

our

12th ANNIVERSARY • APRIL 2017

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HEALTH

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HEALTH

matters.™

Making Sense of Why Some People Experience Poorer Health Outcomes

We must go beyond traditional health care delivery.

John W. Bluford, III

Founder, Bluford Healthcare Leadership Institute
President Emeritus, Truman Medical Centers

12

YEARS OF PUBLICATION

ANNIVERSARY EDITION



HERE'S TO 12 YEARS!

SINCE 2005 OUR HEALTH MATTERS™ has provided vital health news and information to encourage healthy habits and active living. For more than 12 years we've covered everything from: heart disease • stroke • diabetes • cancer • arthritis • back pain • preparing for marriage • raising healthy children • why you need a medical power of attorney and living will • preventing alcohol and drug abuse • how to live a balanced life • health careers • communicating with your doctor • patient bill of rights • bullying, mental health • gambling addiction • fitness and health • nutrition • anger management • teaching children to be grateful • recognizing child abuse and neglect • foot health • dental health • vision health • hair-loss • safe traveling tips • pregnancy and prenatal care • resilience • childhood immunizations • breastfeeding • childhood disease • creating healthy marriages and relationships • suicide prevention hotline • toxic relationships • sickle cell disease • how to select a doctor • health care providers • how to budget • benefits of exercising • opioid and heroin addiction • quitting smoking • insurance • health careers • adoptions • pursuing a nursing career • HIV/AIDS • COPD • hypertension • Alzheimer's disease • elder abuse • healthy recipes and more!

Since 2005 *Our Health Matters™* has distributed more than 1 million print copies and reached thousands of health consumers online and through social media.

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According to Healthy People 20/20 (a science-based, 10-year national objective for improving the health of all Americans), if a health outcome is seen to a greater or lesser extent between populations, there is a disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Health disparities adversely affect groups identified as having systematically experienced greater obstacles to their ability to achieve good health. These disparities include:

- racial or ethnic group
- religion
- socioeconomic status
- gender
- age
- mental health
- physical disability
- sexual orientation
- gender identity
- geographic location

This 12th anniversary edition provides insight into areas of our daily lives that support or prevent us from living our healthiest.

Be sure to read my additional commentary on page 17. I share more about the passion that drives our team to provide you with vital health information and resources.

Thank you for joining us on the journey. You are one of thousands of loyal readers and supporters that make producing *Our Health Matters*™ worthwhile.



Ruth Ramsey, Publisher and CEO



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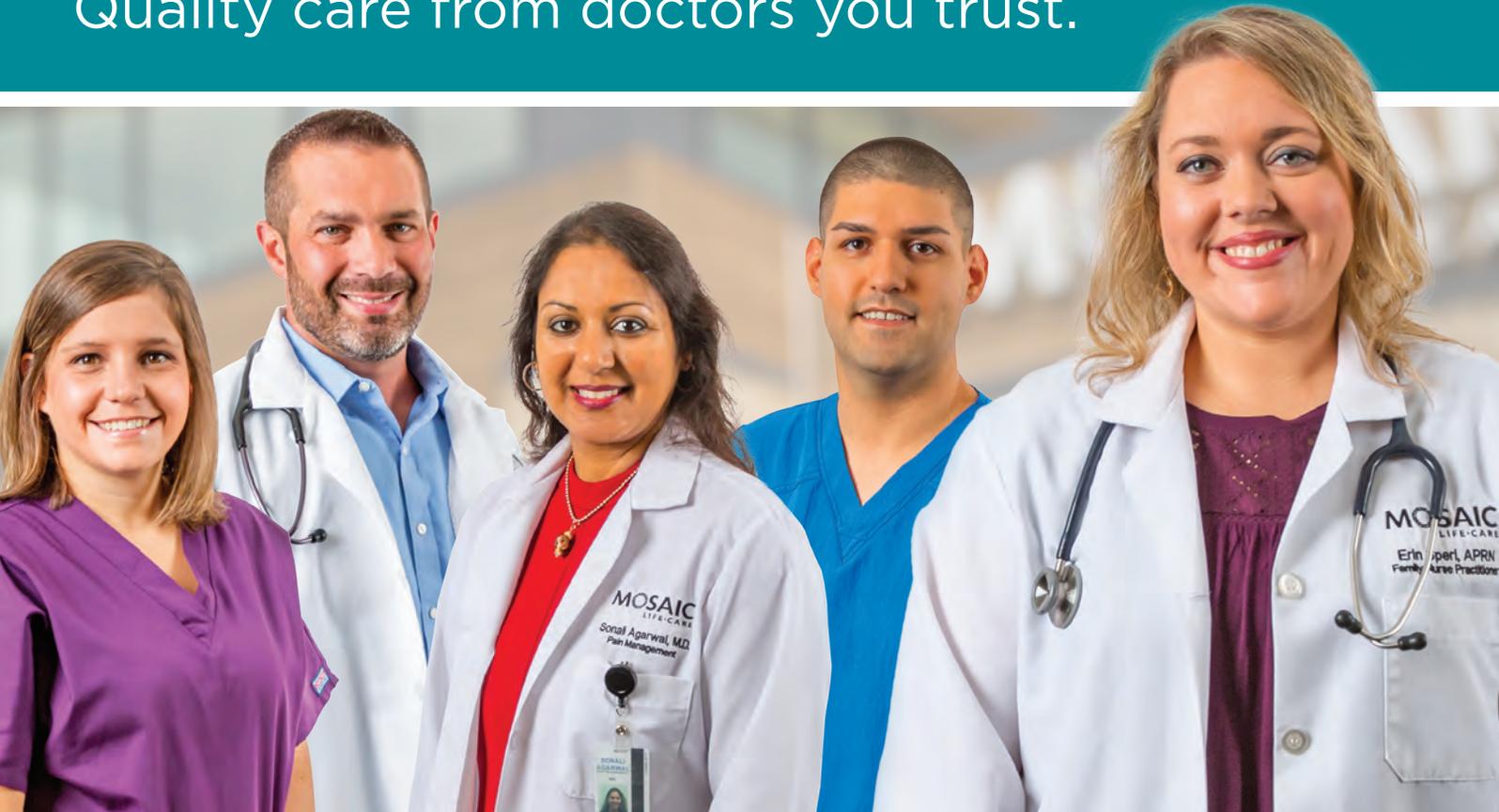
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Oven Roasted Cauliflower

PREP TIME: 30 MINUTES | SERVES: 4
CUPS OF VEGETABLES PER SERVING: 2 1/3

THIS DELICIOUS OVEN ROASTED CAULIFLOWER DISH IS A GREAT COMPLEMENT TO ANY MEAL.

INGREDIENTS

- > 1 head cauliflower, cut into florets
- > Olive oil or canola cooking spray
- > Lemon pepper seasoning (salt-free)
- > 1 red onion, sliced
- > 2 cloves garlic, minced
- > 2 shallots, cut into quarters
- > Grated Parmesan cheese

Key Nutrients	Amount
Calories:	68
Carbohydrates:.....	14g
Total Fat:.....	0.6g
Cholesterol:.....	0mg
Saturated Fat:.....	0.2g
Dietary Fiber:	4.7g
% of Calories from Fat:	8%
Sodium:	65mg
Protein:.....	4.5g

DIRECTIONS

1. Preheat oven to 400 degrees F.
2. Put cauliflower florets in single layer on cookie sheet or baking dish. Add red onion, shallot and garlic.
3. Spray with cooking spray and stir to coat. Sprinkle with lemon pepper seasoning.
4. Bake uncovered for 15 to 25 minutes, or until cauliflower is fork-tender and slightly browned. Stir once during the baking.
5. Sprinkle with Parmesan cheese and put back into the oven for 3 to 4 minutes.

Source: University of Florida / IFAS Sarasota County Extension

The Faith Community Adopts Wellness

How effective are churches in spreading cancer prevention messages?

Jeanene Dunn, OHM Staff

Colorectal cancer is the third most commonly diagnosed cancer, and the third leading cause of cancer death in the U.S. In Kansas, it is the second leading cause of cancer death.

Despite these seemingly scary numbers, colorectal cancer is a treatable disease if caught early. The message is clear regarding colorectal cancer: Early detection saves lives.

Despite these high survival rates, African-Americans are more likely to be diagnosed with and die from colorectal cancer than any other ethnic group.¹ According to data from the American Cancer Society, the reason is “not yet understood.” One answer may lie in screening rates among African-Americans aged 50 and older, the recommended age group to begin screening for colorectal cancer.

The campaign to create awareness

A team of health care and communications researchers at the University of Kansas sought to improve the screening rates in the African-American community. This team, comprised of health care providers and academics, wanted to take the message of prevention and screening to African-American churches in the Kansas City area.

“I became interested in this project after volunteering with Dr. Allen Greiner (University of Kansas Medical School professor, vice chair and associate chair for research), and through informal conversations with pastors about health and wellness,” says Crystal Lumpkins, PhD, assistant professor at the University of Kansas School of Medicine, Family Research Division. “Church leaders recognize the importance of maintaining good physical health, as well as good spiritual health,” says Lumpkins. “I saw the potential for the church to be the messenger for this project,” Lumpkins continues.

How the message took shape

Once Lumpkins and her team at KUMC applied for and received funding [from the National Cancer Institute] in 2011, they started working to identify churches that would be willing to participate in the study. Once the churches were identified: eight in total; four in

Kansas City, MO, and four in Kansas City, KS, the team went to work. The study included small, medium and large churches.

The study included two phases: focus groups and surveys to determine what people knew about colon cancer and whether materials created and marketed by the church

would impact screening behavior. More than 180 people participated in the first phase and over 200 in the second phase. In the first phase of the five-year project, focus groups were conducted from 2012-2013 and consisted of church members and those affiliated with the participating churches. Their work included:

- Introducing and recruiting for the project during Sunday and Wednesday night services.
- Co-creating and co-presenting colorectal cancer health promotion materials with church lay leaders.
- Explaining the importance of screening through a communications campaign within the churches.

Study participants received free fecal occult blood tests to detect cancer and were contacted for follow up. The Black Health Care Coalition also partnered with KUMC for patient navigation and training church lay leaders who directed workshops.

When the study concluded and the team evaluated the results, they learned that a combination of tactics can be very effective — personal testimonies from fellow church members and from the pulpit. “When the pastor speaks about the importance of maintaining good health, the message is better received,” says Lumpkins.

Lumpkins is proud of the marketing communications campaign because it involved church communities, students and researchers. The KUMC team is currently exploring funding options to expand the project to more churches in the region. •

1. American Cancer Society, <https://www.cancer.org/cancer/colon-rectal-cancer.html>



Research study team member, Crystal Lumpkins, PhD., assistant professor at the University of Kansas School of Medicine, Family Research Division



Front Porch Alliance Uses Home Visits to Help Strengthen Families

It's not easy raising a family, especially for parents who live in poverty. But in one area of Kansas City, Mo., there's help available through Front Porch Alliance.

During the past three of its 17 years, Front Porch Alliance has focused on youth development through its Neighborhood Families program. The program uses weekly home visits to help young people and their families achieve success.

Each family is paired with a Certified Parent Educator who has the knowledge and skills to address issues such as;

- Child abuse and neglect.
- Developmental and other health screenings.
- Positive parenting and home management skills.

Parent Educators support not only kids' development but parents' as well. They help parents learn to negotiate crises, become positive role models and provide ongoing emotional support.

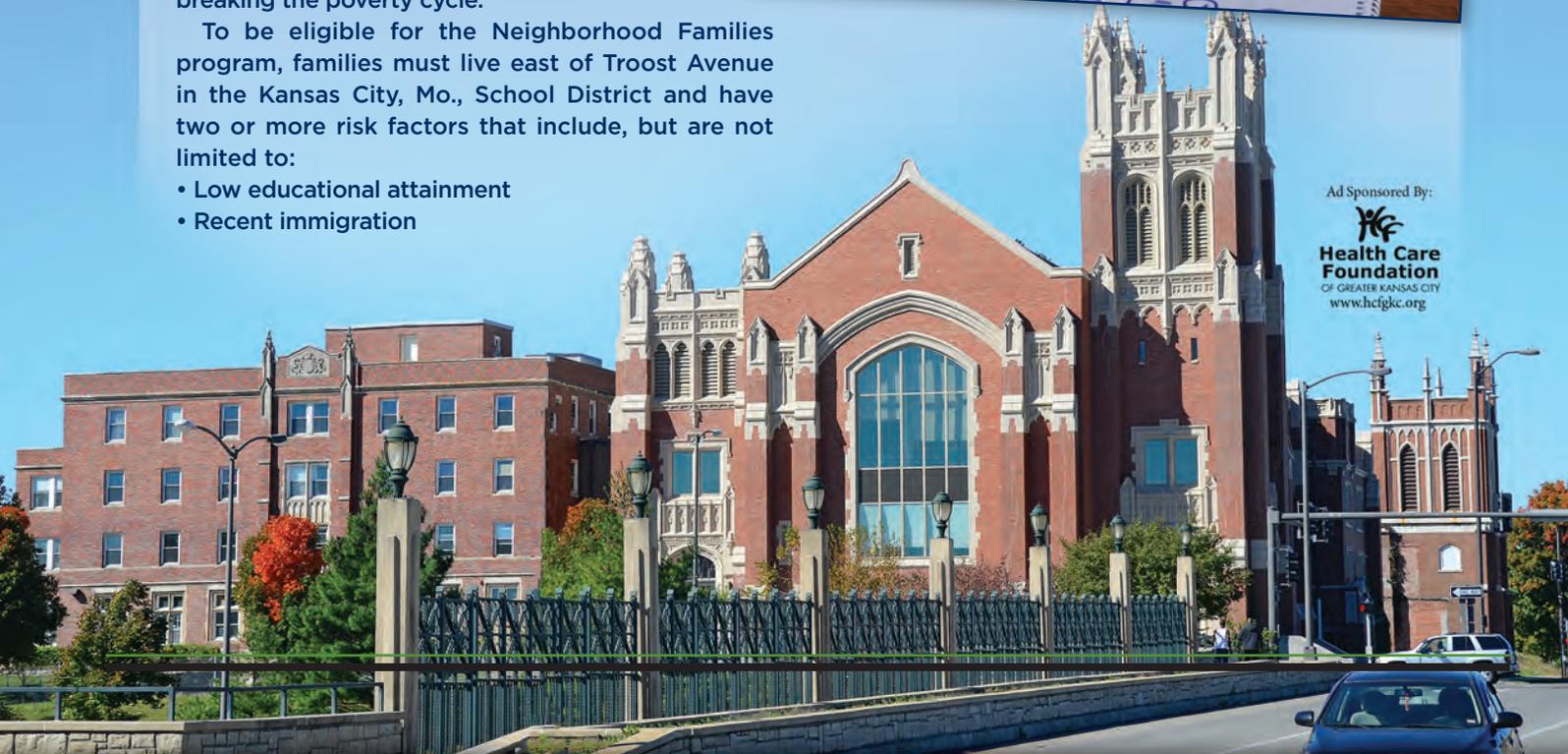
"Good parenting and poverty are not mutually exclusive," said Roxana Shaffé, Front Porch Alliance Executive Director. "We work with families, so we impact two generations and create an environment in which children grow up to be strong, stable, productive parents — breaking the poverty cycle."

To be eligible for the Neighborhood Families program, families must live east of Troost Avenue in the Kansas City, Mo., School District and have two or more risk factors that include, but are not limited to:

- Low educational attainment
- Recent immigration

- History of or current substance abuse.
- Family member with a chronic health condition or disability.
- Homelessness or unstable housing.

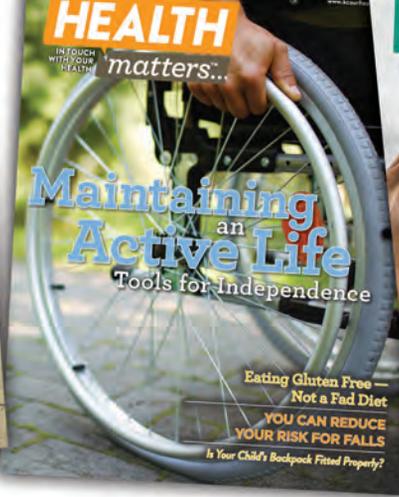
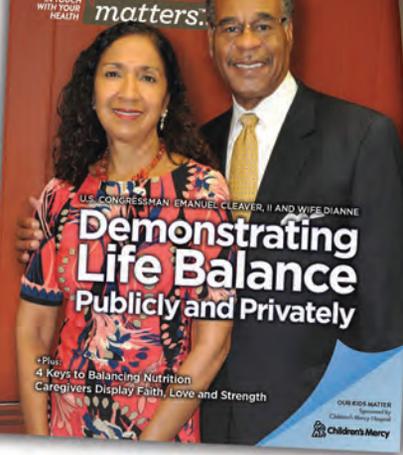
To help support Front Porch Alliance and the Neighborhood Families program, send contributions to the address below and become an advocate for home visits, parent education and early childhood intervention.



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To learn more about Front Porch Alliance, visit www.frontporchalliance.org
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“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Martin Luther King Jr., March 24, 1967

Some Kind Words From our Many Supporters on This Special Occasion.

Congratulations on the 12th anniversary of **Our Health Matters**. I look forward to reading your publication each time I see it, and deeply appreciate the positive contributions that you make to improve and enhance access to health related information and resources. As we learn more about the importance of health-related information, your publication helps to empower the larger community to take control of and become more proactive in making better choices for individual and community health.

— Judge Jon R. Gray (Ret.)
Partner, Shook, Hardy & Bacon L.L.P.

I enjoy observing our community members flip through the pages of **Our Health Matters** editions, as they see familiar faces and stories that are relevant to their lives. Thank you for telling stories that matter and making a difference in the lives of those we serve.

Stephanie K. Smith, MSW
Executive Director, LINWOOD Y/JAMES B NUTTER, SR. COMMUNITY CENTER

Congratulations! I want to express my heartfelt congratulations for your continued efforts in publishing **Our Health Matters**. Your publication has reached a 12-year milestone and proven to be a great success. Your aim to make this publication resonate throughout Kansas City and inform the community of importance health issues is a great contribution to our neighborhoods. **Our Health Matters** publication is a vital part in creating and maintaining sustainable neighborhoods by increasing health literacy of individuals and families.

Again, congratulations to you and your team for the years of commitment and support in bridging a gap in health education.

— Dee Evans, President
Beacon Hill-McFeders Community Council

Congratulations to **Our Health Matters** on 12 years of providing the Greater Kansas City community with essential health information. Ruth Ramsey and her team have worked tirelessly to produce a professional publication, which tracks treatment trends, supports lifestyle changes, and spotlights healthcare career options. From engaging covers to insightful articles to hard-won advertising, every page of the magazine reflects Ruth's meticulous and caring nature. As part of my former responsibility for Blue KC's Community Wellness Program, had the pleasure to work with Ruth on several important info-ads, including H1N1 flu vaccination awareness, maternal health promotion, and low-cost dental services



availability. As an advertiser, I realize the hard work in getting advertising budgets approved to sponsor a portion of the publication costs. Despite the many challenges over the years, Ruth amazingly prevailed and thrived — a testimony to her fortitude and resilience and the publication’s value and significance. What is truly miraculous is that Ruth launched **Our Health Matters** in 2005 and sustained the magazine throughout the country’s economic downturn.

Wishing Ruth and her talented staff continued success in engaging and informing the community on important health topics with each issue.

— Teresa Gerard, CEO, Guardian Group, LLC
(formerly Director for Community Support, Blue Cross and Blue Shield of Kansas City)

To those unfamiliar with it, **Our Health Matters** is the greater metropolitan area’s best kept secret. To those of us who eagerly anticipate each issue, it’s a vital lifeline to health and wellness. I cherish each issue and am honored to partner with Ruth Ramsey as a friend and colleague. It’s my hope and prayer that the next 12 years are doubly fruitful and impactful, and that **Our Health Matters** expands its reach into new communities and municipalities reaching a new generation. Congratulations on 12 productive years and thank you for your commitment to health!

— Adrienne Ford
AFordAble Consulting

Congratulations!! I cannot believe it has been 12 years. How time flies.

Thank you for the many insightful articles targeting health in our community. Access to accurate information helps our people as we navigate through the challenges of getting and staying healthy. Your magazine has stood as a trusted source of information for these years. Thank you for delivering such a rich and trusted resource.

Rev. Eric D. Williams
Pastor, Calvary Temple Baptist Church
Executive Director, Calvary Community Outreach Network

Our Health Matters is a wonderful addition to the news landscape that zones in on health topics and health resources in the Kansas City area. It’s obviously a labor of love that has graciously been shared with the rest of us. We can’t thank you enough, Ruth, and thanks to your family for sharing you!

— Stacey Daniels-Young, PhD, Director, COMBAT

Our Health Matters has brought health education and resources to the community by filling a gap needed to improve health literacy, quality of health, and life.

Dr. Catherine Davis, Director UAW-Ford Community Health Care Initiative
and President Kansas City Quality Improvement Consortium (KCQIC)

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**KC CITY COUNCIL
PASSES HIGHER
MINIMUM WAGE**

The Kansas City, Missouri, City Council approved a higher minimum wage March 9, 2017.

The council members who voted for a higher minimum wage were Quinton Lucas, Jermaine Reed, Katheryn Shields, Lee Barnes Jr., Alissia Canady, Scott Taylor, Teresa Loar, and Kevin McManus. Mayor Sly James, Scott Wagner, Heather Hall, and Dan Fowler voted against, while Jolie Justus was absent.

The ordinance establishes an \$8.50 per hour minimum wage starting September 18, 2017, an increase to \$13.00 by January 1, 2023, and in 2024 it will increase or decrease according to the cost of living.

Councilpersons Lucas, Reed, and Shields spoke most passionately about the need to give Kansas Citians the ability to afford the necessities of life, such as rent, food, gas, utilities, and medicine, that are continually growing more expensive while wages remain stagnant. Shields reminded the chamber that “it is never the wrong time to do the right thing.”

INCOME INEQUALITY WHEN WEALTH DETERMINES HEALTH

When it comes to health, there are many factors that influence how long and how well people will live, from the quality of their education to the cleanliness of their environment. But of all social determinants of health, research shows there is one that is perhaps the most influential is income.

Public health workers have long been witness to the inextricable links between poor health and poverty. Science consistently shows that low incomes are a significant risk factor in disease incidence and severity as well as life expectancy.

For example, in a study published in April in the *Journal of the American Medical Association* that examined more than 1 billion U.S. tax records from 1999 through 2014, researchers found that higher income was linked with longer life, with differences in life expectancy across income groups increasing over time.

In particular, the study found that the gap in life expectancy between the richest 1 percent and poorest 1 percent was more than 14 years for men and more than a decade for women. Inequality in life expectancy increased as well, with men and women in the top 5 percent of income distribution gaining about three years of life expectancy, while those in the bottom 5 percent gained virtually no additional years of life.

One of the more obvious ways to address income inequality is by raising the minimum wage, an issue currently at the forefront of national debate and finding success in states and localities across the country. In 2015 alone, 14 cities, counties and states passed a \$15 minimum wage. The federal minimum wage still sits at \$7.25. And as policy efforts on the minimum wage move forward, so too has the public health science. For instance, in a study published in June in *APHA's American Journal of Public Health*, researchers found that if New York City's minimum wage had been \$15 between 2008 and 2012, 2,800 to 5,500 premature deaths could have been averted, with the majority of such prevented deaths realized in low-income communities.

U.S. income inequality has been increasing for decades, and there are large wage gaps by gender, race and ethnicity, according to the Pew Research Center. Hispanic men earned \$14 an hour in 2015, compared to \$15 an hour for black men and \$21 an hour for white men. Women's wages lag behind men across the board, both when compared to white men and men in their own racial and ethnic groups. •

SOURCES:

The Nation's Health, American Public Health Association www.cdc.gov/socialdeterminants, www.thenationshealth.org/sdoh.

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Not In Our Backyards, Either

Low-income, minority communities more likely to be polluted

Jeanene Dunn, OHM Staff

For the last few years, residents of Flint, Michigan have been dealing with lead-contaminated water.

For the last 11 years, residents in neighborhoods on Kansas City, Missouri's east side have been trying to get answers about a strong gasoline odor that permeates the air, their homes and businesses.

Navajo Nation residents in the southwestern United States have suffered health problems associated with contamination from now-closed uranium mines. For more than 40 years — 1944 to 1986 — nearly 300 million tons of uranium ore was extracted from Navajo lands under leases with the Navajo Nation. The uranium extracted from these mines was primarily used to power nuclear submarines and nuclear weapons.

ACCORDING TO STUDIES PUBLISHED LAST YEAR IN ENVIRONMENTAL LETTERS, "LOW-INCOME, NON-WHITE AREAS ARE MORE LIKELY TO HAVE BEEN THE VICTIMS OF INDUSTRIAL POLLUTION FOR DECADES."

The residents living in these communities share these commonalities: 1) they have health problems and challenges resulting from long-term exposure to the contamination, and 2) they are primarily low-income communities of color.

According to studies published last year in *Environmental Letters*, "low-income, non-white areas are more likely to have been the victims of industrial pollution for decades."

Of 15,758 industrial sites across many industries, 809 sites were found to be responsible for 90% of the pollution. Researchers also discovered that the communities most affected by industrial pollution and contamination tended to be poor and non-white." The question is "Why?"



Do race and class play a role?

That is a hard question to answer, as each situation is different. To be sure, white communities have been impacted by contamination and pollution, too. The question that lingers in communities of color, however, is the perception by residents that agencies and entities seem to respond slowly to identify the issue, develop a resolution plan, deal with the potential health impacts — and solve the problem.

In Kansas City, Missouri State Representative Brandon Ellington, along with other elected officials, has sought to get information to affected residents who wonder who to contact about the strong gas odor — and how to resolve the problem. "Most people call first responders or a utility company, not realizing that neither of those entities can address the root of the problem. This is an environ-



forums to discuss the process, answer questions, gather information, and direct residents to the correct agency to report problems.

As for Flint, officials continue to monitor lead levels in the water and keep residents in the know about everything that is being done to restore clean drinking water to the community. In Navajo Nation, the U.S. Environmental Protection Agency and a host of stakeholders have been working for more than 10 years on the massive clean-up effort. According to an EPA press release from Jan. 17, 2017, “The United States and the Navajo Nation have entered into a settlement agreement with two affiliated subsidiaries of Freeport-McMoRan, Inc., for the cleanup of 94 abandoned uranium mines on the Navajo Nation. The work to be conducted is subject to oversight of the U.S. Environmental Protection Agency (EPA), and in collaboration with the Navajo Nation Environmental Protection Agency.” •



mental issue, because the soil has been contaminated by petroleum and some residents have suffered health issues resulting from continuous exposure to benzene, a natural byproduct of crude oil and gasoline,” explains Rep. Ellington. Benzene is a cancer-causing agent.

Information is key — so is persistence.

It can take years to uncover contamination, and even more years to study the impact on those affected and develop a plan to resolve the issue and protect the public in the future. The best ammunition is information. In Kansas City, Rep. Ellington will continue to hold community

To learn more about the petroleum contamination in the 31st & Cleveland area, visit <https://dnr.mo.gov/env/hwp/zillproperty.htm>.

To learn more about the Flint water crisis and what is being done, visit Michigan.gov/flintwater.

To read the full press release regarding the settlement agreement between the U.S. and the Navajo Nation, visit <https://epa.gov/newsreleases/justice-department-epa-and-navajo-nation-announce-settlement-cleanup-94-abandoned>.

To learn more about the Navajo Nation uranium clean-up, visit www.epa.gov/navajo-nation-uranium-cleanup.





12 Years, a Brave Step

Pursuing Health Literacy to Improve Health Outcomes

I'm often asked... "why did you start *Our Health Matters* magazine...?" When I think about that question, I have flashbacks of how I arrived here. For context, I have been in the print and visual communications business more than 25 years as Ramsey & Associates Design, a graphic design and promotional marketing firm. I have spent 12 of those years producing and distributing *Our Health Matters*. I've always been visionary and creative, along with being an inquisitive observer of people (our differences), and my surroundings (the central city, or inner-city as it used to be labeled, compared to suburban communities). My experiences, along with my creative qualities have always fueled my interest in making positive contributions to the community where I live, learn, work, play and worship.

In 2004, I realized that health news and information was mostly fragmented sound bites — image campaigns about health that lacked significant calls to action. There were also voids in health education and promotion campaigns that excluded certain audiences.

It was then that the idea came to me to start a health publication that addressed the diversity we see all around us. I saw a need to teach and encourage people to pursue healthier habits and a need to place an emphasis on the health of minority populations. These populations are twice as likely as majority populations to experience a health disparity and more likely to struggle making sense of best practices to overcome chronic preventable diseases.

I decided that *Our Health Matters* would be "all about health." In fact, I almost named the publication, All About Health. However, the name *Our Health Matters* stuck. It reflected the heart

of what I felt our community could embrace — knowing that we would cover and include issues that were at the heart of diverse populations — no one would be excluded! The magazine would introduce readers to public and private health care providers, provide a platform for providers of health care services and programs to specifically target their messages to people interested in accessing physical and mental health care services.

Over the years, we have covered a variety of health topics, exposed families to health care resources that educate them about the effects of life-threatening conditions like diabetes, heart disease and stroke, and worked to make complex health topics more understandable.

We are successfully reaching vulnerable or at-risk audiences (those with little or no resources to control their health destiny), and audiences in higher income brackets who have the freedom and knowledge to choose the best care possible.

Our Health Matters has met and continues to meet the goals we set out to achieve. We remain committed to providing you and your family with valuable and insightful health news and information.

It's no secret that our nation is facing a new paradigm (an important change that happens when the usual way of thinking about or doing something is replaced by a new and different way), which will be measured by the impact of the social determinants of health we encounter.

In the following pages, President Emeritus of Truman Medical Centers, John Bluford explains the rationale for a paradigm shift to boost opportunities to achieve healthier outcomes for future generations. •

Our Health Matters™ has met and continues to meet the goals we set out to achieve. We remain committed to providing you and your family valuable and insightful health news and information.



Making Sense of Why Some People Experience Poorer Health Outcomes

We Must Go Beyond Traditional Health Care Delivery

By John W. Bluford, III

Founder, Bluford Healthcare Leadership Institute and President Emeritus, Truman Medical Centers

I believe the next wave of hospital emphasis needs to be on “thinking outside of the bed.” Hospital systems need to invest in housing, job development, fair and equitable wages, grocery stores, preschool and elementary schools. They also need to address violence as a public health concern. Tackling these issues upstream before they show up in the emergency room is the best way to control health care spending and create a community of complete physical, mental and social well-being, not just the absence of sickness.

First, we need to understand what shapes our “health” and why there are different outcomes for some people. There is something called Social Economic Determinants (SED) and Social Economic Status (SES), which are generally defined as social structures, economic systems, and circumstances shaped by money, power and resources that can impact one’s health.

These factors include:

- affordable housing
- quality education
- transportation options
- exposure to emerging technologies
- gainful employment
- social interaction
- neighborhood quality

These and more can influence a person’s well-being more than

access to health care or the high-tech sophistication of American hospitals. Unfortunately, many minority populations (and majority populations) suffer from a lack of these social economic resources, and their overall health status suffers as a result. The problems present themselves in the form of higher disease and death rates for chronic diseases, low birth weights, shorter life expectancy and violence. You simply cannot exercise your way out of poverty.

“Unfortunately, many minority populations (and majority populations) suffer from a lack of these social economic resources, and their overall health status suffers as a result.”

It might seem obvious, but if you want to be and stay healthy; don’t be poor, don’t live in low-quality housing, don’t work in low-paying manual jobs, don’t lose your job, and don’t attend low-performing schools. Of course, this is easier said than done for persons who have been placed in generational circumstances beyond their control.

SOCIAL SERVICES SPENDING MATTERS

According to the Commonwealth Fund Report, a private nonpartisan foundation that supports independent research on health and social services, the United States spends the least amount of money on social services. The United States spends only 9 percent of gross domestic product (GDP — the total value of goods produced and services provided in a country during one year) on disability benefits or employment programs. For example, both France and Sweden spend 21 percent of their GDP on social services. Compared to France

and Sweden, the United States was the only country where health care spending accounted for a greater share of the GDP than social services spending.

AN INNOVATIVE APPROACH CAN MAKE A DIFFERENCE

As a former health care executive for more than 40 years, I have an appreciation for the United States' health



Photo by Ruth Ramsey

care delivery system and its intrinsic value, but I think our national and local hospitals need to spend more time, attention and resources on social economic determinants and social economic status.

I tended not to focus on the hundreds of millions of dollars spent on new buildings, orthopedic programs, new emergency rooms, oncology centers, birthing units, ICUs, burn units, psychiatric facilities or diagnostic equipment purchases. All were much-needed services, and were sources of pride in the communities they served.

I tended to focus with pride on the many outreach programs and educational opportunities organizations I led created for their employees and the surrounding communities. Examples of these programs included several outreach community clinics, which still surround the city of Minneapolis — school-based clinics which focused on reducing teenage pregnancies in the 1970s, and still work effectively today.

While at Truman Medical Center, we led the way with programs that went beyond the role of traditional health care delivery, offering farmers' markets, financial literacy, and banking access for employees, patients and neighborhoods. We provided secondary and college educational opportunities for all employees and tutoring services for their children, offered outreach services through the local libraries, and offered positive billboard campaigns that inspired local urban communities, versus the typical alcohol and tobacco billboard ads. These programs went deeper by impacting social economic determinants and social economic status determinants with generational implications.

A VISION OF THE FUTURE

Health care leaders and practitioners are helping to change the mindsets of caregivers who don't always identify with diverse populations and their challenges relating to social and economic disparities. One way to help with this deficit and address social economic determinants and social economic status is to increase diversity in health care leadership.

In 2012, I founded the Bluford Healthcare Leadership Institute (www.blufordinstitute.org). It is one small but effective way to identify the next generation of diverse leaders. These talented young adults are learning from current national and local leaders how to integrate social determinants of health and health policy to shape improved delivery and preventive services.

To date, 53 scholars have gone through the program, with 18 already making a difference in graduate schools, medical schools or gainful employment in the field. I look forward to their success. •

COST OF CARE IN THE UNITED STATES

There are many articles, headlines and political debates about the high cost of health care in the United States — 17% of gross domestic product, which is the total value of goods and services provided in a country during one year. Yet, the health status of Americans, and the resulting quality of health lags behind other developed countries: Australia, Canada, Denmark, Germany, Japan, Sweden, Switzerland and the United Kingdom. Ironically, the U.S. spends about 50% more than these countries, and is the only one without universal health insurance. Adding insult to injury, our rate of chronic conditions, obesity and infant mortality are higher than those in the countries mentioned.

According to the most recent Commonwealth Fund Report, the second highest spending country behind the United States is Switzerland. Switzerland spends \$6,300 per person annually on health care, while the United States spends

an astonishing \$9,000 per person. Switzerland's life expectancy is almost 83 years compared to 79 years in the U.S. The reasons for our nation's high health care costs are multifaceted, but high prescription drug costs and high-tech diagnostic exams top the list. Consider the average cost for heart bypass surgery in the U.S. The estimated cost is \$75,000, compared to \$16,000 in The Netherlands for the very same surgery. As the research from the Commonwealth Fund Report indicates, "it is clear that we are paying higher prices in the United States, but not getting more for it."

SOURCE: Commonwealth Fund Report

"For the wealthiest country in the world... to not have figured out access to basic health care as a fundamental right for individuals, I think is a little bit of a national embarrassment."

— John Jay Shannon, MD, CEO
of Chicago Cook County
Health & Hospitals System,
(Beckers Hospital Review, 2015)





Remembering Mary Groves Bland: Missouri State Legislator and Advocate for Healthy Communities

Legislative achievements focused heavily on health, social services and education.

By Arletha Manlove, daughter of Mary Groves Bland

Missouri legislature (House of Representatives and Senate), the late Mary Groves Bland worked tirelessly to help ensure better health outcomes for the state's underserved communities.

When Bland was elected to the Missouri House of Representatives in 1980 to represent the 43rd District in Kansas City, Mo., her goals were to help to improve social and economic justice for people of color, including women and children.

By 1987, she became the Chair of the Health and Public Safety Committee, Chair of Health Appropriation; and sat on the committees for Secondary and Higher Education, and on Ways and Means Committee.

In the early years, Bland voraciously absorbed information she had access to and applied that education to helping her community find better access and pathways of support for its citizens of color and underserved populations.

For the more than 30 years she served in the Missouri legislature (House of Representatives and Senate), the late Mary Groves Bland worked tirelessly to help ensure better health outcomes for the state's underserved communities. As the Chair of the Appropriations Committee for the Department of Health and Social Services and Education, Bland saw report after report on mortality rates for babies, issues with children, mental health challenges, elder abuse in nursing homes and critical health crises in her 60% minority community.

Mary Bland knew everything about her community, especially in health and mental health circles. Her cutting-edge thinking made her an icon among many elected officials.

Bland began holding forums with neighborhood leaders and the community to ask the questions, "what's wrong?" and "what's needed?" The information gleaned from these meetings would be the start of working toward solutions. She also met with health experts, epidemiologists, social workers and physicians across Missouri to help seek and create solutions. "I figured if we could pursue creative solutions for better services to those who were underserved, starting with babies, children and women, then all citizens would benefit," Rep. Bland said in 1989.

In April 1987, Bland met with Dr. Robert Harman, then director of the Missouri Department of Health, regarding the establishment of the Minority Health Issues Task Force. As a direct result of this meeting, the first Department of Health Minority Health Issues Task Force —



Mary Bland's daughter, Pam looks on as her mother presents a citation to Jim Nunnally, Chief Administrator, in 1988, at Samuel U. Rodgers Health Center during the Health Center's 2nd annual health fair where the event attracted nearly more than 3,000 people. The citation recognized the Health Center's high blood pressure prevention campaign targeting minority populations.

Bland sponsored House Bill 1565, establishing the Missouri Office of Minority Health. The bill was co-sponsored by former Missouri State Rep. Annette Morgan (Kansas City) and then-Rep. Paula J. Carter (St. Louis). House Bill 1565 was signed into law by Missouri Gov. John Ashcroft in June 1988.

When Sen. Bland retired in 2004, she offered these words about her legislative accomplishments: "I had a lot of hope and passion to help people move the needle in their own lives with the help of education and services designed to reduce the disparities." •

Our Health Matters affectionately remembers Senator Mary Bland who passed away on February 19, 2016. She will be remembered as one of Kansas City's most compassionate advocates of equitable and quality access to healthcare for minorities and the underserved.

Bland worked to ensure the task force maintained a focused approach on solutions that would eliminate health disparities and especially issues related to mental health disparities, across Missouri in communities of color and other underserved populations.

In January 1988, the Minority Health Issues Task Force forwarded two formal recommendations to the Director of the Missouri Department of Health:

- Establish an Office of Minority Health within the Missouri Department of Health.
- Reduce infant mortality in black and other minority populations, utilizing the Healthy Mothers, Healthy Fathers, Healthy Babies health education project concept.



consisting of community representatives and department employees — was appointed in May 1987.

ACHIEVING
CAREER GOALS!

Jobs, Education, and Training Support Healthier Lives

Clyde McQueen, President & CEO, Full Employment Council

Access to gainful employment is a social determinant of health. A meaningful career and/or a defined career path creates a feeling of direction, control and optimism. It is a fact that employment that offers workers a living wage provides income and stability — and improved health if the employer offers health insurance as a benefit.

Unemployment and underemployment can have the opposite effect on health, as people face the loss of health insurance and may skip checkups, screenings and medications. At the Full Employment Council (FEC), our staff saw firsthand how unemployment or underemployment can affect physical and mental health. It was not unusual to have to call emergency medical services for persons in distress due to their unemployed or underemployed status.

The job losses during The Great Recession between 2009 and 2012 had a significant impact on millions of Americans, and communities of color were especially hard hit. For example, when the national unemployment rate peaked at 10% at the height of the recession, the unemployment rate in the African-American community was almost double, at around 16%.

Lack of funds or reduced income can cause people to neglect healthy eating, potentially aggravating chronic diseases such as diabetes and high blood pressure. Many clients came to our offices lacking

breakfast or adequate nutrition, which impacted their concentration levels during the skill classes they took.

The good news is that almost five years later, companies have been steadily adding jobs. Currently, the national unemployment rate is 5.1%. In the Kansas City, Missouri region, the unemployment rate is 4.1%; in Jackson County, it is 4.60%; followed by Clay County at 3.4%; Platte County at 3.2%; Cass County at 3.6%; and Ray County at 4.3%.

Even though the economy has rebounded, there remains a skills gap — a need to fill positions with specific skills, some of which are in high-tech industries. Agencies such as FEC, as well as area community colleges, are addressing the skills gap by assessing, training, preparing and placing workers in jobs in growing sectors such as advanced manufacturing, information technology, health care/biological services, business services, warehouse logistics, transportation, construction, and financial services. The good news is that some of the jobs do not require workers to earn a four-year degree, but to complete classroom training and receive job placement assistance in a shorter timeframe.

The best news is that access to training and education opportunities that can lead to well-paying jobs has improved, even though much work remains to be done. For FEC, that means continuing to help the thousands of people who come to our offices seeking career development, training and job placement services. •



Continued from Page 11

I remember when **Our Health Matters** magazine was only a dream for you. I saw your vision materialize to what is now an excellent teaching tool for all segments of the population. You saw the need, you committed and you accomplished. Congratulations to you and your staff. May your magazine continue to inform, provide resources and knowledge to many. Together you and your audience can all work towards a healthier lifestyle and navigate the times of change.

— Marion R. Halim
Regional Coordinator

Lincoln University Cooperative Extension

The members of the Alpha Kappa Alpha Sorority Inc. Xi Tau Omega Chapter really appreciate you for bringing this wonderful magazine **Our Health Matters** to the Kansas City community. The magazine has played a significant role in helping us inform the public of our partnership with the National Alliance on Mental Illness (NAMI). We can always count on the magazine to bring us the most informative and current health information that we may not otherwise be alert to. Congratulations on your 12th year anniversary issue, and we look forward to continued readership.

— Xi Tau Omega Chapter
Rhonda Harris, President

Congratulations on reaching 12 years of publication for **Our Health Matters** magazine. Over these past years, I have watched your magazine evolve in the topics that you share, the businesses that you highlight, and the quality of information that is made available to those individuals who are affected by the many diseases and issues you feature. You have always been adamant about creating a resource that would not only create awareness, but help individuals to be proactive in their health care. Through **Our Health Matters** you are providing tools and resources to accomplish these goals. Ruth, I am convinced that you have empowered others to live a healthier lifestyle and individuals are more aware of the many services and programs that are available to them in our community.

Again, congratulations on a job well done!

— Nina Howard, Director
Community Access and Engagement
Rodgers Health Center

Our Health Matters is an important resource in the Kansas City community. Their coverage of important health issues through the lens of what matters to both the providers and consumers is invaluable.

— Cindy Leyland, EMBA
Director of Program Operations and PAINS Project Director
Center for Practical Bioethics

Congratulations on such an important milestone! For the past 12 years, **Our Health Matters** has been an important partner in Mother & Child Health Coalition efforts to inform the public in the Kansas City metro area on matters of health promotion and injury prevention. Ruth Ramsey's professionalism and attention to quality and detail in everything that she publishes has been a great help to us in getting our messages out, including "Every Child Deserves a Healthy Start." We congratulate Ruth and staff on their success and wish them the best of luck in the future.

Susan McLoughlin, MSN, RN, CPNP, Executive Director
Mother & Child Health Coalition

The hard working women and men of Jackson County would congratulate **Our Health Matters** on its 12th Anniversary. The magazine is of personal value to us in that it introduces experienced health care professionals and facilities, and offer strategies to help improve our day-to-day lives. I have personally found it helpful in addressing healthy nutrition for adults and children at risk of becoming obese. These and many more topics motivate me "to take control of my health".

Velda Cook
Jackson County Corrections

The Mid-America Regional Council congratulates **Our Health Matters** on its 12th anniversary. The publication has provided the Kansas City area with important information on a range of health and wellness issues, and has fostered greater awareness on the importance of lifestyle change to support better health outcomes. **Our Health Matters** has also focused attention on health inequities that exist in our community and steps being taken to address them. We wish the publishers the best in many more years of informing our community on important health topics!

— Marlene Nagel,
Community Development Director,
Mid-America Regional Council

Continued on Page 30



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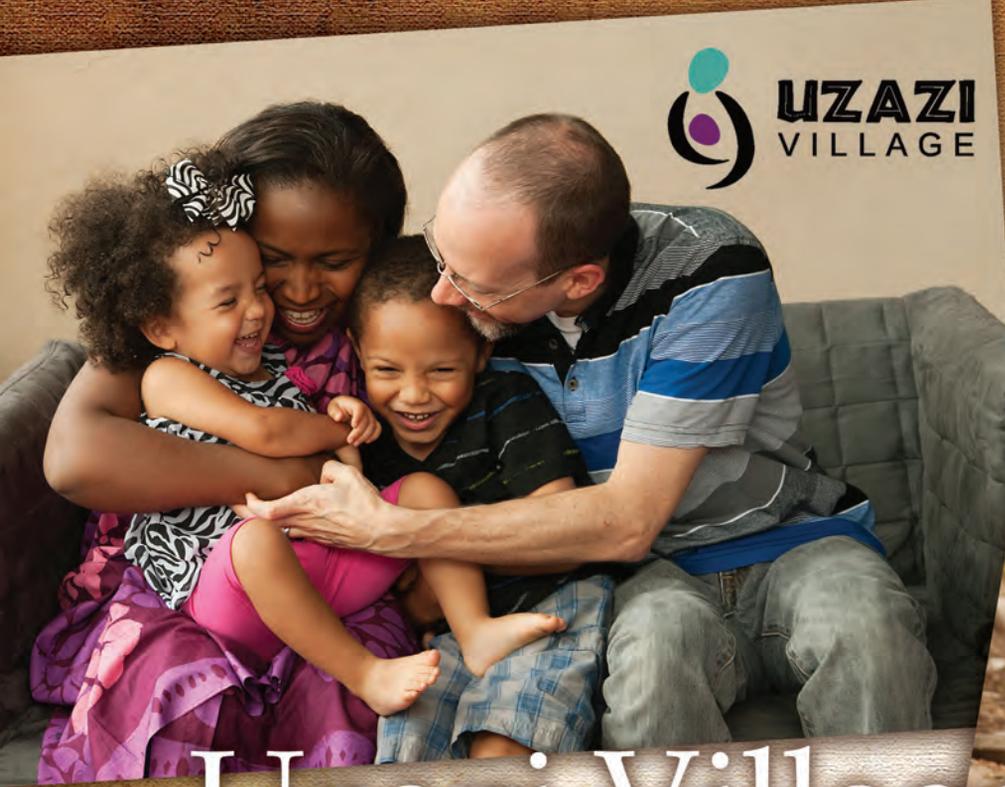
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Uzazi Village Helps At-Risk Babies Get a Healthy Start in Life

The infant mortality rate for African Americans is more than double the rate for Caucasians. This is the tragic reality four women set out to change, at least in the Kansas City area, when they founded Uzazi Village in 2012.

Uzazi Village focuses on perinatal health care — from the start of pregnancy until about a month after a baby’s birth. Uzazi serves high-risk women as well as women and families who lack the resources to obtain quality care. They not only link mothers to care, but also help to reduce barriers that prevent mom and baby from having the best health outcomes.

Reaching their goals require meeting these ambitious objectives

- Providing resources for transportation to appointments, texting appointment reminders, planning for childcare; resources for healthy nutrition and homelessness; teaching families about benefits of breastfeeding.
- Training healthcare systems to effectively employ culturally congruent services to better meet the needs of their African-American client.
- Advocating for elimination of cultural and racial bias in providing care.
- Developing solutions to problems from within the community.

- Educating pregnant women about their maternity care options and assisting them in identifying resources for care they choose.
- Encouraging people of color to seek professions in birth and breastfeeding fields.

Its emphasis on culture and diversity makes Uzazi Village unique. They welcome support from the community in the form of funding for full-time staff, facility operations, programming, birth and breastfeeding equipment and volunteers.

Uzazi Village’s services are free to anyone who lives in the Kansas City metropolitan area.



Mariah Chrans, Program Manager, Sherry Payne, Executive Director MSN, RN, CNE, IBCLC CD(DONA)

AMERICAN INDIAN HEALTH DISPARITIES

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.

The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level.

Members of 567 federally recognized American Indian and Alaska Native Tribes and their descendants are eligible for services provided by the Indian Health Service (IHS). The IHS is an agency within the Department of Health and Human Services that provides a comprehensive health service delivery system for approximately 2.2 million of the nation's estimated 3.7 million American Indians and Alaska Natives.

The IHS strives for maximum tribal involvement in meeting the health needs of its service population, who live mainly on or near reservations and in rural communities, mostly in the western United States and Alaska.

The American Indian and Alaska Native people have long experienced lower health status when compared with other Americans. Lower life expectancy and the

disproportionate disease burden exist perhaps because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity and poor social conditions.

Diseases of the heart, malignant neoplasm, unintentional injuries, and diabetes are leading causes of American Indian and Alaska Native deaths (2007-2009).

AMERICAN INDIANS AND ALASKA NATIVES BORN TODAY HAVE A LIFE EXPECTANCY THAT IS 4.4 YEARS LESS THAN THE U.S. ALL RACES POPULATION (73.7 YEARS TO 78.1 YEARS, RESPECTIVELY).

American Indians and Alaska Natives born today have a life expectancy that is 4.4 years less than the U.S. all races population (73.7 years to 78.1 years, respectively).

American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.

Given the higher health status enjoyed by most Americans, the lingering health disparities of American Indians and Alaska Natives are troubling. In trying to account for the disparities, health care experts, policymakers, and tribal leaders are looking at many factors that impact upon the health of Indian people, including the adequacy of funding for the Indian health care delivery system. •

**ADDITIONAL INFORMATION ON THE IHS IS AVAILABLE AT
[HTTPS://WWW.IHS.GOV](https://www.ihs.gov) AND [HTTPS://WWW.IHS.GOV/ABOUTIHS](https://www.ihs.gov/aboutihs)**

Commuting in Kansas City Just Got Easier

Carpool matching service and app help users find alternatives to driving alone.

Whether on a bike, on the bus or behind the wheel, commuters in the Kansas City region now have improved ways to come together and share the ride. RideshareKC has updated its ride-matching service, including an improved web site and smartphone app. RideshareKC is a publicly funded program that provides

"STUDIES SHOW THAT COMMUTERS WHO USE ALTERNATIVE TRANSPORTATION TEND TO BE LESS STRESSED AND MORE PRODUCTIVE AT WORK..."

— **Amanda Graor, Principal Planner,
Air Quality Program Manager,
Mid-America Regional Council**

commuter resources to individuals and employers in the Kansas City region. Established in 1980, the program helps individuals find alternative commute opportunities and assists employers with transportation programs.

At RideshareKC.org registered users can find commute partners for carpooling, riding the bus or biking. The updated site offers information about alternative transportation options and a commute cost calculator to help users calculate savings in both money and greenhouse gas emissions. Carpooling with one other rider just one day a week can cut commute costs by 20 percent.

"Studies show that commuters who use alternative transportation tend to be less stressed and more productive at work," said Amanda Graor, principal planner and air quality program manager at the Mid-America Regional Council. "These new tools make it easier for people to connect

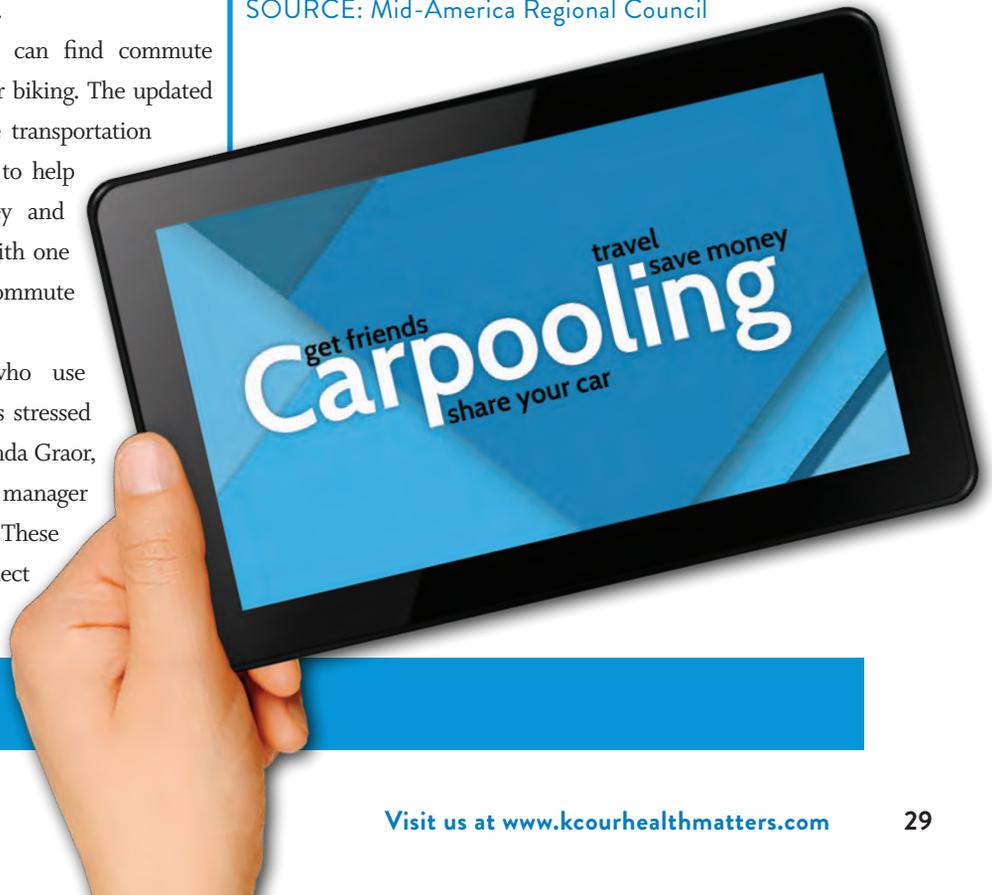
and share the ride, de-stressing their daily commute while taking cars off the road and reducing emissions."

Users who register with RideshareKC create a trip profile — a specific trip taken on a regular basis. The system matches each user with potential commute partners who have similar schedules and routes. Users can contact those who match and inquire about the possibility of carpooling, riding the bus or biking together. The system has more than 1,000 commuters actively seeking potential matches.

The smartphone app allows users to find commute partners, identify bike and bus routes and log trips using alternative transportation on the go.

Carpooling, riding the bus and biking are some of the many ways to reduce air pollution, especially during ozone season, which runs from March 1 to Oct. 31, when warmer temperatures that increase the risk of ozone formation are more likely. •

SOURCE: Mid-America Regional Council





Continued from Page 26

Congratulations on the 12th Anniversary edition of **Our Health Matters**. Your publication has been a great resource for Kansas City and continues to make an indelible mark. The information shared in **Our Health Matters** is educational, inspirational, culturally relevant, timely, and much needed to correct the many health challenges facing African American and multicultural communities.

The Black Economic Union salutes Ramsey & Associates Design, Inc. for your resounding commitment to our community. **Our Health Matters** is a valuable tool that is transforming lives one reader at a time. Your work is bringing critical information to people across the sociodemographic spectrum. The publication is well written, collaborative in nature, credible, trendy, and eye-catching.

Thank you for continuing this journey to improve the health of so many people while also demonstrating the importance of working together. Your insight and professionalism is much needed to connect medical institutions, academia, dietary, and other associated health organizations and services with the average person. We wish **Our Health Matters** many more years of success.

— Marvin Lyman, President
Black Economic Union of Greater Kansas City

Our Health Matters — The most important, informative, instrumental, influential and inspiring magazine on health in the Greater Kansas City area. It has been a great blessing to the Mount Vernon Missionary Baptist Church. It has served our community by helping us recognize the importance of taking healthy steps for healthy living. It has served our church by informing African American men and women of vitally important and diverse matters on health. It has been instrumental in our church establishing a health ministry and focusing on a specific health issue monthly. It has influenced our members to begin exercising and eating healthy. Finally, it has inspired me to take my health serious enough to make life-changing decisions, get regular check ups and be open, honest and detailed with my personal physician.

Psychology books help us to sustain our emotional health.

A multitude of books help us to expand our intellectual health.

The Bible helps us to maintain our spiritual health.

Our Health Matters helps us to improve our physical health.

Congratulations and thank you, Ruth Ramsey and **Our Health Matters** on 12 years of serving our community with meaningful and indispensable guidance and consultation.

— Reverend Donald Givens, Pastor
Mount Vernon Missionary Baptist Church

Visit www.kcourhealthmatters.com to read more letters of appreciation and support.

Our Health Matters is proud to serve the families of metropolitan Kansas City. We look forward to forging more partnerships with businesses, health care providers and community organizations committed to improving health for all.



What's Next May-June 2017 Edition

Stress Can Harm Your Health

There are many potentially harmful effects that stress can have on your health. Do you understand the connection between your mind and body that produces stress?

Recognizing common symptoms can give you a jump on managing stress. If left unmanaged, you could experience a variety of health problems ranging from high blood pressure, a weakened immune system, heart disease, obesity and diabetes, to name a few. In our next edition, we explain what stress is and share insight on ways to keep it under control.

Looking to increase your audience reach? **Our Health Matters** can help. Our ever-expanding readership consists of everyday people wanting to know how to lead healthier lives, health care providers, decision-makers and stakeholders who are interested in health and wellness issues.

— Let us introduce you. —

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