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JULY + AUGUST 2018

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matters™



Diabetes Changes Your Life

**Research and Prevention are
Key to Ending the Epidemic**



OHM ONLINE ARTICLES

Historic Eight-Person Kidney Donation and Transplant Performed HCA Midwest Health

Research Medical Center performs a multi-person kidney donation and transplant chain. This historic procedure involved four donors and four grateful recipients. Read more about this life-saving procedure at kcourhealthmatters.com.



New Grocery Store Revitalizes Community

The long-awaited Lipari Bros. Sun Fresh store opened in Kansas City, at Linwood and Prospect. The area once labeled a food desert boasts a variety of fresh and healthy foods and employs local residents. Visit kcourhealthmatters.com to view photos of the opening.



The Best Exercises for Diabetics

By Pepper Von

Aerobic and strength exercises can help you better manage your blood sugar levels, as well as manage your weight. Pepper Von shares best exercises to consider. Visit kcourhealthmatters.com.

The Diabetes Diet

People living with diabetes have to carefully manage what they eat and how often to properly manage blood sugar levels. Head over to kcourhealthmatters.com to learn more about the Diabetes Diet.

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Betty Drees, MD, FACP, FACE

Professor of Medicine and Dean Emerita at University of Missouri-Kansas City School of Medicine

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**DID YOU KNOW...
THERE ARE TWO TYPES OF
DIABETES — TYPE 1 & TYPE 2**

What is the difference?

**DO YOU KNOW...THE SIGNS &
SYMPTOMS OF
TYPE 2 DIABETES?**

*Learn about these important diabetes
facts and more at
kcourhealthmatters.com*



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ANP-BC, BC-ADM

Manager and Diabetes Clinical Specialist
Nutrition and Diabetes Education Center
Shawnee Mission Health.

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As told to *Our Health Matters*

James Joyce thought his life was over when his doctor told him he had to go on dialysis treatment for a failing kidney — a complication of his Type 2 diabetes. Joyce has not let diabetes, or dialysis treatments get in the way of enjoying his life.

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Traveling with a Diabetic Child

Joselin Diabetes Center

If you will be traveling with a diabetic child this summer, don't miss these tips for keeping the child safe and healthy — and your trip more enjoyable.

My Mom Had Diabetes for Years...

When I chose diabetes as the focus of this edition I had no idea how convicted I would be about this topic. My mom had Type 2 diabetes for more than 30 years. I watched her administer insulin and a series of other meds for many years. She struggled with her weight and other conditions that caused anxiety, sleep deprivation, nervousness and high blood pressure. My siblings and I were accustomed to mom administering a daily regimen of insulin. I guess we felt she was doing as well as she could be for her condition and age. In reflection I think we as a family should have talked more about diabetes to prevent it from happening to other family. Diabetes really takes a toll on the body, mind and spirit.



In this edition we introduce you to two wonderful people who have experienced diabetes in totally different ways. John Joyce and Rosie Lindsey talk about their diabetes journey. They are extraordinary people who have resolved to live life to the fullest. We also share what diabetes is, who is at risk of diabetes and prediabetes, and the valuable role diabetes educators play in helping people maintain an optimum quality of life with diabetes.

Diabetes is a serious disease. The good news is that there are things you can do to take control of diabetes and prevent its problems.

With knowledge comes power. My mom passed in 2017 at the age of 92. I've had a lot of time to reflect on what makes life better and more rewarding—good people, good health and things that bring love, peace and hope.

Enjoy the summer, be safe, happy and healthy!



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*Federal Register, Vol. 76, No. 152, August 8, 2011

**Dobson/DaVanzo analysis of research identifiable 20% sample of Medicare beneficiaries, 2005-2009

Diabetes is No Match for Rosie Lindsey

Faith and a positive attitude also help.

As told to *Our Health Matters*

I've lived with stage 4 renal kidney disease (advanced kidney damage that leads to dialysis treatment or a transplant.) for 12 years, and Type 2 diabetes* for more than 30 years. Type 2 diabetes results when the body either doesn't produce enough sugar (insulin), or it resists insulin. I've had health challenges since my 40s. Now, I'm approaching 70, leaning on my faith, living a "much healthier lifestyle," and the best quality of life with my condition.

For years I struggled with being overweight, higher than normal blood pressure (I take as many as three different blood pressure medicines), diabetes and neuropathy (nerve damage in feet and hands caused by diabetes). Living with a chronic condition is difficult because you're focused on your health 24-7.

How did I get here?

Diabetes and kidney disease run in my family. My mom died in 1955, at age 43 from kidney failure; her mother suffered with dropsy, a term used in the 40s to describe edema, a condition where fluid accumulates in the body, leading to swelling in feet, ankles and legs. There is also diabetes on my dad's side of the family, and I have a 91-year-old cousin who is on dialysis. Preventing diabetes was never on my list of priorities even after seeing family members die. I was so uninformed.

When you're young, you don't pay attention to health or the warning signs. I ate badly for years and was not active. I would make 7UP® pound cakes from scratch, peach cobbles, homemade ice cream. I ate rich and starchy foods, lots of sweets, fats and processed foods. I had to make a change. I now watch what I eat and follow strict diabetic dietary guidelines prescribed by my nutritionist.

How I learned my kidneys were damaged

I'll always remember the date I learned I had kidney failure, it was 12 years ago on Christmas day. I had been feeling bad and experiencing a strong body odor for 2 weeks and itching a lot. I didn't know what was causing it. After being rushed to the emergency room at Menorah Hospital, it was there that



Rosie Lindsey

Dr. Neufeld a nephrologist, gave me the bad news—my kidneys and liver were failing.

I see my nephrologist (kidney doctor), endocrinologist (diabetes doctor), diabetes educator and nutritionist every three months at Reach Kidney Care which helps to delay going into dialysis, a kidney treatment that removes waste and extra fluid from the blood. My biggest supporter is my husband Floyd of 50 years, who encourages me to keep moving forward. I recently received a report that my liver is working normally. That's good news!

If you don't have diabetes, take steps to learn how to eat healthier—and exercise! If you don't know what to do, ask your doctor for help, talk to a nutritionist, work with a diabetes educator.

I know my faith works. Friends say I don't act or look like I'm sick. That's a great compliment. I'm fighting back and won't give up. •

Rosie Lindsey is an active senior who works part-time as a receptionist at Community Linc, an organization that helps homeless individuals and families with housing and workforce training.

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Diabetes Changes Your Life

Research and Prevention are
Key to Ending the Epidemic

PREVENT
DIABETES



By Betty Drees, MD, FACP, FACE

Professor of Medicine and Dean Emerita,
University of Missouri-Kansas City School of Medicine

Diabetes is very common and is becoming more common. The number of adults with diabetes has tripled in the last 20 years, and now almost 10% of people in the USA have diabetes. Some of the increase in numbers of people with diabetes is related to increasing weight, but some of it is related to the population getting older.

As we age, we are more likely to get Type 2 diabetes, and one-fourth of people over age 65 have diabetes now. In the Kansas City metropolitan area of just over 2 million people, about 250,000 of us have diabetes. Another half-million likely have blood sugars that are higher than normal that put them at risk of developing diabetes, a condition called “prediabetes.”

That means that about 750,000 people in our region are at risk of having diabetes now or developing diabetes and its complications in

the future. The more we know about Type 2 diabetes, the more we can do to prevent it, treat it early, and stop its devastating complications. The most important step we can all take is to develop healthy habits in eating, exercise, and not smoking. Here are other facts you should understand about diabetes and prediabetes.

Understanding Type 2 Diabetes

Diabetes mellitus (Type 2) causes the blood sugar to be too high. When we eat, we absorb sugar and other food that can be turned into sugar in the bloodstream that we use for energy. Our body makes insulin to bring down the blood sugar by storing it in the muscles and fat tissue. Diabetes occurs when the body either can't make insulin, or when the body can't use insulin. Either way, the blood sugar stays high.

Why is diabetes important to health?

Diabetes is a serious disease. It is also a “chronic disease,” meaning that it needs medical care over a lifetime. Diabetes can cause symptoms related to high sugar, such as feeling tired, blurry vision, frequent urination, and infections. It can also cause long-term health problems, such as heart disease, nerve damage, blindness, and kidney failure. Diabetes is the seventh leading cause of death, and the most common cause of blindness and leg amputations in adults. The good news is that there are ways to slow or prevent the long-term health problems by good blood sugar control, good blood pressure control, not smoking, eating healthy, and exercising.

What is prediabetes?

Prediabetes is when the blood sugar is higher than normal, but not high enough to be diagnosed as diabetes. Prediabetes is even more common than diabetes. Over a third of adults have prediabetes. People with prediabetes are at high risk to develop diabetes, but eating healthy, exercising, and losing a few pounds is very effective in preventing prediabetes going on to diabetes. Lifestyle changes reduce the risk of developing diabetes by over 50%. These lifestyle changes work even better in people over the age of 60.

Who is at risk of diabetes and prediabetes?

The people at highest risk of either prediabetes or diabetes are people over age 45, those who have relatives with diabetes, those who are not physically active, women who had diabetes during pregnancy, and people from certain racial and ethnic groups (Native Americans, African Americans, Hispanic/Latinos, and Asian Americans all have higher risk.).

Wouldn't I already know if I have diabetes or prediabetes?

Maybe not. Both diabetes and prediabetes may be “silent,” meaning that you could have it, but not have symptoms, and not know it. About 25% of people with diabetes do not know they have it, and about 90% of people with prediabetes don't know they have it. The problem with having undiagnosed diabetes or prediabetes is that you would not be getting treatment to prevent the long-term complications.

How can I get screened for diabetes and prediabetes?

Screening for diabetes can be done easily by checking your blood sugar or a test called an A1C. The A1C measures how your blood sugar has been doing over a few weeks. Some places that do

diabetes and prediabetes screenings include doctors' offices, health departments, health fairs, workplaces, and others. If you take one of the tests for your risk of diabetes and are high risk, you should ask your doctor to check you for diabetes, if it has not already been done.

People with prediabetes are at high risk to develop diabetes, but eating healthy, exercising, and losing a few pounds is very effective in preventing prediabetes going on to diabetes.

What should I know about the A1C test?

This test is a measure of the average amount of sugar in your blood. It tells how your blood sugars have been doing over several weeks and is an important test of overall blood sugar control. A normal A1C is less than 5.7%. Prediabetes is 5.7% to 6.4%. Diabetes is 6.5% and higher. If you have diabetes, your doctor should set the A1C goal with you based on your own unique health.

What if I already have diabetes?

If you have been diagnosed with diabetes, it is important to establish regular health care to control your blood sugars and prevent complications. It is also important to learn how to take care of yourself and to be a partner with your doctors and nurses in managing your health. A healthy lifestyle and good medical care improves how you will feel, and it decreases the risk of getting complications. The goal is to help you have the best possible health living with diabetes.

Betty Drees, MD, FACP, FACE is a Professor of Medicine and Dean Emerita at University of Missouri-Kansas City School of Medicine, Department of Internal Medicine and Department of Biomedical and Health Informatics in Kansas City, MO.

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Diabetes Education and Self-Management Matters

Living with diabetes is challenging, but possible.

By Andrea Stafos, DNP, APRN, ANP-BC, BC-ADM

Manager and Diabetes Clinical Specialist
Nutrition and Diabetes Education Center
Shawnee Mission Health



If you are living with diabetes, you know the realities of life happen when you are not in your doctor's office. Home is where you're faced with many decisions about managing your care. The ultimate impact on your health can be overwhelming to consider.

Your diabetes educator is an important member of your diabetes care and support system who is there to help you on this journey.

The American Diabetes Association (ADA) recommends that people living with diabetes engage in diabetes education at four critical times. These include:

AT DIAGNOSIS – You may be new to certain medications, blood sugar monitoring, healthy eating or exercising. Maybe your busy work schedule makes many of these new activities challenging to fit in. Maybe you are not sure what to eat, or how to get your blood sugars under control. The diabetes educator can answer your questions and help you create a plan for your busy lifestyle.

ANNUALLY – Think about the fast-paced world of technology and how often things change. Keep in mind that your diabetes will change over time, as will the advances in healthcare. Ask your doctor to share new advancements in care throughout the year.

WHEN NEW COMPLICATING FACTORS ARISE – For example, if you notice your vision is getting worse, it may make it harder to check your blood sugar or take your medication. Record when these times occur and share with your doctor.

WHEN A TRANSITION IN CARE OCCURS – Let's say you change to a new insurance plan. This change can impact your diabetes care plan. Ask about and enroll in plans that support your healthcare needs.

Next steps

A diabetes educator can offer support and resources in all of these situations to help you plan your next steps. Your personal plan will include discussing every aspect of your life to find practical solutions for the challenges you may be experiencing.

Is diabetes education covered by insurance?

Diabetes education provided by a recognized program is billable to insurance. Most plans, including Medicare, cover 80% of the cost, but you should always check with your individual plan for coverage.

Resources:

Looking for a recognized diabetes education program near you? The ADA has a website that helps you search programs by ZIP code:

professional.diabetes.org/erp_list_zip

Does the American Diabetes Association have resources to help me live healthy with diabetes? Yes! Depending on your preference, you can subscribe to a mailing, email or podcast such as Diabetes Forecast®

www.diabetesforecast.org/?loc=bb-dorg

Diabetes Food Hub™ provides solutions to daily meal planning challenges with features such as the Meal Planner, Grocery List and Healthy Eating Tips.

www.diabetesfoodhub.org

Source:

American Diabetes Association 2017 National Standards for Diabetes Self-Management Education and Support.

Andrea Stafos is an advanced-practice nurse specializing in diabetes care. She is a diabetes clinical specialist for disease-specific inpatient certification in Advanced Diabetes Care at Shawnee Mission Health.

I Just Knew Dialysis Was the End

Actually, it was a good beginning.

Editor's note: John Joyce thought that dialysis treatment for failing kidneys was a sure death sentence. He just hated it. Two years later, he's a spunky, fun-loving man who doesn't let anything keep him from what he loves—his wife Sheila of 60 years, his family, travelling, exercising and more. Mr. Joyce is 84-years-old and is living with Type 2 diabetes. He shares the following story with *Our Health Matters*.

I've had a lot of time to think about how I got here (dialysis three times a week). I want people to know that dialysis is not a death sentence, it's a lifeline. I did not want to do dialysis because I just didn't know what to expect...what is my life expectancy? Is this the end? It was fear of the unknown. What I discovered is this is just a new beginning.

I spent many years working as a commercial construction project manager around the country. My work life contributed a lot to my unhealthy lifestyle. I was staying up late, not getting enough sleep, was stressed out and worked a schedule that required a lot of early morning and late-night travelling. I also had really poor eating habits. There was no history of diabetes in my family, but there is heart disease.

I learned I had diabetes 5 years ago when I was 79 years old. I felt like 10 miles of bad road. I had terrible itching and was always sluggish—my kidneys were not eliminating waste. I started diabetes treatment and went to diabetes education classes. The experience helped me realize this condition was really serious, and that I had to start living differently. I saw immediate results. I kept telling the doctor about my great glucose readings. I quit eating junk and ate healthier food in smaller portions. I quickly lost 20 to 30 lbs.

My kidney doctor (nephrologist) monitored me closely and warned that I could be headed to dialysis because of the damage that had already done. He said I would need to make the decision when the time came. Later, my nephrologist found an elevated creatinine level, which indicated impaired kidney function or kidney disease.

How I feel being on dialysis

When you're on dialysis, you must have a positive mental attitude, or you will give up. You must follow the diet. My wife and I both stopped eating junk food—chips, sweets, and we pay close attention to what we eat.

John Joyce relaxes as he receives his dialysis treatment.



My quality of life with diabetes

I don't limit myself. Sheila and I travel a lot. When we do, Joni, the renal social worker at Dialysis Clinic contacts and schedules my dialysis where we are traveling. We have traveled to California, Salt Lake City, Utah and Branson. We plan ahead so I can get my dialysis when I travel.

My advice

If you're facing dialysis, have a positive attitude and accept the help, and support of the diabetes educators and doctors. If you don't have diabetes, do everything you can to prevent it!

What has helped me is a supportive wife and caregiver, having a positive outlook on life, a spiritual foundation and belief system.

Mr. Joyce is a retired construction project manager. He enjoys researching his and his wife's family genealogy, and Bible study.

REMOVING BARRIERS TO A Fresh Start

People who have gone through the prison system and released, face many roadblocks to success. The journey is even more complex for those dealing with mental illness, prior trauma, substance abuse and a history of incarceration.

In 2013, Journey to New Life, a local 501 (C) 3 organization took up the challenge to establish a much needed prisoner re-entry program. Journey to New Life's evidence-based practice of placing people in safe and affordable housing as rapidly as possible and connecting them to daily living resources, is leading to outcomes such as:

- Decreased use of addictive substances.
- Increased compliance with mental health treatment.
- Lower levels of criminal recidivism.
- Decreased use of expensive emergency room visits.
- Higher levels of life satisfaction.
- Better management of chronic health conditions.
- Lower risk of returning to homelessness, or to prison.

2017 Accomplishments

- Served 1,885 individuals with emergency services (clothing, hygiene, bus passes, employment referrals, mental health referrals, eye exams, eyeglasses etc.)
- Housed over 350 people released from prison.
- Placed 50 homeless veterans in permanent housing.
- Master leased a 43 unit apartment building to house

**GOOD MORNING.
TODAY
IS A NEW
BEGINNING.**

clients. Journey to New Life's Rapid Rehousing grants pay the first three months deposit. Clients pay the lease by the fourth month.

- Received a Missouri Department of Corrections grant to work with 190 clients while in prison to prepare them for re-entry into the community.

"There are no throwaway people. We continue to work with individuals even when they are facing challenges, such as relapse, mental illness or a return to prison."

— Rita Flynn, Program Director

- The annual taxpayers cost to incarcerate one prisoner in Missouri is over \$21,000.
- The average cost per year to assist a former offender through Journey to New Life is \$3,000.
- Fewer than 5% of the individuals in Journey to New Life return to prison, while the national average of individuals returning to prison is 67%.
- 90 cent of every \$1 we receive goes directly to client services.

How You Can Help:

Journey to New Life needs donations for emergency services and operations; affordable housing, employers willing to provide on-the-job paid training and apprenticeships; mentors, personal hygiene items and updated office equipment. To help, contact Susie Roling, Operations Director, at 816-960-4808.



Traveling with a Diabetic Child

Pre-travel planning reduces the worry of traveling with a diabetic child. To keep your child safe and healthy, good preparation will make your trip safer and more enjoyable for you and your child. Whether traveling across the state to visit family or flying off to an exotic location, plan meals ahead of time and pay close attention to your child's nutrition schedule and blood sugar levels.

Tips for Travel

- Keep a travel bag with your child's diabetes supplies: more than enough insulin or oral medications to cover the days of your trip, a glucose meter (and extra batteries), capped lancets, and plenty of carbohydrate snacks and glucagon to prevent low blood glucose.
- Bring contact information for emergencies and medication prescriptions in case they are lost.
- Make reservations for meals to avoid long waits and always carry snacks for unanticipated delays.
- Remember that heat and excitement can cause low blood glucose levels. Carry plenty of water and snacks.

Amusement Parks

It's a good idea to call ahead to an amusement park you're planning to visit and find out what their policies are for visitors with diabetes. Some have rules about not bringing in backpacks or your own food and drink. Other parks allow a few emergency supplies if you bring documentation of the need, such as a letter from your child's healthcare provider.

At many amusement parks, people with diabetes can get a "special assistance pass" for themselves and family members. This allows you to bypass the long lines for the attractions.

Flying with Diabetes

These days there are very strict security regulations for how to carry diabetes supplies onto airplanes. You need to prove that syringes and lancing devices are for diabetes care, not weapons. Regulations require that you bring all diabetes medicines and supplies in original pharmacy packages with prescription labels. Lancets must be capped and you must prove that your child uses them for glucose monitoring by showing the meter with its brand name printed on it. You must also show that the brand name matches the brand name on your test strips.

Not all domestic flights offer meals anymore. Call ahead and order a diabetic meal if they have one, or if not, take your own meal on board.

If you are flying outside of the United States, it is recommended that you contact the foreign embassy of any country you are visiting to see if they have requirements for how to travel with diabetes supplies. It would also be helpful to know how to say such phrases as "I have diabetes" or "sugar or orange juice, please" in languages of the countries you'll be visiting.

Please note that X-ray equipment won't hurt diabetes devices or medicines. If your child has an insulin pump, you should let the screener know before your child walks through the X-ray.

Whether by car, boat or airplane, preparation is key to success before traveling. Expect the unexpected and try to stay as close to your child's regular routine as possible. Plan ahead and have a wonderful family vacation. •

**Source: Joselin Diabetes Center,
American Diabetes Association**

SMILE!

There's Hope for Healthier Teeth in Kansas City



When is a toothache more than a toothache? When it strikes a child whose poor dental care can cause many other problems besides temporary discomfort.

According to the Centers for Disease Control and Prevention, untreated cavities affect 20 percent of kids aged five to 11, and the numbers are worse for poor children. The Pew Charitable Trusts reports that, left untreated, decaying teeth "can cause pain and infection that may lead to difficulty eating, speaking, socializing and sleeping, as well as poor overall health."

Many of these problems also affect adults with poor dental care. In fact, dental disease can lead to serious damage to other organs.

TAKING DENTAL CARE ON THE ROAD

In Jackson County, Missouri, however, there's hope—Hope Dental to be precise. A non-profit care facility, Hope Dental is located in Blue Springs, with permanent offices in Pointe of Hope Church. But its outreach program takes it into the community to serve the Kansas City area's uninsured and underinsured children and adults. Adults are asked to pay for the services according to their ability.

Hope offers full-service dental care on site in schools and care facilities, using portable equipment. Requiring only a room with running water and electricity, dentists and dental assistants provide:

- Examinations
- Cleanings
- Digital x-rays
- Notes for treatment plans

And the services are of equal or greater quality than those available from any private dental office.

To help keep children's teeth healthy, the mobile unit visits schools throughout Jackson County. With the help of school staff and the children's parents, Hope Dental:

- Creates a master schedule for dental treatment by school, grade and classroom.
- Provides each school with the schedule a week before the visit.
- Establishes a backup list to take care of students who are absent the day of the visit.

The goal is to care for as many children as possible in the most efficient way. Hope Dental has served over 8,000 students.



HOPE FOR HEALTHY SMILES

Giving children and adults the dental care they need is a big challenge. But the consequences of not doing it can be deteriorating health and a higher cost for care.

MEETING THE CHALLENGE CALLS FOR A PARTNERSHIP WITH THE COMMUNITY

Hope Dental is a Missouri Medicaid provider. They have seen over 8,000 kids in need of dental care. Additional financial support in the form of donations, grants and supplies helps them expand services. To learn more visit www.heartlandoutreach.org, call 816.427.1164 or email Ronni Gochee at ronni@heartlandoutreach.org.

HEARTLAND OUTREACH PROVIDERS INC.

1215A NW 7 Highway, Blue Springs, MO 64014 • www.heartlandoutreach.org • 816.427.1164



What's Next September-October 2018 Edition

Trends in Memory Loss and Alzheimer's Disease

Alzheimer's is a progressive disease that destroys memory and other important mental functions. An estimated 5.7 million Americans have Alzheimer's. This number includes an estimated 5.5 million people age 65 and older, and approximately 200,000 individuals under age 65 who have early-onset Alzheimer's. Learn about the signs and symptoms; advancements in care and treatment and local resources to support patients and caregivers. — Alzheimer's Association

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