

Live Well

May 2016

For Your Physical, Spiritual, Mental and Financial Well-being



- How to control dangerous high blood pressure
- Health coaches help set realistic goals
- Foundation offers children's health care grants
- Food allergies can be managed

The
Herald-Tribune

DAILY  NEWS

RUSHVILLE
REPUBLICAN

Health coaches help set realistic goals

Debbie Blank
The Herald-Tribune

Some persons with health challenges turn to coaches to improve how they feel. Margaret Mary Health, Batesville, has two programs, one for individuals and the other for companies and organizations.

Persons living with diabetes, COPD and congestive heart failure may sign up for the new free health coaching program. Each patient will be matched with a certified coach who will contact the person once a month to assess health and check progress. Depending on the disease, a coach will also review the individual's pulse oximeter, blood pressure or blood sugar records. According to the Web site <https://www.mmhealth.org/news/1/120.html>, "Tracking this important health information holds you accountable and gives our health coaches the chance to identify health concerns before they worsen. Our coaches can also connect you with the resources and education you need to help you succeed."

After online and hands-on training, a written exam and performance evaluations, the health coaches are certified through the Iowa Chronic Care Consortium.

Coach Kim Crawley, R.N., observes, "When it comes to your health, the most important person on your health care team is you. As health coaches, our goal is to empower you to meet the goals you set for yourself. Research shows health coaching can decrease your risk of being hospitalized, increase independence and improve your quality of life."

Anyone who signs up and participates in the program for three months or longer will be entered in a drawing for a \$100 gift card. More information is available by calling 812-933-5321.

As a handful of coaches work with individuals, health coach Becky Hand, R.D., who also has a master's degree in corporate health and wellness from the University of Cincinnati, aids groups of employees.

"It is definitely a trend. There's quite a bit of research that supports the use of a health coach to help improve the health of people," she reports.

The co-author of three books ("The Spark Solution: A Complete Two-Week Diet Program to Fast-Track Weight Loss and Total Body Health," "SparkPeople's Ultimate Grilling Guide: 75 Hearty, Healthy Recipes You Can Really Sink Your Teeth Into" and "The 8-Week Diabetes Weight Loss Challenge from SparkPeople") has a variety of corporate clients, including Wood-Mizer, Hill-Rom and Safe Passage. "They usually start out with health risk appraisals" for each employee. They complete a questionnaire about their health habits and biometric testing (bloodwork, height, weight and blood pressure). The data is analyzed to obtain an individual health risk appraisal.

Hand explains, "The company does not see the individual data, but the aggregate data. They see the trends." Leaders decide "which direction do we need to take so we're making the biggest impact for our employees?"

MMH could provide regular classes or occasional programs. "If they have staff in house, they can do it themselves. Each corporation can tailor what they want to do at that time. Right now I go over to Hill-Rom weekly to a different location within the plants to do blood pressures and weight checks as well as answer questions for those on the line. Each month I take a monthly health topic" so



"The way our program is set up at Margaret Mary Health, based on results of the health risk appraisal, team members come and see me once a year up to four times a year. If they want even more accountability to help them stay focused on the goals they have set, they can meet more often than that. There's a financial incentive tied to it. They get money" for appraisals, seeing the coach and undergoing annual checkups.

— health coach Becky Hand, R.D.

workers are educated about different wellness aspects.

According to the coach, "There have been a handful of people I have highly encouraged to get in touch with their doctors" due to concerning high blood pressure readings. "I've had several employees come back up to me ... (and say) 'I'm now on blood pressure medication ... I feel so much better.'"

Businesses and nonprofits of varying sizes have used her expertise. "Don't think you have to have 500 employees to benefit."

Companies' representatives who want additional information on starting a health and wellness program may contact MMH Occupational Health at 812-932-5105.

MMH practices what it preaches

Hand also advises co-workers. "The way our program is set up at Margaret Mary Health, based on results of the health risk appraisal, team members come and see me once a year up to four times a year. If they want even more accountability to help them stay focused on the goals they have set, they can meet more often than that.

"There's a financial incentive tied to it. They get money" for appraisals, seeing the coach and undergoing annual checkups.

Hand dreams up monthly challenges for not just team members, but spouses, children, teenagers and grandchildren — anybody living in the team member's house. "We have better buy-in and support when everybody in the family is focused on the same health habit." Past contests have involved weight loss, water drinking and eating more fruit and vegetables.

This month MMH families are participating in the Fitgo Bingo Challenge. Out of 60 listed activities, each player selects 25 he or she would like to complete and writes them on a bingo card. Here are examples of the activities in five categories: fitness (take the stairs all day, have a 20-minute dance party in your living room, wash a vehicle); nutrition (try an orange or yellow vegetable, have a yogurt-fruit smoothie for breakfast, make a farmers' market purchase); stress (pick flowers and create an arrangement, practice 15 minutes of yoga, do a craft for 20 minutes); sleep (get quality sleep for your age: seven hours for adults, eight hours for teens, 10 hours for children, no screen usage for 30 minutes before going to bed, do not watch TV in the bedroom); other (introduce yourself to a new neighbor, spend 30 minutes volunteering, call the Indiana Tobacco Quitline). MMH randomly

selects 15 activities each week. If an activity is listed on the card, the person has a week to complete it and mark the box with an X. There will be four prize drawings for team members with 25 Xs, those who participated, spouses and children.

These contests with prizes "give encourage, excitement and support." Employees realize "you don't always have to be at 100 percent to have health improvement."

How coaching works

To become a health coach, "there are trainings and certificate programs you can go through," Hand says. "I do a tremendous amount of reading on the topic just to further hone my skills. The difference between health coaching and a counselor ... you're really listening at least 75 percent of the time. You're allowing this person to verbalize where they are and where they want to be with open-ended questions. You help them discover where they want to begin their health improvement plan, then help them set ... SMART (specific, measurable, attainable, realistic, timely) goals."

"If somebody is pretty much a couch potato and says, 'I'm going to run a marathon in a month,' that's not realistic and not even safe. That would just end up

in frustration." The coach "takes that vision and breaks it down into smaller steps and actions to move them forward to achieve that."

Hand might recommend "small things they can do that they may never have thought of before. All of a sudden health improvement may not be as big of an obstacle as you thought it was."

Coaching always is done one on one in person or over the phone. "If I have a team member and her spouse is a truck driver out in Arizona, we can still connect for 20 minutes ... to set goals. They have my phone number. I usually put it in their hands ... to call me" when not driving.

Hand sometimes tosses in a few fun sayings that can inspire lifestyle changes: "Halve it and you can have it." "When trying to lose weight, beware of the BLTs (bites, licks and tastes)." "Don't reward yourself with a treat — you're not a dog." "A 30-minute walk is just 2 percent of your day." "So what if you're slow... you're still lapping everyone on the couch."

"If I see that they need a resource beyond what I can offer them, I can help direct them to other services our hospital has as well as what the community has so they get the tools they need." She might recommend taking an MMH Slim Down Now class, being evaluated at the sleep lab or going to the employee assistance program if having marital or financial problems or even difficulties with a teenager.

Hand lists the reasons using a health coach can be advantageous for a company or group. "If you keep your employees healthy, they feel better. They are going to be able to provide better service to their customers, there are fewer days missed and it does help to lower health care claims and costs."

Keeping the heart healthy

Diane Raver
The Herald-Tribune

Dr. Eugene Chung, Ohio Heart and Vascular Center and The Christ Hospital Lindner Center for Research and Education director of heart failure, provided information about taking care of your heart during a recent Healthy Heart Dinner sponsored by Margaret Mary Health, Batesville.

He explained the dangers of high blood pressure and what can be done to control it: "When measuring blood pressure, you're measuring the pressure in the aorta (the largest artery in the body) If your arteries become very stiff, then with each stroke, the blood pressure goes up, and the little arteries can break. This can become a stroke (and) if you have a

blocked valve, the heart has to work much harder to push blood through the valve."

Who has high blood pressure? "Americans do," he announced. "By the time you're in your 70s, 60-75 percent of us have high blood pressure. Women develop it when they're older, men when younger African-Americans have the highest rates with about 36 percent of both men and women. In Caucasians, it's about a quarter, and for Asians, 10 percent."

The normal systolic number (the top number), which measures the pressure in blood vessels when the heart beats, is 120. In addition, prehypertension is between 120-139; Stage 1 hypertension, 140-159; and

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Diane Raver | The Herald-Tribune

Dr. Eugene Chung pointed out there's more risk for health issues with a wider gap between systolic and diastolic numbers.

Other advice

Adrienne Found, MMH nutrition services manager, had ideas for eating healthy.

She said when looking at food labels, if sodium is listed as over 20 percent, "it's typically too much salt in a food. You want an item with no salt added or lower sodium What contributes to 77 percent of the salt in our diet? Restaurant, fast food and processed food."

The dietitian reported the American Heart Association recommendation for sodium is 1,500-2,000 milligrams per day.

The AHA Salty Six, the foods in Americans' diets that contain the most salt, are soup, lunch meat (cold cuts and cured meats), bread and rolls, pizza, poultry ("Some poultry is inserted with a salt solution, so look at the label") and sandwiches.

Found said there are surprises in some foods. For example, even if someone orders a plain baked potato at Red Lobster, it still contains 860 mg of sodium because "they rub the outside of the potato with salt."

She suggested making home-

made varieties of soups and other foods instead of purchasing them at a grocery store or restaurant because you can control how much salt they contain. There are many ways to flavor food, including using salt-free seasoning blends, such as Mrs. Dash; fresh and dry herbs and spices; chilies or hot peppers; vinegars ("This is a really great way to add a salty zest to food"); and citrus juice. "You can use these options with vegetables and meat."

"You can also try making your own salad dressing, buying low-sodium and sodium-free versions of products, rinsing off canned vegetables before cooking or trying a new preparation technique. Roasting vegetables is delicious."

In addition, she had some eating out tips: "Ask for sauces on the side, avoid fried meats, ask the waiter to have the cook not add salt during cooking and look for options with lots of fresh vegetables. It is possible to get lower sodium at fast food restaurants."

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Food allergies: No cure, but they can be managed

Amanda Browning
(Greensburg) Daily News

"There's no treatment for food allergies as of yet," reported Dr. Nabeel Farooqui, MD, an adult and pediatric board-certified allergist and immunologist with Allergy Partners of Central Indiana. "There are things in the works, but right now the only management option we have is complete and strict avoidance. But if you accidentally get into it and have a reaction, the first line of treatment is epinephrine."

There is no cure for these allergies either. The best strategy to manage living with one, however severe, is strict avoidance of food allergens, in addition to early recognition of allergic reactions and an established treatment plan to prevent more serious complications.

For allergy sufferers in danger of anaphylaxis — a serious, life-threatening allergic reaction — prompt administration of epinephrine, also known as adrenaline, is crucial to successfully treating anaphylactic reactions. Epinephrine is available in a self-injectable device by prescription. The most common name for these is the Epi Pen.

"Indiana was one of the awesome states that passed a law that all public schools need to be equipped with epinephrine," Farooqui said. "Even if a child does not have a prescription, the school will be stocked so that children can be injected and have that life-saving drug."

The allergist is working with other health care professionals to provide education to schools about anaphylaxis, food allergies and proper procedures for epinephrine.

"It's a very big project and we are still in the beginning stages. I'm working with a group of doctors and allergy specialists and pediatricians to help deploy this project," according to him.



Submitted photo

This may look like a bountiful feast to some, but to those with food allergies, this is a cornucopia of cross-contamination that could lead to an allergic reaction.

South Decatur Elementary School nurse Amy Allen said schools are notified of any food allergies when students are registered. The school then puts an allergy plan into place. Signs are posted on the exterior doors, warning those visiting the school of allergens. There are also signs on the doors of classrooms in which students with food allergies are located.

Allen said all food brought into the school, such as cupcakes for birthday parties, is checked at the office.

"All the severe allergy kids sit in one area of the cafeteria at lunch for safety," Allen said. "They usually have an allergy plan in place."

The depth and urgency of allergy plans differ from child to child, she explained. One student may simply avoid eating foods likely to contain the allergen while another carries her allergy medication all day. Many students with food allergies bring lunches from home, where a controlled environment limits the risk of cross-contact.

While only two students under Allen's care require Epi Pens, the nurse said many more have allergies. Peanuts are the most common one, though one student is allergic to strawberries and a couple of students are unable to consume gluten.

Traveling

For those dealing with food allergies, whether mild or severe, eating away from home can be a significant challenge. When eating away from the controlled environment of one's kitchen, those with food allergies are dependent on the food service staff to provide them with accurate information about the level of risk they face.

Regulations set by the U.S. Food and Drug Administration require the person in charge of the food-serving establishment to be able to inform patrons which major food allergens could be contained in the food served. Ingredient labeling is an important safeguard for allergy sufferers.

The Food Allergen Labeling and Consumer Product Act requires that the eight major food allergens be declared in simple terms on food packaging, either on the ingredient list or in a separate allergy statement.

Customers must properly inform those preparing the food about allergies, and the food-service team should have an allergy plan in place for food preparation. Research cited by FARE (Food Allergy Research Education) indicates that close to half of fatal food allergy reactions were trig-

gered by food consumed outside the home.

Prevention

While there is no surefire way to prevent a person from developing an allergy yet, Farooqui said something called immunotherapy is still in the research phases. "The results are very promising and it is definitely something coming down the pike."

A study recently published in the New England Journal of Medicine addresses ways to potentially reduce the risk of peanut allergies in children. According to the specialist, the two main risk factors for the development of a peanut allergy are children with egg allergies and those with eczema.

In the past, parents have been advised to wait until their children are well past

the infant stage and into the toddler phase before introducing new foods, particularly peanuts, in order to prevent the onset of allergies.

"We actually saw a rise in food allergies, despite these measures and we looked back at what was happening and we noticed that in certain countries of the world where there were no food restrictions, kids were developing less peanut allergies," he noted.

The trials mentioned in the study gave infants who had passed an allergy scratch test peanuts on a regular basis. Significant reduction of the rate of peanut allergies was shown.

"If you have a child with eczema or egg allergies or a family history of food allergies, talk to your allergist," Farooqui suggested. "We do have things we can do to potentially reduce the risk

for the development of peanut allergies."

Food allergies have an impact on the lives of millions of people across the globe. Proper education will continue to be vital in the prevention of dangerous allergic reactions caused by food, as will a focus on reducing cross-contamination in facilities that produce allergens.

For more information about food allergies, Farooqui is available at Tree City Medical Partners, Greensburg, on Thursdays. Additional information can also be found at the Centers for Disease Control and Prevention's Web site at www.cdc.gov/healthyschools/foodallergies or FARE's Web site at foodallergy.org.

The allergist discussed signs and symptoms of food allergies and how to test for them in Live Well's February issue.



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Danger in the laundry room

Study: More than 60,000 kids have been poisoned by detergent pods

Devan Filchak
The (Anderson) Herald Bulletin

ANDERSON — They are colorful. They are squishy. And in the mind of a toddler, laundry detergent pods could easily be mistaken for a toy or some sort of candy.

With the pods increasing in popularity, a new study questions whether parents with young children should even use them or store them more safely.

Dr. Emi Bays, a pediatrician at St. Vincent Anderson Regional Hospital, said the pods are more toxic than traditional liquid detergent. "They are so concentrated it's just much more potent when the kids are exposed to them." Parents "need to question whether or not the convenience is worth the risk."

The study published in *Pediatrics*, the official journal of the American Academy of Pediatrics, showed 62,254 children under the age of 6 had exposure to laundry detergent and dishwasher detergent pods in 2013-14 nationally. During the study period, there was a 17 percent increase in exposure to laundry detergent pods and a 14 percent increase for dishwasher detergent pods.

The chemicals in the pods are toxic, especially when children ingest the cleaner, which accounted for 85 percent of cases in the study.

Out of the children affected in the study, 117 required intubation, which is when medical professionals open the trachea with a plastic tube to keep an airway clear. Out of the 117 intubation cases, 104 were for children who ingested laundry detergent pods specifically.

Dr. Lauren Rau, a pediatrician at Community Hospi-

tal Anderson, said intubation is commonly required because there's powder in the pods, even if they seem gel-like. "What we've seen is children get startled, and they take a big deep breath and it gets down in their lungs."

Rau said the powder can be harmful if it gets into a child's eyes and cause even more damage if inhaled, potentially leaving chemical burns.

In worst-case scenarios, children who ingest the pods can even die. The exposure of laundry detergent pods resulted to two deaths from 2013-14, according to the study.

Laundry detergent pods are more dangerous than traditional liquid detergent because of the concentration of the product. Rau said if a child consumes traditional liquid detergent, most parents can expect a child with an upset stomach.

James Mowry, director of the Indiana Poison Center, said the issue has been increasing here, noting the center has received roughly 12,000 calls related to laundry detergent pods.

Mowry said there might even be effects of consuming laundry detergent pods that aren't known yet. "What has sort of worried us the most is that every once in a while a child will get one, and the child will develop drowsiness or sleepiness," he said. "We're not exactly sure why that happens, because that's not something we ever saw with standard laundry detergent."

Mowry said the problem has been more common with the laundry detergent pods than the dishwasher ones. "While we've had these same kind of packets

for dishwashers for years, these seem to be a little more accessible in the laundry room," he reported.

The popularity of the laundry detergent method has made the problem hard to contain, according to Mowry. "Ideally, if you have small children under the age of 2 or 3, it would be best not to use these," he advised. "But I don't think that's practical because people find these so easy to use."

Even parents who store the pods out of their child's reach should be careful. Mowry said it can happen as easily as someone leaving a pod on top of a laundry basket before starting a load and then getting distracted.

Rau suggested parents lock the pods up. She said she's seen the containers for some of the pods that appear to lock when closed, but the lids are still something older toddlers can get into.

While the colorful pods might seem harmless, it's important to remember what they might look like to a young child and how quickly the easy-to-dissolve membrane might lead to a child consuming the toxic detergent.

"They explore. They touch. It's fun and it feels nice," Mowry said. "It looks like candy so they put it in their mouth."

Ways to keep children safe from detergent pods

- Keep the container out of the sight and reach of children at all times.

- Consider locking the detergent pods up while not in use.

- If a pod has been pulled out for use, do not set it down or get distracted before throwing it in washing machine.

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SYLVESTER YOLOU, MD

We are excited to announce that Dr. Youlo will be joining us in August as the head of our new Sports Medicine Program. He will be available to treat sports-related injuries and conditions such as torn ligaments, torn cartilage, torn rotator cuff, torn meniscus, joint instability, muscle weakness, sprains and fractures. Whether you are a varsity athlete, recreational athlete, or just experienced one of these injuries in your day to day activities, Dr. Youlo will be able to provide you with answers and guide your treatment. He specializes in general orthopedic surgery and sports medicine surgery.

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Hands-only CPR training kiosk at the Indy airport

Last April, University of Dayton student Matt Lickenbrock saved the life of a fellow student using hands-only CPR, a lifesaving technique he learned from an instructional kiosk. Now citizens can watch Lickenbrock show Sean Ferguson, the student whose heart stopped beating after being struck by lightning, how to learn hands-only CPR on a new training kiosk at Indianapolis International Airport.

Seven U.S. sites, including the one in Indiana, will feature one of these kiosks, courtesy of the American Heart Association's national partnership with the Anthem Foundation, the philanthropic arm of Anthem Inc. Indianapolis travelers can now put their time to good use and take five minutes to learn the simple yet lifesaving skills of hands-only CPR much in the same way that Lickenbrock did.

The student had a three-hour layover at Dallas/Fort Worth International Airport April 6, 2015, when he decided to learn something useful. He put down his

phone and learned CPR at a Gate C7 training kiosk, which has trained more than 25,000 travelers. He practiced about 10 to 15 minutes until he got a perfect score.

Two days later, an evening storm rolled through Dayton, Ohio, where Lickenbrock attends college. He decided to drive to class instead of walking. As he got out of his car at the campus parking lot, a professor yelled to him, "Do you know CPR?" Ferguson was lying on the ground after being struck by lightning and had no pulse.

Lickenbrock rushed over to the fellow student and started performing hands-only CPR immediately.

"I remember kneeling in the rain, doing compressions, wondering if this would make a difference," he recalled in his recent appearance on the syndicated television program "The Doctors." "I felt comfortable. It felt just like it did on the kiosk. I knew what I was doing because it was what I was trained to do."

See **CPR** / 11

Center is a spiritual haven

Spring blessings are in abundance at the Oldenburg Franciscan Center. "Many groups have come for programs, peace and spiritual renewal. We are alive with many program and retreat possibilities!" reports marketing manager Beverly Wilson.

The facility, on Washington Street just north of Main Street (State Road 229) in Oldenburg, provides retreats and programs that nurture the spirit, mind and body. The center, which carries on the mission of the Sisters of St. Francis, fosters spirituality and learning.

Angela Nevitt-Meyer will discuss "The Woman at the Well" Saturday, May 28, from 9:30 to 11:30 a.m. "This story inspires us to continue the ministry of Jesus in spirited and truthful ways," says Wilson.

The center hosts Friday Movie Nights at 6:30 p.m. once a month. On June 3 the movie will be "Journey of the Universe" followed Saturday, June 4, by the retreat on "Pope Francis and the Care of our Common Home," presented by



Submitted photo

The Oldenburg Franciscan Center is accessible for the physically challenged and also offers overnight accommodations.

Sisters Donna Graham and Olga Wittekind, OSF. The manager suggests, "Come and spend the night and enjoy an inspiring and challenging day."

Claire Sherman, Ph.D. and Wittekind, Ph.D., will present "Transitions: Crossing Life's Thresholds" Saturday, June 25, from 9:30 a.m.-2:30 p.m. According to Wilson, "We will learn about the term liminality and how we can grow more comfortable with changes!" On Aug. 1-5, Sister Norma Rocklage, OSF, will lead a retreat on "Living the Gospel with St. Francis and St. Clare." Attendees may come for the week or a couple of days.

The movie "God Is Not

Dead" Aug. 19 will be followed by a retreat day on "Carl Jung's Red Book (His Journal)." Jung believed in God and saw the wonders of the spiritual life as helps to grow more whole and healthy. There will be a Coffee Talk after Mass Aug. 21 on "The Symbolic Life: A Gateway to Individuation" with Wittekind, a Jungian analyst.

On the first Wednesday of the month the center hosts a Contemplative Prayer Group from 3 to 4:30 p.m.

Center leaders are planning service trips to Appalachia in Kentucky and the Catholic Worker House in Cincinnati soon.

In addition to planned activities, guests can come

for as few or as many days as they wish for private reflection. Weekend retreats, directed or private, are available throughout the year.

In addition, the public is welcome to rent the space for conferences, in-service days, family reunions or other gatherings. The center also has a chapel, library and space for creative activities. There are comfortable lounges, a gift shop, kitchen — all of the amenities and comfort that you would like to have in a home away from home. Local caterers are available.

For more information, visit www.oldenburgfranciscancenter.org or call 812-933-6437.



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Already high, lung cancer rate in women rises

Lung cancer is the top cancer killer of both women and men, killing almost twice as many women as any other cancer, yet awareness among women remains low. Officials at the American Lung Association in Indiana encourage all Hoosiers to learn more about lung cancer, as greater awareness can save lives.

Lung cancer diagnoses have nearly doubled among all women in the past 37 years, yet only 1 percent of women cite lung cancer as a top-of-mind cancer concern. To raise awareness about lung cancer, the American Lung Association launched LUNG FORCE, a nationwide initiative that unites women in the fight against lung cancer, encouraging them to raise their voices for change.

"Lung cancer is the lead-

ing cancer killer among women, and unfortunately, most lung cancer cases are not diagnosed until later when treatment options are limited," said Tanya Husain, American Lung Association in Indiana executive director. "Early diagnosis and treatment can save lives. That's why we're raising awareness about this disease and screening options."

Currently, only 17 percent of lung cancer cases among women are diagnosed early, according to the news release. However, this might change as millions of Americans at high risk for lung cancer now have access to potentially lifesaving lung cancer screening which can detect the ailment before there are symptoms, when it is easier to treat.

Screening is a test used to detect lung cancer before

any symptoms appear. Screening with low-dose CT (LDCT) scans can reduce deaths in those at high risk. The test is not recommended for everyone and it has risks as well as benefits. Below are key points you may want to use in discussion with your doctor if you are worried about your risk for lung cancer.

Persons who meet the following criteria are considered to be high risk for developing lung cancer and screening is recommended:

- 55-80 years of age
- Have a 30 pack-year history of smoking (this means one pack a day for 30 years, two packs a day for 15 years, etc.)
- And are a current smoker, or have quit within the last 15 years

Persons who are not screening candidates still

Lung cancer diagnoses have nearly doubled among all women in the past 37 years, yet only 1 percent of women cite lung cancer as a top-of-mind cancer concern.

can reduce their lung cancer risk:

- The best way is to never smoke or stop smoking now. If you are still smoking, talk to your doctor or contact the Lung HelpLine (800-LUNGUSA) about ways to help you quit smoking. Visit Lung.org/stop-smoking for more information.

- Avoid exposure to secondhand smoke.

- Test your home for radon, an odorless gas that causes lung cancer. Radon can be found in any home. If your home tests high for radon, take steps to repair your home to remove the

radon. A certified radon contractor can fix the problem. Learn more at Lung.org/radon.

- Make sure you are safe around hazardous materials in the workplace and at home.

Husain maintained, "We desperately need more personalized treatment options and early detection methods for the more than 100,000 women who will be diagnosed with lung cancer in 2016, and more than 2,000 here in Indiana."

The American Lung Association advocates for increased funding for the National Institutes of Health

and National Cancer Institute for better treatment and early detection. Through LUNG FORCE, the organization will also invest \$10 million in lung cancer research and \$5 million in increasing public health promotion over five years.

"Lung cancer has been in the shadows for far too long. If you or a loved one has been touched by lung cancer, share your story to inspire others to do the same," said Husain.

Persons may learn more about cancer risks and #ShareYourVoice to defeat lung cancer by visiting LUNGFORCE.org.



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Applicants sought for child health care grants

UnitedHealthcare Children's Foundation leaders are seeking grant applications from Indiana families in need of financial assistance to help pay for their child's health care treatments, services or equipment not covered or fully covered by their commercial health insurance plan.

Qualifying families can receive up to \$5,000 per grant with a lifetime maximum of \$10,000 per child to help pay for medical services and equipment, such as physical, occupational and speech therapy; counseling services; surgeries; prescriptions; wheelchairs; orthotics; eyeglasses; and hearing aids.

To be eligible for a grant, children must be 16 or younger. Families must meet economic guidelines, reside in the U.S. and have a commercial health insurance

plan. Grants are available for medical expenses families have incurred 60 days prior to the date of application as well as for ongoing and future medical needs. Families do not need to have insurance through UnitedHealthcare to be eligible.

Parents or legal guardians may apply for grants at www.UHCCF.org, and there is no application deadline.

Since 2007, foundation officials have awarded over 10,000 grants valued at more than \$29 million to children and their families across the United States for treatments associated with medical conditions such as cancer, spina bifida, muscular dystrophy, diabetes, hearing loss, autism, cystic fibrosis, Down syndrome, ADHD and cerebral palsy.

In Indiana, UHCCF awarded 588 grants totaling more than \$1.8 million since

2011 and is hoping many more local families apply this year.

"As a parent I realize that child medical costs can be financially and emotionally difficult for families. The UnitedHealthcare Children's Foundation is offering medical grants to help families in Indiana access and pay for care that will improve their child's health," said Dan Krajnovich, UnitedHealthcare of Indiana CEO. "The UnitedHealthcare Children's Foundation recently awarded its 10,000th child medical grant and is seeking to help thousands of more children and families in need. We encourage everyone to spread the word to friends, family members and colleagues that child medical grants are available from the UnitedHealthcare Children's Foundation."

Lack of sleep leads to obesity, other issues

A lack of sleep can lead to obesity, but now we may know why. In a new study, researchers say that people who don't get enough sleep may pack on the pounds because they've got the munchies — the same munchies related to smoking pot.

Right now, one in three Americans aren't getting enough shut eye and, according to Dr. Larry Altshuler, M.D., that leads to heart disease, diabetes and other chronic conditions. Altshuler is the director of oncology intake at Cancer Treatment Centers of America, Tulsa, Oklahoma.

The physician is on a mission to put Americans to bed. He has been an integrative medicine specialist for 36 years, and has seen the dramatic impact that a lack

of sleep can have on his patients.

Not enough slumber can cause a variety of medical conditions, he says, including high blood pressure, weight gain and stroke.

More importantly, he points out that chronic insomnia can triple the risk of death.

Of those Americans who do obtain adequate sleep, nearly 75 percent of them are experiencing sleep problems. Sleep apnea is linked to heart attacks, stroke and cancer, but the specialist says there are throat exercises that can dramatically decrease snoring and sleep apnea.

He recommends that patients with sleep conditions make themselves keenly aware of the dangers associated with prescription

sleep medications, such as Ambien, Sonata and Lunesta.

He also suggests learning about the negative impact that electronics have on quality of sleep.

Altshuler has noticed a troubling dichotomy in American health care. In his book, "Doctor Say What?" he points out that, while the scope and depth of medical knowledge has expanded exponentially, actual improvement in the overall health of patients and the delivery of services has not kept pace, and too many patients still suffer.

Becoming aware of the everyday causes of many serious conditions will help patients improve their health and communicate better with their doctors, he believes.



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Kids' mental, behavioral needs care to expand

The Samerian Foundation Inc. has made a \$3.8 million donation to Riley Children's Foundation, ensuring comprehensive care is available for Indiana's children with mental and behavioral health needs. Cindy Simon Skjodt announced the gift at Riley Hospital for Children at Indiana University Health, Indianapolis, in recognition of May being Mental Health Awareness Month.

The existing behavioral health program for children within IU Health is housed at Methodist Hospital, Indianapolis. Relocating the adolescent program to Riley Hospital will sustain and expand care, providing the most appropriate environment and comprehensive medical support network for children and teens, including Indiana's only pediatric level 1 trauma center and full access to medi-

cal specialty and subspecialty services, notes Kate Burnett, Riley Children's Foundation senior communications officer.

Patients are scheduled to move to the new Simon Skjodt Child and Adolescent Behavioral Health Unit at Riley Hospital in July, at which time the Methodist Hospital location will close.

In announcing her family's gift, Skjodt, who has a master's degree in marriage and family therapy, spoke of her commitment to the cause: "We want to ensure that all Indiana children have access to the care Riley provides. Children with autism, eating disorders and severe behavioral issues need our love, care and support — as does any child. This donation serves to fight the stigma, provide support, educate the public and advocate for equal care."

Kevin O'Keefe, Riley Children's Foundation president and CEO, stressed the statewide significance of the gift: "Children and adolescents need access to and should receive excellent behavioral care and treatment. This level of care should be equal to other areas of primary and specialized care that are readily accessible to Indiana children and families. We are grateful that the Skjodt family understands and has generously contributed to this unique need."

Matthew Cook, president and CEO of Riley Hospital for Children at IU Health, explains how the unit will redefine and elevate care: "Establishing a top-notch behavioral program and facility at Riley, Indiana's only comprehensive children's hospital, is the ideal solution for families who may be struggling to help

their children. We are directly meeting this significant need by delivering solutions of care."

The Simon Skjodt Child and Adolescent Behavioral Health Unit will be devoted to the inpatient and outpatient psychiatric care of up to 20 patients each day. The unit will provide:

- Bright, cheerful space and welcoming environment
- Modern classroom space with technology — including a Smartboard — which allows for interactive teaching for children with autism, and better communication with schools to facilitate children's educational needs
- Dedicated programming space for Autism Spectrum Disorder (ASD) patients, including a low stimulation room with sensory swings, to ensure a calming atmosphere

More than a cough: Asthma can be deadly

Asthma claims the life of one person every five days in Indiana; 59 percent of those deaths occur among people 64 and younger.

May has been designated Asthma Awareness Month to remind the public about asthma and the problems it can create. Asthma is a chronic disease of the lungs that affects more than 17.7 million adults and more than 7.4 million children in the United States.

Asthma causes wheezing, breathlessness, chest tightness and early morning or nighttime cough. Factors such as tobacco smoke, air pollution, pet dander or dust mites can trigger an asthma attack, causing the sides of the lungs to swell and airways to shrink, reducing one's

ability to breathe.

"As someone with asthma, I've learned that the best way to prevent a severe attack is to recognize the symptoms and treat flare-ups quickly," said state health Commissioner Jerome Adams, M.D., M.P.H. "I urge all Hoosiers with asthma to work with their health care providers to identify asthma triggers and to complete an asthma action plan."

To learn more about asthma action plans, visit www.cdc.gov/asthma/actionplan.html. For more information and resources, go to the Indiana State Department of Health Web site at www.StateHealth.in.gov, or the Environmental Protection Agency site at www.epa.gov/asthma/awareness.html.



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KIDNEY DISEASE

Treatment trials to begin soon

Trials for kidney disease treatment to begin soon

Human clinical trials to treat to a disease that can make kidneys grow as large as footballs before renal failure occurs will begin this fall under the guidance of a team of Indiana University researchers and a colleague at the Mayo Clinic.

Under a three-year, \$600,000 Food and Drug Administration grant, Bonnie Blazer-Yost and Dr. Sharon Moe will serve as co-principal investigators into whether pioglitazone – also known by its trade name Actos – is an effective long-term therapy to stop autosomal dominant polycystic kidney disease, or PKD, in its tracks.

Between one in 400 and one in 1,000 people suffer from PKD, according to the National Institute of Diabetes and Digestive and Kidney Diseases. It accounts for 2.2 percent of kidney failures reported in the U.S.

annually, according to the U.S. Renal Data System.

While healthy adult kidneys are the size of a fist and weigh less than a pound, polycystic kidneys can weigh as much as 20 to 30 pounds. The fluid-filled cysts initially grow out of nephrons – tiny filtering units within the kidney – but eventually separate from the nephrons and continue their growth while the kidney enlarges as well. Other PKD complications can include high blood pressure, liver cysts and brain and heart blood vessel problems.

Autosomal dominant PKD is the most commonly inherited kidney disorder. Children of a parent with the gene mutation have a 50 percent chance of inheriting it. Most cases are identified in patients between ages 30-50, and more than half experience kidney failure by age 70.

“It does not seem to affect most people until

midlife. But when it does, it becomes painful and increasingly debilitating,” Blazer-Yost said. “At present, there are no FDA-approved drugs to treat PKD, and the only therapies are to either aspirate the larger cysts to relieve the pain or perform a transplant once the kidney fails.

“What we hope to demonstrate is the ability to halt or greatly inhibit cystic growth in our trial participants. If this proves successful, it will lead to larger trials with the ultimate goal of having a treatment for PKD that can be used as a lifelong medication.”

Blazer-Yost is a biology professor at Indiana University-Purdue University Indianapolis, while Moe serves as a professor and chief of nephrology at the Indiana University School of Medicine. Dr. Robert Bacallao, an associate professor of medicine and director of the Polycystic

Kidney Disease Clinic at the IU School of Medicine, also will serve as a co-investigator. Dr. Vicente Torres, a professor of medicine at the Mayo Clinic’s Division of Nephrology and Hypertension, will consult.

“This trial demonstrates the strength that Indiana University brings to discovering life-changing treatments for patients when scientists and physicians collaborate,” said David Wilhite, IURTC’s assistant director of technology commercialization.

Because pioglitazone already is used to treat diabetes, research could move quickly into human clinical trials, to be based at the IU School of Medicine, Blazer-Yost said. Patient recruitment has begun, with 28 subjects envisioned for the study’s first two phases. For information about volunteering for the trial, contact Kristen Ponsler-Sipes at 317-944-7580 or kmponsle@iu.edu.



Diane Raver | The Herald-Tribune

Salt intake is easier to control when cooking at home rather than dining out or purchasing prepared foods, according to Adrienne Found.

HEART

Continued from Page 3

Stage 2, greater than 160, the physician noted.

“Getting older is the No. 1 cause of high blood pressure. If you’re lucky enough to live to 80, you’re probably going to have high blood pressure Another common problem is sleep apnea As you get older, the muscle tone in your tongue gets weaker, and it (the tongue) falls back into your throat while you’re sleeping, blocking the airway Your adrenaline will spike, and this causes high blood pressure.

Drugs, including over-the-counter or prescription medicines such as ibuprofen, can also cause high blood pressure. “These medications should be taken as needed, not all the time,” Chung added.

Having hypertension can cause other health problems, including renal (kidney) failure, peripheral vascular disease (circulation disorders that affect blood vessels outside the heart and brain), retinopathy (damage to the blood vessels in the eye) or damage to other organs.

Therefore, there are many benefits to lowering blood pressure, the doctor said. “You are 35-40 percent less likely to have a stroke. A lot of patients would prefer to die

than have a stroke. Persons are also 20-25 percent less likely to have a heart attack.”

He revealed what kind of impact lower blood pressure numbers can make: “Small changes can make a big difference. A 50-year-old man with a normal body mass who has a blood pressure of 146/86 vs. 120/80 has almost three times the risk of dying from a heart attack, almost four times the risk of dying from a stroke, twice the risk of developing heart failure and three times the risk of developing kidney disease.”

Staying healthy

“Salt matters,” Chung stressed. “Once you get on a low-sodium diet, too much salt tastes weird.”

“There are lifestyle modifications you can make by exercising and eating right. Physical activity is important. You can walk briskly 30 minutes a day three times a week. Be moderate in your alcohol consumption Eat a healthy diet with whole grains; fruits; vegetables; low-fat or nonfat dairy foods; lean meat, fish and poultry; nuts, seeds and legumes; and limit fats and sweets.”

Doctors can also prescribe medicines to help control blood pressure. “We have about 100 drugs to choose from, and different races respond to different medicines.”

COLORECTAL CANCER

Initiative aims to boost early detection

The Indiana Cancer Consortium is promoting the National Colorectal Cancer Roundtable’s 80 percent by 2018 initiative to increase colorectal cancer screening rates to 80 percent by the year 2018.

As part of the initiative, more than 200 organizations have taken the pledge to stand united in the belief that colorectal cancer can be eliminated as a major public health problem.

By making the best possible use of screening technologies, and actively working to reduce barriers associated with screening, organizations hope to empower communities, patients, providers, community health

centers and health systems to deliver coordinated, quality colorectal cancer screening and follow-up care that engages the patient and empowers them to complete needed care.

Colorectal cancer is the third most commonly diagnosed cancer, and cause of cancer-related death, among both men and women in Indiana.

In the 12 counties that make up Public Health District 9 (Decatur, Franklin, Ripley, Clark, Dearborn, Floyd, Harrison, Jefferson, Jennings, Ohio, Scott and Switzerland), 1,063 people were diagnosed with colorectal cancer, and 402 died as a result of the dis-

ease, during 2008-12.

In addition, the district has lower colorectal cancer screening rates when compared to the state. According to the Centers for Disease Control and Prevention, at least 60 percent of colorectal cancer deaths could be prevented with regular screenings.

“It’s important for Hoosiers to talk to their doctors about colorectal cancer screenings,” said Sara Edgerton, ICC co-chair. “There are several screening tests available, including simple take-home tests. Screening doesn’t have to be uncomfortable or expensive. It’s vital to let Hoosiers know they have options.”

The U.S. Preventive Services Task Force recommends colorectal cancer screening for average risk men and women aged 50 to 75 using high-sensitivity fecal occult blood testing (FOBT), sigmoidoscopy or colonoscopy. The frequencies for screening tests include:

- High-sensitivity FOBT (stool test): once a year
- Flexible sigmoidoscopy: every five years
- Colonoscopy: every 10 years

Individuals who have an increased risk for colorectal cancer should talk to their doctors about whether earlier or more intensive screening is needed.

Program to provide kids' hearing aids

The Center for Deaf and Hard of Hearing Education at the Indiana State Department of Health is introducing a new program to help children who are deaf or hard of hearing by providing hearing aids.

The Hearing Aid Assistance Program of Indiana was created because most private insurance carriers do not cover the cost of hearing aids, which can cost as much as \$6,000 a pair. Many Hoosier families cannot afford to purchase this technology, let alone update their child's hearing technology every three to five years, as recommended.

"It is so exciting that this

program can eliminate the financial barriers for families of children who can benefit from hearing aids and who desire that technology," said Christine Moody, the center's executive director. "The CDHHE is proud to provide this program to families and children around the state, and in keeping with our mission, to promote positive outcomes for all deaf and hard of hearing children."

School-age children in Indiana who do not have full coverage for hearing aids from another source can apply for support through HAAP. Audiologists across the state will work with program administrator to

become registered, and families will apply through their audiologists to receive the hearing aids.

"Indiana is proud to take action through HAAP to make hearing aids available to these families," said state health Commissioner Jerome Adams, M.D., M.P.H. "This is a great opportunity for deaf and hard of hearing children to acquire critical technology that may not be available otherwise."

For more information about HAAP, please contact the Indiana State Department of Health CDHHE administrator at 317-828-0211 or info@haapindiana.org.

CPR

Continued from Page 6

He administered CPR for about two minutes. When the paramedics arrived, Ferguson had a pulse. The student, who also suffered burns on over 30 percent of his body, made a full recovery. He and Lickenbrock met three months later and became fast friends.

"When someone saves your life, that's the biggest gift anyone can give," Ferguson said. "There is no doubt in my mind that Matt is my guardian angel."

The kiosk features a touch screen with a video that gives a brief "how-to," followed by a practice session and a 30-second CPR test. With the help of a practice manikin, or a rubber torso, the kiosk provides feedback about the depth and rate of compressions and proper hand placement — factors that influence the effectiveness of CPR.

"We want to empower more lifesavers like Matt to take five minutes at the kiosk and learn hands-only CPR because you never know when you will have to use this critical skill," said Tom Brown, American

Heart Association Indianapolis Board of Directors member. "For the past four years, the American Heart Association and Anthem Foundation have been working to educate millions of Americans about hands-only CPR with the goal of preparing people to save the lives of anyone from perfect strangers to loved ones."

Cardiac arrest is a leading cause of death with over 350,000 out-of-hospital cases occurring every year in the U.S. More than 20 percent occur in public places like airports, casinos and sporting facilities. When a teen or adult has a cardiac arrest, survival depends on immediately receiving CPR from someone nearby. Survival rates drop as much as 10 percent for every minute that goes by without intervention.

"Bystander CPR performed immediately after cardiac arrest can double or triple a person's chance of surviving cardiac arrest and making these kiosks available is another way we can help improve cardiac arrest survival rates," said Craig Samitt, MD, Anthem Inc. executive vice president and chief clinical officer. "Airports are some of the busiest

public places and we can't think of a better place to maximize the number of people who are exposed to the kiosks as part of our educational campaign with the American Heart Association. By making it more accessible, we believe the kiosks will inspire more Americans to learn hands-only CPR and be better prepared to help save the life of a loved one, or even a stranger in the event of a cardiac arrest."

The kiosks are part of an effort that began five years ago when AHA simplified the steps of CPR to encourage more people to take action: if a bystander sees a teen or adult collapse, he or she should first call 911, then push hard and fast in the center of the chest to the beat of "Stayin' Alive," which has the perfect cadence for proper CPR. Hands-only CPR removes the step of rescue breaths; bystanders should simply keep pushing until emergency help arrives.

To learn more about the hands-only CPR campaign and how to save a life, please visit www.heart.org/handsonlycpr or [facebook.com/AHACPR](https://www.facebook.com/AHACPR). To get fully trained in CPR and find a class near you, visit www.heart.org/CPR.

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