THE HEALTH CONNECTION

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Fall 2019 Volume 20 No.4

Well-Child Visits: Keep Your Kids Healthy With Regular Checkups

Preventive health care can help us stay healthy. That's why doctors recommend annual physicals for adults. Pediatricians recommend well-child checkups for kids and teens because prevention is particularly important for young people. Regular exams and tests are an effective way to track your child's health and development. And, catching health issues early can increase the chances of finding a treatment or a cure.

Preventive care for kids is covered 100 percent
Most health plans, including APWU Health Plans, offer 100 percent coverage for well-child visits and immunizations as described in the Bright Future Guidelines provided by the American Academy of Pediatrics. Just make sure your child sees a doctor in your health plan's network.

When to schedule well-child visits
The American Academy of Pediatrics has developed a schedule of well-child screenings and assessments to help parents understand how often healthy children should see a pediatrician. Some children may need more frequent screenings depending on specific health conditions or concerns. Visit the link below for more details:

Link: https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx

What to expect during a well-child visit
Regular well-child visits build your child's medical history and let your pediatrician track your child's progress and development. By making sure all vaccinations are up-to-date, your pediatrician can also help prevent illness. Over time, visits provide a chance to create strong relationships among parents, children, and the pediatrician.

During a well-child visit your pediatrician will:

- Perform a thorough physical exam
- Track your child's growth and development
- Record your child's height, weight, and other important information
- Give your child vaccines according to recommended childhood and adolescent immunization schedules
- Address any emotional or social concerns
- Talk about safety and preventing injuries
- Monitor any existing health problems

Some visits may also include hearing tests, vision tests, blood pressure screenings, and cholesterol screenings.

DON'T FORGET YOUR **MAMMOGRAM.** SCHEDULE YOUR APPOINTMENT **TODAY!**



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YOU PAY NOTHING FOR THESE SERVICES WHEN YOU CHOOSE A NETWORK DOCTOR:

- Preventive care and screenings
- Maternity care
- Accidental injury outpatient services within 72 hours
- Lab tests (covered blood work performed at LabCorp and Quest Diagnostics)
- Visits to a registered dietician/nutritionist
- Health management programs: diabetes, weight management, pregnancy, and tobacco and e-cigarettes cessation programs

IN-NETWORK COPAYS

- $25 for office visits, including specialists
- $15 for virtual visits
- $30 for urgent care centers
- $10 for retail Tier 1 drugs — non-specialty

Smart90: Fill maintenance drug prescriptions at a retail network pharmacy

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High Option Self Plus One	473	$199.74	$432.77	$192.74	$171.73	$192.74
High Option Self and Family	472	$257.95	$558.89	$250.36	$227.60	$250.36

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Your Pregnancy To-Do List – Trimester By Trimester

First Trimester

Find an OB/GYN.
If you've already got a doctor you love, you're all set. Otherwise, you've got some homework to do! During this time of change, finding an OB/GYN that you're comfortable with can make all the difference. Ask your family and friends for doctors they recommend. Research patient reviews online. Once you've narrowed it down, set up a meeting with him or her to see if it's a good fit.

Look into health insurance and pediatricians.
Now that you're expecting, there will be lots of doctor appointments to come. Check to see what your health insurance covers throughout your pregnancy. Speak with your insurance company and discuss your benefits regarding prenatal care, delivery costs, and care for your child after delivery.

Keep a pregnancy journal.
Being pregnant is an experience like no other. Keep a journal of all your pregnancy milestones and how you're feeling, take weekly belly photos to see how your baby has grown, and scrapbook your most special events such as pregnancy announcements, baby showers, a gender reveal party, delivery day, and more.

Rest.
Ensuring that you don't overwork yourself is critical while pregnant. Rest. Take time to relax. Your baby (and tired feet) will thank you.

Stay hydrated.
We know, we know, guzzling water isn't your favorite, but understand how it benefits your baby. Staying hydrated and drinking lots of water during pregnancy can help prevent birth defects and delivery complications. If your urine is dark (yep, we said it), you're not getting enough water into your system. Staying hydrated throughout the day, every day, is so important in supporting a healthy mom and baby.

Second Trimester

Fuel your body with pregnancy superfoods.
Everything mommy eats, baby eats. Choosing nutrient-dense foods such as avocado, green veggies, and chia seeds (does chocolate count?) provides incredible nutrition to baby. Don't forget your prenatal vitamins!

Start shopping for maternity clothes.
We totally get it; your body is changing in ways you never saw coming, and your clothes aren't fitting quite right anymore. Make this new shopping experience fun and memorable. Plan a mom's day out—invite your girls, grab something yummy for lunch and get to shopping! Be excited about creating this new maternity style.

Start planning maternity leave and Your postpartum work schedule.
Yes, it's time to tell your boss. Discuss maternity leave and postpartum plans with him or her. How long do you wish to stay out? Will you work from home or return to work post-delivery? Do you plan to stay home with your child indefinitely? These are things to consider when finding a balance between your job and becoming a new mom.

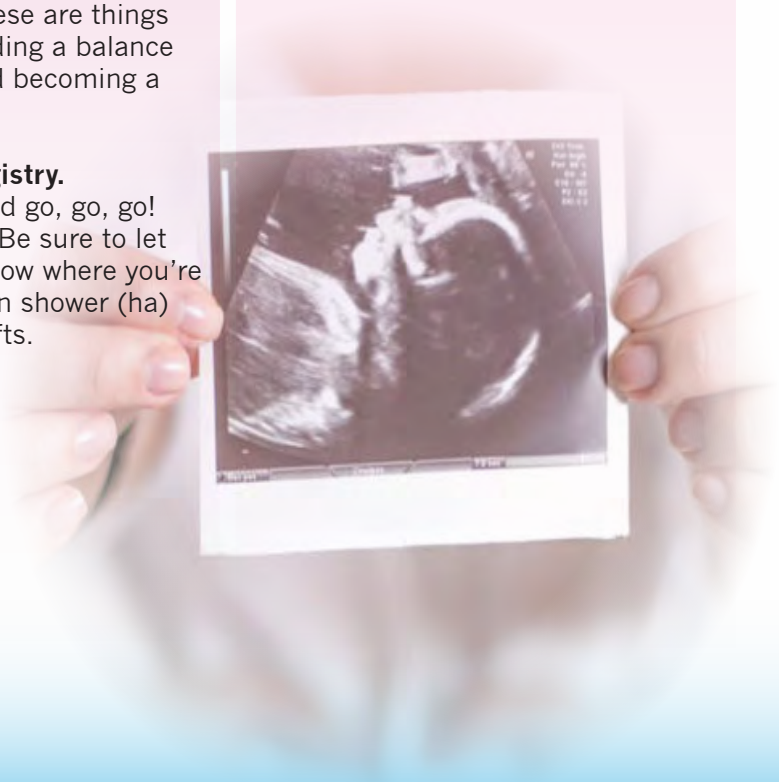
Create your baby registry.
Grab that scanner and go, go, go! Now this will be fun! Be sure to let friends and family know where you're registered so they can shower (ha) you and baby with gifts.

Third Trimester

Spend time with your significant other.
Happy baby-mooning! Take some time to get away with your significant other one last time before your baby arrives. Use this opportunity to talk about the exciting things to come and what you look forward to the most.

Prepare your home for baby.
Picture this: You've just delivered your precious baby, and it's time to go home. You walk through the door and see laundry on the floor, an empty fridge, and clutter everywhere. Umm... no, thanks! It's time to get the house ready for baby. Prep and freeze meals for quick and easy dinners, clean what you can, and keep up with laundry to make coming home from the hospital a return that doesn't involve a chore list!

Prepare nursery.
Time to get baby's room ready for a new little person. Wash any new sheets, baby proof the room, and get that diaper station ready! You'll thank us later.



The New Normal: What Your Blood Pressure Reading Means

High blood pressure is a risk factor for many serious health threats, such as heart attack and stroke. The most recent guidelines from the American Heart Association, the American College of Cardiology and other health organizations reflect research findings that lowering the threshold for high blood pressure and starting treatment earlier does a better job of preventing these complications.



The guidelines stem in part from studies funded by the U.S. National Institutes of Health. Results showed increased heart health benefits to having the top, or systolic, number below a reading of 120 mm Hg.

- Normal blood pressure: Less than 120 mm Hg systolic and less than 80 mm Hg diastolic
- Elevated blood pressure: 120-129 mm Hg systolic and less than 80 mm Hg diastolic
- Hypertension stage 1: 130-139 mm Hg systolic or 80-89 mm Hg diastolic
- Hypertension stage 2: 140 mm Hg systolic or higher or 90 mm Hg diastolic or higher

Another key guideline recommends starting treatment when readings reach 130/80 mm Hg rather than the old target of 140/90 mm Hg. For some people, treatment simply means making lifestyle changes with diet and exercise, while others will do better with medication when, for example, they have a higher personal risk for heart disease.

If you have other health conditions like kidney disease or diabetes, it may take more time and effort working with your doctor to find the right balance of medications to bring results with the fewest side effects. These guidelines reinforce the need to see your doctor regularly and to take your medication as directed. Remember that, on its own, high blood pressure has no symptoms. The only way to know how you're doing is to measure it at home and at doctor visits.

The American Heart Association has more on blood pressure categories and how to understand them.

THURSDAY, Oct. 3, 2019 (HealthDay News)
By Len Canter | HealthDay Reporter
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Fat Collects in Lungs, Raising Asthma Risk

Excess weight is hard on the heart, but new research shows it may also harm your lungs. The study found that higher amounts of fat collect in the airways of overweight and obese people, which may help explain why they're more likely to have wheezing and asthma.

In the study, the investigators analyzed lung samples donated by 52 people for research after their death. Of those, 16 died of asthma, 21 had asthma but died of other causes, and 15 had no asthma. The findings showed, for the first time, that fatty tissue accumulates in the walls of airways and that the amount of fat in airways increases with body mass index (an estimate of body fat based on weight and height). The researchers also found that higher levels of fat change the normal structure of airways, resulting in lung inflammation, according to the report published Oct. 17 in the ERJ (European Respiratory Journal).

"Being overweight or obese has already been linked to having asthma or having worse asthma symptoms. Researchers have suggested that the link might be explained by the direct pressure of excess weight on the lungs or by a general increase in inflammation created by excess weight," explained study co-author Peter Noble, an associate professor at the University of Western Australia in Perth. "This study suggests that another mechanism is also at play. We've found that excess fat accumulates in the airway walls where it takes up space and seems to increase inflammation within the lungs," Noble said in a journal news release.

"We think this is causing a thickening of the airways that limits the flow of air in and out of the lungs, and that could at least partly explain an increase in asthma symptoms," Noble added. Thierry Troosters, president of the European Respiratory Society, said, "This is an important finding on the relationship between body weight and respiratory disease because it shows how being overweight or obese might be making symptoms worse for people with asthma."

Troosters, who was not involved in the study, added, "We need to investigate this finding in more detail and particularly whether this phenomenon can be reversed with weight loss. In the meantime, we should support asthma patients to help them achieve or maintain a healthy weight."

The U.S. National Heart, Lung, and Blood Institute has more on asthma.

SOURCE: ERJ, news release, Oct. 17, 2019

FRIDAY, Oct. 18, 2019 (HealthDay News)
By Robert Preidt | HealthDay Reporter
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Top 5 Cold-Weather Foods That Are Good for a Diabetes Diet

As we move into cooler weather, a whole new group of foods begins to join the menu. But autumn and winter favorites like apple pie and pumpkin lattes tend to be high in sugar and carbs, which can derail your efforts at maintaining healthy blood-sugar levels if you have diabetes. Pair that with cool-weather comfort foods such as mashed potatoes, cream soups, and warm bread, and your meal plan can quickly start to become a disaster for blood glucose management. Modifying traditional recipes can be one way to enjoy all of your favorite seasonal dishes, but the cool weather also brings about opportunities to try new foods and beverages you may have neglected during those hot summer months. The following cooler-weather foods can offer something for everyone.

Swap cinnamon for pumpkin syrup in your coffee.
As the weather cools down, popular beverages start to heat up. Instead of choosing sugary coffee-shop drinks like hot chocolate or the popular pumpkin spice latte, let a cinnamon latte made with low-fat milk be your drink of choice. A review published in September 2013 in the Annals of Family Medicine (AFM) cites research that suggests consuming only 120 milligrams (mg) of cinnamon may help reduce fasting glucose levels and LDL, or "bad," cholesterol levels while improving the HDL, or "good," cholesterol in individuals with type 2 diabetes.

Roast or shred Brussels sprouts for filling fiber.
This low-glycemic vegetable, which is available in abundance throughout much of the fall and winter, is a smart side dish to help keep blood-sugar levels stable. Serve a cup of the sprouts alongside lean protein like salmon or boneless, skinless chicken breast for a meal that's satiating and filled with fiber. Enjoy the veggie roasted whole or shredded, like in this Brussels sprouts with pistachios, cranberries, and parmesan recipe from Cookin' Canuck, which makes a smart alternative to carb-heavy grains at cold-weather gatherings.

Eat a whole apple for a sweet low-carb snack.
The cool, crisp fall weather leads way to apple-picking season, making it the perfect time to take advantage of the health benefits of this delicious fruit. With just 15g of carbohydrates and 4g of fiber per medium apple, this filling fruit may have a minimal impact on blood glucose levels. The fiber in the apple helps slow down the rise in blood glucose and helps contribute to a feeling of fullness. Leaving the skin on the fruit will help boost its nutrient value. For a delicious fall treat that won't spike blood-sugar levels — like that slice of apple pie will — toss cubed apples with cinnamon and one tablespoon of oil, and then bake until tender. Serve warm with a dollop of Greek yogurt.

Trade white potatoes for jicama in your diabetes diet.
If you've never cooked with this type of produce before, give it a try this season — jicama and diabetes make a good pair! With about half the calories and carbohydrates of a white potato, jicama can be made into everything from french fries to taco shells. The versatility of this root vegetable allows for it to be incorporated into many meals without maxing out your daily carbohydrate allowance. To prepare, simply remove the skin with a vegetable peeler and slice or cube. It can also be enjoyed raw with a hummus dip or as a crunchy topping for salads.

Add spaghetti squash to your diabetes-friendly plate.
Squash and diabetes make a perfect match for cooler months. That's because this smart side can help you satisfy your craving for a comforting bowl of pasta while staying within your daily goal for carb consumption. To prepare, simply slice the squash in half, scoop out the seeds, and bake. Once tender, use a fork to remove the flesh of the squash in strands, and you have a low-carb "pasta" ready to go.

By Erin Palinski-Wade, RD, CDE, LDN Reviewed by Kacy Church, MD
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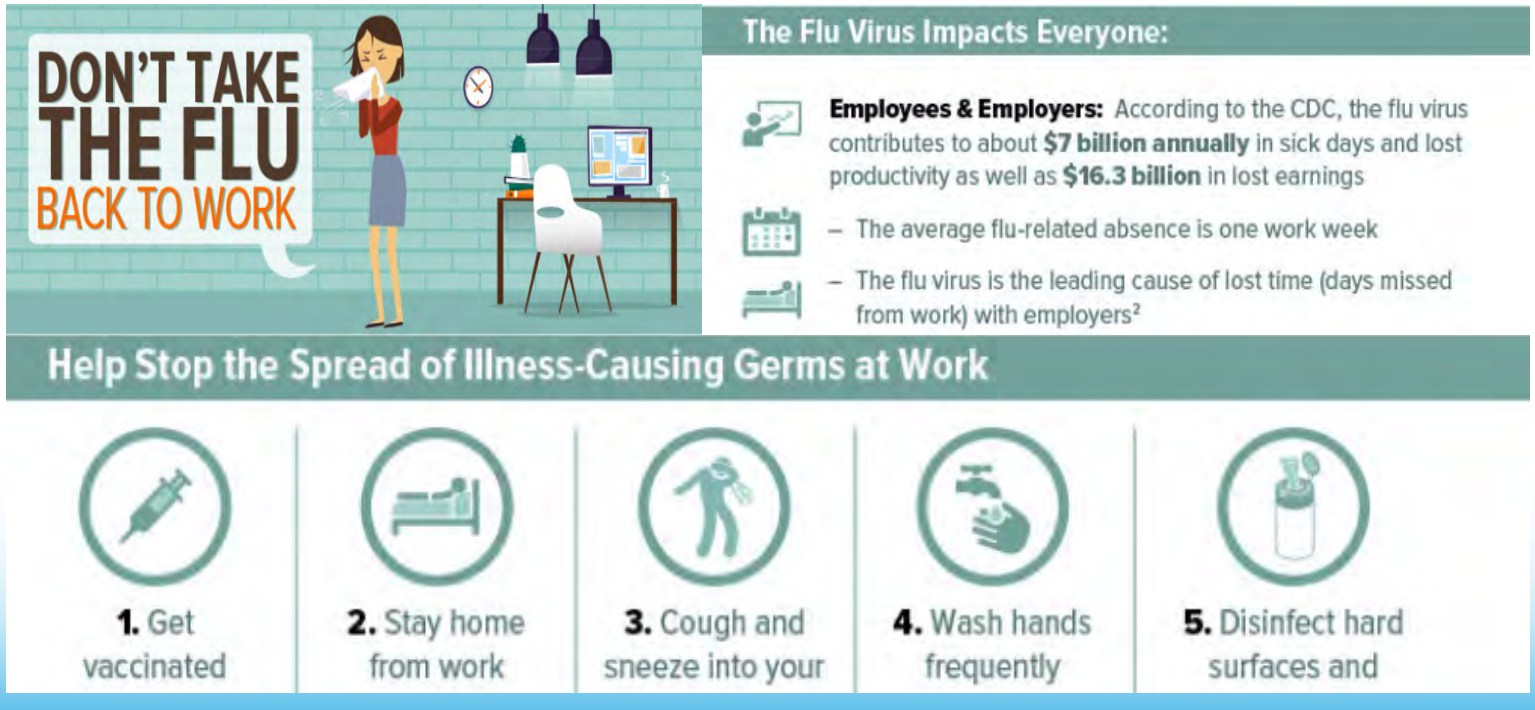
Link: https://www.everydayhealth.com/type-2-diabetes/diet/fall-foods-diabetes/



The Importance of Follow-Up Visits After Getting Discharged From the Hospital

Patients often ask why it is important to see their healthcare providers after discharge from the hospital or an emergency room visit. There are several reasons it's a good idea.

First, there was a reason for the hospitalization or emergency visit. It's important for primary care providers not only to know **why** this happened – perhaps a bad reaction to a new medication or a lifestyle change such as a new diet or exercise routine – but also **what** happened in the hospital. The goal is to keep patients healthy and out of the hospital, so we want to prevent whatever caused the event from happening again.

In addition, tests may have been performed in the hospital but the results were not in yet by the time of discharge. It is very important that all test results have been reviewed so that nothing was missed. For example, a biopsy might take a week or two to come back, or an uncommon blood test might need to go to a special lab. Although normal test results are reassuring, tests that come back abnormal are concerning. Sometimes this results in further work-up and a referral to a specialist. A follow-up appointment is a great opportunity to put everything together.

Another reason for a follow-up visit is to go over any potential medication changes. Many times, what led to a hospitalization or emergency room visit is a new medication, usually prescribed by a regular outpatient provider. That provider needs to know what happened, and to not restart that medication. New or added medications prescribed at discharge, such as blood thinners, sometimes need to be monitored as well. Many times, a dosing change is made on pre-hospital medications, which requires monitoring. This is also a great time to confirm medications are being taken correctly and not accidentally doubled up or underdosed. This process, called medication reconciliation, is for patient safety.

Finally, a discharge appointment may be to check on one or more vital signs or repeat blood work. It may be to check how someone is breathing and oxygenating if the reason for hospitalization was pneumonia, or to check blood pressure readings if there was a blood pressure issue. Perhaps the patient had a kidney or bleeding problem and needs a quick repeat blood test to see if the kidneys are continuing to recover or blood counts are stabilizing. A very important thing to check on is blood sugars for newly diagnosed diabetics or diabetic patients with any medication changes.

In the end, most follow-up visits after discharge are just a check up to see how the patient is doing and to ensure there aren't any complications. It's also a great time to talk to a primary care provider about anything else or ask questions, especially if it's been a while since the last appointment.

What Should I Know About Cervical Cancer Screening?



Two screening tests can help prevent cervical cancer or find it early:

- The Pap test (or Pap smear) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.
- The HPV test looks for the virus (human papillomavirus) that can cause these cell changes.

Both tests can be done in a doctor's office or clinic. During the Pap test, the doctor will use a plastic or metal instrument, called a speculum, to widen your vagina. This helps the doctor examine the vagina and the cervix, and collect a few cells and mucus from the cervix and the area around it. The cells are sent to a laboratory.

- If you are getting a Pap test, the cells will be checked to see if they look normal.
- If you are getting an HPV test, the cells will be tested for HPV.

When to Get Screened

If You Are 21 to 29 Years Old

You should start getting Pap tests at age 21. If your Pap test result is normal, your doctor may tell you that you can wait three years until your next Pap test.

If You Are 30 to 65 Years Old

Talk to your doctor about which testing option is right for you.

- A Pap test only. If your result is normal, your doctor may tell you that you can wait three years until your next Pap test.
- An HPV test only. This is called primary HPV testing. If your result is normal, your doctor may tell you that you can wait five years until your next screening test.
- An HPV test along with the Pap test. This is called co-testing. If both of your results are normal, your doctor may tell you that you can wait five years until your next screening test.

If You Are Older Than 65

Your doctor may tell you that you don't need to be screened anymore if:

- You have had normal screening test results for several years, or
- You have had your cervix removed as part of a total hysterectomy for non-cancerous conditions, like fibroids.

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Control Your Risk Factors for Colorectal Cancer

It's not always clear what causes cancer of the colon or rectum, but several risk factors may increase your chances of developing colorectal cancer. You can control some risk factors, while others can't be changed.



Colorectal cancer risk factors you can change

Weight. Being overweight or obese can increase your risk of developing colorectal cancer. Having a larger waistline also raises the risk, especially in men. If you're overweight, ask your doctor about healthy ways to lose weight.

Physical inactivity. Living a sedentary lifestyle can lead to a greater chance of developing colorectal cancer. Being active can help lower your risk, but check with your doctor before starting a new exercise program.

Diet. Colorectal cancer may be associated with low-fiber, high-fat diets. A diet high in red meat and processed meats (hot dogs and some lunch meats) may also raise your risk. Eating a healthy, high-fiber diet may lower your risk of developing the disease.

Smoking. People who have smoked tobacco for a long time have a higher risk of developing colorectal cancer. Talk to your doctor about effective ways to quit smoking.

Alcohol. Colorectal cancer may be linked to heavy alcohol use. If you choose to drink, limit yourself to no more than two drinks a day for men and one drink a day for women.

Colorectal cancer risk factors you can't change

Age. Anyone can get colorectal cancer, but it's more common after age 50.

Family history. If your parent, brother, sister, or child developed colorectal cancer, you're at an increased risk. A family history of polyps—the growths in the colon that can become cancerous—also increases your risk. Your doctor may recommend that you should start screening for the disease before age 45.

Inflammatory intestinal conditions. Inflammatory bowel disease (IBD), ulcerative colitis, and Crohn's disease all increase your risk of colorectal cancer. However, irritable bowel syndrome (IBS) is not associated with colorectal cancer.

Type 2 diabetes. People with type 2 diabetes have an increased risk of colorectal cancer.

Racial and ethnic background. African Americans and Ashkenazi Jews of Eastern European descent have higher rates of the disease. Researchers are still studying the reasons for this.

Genetic syndromes. A very small percentage of people inherit gene mutations that have been linked with colorectal cancer.