, statewide and community-based domestic violence prevention and victim service organizations around the nation mark DVAM with recognition ceremonies, memorial activities, public education campaigns, community outreach events, news conferences and much more

History

DVAM evolved from the first Day of Unity observed in October 1981 by the National Coalition Against Domestic Violence (NCADV). The intent was to connect battered women's advocates across the nation who were working to end violence against women and their children. The Day of Unity soon became a special week when a range of activities was conducted at the local, state and national levels.

These activities were as varied and diverse as the program sponsors but had a common theme:

- mourning those who died as a result of domestic violence
- honoring those who have survived domestic violence
- connecting those who work to end domestic violence

In October 1987, the first national Domestic Violence Awareness Month was held. In conjunction, that same year the first national toll-free hotline was begun. In 1989, Congress passed the first DVAM commemorative legislation. Such legislation has been passed every year since 1989. The Day of Unity is now celebrated the first Monday in October.

Source: http://www.pcadv.org/Raising-Awareness/Domestic-Violence-Awaress-Month.asp

Purple Ribbons are a visible display of support for survivors and victims of domestic violence.

October is Children's Health Month

School Starts Soon - Is Your Child Fully Vaccinated?

As you help your kids get ready for school, make sure they're fully vaccinated. Web tools from CDC can help parents and doctors keep children up-to-date with the vaccines they need and protected from serious diseases.

Making sure that children of all ages receive all their vaccinations on time is one of the most important things parents can do to ensure their children's long-term health — as well as the health of friends, classmates, and others in the community.

It's true that some vaccine-preventable diseases have become very rare thanks to vaccines. However, outbreaks still happen. One vaccine-preventable disease on the rise is pertussis (whooping cough). Unfortunately, whooping cough disease can be very serious and has led to serious illness and death, especially in babies and young children. But whooping cough is preventable through immunization.

Making sure children stay up-to-date with vaccinations is the best way to make sure the country does not see other outbreaks, with more unnecessary illnesses and deaths.

Children Birth-6 years

During the early years of life, children are recommended to get vaccines to protect them from 14 diseases that can be serious, even life-threatening. Parents who choose not to vaccinate their own children increase the risk of disease not only for their children, but also for their classmates and neighbors as well as children and adults throughout the entire community—including vulnerable newborns too young to have received the maximum protection from the recommended doses of vaccines.

Kids in pre-school and elementary school need flu vaccines to help keep them healthy. In fact, all children 6 months and over need flu vaccines. Getting all of your children vaccinated can help protect infants under 6 months old, too. Ask your children's doctor or nurse about getting flu shots or the nasal spray to protect them against flu.

Children and Teens 7-18 years

It's easy to forget that older children need vaccines, too. Of course, everyone is recommended to receive a yearly flu vaccination, and older children are no exception! It's important to know that flu can be serious, even for healthy young people. So older kids should be getting at least one vaccine every year.

As children move into adolescence, they are at greater risk of catching diseases like meningitis and HPV. Vaccines to prevent these diseases are specifically recommended for children to receive at ages 11 and 12. If kids don't get these vaccines on time, they should get caught up as soon as possible.

For other diseases, like whooping cough, the protection from vaccine doses received in childhood wears off over time. That's why 11- and 12-year-olds are also recommended to get the booster shot called Tdap. Teens—and adults, too—who have not gotten Tdap should get this booster as soon as possible. Tdap is a version of the DTaP vaccine given to infants and young children.

CDC provides a full immunization schedule for people ages 7 through 18 years for parents and doctors to protect children and teens from vaccine-preventable disease.

It's Not Too Late

If a child falls behind schedule on vaccinations, it can be difficult to figure out the best way to catch up. To help, CDC and colleagues at Georgia Tech have developed the Catch-Up Immunization Scheduler an online tool that shows parents and healthcare providers the best options for getting children 6 years of age and younger back on schedule.

This easy-to-use tool is accessible online to both parents and healthcare providers. Please note that the catch-up immunization scheduler can only be viewed on computers with Microsoft® Office Professional

.

Source:

http://www.cdc.gov/Features/CatchUpImmunizations/

November is American Diabetes Month

Helping Your Child Manage Diabetes At School

Make a plan to help your child manage diabetes at school. Start by meeting with school staff and by making sure your child has the necessary supplies for routine care and blood sugar emergencies

You may already have bought the basic school supplies for sending your child back to school. But if your child has diabetes, you need to make additional preparations.

A person with diabetes must manage this chronic illness all the time, including during the school day. Staff such as nurses, teachers and coaches can work with you and your child on managing diabetes. This assistance may include helping your child take medications, check blood sugar levels, choose healthy foods in the cafeteria, and be physically active.

How to Prepare

To help your child get ready for the first day of school and for the rest of the school year, here are a few key tips:

Create a diabetes management plan with the school.

Meet with staff early in the school year to learn more about how the school helps students care for diabetes and handles any diabetes-related emergencies. Public schools and schools that receive federal funding are prohibited from discriminating against people with diabetes by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act. You can work with your child's doctor and school staff to create a Diabetes Medical Management Plan. Having a plan helps your child and school workers with managing diabetes in school and during extracurricular activities. Be sure to include information on services the school will provide and how to recognize high and low blood sugar levels. Your child may need assistance with giving insulin and checking blood sugar levels, and also may need to eat snacks in the classroom.

Check for necessary diabetes supplies.

Your child must have access to supplies needed to manage diabetes and to treat any episodes of high or low blood sugar. You and your child can work together to create a care package to bring in his or her backpack. Supplies should include:

blood glucose meter, testing strips, lancets, and extra batteries for the meter

- ketone testing supplies
- insulin and syringes/pens
- antiseptic wipes
- glucose tablets or other fast-acting glucose snack
- Water
- for children who wear an insulin pump, backup insulin and syringes/pens in case of pump failure

Also, be sure school workers have a glucagon emergency kit and know how to use it if your child experiences a low blood sugar emergency.

Make sure your child can manage diabetes at a level appropriate for his or her age.

If your child is going to monitor his or her blood sugar, ensure that he or she feels comfortable doing so. If a trained school employee will do the monitoring, be sure your child knows where and when to go for testing. Also, make sure your child knows who to go to for help with high or low blood sugar episodes. The actions to be taken should be in the Diabetes Medical Management Plan.

Encourage your child to eat healthy foods.

Prepare a healthy breakfast, which will help your child stay focused and active. If you send a lunch with your child, pack a healthy meal that contains whole grains and fresh fruits and vegetables. Replace high-fat foods with low-fat options, such as low-fat turkey, reduced-fat cheese, and skim milk. Include healthy snacks, such as fruit, nuts or seeds, which your child can eat later in the day to help avoid the vending machine and keep blood sugar under control. If your child buys meals at school, look at the cafeteria menus together to help him or her make choices that fit into a healthy meal plan. Many schools post their menus online, or you can request this information from school workers.

Make sure your child gets at least 60 minutes of physical activity every day.

Having diabetes does not mean that your child cannot be physically active or participate in physical education classes. In fact, being active can help your child improve his or her blood sugar control. Also, limit screen time – TV, videogames and the internet – to one to two hours a day. Being active at an early age establishes good habits for a lifetime and is a lot of fun. Encourage your child by being active together, doing such things as walking the dog, riding bicycles or playing basketball, and you will get the health benefits too.

Help prevent sick days.

Check to be sure your child has had all recommended vaccinations, including the flu shot. If children with diabetes get sick, they can take a longer time to recover than children without diabetes. Talk to your child's doctor to see if your child needs any vaccinations before starting the school year. Also, encourage your child to wash his or hands regularly, such as before eating and after using the bathroom.

Diabetes does not have to get in the way of your child's good experience at school. Remember, parents and schools have the same goal: to ensure that students with diabetes are safe and that they are able to learn in a supportive environment. Make sure school staff have the information and resources they need for your child's safety and health. Help prepare your child to manage diabetes when he or she goes back to school.

Source:

http://www.cdc.gov/Features/DiabetesInSchool/

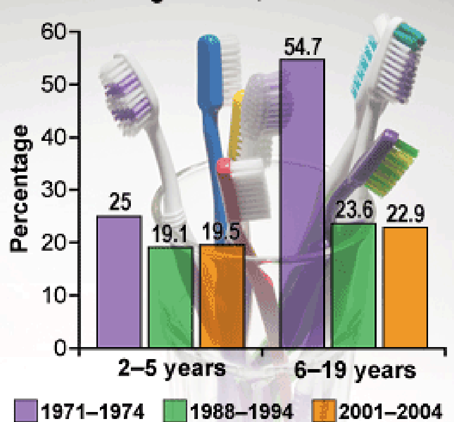
October is Dental Hygiene Month

Untreated Dental Caries (Cavities) in Children Ages 2-19, United States

Over 19% of children ages 2-19 have untreated cavities; a child's complete preventive dental program should include fluoride, twice-daily brushing, wise food choices, and regular dental care.

During August, families across the country will prepare to send kids back to school. It's a great time to check whether your children have had dental exams in the past 6 months. If not, please schedule them as soon as possible. CDC is rerunning this data & statistics feature to emphasize the importance of untreated cavities in kids.

CDC is highlighting data about untreated dental caries (cavities) in children ages 2-19 in the United States, during three time periods: 1971-1974; 1988-1994; and 2001-2004. While percentages of untreated cavities have declined from 1971-1974 (25% in children ages 2-5 and 54.7% in children ages 6-19), data for the most recent time period still show high levels of untreated cavities: 19.5% in children ages 2-5 and 22.9% in chil-



Untreated Dental Caries (Cavities) in Children Ages 2-19, by Sex, Race and Hispanic Origin, and Percent of Poverty Level, United States

	1971–1974	1988–1994	2001–2004
2–5 years			
Male	26.4%	19.3%	20.0%
Female	23.6%	18.9%	19.1%
6–19 years			
Male	54.9%	22.8%	23.9%
Female	54.5%	24.5%	22.0%
Race and Hispanic Origin			
2–5 years			
Not Hispanic or Latino			
White only	23.7%	13.8%	14.5%
Black or African American	29.0%	24.7%	24.2%
Mexican	—	34.9%	29.2%
6–19 years			
Not Hispanic or Latino			
White only	51.6%	18.8%	19.4%
Black or African American	71.0%	33.7%	28.1%
Mexican	—	36.5%	30.6%
Percent of Poverty Level			
2–5 years			
Below 100% of poverty level	32.0%	30.2%	26.1%
100%–less than 200%	29.9%	24.3%	25.4%
200% or more	17.8%	9.4%	12.1%
6–19 years			
Below 100% of poverty level	68.0%	38.3%	31.5%
100%–less than 200%	60.3%	28.2%	32.7%
200% or more	46.2%	15.1%	14.7%

Sex Not a Significant Factor

A breakout by sex shows similar percentages during each time period by age group. Among 2-5 year olds, males had 26.4% untreated cavities in 1971-1974; 19.3% in 1988-1994 and 20.0% in 2001-2004; respectively, females had 23.6% untreated cavities in 1971-1974; 18.9% in 1988-1994 and 20.1% in 2001-2004. Among 6-19 year olds, percentages of cavities dropped by more than half from 1971-1974 data to the later for both sexes (54.9% in males and 54.5% in females) to the 1988-1994 (22.8% in males and 24.5% in females) and 2001-2004 (23.9% in males and 22.0% in females) time periods.

Race and Hispanic Origin a Significant Factor

Black children and Hispanic children of Mexican origin had significantly higher percentages of untreated cavities than white, non-Hispanic children. In the two time periods for which data are available for all races, 1988-1994 and 2001-2004, respectively, 13.8% and 14.5% of white, non-Hispanic children ages 2-5 had untreated cavities, as compared with 24.7% and 24.2% of black children ages 2-5 and 34.9% and 29.2% of Hispanic children of Mexican origin ages 2-5. For 6-19 year olds in 1988-1994 and 2001-2004, respectively, the percentages were 18.8% and 19.4% of white children, 33.7% and 28.1% of black children and 36.5% and 30.6% of Hispanic children of Mexican origin.

Percent of Poverty Level a Significant Factor

Between 2001 and 2004, 19.6% of 2-5 year olds and 31.5% of 6-19 year olds below 100% of the poverty level had untreated cavities, as compared with 25.4% of 2-5 year olds and 32.7% of 6-19 year olds between 100% and less than 200% of the poverty level. In contrast, only 12.1% of 2-5 year olds and 14.7% of 16-19 year olds

Untreated dental caries, or cavities, refers to untreated coronal caries, that is, caries on the crown or enamel surface of the tooth. Root tips are classified as coronal caries. Root caries are not included. For children 2–5 years of age, only dental caries in primary teeth were evaluated. Caries in both permanent and primary teeth were evaluated for children 6–11 years of age. For children 12–19 years of age and adults, only dental caries in permanent teeth were evaluated.

Source: http://www.cdc.gov/Features/dsUntreatedCavitiesKids/

November is Great American Smoke Out Month

Not long ago, nonsmoking airplane passengers had no choice but to breathe clouds of smoke as other passengers lit up cigarettes in the next row. Restaurant patrons smelled acrid tobacco smoke along with their meals, and many employees in shared workspaces had to share air clouded with second-hand smoke.

This casual acceptance of smoking was the norm when the American Cancer Society's Great American Smokeout went nationwide more than 25 years ago in November 1977.That quarter century has marked dramatic changes in the way society views tobacco promotion and tobacco use.

Many public places and work areas are now smoke-free which protects non-smokers and supports smokers who want to quit.

The Great American Smokeout has helped to spotlight the dangers of tobacco use and the challenges of quitting, but more importantly, it has set the stage for the cultural revolution in tobacco control that has occurred over this period.

Because of the efforts of individuals and groups that have led anti-tobacco efforts, there have been significant landmarks in the areas of research, policy, and the environment:

- In 1977, Berkeley, California became the first community to limit smoking in restaurants and other public places.
- In 1983, San Francisco passed the first strong workplace smoking restrictions, including bans on smoking in private workplaces
- In 1990, the federal smoking ban on all interstate buses and domestic flights of six hours or less took effect.
- In 1994, the state of Mississippi filed the first of 24 state lawsuits seeking to recuperate millions of dollars from tobacco companies for smokers' Medicaid Bills.
- In 1999, the Department of Justice filed suit against cigarette manufacturers, charging the industry with defrauding the public by lying about the risks of smoking.
- In 1999, the Master Settlement Agreement (MSA) was passed, requiring tobacco companies to pay $206 billion to 45 states by the year 2025 to cover Medicaid costs of treating smokers. The MSA agreement also closed the Tobacco Institute and ended cartoon advertising and tobacco billboards.
- In 2009 "The Family Smoking Prevention and Tobacco Control Act" was signed into law and gives the FDA the authority to regulate the sale, manufacturing, and marketing of tobacco products and protects children from tobacco industry's marketing practices.

"Those are just a few of the remarkable changes in the age-old acceptance of smoking as our cultural norm.

What we have been doing can be characterized as the denormalization of smoking as an acceptable behavior, and positioning it for what it actually is – a killer of nearly half a million Americans every year." said Dileep G. Bal, MD, MS, MPH, national president of the American Cancer Society.

An estimated 46 million adults in the United States currently smoke, and approximately half will die prematurely from smoking. Lung cancer is the leading cause of cancer death for men and women and more than 80% of lung cancers are thought to result from smoking. Smoking causes nearly one in five deaths from all causes.

The American Cancer Society's Great American Smokeout event grew out of a 1971 event in Randolph, MA, in which Arthur P. Mullaney asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund. In 1974, Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day. The idea caught on, and on Nov. 18, 1976, the California Division of the American Cancer Society succeeded in getting nearly

one million smokers to quit for the day. The first national Great American Smokeout was held in 1977.

During the next 34 years the Smokeout was celebrated with rallies, parades, stunts, quitting information, and even "cold turkey" menu items in schools, workplaces, Main Streets, and legislative halls throughout the US.

The Great American Smokeout has been chaired by some of America's most popular celebrities, including Sammy Davis, Jr., Edward Asner, Natalie Cole, Larry Hagman, Surgeon General C. Everett Koop, the first "spokespud" Mr. Potato Head, and many others.

Source: http://www.cancer.org/Healthy/StayAwayfromTobacco/GreatAmericanSmokeout/history-of-the-great-american-smokeout

EDITOR'S NOTE

Clinical Outcomes Group, Inc. (COGI) provides tobacco cessation services throughout several counties in Pennsylvania. If you or someone you know is interested in quitting, call 1-800-264-1290 for more information.

October Is National Domestic Violence Awareness Month - View Statistics for Pennsylvania

Did You Know?

⇒ **One in every four women** will experience domestic violence in her lifetime.[1]

⇒ **One in 33 men** have experienced an attempted or completed rape.[2]

⇒ An estimated 1.3 million women are victims of physical assault by an intimate partner each year.[3]

⇒ The majority (73%) of family violence victims are female. Females were 84% of spousal abuse victims and 86% of abuse victims at the hands of a boyfriend.[4]

⇒ The cost of intimate partner violence exceeds $5.8 billion each year, $4.1 billion of which is for direct medical and mental health services.[5]

⇒ Boys who witness domestic violence are ***twice as likely*** to abuse their own partners and children when they become adults.[6]

CHALLENGES

⇒ State funding cuts have exerted additional stress on domestic violence service providers. already strained budgets. Pennsylvania's 61 community-based domestic violence programs have been greatly hurt by a steady lack of regular cost of living allowances, an $800,000 cut in the Commonwealth's 2007-2008 budget in the proposed Domestic Vio lence Services line item, and the loss of almost half a million in fund ing from the federal government for 2007-2008.[7]

⇒ Pennsylvania has the largest rural population in the nation. Although over half of Pennsylvania's domestic violence programs serve rural areas, public awareness about domestic violence in these areas tends to be low. Low community awareness may increase the fear and isolation many rural victims already feel in Pennsylvania.[8]

DOMESTIC VIOLENCE AND SEXUAL ASSAULT IN PENNSYLVANIA

* 91,545 victims received services from the 62 local programs in Pennsylvania between June 2006 and July 2007.[10]
* 64 women were killed as a result of domestic violence in 2006.[11]
* 39,371 protection from abuse orders were filed in Pennsylvania in 2005.[12]
* 24 people, including three children, have been killed as a result of domestic violence since June 22, 2008.[11]
* 3,434 rape offenses were reported in 2006.[13]

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For more information or to get help, please contact the
Pennsylvania Coalition Against Domestic Violence at 1-800-932-4632
The National Domestic Violence Hotline at 1-800-799-SAFE
The National Sexual Assault Hotline at 1-800-656-HOPE

Source: National Coalition Against Domestic Violence—Pennsylvania Facts for Domestic Violence www.ncadv.org

December is International AIDS Awareness Month

Research Offers New Insight, Hope In the Fight Against HIV

Last week, I joined more than 20,000 scientists, public health officials and advocates at the International AIDS Conference in Vienna, Austria. This major global conference came just a week after the White House announced the first ever National AIDS Strategy, designed to advance HIV prevention efforts in the U.S.

Worldwide, HIV remains a human tragedy -- infecting more than 2.7 million each year. In the United States, more than 56,000 Americans are infected every year. That is one person every 9 ½ minutes.

Within black communities, the numbers are even more staggering. Although African Americans make up only 12 percent of the U.S. population, they account for nearly half (45%) of all new HIV infections in this country each year, almost half of those living with HIV (46%), and more than 40% of those who have died with this deadly disease.

Nearly thirty years into the epidemic, there is still no simple solution to breaking the cycle of HIV in our communities. Yet the news from Vienna provided both hope and new clarity about the way forward.

Perhaps the biggest news of the conference was a much-anticipated HIV prevention study among women in South Africa. Researchers from the CAPRISA study found that a vaginal gel containing a highly effective drug commonly used to treat HIV can reduce the risk of HIV transmission when used by HIV-negative women before and after sex. The gel, called a microbicide, reduced HIV infection among the women participating in the study by 39 percent -- and by 54 percent for women who used it consistently. The gel also helped to reduce the risk of genital herpes infection by 51 percent; this is especially important because herpes is a lifelong, incurable infection that can increase the risk of HIV.

For many years, the world has sought new HIV prevention tools that women can control. This is the first time we have seen a significant benefit from this type of prevention approach. While the study may need to be confirmed by other clinical trials before it can be approved for use in countries around the world, it suggests we may soon have a new tool in our arsenal to help women protect themselves from HIV.

Another study at the conference revealed a powerful link between poverty and HIV risk here in the United States, and a widespread HIV epidemic in America's inner cities.

The first-of-its-kind study by researchers from the Centers for Disease Control and Prevention found that roughly 2% of heterosexuals living in high poverty areas of 23 major cities in the United States are infected with HIV. That figure is more than four times the national average (0.45%) and severe enough to be considered a "generalized epidemic" as defined by UNAIDS.

According to the analysis, poverty was one of the most important factors predicting HIV infection among inner city heterosexuals. In fact, people living below the poverty line in these urban areas were twice as likely to be infected as those who lived in the same community but were above the poverty line.

The study found no difference in HIV prevalence among blacks, whites and Hispanics in these low-income urban areas. However, we must remember, poverty is not evenly distributed in this nation: U.S. Census data show that 46% of blacks, and 40% of Hispanics, live in poverty areas, compared to just 10% of whites.

Poverty may therefore be one of the key factors driving the severe racial disparities found in HIV rates nationally. In the United States overall, African Americans have an HIV prevalence rate that is eight times higher than whites, and Latinos have an HIV prevalence rate three times higher than whites.

The findings of this study have significant implications for how we think about HIV prevention. Clearly, we cannot look at HIV in isolation from the environment in which people live. While individual risk behaviors such as unprotected sex, injection drug use and multiple concurrent partners certainly drive HIV infection in our communities, we also need to address the larger socio-economic forces fueling this epidemic – issues such as poverty, homelessness, racism, discrimination and low education.

President Obama's National HIV/AIDS Strategy recognizes these needs, and will help us all to focus our resources and efforts on the communities most in need of HIV prevention.

This year's International AIDS Conference was a stark reminder that it will take hard work to turn the tide against this devastating epidemic. But with exciting, new developments and a national plan that prioritizes HIV prevention efforts in communities at greatest risk, we have more reason than ever to be hopeful.

Dr. Fenton is director of the National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention at the Centers for Disease Control and Prevention. He is also co-chair of the 2009 National HIV Prevention Conference.

Source: http://www.bet.com/News/National_Research_Offers_New_Insight_Hope_in_the_Fight_Against_HIV.htm?wbc_purpose=Basic&WBCMODE=PresentationUnpublished&Referrer={9624097D-F2F3-4D5C-B513-798AEAD259B7}

October 2010

- ♦Eat Better, Eat Together Month
- ♦Children's Health Month
- ♦Domestic Violence Awareness Month
- ♦Health Literacy Month
- ♦Healthy Babies Month
- ♦Healthy Lung Month
- ♦Lupus Awareness Month
- ♦National Breast Cancer Awareness Month
- ♦National Chiropractic Month
- ♦National Crime Prevention Month
- ♦National Dental Hygiene Month
- ♦National Depression & Mental Health Screening Month
- ♦National Disability Employment Awareness Month
- ♦National Family Sexuality Education Month
- ♦National Liver Awareness Month
- ♦National Physical Therapy Month
- ♦National Spina Bifida Month
- ♦National Spinal Health Month
- ♦National Sudden Infant Death Syndrome (SIDS) Awareness Month
- ♦National UNICEF Month
- ♦National Work and Family Month
- ♦Talk About Prescriptions Month
- ♦Vegetarian Awareness Month

November 2010

- ♦American Diabetes Month
- ♦Diabetic Eye Disease Month
- ♦Great American Smoke Out Month
- ♦National Alzheimer's Awareness Month
- ♦National Child Mental Health Month
- ♦National Epilepsy Awareness Month
- ♦National Family Caregivers Month
- ♦National Healthy Skin Month
- ♦National Home Care Month
- ♦National Hospice Month
- ♦Prematurity Awareness Month

December 2010

- ♦International AIDS Awareness Month
- ♦National Drunk & Drugged Driving Prevention Month
- ♦Safe Toys and Gifts Month

Source:
National Wellness Institute
http://www.nationalwellness.org/pdf/2010HOC.pdf

Tips from COGI's Win! Series

"Lose & Win!"

(Weight Management)

Regular physical activity can improve health and reduce the risk of premature death in the following ways:

* reduces the risk of developing coronary heart disease
* Reduces the risk of stroke
* Lowers total blood cholesterol and triglycerides and increases high-density lipoproteins
* Helps reduce blood pressure
* Reduces Feelings of Depression
* Helps build and maintain healthy bones, muscles, and joints.

"Relax & Win!"

(Stress Management)

Emotional Warning Signs of Stress Include:

* Anger
* Anxiety
* Denial
* Depression
* Loneliness
* Nervousness
* Feeling Powerless, Rejected, or Trapped
* Unhappy feeling for no reason
* Worrying Frequently
* Being Easily Upset

"Save & Win!"

(Financial Management)

How To Decrease Expenses

* Pay bills on time to avoid late fees, finance charges and other fees.
* Control the use of your credit cards
* Don't go shopping just for fun.
* Make a shopping list to avoid impulse buying
* Use coupons
* Take a lunch to work instead of eating out
* Shop around for the best deal on "big ticket" purchases

"Quit & Win!"

(Tobacco Cessation)

It is often helpful for tobacco users to quit by developing a tobacco free game plan. This game plan is developed based on your personal smoking habits and patterns.

The Great American Smoke Out is celebrated in November. Can you think of a better time to develop your personal quit plan and quit for good?

Wellness World is a quarterly publication of Clinical Outcomes Group, Inc. and is intended to provide information on important health topics in the news. More information on these and other health topics are available at www.COGInc.org in our A-Z Library.