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SEPTEMBER + OCTOBER 2016

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**VISIT MHG
WALK-IN CENTER - PAGE 12**



Wants to Hear From You...and You and You!

IT MEANS A LOT TO HEAR FROM YOU EVERY ONCE IN A WHILE. Our readers reach out to us for many reasons. If you are one of those who have always wanted to talk to us—but just didn't do it, then here is a little nudge—because we really do want to hear from you.

Here are a few prompts to get you thinking:

- Let us know about topics you would like to see us feature.
- Share your health success stories and/or challenges.
- Tell us about a specific story that helped or encouraged you!
- Or, send a note just to say hello and to let us know that you are engaged with us.

As an extra bonus we'll include a few readers' comments in our upcoming November-December edition.

Our Health Matters has been an integral part of the community for more than 11 years. We feature resourceful and timely health news and information to encourage healthy lifestyles and to build stronger, healthier families.

Here's how to share your comments:

Send your "Letter to the Publisher" in the form of a mailed letter or email.

Mail to:

Ruth Ramsey, Publisher

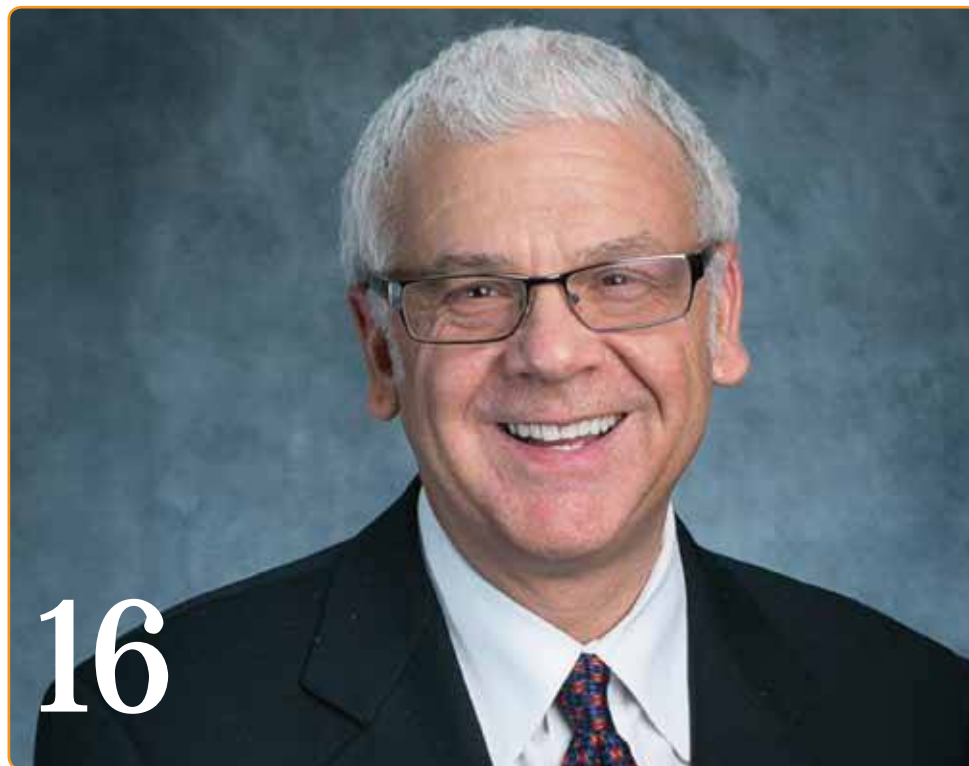
Our Health Matters

PO BOX 5425, Kansas City, MO 64131

or Email to: Info@kcourhealthmatters.com



Contents



16

COVER STORY

Rheumatoid Arthritis—A Chronic and Very Treatable Disease

Contributed by Mark Box, MD

We generally associate arthritis with joint pain due to physical exertion from work or sports, or normal wear and tear on the joints – osteoarthritis. Rheumatoid arthritis (RA), however, is a very different disease.

15 Is There a Way to Avoid Some Chronic Diseases? It's Complicated.

The good news is that with proper care, treatment and consistent follow-up, many chronic conditions can be managed.



18 Routine Checkups Can Help Spot Problems Early

Contributed by Stephanie Revels, MD

Lifestyle changes and seeing your doctor regularly can help to keep you in better health.

20 Healthy Kidneys Matter

Contributed by Venu Nair, MD

Our kidneys are about the size of a fist, but these small organs play a vital role in keeping the whole body functioning properly.

8

Dance for Health

By Donna Zollar-Cavanaugh

Dancing is a great way to get in shape and stay fit for all people regardless of age, shape, or size.

9

When the Illness is a Big Question Mark — One Woman's Quest to Find Answers

Renee has dealt with an assortment of health challenges in her life, but she always knew specifically what the problem was. Her doctors were always able to diagnose and treat her various illnesses and conditions. Not this time.

21

When Do You Really Need to Start Seeing a Nephrologist (a kidney doctor)?

By Veerai Chaudhary, MD
FACP, FASN

Nephrologists are physicians who specialize in the diagnosis and treatment of kidney disease, electrolytes, high blood pressure, dialysis, kidney stones, etc.

22

Fibromyalgia: Making Sense of a Complex Disorder

By Yvonne Keeny
Fibromyalgia Coalition International
Founder and Executive Director

Fibromyalgia is a medical condition characterized by chronic widespread pain. It can interfere with a person's ability to carry on daily activities

26

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Is Your Body Trying to Tell You Something?

I love to see children playing — running, jumping, climbing, or bouncing around without a care in the world. Yet, as time goes on, their little bodies could change and either become healthier or their health could worsen as they grow into adulthood. Every time I see a kid I think, “wow that parent has an opportunity to get it right with this one — feeding them healthy foods and teaching healthy habits.”

Are we fazed at all by the knowledge that our bodies are for life and need to be taken care of? There are obvious things that are harmful to the body — abusing drugs and alcohol, smoking, unhealthy eating, unhealthy homes (for example, lead-based paint found in older homes); environmentally polluted neighborhoods; driving distracted and being involved in toxic relationships, to name a few. Getting to that place where we intentionally strive for better health outcomes is a goal we should all pursue.

In this issue, we bring the matter of understanding chronic conditions into the spotlight. The more we know and understand about chronic conditions and chronic pain, we can better manage and advocate for our health. Also, local physicians Drs. Mark Box, Stephanie Revels and Venu Nair share aspects about the care and treatment of chronic conditions; the importance of early detection of symptoms, getting regular physicals and adopting preventive health as a way of life.

Remember, don't put off seeing a medical provider when your body starts exhibiting unusual symptoms.

**Enjoy the soothing light breezes of Fall,
be healthy and be safe!**



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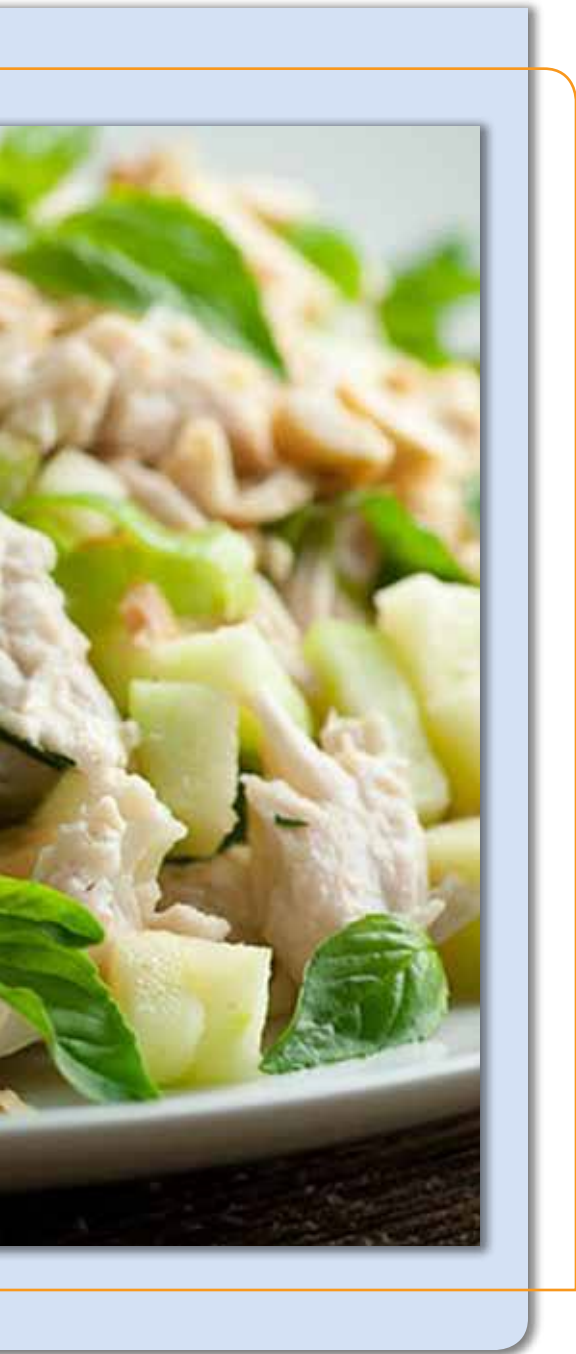


APPLE & CHICKEN SALAD



SERVES 4

When you're planning a dinner with chicken cook up extra chicken breast and refrigerate for later use in this salad.



INGREDIENTS

- > 2 red apples (such as Cameo Apples)
- > 2 celery stalks (diced)
- > 2 chicken breasts (skinless, cooked, diced, about 2 cups)
- > 1/4 cup plain non-fat Greek yogurt
- > 1/2 cup raisins
- > 1/4 cup mayonnaise
- > 1/4 teaspoon salt
- > 1/8 teaspoon ground black pepper
- > 16 lettuce leaves (Bibb, Romaine, green or red leaf)

PREPARATION INSTRUCTIONS

- > Cut apples in quarters; remove core and chop.
- > In a medium size bowl, mix all ingredients, except lettuce.
- > To serve, arrange lettuce on serving plates top with apple and chicken salad.

KEY NUTRIENTS AMOUNT

Calories	290
Total Fat	8 g
Saturated Fat.....	2 g
Cholesterol	65 mg
Sodium	330 mg
Total Carbohydrate	34 g
Dietary Fiber	4 g
Total Sugars.....	12 g
Protein.....	25 g
Calcium	56 mg
Iron	2 mg
Potassium	553 mg



DANCE FOR HEALTH

Dancing is good for the body, mind and spirit.

— By Donna Zollar-Cavanaugh —

Dancing is a great way to get in shape and stay fit for all people regardless of age, shape, or size. Dancing is a whole body workout that's actually fun. Remember as teenagers when people attended school functions, house parties, and concerts? Dancing is the social participation that people look forward to with great anticipation -- from the two step to the cha-cha. Many people have turned to dancing as a way to exercise. Dance

- Increase muscular strength and endurance
- Sturdy bones
- Manage weight
- Improve coordination and agility
- Burn calories
- Rehabilitation from injuries
- Stress relief
- Balance and posture

Through dance seniors can learn to balance. It is also a great recreational outlet. Contact your local recreational and fitness centers about dance classes. Many offer free classes for seniors 65 and older.

and music bring people together in a fun environment. Dance is movement, and movement is created by the most beautiful instrument, the human body. The human body was not designed to sit still for long periods of time.

Dancing for health integrates several brain functions at once – rational, emotional, and musical. Dance often requires memorizing routines and movements.

Here are some other reasons to start dancing.

- Improve heart and lung function



As an almost automatic response to music, dance has been used throughout history as a form of celebration for many occasions. First Lady Michelle Obama initiated the Let's Move Program, which encourages families to engage in physical activity. What better way to get everyone in the house moving than dance? There are lots of places where you can start dancing again: social venues, line dance classes, fitness centers, or in the comfort of your home to your favorites sounds.

If you like to dance, consult with your health care provider to see if this is a activity in which you can participate.

Donna Zollar-Cavanaugh is a homeopathic advisor with over 35 years of experience in Arts Education. She has performed and instructed Congolese (African Dance and music from Zaire, Central Congo) in California, Texas and North Carolina.



When the Illness is a Big Question Mark

One Woman's Quest to Find Answers: A patient's story

As Told by Renee Medellin



Renee has dealt with an assortment of health challenges in her life, but she always knew specifically what the problem was. Her doctors were always able to diagnose and treat her various illnesses and conditions. Not this time. "This time was different," she says. "I was constantly in pain, had no energy and just did not feel good a lot of the time." Even the pain was different. "The extreme pain sensitivity was very unusual," she continues. "I had never felt pain like this before."

The persistent pain and low energy can make tasks like the morning routine more challenging. Some days, it can still take her several hours to get ready for work in the morning. "I sometimes wake up feeling like I haven't slept. That it makes it hard to complete simple morning tasks like getting out of bed," Renee explains.

Renee started with her primary care doctor and saw five doctors before she was finally diagnosed with fibromyalgia earlier this year. "I was relieved when I was

diagnosed because now I knew what the problem was. It is scary being in pain and having other symptoms, and the doctors can't find out what is wrong. I was not going to stop trying to find out what was going on with me."

Kansas City-area internist, Dr. Stephanie Revels explains: "Fibromyalgia is a difficult disease to diagnose. We are not able to diagnose the disease through standard blood work, and have to connect the dots through symptoms." Even that can be hard, because the symptoms are so widespread, and there is not a lot known about fibromyalgia.

Renee agrees. She encountered doctors who didn't know a lot about fibromyalgia, and looked at other diseases instead. She also didn't want to seem like she was a constant complainer to family and friends. "All I know is that I just wanted to feel better," she says.

What helped – keeping track of symptoms

Because Renee had experienced serious illnesses in the past, she had a heightened

awareness about her health. She also knew it wasn't all in her head. Renee started tracking and documenting her symptoms in a journal that she took to every doctor's appointment. Every time she felt something she hadn't felt before, she wrote down what the issue was, what part of the body was affected, how long the issue lasted and how she resolved it (medication, rest, etc.).

Documenting her symptoms also helped her doctor to analyze all of the symptoms she had journaled and make an accurate diagnosis. Her doctor prescribed medication to help manage her fibromyalgia, and so far her body is responding positively to the treatment. "In addition to the medicine, I also take vitamins and try to stay as active as possible," Renee says. Staying physically active can help manage her condition, but she is still working to establish a regiment that will help, rather than hurt. Right now, she says walking helps greatly.

"I have good days and bad days, but I finally know what I am dealing with and work with my doctor every step of the way."

Changing the Conversation About Chronic Pain

A closer look at the PAINS Project

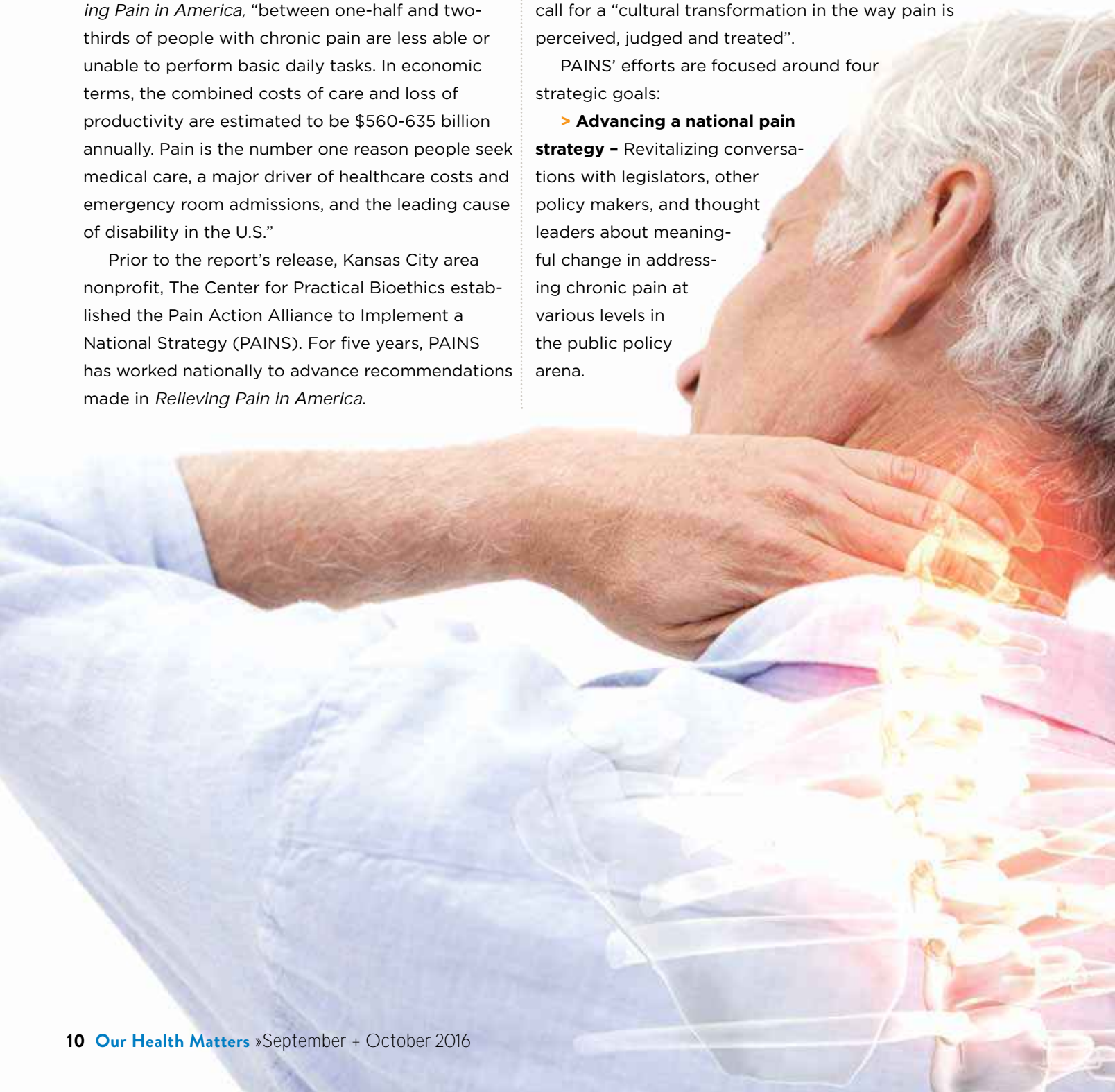
According to the 2011 report published by the Institute of Medicine (IOM) Committee, *Relieving Pain in America*, “between one-half and two-thirds of people with chronic pain are less able or unable to perform basic daily tasks. In economic terms, the combined costs of care and loss of productivity are estimated to be \$560-635 billion annually. Pain is the number one reason people seek medical care, a major driver of healthcare costs and emergency room admissions, and the leading cause of disability in the U.S.”

Prior to the report’s release, Kansas City area nonprofit, The Center for Practical Bioethics established the Pain Action Alliance to Implement a National Strategy (PAINS). For five years, PAINS has worked nationally to advance recommendations made in *Relieving Pain in America*.

More than 30 national organizations participate in PAINS, which adopted the Institute of Medicine’s call for a “cultural transformation in the way pain is perceived, judged and treated”.

PAINS’ efforts are focused around four strategic goals:

> **Advancing a national pain strategy** – Revitalizing conversations with legislators, other policy makers, and thought leaders about meaningful change in addressing chronic pain at various levels in the public policy arena.



“Pain is an even more evil master over mankind than is death itself.”

**- Albert Schweitzer,
physician/philosopher/humanitarian**

> Destigmatizing pain – Developing, with others, a national communication strategy focused on lessening the stigma of those who live with chronic pain face.

> Fostering innovative state and community-based initiatives – Support and showcase the developing, piloting, and replicating state and community-based initiatives successfully incorporating health literate bio-psychosocial model into chronic pain care treatment.

> Promoting helpful public policy and research – Educating those responsible for making policy about chronic pain and providing them access to well-researched objective information on key policy issues.

The local initiative, PAINS-KC was established three years ago to increase awareness in the Kansas City community about chronic pain and transform the way chronic pain is perceived, judged and treated.

PAINS-KC convenes a citizen/leaders group comprised of approximately fifty dedicated people living with chronic pain as well as family caregivers who meet monthly with PAINS staff to partner on local projects and initiatives working to address pain issues through education, research and advocacy.

MEETING TIMES

PAINS-KC meets from 5:00 to 7:30 pm on the first Wednesday of the month. While the group has been identified as supportive, it is not a “support group.”

PAINS-KC GOALS

- Educate members of the Kansas City community about chronic pain as a disease.
- Participate in efforts to improve clinical treatment models for chronic pain.
- Increase access to comprehensive integrative (biopsychosocial) pain management in the KC metro area.
- Create an infrastructure to support the psychosocial needs of those living with chronic pain and their families.

The PAINS-KC group meets monthly to share their experiences about living with pain and to learn about tools and resources to help them live the best quality of life. If you are interested in participating contact Cindy Leyland at 816-221-1100 or email at cleyland@practicalbioethics.org.

TO LEARN MORE VISIT:

CENTER FOR PRACTICAL BIOETHICS
www.PracticalBioethics.org

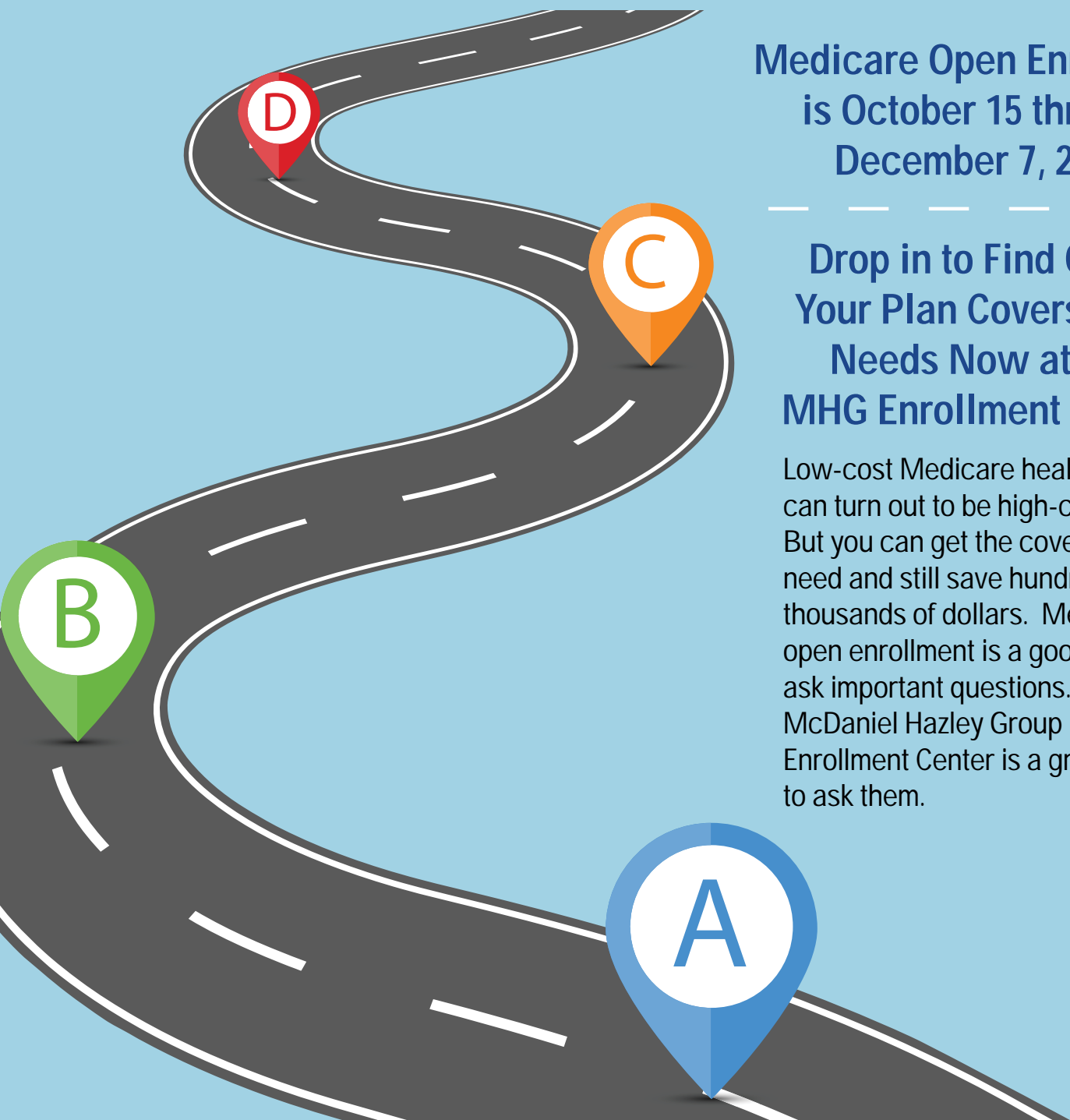
AND VISIT kcourhealthmatters.com website to view videos of the PAINS PROJECT and FACES OF PAIN

LET US HELP YOU ON YOUR ROAD TO UNDERSTANDING MEDICARE AND YOUR MEDICARE OPTIONS

**Medicare Open Enrollment
is October 15 through
December 7, 2016**

**Drop in to Find Out if
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Low-cost Medicare health plans can turn out to be high-cost choices. But you can get the coverage you need and still save hundreds or even thousands of dollars. Medicare open enrollment is a good time to ask important questions. And the McDaniel Hazley Group (MHG) Enrollment Center is a great place to ask them.



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- How much are the deductibles?
- How much will I pay out of pocket for a hospital stay?
- How much will I pay out of pocket for a doctor visit?

You might be surprised how much that low-cost plan costs you. But you can avoid any more surprises with a Medicare plan evaluation at the MHG Enrollment Center. You don't need an appointment. Just drop in. We have staff on hand and ready to help.

DOES YOUR PLAN OFFER THE QUALITY YOU NEED?

All doctors, hospitals and health facilities are not equal. The ones you choose can make a big difference to your health.

Even if you're happy with your current plan, things change, so you should use open enrollment as an opportunity to compare your plan with other options at the MHG Enrollment Center.

CAN YOU SAVE MONEY DURING OPEN ENROLLMENT?

Yes. But you have to do some smart shopping. So don't just automatically re-enroll in your current plan. Check out your options.

Many people don't bother to shop for a plan and automatically re-enroll in their current one, but doing so might cost them to miss out on saving money next year.

Call the MHG Enrollment Center, or stop by the center in Kansas City's historic 18th & Vine District. We'll work with you to review your Medicare coverage and make changes to improve it and save you money.



REMEMBER,

Medicare open enrollment is October 15-December 7, 2016. So visit the MHG Enrollment Center now. You don't need an appointment. Just drop in. We have staff on hand and ready to help.

WALK-INS ARE ALWAYS WELCOME

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Kansas City, MO 64108
816-399-4040
Mon. - Fri.: 8am - 6pm



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Casting a Second Safety Net to Help People in Need

One out of every three adults in the U.S. has diabetes or is well on their way to developing diabetes, with a diagnosis known as “prediabetes”. Add higher than average rates of poverty, uninsurance and other chronic conditions in KCK, and it is easy to understand that many people with serious health problems still fall through the cracks. Local safety-net health clinics need help to reach the poorest and hardest-to-serve in their community. That’s where Riverview Health Services steps in.

The uninsured and underinsured liv-

Maintaining free or low-cost health services requires dedicated volunteers. Riverview’s greatest need is people able to conduct supply drives and help spread the word about the important work it does in the community.

ing in the Kansas City metropolitan area have relied on Riverview since 1989 to provide medications, medical supplies and wellness education. In Wyandotte County,

Kansas, alone, Riverview is the primary source of prescription medication assistance for medically underserved people.

Riverview staff members provide pharmacy vouchers for short-term antibiotics, allergies and injuries as well as long-term medications for heart and lung disease and diabetes. They also help clients receive free life-saving medications from pharmaceutical companies.

As diabetes is affecting more families, Riverview provides diabetes education to help people combat and manage the disease through one-on-one education in English and Spanish. People who have a diagnosis of prediabetes can participate in a proven risk-reduction program starting in October.

Individuals can qualify to receive help with medications and medical supplies Monday, Wednesday or Friday, 8:30 a.m.–12:15 p.m.

There might come a time when everyone in the Kansas City area has health coverage. In the meantime, families who lack the resources to receive health care need Riverview Health Services--the safety net’s safety net.



From left:
Pat Allen-Hogan, Executive Director Karole Bradford, Sandy Sloan, Adriana Mendoza

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Is There a Way to Avoid Chronic Diseases? It's Complicated.

Genetics, gender and lifestyle play key roles.

If you or someone you know is living with high blood pressure, diabetes, asthma or arthritis, they (and you) have a chronic disease. Chronic diseases are defined as lasting 3 months or longer, that cannot be prevented through vaccines, cannot be cured, and are the leading causes of death and disability in

the United States. The good news is that with proper care, treatment and consistent follow-up, many chronic conditions can be managed.

There are a long list of conditions that fall under the header of chronic conditions—some of them include:

- Alzheimer's disease, Parkinson's disease and other neurodegenerative diseases
- Addiction
- Autoimmune diseases, such as ulcerative colitis, lupus erythematosus, Crohn's disease, coeliac disease, Hashimoto's thyroiditis and relapsing polychondritis
- Blindness
- Myalgic encephalomyelitis
- Chronic graft-versus-host disease (GVHD)
- Chronic hepatitis
- Cerebral palsy (all types)
- Chronic pain syndromes,
- such as post-vasectomy pain syndrome and complex regional pain syndrome
- Chronic osteoarticular diseases: osteoarthritis, rheumatoid arthritis
- Chronic renal failure, chronic kidney disease
- Chronic respiratory diseases, such as pulmonary hypertension
- Deafness and hearing impairment
- Hypertension
- Endometriosis
- Fibromyalgia
- Epilepsy
- Mental illness
- Osteoporosis
- Periodontal disease
- Sickle cell anemia and other hemoglobin disorders
- Thyroid disease
- Transplant recipients on immunosuppressants
- Lyme disease
- Blood pressure abnormalities
- Ehlers-Danlos syndrome (Various types)
- Sleep apnea
- Postural orthostatic tachycardia syndrome
- Multiple sclerosis

According to the Centers for Disease Control and Prevention:

- As of 2012, about half of all adults — 117 million people — had one or more chronic diseases.
- Seven of the top 10 causes of death in 2010 were chronic diseases.
- Eighty-six percent of all health care spending in 2010 was for people with one or more chronic conditions.
- The total cost to treat heart disease and stroke in 2010: an estimated \$315.4 billion.

Knowledge empowers you and can make all the difference when it comes to your health. Talk with your health care provider about prevention and if you have a chronic condition, how to better manage it.

Source: Centers for Disease Control (CDC)

A portrait of Dr. Mark Box, a middle-aged man with short, wavy grey hair, wearing black-rimmed glasses, a dark suit, a white shirt, and a blue and red patterned tie. He is smiling and looking directly at the camera against a textured blue background.

Rheumatoid Arthritis — A Chronic and Very Treatable Disease

**People struggling with chronic conditions
should not delay in getting early medical treatment.**

Contributed by Mark Box, MD

Dr. Mark Box, a Kansas City-area rheumatologist has spent more than 20 years treating patients with rheumatoid arthritis (RA) and other chronic autoimmune diseases. “While there is no cure for RA, there are effective treatment op-

tions,” says Dr. Box. “The goal of treatment is to achieve complete remission — reduce and resolve the symptoms.”

We generally associate arthritis with joint pain due to physical exertion from work or sports, or nor-

mal wear and tear on the joints — osteoarthritis. Rheumatoid arthritis (RA), however, is a very different disease. RA is an autoimmune disorder which means a person's immune system attacks the lining of the small joints in the body and causes inflammation, swelling, redness and pain. This inflammation can cause problems that result in joint deformity and bone erosion, and can affect other parts of the body.

RA Symptoms – What to look for

The road to achieving being symptom free begins with a diagnosis, generally from a primary care health care professional, who may then refer patients to a specialist like Dr. Box. “If you think you may have RA, it is important to be aware of the symptoms and share the information with your doctor,” Box advises.

Early rheumatoid arthritis tends to affect the smaller joints first — the joints that attach the fingers to the hands, and the toes to the feet. As the disease progresses, symptoms can spread to the wrists, knees, elbows and hips, as well as affect non-joint organs such as the eyes, heart, kidneys and lungs.

For patients who have been diagnosed with RA, it is important to start treatment right away. “The earlier we can start treating the inflammation, we can lessen the change of joint damage, says Dr. Box.”

Who is more impacted by RA?

People of all ages, as well as men and women can be affected by RA. However, for reasons that are not entirely clear, more women than men are likely to suffer from the disease. “Arthritis has been thought of as a disease that affects ‘older’ people, but according to Dr. Box, the peak onset age range is between 30 and 50 years of age. “These are generally the most productive years of a person's life,” says Dr. Box.

While family history may play a role, it is not as much of a factor as people think. “Just because your mother had RA does not mean you will get the disease,” the doctor explains. “The risk is actually quite small.” In addition to age, obesity and smoking are other contributing risk factors.

How is RA treated?

Once RA is diagnosed by analyzing the combination of the patient's symptoms, blood work,

X-rays and other tests, the next step is treatment. “Immediate treatment can begin to help relieve the patient of current symptoms and it also prevents the disease from progressing,” Dr. Box continues. “I encourage people to be patient because the medication type and dosing may need to be adjusted for better results.”

Because RA is an autoimmune disease, the course of treatment generally begins with medicines that address the source of the problem — the immune system. While there are medicines that are considered the “gold standard”, only your doctor can determine which treatment works best for you.

Signs and symptoms of rheumatoid arthritis may include:

- **TENDER, WARM, SWOLLEN JOINTS**
 - **JOINT STIFFNESS THAT IS USUALLY WORSE in the mornings and after inactivity**
 - **FATIGUE, FEVER AND WEIGHT LOSS**
-

The goal: Control and eliminate symptoms

The great news about RA is that remission — or symptom elimination — is possible. Dr. Box emphasizes that patients must remain on their prescribed medication to help reduce the effects of RA — even after symptoms are under control. “You can't stop taking the medicine when you start to feel better,” Dr. Box explains. “In addition to taking the prescribed medication, improved physical activity, maintaining healthy eating habits and following up with the doctor are all important to help manage your RA.”

To learn more about RA, talk to your doctor first. Get more information and resources about RA at trusted websites like www.rheumatology.org, or www.arthritis.org.

Dr. Mark Box is a Kansas City-area rheumatologist at Kansas City Internal Medicine. He is a member of American College of Physicians, American College of Rheumatology, Arthritis Foundation of Western Missouri/Greater Kansas City, and Midwest Rheumatology Association and the Coalition of State Rheumatology Organizations, to name a few.



Routine Checkups Can Help Spot Problems Early

Know your health risks and don't ignore symptoms.

Contributed by Stephanie Revels, MD

When we visit the doctor for annual health screenings, or because we are not well, chances are we are seen by a family practitioner. These health care professionals see patients who may be suffering from a bad cold, while the next patient may be suffering from a more serious condition.

For family practitioners like Dr. Stephanie Revels, she continues to see far too many patients living with obesity, diabetes and high blood pressure. "More and more, there are patients who have all three of these life-threatening diseases. It is no longer unusual, but the norm."

The doctor's assessment is right on par with data from the Center for Disease Control and Prevention that "as of 2012, there were about 117 million people (in the U.S.) who had one or more chronic diseases and/or conditions."

Wellness, not illness

While the numbers seem disheartening on the surface, practitioners like Dr. Revels focus on steering patients toward living a healthier lifestyle. "We know that family history can increase the likelihood of high blood pressure and diabetes, but a healthier lifestyle can help to minimize the risk. As health care professionals, we have to continue to insist that patients:"

- Get moving.
- Eat healthier.
- Don't smoke. If you do, quit.
- Manage weight.
- Manage stress.

According to Dr. Revels, stress can lead to a host of chronic health issues, or aggravate current ones. "It is so important for us to manage the stresses in our lives, and exercise is one way to help manage." Dr. Revels explains.

Talk to your doctor

During your doctor visit, he or she spends a short amount of time with you – about 15 minutes per patient on average. That's not a lot of time, but Dr. Revels says to use the time wisely to tell your doctor about any unusual symptoms

**"THE BEST THING WE CAN ALL DO IS
BE BETTER ADVOCATES FOR OUR
OWN HEALTH."**

– DR. STEPHANIE REVELS

or feelings. If necessary, start keeping track of symptoms or writing them down – when, where and how often they occur – so you can remember to share the information. "If you are experiencing symptoms or pain, don't assume they will go away on their own," she emphasizes. "Take full advantage of the time you have with your doctor."

Only you know how you feel or how well you are responding to medication or treatment. "The best thing we can all do is be better advocates for our own health," Dr. Revels says. "Be sure to speak up. The doctor doesn't know how frequently or infrequently you may be dealing with an issue, or how well a prescribed treatment is working," she continues.

Hold the line on salt, sugar and fatty foods

All three can negatively impact your health. Make conscious food choices. Eat a diet rich in fruit and vegetables – and eat lean meat (or other high protein foods) whenever possible to give your body the nutritional balance it needs to function properly.

Dr. Stephanie Revels has been a medical physician for more than 30 years. She is board certified by the American Academy of Family Physicians and has been in private practice for 15 years.

Healthy Kidneys Matter

Learn about risk factors that contribute to chronic kidney disease and take preventive action.

Contributed by Venu Nair, MD, Nephrologist

Our kidneys are about the size of a fist, but these small organs play a vital role in keeping the whole body functioning properly.

The main job of the kidneys is to flush excess toxins and fluid from the blood, and maintain nutrient balance, particularly potassium and sodium levels. The kidneys also work to control blood pressure, help to produce healthy red blood cells and keep bones healthy.

When the kidneys fail to work properly, the impact to overall health and quality of life can be significant. Kidney failure can also impact the heart and lungs – fluid retention, and the mineral imbalance can impact the bones.

Currently, it is estimated that more than 20 million Americans are living with some stage of chronic kidney disease (CKD). According to Dr. Venu Nair, a specialist (nephrologist) who treats kidney diseases and conditions, CKD ranges from early to late stage – with late stage being the more serious.

“There are six stages of CKD,” Dr. Nair explains. “Stages 1 and 2 are early kidney disease, 3 and 4 is moderate. When a person is in late stage CKD, they more likely to have very little to no kidney function at all.”

Who is at risk for CKD?

High blood pressure and diabetes are two most common risk factors for CKD, as is age.

While CKD can develop at any age, the disease is more prevalent in older people. The risk is higher in people 50 years and older, and in people over age 70.

“African-Americans are three times more likely to develop end stage kidney failure, while Hispanics are 1.5 times more likely to develop the disease,” says Dr. Nair. “Men are also more likely than women to be affected by late-stage CKD,” says Dr. Nair.

Dr. Nair says that family history does not place one at higher risk for CKD. “However, polycystic kidney disease (PKD) has a strong genetic tie,” says Dr. Nair. “Each child born to a parent who suffers from PKD, has a 50% chance of getting the disease.”

Treating and managing chronic kidney disease

“Maintaining a healthy weight and eating a heart healthy diet are the best ways to stave off CKD,” says Dr. Nair. “Managing blood pressure and blood sugar levels are also critical. Patients who follow the DASH (Dietary Approach to Stop

Other risk factors for CKD include:

- **HEART DISEASE**
 - **SMOKING**
 - **HIGH CHOLESTEROL**
 - **LUPUS**
 - **KIDNEY STONES**
 - **OBESITY**
 - **RACE**
-

Hypertension) Diet report success in helping to stabilize blood pressure and blood sugar numbers.” To learn more about the DASH Diet, visit www.dashdiet.org.

People with early stage CKD generally have no symptoms, so it is important to have yearly or twice yearly blood and urine screenings to detect potential problems. “Untreated CKD will progress until the kidneys stop functioning,” Dr. Nair advises. “Patients have a better chance of prolonging their kidney health if we start treating in the early stages.” Once kidney failure occurs, the only treatment options are dialysis or kidney transplant.

To learn more about chronic kidney and other kidney diseases, visit The National Kidney Foundation website at www.kidney.org.

Dr. Venu Nair is a nephrologist who has been in practice for 22 years in the Kansas City area. He is a staff member of Nephrology Associates Interventional. Affiliations include: American Medical Association, American College of Physicians, Missouri Medical Association and American Association of Diagnostic Interventional Nephrology.

When Do You Really Need to Start Seeing a Nephrologist (a kidney doctor)?

By Veeraish Chauhan, MD, FACP, FASN

I often call kidney disease the “Rodney Dangerfield of Medicine”. It gets no respect! Well, outside of the medical community, the same could be said for nephrologists (to a certain extent)! No one is quite sure what they do, or why does anybody need to see one anyway. For some, we are just another version of urologists. Nephrologists are physicians who specialize in the diagnosis and treatment of kidney disease, electrolytes, high blood pressure, dialysis, kidney stones, etc.

My medical assistant, Kristina, spends a good portion of her time calling patients about their upcoming appointments (which often have been made by patients’ primary doctors). Here is how a typical conversation goes:

-Kristina: “Hi, this is Kristina. I am calling from Dr. Chauhan’s office about your upcoming appointment with us”.

-Patient: “You are calling from where?”

-Kristina: “Uhh, Dr Chauhan, the nephrologist. Your doctor sent us a referral note saying he talked about this with you. That you need to be seen by a nephrologist for elevated creatinine (or protein in the urine, or high blood pressure)? They made an appointment for you”.

-Patient: “Neph-what?”

-Kristina: “The kidney doctor”

-Patient: “Uhh...ok. And why do I need to see you again?”

The conversation goes on for some time until Kristina has worked up a pretty convincing argument about why it might be beneficial for the patient to come in for something that their primary doc recommended.

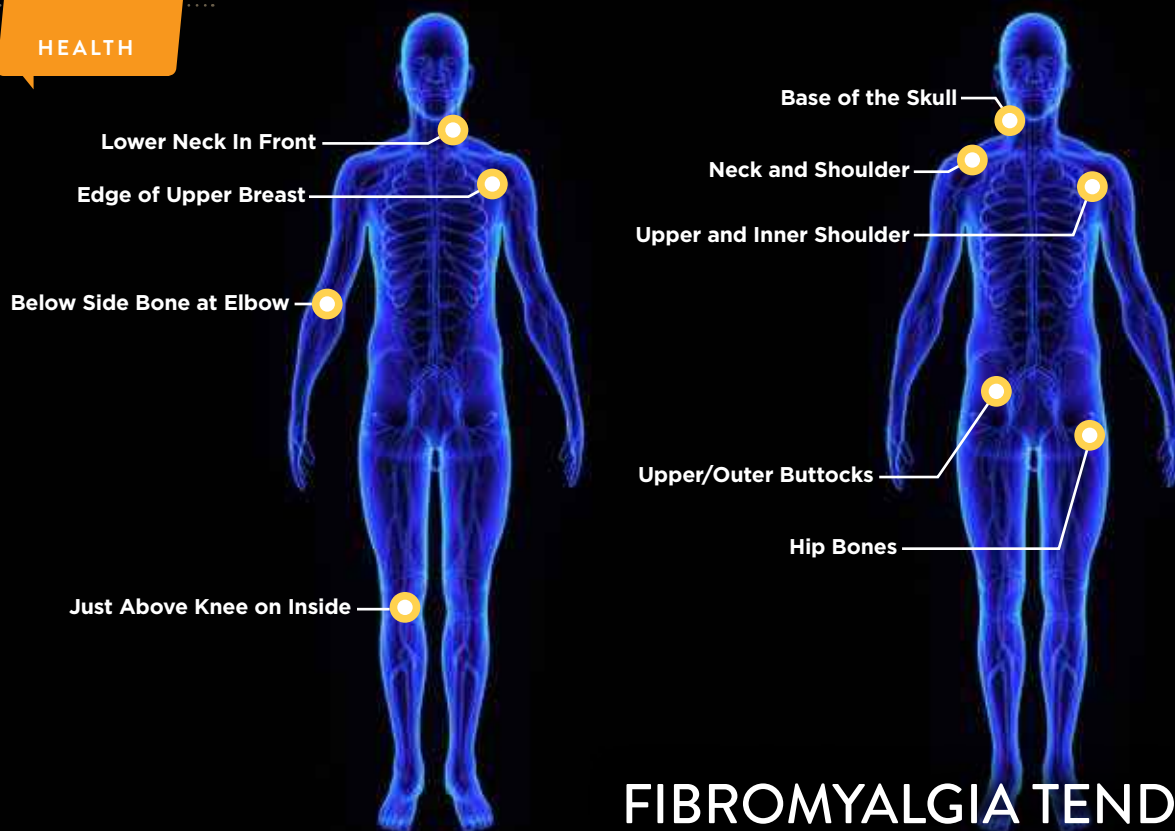
I don’t blame anyone for this confusion. It’s partly the nephrologists’ fault (we haven’t been good at educating people of the nephrologist’s role; not until someone is already on dialysis). It also has to do with the nature of the disease. Chronic kidney disease (CKD) is a “silent killer”. It destroys your kidneys slowly and you don’t feel a thing. Not until it is almost time for dialysis, even then symptoms can be very vague like fatigue or insomnia.

Medical studies have clearly proved that patients who are referred late to nephrologists are more likely to progress to dialysis, or die! So a patient should be evaluated by a kidney doctor when their creatinine is high enough for them to be called CKD Stage 4. That would mean a GFR of less than 30. Not doing so increases the risk of the patient progressing to dialysis, as well as the risk of death.

The art of practicing good nephrology is really all about prevention. One could come away with the impression that “what is the point of seeing a kidney doc when everything is going ok for now”, or “you didn’t do anything since you didn’t prescribe any pill”. In a healthcare system where prevention is under-recognized, under-rated, and under-paid, and treatment is expensive, we seem to be losing sight of our priorities. Consequently, patients with chronic diseases (CKD, diabetes, hypertension, etc.) have been at the losing end. We don’t like to see this happen.



Dr. Chauhan is an American Board certified Nephrologist and Internal Medicine physician. He trained at the Harvard School of Public Health, Boston, and Drexel University College of Medicine, Hahnemann University Hospital, Philadelphia. Dr. Chauhan is also an author and blogs on the topic at About.com.



FIBROMYALGIA TENDER POINTS

Fibromyalgia: Making Sense of a Complex Disorder

By Yvonne Keeny

Fibromyalgia Coalition International, Founder and Executive Director

Fibromyalgia is a medical condition characterized by chronic widespread pain typically accompanied by fatigue, sleep, mood and memory problems, which can interfere with a person's ability to carry on daily activities.

According to recent estimates, 4-6% of the population has fibromyalgia. This translates to approximately 125,000 people in the Kansas City area alone. It seems to occur at similar rates worldwide, regardless of ethnicity. Although fibromyalgia affects more women, it does strike men and children as well. Onset usually occurs between 25 and 50, but can start at any age.

Fibromyalgia symptoms

In addition to the above symptoms, most fibromyalgia patients also report overlapping conditions, which can include allergies, irritable bowel, irritable bladder, headaches, migraines, dizziness, numbness and tingling, sensitivity to cold and/or heat, depression, restless legs syndrome, chemical and/or environmental sensitivities, impaired balance or coordina-

tion, dry eyes and mouth, vision problems, and problems with concentration and cognitive functioning.

There are still no laboratory tests for diagnosing fibromyalgia. When friends and family see a bizarre collection of fluctuating symptoms that do not show up in medical tests, they sometimes think it must be a psychological problem. A host of scientific evidence, however, proves that fibromyalgia is a very real physical illness.

On October 1, 2015, fibromyalgia was included as a diagnosis in the medical list of codes. Patients no longer have to listen to "It's all in your head!" The ICD-10 code is M79-7.

How is fibromyalgia diagnosed?

Doctors rely on a physical to rule out other causes, patient history, self-reported symptoms, and a tender point examination. According to the American College of Rheumatology, a patient must have:

1. Widespread pain in all 4 quarters of the body for at least 3 months.
2. At least 11 of the 18 tender points when pressure is applied.

How is fibromyalgia treated?

While several medications are used to treat fibromyalgia, only three, Lyrica, Cymbalta and Savella, have been FDA-approved. Effective treatment often includes an integrative medical approach that addresses issues such as, but are not limited to, sleep, mood, chronic pain, fatigue, thyroid dysfunction, adrenal dysfunction, gastroenterological symptoms, chronic headaches and hormonal issues. Other aspects to be considered include whether patients have food sensitivities or allergies, including gluten intolerance or celiac disease.

Many patients find alternative modalities such as acupuncture, chiropractic care, myofascial release therapy, massage therapy, sleep counseling, nutritional counseling, and supplements that target vitamin and mineral deficiencies to be very helpful.

Prognosis

There is no quick, on-size-fits-all answer, but as individuals gradually learn what does and doesn't work for them, many patients, in conjunction with their healthcare providers, are able to put together a treatment program that gives them a better quality of life.

The more scientists learn about the underlying causes and contributing conditions, the closer we come to finding effective treatment, possible preventative measures and hopefully a cure for fibromyalgia!

SOURCES AND REFERENCES:

- <http://www.ncbi.nlm.nih.gov/pubmed/18537652>
- <http://www.icd10data.com/>
- Mayo Clinic, Fibromyalgia, Oct. 1, 2015
- Medical News Today, February 17, 2016
- https://www.sciencedaily.com/news/health_medicine/fibromyalgia/

**For more information, visit
www.fibrocoalition.org
or call 913-384-4673.**

Yvonne Keeny is founder and executive director of the Fibromyalgia Coalition International, a nonprofit organization in Mission, Kansas. As a fibromyalgia patient, her illness brought a special empathy for others experiencing the difficulties of day-to-day living. She also facilitates a support group.



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A free conference for grandparents, aunts, uncles, and guardians raising children age 18 or younger.

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For more information, call:
University of Missouri Extension Office
816-407-3490



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Better relationships and stronger families make life in Missouri better for everyone. If you want to build a stronger relationship, or you're a dad trying to become the best father he can be, the support you need is here. And it's FREE.







ShowMe Healthy Relationships

In weekly courses, ShowMe Healthy Relationships helps couples, singles and parents:

-  Build healthier and more stable couple relationships
- Become better parents and co-parents 
-  Learn about choosing a good partner
- Improve relationships with their children 
-  Strengthen step-families and/or co-parenting families
- Manage stress and increase well-being 
-  Improve money management and job skills

BraveHearts for Dads

Fathers who have strong relationships with their children help reduce teen pregnancy, drug abuse and involvement with juvenile authorities as well as increase high school graduation rates. BraveHearts for Dads gives fathers the opportunity to:

-  Understand their rights and responsibilities as fathers
- Learn skills for interacting with their child's mother 
-  Develop bonding and attachment with their child
- Develop ways to manage their physical health 
-  Learn how to balance work and family responsibilities
- Connect with other dads for long-term motivation and follow-up 
-  Participate in a 24/7 curriculum program

*Funding for ShowMe Healthy Relationships is provided by the United States Department of Health and Human Services, Administration for Children and Families, Grant 90FM0080. Any opinions, findings and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the U.S. Department of Health and Human Services, Administration for Children Families.

Funding for BraveHearts is provided through the Missouri Children's Trust Fund.



Help make Missouri better with stronger couples and stable families. Make referrals to ShowMe Healthy Relationships and BraveHearts for Dads at familysupports@cornerstonesofcare.org. For more information, call toll-free, 855-778-5437 and press 3.

Zika and Pregnancy

What you should know

Zika virus disease (Zika) spreads to people mainly through the bite of two species of infected mosquitoes, one of which is more likely to transmit Zika. In past outbreaks, most people have not gotten sick, so people may not even know they are infected. Based on current knowledge, the greatest risk for complications from Zika is to a pregnant woman's fetus. If a pregnant woman is infected with Zika, she can pass the virus to her fetus. Zika has been linked to cases of microcephaly, a serious birth defect, and is a sign that the baby is born with a smaller brain, which can result in medical problems and impaired development. Researchers are working to understand more about how Zika affects pregnant women and fetuses.

To protect the pregnancy, couples can:

- Check CDC travel guidance; pregnant women should avoid travel to any area with Zika.
www.cdc.gov/travel/page/zika-travel-information
- Talk to her doctor or other healthcare provider first, if she must travel to an area with Zika.
- Prevent mosquito bites, including covering up arms and legs and using EPA-registered insect repellent, which is safe to use during pregnancy.
- Use latex condoms, the right way, every time or choose not to have any type of sex if the male partner has been in an area with Zika during the pregnancy.

Want to learn more? www.cdc.gov/vitalsigns/zika

#1

Mosquitoes are the deadliest animals in the world because of the diseases they spread.

30 Days

A female mosquito infected with Zika can continue biting people over its lifespan of about 30 days.

2

Only 2 known species of mosquitoes spread Zika, out of 176 species of mosquitoes identified in the US.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Urgent Care: When You Need Care Right Now

You have an opportunity to take your child to a place that has a kids-only approach, equipment, people and environment – without the cost, the wait and the inconvenience of the ED.

A hurt ankle, possible ear infection or suspicious rash may not warrant a visit to the local emergency department (ED). However, kids get sick outside the pediatrician's business hours. So, if you're a parent, what should you do when your child needs to be seen quickly for a mild injury or illness that can't wait until the next day, but you don't want to deal with the cost and potential hassle of an ED?



Dr. Jennifer Johnson

With locations throughout the Kansas City area, Children's Mercy Urgent Care provides care for children with minor injuries or illnesses that are not considered life-threatening but require prompt attention. According to Jennifer Johnson, MD, who is currently Division Director of Urgent Care at Children's Mercy, these facilities serve as a place for parents to bring their children when they don't have access to their primary care physician.

"Children's Mercy Urgent Care makes it possible for people to be seen somewhere other than an emergency room when they have an illness or injury that doesn't quite meet the threshold of being an emergency, but might be a little more than a doctor's office could handle," Dr. Johnson said.

With extended hours from noon to 10 p.m. daily, Children's Mercy Urgent Care is available when most primary care offices are not. Or for families new to town or for those who don't regularly see a pediatrician, Children's Mercy Urgent Care is a great option to see a physician quickly.

A wide range of conditions and injuries are included in the typical caseload at Children's Mercy Urgent Care: allergic reactions, bug bites or stings, cold symptoms, cough, diarrhea, ear pain, eye infection, fever, mild vomiting or stomach pain, minor burns and cuts, objects in an ear or nose, rash, simple broken bones, sore throat, sprain, urinary pain and wheezing.



Dr. Michael Moran / Medical Director, Children's Mercy Northland Urgent Care

However, Dr. Johnson says that a few conditions should be seen at the ED. Neurological issues such as an altered level of consciousness or seizure, crooked broken bones, marked difficulty breathing, motor vehicle collision injuries, head or neck trauma, severe allergic reaction, suspected appendicitis and high fevers in infants less than 60 days old should all head directly to the ED.

If a patient is brought to a Children's Mercy Urgent Care facility with a potentially life-threatening injury or illness, staff will arrange for transfer to a better equipped facility. When possible, the Children's Mercy Critical Care Transport Team can transfer a patient to one of two Children's Mercy Emergency Departments.

The benefits of being treated at a pediatric facility such as Children's Mercy Urgent Care are numerous, but the most important aspect of Children's Mercy Urgent Care is the focus on pediatric-centered care.



“We have child-friendly rooms and approaches,” Dr. Johnson explained. “For instance, when a child needs stitches, at a pediatric facility we’ll have distraction tools, ways to numb without needles, pediatric-friendly approaches surrounding the necessary medical treatment.”



Blue Valley Location

An emphasis in pediatric-centered care can sometimes be the difference in treatment or diagnosis that otherwise might be different at a non-pediatric facility.

“In the case of fractures or broken bones, there’s a specific benefit to being at a pediatric facility,” Dr. Johnson said. “Pediatric fractures can act differently than fractures in adults, and if you’re not a pediatrician, then you sometimes miss those subtleties on clinical exams or even observing a patient. We also have the benefit of having a pediatric radiologist who is trained to pick up certain findings on an exam or through imaging that an adult radiologist might miss.”

If you have questions about the scope of care available or aren’t sure whether to visit Children’s Mercy Urgent Care or head straight to the ED, call any of the locations below or visit Children’s Mercy online at www.childrensmercy.org/urgentcare.

Children’s Mercy Blue Valley

6750 West 135th St.
Overland Park, KS
Phone: (913) 717-4700
Noon - 10 p.m. daily

Children’s Mercy East

20300 E. Valley View Parkway
Independence, MO
Phone: (816) 478-5200
Noon - 10 p.m. daily

Children’s Mercy Northland

501 NW Barry Road
Kansas City, MO
Phone: (816) 413-2526
Noon - 10 p.m. daily

 [Facebook.com/ChildrensMercy](https://www.facebook.com/ChildrensMercy)

“No matter what
day of the week –
we’re always here.”



Dr. Ti any Addington / Medical Director, Children's Mercy East Urgent Care

One Mom's Wake Up Call

Two days after Christmas, Julie Rickman, then 41, thought she was having an allergic reaction to her Christmas tree. After a trip to the emergency room, and sharing her family history of heart disease, doctors ordered testing that revealed Julie had suffered a silent heart attack with two blockages in her heart sometime in the past month.

"All I could think about was my three year-old son, Patrick, and I wondered if I would be able to watch him grow up," says Julie.

Heart disease and stroke cause 1 in 3 deaths among women each year, yet it's 80% preventable. One risk factor that cannot be prevented is family history. Julie encourages all women to schedule a well-woman visit with their health care provider. It's an annual check-up that gives your doctor the chance to spot the signs of heart disease while there's still time to take necessary steps to conquer it. The well-woman visit is also a great opportunity for your doctor to be on the lookout for other health concerns.

"If you want to watch your children grow up, know your family history and share this information with your doctor at your well-women Visit! Your children want their mommy in their life," says Rickman.

Julie knows, firsthand, the importance of eating right, exercising and setting a good example for her family. She enjoys bike rides with her son (now 8) and has completed numerous 5K races since her heart attack. Today, Julie is passionate about educating women about heart disease and serves as a national spokeswoman for Go Red For Women.



For Julie, watching her son grow is why.

To learn more about how to take control of your heart health visit heart.org



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A Welcoming & Healing Place for Wyandotte County's Uninsured



Left to right: Debbie Sparks, Fran Camponuevo, Gloria Guerra, Maria Ontiveros, Stephanie Garrett and George Noonan, Executive Director

"I am thankful for Duchesne Clinic. They have helped me stay healthy so I could work and provide for my family," Jos Duarte-Garcia says. Jos worked hard at jobs that damaged his body, but he had no health insurance. Over time, he needed treatment for diabetes and end-stage degenerative arthritis. Without Duchesne, life would be far different for Jos and his family.

According to the *Topeka Capital-Journal*, 18 percent of Wyandotte County, Kansas, residents — 28,350 persons — have no health insurance. Coverage is improving, but the need for safety-net providers like the Duchesne Clinic remains strong. Since 1989, Duchesne has welcomed adults who need health care, delivering:

- Primary care, such as management of chronic disease.
- Physical and gynecological examinations.
- Laboratory testing.
- Referrals to a network of specialists providing care at no, or reduced cost.

For disease prevention, Duchesne provides flu vaccinations and does screenings, including breast and cervical cancer, tuberculosis and cholesterol. It offers health education and free diabetes self-management classes in English and Spanish.

Duchesne accepts Wyandotte County residents who earn at or below 150 percent of the federal poverty level. Applicants who have Medicaid, Medicare, private insurance or veterans' benefits do not qualify for these services; however Duchesne is putting procedures in place to be able to accept Medicare and Medicaid reimbursements in the coming year.

As the only Catholic health-care provider in Wyandotte County, the Duchesne Clinic operates in the spirit of St. Vincent de Paul, the Sisters of Charity of Leavenworth and the clinic's namesake, St. Philippine Rose Duchesne. It is a place where people like Jos Duarte-Garcia are assured of person-centered, holistic care.

To build on its success, Duchesne needs more funding, more staff and physical expansion. For example, it needs to expand its current six exam rooms to 12 to achieve maximum productivity and efficiency. The clinic is working on a fundraising model to ensure long-term sustainability and recruiting professional staff.

Contributions to help the Duchesne Clinic serve people without health insurance can be sent to:



636 Tauromee, Kansas City, KS 66101
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THE COMMUNITY NEEDS YOUR SUPPORT

Last year, the Kansas City Health Department released its Center for Disease Control (CDC) required condom distribution campaign **"I Got Mine"**. The campaign was created as a means to inform community members where they can access free condoms in their area. When an individual sees the "I Got Mine" logo at a place of business, non-profits, or clinics in the city, they know that the organization provides free condoms to the community. When community organizations agree to participate in the "I Got Mine", they agree to display a box with the logo, filled with free condoms.

For further information on accessing sites or if your organization is interested in becoming a condom distribution site, contact the agencies below.

Kansas City Health Department

2400 Troost Avenue, Suite 1200
Kansas City, MO 64108
816.513.6328

KCCARE

3515 Broadway Avenue
Kansas City, MO 64111
816.753.5144

Good Samaritan Project

3030 Walnut Street
Kansas City, MO 64108
816.516. 8784

HIV PREVENTION CAMPAIGN

EVEN WITH NEW MEDICATION, INDIVIDUALS ARE STILL BEING INFECTED, PARTICULARLY IN COMMUNITIES OF COLOR.

Treatments for HIV have improved greatly over the past 35 years. Even with new medication, individuals are still being infected, particularly in communities of color. Although African Americans make up 12% of the population they account for 44% of new HIV cases. As we continue to work to prevent new HIV infections, condoms still serve as one of our most powerful tools.

POWERFUL TOOL FIGHTS HIV INFECTIONS

Free condom distribution sites can be found on the social media site condomfinder.org. When people enter their zip code, the app automatically provides them with a list of condom sites available in their area.





COMING IN THE NOVEMBER-DECEMBER 2016 EDITION

Patients & Providers' Engagement Issue

What are your expectations when you make a doctor's appointment, check in at the front desk and sit in the waiting area pondering your visit with the doctor? Many people arrive filled with anxiety or uncertainty. How should patients and doctors prepare for their pending consultation? What does a good experience feel like? Is the receptionist courteous and friendly? Is the atmosphere pleasant, and office setting comfortable and clean?

A positive patient experience from the beginning to the end of your appointment can make all the difference. Learn how working together contributes to a worthwhile patient and medical provider relationship to improve health outcomes.

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