

**our**

NOVEMBER+DECEMBER 2015

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**HEALTH**

IN TOUCH  
WITH YOUR  
HEALTH

**matters™**

# ADDICTIVE BY DESIGN

Now is the  
Time to **QUIT**

+Plus:

November is COPD  
Awareness Month

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The Impact of Smoking  
on African Americans

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Mental Illness and the  
Challenges to Quit Smoking



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# Looking Ahead...

What are you looking forward to? A son or daughter's wedding? A milestone anniversary or graduation? A new home? Hitting that ideal weight—or maybe kicking a smoking habit? No matter what's on your list, you must devise a plan to achieve it. November is Great American Smokeout

Awareness Month. You'll notice many messages about the health dangers of smoking and hear testimonials of successful former smokers. According to the American Cancer Society's 2007 Cancer Facts and Figures, tobacco use is the single largest preventable cause of disease and premature death in the U.S. Each year, smoking accounts for 438,000 premature deaths, and 38,000 nonsmokers die as a result of exposure to secondhand smoke.

**Tobacco is the largest preventable cause of disease and premature death in the U.S.**

Quitting smoking is a major event to anyone who is seriously "trying to quit." They find it difficult to just walk away from years of a smoking addiction. Fortunately, there are smoking cessation (quit smoking) programs that help people who are ready to quit. One program at a local health clinic called "Kick it at Swope," studies the impact of smoking on African American smokers and works to help them kick the habit. See article on page 17. Also included in this edition are organizations and programs that support people who want to quit, providing them with steps that lead towards making a commitment to quit.

One of the most exciting and rewarding aspects of adult life, is the decision to start a family. Future parents may find themselves turning to adoption to fulfill their dream of creating a family. Often successful adoptions may lead to adopting more than one child. We offer a few tips about things to consider before making such a noble decision.

This year **Our Health Matters** covered topics that touched the lives of families and our community: what it takes to "bounce back" from difficulties; understanding cancer and some of the most innovative treatments; reality check points for couples considering marriage; making prenatal care a priority throughout pregnancy and genuine ways to involve the baby's father; really nutritious and healthy recipes; health career insights; preparing children to succeed in school; and many others that prepared you to live healthier lives where you "live, work, play and learn."

**We've enjoyed every moment with you. As we approach 2016, we look forward to advancing health and wellness—mentally, physically and spiritually.**

**Be Happy and Healthy,**

**Ruth Ramsey**, Publisher and CEO



**We look forward to sharing informative health topics in the coming year. Let us know what areas are of interest to you.**

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# TURKEY STEW

Makes: 4 Servings

Total Cost: \$4.96    Serving Cost: \$1.24

## Ingredients:

- > 2 teaspoons vegetable oil
- > 1/2 cup onion (chopped)
- > 1 garlic clove (finely chopped, or 1/2 teaspoon garlic powder)
- > 4 carrot (chopped)
- > 2 celery stalk (chopped)
- > 2 potatoes (chopped)
- > 1 can tomatoes, diced (15 ounce)
- > 2 cups water
- > 2 cups turkey (cooked, chopped)
- > Salt and pepper (optional, to taste)
- > Italian seasoning or oregano, basil or thyme to taste

## Directions:

1. Heat oil in medium saucepan. Add onion, garlic, carrots and celery and stir for 2 minutes.
2. Add potatoes, tomatoes, and water to pan. Bring to a boil, then lower heat and simmer 30 minutes or until vegetables are tender. Add turkey and cook another five minutes or until heated.
3. Season to taste before serving. Refrigerate leftovers.

## Nutritional Information (460g):

Key Nutrients	Amount	% Daily Value*
Total Calories.....	270	
Carbohydrates.....	28g	9%
Dietary Fiber.....	5g	20%
Total Sugars.....	7g	
Total Fat.....	8g	12%
Saturated Fat.....	2g	10%
Cholesterol.....	60mg	
<b>Minerals</b>		
Sodium.....	370mg	15%
Cholesterol.....	60mg	20%
Calcium		10%
Iron		15%
<b>Vitamins</b>		
Vitamin A		210%
Vitamin C		60%

Living healthy can be fun for the *entire* family!



Healthy Hawks provides a comprehensive treatment program to help children, adolescents and their families overcome issues related to weight. Participating families learn how to make healthier lifestyle choices. Our program offers information and activities with many benefits, such as weight loss, better eating habits, increased exercise, quality family time, and improved self-esteem. Visit our website for informational handouts to discuss with your Doctor, or to find out about our clinic and group programs. We help families live healthier.

For more information:  
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# Things to Consider Before Adopting

Bringing a child into a loving family makes the effort worthwhile.

With one of six couples in the U.S. experiencing infertility, many are looking at adoption as a method to build their family. The average adopting couple is over the age of 30, married 5-plus years, experiencing infertility and desires a young child to be part of their family. Many have been frustrated for years with their unsuccessful fertility treatment and want to become parents.

For some, the urgency to have a child may lead them into considering adopting before they are prepared for adoption parenting. Adoption is much more than the placement of a long awaited child. It is a lifetime experience for the adopted person, birthparents, and adoptive parents. For those preparing for adoption, many factors need to be considered in working toward an adoption plan.

## Discuss when you have had enough infertility treatment.

Can you say that you have tried all that you are emotionally, physically, medically and financially able to do?

## Transfer your energy from infertility treatment to the adoption planning.

Both infertility treatment and adoption planning take a great amount of time, energy, emotion and finances. Actively pursuing both at the same time is asking a lot of yourself and is not best for the future child.

## Do you as husband and wife mutually agree that adoption is the best choice?

This is a decision that will be made individually and as a couple. One partner may be ready before the other. It is wise to proceed when both are ready at the same time.

## Do you accept that the dream, love and fantasy of the child you have been working for through infertility treatment is not the child you will be receiving in the adoption choice?

This acceptance requires a grief process in coming to peace with infertility. Adoption is not the cure for infertility.

## Recognize that adoption is a different path to becoming parents, and adoption parenting brings about additional tasks.

Issues with birth, genetics, heritage, identity, loyalty and search and reunion will be part of your family. The child joins the family through the adoption process with their own unique beginnings and histories.

## Go public with your decision to become parents by adoption.

Feel proud of your choice to adopt. Be prepared for questions from the outside, especially concerning your reasons for the adoption choice. You will be pleasantly surprised that many will share how their life has been touched by adoptions. With over 5 million adopted persons in this country, many families know about adoption experiences.

## Investigate adoption alternatives, including state placement through foster care, licensed child-placing agencies, private/independent adoption, embryo adoptions and international adoptions.

Each choice is different in requirements and arrangements. Read books on adoption and parenting issues. Talk to others who have adopted. Attend community education meetings about adoption issues.



By Kris A. Probasco, LCSW, LSCSW

Join an adoption support group. Seek the advice of an adoption counselor and/or an adoption attorney.

## During your education process, you will learn about openness in adoption.

You will be making decisions about your relationship with the birth family. There are many types of open adoption arrangements. Get a lot of information before you make decisions. You will find that most adoption professionals support open communication and honesty in adoptions. Open adoptions are in the best interest of the child.

## Try to transfer your feelings—the sorrow that you feel from the experience of infertility—to feelings of empathy for the birth parents.

Understand the birth parents' decisions and needs as well as their hopes for the child. Put yourself in their place, and ask what your needs would be in their situation.

## Nurture yourself and maintain a healthy marriage.

A good sense of humor will also be very helpful.

Some helpful resources:

Kansas City Infertility Awareness - [www.kcinfertility.org](http://www.kcinfertility.org)  
Friends of Adoption - [www.friendsofadoptorkc.org](http://www.friendsofadoptorkc.org)

*Kris Probasco has over 40 years of experience in private adoption, foster care adoption, open adoption, donor conceptions, embryo adoption, surrogacy, and more. Kris has helped more than 3,000 couples reach their dreams of becoming parents.*  
[www.krisprobasco.com](http://www.krisprobasco.com)



# Rewarding Careers in Adoption Services

## Enriching family life is the goal of this amazing profession.

Individuals who enjoy working with families and helping them prepare to adopt a child, find adoption services very rewarding. Many find working in adoption services an ideal environment.

Adoption agencies help connect children placed for adoption with adoptive families, or assist birth parents who are considering adoption. They may employ administrative and counseling staff. They may be private or state owned and are required to have state licenses.

### Adoption agency administrative staff

Adoption agency administrative staff members oversee the operations of the adoption office. Administrative staff includes executive directors, operations directors, administrators and office managers. Managing employees, managing documents, making phone calls and marketing the agency's services are just a few of the job duties required of the staff.

#### Requirements:

Administrative staff, such as an office manager or administrative assistant, may need only an associate's degree in office management or administration. Higher-level administrative staff positions, such as directors and administrators, require an advanced degree or professional certificate. Common degrees for these higher-level positions include a graduate certificate or master's degree in marriage and family therapy, public health or social work.

Higher-level administrators may also need to be a licensed clinical social worker or marriage and family therapist. State regulations vary regarding licensing for individuals using certain professional titles and for those practicing social work.

### Adoption Agency Counseling Staff

The counseling staff at an adoption agency works directly with clients, including the birth parents and adoptive family. Adoption agency counseling staff job titles may include adoption counselor, birth mother advocate, adoption advocate, adoption consultant or hotline counselor.

The main job duties of the counseling staff are to provide support and assist clients with the adoption process. Duties may also include explaining adoption options and how the adoption process works, verifying application information, conducting background checks and approving families to adopt.

#### Requirements:

An adoption counselor typically needs at least a bachelor's degree in social work, psychology or other area of counseling. Licensing requirements for counselors vary by state and depend upon job title and work location. According to the U.S. Bureau of Labor Statistics, in most states, using job titles, such as Licensed Marriage and Family Therapist or Clinical Social Worker, require passing a state-administered examination

### Career and Salary Information

Staff at adoption agencies work within the larger field of social and community service workers and managers, which the U.S. Bureau of Labor Statistics (BLS) states is expected to grow faster than the average for all occupations from 2012 to 2022. Social workers are projected to see a 19% increase in jobs, while social and community service managers should see 21% growth. According to the BLS in May 2013, child, family and school social workers made a median of \$42,120 per year.

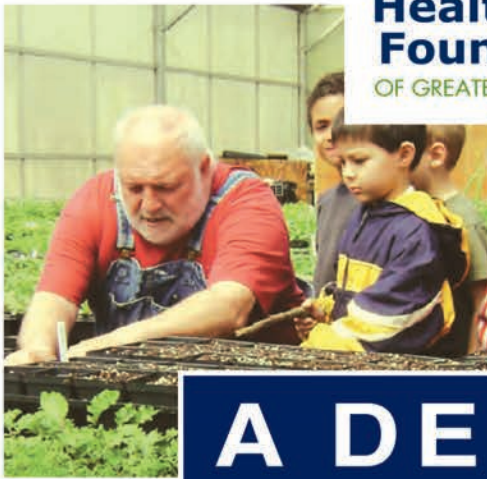


Career	Social and Community Service Managers	Social Worker
<b>Required Education</b>	Bachelor's degree; master's sometimes also necessary	Bachelor's degree in social work; master's degree and two years of postgraduate work for clinical social workers
<b>Projected Job Growth</b>	21%	19%
<b>Median Salary (2014)</b>	\$62,740	\$42,120

Source: US Department of Labor, Bureau of Labor Statistics.



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**A DECADE**  
*of* DIFFERENCE



**This year marks the 10<sup>th</sup> Anniversary** of grantmaking by the Health Care Foundation of Greater Kansas City. We work with community organizations to achieve our mission of eliminating barriers and promoting quality health for the uninsured and underserved. We are proud to have awarded over \$200 million to local agencies. For this occasion, we took the opportunity to step back from our work and talked to over 200 community leaders to take a look at how health has advanced in the Kansas City region over the past decade.



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We invite you to view the full report on our new website:

**HCFDecadeofDifference.org**



Pinterest.com/hcggkc



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# Veterans Get Help to Quit Smoking

Our Health Matters interviewed Shannon M. Huebert, Ph.D., Health Behavior Coordinator, Kansas City VA Medical Center, to learn how they are working with veterans to help them quit smoking.

Over 440,000 deaths each year in the U.S. are attributable to tobacco use, and another 50,000 deaths are due to secondhand smoke exposure. “Approximately 20% of Veterans in our region use tobacco, and it is estimated that 70% of these individuals want to quit. This makes helping Veterans kick the habit one of the most important responsibilities that I have at the VA,” says Shannon M. Huebert, PhD, Health Behavior Coordinator.

## What is the VA Smoking Cessation Program?

The Kansas City VA Quit Tobacco Clinic consists of weekly group appointments on Tuesdays from 10-11:30 a.m. The first hour is led by a psychologist, who employs motivational interviewing techniques to help participants devise personalized plans to increase their motivation to quit tobacco, reduce their nicotine addiction, learn how to cope with urges and get support from others. The second portion of the class is led by a pharmacist, who provides information about the medications available to assist in patients’ quit attempts.

## How many veterans does the VA smoking cessation program serve each year?

Our clinic serves approximately 250 veterans each year.

## Is quitting “cold turkey” an effective method?

The research suggests that while the majority of smokers quit cold turkey, individuals who are “trying” to quit who use this method are not likely to be successful.

## Is medicine used to help veterans quit smoking?

At the end of the clinic, the pharmacist meets individually with Veterans who are interested in a personal evaluation for medications, and if appropriate, the

medications are ordered and available for pickup the same day in the hospital pharmacy.

## How does coaching make a difference?

Brief interventions (3-5 minutes) and more intense interventions (more than 10 minutes) have been found to be effective in increasing quit rates. Cessation counseling lasting 4-30 minutes can double a patient’s chance of abstinence, whereas counseling lasting 30 minutes or greater can triple these rates. For this reason, the VA encourages all staff to have crucial conversations with Veterans about quitting tobacco. During these conversations, VA staff employ the Five A’s: Ask about smoking, Advise the patient to quit, Assess their readiness to quit, Assist patients with their quit attempt and Arrange for follow-up encounters.

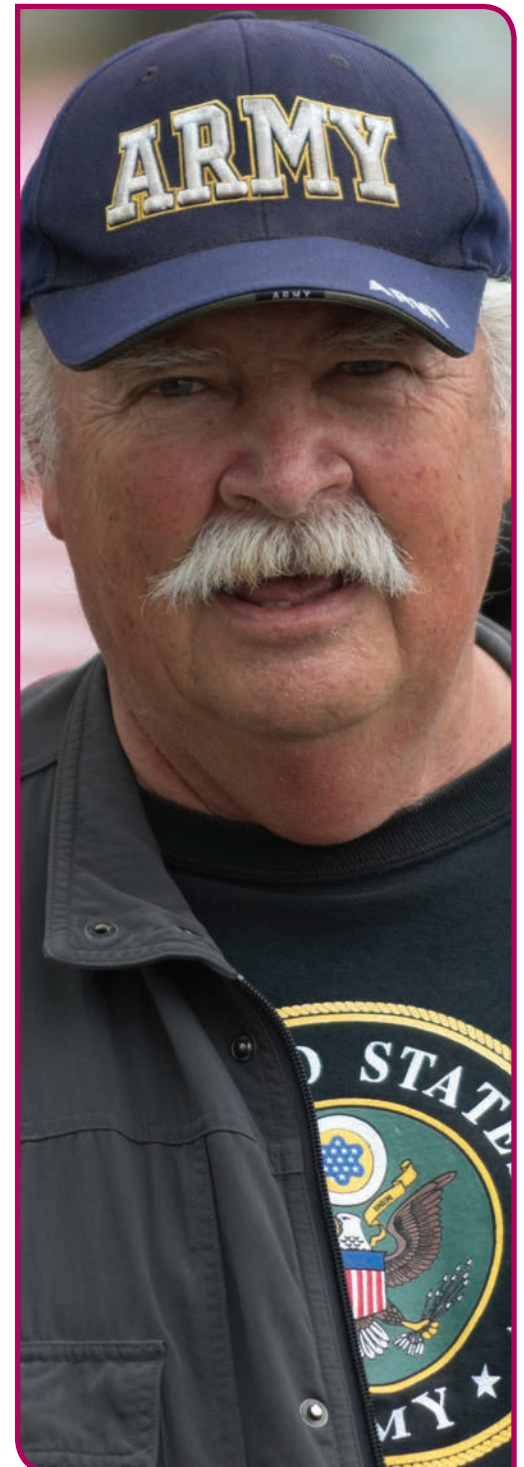
## How to you track each veteran’s progress?

Because the Quit Tobacco Clinic provides an evidence-based intervention, individual quit rates are not tracked. The quit rates with medication alone are as follows: Nicotine patch 23%; Varenicline 33%; nicotine patch + nicotine gum 37%; nicotine patch + bupropion 29%. The research suggests that if a Veteran participates in a clinic such as the one we provide and uses a combination of medications, the quit rate can exceed the quit rates with medications alone.

## How do veterans register for the program?

The Quit Tobacco Clinic is a drop-in clinic. No prior registration or appointment is required. The clinic is open to all veterans and their significant others.

For more information about the Quit Tobacco Clinic, contact Dr. Shannon Huebert at 816-861-4700 Ext. 52616.





Quit

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**Editor's note:**

If you are a smoker, I'm sure you have heard all the reasons why you should quit. Maybe it's not that you don't want to quit; it may be that you are dependent on that "puff" to get you through whatever it is you are experiencing emotionally and physically. Life is precious. It is my hope that you will think about and make a commitment to quit for yourself and your family.



# Is QUITTING SMOKING On Your List?

## There is Help to Quit.

On any given day around the world, people make choices to improve their health or choose habits that damage their health. Smoking cigarettes clearly tops the list of habits that are the most unhealthy and dangerous to the body over one's lifetime. Even with years of reported facts about the dangers of smoking, many people struggle to kick the habit. By quitting, smokers can take an important step towards a healthier life—one that can lead to preventing disease and premature death.

### Addictive by Design

Cigarettes and other forms of tobacco—including cigars, pipe tobacco, snuff, and chewing tobacco—contain the addictive drug nicotine. Just like other drugs, cigarettes are designed to be addictive. Manufacturers know nicotine (a poisonous substance in tobacco that makes it difficult for people to stop smoking) is highly addictive. Today cigarettes deliver more nicotine, more quickly than ever before. When a smoker lights a cigarette, they unleash more than 7,000 chemicals that include those found in paint thinners, pesticides and even chemical weapons.

### Smoking's Impact on Health.

Smoking can harm nearly every organ of the body. It causes nearly one of every five deaths in the United States each year. About half of all Americans who keep smoking will die because of the habit. Each year about 480,000 people in the United States die from illnesses related to tobacco use. Smoking cigarettes kills more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined. – American Cancer Society

# Preparing to Quit Smoking

## Set a quit smoking date.

Once you've decided to quit, you're ready to pick a quit date. This is a very important step. Pick a day within the next month as your Quit Day. You want to give yourself enough time to prepare and come up with a plan, but choosing a date too far away can allow you time to rationalize and change your mind. Circle the date on your calendar. Make a strong, personal commitment to quit on that day. Remember that if you're planning to use a prescription drug, you will need to talk with your doctor about getting it in time for your Quit Day. If you plan to use bupropion (Zyban) or varenicline (Chantix), you must start taking the drug at least a full week, or maybe even 2 weeks, before your Quit Day. Talk with your doctor about exactly when to start the medication and how to use it. Put a note on your calendar to remind you when to start taking it. Also find out from your doctor what side effects to watch for and report.

## Prepare for your Quit Day.

There's no one right way to quit. Most smokers prefer to quit cold turkey – they stop completely, all at once, with no medicines or nicotine replacement. They smoke until their Quit Day and then quit. Some may smoke fewer cigarettes for a few weeks before their Quit Day. This way, you slowly reduce the amount of nicotine in your body. You might cut out cigarettes smoked with a cup of coffee, or you might decide to smoke only at certain times of the day. It makes sense to cut down before your quit date in order to reduce withdrawal symptoms, but this can be hard to do.

Quitting smoking is a lot like losing weight: it takes a strong commitment over a long time. Nicotine replacement can help reduce withdrawal symptoms, but it works best when used as part of a stop-smoking plan that addresses both the physical and psychological components of quitting smoking.

Here are some steps to help you get ready for your Quit Day:

- ⊗ Pick the date and mark it on your calendar.
- ⊗ Tell friends and family about your Quit Day.
- ⊗ Get rid of all the cigarettes and ashtrays in your home, car, and at work.
- ⊗ Stock up on oral substitutes – sugarless gum, carrot sticks, hard candy, cinnamon sticks, coffee stirrers, straws, and/or toothpicks.
- ⊗ Decide on a plan. Will you use nicotine replacement therapy (NRT) or other medicines? Will you attend a stop-smoking class? If so, sign up now.
- ⊗ Think about how you can change your routine. Use a different route to go to work. Drink tea instead of coffee. Eat breakfast in a different place or eat different foods.
- ⊗ Practice saying, “No thank you, I don't smoke.”

- ⊗ Set up a support system. This could be a group program or a friend or family member who has successfully quit and is willing to help you. Ask family and friends who still smoke not to smoke around you, and not to leave cigarettes out where you can see them.
- ⊗ If you are using bupropion or varenicline, take your dose each day leading up to your Quit Day.

Think about your past attempts to quit. Try to figure out what worked and what didn't. Successful quitting is a matter of planning and commitment, not luck. Decide now on your own plan. Some options include using nicotine replacement or other medicines, joining a stop-smoking class, going to Nicotine Anonymous meetings, using self-help materials such as books and pamphlets, or some combination of these methods. For the best chance at success, your plan should include at least 2 of these options.

## CANCERS CAUSED BY SMOKING



Cigarette smoking accounts for at least 30% of all cancer deaths. It's linked with an increased risk of these cancers:

- Lung
- Larynx (voice box)
- Oral cavity (mouth, tongue and lips)
- Nose and sinuses
- Pharynx (throat)
- Esophagus (tube connecting the throat to the stomach)
- Stomach
- Pancreas
- Cervix
- Kidney
- Bladder
- Ovary (a type called mucinous ovarian cancer)
- Colorectum (the colon and/or the rectum)
- Acute myeloid leukemia

### Percentage of lung cancer deaths attributed to smoking:



87% in Men



70% in Women

Although lung cancer is often preventable, it is the leading cause of cancer death in men and women, and is one of the hardest cancers to treat. It is also a major cause of many other deadly health problems—heart disease, aneurysms, bronchitis, emphysema, and stroke.

## Your Quit Day

### On your Quit Day:

- ⊗ Do not smoke. This means not at all – not even one puff!
- ⊗ Keep active – try walking, short bursts of exercise, or other activities and hobbies.
- ⊗ Drink lots of water and juices.
- ⊗ Start using nicotine replacement if that's your choice.
- ⊗ Attend a stop-smoking class or follow your self-help plan.
- ⊗ Avoid situations where the urge to smoke is strong.
- ⊗ Avoid people who are smoking.
- ⊗ Drink less alcohol or avoid it completely.

Reward yourself. What you're doing isn't easy, and you deserve a reward. Put the money you would have spent on tobacco into a jar every day and then buy yourself a weekly treat. Buy a book or some new music, go out to eat, start a new hobby, or join a gym. Or save the money for a major purchase.

**Congratulations, for making one of the best decisions of your life, one that will benefit you and your loved one for years to come.**

You can also reward yourself in ways that don't cost money: visit a park or go to the library. Check local news listings for museums, community centers, and colleges that have free classes, exhibits, films, and other things to do.

Sources: Centers for Disease Control and Prevention, American Cancer Society, Health Resource Guide, [www.kchealthresource.org](http://www.kchealthresource.org), <http://smokefree.gov/health-effects>, <http://therealcost.betobaccofree.hhs.gov/costs/health-costs/index.html>, [cancer.org](http://cancer.org)

## Use these tips to stay committed to quitting:

- **Avoid temptation:** Stay away from people and places that tempt you to smoke. Later on you'll be able to handle these with more confidence.
- **Change your habits:** Switch to juices or water instead of alcohol or coffee. Choose foods that don't make you want to smoke. Take a brisk walk instead of a smoke break.
- **Choose other things for your mouth:** Use substitutes you can put in your mouth such as sugarless gum or hard candy, raw vegetables such as carrot sticks, or sunflower seeds. Some people chew on a coffee stirrer or a straw.
- **Get active with your hands:** Do something to reduce your stress. Exercise or do something that keeps your hands busy, such as needlework or woodworking, which can help distract you from the urge to smoke. Take a hot bath or read a book.
- **Breathe deeply:** When you were smoking, you breathed deeply as you inhaled the smoke. When the urge strikes now, breathe deeply and picture your lungs filling with fresh, clean air. Remind yourself of your reasons for quitting and the benefits you'll gain as an ex-smoker.
- **Delay:** If you feel that you're about to light up, hold off. Tell yourself you must wait at least 10 minutes. Often this simple trick will allow you to move beyond the strong urge to smoke.

## Resources to Support Your Desire to QUIT SMOKING

- **American Legacy Foundation Great Start**  
Pregnant Smokers 1-866-66-START (1-866-667-8278)
- **Cancer Information Service (CIS)** 1-877-44U-QUIT (1-877-448-7848)
- **Missouri and Kansas Quit Line** 1-800-QUIT-NOW (1-800-784-8669)
- **Agency for Healthcare Research and Quality (AHRQ)**  
1-800-358-9295
- **American Cancer Society** 1-800-ACS-2345 (1-800-227-2345)
- **American Heart Association (AHA)** 1-800-AHA-USA1 (1-800-242-8721)
- **American Lung Association (ALA)** 1-800-548-8252
- **Centers for Disease Control, Office on Smoking and Health (CDC)** 1-800-CDC-1311 (1-800-232-1311)
- **American Lung Association of Missouri**  
(Freedom from Smoking/EASE\*) [www.lungusa.org](http://www.lungusa.org)
- **American Lung Association of Kansas**  
(Freedom from Smoking) [www.lungusa.org](http://www.lungusa.org)
- **Quitnet** [www.Quitnet.com](http://www.Quitnet.com)
- **National Cancer Institute's Cancer Information Service**  
[www.smokefree.gov](http://www.smokefree.gov)
- **The EX Plan** [www.becomeanex.org](http://www.becomeanex.org)
- **Try To Stop** [www.trytostop.org](http://www.trytostop.org)
- **Kansas Tobacco Use Prevention Program (TUPP)**  
[www.kdheks.gov/tobacco/index.html](http://www.kdheks.gov/tobacco/index.html)
- **School Policy** [www.kdheks.gov/tobacco/school\\_policy.html](http://www.kdheks.gov/tobacco/school_policy.html)
- **TUPP Overview**  
[www.kdheks.gov/tobacco/download/TUPP\\_Overview.pdf](http://www.kdheks.gov/tobacco/download/TUPP_Overview.pdf)
- **Missouri Smoking and Tobacco Prevention Program**  
[www.health.mo.gov/living/wellness/tobacco/smokingandtobacco](http://www.health.mo.gov/living/wellness/tobacco/smokingandtobacco)
- **Employer Initiative Review**  
[www.health.mo.gov/data/pdf/WorksiteWellness.pdf](http://www.health.mo.gov/data/pdf/WorksiteWellness.pdf)
- **Employer Toolkit** [www.health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf](http://www.health.mo.gov/living/wellness/tobacco/smokingandtobacco/pdf/EmployersToolkit.pdf)
- **Tobacco Free Plan** [dmh.mo.gov/docs/mentalillness/MissouriPlanforLivingTobaccoFree.pdf](http://dmh.mo.gov/docs/mentalillness/MissouriPlanforLivingTobaccoFree.pdf)
- **Missouri and Kansas Quit Line** 1-800-QUIT-NOW (1-800-784-8669)

# Mental Illness and the Challenges of Quitting Smoking

**Assisting smokers with mental health challenges to quit smoking will help them achieve a healthier life.**

National Association of Mental Illness (NAMI)

One of the biggest decisions that many people will make throughout the year is quitting smoking. The National Association of Mental Illness has found this is a goal that is more difficult for those suffering from mental illnesses. People with anxiety will often turn to nicotine in an effort to help them calm down and save them from a negative mood, but what they don't realize is that smoking or otherwise ingesting the chemical can actually make things worse. Anxiety sufferers aren't the only ones who turn to smoking for some type of comfort or assistance, and those with any type of mental illness will find that smoking is often more difficult to quit than for others.

Quitting smoking is undoubtedly important to good health, and smoking related diseases and conditions are a huge

contributing factor to premature death in the U.S. Once a person quits, they can be freed of the chains that nicotine has on their mental and physical well-being.

Smoking doesn't help any sort of condition. When used as a crutch, it actually hinders one's mental health. For example, with anxiety conditions, while the immediate effect of smoking feels calming, the cycle of smoking can contribute to feelings of greater stress. Once a cigarette is smoked and the nicotine begins to leave the body, withdrawal sets in quickly, and withdrawal from nicotine can cause anxiety symptoms even in those who wouldn't normally experience them.


In another example, those with schizophrenia are 3 to 4 times more likely to smoke compared to those without the

condition, and the reasons for smoking are much like the reasons cited by those with anxiety conditions. However, in schizophrenia cases, those who smoke are less likely to find success with conventional medical treatments, and the ingestion of nicotine can actually make their condition more difficult to manage.


Smoking has a negative effect on anyone suffering from a mental illness. Quitting is always in a person's best interest. At NAMI, we know how important it is to cut nicotine out of the equation for those with or without mental illnesses, and we believe this is a goal that is achievable, no matter how difficult, for anyone.

Consult with NAMI advocates and supporters for mental health with affiliate offices in Kansas and Missouri, [www.nami.org](http://www.nami.org)


### Low health literacy is a big problem.



**1 in 5** American adults have health literacy skills considered to be "below basic"




Education materials are written **beyond most people's ability to understand**




Health providers often use **medical jargon that is unfamiliar to most people**


### People with low health literacy struggle to:



Use forms and read health information




Read labels and take medicines as instructed




Use preventive care services

### Working together to help people understand their health


**Health Literacy Missouri (HLM)** and **Truman Medical Center (TMC)** behavioral health division know that low health literacy makes it hard for people to manage their health and health care. So they are partnering to bring health literacy best practices to Truman Medical Center, the region's leading mental health provider. HLM will help TMC mental health professionals, who serve as many as 18,000 people per year, improve how they communicate with patients at risk for low health literacy due to mental illness and substance abuse disorders. The collaboration will include:




**Training sessions** about written and verbal communications




**Plain language editing** of forms and documents, and **plain language content creation** of new, easy-to-use brochures on mental illnesses & medicines



**Health environment assessments** of five facilities to improve health literacy strategies




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# IMPACT OF SMOKING IN AFRICAN AMERICAN POPULATIONS



Tobacco is the leading preventable cause of disease and death in the U.S., accounting for more than 442,000 total deaths and more than 30% of all cancer deaths annually. Although African American smokers use fewer cigarettes per day than Whites, they are more likely to experience a tobacco-related disease or death. For example, African Americans are 43-55% more likely than Whites to develop lung cancer due to smoking. Non-daily smokers, or those who smoke on some but not all days, represent a growing number of smokers. Roughly 1 out of 4 African Americans who use cigarettes smoke on some but not all days.

**Quitting smoking is one of the single best things a person can do to improve their health**

-Dr. Nikki Nollen, PhD

Smoking fewer cigarettes per day should translate into lower nicotine dependence, lower nicotine intake, and improved quit rates for African Americans relative to Whites, but research suggests that this is not the case. One reason for this may be that African American smokers have a strong preference for menthol cigarettes, which have higher tar and nicotine content and lead to greater nicotine intake per cigarette smoked.

One of the first steps in quitting smoking is finding a reason to quit. Smoking will take an average of 14 years off of your life. If you

continue to smoke, you have at least a one in three chance of dying from disease caused by tobacco. Cigarettes contain over 7,000 chemicals, at least 69 of which are known to cause cancer. Secondhand smoke can also be a good motivation to quit. Children of smokers are exposed to these toxic chemicals and are at a higher risk of ear infections, asthma, and many other health consequences.

Tobacco dependence is a chronic disease that usually requires multiple attempts to quit. Individual, group or telephone counseling will greatly increase the chances of quitting successfully. Currently there are 7 first-line medications available to help tobacco users quit. These are: bupropion SR, varenicline, nicotine gum, inhaler, lozenge, nasal spray, and patch. The most successful quit attempts combine medication and counseling.

## Kick It at Swope

There has been limited research focused on treatment for African American smokers. The University of Kansas Medical Center and Swope Health Central have collaborated to conduct the nation's leading research for African American smoking cessation treatments. There are currently 2 studies available for African Americans who are interested in quitting. Kick It at Swope, led by Dr. Lisa Cox, is designed for African American daily smokers who are interested in quitting using the medication Chantix, also known as varenicline. Quit 2 Live 2, led by Dr. Nikki Nollen, is the first ever study designed for African American non-daily smokers (those who smoke 4-27 days a month) who are interested in quit smoking counseling or counseling in combination with nicotine gum, patches, or lozenges.

### Elsie Graham's Success Story:

Elsie quit smoking this year while participating in the *Kick It at Swope* study.

#### 1) Why did you make the decision to quit?

I wanted to quit for my health, also I am really looking forward to being a grandmother someday and my kids want me to be around for them.

#### 2) What was most difficult?

Everyone I know smokes. It's hard to maintain those relationships while trying to "stay quit" at the same time. Sometimes people look at me crazy when I tell them that they can't smoke in my home anymore, but I really want to stay quit.

#### 3) How did you overcome it?

I had to take it one day at a time and be honest with other smokers in my life. They need to know where I stand and that we can still be friends even if I no longer smoke.

# Teaching Kids Gratefulness

Children love getting things and don't know it's proper and expected that they show appreciation.

Does this scenario sound familiar? Your child receives a gift from Uncle Bob on his birthday and you immediately say to him, "What do you say?" Your kid then says a half-hearted, "Thank you," as he quickly runs off to play with the newly acquired gift.

Children are frequently reminded to recite the "magic" words after receiving something from someone. This is an important part of our parenting efforts because we want our children to advance to the next level of maturity by learning about common courtesy. Mostly, we don't want people to think we're raising rude and ungrateful kids.

Gratitude also means being grateful for everything in our lives. There are many things that are easy to take for granted, such as the sunshine, clean air, clean water and the charming view of their favorite playground. When children learn how to be grateful for all things, it contributes to their overall happiness and well-being.

A study published in the Journal of School Psychology (Jeffrey J. Froh, William J. Sefick and Robert A. Emmons) involving youths ages 8-12 states gratitude is directly related to enhanced well-being and overall satisfaction with life.

## The following are four ideas for helping children learn gratefulness:

### 1. Discuss gratitude as a family

Ensure that your children understand that gratitude is more than being thankful for things they receive. Ask them to think of the people they enjoy spending time with and discuss how important it is to be grateful for those friendships. At family gatherings ask each member to share a non-material thing he or she is grateful for. Consider having your children keep a gratitude journal; then make time to discuss what they have written in their journal.



### 2. Resist imposing gratitude

Children do not learn gratitude by having it forced upon them. More importantly, lecturing your children about how well off they are compared to other children around the world does not teach gratitude. Teach them by example; demonstrate your gratitude to others so your children can see and understand that it is the "normal" and "appropriate" thing to do as they grow up.

### 3. Provide opportunities for your children to give

While it's fun to receive gifts, it's equally enjoyable to give. Make it a point to teach kids that there is joy in both giving and receiving. Look for places where the whole family can volunteer to "give back" throughout the year, and especially during the holidays.

### 4. Keep the notion of gratitude fresh in your children's minds

Post notes around the house about what you are grateful for. Make sure your notes are placed where your children are sure to see them.

Gratitude is more than being mature and well-mannered. Teaching children to be grateful for all things tangible and non-tangible will help them develop a happy and charitable attitude.

Source: Family Share



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# Give Your Baby a Healthy Start



## Did you know?

Ten out of every 1,000 babies born in the Kansas City metro area die before their first birthday. According to the Kansas City Fetal Infant Mortality Report, ZIP codes 64110, 64127, 64128, 64130 and 64132 experience the greatest number of infant deaths. In fact, death rates among Black babies are twice as high as those of White babies. Some causes include:

- lack of prenatal care
- premature births
- low birth-weight
- Sudden Infant Death Syndrome (SIDS)
- unsafe sleep practices
- poor nutrition
- obesity

The mission of Mother & Child Health Coalition's Kansas City Healthy Start Initiative is to help mothers to be their healthiest before and during pregnancy, increasing healthy deliveries and helping more families celebrate their baby's first birthday.



Incorporating a whole family approach to support families lacking resources and support systems, the Kansas City Healthy Start Initiative (KCHSI) educates mothers about the importance of:

- getting enrolled for health insurance
- choosing a doctor and a medical home
- receiving early and consistent prenatal care
- the benefits of breastfeeding
- how to prepare a safe sleep area for the baby

KCHSI Community Health Workers meet with the family to provide the support and assistance needed to achieve all these important goals. They also make referrals to help the family meet a variety of daily living needs. The program is provided at no cost to participants.

The Kansas City Healthy Start Initiative is aligned with over 200 community partners, contributing to the success of this valuable program and helping mothers and babies to have access to everything they need to give the baby a healthy start.

# Understanding Chronic Obstructive Pulmonary Disease



Chronic Obstructive Pulmonary Disease (COPD) is a comprehensive term used to describe progressive lung diseases including emphysema, chronic bronchitis, refractory (non-reversible) asthma and some forms of bronchiectasis. COPD is characterized by increasing breathlessness.

Many people mistake their increased breathlessness and coughing as a normal part of aging. COPD can develop for years without noticeable shortness of breath, but the symptoms begin to become apparent in the more developed stages of the disease. That's why it's important to talk to the doctor as soon as either of these symptoms becomes apparent. The first and most commonly done lung function test is spirometry, in which a person breathes into a mouthpiece attached to a recording device called a spirometer.

## How common is COPD?

COPD affects an estimated 24 million individuals in the U.S., and over half of them have symptoms of COPD and do not know it. Early screening can identify COPD before major loss of lung function occurs. Most cases of COPD are caused by inhaling pollutants, including smoke from cigarettes, pipes, cigars and secondhand smoke. Fumes, chemicals and dust found in many work environments are contributing factors for many individuals who develop COPD. Genetics can also play a role in an individual's development of COPD—even if the person has never smoked or has never been exposed to strong lung irritants in the workplace.

## What are the symptoms?

- » *Increased breathlessness*
- » *Wheezing*
- » *Frequent coughing (with and without sputum)*
- » *Tightness in the chest*

## Learning how to cope with COPD

Pulmonary rehabilitation is a program of exercise, education, and support to help the patient learn to breathe—and function—at the highest level possible. Patients also learn about breathing techniques, medications, nutrition, relaxation, oxygen, how to do everyday tasks with less shortness of breath, and how to stay healthy and avoid worsening symptoms. Patients can find support from meeting others with COPD who have many of the same experiences, questions and feelings as they do.

For more information about COPD services and support, contact your local American Lung Association at [www.lung.org](http://www.lung.org).

Sources: COPD Foundation, American Lung Association.

## Common Causes and Risk Factors of COPD

### Smoking

COPD most often occurs in people 40 years of age and older who have a history of smoking. These may be individuals who are current or former smokers. While not everybody who smokes gets COPD, most of the individuals who have COPD—about 90% of them—have smoked.

### Environmental Factors

COPD can also occur in individuals who have had long-term contact with harmful pollutants in the workplace. Some of these harmful lung irritants include certain chemicals, dust, or fumes. Heavy or long-term contact with secondhand smoke or other lung irritants in the home, such as organic cooking fuel, may also cause COPD.

### Genetic Factors

Even if an individual has never smoked or been exposed to pollutants for an extended period of time, they can still develop COPD. Alpha-1 Antitrypsin (AAT) related COPD is caused by a deficiency of this protein in the bloodstream. Without it, white blood cells begin to harm the lungs, and lung deterioration occurs. It is believed that there are other genetic predispositions to developing COPD because not all individuals with COPD have AATD.

# On a Mission to Keep Older Drivers Safe

It's important for aging drivers to understand the changes that may be affecting their driving.

By Susan Cohen

Driving is essential in our car-dependent society. Drivers over age 65 are a rapidly growing segment of our population. Many people are living well into their 90s or reach 100. Should we be driving at 90? What about 95? How will we know when to stop driving? There are no easy answers because every person ages differently.

**The ability to operate a car does not mean a driver still has the ability to drive safely.**

Most people will not know when driving becomes unsafe. According to the Centers for Disease Control and Prevention, fatal crash rates increase noticeably starting at ages 70-74 and are highest among drivers age 85 and older. Driving poses a higher risk with older Americans that take medications for chronic conditions, making driving more dangerous.

As we reach our 70s, physical changes are very evident. Our brain is aging too, but we are unlikely to notice changes. Despite using a cane or walker, a driver may still be able to get into the car and drive it onto the roadway. The ability to operate a car does not mean a driver still has the ability to drive safely. The complex driving task requires a healthy cognitive function, and the most important factors in safe driving are your brain's ability to process what you see and hear and your physical ability to correctly respond.

## Be proactive and safe

The first week of December has been designated Older Driver Safety Week by the American Occupational Therapy Association. Make safe driving a priority this season, and consider your driving routines. Because daylight hours are fewer, make daylight trips and avoid rush hours. Shopping in the morning will allow you to avoid crowded parking lots. As we age, yielding to traffic is more difficult, so avoid highway driving and

use low-speed roads instead. Older drivers have more crashes turning left, so plan routes with intersections with a left-turn arrow. Always stay alert while driving, and avoid doing anything that takes your eyes or mind from the road.

Your safety and the safety of others should be your first priority. Do not ignore the concerns of family and friends about your driving. If you feel uncomfortable driving, get lost, or experience a near-miss, seek out a local driving program for an evaluation. Both Shawnee Mission Medical Center and Rehabilitation Institute of Kansas City have programs.

For more information visit: American Occupational Therapy Association  
[www.aota.org](http://www.aota.org)

*Susan Cohen founded Americans For Older Driver Safety in 2012. The non-profit advocates for education on driving safety measures aging drivers can take to improve their driving.*



# Control Your Chronic Condition

*If you are living with an ongoing health condition (such as arthritis, asthma, diabetes, high blood pressure, or depression) we have a workshop for you!*



Chronic Disease Self-Management Education (CDSME) workshops are interactive learning opportunities that teach techniques to manage common symptoms.

## Self-management workshops:

- Learn and practice new skills to manage health
- One time (2.5 hours) a week for 6 weeks
- FREE

## Benefits many participants have experienced:

- Increased physical activity
- Improvement in symptom management
- Improved communication with physicians
- Improved general health
- Decreased fatigue, disability and social activity limitations

## Our workshops include:

- Chronic Disease Self-Management (CDSMP)
- Diabetes Self-Management (DSMP)

*Caregivers Are Also Welcome!*



## FOR CLASS INFORMATION:



**Kansas:**  
Ariel Unselt  
(785) 296-1627  
aunselt@kdheks.gov  
www.toolsforbetterhealthks.org




**Missouri:**  
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oprewitt@saint-lukes.org  
www.moarthritis.org

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### Our Health Matters

Winter, 2015

Cigarette smoking accounts for at least 30% of all cancer deaths and is linked to numerous other cancers. By quitting, smokers can take an important step towards a healthier life.



Life is precious. Commit to quit.

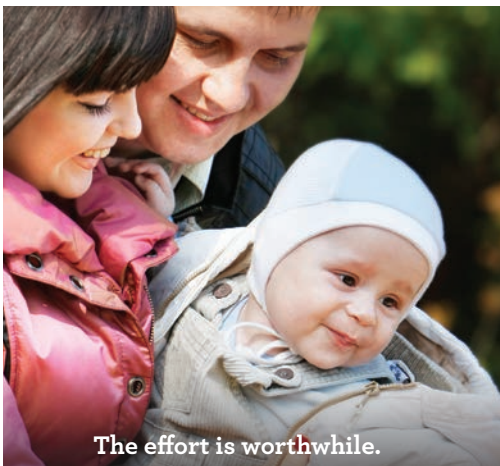
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### Our Health Matters

Winter, 2015

While adoption is a different path to becoming parents, it is much more than just the placement of a long awaited child. For adoptive parents it is the beginning of a lifetime experience.



The effort is worthwhile.

[Like](#) • [Comment](#) • [Share](#)



#Smoking Impact on African Americans: likely to result in tobacco-related disease or death. African Americans are 43-55% more likely to develop lung cancer due to smoking?



#Smoking Impact on African Americans: "African American smokers want to quit. The goal is to connect them with the best treatment possible." Dr. Lisa Sanderson Cox, PhD



Preparing to #Quit #Smoking: 7 first-line medications help tobacco users quit: bupropion SR, varenicline, nicotine gum, inhaler, lozenge, nasal spray, and patch.



Preparing to #Quit #Smoking: Put a Quit Date on the calendar. Decide on a plan. Tell family and friends and practice saying, "No thank you, I don't smoke."



Considering Adoption: Research agencies and seek advice from an adoption counselor and/or adoption attorney before you begin the process.



Being Grateful For All Things: Gratitude is directly related to enhanced well-being and overall satisfaction with life in 8-12 year olds - Journal of School Psychology



Chronic Obstructive Pulmonary Disease (COPD): 24 million affected in the U.S. and don't know it. Get screened for COPD before major loss of lung function occurs.



Chronic Obstructive Pulmonary Disease (COPD): can be a result of smoking, environmental factors, or genetics. Doctors test patients using a spirometer.



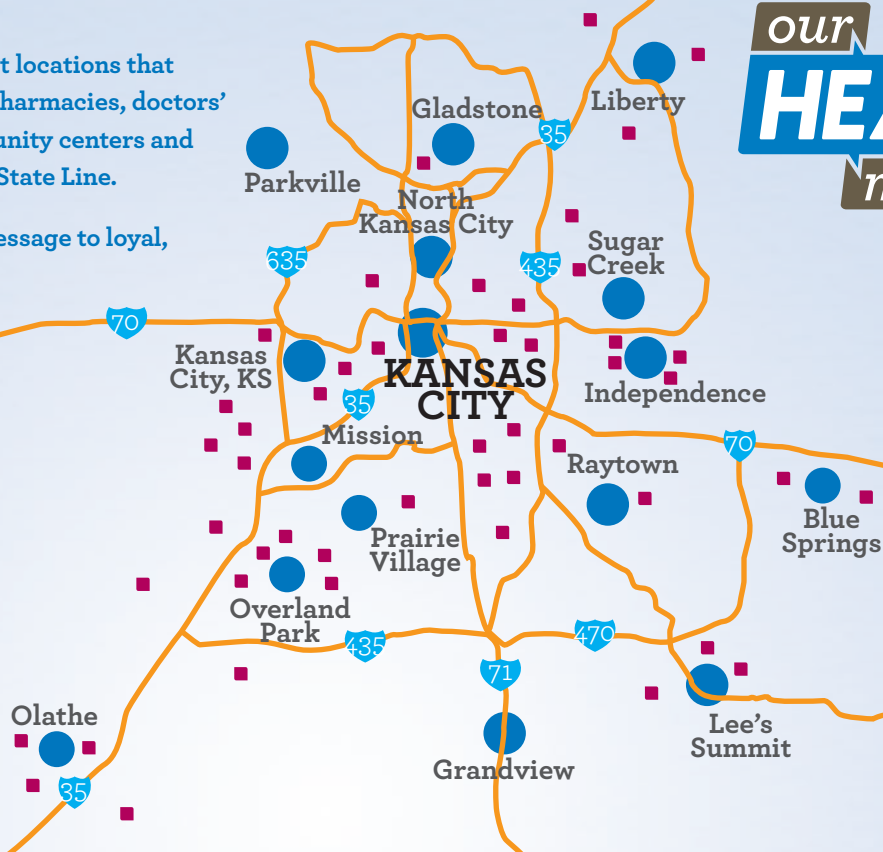
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