Thinking About a Makeover?
Think Twice
Limited Mobility Doesn't Have to Mean Confinement
Babies Need Dental Care Too
Each year, U.S. News & World Report ranks the top hospitals in the country in specialties such as nephrology, neonatology and cancer. For the second year in a row, Children’s Mercy Hospitals and Clinics is the only hospital in the region ranked in all 10 specialties measured. It’s a reflection of our world-class pediatric expertise, research and clinical care. And it’s more evidence that Children’s Mercy is working wonders every day.
We all want to be healthy — no one would choose to be insulin dependent, to have heart disease, or to have a stroke. We can control some things which contribute to our health.

For some it’s clear, “an ounce of prevention is worth a pound of cure.” This phrase, coined more than 200 years ago by Benjamin Franklin, simply means if we can prevent a problem from occurring, it saves a great deal in time, effort, and cost trying to repair the damage.

Our feature article highlights the importance of being proactive about knowing your health status. Prevention is the key to better health. Free health fairs are beneficial options for busy people or for those who are uncomfortable about seeking health care. Surrounded by entertainment, food, and fun, health fairs offer a tremendous amount of health information and resources, on such things as proper nutrition, smoking cessation, how to start an exercise routine, and much more. Health fair atmospheres can put us at ease so we are more open to learning whether our vital signs are within normal range. Fair organizers keep a lookout for persons who might be at risk for serious illnesses or disease. There’s follow up for anyone who wants it. Those who do not have a regular primary care physician are directed to appropriate health care resources.

Also in this issue, parents of young children are encouraged to start preventive dental care visits by age one to minimize decay; what is assistive technology; and an endearing story of one infant’s fight to survive congenital heart disease.

Celebrate your choice to be healthy. Happy New Year. May you have success and good health throughout the year.

Ruth Ramsey, Publisher
High Blood Pressure Can Lead to Pregnancy Risks

By OHM Staff

High blood pressure problems occur in 6 percent to 8 percent of all pregnancies in the United States, about 70 percent of which are first-time pregnancies. Although many pregnant women with high blood pressure have healthy babies, it can be dangerous for both mother and child.

High blood pressure or hypertension is the amount of force exerted by the blood against the walls of the arteries. There are three types of hypertension that women have during pregnancy: chronic hypertension, gestational hypertension, and preeclampsia.

Chronic hypertension is when a woman has high blood pressure before becoming pregnant or she develops high blood pressure during the first 20 weeks of her pregnancy, or it lasts more than 12 weeks after delivery.

Women who have high blood pressure often have more complications during pregnancy.

Gestational hypertension is when a woman develops high blood pressure after the first 20 weeks of her pregnancy; it usually goes away after she delivers her baby.

Preeclampsia can develop from either chronic hypertension or gestational hypertension; women who have preeclampsia have high blood pressure and protein in their urine. If left untreated, preeclampsia can have severe or even fatal results for both mother and baby.

Women who have high blood pressure often have more complications during pregnancy. Some of the complications include a decreased blood flow to the placenta, which reduces the baby’s supply of oxygen and nutrients; separation of the placenta from the uterus, which cuts off oxygen to the baby and causes heavy bleeding in the mother; and premature delivery of the baby.

If not treated, hypertension can go into preeclampsia, a leading cause of fetal complications such as low birth weight, premature birth, and stillbirth. There is no proven way to prevent preeclampsia. The only way to “cure” preeclampsia is to deliver the baby.

Warning signs of preeclampsia include constant headaches, changes in vision, upper abdominal pain, sudden weight gain, and swelling, particularly in the face and hands.

A woman who has high blood pressure and is thinking about having a baby should talk first to her health care provider. Taking steps to control blood pressure before and during pregnancy and getting regular prenatal care go a long way toward ensuring mother’s and baby’s health.

For more information contact your health care provider. You may also contact the local chapter of March of Dimes, 913-469-3611, www.marchofdimes.com.

Sources: American College of Obstetricians and Gynecologists, March of Dimes, National Heart, Lung and Blood Institute, Mayo Clinic
Cosmetic Surgery Procedures Increase in Popularity

By OHM Staff

In the pursuit of idealized beauty, Americans spent $6.2 billion on cosmetic surgical procedures in 2011, according to the American Society for Aesthetic Plastic Surgery.

The term plastic surgery refers to surgical procedures that repair or reconstruct parts of the body that are disfigured by birth defects, accidents, infection, disease, or other causes. Plastic surgery includes cosmetic surgery, reconstructive surgery, hand surgery, microsurgery, and burn treatment.

The type of plastic surgery that deals with the improvement of appearance is cosmetic surgery. There are many procedures, both surgical and non-surgical, that cosmetic surgeons use in their practice; cosmetic non-surgical procedures include Botox injections, chemical peels, and laser hair removals.

Before having cosmetic surgery there are many things to consider. One of the most critical is the surgeon. According to the American Society of Plastic Surgeons, there were 1.6 million cosmetic surgeries in the U.S. Among the top procedures were breast augmentation (breast implants), liposuction (removing fat from specific parts of the body), and eyelid surgery (reshaping the eyelids). Two surgeries grew significantly in 2011: Chin augmentation (an implant is inserted to improve a receding chin) increased by 71 percent, and lip augmentation (insertions are placed in the lips to make them fuller) increased by 49 percent.

Before having cosmetic surgery, there are many things to consider. One of the most critical is the surgeon. Talk with the surgeon and find out his or her training, expertise, certification, and philosophy. Most cosmetic surgery is done to make subtle changes to enhance the appearance. Kathleen Hunzicker, M.D., a retired plastic surgeon in the Kansas City area, stated that a good plastic surgeon knows when to stop. “We have a saying, the enemy of good is better.” Patients who have seen good results with the first surgery are tempted to keep going until they no longer look like themselves.

You must be able to trust your plastic surgeon to give you the look that you are seeking. Dr. Hunzicker recommended meeting some previous patients of your plastic surgeon; while photos of the results of the surgery are good, observing someone in person is even better.

Before any medical procedure, talk with your surgeon about your medical history and the specific treatment. You should receive detailed information about the procedure’s risks and benefits in order to give full informed consent. Cosmetic surgery, like all surgery, has risks such as a bad reaction to anesthesia, infection, scarring, and other health considerations. Ask your surgeon about any implants: what material it is made of and its life expectancy. Many implants must be replaced after a certain period of time.

Because it is elective, cosmetic surgery is usually not covered by health insurance, so cost is a consideration. Find out beforehand how the surgeon charges and what additional charges to expect.

Most of all, cosmetic surgery is permanent. Dr. Hunzicker noted, “Scars are forever — you can only hide them or reduce them by redirecting them into different skin directions or tension lines.” Talk with your health care provider to make sure you understand the risks.

Sources: Medlineplus.gov, American Society of Plastic Surgeons, American Society for Aesthetic Plastic Surgery

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Is Greek Yogurt a Better Choice?

By Janet Hackert, Regional Nutrition and Health Education Specialist, Harrison County, University of Missouri Extension

Although Greek yogurt has been around since the 1920s, it's a new food sensation in the U.S. In fact, it is not yet listed on the U.S. Department of Agriculture’s National Nutrient Database, which is a resource that can be used to determine what is in a food.

So what makes Greek yogurt different than regular yogurt? According to Julie Shertzer, human nutritionist with Ohio State University Extension, Greek yogurt goes through a special straining process that removes much of the yogurt’s watery whey. This makes a yogurt that is much thicker and richer than regular yogurt.

Greek yogurt is concentrated, so its nutritive value is affected. Exactly to what extent depends on the particular brand and variety. Greek yogurt can have one and a half times the protein of a comparable variety of regular yogurt. Brands of Greek yogurt sold in the U.S. tend to be lower in sugar and sodium than regular yogurt. However, because of the process used to remove the whey, Greek yogurt can also be lower in calcium.

When weighing the nutritional advantages and disadvantages, and considering the richer flavor and thicker texture, one might also want to investigate price. In some areas, Greek yogurt may be twice as expensive as regular yogurt or even more.

Whether Greek or regular, yogurt can be a delicious way to get protein and calcium. For either, be sure to compare the Nutrition Facts labels to see what you’re getting in the way of fat, protein, sugar, sodium, calories, and calcium.
Congenital Heart Defect – Chloe’s Journey

By Ciara O’Brien Murray
Submitted by American Heart Association

As with many first-time moms, Kelly was thrilled to find out she was expecting her first child, a baby girl, in November 2008. After an uneventful pregnancy, she gave birth to Chloe June Manz, who subsequently passed all of her initial newborn screening tests.

Later that evening, Kelly laid her newborn next to her, making it a picture perfect moment, but Kelly’s intuition told her otherwise. She noticed Chloe’s chest wasn’t rising with every breath, so she immediately called a nurse who quickly dismissed it and told Kelly she was having “new mommy jitters.” Still convinced something was wrong with her baby, Kelly called in three more nurses to check Chloe, but was told everything was fine. Finally, unwavering in her notion that something still wasn’t right, Kelly insisted the nurses take Chloe to the nursery and keep watch over her.

“Unfortunately, 20 percent of these babies are missed, meaning that without pulse oximetry screening, we would miss about 28 babies in Missouri and 15 babies in Kansas each year.”

Dr. Bill Drake

Hours later, the Manz family discovered that their intuitions were correct and there was indeed something wrong with Chloe. Although not mandated by most states (including both Kansas and Missouri), a pulse oximetry test was finally performed. Newborn babies should score between 95-100 percent, and Chloe was in the 60th percentile. Those results, along with an echocardiogram, resulted in Chloe’s Congenital Heart Defect diagnosis. Later that evening, a pediatric cardiologist visited with Chad and Kelly and explained that Chloe would need open heart surgery soon.

Pulse oximetry is a quick newborn screening that’s easy, non-invasive, and intended to measure the amount of oxygen in the blood. Most hospitals have the equipment to perform this lifesaving test, but not all hospitals do it.

“The incidence of critical congenital heart disease is about 18 for every 10,000 live births, which equates to 138 babies in Missouri and 73 in Kansas,” said Dr. Bill Drake, pediatric cardiologist, Children’s Mercy Hospitals and Clinics. “Unfortunately, 20 percent of these babies are missed, meaning that without pulse oximetry in Missouri and 15 babies in Kansas each year.”

With an open heart surgery at four months of age, feeding tubes, and another surgery for an extremely rare birth defect in her neck, Chloe has had a tough road but is now doing well. She’s now four years old and actively participating in gymnastics.

Ciara O’Brien Murray is Communications Director with the American Heart Association, Midwest Affiliate.

Pulse Oximetry – Life-Saving Newborn Screening

By Ciara O’Brien Murray, American Heart Association

As the number one killer of infants with birth defects, congenital heart defects take a significant toll on families across the country and in the Kansas City Metro. Fortunately there is non-invasive screening test that helps identify newborns at risk for heart defects and potentially saves lives. The test, pulse oximetry, or pulse ox, consists of sensors, about the size of a Band Aid, placed on a baby’s hand and foot to check blood oxygen levels. If their levels are too low, additional tests may be conducted that aid in detecting life-threatening heart defects that might otherwise go undetected. New research suggests wider use of pulse ox screening would help identify more than 90 percent of heart defects.

Mandating Pulse Ox

In September 2011, U.S. Secretary of Health and Human Services Kathleen Sebelius suggested that critical congenital heart defects screening be added to the “Recommended Uniform Screening Panel” for newborns before they are released from a hospital or birthing facility. To achieve this goal, efforts are underway across the country to enact pulse ox screening policies.

“From surveys administered by both Missouri and Kansas hospitals 60 to 70 percent of babies are currently getting screened, however both states would like this number to be higher,” said Dr. Bill Drake.

What Can YOU do?

The American Heart Association will continue its efforts to educate key decision makers and the public about the critical role pulse ox screening plays in improving early diagnosis for newborns. But we need your help! Consider taking a few minutes to join the You’re The Cure Network at www.YoureTheCure.org. In just a few moments, you can learn more about congenital heart defects and make a huge difference in local pulse ox screening policies.
Jeannine Midgett, director of community outreach for Truman Medical Centers in Kansas City organizes more than 200 health fairs each year. Most of the fairs are for a general audience, but some focus on specific age or gender groups.

To address children’s needs, a health fair might be held at a school and emphasize issues such as immunizations, smoking prevention, or alcohol and drug abuse. A health fair addressing women’s health concerns might be held during Breast Cancer Awareness Month in October.

Workplace health fairs may rally employees around a health challenge, offering premiums or incentives. A men’s health fair might deal with prostate cancer and provide prostate screenings, along with an array of exhibits, programs, and screenings aimed at male health problems. Health fair themes are as diverse as the people they target.

...hundreds of people receive potentially life-saving care they otherwise would not have received had they missed a health fair.

The point of a health fair, says Melissa Robinson, president of the Black Health Care Coalition, is to provide “place-based” health care. Robinson works with community partners such as schools, businesses, and neighborhood organizations to decide which health issues should receive priority at individual health fairs.

Why attend a health fair?

Midgett and Robinson give a number of reasons to attend one of the many health fairs in the Kansas City area:

• Reduce fear. People avoid health screenings because they think the results will be bad. If it is easy to get tested, and the environment is relaxed and friendly, fear is less a factor.

• Get the numbers. Health fairs offer a non-threatening venue for finding out blood pressure, glucose (important in detecting diabetes), body mass index, cholesterol, HIV/AIDS, and even depression.

• Learn how to manage health beyond taking medicine. Health fairs offer opportunities to find out about good nutrition and the benefits of physical activity.

• Discover options. If a screening finds something such as signs of diabetes or heart disease, a person will learn many ways to get care, including how to find a primary care physician and a “medical home,” where people receive comprehensive care managed by a primary care physician.

• Access free or lower-cost care. For many, this can be a lifesaver. Most people do not know about the many health care resources available.

Midgett and Robinson share a dedication to follow-up for persons with abnormal screening results. They offer case management to those with abnormal screenings and guide them to appropriate health care.

Robinson estimates that, among the people who are tested during the health fairs her group helps organize, more than 80 percent receive abnormal results for blood pressure, cholesterol levels, or glucose levels. About 33 percent of those people visit a health care provider at
least three times over the next 18 months. So, in part because of good follow-up, hundreds of people receive potentially life-saving care they otherwise would not have received, had they missed a health fair.

**What to expect from a health fair**

Besides opportunities to learn more about health and disease prevention and, perhaps, have some fun, health fairs generally provide free tests and screenings. These assessments range from height, weight, and blood pressure to blood chemistry tests and can also include vision and hearing tests as well as dental exams. The tests are administered by medical professionals.

Most health fairs offer blood chemistry tests because they are valuable in helping to detect a wide range of problems, including diabetes, which is reaching epidemic proportions. The tests in the basic blood chemistry panel measure levels of sodium, potassium, chloride, bicarbonate, urea nitrogen, creatinine and glucose — essential blood “ingredients” that are responsible for a wide variety of bodily functions, such as regulating how much water is in the body, how the heart beats, blood acid levels, and kidney and lung functions.

By themselves, blood chemistry and other tests and screening tools are not enough. They cannot substitute for the ongoing evaluations available through a primary care physician. Abnormal results from health fair blood chemistry tests, for example, need to be followed up with more and, perhaps, different tests to determine whether a problem exists and if it does, what it is and how to treat it.

**What to do before the fair**

Some preparation beforehand can be helpful if you are planning to attend a health fair. For example, if getting a cholesterol screening is your goal, it is important to know whether you need to fast a number of hours before the screening. Additionally, some health fairs offer workshops and presentations that require you to sign up ahead of time.

**The best way to get the most out of a health fair is to review whatever information is available before the day.**

The best way to get the most out of a health fair is to review whatever information is available before the day of the fair. Based on what you can find on the fair website or in its brochure, it is fairly easy to prepare both your body and mind for the event and come ready for screenings and with a list of questions. Plan on getting all of the free screening offered and visit vendor’s booths to learn about the health resources available in your community.

The acupuncturist expressed concern about Mareske’s heart, but Mareske did not follow up. A year later, he was in the hospital. The experience seems to have increased Mareske’s dedication to the Wholistic Health Fair he and his group put on each March and November on the UMKC campus.

The Wholistic Health Fair could be called the Alternative Health Fair. Workshops and booths offer information about massage therapy, spiritual healing, nutrition, the healing power of plants and other alternatives.

Whether a health fair is traditional or alternative, it is an effort to reach out to the community and provide place-based health care. Both kinds of fairs help reveal the many options people have as they try to manage their health and find the resources they need. As Jeannine Midgett puts it, the fairs help people “own their personal health.”
Continued from page 9

According to Gina Taylor, RN, MSN, community liaison for Research Medical Center in Kansas City, “participants who attend health fairs are given a vast amount of helpful and needed health education and resources.” These resources can be used for themselves, family or friends to help promote healthier lifestyles and habits.”

Want to take advantage of health fairs planned for this year? Contact the community outreach offices of local non-profit health organizations, fitness and community centers, hospitals and clinics. Many of them sponsor health fairs, or may be attending as a vendor.

A few you might contact are:
American Heart Association ........ 913.652.1966
American Diabetes Association ....... 913.383.8210
Black Health Care Coalition ........ 816.444.9600
Truman Medical Centers ............ 816.404.3000
St. Luke’s Medical Center ............ 816.932.5100
Wholistic Health Fair/UMKC ........ 816.235.1407
Research Medical Center .......... 816.276.4000
Midwest Transplant Network ......... 913.262.1668
Community Blood Center .......... 816.753.4040
American Cancer Society .......... 816.842.7111
Mental Health America of the Heartland .... 913.281.2221 Ext.112
University of Kansas Medical Center ... 913.588.5000
Samuel U. Rodgers Health Center .... 816.474.4920
Swope Health Services .......... 816.923.5800
Also contact your local Public Health Departments

Some important numbers for you to know are your blood pressure, blood sugar, body mass index, and cholesterol levels. These numbers tell about your health status and risk for heart disease, diabetes, obesity, and other diseases.

**Blood Pressure** – recommended to be 120/80 or less

Anyone can have high blood pressure (also called hypertension); many people do not show symptoms. High blood pressure increases your risk of heart attack, stroke, and kidney disease. It can damage your brain, eyes, and arteries.

**Blood Sugar (Glucose)** – recommended to be under 130

Glucose is sugar stored in your blood as your body’s main source of energy. The average blood sugar range is between 80 and 120. Too high or too low blood sugar can be a sign of diabetes. Left untreated, diabetes can lead to heart disease, kidney disease, and other complications.

**Body Mass Index** – recommended to be under 25

Your body mass index (BMI) is your weight in relation to your height. A BMI over 25 means that you are overweight, and a number over 30 indicates obesity. That extra weight can lead to high cholesterol, heart disease, diabetes, and other serious illnesses. You can find out your BMI on the Our Health Matters website.

**Total Cholesterol** – recommended to be under 200

Cholesterol is a fatty substance that our bodies need in order to function. But too much cholesterol can hurt you. When there’s too much cholesterol in your blood, it can build up on the inside walls of your arteries and increase your risk of heart disease and stroke.

The normal range for total cholesterol is 200 or less. You also need to know your “healthy” HDL cholesterol and “bad” LDL cholesterol numbers. The optimal range for HDL cholesterol is more than 60, and LDL cholesterol should be less than 100. High total cholesterol, high LDL, or low HDL may increase your risk for a heart attack or stroke.

If your numbers are more than or less than the recommendations, you should talk with your health care provider to find out what can be done to get them into a healthier range.

Source: Medline Plus, Center for Disease Control and Prevention, Mayo Clinic
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The Importance of Pediatric Oral Health

By Kelly Balch, Fourth Year Dental Student, University of Missouri-Kansas City School of Dentistry

Brenda Bohaty, D.D.S., Chair-Department of Pediatric Dentistry, University of Missouri-Kansas City School of Dentistry

Early childhood caries (cavities) is the number one chronic infectious disease affecting children under six years of age. Providing proper oral health care is an essential element of caring for your young children. The goals of early dental care is to prevent cavities in children and to provide a foundation of education for the family.

The Academy of Pediatric Dentistry recommends a dental visit by age one. A visit by this age encourages the parent or caregiver and the child to begin a preventive care program to minimize decay. During this examination, the dentist is able to detect early signs of decay, determine the fluoride needs of the child, and educate caregivers about proper tooth development and home care. It also allows the child to start becoming familiar with receiving care in the dental setting.

After the initial visit, your dental provider will determine a checkup schedule appropriate for your child and his or her needs. Adhering to this checkup schedule is an important part of ensuring proper development and maintenance of your child’s oral health.

Baby teeth begin to erupt between four and fifteen months of age and serve several critical functions. They support proper nutrition and development by allowing proper chewing of food. They also aid in the development of speech and hold space for the proper eruption of the adult teeth.

Baby teeth are vulnerable to decay as soon as they erupt. They have a thinner outside layer (enamel) than adult teeth, which can allow cavities to quickly enlarge. The chewing surfaces of the back teeth have grooves and pits that are more likely to trap food and bacteria. Pain from untreated decay can limit a child’s eating and adversely affect development. If undiagnosed or untreated, dental decay can lead to infection and early loss of teeth.

Even before tooth eruption, parents are encouraged to begin wiping the gums of infant children to establish a daily oral hygiene routine. Infant and toddler toothbrushes should be soft with large handles. Teeth should be brushed twice daily, with an emphasis on bedtime brushing.

Flossing should begin when two teeth touch. Fluoridated toothpaste should be avoided until the child is able to rinse and spit out the excess. Most children lack the manual dexterity to effectively brush unassisted until six years of age or older, and flossing usually requires assistance until 8 to 10 years of age.

The habits of healthy dental care begin at an early age. With your help, your children can obtain the education and skills necessary for optimal oral health care practices.

The following resources can provide you with additional important information about your child’s dental health:

- American Academy of Pediatric Dentistry – www.aapd.org
- American Dental Association – www.ADA.org

Children's Oral Health

Here are some things you can do to ensure good oral health for your child:

- Encourage your children to eat regular nutritious meals and avoid frequent between-meal snacking.
- Protect your child’s teeth with fluoride.
- Use a fluoride toothpaste. If your child is less than 7 years old, put only a pea-sized amount on their toothbrush.
- If your drinking water is not fluoridated, talk to a dentist or physician about the best way to protect your child’s teeth.
- Talk to your child’s dentist about dental sealants. They protect teeth from decay.

Source: www.cdc.gov/OralHealth
Overcoming Life’s Bumps with Technology

By Barney Mayse, Disability Rights Advocate,
The Whole Person

When age, accident, or disability converge, life’s road may become extremely bumpy. Those bumps can change a person’s life in ways they had not imagined. It’s during that time that a person must examine their house for accessibility and ease of use.

When stairs become obstacles to mobility, there is a solution in the form of a chair lift. When bending over to pick things up from the floor becomes nearly impossible, there is a solution in the form of a “reacher.” When life throws curveballs, we learn to hit them.

Assistive technology, universal design, and, in some cases, personal invention provide tools for solving the problems of mobility, transferring, dressing, eating, bathing, or continence. The activities of daily living which were once simple now require our full attention and perhaps some assistance. The problem may be temporary, permanent, or progressive. There are solutions available for use in the home (such as grab bars, a walk-in shower, or lowered kitchen counters), in the car or van (such as a ramp van or swivel seat) or out in the world (such as accessible seating in public venues).

When there are problems that directly affect our sense of sight, hearing, smell, taste, or touch there are methods for addressing them. Usually these problems can be overcome through assistive technology, which helps a person to manage the challenge. Examples of assistive technology are wheelchairs, hearing aids, voice amplified handsets, chair lifts, and ramps. There are many solutions.

Finding the right solution to your problem is crucial to your quality of life.

When looking for a solution to your problem, you may want to have the initial conversation with your physician, physical therapist, or occupational therapist. Finding the right solution to your problem is crucial to your quality of life.

Many assistive technology solutions can be customized to address your specific situation, so be sure to do your homework:
1) Clearly identify the problem to be solved and what needs to be addressed.
2) Discuss the problem with family and others who will be affected.
3) Discuss potential solutions with providers, and, if possible, see drawings or pictures of the proposed solutions. Even better, ask for a trial.
4) Pay attention to warranties and fine print in any contracts that are required.

Some resources that can provide information on assistive technology are:
The Whole Person (www.thewholeperson.org)
The Rehabilitation Institute (www.rehabkc.org)
State Assistive Technology:
Kansas, www.atk.ku.edu;
Missouri, www.at.mo.gov

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What is a Community Relations Manager?

A community relations manager, who can also be known as a social service manager or community service manager, coordinates and supervises social service programs and community organizations.

A community relations manager works with members of the community to identify what types of programs and services are needed; then helps design the desired programs to meet those needs. Many community relations managers oversee a staff of workers, such as social workers, who provide services to clients.

A community relations manager must be able to take in a lot of information from diverse sources and then analyze that information to determine the effectiveness of community programs. Community relations managers must be able to get funding for their program and manage those funds through effective budgets.

Community relations managers work for a variety of health, social, and human service organizations. The organizations may focus on working with particular groups, such as children, homeless people, or veterans, or geographic areas such as neighborhoods or regions. Other organizations may focus on helping people with particular challenges, such as hunger or joblessness.

Community relations managers are often expected to show that their programs and services are effective. To do so, they collect statistics and other information to evaluate the impact that programs have in their community or on their target audience. They may be required to report this information to administrators or funders. They may also use evaluations to identify areas that need improvement in order to make the program more effective.

Many community relations managers have supervisory responsibilities. They may recruit, hire, and train new staff members.

Education
Community relations managers need at least a bachelor’s degree and some work experience. A bachelor’s degree in social work, urban studies, public administration, or a related field is the minimum requirement. Many employers prefer workers with a master’s degree in social work, public or business administration, public health, or a related field. Coursework in statistics, program management, and policy analysis is helpful.

Earnings
In 2010, the median annual wage of community relations managers was $57,950.

Outlook
Generally, the field of community relations managers is expected to grow by 27 percent between 2010 and 2020. This growth is due to increases in the aging population, increases in demand for substance abuse treatment, and overall population growth.

For more information on community relations managers, social service managers, and community services managers, you may contact the National Association of Social Workers - Missouri Chapter, P.O. Box 2043, Jefferson City, MO 65102-2043, phone 573-635-6965, email chapter@nasw-mo.org.

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Suicide Warning Signs

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

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