

Toward A Healthy NMU

BY CINDY PAAVOLA '84 BS

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NMU President Les Wong wants to help create a healthier student body. He wants faculty and staff to be healthier. And to the extent that the university can help the alumni and the local community members improve their health, he'd like to see that happen, too.

He has a big idea on how to realize these goals. Now the details of that vision are being massaged into a plan of action currently known as NMU's health alliance initiative. Twenty-five members of the health alliance committee, representing more than a dozen campus units, have been meeting since early in the fall semester to discuss

ways in which Northern can strengthen its many health-related academic programs and services and, subsequently, make NMU a healthier campus.

“There’s a financial, psychological and productivity cost when the members of your organization or community are not as healthy as they could or should be,” says Wong. “Striving to make NMU a healthier campus could have so many positive benefits it’s mind-boggling. For instance, think how much better students might do on their exams if their immune systems are at optimal levels when the stress of finals hits them. And since Northern is self-insured, there is obviously a major financial plus to having our faculty and staff be as healthy as possible in that it lowers the university’s and employees’ health-care costs.”

Those familiar with Wong’s tenure at NMU know the question of whether Northern should become a smoke-free campus has been a discussion point since he posed the question shortly after arriving in Marquette. The conversations that have taken place around that issue brought up many other health-related discussions and opportunities to explore.

“The conversations we’ve had about being smoke-free generated so many ideas that would also have health benefits to the campus. One of my eight goals for the academic year was to have the campus stop talking about all these ideas in a general sense and to start talking about what might actually be possible to implement, both in the short-term and long-term,” he says.

Wong adds that when he convened the members of the health alliance committee together for the first discussion the most striking points were: 1) just how many health-related programs, services and activities are currently taking place on the NMU campus; 2) how little each area knew about what the other areas were offering; and 3) how great was the opportunity to “streamline, consolidate and strengthen programs and services through strategic collaboration.”

Some of the ideas being explored by the committee include consolidating all health-related academic programs, and possibly student service programs too, into one unit that could be named the School or College of

Allied Health; creating both electronic and physical portals that help direct NMU community members through the process of getting to the correct health program or service provider; expanding the use of NMU’s technology to create a “better your health” toolbox that would include websites, web-based programs and assessment tools, campus kiosks and mobile apps.

“Right now, we’re still in the auditing phase to learn about what each area does that is related to health and wellness. We are trying to assess where there is overlap of services, what programs and services are greatly needed but lacking, and exploring what models other colleges, universities and private industries are using to improve the health of their organizations,” says Wong.

A subcommittee is researching the logistics of physically moving most or all health-related programs and services into one facility, “which may or may not be possible. But what is possible in the near future is an electronic portal,” Wong explains.

“When a student doesn’t know if he should go to the Health Center, the Counseling Center or the Athletic Training Clinic for what ails him, if we had a physical space where all of these units were housed together, he’d enter into the facility, explain his situation and be directed to the appropriate area. It may take us a while to realize such a physical space, but we don’t have to wait to have an electronic portal where our NMU community members can enter, provide limited information and be assisted in getting the appropriate help they need. We’re starting the process to create this and hope to have it done by next year.”

The units that are represented on the health alliance committee include: ASNMU student government; athletic training; clinical sciences; communications and marketing; counseling and consultation; dining services; health center; health promotions; health, physical education and recreation; housing and residential life; human resources; intercollegiate athletics and recreation; nursing; psychology; NMU retirees; student enrichment; and the wellness committee. ■



A subcommittee is researching the logistics of physically moving most or all health-related programs and services into one facility.



Northern's Health Center: From sniffles to malaria

By Cindy Paavola '84 BS

Northern alumni share many common experiences—the stress of final exam week, navigating to class on a blustery winter morning, and beach activities with roommates and friends along the shore of Lake Superior. Another common one is a trip to Northern's Health Center at some point between the first day of freshman classes and commencement.

According to *A Sense of Time: The Encyclopedia of Northern Michigan University*, there were only limited on-campus health services in Northern's first 30 years of existence, which included city health officials periodically performing physical examinations for the purpose of determining if students were fit to participate in physical fitness.

In 1927, Dr. W.L. Casler was appointed the school physician for women and Dr. H.B. Markham held a similar position for the men. Health examinations were given to students at the beginning of the school year.

In 1944, Northern hired Martha Hatch as its first nurse, who treated basic ailments such as colds from her tiny office in Kaye Hall. More serious illnesses and injuries were treated at

St. Luke's Hospital (now Marquette General Hospital). Throughout Northern's early existence, coaches treated minor athletic injuries. In 1948, Hatch resigned to become an instructor in Northern's nursing program and Ada Vielmetti of Ishpeming was hired to replace her.

With the increased enrollment following the end of the war, a Health Center was opened in Carey Hall in 1949. It housed examination rooms, a nurse's office and emergency beds. Then in late 1961, a new health center was completed on campus at the cost of \$131,650. It was located on the ground floor of Gries Hall and featured a larger waiting room, a private room, five double rooms, two double isolation rooms, an ambulance entrance and a full-time doctor. A decade later, it grew to include the second floor of Gries Hall and had 18 beds, 12 examination rooms and a new pharmacy.

Vielmetti retired from nursing in 1968, and in October 1975, NMU's governing board voted to name the health center in her honor.

Still located on the ground level of Gries Hall, today it handles an array of services, from examinations, testing, and preventative health education, to primary care and referrals. Immunizations and pre-

scriptions are also given. The staff consists of two full-time physicians, one physician's assistant, two nurses, a pharmacist, a pharmacy technician and four office and custodial support staff, as well as several student employees. Dr. David Luoma became the center's 10th director in July 2011.

On average, the center treats 40 patients a day during the school year and 25-30 during summer and breaks. The fee structure for services are set to be less than other providers with student fees significantly discounted.

While the location of the center has remained the same for the past 50 years, Luoma says technology has brought about considerable changes to the facility's daily operations.

"One of the biggest current changes is adopting electronic medical records this year.

Communication, scheduling and patient access to information will be even better. Other upcoming changes include our working with the counseling center, athletic training, health promotions and nurse practitioners



The Health Center's new director
Dr. David Luoma

even more closely than we do in hopes of streamlining the care of our campus family,” says Luoma.

Longtime director Dr. Thomas Schacht (1990-2010) says having a health center on campus is a great benefit to the university community.

“I was new to college health when I arrived and spent a year or two learning the characteristics and medical needs of the campus community. It seemed that what was needed was an accessible and affordable family practice office and that was what we set out to become—a place where a student could quickly get an appointment, usually with the same doctor, and without regard for ability to pay. With an on-site laboratory and pharmacy, we could take care of most problems at our facility, but we also referred students to the many medical specialists available in Marquette, and hospitalized sicker patients at MGH,” says Schacht.

“In 1992 we extended our services to NMU staff and families. The Health Center was a valuable resource and it made sense to make full use of it. NMU is self-insured for employee medical costs and recognized significant cost savings with this model. I think students found it reassuring when they realized that they were using the same facility that their professors and administrators used. It also made sense from a public health perspective to see both students and staff as they inhabit the same environment, sharing the same epidemics and even some of the same stresses.”

Schacht says during his tenure the most common ailments that promoted a visit to the Health Center were upper respiratory infections, headaches, rashes, injuries and back pain, which are similar to most family practices. But he points out there are illnesses that are more frequent in the student population.

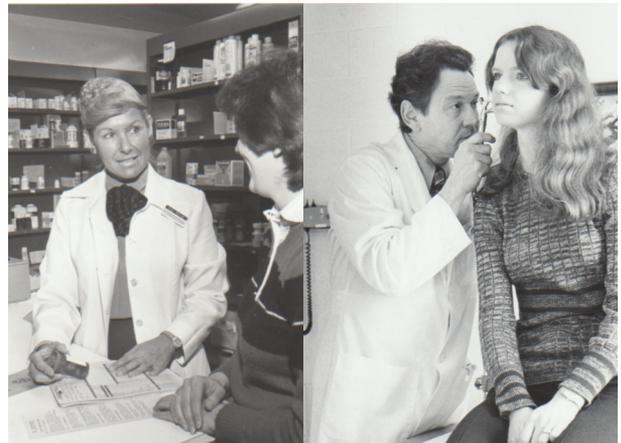
“Compared to a typical family practice, university health centers see more patients with sports injuries, STD and contraceptive needs, and mental health concerns. Some students also have chronic health problems like diabetes, seizure disorders, depression and psoriasis to name a few,” says Schacht. “We also diagnose cancer or some other life-threatening health concern in one to two students each year.

“I diagnosed students with cardiomyopathy, leukemia, lymphoma, sarcoma, and testicular cancer. There was great satisfaction in diagnosing many cancers at treatable phases, including cases of melanoma, colon, breast and prostate cancer. Some of the more memorable medical diagnoses during my years were patients with Cushing's disease, sarcoidosis, hemochromatosis, Lyme disease, malaria, endocarditis and SLE. During my tenure

at the Health Center, we also dealt with the emergence of HIV, periodic meningitis cases, the SARS scare, and most recently pandemic influenza.”

Schacht adds that a sense of humor was required for some less serious ailments. “Some of the more humorous situations I encountered were calls from roommates about smelly feet, snoring, various insect infestations and excessive masturbation.”

Both Luoma and Schacht say some significant issues facing university health centers nationwide include adapting to the rapidly changing technology requirements, maintaining physician staffing despite the national on-going shortage of primary care physicians, coping with the myriad insurance plans presented by students from many different states, and of course, balancing the budget.



Through the ages many student ailments have remained the same. Campus physicians tend to see more sports injuries, sexually transmitted diseases, contraceptive needs and mental health concerns compared to a typical family practice. Pictured from the past are longtime pharmacist Peggy Frazier (left) and Dr. Robert White.

“Health care costs and regulations are rising while aid from states is falling and that presents a challenge,” says Luoma. “But it also actually creates great opportunity for us, as I believe we can become even more cost-effective here.”

When asked what the one piece of medical advice is that he prescribes most often to his NMU Health Center patients, especially students, Luoma says it's medical wisdom that probably has not changed much from what might have been offered decades ago. “You need balance in life—your friends, family and faith are important components of health. And you need good basic health habits, including sleep and approaching most things in life with moderation.” ■



By Kristi Evans

Campus counseling centers expand focus

University counseling centers nationwide have reported an increase over the past few years in the number of students coming in for services. Their focus has also expanded from addressing problems adjusting to college life to also dealing with more complex and severe mental health issues. Marie Aho, head of NMU's Counseling and Consultation Services, explains, "Traditionally, students sought campus-based counseling services for issues associated with the new college environment, living with strangers, stress related to academic or financial demands, developmental and separation concerns and relationship conflicts or breakups. But now we're seeing more students come to campus with clinical depression or serious mental illnesses such as bipolar disorder. An estimated 25 percent are taking psychoactive medications. Others are struggling with negative coping such as cutting or eating disorders. It's not clear if troubled students make up an increasing proportion of the campus population

or if more are seeking help because of outreach efforts and growing awareness of mental health needs. Most of what we're seeing here is in line with the national trends."

NMU's counseling center, located in Hedgcock, does not charge students for its confidential services. It provided 2,940 individual counseling sessions to nearly 600 people last year, an increase of six percent. The number of mandated assessments requested by the Dean of Students Office for self-destructive behavior and the requests for same-day emergency appointments are up as well. The center also offers group therapy and provides consultations for faculty, staff, parents and the community.

Aho says most counseling centers lack the resources to handle the growing workload. Some ration care, limiting the number of sessions available

to students over the course of their college careers. "That's not the way you work," she says of NMU. Still, Aho says she and her staff of three full-time clinicians anticipate a waiting list to develop early each semester.

"There were 178 students on the waiting list last year. We got them all in, but the average wait was about eight business days. This year, it's 11 business days. That worries me. When they're on the waiting list, we screen for obvious risk factors and triage them through a rating system based on severity. We do the best we can, but it's inexact. We also reserve two openings per day for possible crisis appointments."

Aho reports that last year NMU counselors rated the severity of intake concerns as about 36 percent considered severe, 51 percent moderate and the remaining 12 percent mild or situational.

The Associated Press has reported that in the wake of the Virginia Tech tragedy in 2007, administrators are proactively encouraging students to get help, looking more aggressively for signs of trouble and urging faculty to speak up when they have concerns. Aho says these changes, along with the "Oprah effect" that has reduced the stigma of seeking professional help, have combined to send more students to campus counselors. She describes it as both a welcome development and a challenge.

"It would be nice to move ourselves from serving essentially as a MASH unit of counseling to focusing on wellness and prevention. That would fulfill our complete role. But we haven't been able to do that as much as we'd like because we're so busy. We try to fit in some outreach...to get the word out that we're here as a resource, regardless of whether students are at risk." ■



Dr. Marie Aho



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Spinning the wellness wheel

By Lucy Hough
Graphic by Dana Kim

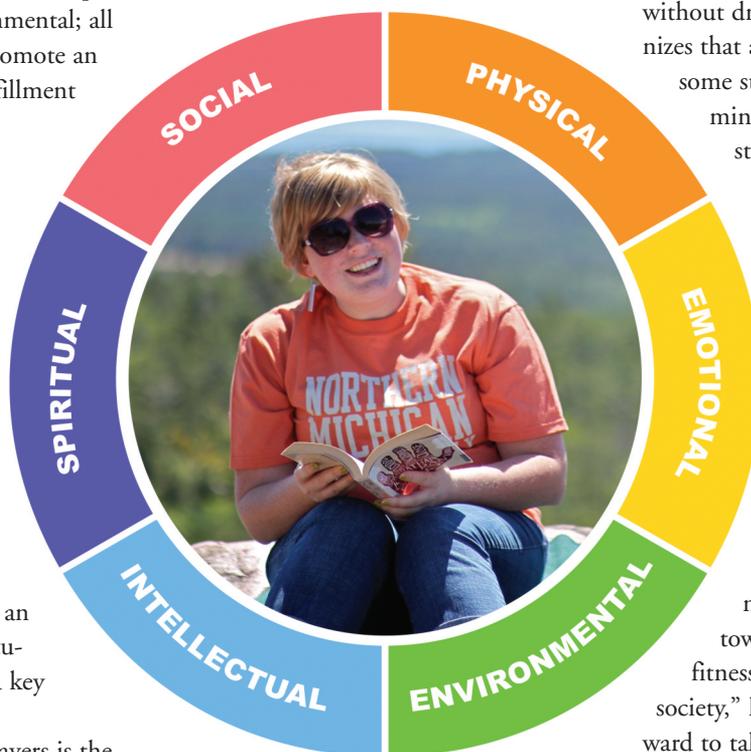
When Northern students take the mandatory health promotion class (HP 200), they learn about the six dimensions of wellness that contribute to a person's well being—often known as the Wellness Wheel. Those dimensions include physical, emotional, intellectual, interpersonal, spiritual and environmental; all interconnected to promote an overall feeling of fulfillment in an individual.

This idea of bringing together various aspects of wellness is being used on a larger scale at Northern to create a healthier campus population, and a new model that brings together various campus resources and community partners. It's an initiative in which students will also play a key role.

One of those players is the Health Promotion Office, which has worked for years to promote the social aspects of the wellness wheel among students.

Health Promotion Specialist Lenny Shible explains that the office strives to provide the tools and resources students need to make smarter decisions in whatever situation they might find themselves. Those decisions often involve alcohol and/or other drugs, sexual health,

and issues of boundaries and respect. The staff and students give presentations in residence halls and classrooms, offer Skill Builder workshops and provide non-judgmental support and referrals to equip students to make more informed decisions and actions—for themselves or for a friend who might need help.



“When and if students come to the realization that they're ready to take action or think about change or even be supportive of a family member or friend who experiences these things, we want them to know that we're available to assist them,” Shible says.

One of the other ways the Health Promotion Office promotes healthy choices is by co-sponsoring

Late Night at the PEIF with the Greek Council, a huge party attended by as many as 1,000 students that takes place the first weekend of the school year. With ice skating, laser tag, inflatables, games, prizes, entertainment and sometimes even a “dive-in” movie in the pool, this event helps to show students that they can have fun and meet people without drinking. The office recognizes that alcohol is a choice that

some students do make, so to minimize harm to NMU

students they also have distributed “designated driver cards” at local establishments that serve or sell alcohol, as well as on campus. The cards list phone numbers for area cab services.

Shible sees his office's role expanding even more. “One of the most important aspects of the new campus wellness initiative is moving toward better nutrition and fitness, as a campus but also as a society,” he says. “We're looking forward to taking on those things while we also continue to do what we do so well.”

Among the many nutritional and fitness efforts already taking place on campus—that directly address some of the other components of the wheel such as physical and environmental—are 26 different club and intramural sports teams, such as rugby, sailing, ultimate Frisbee and inner tube water polo; an “Adventure Series” offered by the Outdoor Recreation Center

with activities like a snowshoe trip to the Eben ice caves or star skiing at the Blueberry trails, in addition to equipment and camping rentals; and efforts by Dining Services to offer more vegan/vegetarian options and make nutrition information readily available for all meals served.

There's also the annual Wildcat Wellness Health Fair, hosted by the Health Promotion Society student organization, with healthy food samples, take-home information from local resources and wellness-related student organizations, and health screenings, such as blood pressure readings performed by the Student Nurses Association.



Taylor Syring

Hunt Hall students enjoy some healthy fun during a recent snow day building a statue of Old Man Winter.

“A big part of wellness is primary prevention and making sure people check their blood pressure before it's too late because there are so many complications that go with high blood pressure,” says Erin Schafer, senior nursing student and association president.

The group also holds charity balls for homeless shelters, participates in the Medicine Wheel Academy introducing Native American high school students to the health sciences, and holds an event for Girl Scouts to learn about hygiene, nutrition and fitness.

“Sometimes people underestimate what students can do,” Schafer says. “But we can make a difference within the community and for individuals. It's important to be proactive and not just wait around for someone else to do it.” ■

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Prometheus Tree



A new era for health care

By Rebecca Tavernini '11 MA

At a critical turning point for medical education in America, **Marc Raslich '91 BS** is helping to chart its future. Last fall he was one of a select few invited to attend “New Horizons in Medical Education: A Second Century of Achievement,” a major national conference in Washington, D.C. marking the 100th anniversary of the landmark Flexner Report, which revolutionized medical training and has been the standard most medical schools and residency programs have followed for the past century. The conference was not so much to look back, as it was to assess the current state of medical education and outline its direction for the next 100 years. Among the discussions were how to integrate impacts of health care reform, rapid scientific and health technology

advances, the need to increase minorities as faculty and students, improving K-12 education and medical school curriculum changes. Emphasis was placed on education in the context of today’s complex, real-life medical practice.

As an M.D., associate professor and program director of the Internal Medicine-Pediatrics Residency Program in the Boonshoft School of Medicine at Wright State University in Dayton, Ohio, Raslich brings an in-the-trenches perspective to the discussion. He’s responsible for teaching approximately 100 second-year medical school students and 16 residents.

“After medical school, residency is like an apprenticeship,” he says. “The residents are with me for four years. I see them come in fresh from medical school until they’re ready to practice independently. I hope to be

able to make an influence on their careers.”

One of the ways he does that, which ties closely with the techniques the New Horizons group is considering, is to create what he terms “significant learning experiences,” integrating course work with active learning in order to make the educational process more productive. It’s structured around team-based learning; moving the lecture material out of the lecture hall; inspiring more student response and input; giving immediate and continued feedback; and staging more simulation activities with patient scenarios, some involving real patients. “It’s about getting students to enjoy and learn without being bored to death,” he jokes. But he reports seeing serious results in increased grades and better maintenance of knowledge.

He also concentrates on evidence-based learning, which is a relatively new movement in medical education and practice, where results and methods from scientific studies, statistics, medical literature and other research-based materials are incorporated into the physicians' clinical decision-making process with the end goal being improved patient care outcomes. This is in contrast to relying on less strictly empirical methods.

"Because medical school is time-limited, everyone's expected to be an M.D. after four years. But it's different for each person," Raslich says, noting that he supports the idea of varying the period of time in which a student is required to complete medical school and

Raslich supports the idea of varying the period of time in which a student is required to complete medical school and residency and the move to a system based more on specific learning objectives and competency-based outcomes.



Dr. Marc Raslich with wife, Toby, and children

residency and the move to a system based more on specific learning objectives and competency-based outcomes to meet societal trends and needs. He also supports the notion of increased continuity throughout

training—where a student works with a mentor through his or her medical education and continues to have that support perhaps even in the first years in practice.

As an undergraduate and graduate biology major at Northern, Raslich was undecided about what he wanted to do for a career until his last year at Northern, so he understands the importance of support and time to get it right. When he was named chief resident at the University of Rochester out of 32 residents, it was obvious he had chosen the right path. He was named the Outstanding Young Alumnus in 1999 by the NMU Alumni Association.

Today he also appreciates the

continuum of care in his own family practice (and as a physician volunteer with the free clinic Reach-Out Dayton), where he sees patients of all ages and especially enjoys being able to see them over a span of many

years. Just as he feels pride in hearing from his former "apprentices" who have successfully established their own practices, or go on to educate and inspire the doctors of the future. ■



Tips for healthy living

From Dr. Raslich

- 1. Eat smarter.** Be aware of portion size and processed food. Read food nutrition labels and keep a dietary log over a week; it may surprise you what sneaks in. But don't let yourself get overly hungry, because that's when we tend to overeat.
- 2. Increase exercise.** Shoot for cardio-rich exercises 3-4 times per week for at least 15 minutes
- 3. Drink more water!** The body relies on water for nearly every essential process. Increased water intake may also help curb your appetite.
- 4. Keep up on your preventative care.** See your primary care physician yearly to discuss appropriate health screenings for your age and gender.
- 5. Relax.** Negative stress has several adverse effects on our health.

Nature and Needles



By Rebecca Tavernini '11 MA

If the thought of acupuncture makes you queasy, you're not alone.

"Some people are terrified by needles," admits **Bonnie Cronin '94 BS**, a licensed acupuncturist. "But once people experience acupuncture they are blown away that it's not painful and that they can relax with needles in them."

She describes the needles as being very thin, like a strand of hair. "Most people don't even feel them going in. Once the needles are inserted people can sometimes feel a brief dull ache or tingly sensation, as *qi* (pronounced chee), or energy, moves around," she says.

Cronin treats a variety of maladies, such as back pain, headaches, digestive problems, menstrual problems, fibromyalgia symptoms, insomnia, and many others. For the majority of her patients, acupuncture provides relief from their symptoms and makes many feel more energetic and relaxed. The World Health Organization recognizes the ability of acupuncture to treat more than 200 common conditions.

Cronin's website explains acupuncture as a form of Traditional Chinese Medicine that focuses on

balancing the *qi* in the body. This energy naturally flows through the body, but when disharmony and illness occur, the flow is disturbed. Through the insertion of fine needles at specific points the energy can be redirected to restore harmony and balance. Cronin explains that acupuncture usually has a cumulative effect over several sessions, but often creates immediate positive results.

Cronin is also trained in generally needle-free natural medicine as a naturopathic physician.

Here she mixes ancient healing methods with modern science. Naturopathic medicine focuses on finding the underlying causes of illness and uses natural therapies to help the body heal. She most often works with diet, lifestyle, nutrients, homeopathy, herbs and patient education.

"Before pharmaceuticals, many M.D.s were naturopaths," she says. "They used diet and exercise therapy, herbs and homeopathy. In addition, there used to be homeopathic

colleges all over the country."

Homeopathy is an energy medicine based on the philosophy of "like cures like." Today, the naturopathic specialty is recognized by the U.S. government and by several states, which offer licensure.

It was at NMU where her interest in natural medicine started.

"People in Marquette had a great influence on me. A good friend invited me to join a homeopathy study group. I didn't even know this field existed. It really opened my eyes and spoke to me." Cronin was always intrigued by how the body functioned and received her bachelor's degree in biology at NMU and went on to get a master's in acupuncture and doctorate in naturopathic medicine from Bastyr University in Seattle, the nation's largest accredited university for science-based natural medicine. Today she and her husband, **Michael Wenz '92 BS**, run her practice, North Shore Naturopathic & Acupuncture, in Rochester and Canandaigua, N.Y.

She says many of her patients come to see her after they've been to an M.D. "They're frustrated. They don't want to go on medications, and sometimes when they do they aren't experiencing results. That's because they haven't been focusing on the underlying causes."

Listening is a large part of her methodology. A patient's first visit with Cronin is scheduled for two hours so they can go through their whole medical history, diet and lifestyle and how each body system is working.

She gives an example of one patient who was on heavy medications for rheumatoid arthritis and in a lot of pain. Cronin suspected that she was very sensitive to preservatives and wheat so they modified her diet, also adding fish oils and other natural supplements to help decrease inflammation. The



Dr. Bonnie Cronin

patient was able to stop taking her medications and is pain-free.

“I’m not opposed to pharmaceuticals,” Cronin says, “but a lot of conditions can be healed with diet changes, nutrients and by reducing stress.” She also cites the importance of energy and balance—energy movement that doesn’t necessarily require acupuncture. “When you don’t move, energy doesn’t move, it stagnates and results in pain and imbalances in the body.”

Most of all, she says, we need to take the time to take care of ourselves. ■

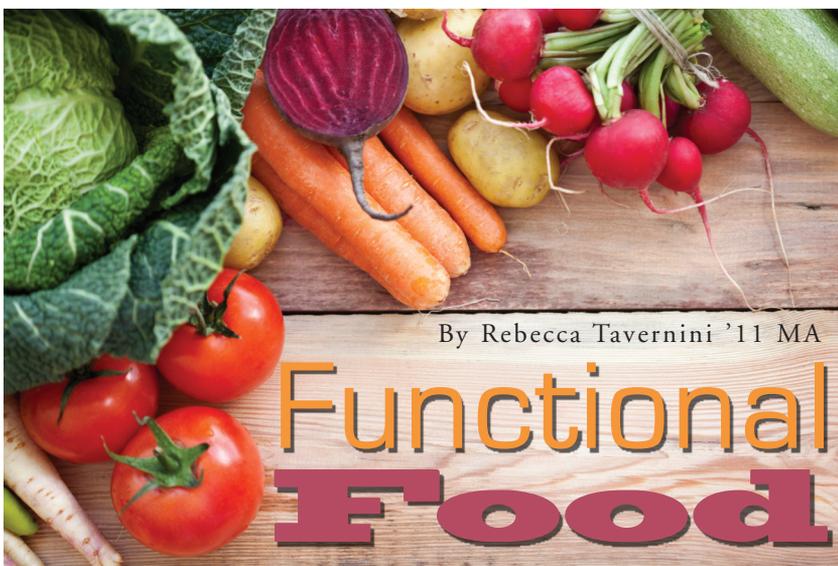
For more information go to www.drbonniecronin.com or www.naturopathic.org.



Tips for healthy living

From Dr. Cronin

- 1. Eat a lot of vegetables and fruits.**
- 2. Drink plenty of water.** (8 cups/day). Cut out sodas and sugary drinks. “Water is important for a lot of chemical reactions in the body. It’s needed to make energy at the cellular level,” says Cronin.
- 3. Get regular exercise.**
- 4. Eat foods grown locally and organically.**
- 5. Be aware of chemicals** in household cleaning products. If you wouldn’t use it on your body, don’t use it in your house. Visit ewg.org.



Kerrie (Pridemore) Saunders ’85 BS has multiple facets to her personality. Some might think that’s fitting for a psychologist.

As “Dr. Food,” she is author of the book *The Vegan Diet as Chronic Disease Prevention*, an advice columnist for *VegNews* magazine, host of “Nutrition Intermission” on Michigan radio stations, guest chef and food demonstrator at Henry Ford Hospital Health System, teacher of classes such as “Using Food and Fitness to Fight Pain,” “Cancer Prevention and Survival” and “Nutrition for Athletes” and has released a new series of food demonstration DVDs with John Pierre, Ellen DeGeneres’ “fitness guru.”

With a doctorate in natural health, Saunders provides consultation to patients and professionals at Pierce Integrated Medicine in West Bloomfield, using food and fitness to help prevent and reverse disease processes.

She is a member of the Physicians Committee for Responsible Medicine (PCRM), and one of four global moderators seeking to help prevent and reverse diabetes through diet. Saunders is also a master’s level psychologist.

There is a common thread, though. “Everything I do deals with how food functions in the body and brain,” Saunders says.

Early in her career as a psychologist she observed the “equal importance of physical health to the social health in the quality of life of my clients.” She believes a proper diet can often prevent or reverse many ailments and diseases, including obesity, cancer, diabetes, osteoporosis, cardiovascular disease and arthritis—and lead to feeling emotionally healthy as well.

As she spells out in *The Vegan Diet*, such a diet should be tailored to an individual’s needs, but generally be based on the PCRM food groups: fruits, grains, vegetables and legumes. “When you eliminate or reduce meat and dairy you make a direct impact on fat and cholesterol,” she says, which in turn reduces risk for many major diseases and chronic conditions.

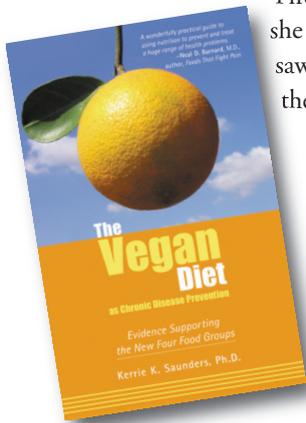


Dr. Kerri Saunders

Of all her professional activities, though, being coordinator of the Michigan Firefighter Challenge is one of her favorites. The challenge is based on *The Engine 2 Diet*, and had been done twice in Texas by the author of the book, Rip Esselstyn. Saunders has coordinated two 8-week challenges here in Michigan, involving seven cities and about 45 firefighters. “As a group, firefighters have huge rates of diabetes and heart disease, because they’re always on alert, and a fight or flight response kicks in every time the fire bell rings. This response also involves a surge in adrenaline, cortisol and clotting factor, which can be harmful over time.”

She provides workshops, food demonstrations and boot camps to teach healthy lifestyle factors, based on the book written by Texas firefighter Esselstyn.

“Firefighters saved my life in 1997,” she explains. “When I read this book I saw a way I could give back and help them rescue themselves.”



“When you eliminate or reduce meat and dairy you make a direct impact on fat and cholesterol,” Saunders says, which in turn reduces risk for many major diseases and chronic conditions.

In her training for these many specialties, Saunders has had a colorful diet of educational experiences. “I’ve studied at five different colleges and universities, including Eastern, University of Michigan and Miami, but NMU was my favorite. I was most influenced and have the fondest memories there. As a founding member of Northern Arts and Entertainment, a member of the swim team and a resident adviser, my years at NMU were some of the best times in my life. When I went away to do my master’s degree, I was far better prepared than others because my classes had been taught by full professors with experience in their field, who genuinely cared about me as a person, and my understanding of the material. I remember Dr. Steve Platt would constantly engage me in critical debate. I later realized he was teaching me to defend my conclusions.”

She has taken that to heart. A *Publishers Weekly* review of *The Vegan Diet* reads, “While foods are recommended to improve specific conditions, this is not a recipe or meal plan source, but rather a series of essays arguing for the vegan lifestyle. Ample citations are provided to support the theories.” ■

Learn more at www.drfood.org

HEALTHY Recipe

From Dr. Saunders

Almond Rice Roast with Almond Butter Sauce

Preheat the oven to 350° F.

Combine all of the ingredients below *except* the ground almonds. Mix well until the ingredients are all moistened and stick together. Press into a non-stick loaf pan. Sprinkle the ground almonds on the top, and bake for approximately 45 minutes.

- 10 cups well-cooked brown and/or wild rice
- 1 cup grated carrots
- 1 cup grated onions
- 1 tablespoon toasted sesame oil
- ¼ cup almond butter
- ¼ cup soy sauce or miso
- ½ cup almonds, coarsely ground

While the almond rice roast is baking, make the almond butter sauce. Combine all of the ingredients below in a blender or food processor until smooth. Thin with a few drops of water if desired.

- 1 1/3 cups almond butter
- 4 teaspoons toasted sesame oil
- ½ cup soy sauce
- 2 tablespoons birch xylitol (variation: 2 tablespoons Sucanat™ or agave nectar)
- 2 tablespoons apple cider vinegar (variation: 2 tablespoons Shanxi vinegar or 2 tablespoons rice vinegar)
- 2 tablespoons fresh ginger, minced
- 4 teaspoons garlic, minced
- ½ cup dark brewed tea

Slice and serve the roast with the sauce drizzled over the top.

How *sweet* it isn't



By Rebecca Tavernini '11 MA

If you're like most people in the U.S., you eat and drink approximately 140 pounds of sugar each year—and don't even know it.

Much of it is “hidden” sugar, in places you wouldn't suspect, such as low-fat salad dressing, yogurt and “good for you” cereals. Although a teaspoon of sugar is only 16 calories, “When digested, sugar is stored as body fat,” explains **James Surrell '63 BS** in his book, *The SOS (Stop Only Sugar) Diet*. “The ingestion of refined sugar is the primary cause of a person's excess weight and has a significant impact leading to elevated cholesterol.” He explains it's also the primary cause of Type 2 diabetes and high blood pressure. Plus, new research points to a link between high sugar consumption and dementia and Alzheimer's Disease.

While the trend for those who want to lose weight and lower cholesterol has been to focus on saturated fats, calories and carbohydrates, Surrell takes aim at sugar.

Hence, his SOS Program Rx for

weight loss is to limit refined sugar intake to about 20 grams per day (which he says his thousands of book readers now find easy to do). “I cannot emphasize enough how you must become a ‘label reading detective’... and just check the label for low sugar and high fiber, because that's all you really need to know.” Further, he recommends the dietary fiber for a healthy digestive system. A bonus is that you will eat less because fiber gives you a full feeling as well. Surrell calls the intake of dietary fiber his “painless portion control.”

Surrell is a board certified colorectal surgeon and director of the Digestive Health Institute in Marquette. He was honored as a Distinguished Alumnus by the NMU

Alumni Association in 1996. His personality belies his belief in laughter being a great medicine, as demonstrated in his three rules for the SOS Diet:

1. Low sugar
2. High fiber
3. No more rules
(everybody's favorite rule)

“For any weight loss program to be successful, it must be short, simple and easy to understand,” he says.

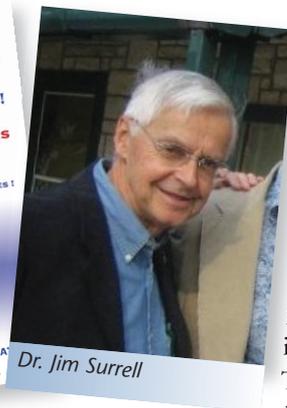
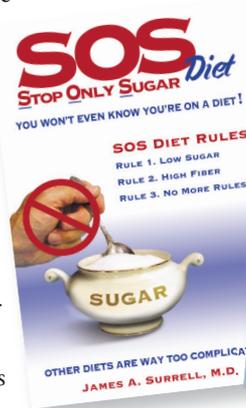
The idea for the diet came to him when he gave up sugar for Lent one year. After six weeks he had lost nine pounds and his cholesterol went down 40 points. “I started suggesting this approach to patients who were struggling to lose weight or lower their cholesterol. I made some hand-outs and people started telling me I had to write a book.”

The book, now in its third printing, and website (www.sosdietbook.com), includes dozens of success stories, many noting that it's “a simple lifestyle change that I continue to easily and successfully follow,” or “I don't ever feel like I am ‘on a diet.’”

Even small changes can make a difference, he says, noting one patient who

lost 72 pounds in one year simply by switching from drinking three bottles of regular soda to diet soda and eating whole grain bread instead of white. Those on the diet typically lose five to eight pounds per month and significantly lower their cholesterol levels.

As for the high fiber component, he recommends 30 grams of dietary fiber and six to eight glasses of water every day to normalize digestion, provide valuable nutrients and decrease appetite.



Dr. Jim Surrell

He includes a “no-no list” of foods to avoid or minimize. Some are surprising, such as ketchup, raisins, corn and potatoes. And there’s a shopping list of foods to enjoy, including dry roasted peanuts, cheese and crackers, fish, chicken, meats, eggs, and most fruits, with raspberries being the lowest sugar and highest fiber.

For those of you getting worried at this point—rest assured, chocolate, the sugar-free variety, is on the good list, and Surrell usually has a pocketful of miniature Hershey darks, and a joke or two, to share. ■



“S’s” of Healthy Lifestyle Choices

From Dr. Surrell

1. Sugar. (Stop Only Sugar.) Refined sugar is very unhealthy and sugar is stored as body fat. Decrease your sugar intake and your body will burn body fat for energy.

2. Smoking. (Stop Smoking.) Tobacco abuse is the worst health choice you can make. When you quit you add 14 years to your life.

3. Screening. (Save Your Life.) Follow the screening guidelines for breast, prostate and colorectal cancer. Talk to your doctor.

4. Stepping. (Start Walking.) One of the best exercises you can do.

5. Sleeping. (Seven Hours.) We need sleep to keep ourselves and our immune system healthy.

Keeping in motion



By Kristi Evans

Whether he’s launching a morning exercise program for K-8 students, motivating mid-lifers to shed their excess baggage or helping a 100-year-old woman improve her mobility, **Mike Koskiniemi ’02 BS, ’04 MS** is in the business of promoting fitness through the ages. He and his wife, Sarah, are certified personal trainers and owners of Motions Fitness in Marquette. The center recently celebrated its 10th anniversary.

“There’s no better profession than to help people improve their daily quality of life,” he says. “And the benefits carry over into everything they do, from work to family to recreation. We’ve recorded 100,000 pounds of weight loss over that decade. I’m proud of our clients who have helped us achieve those results.”

Many point to the lure of electronic devices—TVs, computers and video gaming systems—as contributing to inactivity and obesity, particularly among adolescents. But Koskiniemi is using technology in a way that actually facilitates exercise. Once it became possible to effectively sync the speed of audio, voice and music, he was able to fulfill his six-year dream of stream-



Mike Koskiniemi

ing workouts live over the Internet and making them available to schools.

Koskiniemi started a pilot program in fall 2010 at North Star Academy in Marquette (one of Northern’s five charter schools). It’s called SOAR, or Student



The Motions “tribe,” with the interactive video screens in the background.

Optimization and Readiness. More than 150 students in kindergarten through 8th grade, along with staff members, participate. The Motions studio is equipped with a state-of-the-art video camera and two large monitors. Sarah, who is also a certified teacher, leads the session and is able to enjoy two-way interaction with the students.

“During that first half hour of the morning, we’re helping students become more alert and we’re readying their brains for the material they’ll be digesting all day,” says Mike Koskiniemi. “Studies back up the fact that students perform better academically, even in their toughest subjects, after their brains are optimized through activity. This hasn’t been done over the Internet before, so we couldn’t ask anyone how to do it or use another program as a model.”

Once he overcame the technological challenge of how to pull it off, Koskiniemi began to think globally. In March, he will use the Internet to stream group classes, along with interactive one-on-one personal training and nutritional counseling sessions, to individuals worldwide. All will be accessible through online daily or monthly subscriptions and available on mobile devices.

Age does not have to be a limitation when it comes to fitness. Koskiniemi has helped senior citizens improve their strength and flexibility. He said the human body is not fragile. “We all have the same hardware (bones and muscles) and software (brain), so how come older people lose so much of their functionality and see their posture and joints deteriorate? It’s all about the patterning of movement. Muscles need to be stressed to become stronger, but the elderly require a progressive approach to avoid injury.”

One of his biggest achievements was the late Grace Magnaghi, who died in March at the age of 100. She was recovering from a bout with pneumonia about six years ago. She couldn’t walk and needed nursing home staff to help her to the bathroom. Her son (and NMU historian) Russ Magnaghi, a regular Motions client, approached Koskiniemi about helping his mother.

“Grace was in a wheelchair the first time Russ brought her to us,” Koskiniemi said. “We knew we had to wake up her brain, just like the kids. The first thing I did was put her wheelchair behind the pedals of a stationary bike and had her use that. After 30 minutes at Motions,

she was more alert and upright. A hundred days later, she took 44 steps by herself. Grace danced with Russ for the first time in 13 years at my wedding and even saved three dances for me.”

Russ said Grace reaped both physical and psychological rewards from her newfound mobility: “It restored a certain amount of independence and humanity. It also broke up the tedium at her nursing home. She could walk into church on her own or into the Northland Pub at the Landmark for a burger and beer, which she dearly loved.

“Mike also helped me with flexibility,” says Russ Magnaghi. “I pulled something in one arm and couldn’t extend it straight up. Now I can. When you go to a trainer, they’re so knowledgeable about the body and how it moves. You think the problem is in one place, but it might be somewhere else. I come from an era when people didn’t go to the gym, so I’m a late bloomer

as far as exercise. But it has opened up a whole new world for me. I started running in my 60s and have done some half-marathons with my daughter.”

Koskiniemi traces his interest in overall health back to his 12th birthday. He started a full-body workout regimen and soon began delving into physiology and nutrition books. He carried that interest to NMU, earning two degrees in exercise science. Even after opening his own business at 24, Koskiniemi was determined to keep learning. “I read from 3-5 a.m. every day.

There aren’t a lot of mysteries left about the human body, so I’m not necessarily gathering new information as much as I’m going through the old and seeing what might have been missed. Some of the ancient Europeans were dead-on, but they were so forward thinking that people thought they were crazy. It’s important to make sure you keep educating yourself and stay on the cutting edge in this business.”

The Marquette native also gives back to his alma mater by hiring only NMU students. Koskiniemi was recently named one of the top 10 trainers to watch for 2012 by the American Council on Exercise (ACE) and Life Fitness.

No matter how much things change, especially now that he’s harnessed the power of the Internet to reach people remotely, Koskiniemi says he will never forget the foundation of his business: individual relationships. ■



The late Grace Magnaghi training with Koskiniemi



Tips for healthy living

From Mike Koskiniemi

1. Personal trainer. Work with a professional to develop a road map to better health. Because it's possible to get a \$50 certification over the Internet, make sure your trainer has a higher level of education and proven results.

2. Group exercise. We're a tribal people by nature, so it's fun and beneficial to participate in a community environment and draw motivation and inspiration from others doing the same thing.

3. Heart rate monitor. You need to quantify your workout results by knowing your heart rate and how many calories you're burning.

4. Express workout. We're all short on time, but you don't have to spend hours at a gym. You can complete a full-body workout with an emphasis on cardio that burns hundreds of calories in only 30 minutes.

5. Nutrition. This is the last thing people are going to work on, but it should be the first. Nutrition is 80 percent of any goal that you have, whether it's losing weight, gaining weight or running a marathon.

From *massage* to **muscle**

By Kristi Evans

Another fitness center owner and personal trainer is **Troy Huggett '92 BS**. He is also certified in bodywork and massage therapy and was able to study traditional Chinese manual medicine, or Tui Na, with the Chinese Olympic team physicians and trainers in Beijing. Based in Battle Creek, he was the only Michigan representative in the U.S. group who participated in the 1997 educational exchange.

"We were all under the impression we were going over there to work on their athletes," he says. "That was pretty naive of us. Once we got there, we realized there's no way they were going to let us treat their elite athletes. The same would be true here. So we worked on the translators and other staff to show them what we could do."

By the end of the week, however, Huggett says the group became the first in the history of the program to receive permission to treat the athletes. He gave a massage to a male gymnast who was the national rings champion and to a female who competed in rhythmic gymnastics.

One day, the head physician invited him to a part of the training facility few Westerners, if any, had ever been in. He watched them perform acupuncture and "they also did cupping therapy, where they lit a fire in a jar, put it out and then immediately put the jar over the injury to create suction that would draw out the bad

stuff. It was awesome," he recalls.

Huggett also learned the Chinese do not use any oil for massages, and he adopted the same practice upon his return to the states.

A 2004 recipient of the NMU Outstanding Young Alumni Award, Huggett continues to give back to his alma mater. He hosts alumni gatherings and has endowed a scholarship fund that supports one award for an incoming freshman and one for a transfer student.

Huggett has also found time to write three fitness books, produce fitness audio and video programs, serve as an adjunct instructor at Kellogg Community College, train the local Independent Basketball Association franchise and become a licensed emergency medical technician. He was named one of three finalists for 2005 Trainer of the Year by the IDEA

Fitness and Health Association. Not bad for someone diagnosed with Type I diabetes at the age of four.

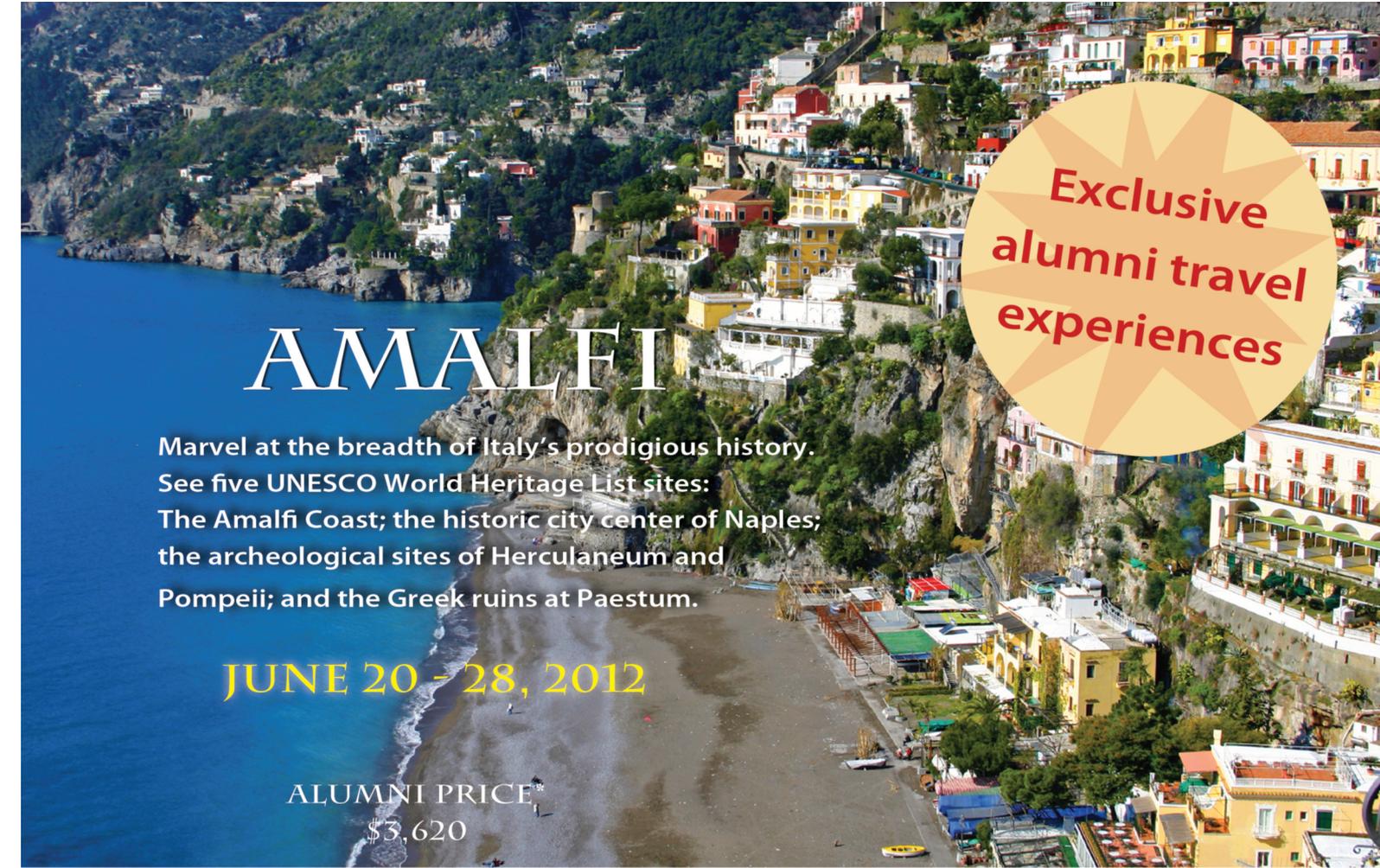
"I've been on an insulin pump for about a decade," he says. "They used to be so big and bulky, but the one I use is about the size of a beeper. I've done what

you're supposed to do with Type I diabetes—followed the plan as prescribed and incorporated exercise.

"The doctors told my mom I wouldn't make it through my teen years, but I did, and I was able to play sports and turn physical activity into a career. I didn't want anything to limit me or interfere with my passion for helping people." ■



Huggett explains his diverse skills: "The bigger your toolbox of knowledge and techniques, the better you'll be able to help people."



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Treating the troops

By Kristi Evans

Trauma is something most people try to avoid, but **Capt. Meghan Roberts '04 BSN** thrives on toiling in the thick of it as a critical care registered nurse in the U.S. Army. She treated shrapnel wounds and amputations caused by improvised explosive devices at a combat support hospital in Iraq. She served with a medical company deployed to Haiti in the wake of 2010's devastating earthquake. And she was prepared for both tours of duty after spending nearly four years in the medical and pediatric intensive care units at Walter Reed Army Medical Center in Washington, D.C.

"It may sound strange, but I love that rush of adrenaline you get dealing with very sick patients or serious injuries," Roberts says. "Their lives depend on you and your team. You have to swallow a lot and see many unpleasant things. You just have to let everything roll off your back when you go home. I know it's not for everyone, but I love being a critical care nurse."

Despite her obvious passion, this was not the profession Roberts originally envisioned. After she enrolled at NMU "undecided," she got interested in nursing and to earn money for school and travel, joined Northern's ROTC Wildcat Battalion. Roberts completed officer basic training in San Antonio, Texas, after graduation and requested to be stationed at Walter Reed Hospital, "the mecca of military medicine."

A deployment to Tikrit, Iraq, followed. Roberts described "the Army's mini version of a field hospital" as a half-building, half-tent facility. It housed emergency and operating rooms, an ICU, radiology, a ward for less severe conditions, a laboratory, pharmacy and mental health services. Frequent mortar attacks landed close enough to rattle the doors, but not Roberts' focus or nerves in the ICU and ER. When air evacuations were required, she helped to transport patients in Black Hawk helicopters.

"We never knew when we'd get mass casualty bigger

than what we could handle. It was much different than at Walter Reed, where everything was by the book and followed the rules of accreditation. We had to rough it with paper charting instead of computer charting and we had to make do or improvise when the cabinet was low on supplies. With the sandstorms, you couldn't keep everything sterile and clean.

"Sometimes we took care of locals or detainees. That was frustrating and interesting at the same time. You struggle because, as a nurse, you take an oath to take care of someone no matter what you think about them or their situation. At the same time, you recognize you're treating those trying to blow up your soldiers. It was a challenging six months, but it was one of the neatest things I've ever done and one of the most life-changing. You realize how short life is and that you could lose anything in an instant."

She was deployed to Haiti after moving to Ft. Bragg, N.C., where she works part time in the ER at Womack Army Medical Center and part time as a nurse for the 602nd Area Support Medical Company. "We treated some post-earthquake injuries, but most of what we saw and were taking care of was chronic issues. It's a very poverty-stricken country. Even before the earthquake, the rivers and streets were flooded with trash and feces and the water was contaminated. We were treating young children for viral issues, bacterial infections and parasites. We helped to deliver babies. It was hard knowing they would be malnourished and probably wouldn't get the vaccines and health care they need.

"Before we left, we donated a lot of our supplies and also donated to a local orphanage we visited. Those kids pulled at your heartstrings."

Roberts is charged with tending to the medical needs of men and women serving their country, but she says all Americans can support the troops and their work in military and humanitarian efforts.

"Supporting the Red Cross is one way to do that because the organization does wonderful things for the military. Care packages are also great," she says.

"I wish I could take people over for a month to see the sacrifices the troops are making. It drives home how valuable family is, how important medicine is and how it's lacking in places like Iraq, Afghanistan and Haiti. We are fortunate with the quality of care we have in the United States." ■

Dental work

By Kristi Evans

February is National Children's Dental Health Month, when many elementary schools invite local dental professionals to visit classrooms and demonstrate proper brushing and flossing techniques. **Juliet Hoffman '94 BS** clearly remembers sitting through such a presentation in 3rd grade. Unlike most kids, she left with much more than a free toothbrush and helpful tips for good oral health: "I can't really explain it, but something about watching and listening to the dentist that day really clicked with me," she recalls. "I knew that's what I wanted to be when I grew up."

Hoffman fulfilled her childhood goal when she became a commissioned officer in the U.S. Navy Dental Corps. After earning a degree at NMU and graduating from the University of Michigan School of Dentistry, she wanted to complete an advanced education in general dentistry (AEGD) program. She decided the Navy offered the best of those she researched. Hoffman later went on to complete a comprehensive dentistry residency and is a diplomat with the American Board of General Dentistry. She has since practiced or held administrative positions at shore-based military clinics in the Carolinas, Texas, California and Illinois. She also worked in the western Pacific aboard the *USS Kitty Hawk*, an aircraft carrier deployed from Yokosuka Naval Base in Japan.

"That was an amazing two-year tour," Hoffman says. "I was able to travel all over—places like Japan, Korea, Guam and Australia. Some people might be surprised to know we have almost every resource available that you would find at a land-based clinic. We even had our own dental labs where we could make crowns and other appliances. The patient population was close to 5,000, so it truly was like a floating city."

Hoffman's first administrative role was clinic director at Camp Pendleton, Calif. She transferred to Naval Station Great Lakes in Chicago to teach and run the AEGD residency program, but will return to Camp Pendleton in June to direct the 10 clinics on base and three elsewhere.

"I like being a mentor and teacher to residents just coming out of school. That's the majority of folks we're working with. At times I miss practicing and treating patients. When I sit down to do part of a procedure for



Juliet Hoffman, second from right, teaching some of the 10 residents in the advanced education in general dentistry program at Naval Station Great Lakes.

residents to observe, I'll joke that I'm having too much fun so I need to stop and let them back in the driver's seat. It makes you a better administrator if you're a clinician at heart. You know where they're coming from, so you can help them do their job."

After researching her own educational options in high school, Hoffman selected Northern's pre-dental program. "The pre-professional programs are well-respected. An uncle who was a physician strongly encouraged me to look at Northern because of its strong biology and chemistry departments." She also notes Northern has a reputation for recommending good students to dental school admissions boards.

"I actually got my bachelor's degree in political science. The dean of admissions at Michigan advised me that I would be well-prepared in the sciences, so I should take classes I won't have a chance to pick up once my education progressed. It was great advice. You can take courses you need for dental school without necessarily majoring in biology or chemistry."

The NMU Student Leader Fellowship Program was also valuable in expanding Hoffman's leadership skills for both career and community. She was a red block in the first year of the program.

Except for two years of private practice in Marquette, Hoffman has been with the Navy since 1998. She plans to remain in the service until she retires.

"There are a number of opportunities available to me," she says. "I'm pretty fortunate. Every time I get a new assignment, I always find myself saying, 'I've got the best job in the Navy.'" ■