



For the Health Of It!

September is National Emergency Preparedness Month

As summer winds down and people’s schedules fill up with work, back-to-school activities and other responsibilities take time this September to create or update your emergency preparedness plans.

Planning for the unexpected can sometimes seem overwhelming. What should I plan for? I can’t plan for everything. I don’t have the money or resources to plan are all common phrases often heard.

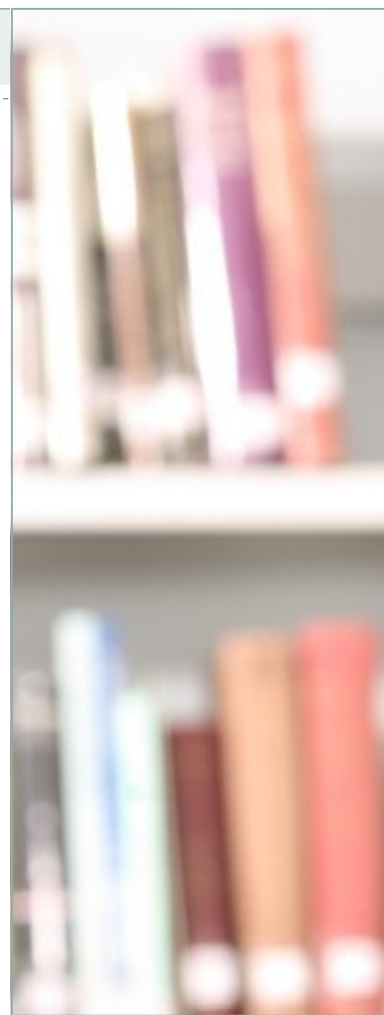
It is important to remember a few things when making emergency plans.

1. You don’t have to plan for every potential emergency. By planning for one emergency you are actually planning for most.
2. Plan in chunks. Start with something like a communication plan who to contact, how to contact etc.. Then move on to the next thing (e.g. evacuation routes, gathering essentials).
3. Add supplies in small amounts. If you find something on sale and can afford it, add it. Find things around your house that you can add to your kit, like manual can opener or an extra flashlight.
4. Make sure to involve all of the family members including children.

Often the hardest part about planning for an emergency is knowing where to start. Communication is the most crucial part of emergency planning and often where most failures occur during an actual emergency. Here are some things to consider when making an emergency communication plan.

1. Know your family members routines and capabilities. Gather important phone numbers and contacts. These should include cell phones, work and school phones and other locations frequented by family.
2. Create contact lists for each person in your family. Make sure to include contacts at work or school who can find the person you are looking for. Include several family or friends as emergency contacts that do not live in your town or region of the State if possible.
3. Make sure that everyone included on your list knows that they are included, especially emergency contacts that may not be contacted regularly. This ensures they know the phone number and what role they being asked to fill in your plan.
4. Practice the plan. Practice makes permanent not perfect.

Continued pg. 3.



INSIDE THIS ISSUE

- Back to School Driver Safety... 2
- Suicide Prevention Month 2
- Emergency Prep Cont..... 3
- Falls Prevention..... 4
- Falls Prevention Cont..... 5
- Suicide Prevention Cont..... 5
- National Recovery Month 5
- Living with Back Pain..... 6

BACK-TO-SCHOOL SAFETY REMINDERS FOR DRIVERS



School is back in session. It is important that we all work together to make sure everyone arrives at school and work safely. It is especially important for drivers to be on alert. Here are some tips to keep everyone safe.

- Slow down when entering into school zones especially as the school year begins. Traffic patterns in and around school zones can change dramatically once school opens.
- Drivers be alert for young children crossing streets and darting into traffic. Eliminate distractions.
- Obey crossing guards. They are doing their job and helping children make it to and from school safely.
- Be alert and stop for all school buses with red flashing lights even on divided highways. School districts and municipalities are authorized to use stop-arm cameras on school buses. Tickets given by these cameras can result in fines of \$250 for a first violation up to \$300 for each violation in an 18-month period.
- Parents, teach teen drivers the importance of being alert, not being distracted and slowing down especially in school zones and around school buses.

For more back to school safety tips visit the [National Safety Council](#) website.

“Sometimes even to live is an act of courage.” – Lucius Annaeus Seneca

“You are proof that beauty can grow in the most difficult of places.” – Wednesday Holmes

Less Afraid

And then I realized

**that to be
more alive**

**I had to
be less
afraid**

so

I did it...

I lost my

fear

**and gained
my whole life.**

By Unknown

SEPTEMBER NATIONAL SUICIDE PREVENTION MONTH

Suicide rates in the US have steadily increased, rising 36% from 2000-2021. In the US suicide claims one life about every 11 minutes. In 2021 approximately 12.3 million US adults seriously considered suicide. Suicide is the second leading cause of death for people ages 10-14 and 20-34 according to the Centers for Disease Control.

This September take time to recognize the warnings signs that someone may be considering suicide and how you can take action. It's time to break the stigma and face this challenge head on.

Know the Warning Signs

Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling or texting Lifeline 988.

- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

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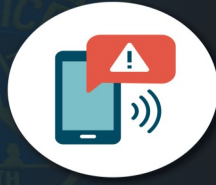
EMERGENCY PREPAREDNESS



MAKE A PLAN



BUILD A KIT



BE INFORMED

EMERGENCY PREPAREDNESS CONTINUED

Alerts & Warnings—You may not know right away that an emergency is occurring. Learn about ways your local leaders will share emergency alerts, warnings, and instructions. Check with your local Office of Emergency Services about any emergency alert notification systems like reverse 9-1-1, social media or even local emergency alert apps that can be downloaded to your phone or electronic devices.

Depending on the type of emergency you might be asked to shelter in place or evacuate to a safe location. Here are some things to consider in either situation.

Evacuation—Do you have somewhere to go (family, friend) outside of the area impacted by the emergency? If yes are you able to get to that location or are evacuation routes blocked or closed? Do you have multiple evacuation routes mapped out? It is important to map at least two ways out of a room, a house and a town just in case.

Will you need to rely on **mass-sheltering**? If so you may be limited in what you can bring. So do you have grab-n-go bags with basic essentials (important documents, cash, prescription information, other items specific to your family's needs). Do you have a plan for your pets? Many mass shelters won't allow pets.

Shelter-In-Place. This is often temporary for things like tornadoes or potentially contaminated air. Here are some things to consider for sheltering in place.

- Use common sense and available information to assess the situation and determine if there is immediate danger.
- If you see large amounts of debris in the air, or if local authorities say the air is badly contaminated you may want to take this kind of action.
- Pay attention to local media outlets for official news and instructions as they become available.
- Bring your family and pets inside.
- Lock doors, close windows, air vents and fireplace dampers.
- Turn off fans, air conditioning and forced air heating systems.
- Take your emergency supply kit unless you have reason to believe it has been contaminated.
- Go into an interior room with few windows if possible.
- Seal all windows, doors and air vents with thick plastic sheeting and duct tape. Consider measuring and cutting the sheeting in advance to save time.
- Be prepared to improvise and use what you have on hand to seal gaps so that you create a barrier between yourself and any contamination.

During extended periods of sheltering you will need to manage water and food supplies to make sure you and your family have what you need to get by.

For more tips about Emergency Preparedness Planning go to [ready.gov](https://www.ready.gov)

Emergency Supply Checklist

- Water (one gallon per person per day for several days, for drinking and sanitation)
- Food (at least a several-day supply of non-perishable food)
- Battery-powered or hand crank radio and a NOAA Weather Radio with tone alert
- Flashlight
- First aid kit
- Extra batteries
- Whistle (to signal for help)
- Dust mask (to help filter contaminated air)
- Plastic sheeting and duct tape (to shelter in place)
- Moist towelettes, garbage bags and plastic ties (for personal sanitation)
- Wrench or pliers (to turn off utilities)
- Manual can opener
- Local maps
- Cell phone with chargers and a backup battery

Additional Supplies Might Include

- Soap, hand sanitizer, disinfecting wipes
- Prescription medication
- Non-prescription meds like pain relievers, anti-diarrhea meds
- Infant supplies
- Pet supplies water/food
- Cash or traveler's checks
- Important documents (saved electronically or paper)
- Warm clothes and blankets (depending on where you live)
- Books, games, puzzles or other children activities

Add items to your emergency supply kit based on your individual needs.

Quick and Easy Home Fixes to Reduce Falls Risk

- Add a shower chair and adjustable shower head for easier bathing.
- Add non-slip bath treads in your tub and bath mats to your floor.
- Install grab bars in your shower and near your toilet.
- Replace dim light bulbs with brighter non-glare bulbs.
- Use nightlights to help you see your path clearer at night.
- Remove or secure throw rugs.
- Clear walking paths by moving furniture and eliminating tripping hazards like extension cords.
- Keep stairways clear of clutter and have handrails on both sides of the steps.
- Store pet toys, water bowls etc. in areas where you are not likely to trip over them.
- Use step stools with a safety grab or consider moving frequently used items to a more easily accessible location.
- Mark the edges of steps or areas of elevation change with contrasting colors to make them more visible.

With some simple inexpensive changes around your home you can reduce your risk of a fall.

SEPTEMBER IS NATIONAL FALLS PREVENTION MONTH

Each year in Warren County 260 adults age 65 and older are hospitalized because of a fall. There are hundreds more that suffer an injury due to a fall and see a doctor, but don't require a hospital stay. However, each time a person falls their risk of another fall with serious injury increases.

It is important to remember that falls are not a natural part of aging. Most falls are preventable. However, fall prevention is not an individual effort, but a team effort. That team consists of family members, caregivers, doctors, pharmacists, physical therapists and you.

Here are 10 Older Adult Fall Myths Debunked by the National Council On Aging

Myth 1: Falling happens to other people, not to me.

Reality: Many people think, "It won't happen to me." But the truth is that 1 in 4 older adults fall every year in the U.S.

Myth 2: Falling is something normal that happens as you get older.

Reality: Falling is not a normal part of aging. Strength and balance exercises, managing your medications, having your vision checked, and making your living environment safer are all steps you can take to prevent a fall.

Myth 3: If I limit my activity, I won't fall.

Reality: Some people believe that the best way to prevent falls is to stay at home and limit activity. Not true. Performing physical activities will actually help you stay independent, as your strength and range of motion benefit from remaining active. Social activities are also good for your overall health.

Myth 4: As long as I stay at home, I can avoid falling.

Reality: Over half of all falls take place at home. Inspect your home for fall risks. Fix simple but serious hazards such as clutter, throw rugs, and poor lighting. Make simple home modifications, such as adding grab bars in the bathroom, a second handrail on stairs, and non-slip paint on outdoor steps.

Myth 5: Muscle strength and flexibility can't be regained.

Reality: While we do lose muscle as we age, exercise can partially restore strength and flexibility. It's never too late to start an exercise program. Even if you've been a "couch potato" your whole life, becoming active now will benefit you in many ways—including protection from falls.

Myth 6: Taking medication doesn't increase my risk of falling.

Reality: Taking any medication may increase your risk of falling. Medications affect people in many different ways and can sometimes make you dizzy or sleepy. Be careful when starting a new medication. Talk to your health care provider about potential side effects or interactions of your medications.



FALLS PREVENTION CONTINUED

National Recovery Month

September marks [National Recovery Month](#). The tagline, "Every Person, Every Family, Every Community," emphasizes that recovery is possible for all Americans. Treatment can save a life and can help people struggling with substance use disorders by counteracting addiction's powerful effects on their brain and behavior. The overall goal of treatment is to return people to productive functioning in their family, workplace, and community.

Recovery Month celebrates the gains made by those in recovery from substance use disorder.

#RecoveryMonth is a time to celebrate the gains made by those in recovery. Treatment can save a life and can help people struggling with **#SubstanceUseDisorders (SUDs)**. Take time to learn more about support and **#recovery**: <https://bit.ly/3TTfB4q>

#RecoveryIsForEveryone

Visit <https://www.cdc.gov/drugoverdose/awareness/recovery-month.html>

For more recovery resources.



Myth 7: I don't need to get my vision checked every year.

Reality: Vision is another key risk factor for falls. Aging is associated with some forms of vision loss that increase risk of falling and injury. People with vision problems are more than twice as likely to fall as those without visual impairment. Have your eyes checked at least once a year and update your eyeglasses. For those with low vision there are programs and assistive devices that can help. Ask your optometrist for a referral.

Myth 8: Using a walker or cane will make me more dependent.

Reality: Walking aids are very important in helping many older adults maintain or improve their mobility. However, make sure you use these devices safely. Have a physical therapist fit the walker or cane to you and instruct you in its safe use.

Myth 9: I don't need to talk to family members or my health care provider if I'm concerned about my risk of falling. I don't want to alarm them, and I want to keep my independence.

Reality: Fall prevention is a team effort. Bring it up with your doctor, family, and anyone else who is in a position to help. They want to help you maintain your mobility and reduce your risk of falling. .

Myth 10: I don't need to talk to my parent, spouse, or other older adult if I'm concerned about their risk of falling. It will hurt their feelings, and it's none of my business.

Reality: Let them know about your concerns and offer support to help them maintain the highest degree of independence possible. There are many things you can do, including removing hazards in the home, installing safety features like grab bars or walk-in bathtubs, finding a falls prevention program in the community, or setting up a vision exam.

For more information about Falls Prevention visit National Council on Aging ncoa.org or the [National Institute on Aging](#) .

SUICIDE PREVENTION CONTINUED

What Can I do If I am Concerned About Someone Making a Suicide Attempt?

- Take the threat seriously and call the Lifeline at 988.
- Encourage the person to call Lifeline at 988.
- Be direct and talk openly and matter-of-factly about suicide.
- Practice active listening. Let the person know you are there for them. Be non-judgemental
- If possible and safe to do so reduce access to means of self-harm like fire arms.
- Check-in and follow-up with the person to see how they are doing. Be available.
- Don't dare the person to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.

For more information and resources about suicide prevention visit

- **988 Suicide & Crisis Lifeline**—<https://988lifeline.org/>
- **National institute of Mental Health**—<https://www.nimh.nih.gov/health/topics/suicide-prevention>
- **Centers for Disease Control**—<https://www.cdc.gov/suicide/index.html>

LIVING WITH BACK PAIN: HEALTH INFORMATION BASICS

Back pain is one of the most common medical problems in the United States. Changes to any part of your back—such as ones that may occur with aging, getting hurt, or having other medical conditions—can lead to back pain. It can start suddenly or come on slowly. It may feel like a dull, constant ache, or a sudden, sharp pain. Acute back pain happens suddenly and usually lasts a few days to a few weeks. Back pain that lasts longer than 12 weeks is called chronic back pain. Visit [NIAMS](#) for more information.

Who Gets Back Pain?

Anyone can have back pain. You may be more likely to have back pain because of the following:

- **Age:** Back pain is more common as you age.
- **Fitness level:** Back pain is more common if you are out of shape. Weak back and abdominal muscles may result in back pain. You may also get back pain if you exercise too hard or too much.
- **Obesity:** If you are overweight or obese, it can put stress on the back and cause pain.
- **Family history:** Genes can play a role in some disorders that cause back pain.
- **Some jobs:** If your job requires you to lift, push, or pull while twisting your spine, you may be more likely to develop back pain. If you work at a desk all day and have poor posture, you may also develop back pain.

When Should I See a Doctor?

Back pain usually goes away within a few weeks with home treatment and self-care. However, you should see a doctor if your pain does not improve or if you have any of the following with your back pain:

- Tingling or numbness.
- Severe pain that does not improve with treatment.
- Back pain from a fall or injury.
- Back pain with: Trouble urinating, weakness, pain, or numbness in your legs, fever, unexplained weight loss.

Your doctor may use many tools to help figure out the cause of your back pain. This can include performing an exam and asking you about your family and medical history, your pain, and if anything makes your pain worse or better. Sometimes, your doctor may order testing, such as x-rays, other imaging tests, and blood tests.

How Do Doctors Treat Back Pain?

Your treatment may depend on why you have back pain and what kind of pain you have. Most acute back pain usually gets better after a few weeks of home treatment. Your doctor may recommend the following to help manage your back pain...

- Use cold packs to help with pain and hot packs to increase blood flow and help you heal.
- Do not lay down all day. Instead, limit activities or exercise that cause pain or make it worse. Slowly increase your activity as you are able.
- Use over-the-counter and prescription pain relievers for severe pain as directed by your doctor.
- Physical therapy to help strengthen muscles and improve your posture.
- You may want to try other types of therapies or treatments, such as:
 - Massage and adjustment of the spine and muscles by a professionally trained doctor or therapist.
 - A device that sends mild electrical pulses to the nerves through pads that are placed on your skin.
 - Acupuncture, a Chinese practice that uses thin needles to help relieve pain.

Doctors may consider surgery to treat your back pain if other treatments have not helped. However, surgery is not right for everyone, even if the pain persists. The type of surgery your doctor recommends depends on the cause of your pain and your medical history.

How to Help Keep Your Back Healthy

You can work with your doctor to help manage your back pain and keep your back healthy. Remember to follow your doctor's directions. These tips may help:



Public Health
Prevent. Promote. Protect.

Warren County Health Services
Division of Public Health

- Slowly add exercises back into your daily routine. Talk to your doctor about the types of exercises that are best for you.
- Ask your doctor if you should avoid certain activities or exercises.
- Wear comfortable shoes with a low heel.
- When driving long distances, stop regularly to stand up and walk around.
- When sitting for a long time, remember to get up, move around, and change your position frequently.
- Limit the amount you carry. Instead of carrying more items at once, make extra trips.
- Try to sleep on your side with a small pillow between your knees. If you sleep on your back, place a pillow under your knees. If possible, avoid sleeping on your stomach.