November + December 2013

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IN TOUCH VITH YOUR HEALTH matters...



Mobilizing to Decrease the Trend

The Bitter Truth About Salt

Cities Study Population Data to Improve

Health Outcomes

Having Second Thoughts
About Your Tattoo?



Affordable Care Act Approach, and the results of t

MEDICAL AFCORD

(in a Nutshell)



With October 1st quickly approaching, the Patient Protection and Affordable Care Act (ACA) has many people have taking a sudden interest in learning about the law. The law is 2,409 pages long and contains so much more than insurance reform. There are changes in health care delivery, how we address chronic disease, and how we beef up our primary care workforce are included in the law. There are ten 'titles' in the law, each dedicated to a different part of our health care system. The following is an overview of the new health care law.

Title I is "Quality Afforable Health Care for All Americans."

This is the most important and widely discussed part, as it deals with three important changes in health insurance. First, you cannot be turned down for coverage because you have an illness. Second, everyone is required to have coverage. Third, people who have difficulty affording coverage will get assistance paying for it.

Title II "Role of Public Programs."

This section deals with, public programs specifically Medicaid and the Indian Health Services. Part of this provision is the development of medical care homes, which basically moves us from a paternalistic model of medicine to a team based

approach, and the move to home based care for the chronically ill.

Title III is "Improving Quality and Efficiency of Health Care."

This is an important section for health care providers which details changes in Medicare. It moves us from a fee-for-service system toward payments based on quality of delivery. This starts with Medicare and what Medicare does is usually followed by private insurance. Eventually, this will go a long way toward controlling costs.

Title IV is "Prevention of Chronic Disease and Improving Health."

It addresses the prevention of chronic disease and disability. Chronic illness is very costly, and we need to do a better job of preventing disease or treating it very early before expensive complications arise. Many organizations like the Mayo Clinic and Kaiser Permanente were involved in this section of the law.

Title V is "Health Care Workforce."

Better known as "The Jobs Bill," this section recognizes that we don't have enough health care workers to take care of everyone, especially in primary care. An important component is an increase in the Public Health Service Corp and creation of the Ready Reserve Corp for service in times of national emergency.

Title VI is "Transparency and Program Integrity."

It is dedicated to reducing fraud and abuse in Medicare, Medicaid and private insurance. The law includes new requirements for the nursing home industry and the Elder Justice Act provides a framework to combat violence, neglect and financial exploitation of senior citizens.

Title VII is "Improving Access to Innovative Therapy."

This section is directs the US Food and Drug Administration to improving access to generic drugs.

Title VIII is "Community Living Assistance Services and Support."

Basically this is a bill that instituted a federally run long term care insurance program. The Department of Health and Human Services (HHS) has delayed this section until implementation issues can be ironed out.

Title IX is "Revenue Provisions"

It spells out how we were going to pay for ACA.

Title X is "Strengthening Quality Affordable Health Care for All Americans."

It includes several pilot programs on changes in health care delivery to American Indians and Alaskan Natives.

That is the ACA health care law in a nutshell. It is difficult to discern fact from fiction, especially in today's political climate. Our Health Matters encourages readers to 'Be Informed'. Ask questions and look for nonpartisan information of this important federal legislation.

For information on healthcare reform and the Affordable Care Act is available at: www.healthcare.gov www.cbo.org www.kff.org

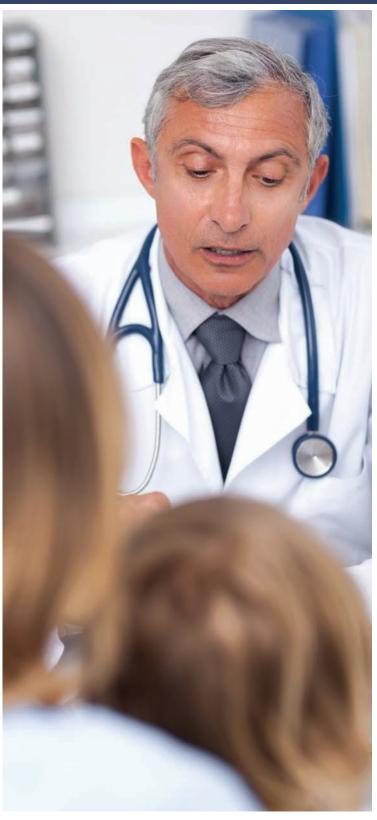
Talking With Your Child's Doctor

The key to building a strong relationship with your child's doctor is through open communication and having reasonable expectations.

You can expect the doctor to:

- Help you monitor your child's health.
 Mention symptoms your child is
 having even if the doctor doesn't ask.
 Tell the doctor what you've tried to
 make the condition better, what
 worked and what didn't.
- Explain your child's growth and development. Help you with your child's nutrition and weight concerns.
- Provide resources for behavioral and emotional issues.
- Diagnose and treat your child's illness. Be sure to provide the doctor with details about symptoms. This helps assess your child's condition better and more accurately than if you just say that "my child is sick."
- Provide referrals and coordinate with specialists when a health condition requires additional expertise.

Good communication is a two-way street. Give the doctor feedback about your child's treatment, prescriptions and office visit experience. Encourage good communication by letting the doctor know that you trust him or her to care for your child. It is important to remember that the doctor wants to work with you to provide the best care possible for your child.



SOURCE: www.kidshealth.org, American Academy of Pediatrics

What a Year!

ear-end reviews are standard operation for many businesses and organizations as they analyze their performance against goals they established at the beginning of the year. This sets in motion decisions to chart a different path, or stay the course with even more vigor. Similarly, individuals and families might reflect, assess and vow to improve or change some aspect of their lifestyle as the New Year approaches.

It's important to note that as a nation, we have preserved our role as a world leader by:

- > Facing the healthcare challenge implementing new policies to protect all citizens' health through the Affordable Care Act.
- > Tackling a tough economy restoring faith in our financial system through a strong stock market, keeping interest rates low and protecting home ownership.
- > Pursuing social progress protecting the well-being of individuals and families in order to reduce poverty, increase economic mobility and encourage responsibility and opportunity.

Throughout 2013 OUR HEALTH MATTERS continued to evolve by expanding its reach, launching a new design format and engaging health consumers to join our conversation to make "their health" a priority. Each issue, we bring to the forefront timely health news and information that provide readers with insight on many pressing health concerns and issues of the day. We link you to additional resources; explain problems; spotlight health experts that can help, and broaden your perspective to show just "how much power" you have to improve your health outcome.

In this issue we share how childhood obesity's outlook continues to spiral out of control in Missouri and Kansas and how businesses and organization are becoming involved to turn it around; we remind you to take a hard look at the health risks of consuming too much salt; and encourage you to participate in and have respect for health data collection.

As we close out the year **OUR HEALTH MATTERS** wishes to thank advertisers for their messages about quality services, which supports our commitment to increase health literacy, and to you for readership and feedback.

We promise to continue being your essential guide to healthy living in 2014. OUR HEALTH MATTERS staff, family and friends wish you and yours a safe and blessed New Year.

Ruth Ramsey, Publisher and CEO

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Fun Chings To Do With Your Family

Each holiday season is a great time to slow your pace and spend time with family. Invite them to come together to rekindle relationships, express love and appreciation — and make fond memories!





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Blue Cross and Blue Shield of Kansas City
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Facing the Challenges of Childhood Obesity

By Daisy Wakefield, Contributing Writer

The term obese refers to someone who has too much body fat and risks placing their health in danger. Obesity can have both immediate and long-term effects on children's health, ranging from poor self-esteem, sleep apnea, and asthma, to increased risks for heart disease, high blood pressure, and cancer. There are ways to help reverse this growing trend to help children live healthier lives.

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Before you choose your health insurance, think about the day you might actually need it.

Can you live with the benefits?

Picking out your new health insurance is a big decision for you and your family. As you compare options, keep in mind that the monthly premium is just one part of the total cost of health insurance. You should know that the monthly premium likely does not reflect the full cost of actually using your insurance. In fact, the costs that you have to pay when you use your insurance can be significant, but the good news is that those costs aren't the same for every plan. So, before you commit to any plan, make sure you know the answers to these questions:



How much will it cost if you go to the doctor or emergency room? What if you need to go more than once?



Can you see your favorite doctor?



How much will it cost every time you pay for your medications?



How much money will you have to pay before your insurance begins to pay?



How much extra money should you expect to pay if you are hospitalized?



What happens if you are on a trip and become sick?



What's the most you have to pay in a year for medical costs?



Health insurance can be complicated, and it's easy to feel confused or overwhelmed. But asking the right questions now can save you a lot of money and potential heartache later.

So, ask people you trust about what they have learned, or look up an independent insurance broker. Also, whether you are a current customer or not, you can always call Blue Cross and Blue Shield of Kansas City. We are happy to help you figure out the actual overall cost of each health plan and find the plan that best fits your needs and budget. We are here to help 24/7.

For assistance, call 1-800-645-8346 or visit one of our Live Blue[™] centers. For more information, visit our website at **BlueKC.com**.



Blue Cross and Blue Shield of Kansas City has entered into an agreement with Centers for Medicare and Medicaid Services (CMS) to provide health insurance coverage through Qualified Health Plans on the Health Insurance Marketplace.

Signs You're Getting Too Much Salt

Be proactive, limit cooking with salt and buy low sodium or no salt packaged products.

alt is responsible for balancing the amount of fluids in your body and ensuring your muscles contract the way they should. Therefore, you need to ingest salt on a daily basis, but you also need to know how much to consume, as a sodium overdose could be hazardous to your health. Your body needs at least 500 mg of salt a day, and you shouldn't exceed 2,300 mg a day if you're a healthy adult. If you suffer from high blood pressure, diabetes or kidney disease, the maximum daily consumption of sodium is 1,500 mg a day. Here are signs that you're ingesting too much sodium:

Extreme Thirst

A common sign of excess sodium intake is extreme thirst. If you wake up thirsty in the middle of the night or in the morning,

Continued on Page 7



Kansas City Health Matters

www.kchealthmatters.org

Kansas City Health Matters provides data on health indicators for communities in the service area of the Health Care Foundation of Greater Kansas City.

Visit kchealthmatters.org to better understand health issues in your community and to find ideas on what other communities have done to work toward solving these issues.









Health Care Foundation is dedicated to our mission of providing leadership, advocacy, and resources to eliminate barriers and promote quality health for uninsured and underserved in our service area.

Continued From Page 6

it could mean you ingested too much salt the previous day. Make note of this sign; if it becomes routine, it means you need to alter your diet to prevent excess salt consumption from negatively impacting your health.



A SIDE EFFECT OF WATER RETENTION IS A BLOATED SENSATION.

"

Bloated Feeling

Sodium is a mineral that naturally retains water, and a side effect of this water retention is a bloated sensation. This is also a sign to be aware of, as a constant bloated feeling could mean you're eating too much salt.

High Blood Pressure

One of the main (and most threatening) signs of excess sodium in the body is high blood pressure. This could put you at risk for heart disease and stroke. When your kidneys can't get rid of excess sodium, it is put into your blood stream. As a result, your blood volume increases since sodium magnetizes and retains water. Water retention also forces your heart to work even harder to pump blood through your vessels, placing strain on your arteries and other organs.

Osteoporosis

Another dangerous effect of ingesting too much sodium is the risk of developing osteo-porosis. Sodium decreases your bone density, which causes the bones to lose strength. Sodium also interferes with your body's ability to absorb calcium—the nutrient which is crucial for building and maintaining bone health. Therefore, you should cut back on sodium now to ensure strong bones in the future and to decrease your risk of osteoporosis.

In order to lower your sodium intake, cook your meals at home whenever possible. Also reduce eating fast food, processed food, and other foods that have high sodium levels. Finally, drink plenty of water every day to flush the excess sodium out of your system.

SOURCE: www.fitday.com

Fighting Childhood Obesity Ensures Physical and Financial Health

aring for a family can be expensive—school supplies, sporting equipment, music lessons...it all adds up. The list of costs can be daunting to parents, especially after adding the inevitable cost of keeping your family well. One factor that can increase healthcare



By Dawnavan Davis, Ph.D. Director of Health Promotions, Blue Cross and Blue Shield of Kansas City

costs exponentially is chronic obesity-related conditions like diabetes, asthma, hypertension, depression and anxiety.

In the U.S., an astonishing \$14.1 billion is spent each year on medical costs for children struggling with obesity and obesity-related

conditions. With the rising trend of obese children and adults, it is estimated that these costs will continue to grow at alarming rates over the next decade. Kansas City, with one in every three children categorized as overweight, is no exception to this national projection.

The best solution to keep families well is to prevent and proactively address the critical problem of childhood obesity. Blue Cross and Blue Shield of Kansas City (Blue KC) recently published the 2012 Childhood Obesity Report. This publication brings a greater understanding to the complicated issue of childhood obesity and provides strategies for communities and families to address the issue and promote lifelong health.

Healthy Children Starts with a Healthy Home

Improving children's eating and exercise habits starts in the home. Without even realizing it, adults serve as key role models and influencers of the habits their children exhibit. Kids who observe adult family members making choices like eating right and

exercising are far more likely to maintain a healthy lifestyle than those who don't.

To determine if your family is making the best lifestyle choices, consider taking the Blue KC Healthy Family Survey. This easy online questionnaire offers insight into families' eating and physical activity habits and provides helpful tips to improve them. By taking the survey, families can create a personalized plan that will meet their specific health needs. The survey is available at BeWellKC.BlueKC.com/ Healthy-Family-Survey/.

Hometown Health and Wellness

Becoming active in the community is another great way for families to take control of their health and wellness. Blue KC supports numerous programs that offer opportunities for children and families to get active. Girls on the Run of Greater Kansas City is one local program that specifically focuses on helping elementary-aged girls build confidence and boost their physical activity through an afterschool program.

Another fun option for children to get off the sidelines and take a hands-on approach to learning about health and wellness is the Chiefs Sports Lab powered by Blue KC. Located inside Arrowhead Stadium, this one-of-a-kind educational center takes students through a sports nutrition lab, training camp and more.

Making healthy choices day-to-day is beneficial not only for families' health and vitality, but also for reducing the onset of obesity and healthcare costs. By making a collective commitment to boosting healthy habits, we can reduce preventable health problems like childhood obesity.

Prioritizing your family's wellness will ultimately keep children, families, and communities healthy, happy and thriving.

TO LEARN MORE

Visit BeWellKC.BlueKC.com/Obesity-Report.

Why Collect Health Data?

Information gathered shapes policies and programs on healthy eating and active living.

hen residents share information about their health with researchers from the Kansas City, Missouri, Health Department, everyone in the community benefits.



By Mary T. Fangman, MSPH Kansas City, Missouri Health Department

Gathering information from residents helps the Kansas City, Missouri, Health Department do a better job of keeping Kansas City healthy. The department uses the information to inform policy makers, such as city council members, and

guide city programs aimed at healthy eating, active living and many other issues.



Personal surveys are the usual method for obtaining health information. Researchers might contact residents by telephone or email and ask questions about their health. They then analyze the data they've gathered to find issues and trends that might affect health.

City residents might also be invited to participate in research studies, which are often performed at a university or other institution. Researchers might take physical measurements, such as height and weight, and draw blood for analyses such as cholesterol level.

Once the information has been analyzed, researchers use it to answer questions such as, "Do exercise and weight loss go together?" Depending on the answer, the research might lead to a new weight-loss exercise program at a community center.

Researchers might also publish study results in a journal. Publication allows the findings to be shared and have an impact on a much larger number of people.

In addition to doing surveys and research studies, the Health Department keeps track of the number of deaths and number of births as well as the cause of deaths, emergency room visits and in-patient hospital visits in the city, all by age, race/ethnicity and sex. This effort provides information about heart disease, homicides, childhood injury and much more.

Gathering health information helps determine if diseases are causing more deaths than usual, if diseases are occurring more frequently in one group of people than another (for example, in men more than women) and whether diseases are causing fewer deaths than usual. The analysis helps community leaders decide health priorities and keep Kansas Citians healthy and productive.

As a nationally-recognized Patient-Centered Medical Home, Turner House Children's Clinic provides high quality pediatric health care for underserved children.



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· Services include: -

- · Well-baby/well-child exams
- School and sports physicals
- Immunizations
- Hearing and vision screenings
- Developmental screenings
- Dental hygiene services
- · Laboratory testing
- Medications
- · Referrals to specialists
- Medicaid enrollment

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Monday/Wednesday/Friday: 8 am - 5 pm Tuesday/Thursday: 8 am - 8 pm Saturday: 8 am - Noon





Chicken Pot Pie

(Serves 8)

NOTE: This filling for the pie can be made a day or so in advance. Feel free to put an egg wash (one egg whisked with a tablespoon of water) on the finished pastry before baking if you prefer a sheen on your crust. This version of pot-pie is loaded with vegetables, gets rid of the cream or milk usually called for in other recipes, and the crust is trans-fat-free.

For the chicken:

- > 2 tablespoons olive oil
- > 6 cloves crushed garlic
- > 1 tablespoon picked thyme leaves or 1 teaspoon dried
- > 1 tablespoon chopped fresh oregano or 1 teaspoon dried
- >1 tablespoon chopped fresh tarragon or 1 teaspoon dried
- > 1 bay leaf
- >1 teaspoon turmeric
- > 2 teaspoons salt-free all-purpose seasoning
- > 1 teaspoon ground black pepper
- > ½ teaspoon salt
- > 2 cups frozen pearl onions, thawed
- > 1 cup carrots, peeled and cut into 1-inch cubes
- > 1 cup celery, cut into 1-inch pieces
- >1 cup shiitake mushrooms, sliced ½-inch thick
- >1 cup crimini or button mushrooms, quartered
- > 4 tablespoons flour
- > 1/4 cup Pernod (optional)
- > 3 cups low-sodium chicken stock
- > 1 pound skinless, boneless chicken breast, cut into 2" cubes
- > 1 cup frozen sweet peas, thawed
- > ½ cup chopped parsley

For the crust:

- > 1 and 1/3 cups flour
- > ½ teaspoon salt (optional)
- > ½ cup trans fat free margarine spread
- > 3 tablespoons ice water

Prepare the chicken. In a large sauté pan over medium-high heat, heat the olive oil until hot. Stir in the garlic, thyme, oregano, tarragon, bay leaf, turmeric, salt-free all-purpose seasoning, pepper, salt and sauté for one minute. Add the onions, carrots, celery, and mushrooms and sauté for two minutes. Stir in the flour and coat the vegetables well. Add the Pernod, if using, and chicken stock and stir to blend well. Allow the mixture to come to a simmer. Stir in the chicken and simmer for five minutes. Stir in the peas and parsley. Remove from heat and pour the mixture into a 3-quart oval casserole. Cover loosely with foil and set aside.



Preheat the oven to $375^{\circ}F$. Line a rimmed baking sheet with foil and set aside. To make the crust, placed the flour (and salt, if using) in a medium-sized bowl and add the margarine spread, cut into in one-inch pieces. Cut the margarine spread into the flour with a fork or pastry cutter (this can all be done in a food processor) until crumbly. Avoid over-working the dough. Add the ice water and mix (pulse in a food processor) until the dough just comes together. Roll the dough between two pieces of film wrap until it matches the size of the cas-

serole. (Hold the dish above the dough to check for correct size.) Peel off the top layer of wrap and bring the casserole next to the dough. Lift the dough by the bottom wrap and use it to help invert the crust onto the casserole. Trim the outside edges of the crust and gently press the dough so that it fits perfectly around the inside perimeter of the casserole dough. Cut eight, evenly -spaced 1-inch vents in the dough as demarcations of portions and to release steam while baking. Place the casserole on the foil-lined baking sheet and bake until the crust is golden brown and the juices are bubbling, about 45 minutes. Let the casserole rest for ten minutes before serving. Serve the pie in a

soup plate over a small mound of Olive Oil Mashed Potatoes.

Nutritional Analysis (per serving) > Calories.....

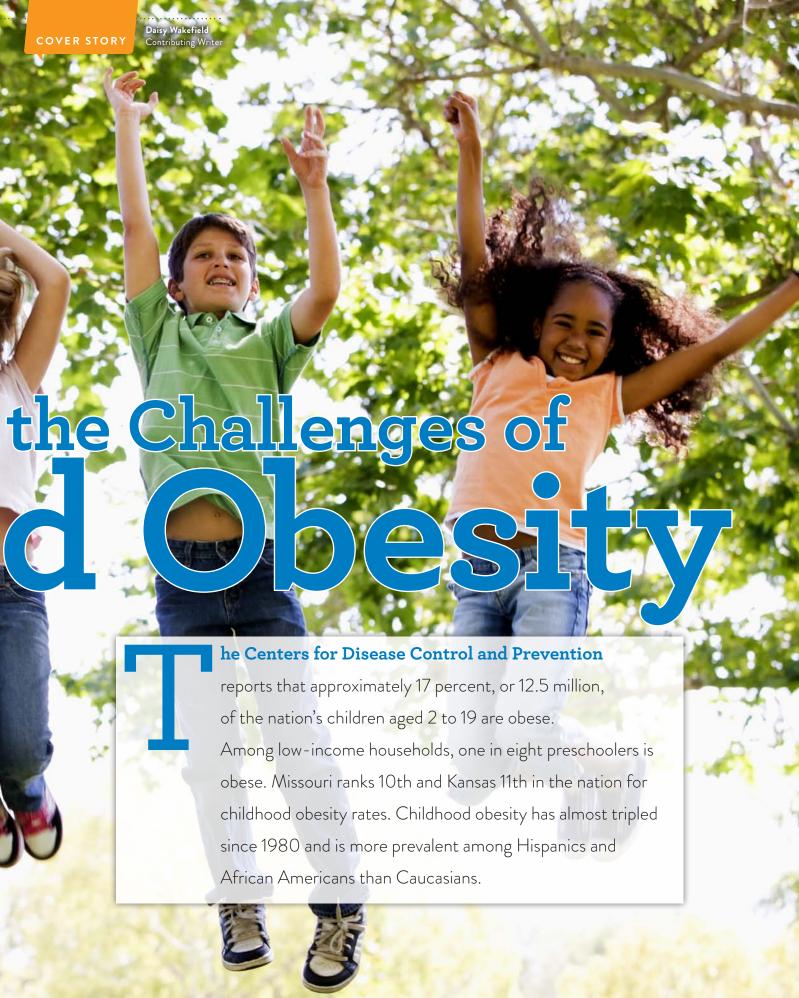
per serving)	
> Calories	295
> Total Fat	ع 9.0
> Saturated Fat	0.5 g
> Polyunsaturated Fat	1.5 g
> Monounsaturated Fat	5.0 g
> Trans Fat	0.0
> Cholesterol	33 mg
> Sodium	493 r
> Carbohydrates	33 g
> Fiber	3 g
> Sugars	4 g
> Protein	19 g

DIETARY EXCHANGES:

2 lean meat, 11/2 starch, 2 vegetable, 1/2 fat

This recipe is brought to you by the American Heart Association's Face The Fats program. Recipe copyright © 2007 by the American Heart Association. Look for other delicious recipes in American Heart Association cookbooks, available from booksellers everywhere.





Obese youth are at risk for a multitude of health problems, including cardiovascular disease, diabetes, high cholesterol, high blood pressure, bone and joint problems and sleep apnea. If the current trends for overweight and obese children continue, this generation could be the first in American history to have a shorter life expectancy than its parents.

How BMI Relates to Childhood Obesity

Body Mass Index (BMI) is a tool using height and weight to indicate the amount of a person's body fat. For children, BMI is correlated to age and sex and is sometimes referred to as BMI-for-age. Plotted on the CDC growth charts for girls and boys, kids whose BMI is equal to or above the 95th percentile are considered obese.

(Kids whose BMI fall between the 85th and 94th percentile are considered overweight.)

What are the causes?

The simplest explanation for obesity is that the calories taken in by an individual aren't balanced by the physical activity and energy spent. However, as Deborah Markenson, director of Weighing In, says, "The factors that precipitate this problem are related to environment, which (has) changed drastically over the last 30 years, and these changes have led to increased weight in kids - fewer kids walking and biking, less physical education and recess time, super-sized portions, spending more time in front of a screen." Other significant factors are:

a major contributor to childhood obesity. Drinking sugared beverages gives a temporary jolt to a child's blood-sugar levels but does not give any lasting nutrition and does not cause a child to feel full. Parents may avoid serving sodas and other obvious sugar drinks but can be under the impression that other drinks, like fruit juices, energy drinks and fruit-flavored drinks are healthier. In fact, ounce for ounce, the fruit drinks are just as high in added calories and sugar as soda.

FOOD ADVERTISING: Food marketing is a huge industry, and more than \$10 billion a year is spent specifically on marketing food and beverages to children. Ninety-eight percent of foods advertised to children on television are high in fat, sugar or sodium. Children are easily persuaded and do not understand how the media effects behavior, and its impact their food choices. Markenson says, "There's a multibillion-dollar industry promoting non-nutritious

SEDENTARY LIFESTYLE:

Children 8-18 years old spend, on average, more than seven hours a day sitting in front of a TV or computer. More than four hours are spent watch-

> ing TV. The massive use of media, from video games to computer time to cell phones, takes up big chunks of free time. They all detract from the time kids spend in

physical activities. Children are also likely to eat more and eat unconsciously while in front of the TV where they are also

subjected to advertisements for unhealthy food.

SCHOOL POLICIES: Fifty-five million school-aged children spend the majority of their day in school, where they have access to low-nutrient foods. Lucinda Noches Talbert, vice president of programs for KC Healthy Kids, says, "Children spend so much of their time at school — the policies there have a direct impact on their access to more nutritious food and their ability to learn." As well, physical education and recess time have decreased in schools under the pressure



OBESE CHILDREN ARE FIVE TIMES MORE LIKELY TO BECOME OBESE ADULTS.

.....



of budget cuts and increased testing. Add in-class parties, fund raisers, sporting events, teachers using food as rewards and restricting physical activity as punishment — and it's easy to see why rates of childhood obesity rise significantly after a child starts school.

INADEQUATE COMMUNITY PLAY AREAS: In urban areas, access to playgrounds that's suitable for outdoor play is limited. Lack of parks, recreation centers and walking trails, hinders families from playing outdoors together.

SOCIOECONOMIC STATUS:

Although childhood obesity is present in all socioeconomic levels, lower-income families face the challenge of providing





health meals. There is limited access to healthy foods in lowerincome, rural or urban neighborhoods. Supermarkets decrease in number in those communities as the number of convenience and fast-food restaurants increase. Nutritious foods like fresh fruits, vegetables and lean cuts of meat are more expensive.

GENETIC LINK: If one parent is obese, a child has a 50 percent chance of obesity. That number jumps to 80% if both parents are obese. Genetics, along with environmental and learned behaviors, can be strong indicators of childhood obesity.

How does obesity affect my child and our family?

Obese children are five times more likely to become obese adults. Talbert says, "Parents think that their kids will outgrow obesity, but obese kids are more likely to become obese adults. Type 2 diabetes has been known as adult-onset diabetes, but now

we're seeing Type 2 diabetes in younger and younger children."

Childhood obesity also takes a toll on finances. Annual medical costs for an obese child are, on average, three times higher than for a child of healthy weight, and obese children are also three times as likely to be hospitalized. The annual national cost for childhood obesity surpasses \$14 billion, with an additional \$238 million in hospital costs.

Additionally, childhood obesity affects a child's psychological wellbeing. Weight discrimination and the inability to participate in social and physical activities contribute to a child's low self-esteem.

What is being done in our community?

Childhood Obesity is being addressed by a number of nonprofit and health-related organizations. Weighing In, a program of Children's Mercy Hospital, collaborates with a number of organizations, including the

YMCA of Greater Kansas City, school districts and the Kansas City Health Department, to align goals and initiatives for reducing childhood obesity. Markenson says, "A key piece is addressing policy making. We would love to make the healthy choice the easy choice — easy access to water, physical activity, healthy foods — participating in healthy behaviors in schools and childcare settings."

KC Healthy Kids has initiatives in multiple Kansas City neighborhoods to help residents begin their own gardens, and they work with government officials and policy makers to advocate for changes. As well, Talbert says, "We are working closely with community organizers who have strong ties to the schools in their neighborhoods. They identify needs and advocate for policy change in schools. We also have started a farm-to-school program that trains service workers to purchase and incorporate fresh local foods into their school menus."

The Greater Kansas City Healthcare Foundation has recently awarded \$2.4 million in grants to 26 organizations that are supporting community partnerships to promote healthier lifestyles, and Blue Cross and Blue Shield of Kansas City has also established a grant-giving program to schools that establish healthy lifestyle initiatives.

What can I do to help my obese child?

Childhood obesity is a serious problem that if left unattended, will follow a child into adulthood. Schedule an appointment with a Pediatrician to discuss your child's health and ask about weight management solutions that the entire family can work on together.

SOURCES: Centers for Disease Control Harvard School of Public Health NYU Child Study Center Children's Defense Fund Weighing In Health Care Foundation of Greater Kansas City

KC Healthy Kids

PRACTICAL STEPS TO **HEALTHIER LIVING** FOR THE FAMILY:

Bring healthy options to the table. Make small changes to help your family get used to a broader variety of foods. Offer snacks like yogurt and fruit, and serve more water.

Limit screen time, preferably to 1-2 hours a day. Use the extra time to go outside as a family to play, walk or go to a park.

Enroll your child in active and enjoyable programs, such as sports, 4H, or Scouting.

Find out what the local YMCA and Parks and Recreation Department offer youth for physical activity.

Ask your child's school if they have a healthy lifestyles plan or committee that you can join. Let the school know your concerns about foods offered during the school day and the amount of physical activity your child gets.

Cook at home and eat meals together, without the TV. This encourages family bonding.

Limit eating fast food to no more than once a week.

Avoid using food as a reward or punishment.

What is Healthcare **Information Technology?**

Jobs in HIT move medical care forward in quality and efficiency.

ealth information technology careers give professionals remarkable new opportunities to improve quality and coverage in health care by lowering costs, helping to maximize efficiency, and putting a stop to avoidable medical mistakes. Those with a dual passion for computer and medical sciences have a perfect career choice in health information technology (HIT), also known as health information management (HIM).



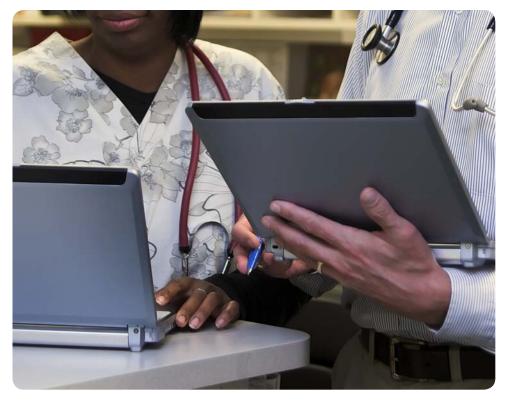
"WORKING AS A SOFTWARE **DEVELOPER AT CERNER IS BOTH CHALLENGING AND** REWARDING. WE ARE ALWAYS LEARNING AND APPLYING THE LATEST TECHNOLOGY TO SOLVE NEW PROBLEMS, IMPROVE EXISTING USER **EXPERIENCES, AND ULTIMATELY IMPROVE HEALTH OUTCOMES** FOR THE PATIENT".

Frank Rydzewski

Director & Knowledge Architect, iAware Development, Cerner

What Medical Records and Health Information Technicians Do

Medical records and health information technicians organize and manage health information data by ensuring its quality, accuracy, accessibility, and security in both paper and electronic systems. They use various classification systems to code and categorize patient information for reimbursement purposes, for databases and registries, and to maintain patients' medical and treatment histories.



Work Environment

Most medical records and health information technicians work in hospitals or physicians' offices. Most technicians work full time. The industries that employed the most medical records and health information technicians in 2010 were as follows:

> Hospitals: state, 39% local, and private 23% > Offices of physicians 7% > Nursing care facilities > Home health care services

How to Become a Medical Records or Health Information Technician

Medical records and health information technicians typically need a postsecondary certificate to enter the occupation, although they may have an associate's degree. Many employers also require professional certification.

Pav

The median annual wage of medical records and health information technicians was \$32,350 in May 2010. Employment of medical records and health information technicians is expected to increase by 21 percent from 2010 to 2020, faster than the average for all occupations. The demand for health services is expected to increase as the population ages. An aging population will need more medical tests, treatments and procedures. This will also mean more claims for reimbursement from private and public insurance. Additional records, coupled with widespread use of electronic health records by all types of healthcare providers, should lead to an increased need for technicians to organize and manage the associated information in all areas of the healthcare industry.

SOURCES: U.S. Bureau of Labor Statistics, **Employment Projections Program**

NOVEMBER IS NATIONAL DIABETES MONTH



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Is Fast Food Addictive?

Here's some food for thought on limiting children's access to fast food.

unk food can be appealing for a variety of reasons, including convenience, price and taste. For children, who do not always understand the health consequences of their eating habits, junk food may appear especially appetizing. However, regularly consuming fattening junk food can be addictive for children and can lead to complications like obesity, chronic illness, low self-esteem and even depression, as well as affect how they perform in school and extracurricular activities.

Energy and Focus

Energy and focus are especially crucial for school-age children. Children set the foundation for lifelong habits in their youth, making junk food particularly hazardous to their well-rounded development. Physical activity is also essential for children of all ages, and regularly eating junk food does not provide the necessary nutrients children need for sufficient energy to engage in physical activity.

Obesity Risk

A study published in "Pediatrics" found fast-food consumption in children was linked with many dangerous precursors for obesity. According to this study, kids who ate fast food were more likely to consume a higher amount of calories, fat, carbohydrates and added sugars in one meal, than children who did not eat fast food. They were also less likely to consume as much fiber, milk and fruits and vegetables.

Chronic Illness

According to the Prevention Institute, experts blame junk food for rising rates of diabetes, high blood pressure and stroke. Increasing rates of chronic illness affect children who regularly consume junk food. The Centers for Disease Control and Prevention predicts if current trends continue,



one in three U.S. adults will have diabetes by the year 2050. Diabetes can result in disability and premature death. The Center for Food Safety noted in 2012 that obese children are also more likely to develop high cholesterol and heart disease later in life.

Self-Esteem and Depression

Self-esteem and confidence in oneself are especially important to growing children, and regularly consuming junk food can negatively impact their sense of self. Low self-esteem can lead to consequences such as depression. According to the American Family Physician, depression -- which can be very dangerous for children -- has negative impact on growth and development, school performance and social relationships.

For more tips on how to make fast food healthier for children visit the American Heart Association at www.heart.org.

SOURCES: PubMed.gov: Effects of Fast-Food Consumption on Energy Intake and Diet Quality Among Children in a National Household Survey

Centers for Disease Control and Prevention: Chronic Disease Prevention and Health Promotion: Diabetes

Prevention Institute: The Facts on Junk Food Marketing and Kids

American Family Physician: Childhood and Adolescent Depression

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So Long, Tattoo!

Thought the relationship and your tattoo would last forever?

By Chris Ryan

bout 10 percent of Americans get tattoos, but about 50 percent of the people who get "inked" want their tattoo removed later. The reasons for removing a tattoo range from trouble finding a job because of the body art to wanting to be rid of a reminder of a former love interest. Tattoos that include someone's name can be a problem when the romance goes sour.

For many years, the methods for removing tattoos have included excision (surgical removal), dermabrasion (freezing an area and then "sanding" the tattoo off) and salabrasion (using saltwater and a block of wood covered by gauze to scrape the tattoo off). It's not as bad as it sounds. A local anesthetic helped ease the pain.



Fortunately, laser tattoo removal seems to have largely replaced these other methods, especially since about seven years ago.

According to John Russell, D.O., a Kansas City, Mo., physician who specializes in tattoo removal, that's when the technology came into its own. "Since 2006," said Dr. Russell, who is also known as Dr. Vanish, "the lasers have just been phenomenal."

Before 2006, lasers worked well on black ink but not so well on colors. The newer lasers adjust for different colors, so most people can have their tattoos removed completely, with no leftover discoloration and minimal, if any, scarring.

Even though laser tattoo removal can be performed by technicians outside a doctor's office, it might be wise to seek out a physician. Dr. Russell's assistant, Katie Boggan, said she thinks most people feel more comfortable undergoing laser tattoo removal in a physician's office because they know they're in the care of someone who is trained not just in removing tattoos but also in providing medical care. Although complications are rare, it's comforting to know a physician is right there to help.

Anyone considering tattoo removal, no matter how large or small should consult their family physician and/or a dermatologist. It could be worth the discomfort of removal to be free of the pain cause by an unwanted tattoo.

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Exercise is Good Medicine in Breast Cancer Treatment

Women who adopt regular exercise reap more benefits while recovering.

Studies show that breast cancer survivors have a better chance of surviving their cancer, live longer and enjoy a better quality of life when they're physically active. However, according to researchers at the Fred Hutchinson Cancer Research Center, few breast cancer patients exercise enough to meet national recommendations.

Breast cancer treatments can be hard on bodies and minds. Breast cancer patients often have trouble sleeping and experience fatigue, weakness and depressed mood, so they don't feel up to exercising. Yet exercise can help them feel better.

According to information from the University of Kansas Hospital Health Library, the benefits of exercise during breast cancer treatment can include:

- > Better fitness and a faster return to regular activities
- > Better mood and higher self-esteem
- > Improved sleep
- > Reduced treatment side effects

But how does someone who is already tired and, possibly in pain start exercising when she just doesn't feel up to it? Gradually, and only after making sure it's safe by talking with her physician and an exercise expert, such as a physical therapist or a specialist in physical medicine and rehabilitation.

The key to a successful exercise regimen during breast cancer treatment isn't how long the exercise session lasts. It's persistence. Just five or ten minutes a day can make a big difference.

Doing short sessions and sticking with the program also makes it easier to work up

to 30 minutes, which has been shown to be a workout time that's beneficial for everyone.

The exercise doesn't have to be boring, either. Walking, biking and swimming are good ways to work out. Strength training is also a good idea, especially for women past menopause. Lifting weights helps strengthen bones and muscles and can curb the effects of muscle and bone loss.

Exercise ranks high among the simple things people can do to regain their health and remain healthy. All it takes is a little time and a little will.

SOURCES: University of Kansas Health Library, www.kumed.com

American Cancer Society, www.cancer.org Fred Hutchinson Cancer Research Center, www.fhcrc.org



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ACA through the Eyes of the Uninsured

Access to healthcare services can eliminate one less stress and add a glimmer of hope.

hen thinking about the Affordable Care Act, (ACA), it is impossible for me not to think about the law through the eyes of the patients at the medical clinic where I work



By Nathan Jackson Executive Director, Hope Family Care Center

on Kansas City's east side. Our medical clinic exists to provide quality health care in an underserved community where our facility is the only primary care provider in our zip code, and one of only a few options for the 40,000 people in our service area.

A large percentage of our patients are hardworking individuals or families who also happen to be low-income. I know a number of our patients who hold down multiple jobs to make ends meet. Yet increasingly, their jobs don't provide health insurance. They're victims of a patchwork health insurance system that has been traditionally tied to our jobs—a system that is unsustainable in an increasingly competitive global economy. These individuals also make too much money to qualify for state-subsidized health insurance (Medicaid).

Under ACA, these individuals will for the first time have the ability to shop for and purchase competitive insurance plans on an open market, and depending on their income, they may receive tax credits

to help offset the expensive cost of health insurance. These health insurance plans are vastly improved products from what was offered to consumers before ACA. For instance, there will be no more worries about denials for pre-existing conditions, and there will be no co-pays for preventive care such as yearly physicals.

There is another group of uninsured individuals I know who cannot even afford these entry-level health insurance plans offered in the ACA Marketplaces. They might be unemployed and down on their luck, or earning so little that they can barely afford to keep the lights on, let alone purchase health insurance. They would benefit from a Medicaid health insurance expansion in Kansas and Missouri that would give them access to basic health care.

Everyone should have access to basic health care, and no family should go bankrupt because someone gets sick. It's the right thing to do in a rich country like ours, and it also makes common financial sense that will save tax dollars. A long-term investment in preventive health care through Medicaid would pay for itself and more.

The Affordable Care Act might not be perfect, but our health care system has never been perfect. This is the first step in the right direction towards a better system that works for everyone.





and "Like" us. We will be sharing follow-up links to our stories, sharing details about health-related events in Kansas City, sharing healthy recipes and other related content.



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2013 Reader Survey, SJ Insights.