Healthy People Newsletter

OCTOBER 2018

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ONEDIGITAL HEALTH AND BENEFITS

This newsletter is interactive! Click a topic to jump directly to the article.

National Health Observances

OCTOBER | 2018

Breast Cancer Awareness Month

Dental Hygiene Month

Domestic Violence Awareness Month

Health Literacy Month

SIDS, Pregnancy and Infant Loss Awareness Month

“Talk About Your Medicines” Month

Case Management Week (7-13)

Healthcare Security and Safety Week (7-13)

Mental Illness Awareness Week (7-13)

Health Cares About Domestic Violence Day (10)

Infection Prevention Week (14-20)

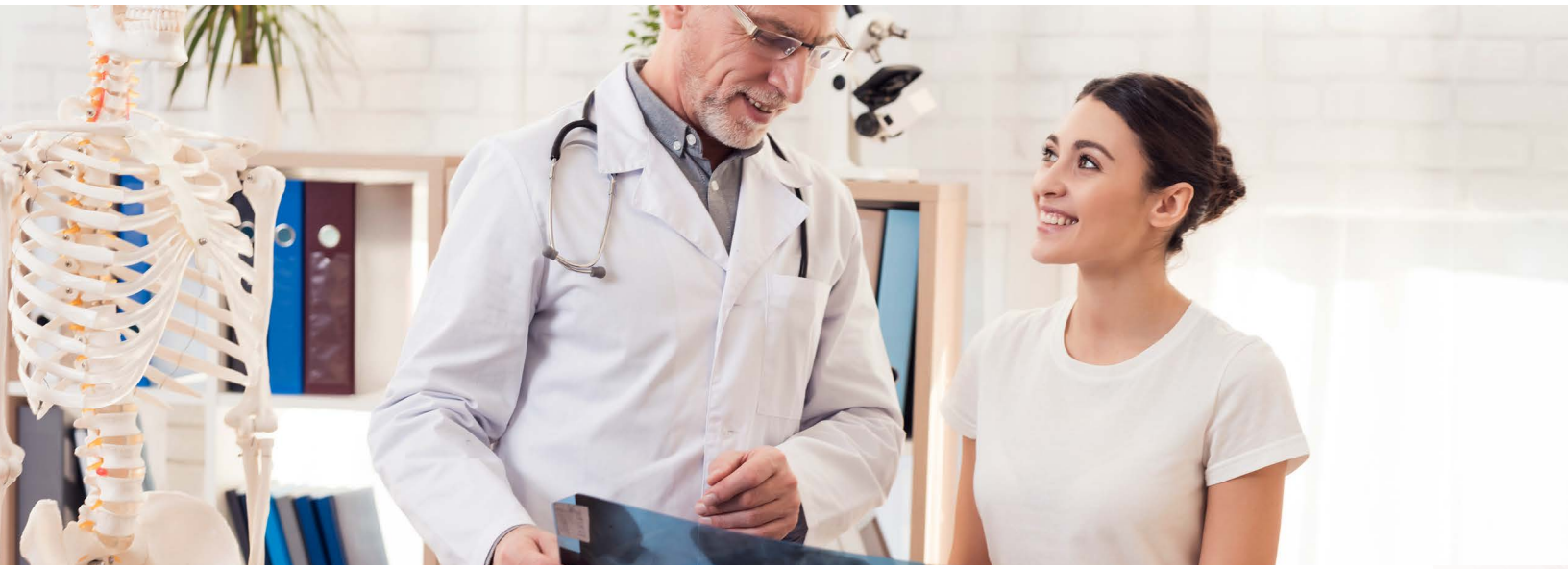
American Lung Association Week (15-21)

Health Care Facilities and Engineering Week (21-27)

Respiratory Care Week (21-27)

Medical Assistants Recognition Day (22)

BETTERSAFE
WELCOA'S ONLINE BULLETIN FOR YOUR FAMILY'S SAFETY



BUILD BETTER BONES
& Help Prevent Breaks & Injuries

Bones feel solid, but the inside of a bone is actually filled with holes like a honeycomb. Bone tissues are broken down and rebuilt all the time. While some cells build new bone tissue, others dissolve bone and release the minerals inside.

As we get older, we begin to lose more bone than we build. The tiny holes within bones get bigger, and the solid outer layer becomes thinner. In other words, our bones get less dense. Hard bones turn spongy, and spongy bones turn spongier. If this loss of bone density goes too far, it's called osteoporosis.

It's normal for bones to break in bad accidents. But if your bones are dense enough, they should be able to stand up to most falls. Bones weakened by osteoporosis, though, are more likely to break.

Broken bones can lead to serious problems for older adults especially. The hip is a common site for osteoporosis, and hip fractures can lead to a downward spiral of disability and loss of independence. Osteoporosis is also common in the wrist and the spine.

The hormone estrogen helps to make and rebuild bones. A woman's estrogen levels drop after menopause, and bone loss speeds up. That's why osteoporosis is most common among older women. But men get osteoporosis, too.

Experts suggest that women start getting screened for osteoporosis at age 65. Women younger than age 65 who are at high risk for fractures should also be screened. Men should discuss screening recommendations with their health care providers.

Screening is done with a bone mineral density test at the hip and spine. The most common test is known as DXA, for dual-energy X-ray absorptiometry. It's painless, like having an X-ray. Your results are often reported as a T-score, which compares your bone density to that of a healthy young woman. A T-score of −2.5 or lower indicates osteoporosis.

BUILD BETTER BONES

There's a lot you can do to lower your risk of osteoporosis. Getting plenty of calcium, vitamin D, and exercise is a good start.

Calcium is a mineral that helps bones stay strong. It can come from the foods you eat—including milk and milk products, dark green leafy vegetables like kale and collard greens—or from dietary supplements. Women over age 50 need 1,200 mg of calcium a day. Men need 1,000 mg a day from ages 51 to 70 and 1,200 mg a day after that.

Vitamin D helps your body absorb calcium. As you grow older, your body needs more vitamin D, which is made by your skin when you're in the sun. You can also get vitamin D from dietary supplements and from certain foods, such as milk, eggs, fatty fish, and fortified cereals. Talk with your health care provider to make sure you're getting a healthy amount of vitamin D. Problems can arise if you're getting too little or too much.

Exercise, especially weight-bearing exercise, helps bones, too. Weight-bearing exercises include jogging, walking, tennis, and dancing. The pull of muscles is a reminder to the cells in your bones that they need to keep the tissue dense.

Smoking, in contrast, weakens bones. Heavy drinking does too—and makes people more likely to fall. Certain drugs may also increase the risk of osteoporosis. Having family members with osteoporosis can raise your risk for the condition as well.



PREVENT FALLS TO PROTECT BONES

To prevent falls at home:

- Keep rooms free of clutter, especially on floors.
- Don't walk in socks, stockings, or slippers.
- Be sure rugs have skid-proof backs or are tacked to the floor.
- Keep a flashlight next to your bed to guide you in the dark.

Exercises to improve balance:

- Stand on one leg at a time for a minute. Slowly increase the time. Try to balance with your eyes closed or without holding on.
- Stand on your toes for a count of 10, and then rock back on your heels for a count of 10.
- Move your hips in a big circle to the left, and then to the right. Do not move your shoulders or feet. Repeat five times.

DAY IN DAY OUT
WELCOA'S ONLINE BULLETIN FOR YOUR LIFESTYLE



VACCINATION PROCLAMATION!

The Importance of Keeping Current on Immunizations

You may be diligent about your children's vaccinations, but do you know if yours are up to date? Indeed, vaccines are not just for kids! Whether you're young or older, we all need immunizations to help keep us healthy. Immunizations are a proven and highly effective method to help prevent dangerous and sometimes deadly diseases. To stay protected against serious illnesses like the flu, measles, and pneumonia, adults need vaccinations too.

Immunizations can become critical, as protection from vaccines received as a child can wear off over time, and adults may also be at risk for new and different diseases based on age, health condition, lifestyle, job and/or travel. According to the World Health Organization (WHO), immunization prevents deaths every year in all age groups from diphtheria, tetanus, pertussis (whooping cough), and measles. The WHO estimates that immunizations prevent between 2-3 million deaths every year.

However, adults often miss important shots. This is partly because both patients and doctors forget to review or bring up vaccination status. And the lackadaisical approach is having serious consequences. Measles, considered officially eliminated from the Unites States in 2000, has reappeared with outbreaks in at least 20 states.



Here's a look at the readily available vaccines (most should be covered by your insurance, so you pay little or nothing) you should give a shot:

The flu shot: Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, which

underscores the need to get vaccinated. Everyone 6 months of age and older should get a flu vaccine every year.

Pertussis (Whooping Cough): This vaccine is particularly important if you have or are around infants, as adults are the most common source of pertussis infection in infants. The condition can prove gravely serious to babies and it can cause coughing spells that affect breathing, eating and sleeping in adults. All adults age 19 to 64 years need a one-time whooping cough booster vaccine.

MMR: Measles, mumps, and rubella are serious viral diseases. A child should receive the first shot when between 12-15 months, and the second between 4-6 years of age.

If you're not sure if you had the vaccines, the Centers for Disease Control and Prevention (CDC) recommend that you get a booster as a precaution to the recent outbreaks. There's no harm in getting the shot again.

COOL TOOL

Every year, the CDC updates its vaccine schedule as well as any modification to its current recommendations. The schedule is also customizable, based on your age, health status and lifestyle.

CHECK IT OUT AT:
www.cdc.gov/vaccines/adults/rec-vac/

Also, to stay on top of your vaccines, ask your doctor or healthcare provider for an immunization record form. Bring the form with you to all of your healthcare visits and ask your provider to sign and date the form for each vaccine you receive.



TAKECHARGE
WELCOA'S SELF-CARE BULLETIN



HARD OF HEARING?

What You Can & Should Do About It

Many people slowly lose their hearing as they get older. Not being able to hear well can make it hard to communicate. That can affect your relationships, emotional well-being, and work performance.

WHAT SHOULD I DO IF I CAN'T HEAR WELL?

An exam of your ears, nose, and throat might detect a physical reason why you're not hearing as well. You may want to start by talking with your primary care provider or an ear, nose, and throat doctor, also known as an ENT or otolaryngologist.

A doctor can look for ear wax, an infection, injury, or other reason for hearing loss. A hearing test can show the type and amount of hearing loss. For a hearing test, your doctor may refer you to an audiologist.

If ear wax or an ear infection is the cause, the hearing loss may be temporary. Other causes, such as nerve damage, may lead to more permanent hearing loss. Nerve damage can be caused by loud noises, as a side effect of certain medicines, or for other reasons. Hearing aids may help in these cases.

For those who need them, hearing aids can help. These electronic devices are worn in or behind the ears. They make sounds louder. Some people don't want to try hearing aids because of how they think it might look to others. Hearing loss is far more obvious than a hearing aid. The hard work people do to compensate for their hearing loss, and the mistakes they sometimes make when communicating, make the loss more noticeable to those around them than a hearing aid.

And now, advances in technology are making hearing aids less visible. Some can be hidden inside the ear canal. Others are worn over the ear.

Choosing the best device for you will depend on factors like cost, features, and your amount of hearing loss. Today's

hearing aids offer different features. For example, some can connect to your mobile phone, TV, and other devices using Bluetooth technology. That means you can talk on your phone and stream music directly to the speakers within the hearing aids without wires.

It's important to understand that hearing aids can't restore your hearing the way that reading glasses correct vision. Instead, a hearing aid can help you make the most of your remaining hearing by making sounds louder. If it's been a while since you've heard the soft sounds of speech, your brain may need time to re-learn and translate those sounds for you.

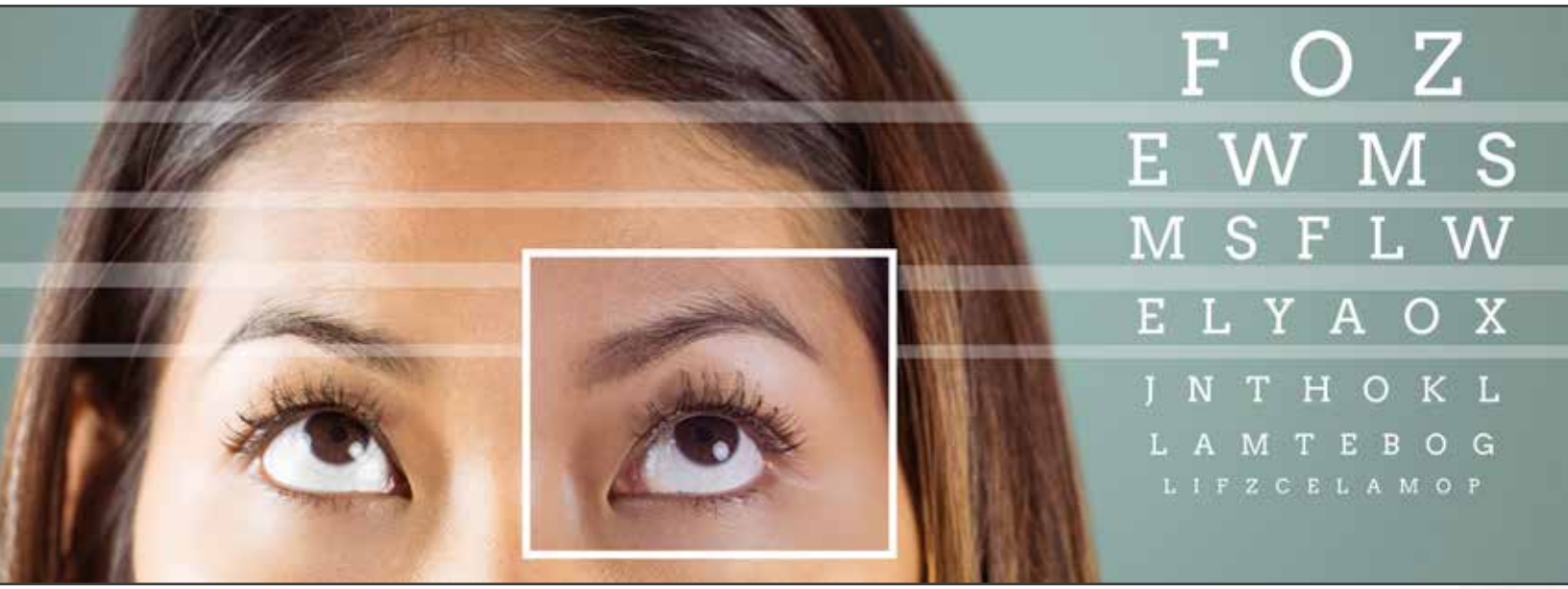
DO YOU NEED YOUR HEARING TESTED?

If you answer yes to several of these questions, you may want to get a hearing test:

- Is it hard to hear or understand others?
- Do you get frustrated trying to hear things?
- Do people get frustrated because they need to repeat what they say to you?
- Do you turn up the TV or radio louder than those around you would like?
- Do you have trouble hearing what people are saying in restaurants or at the movies?
- Is your social life, school, or job limited by your problem with hearing?



TOYOURHEALTH
WELCOA'S ONLINE GENERAL WELLNESS BULLETIN



A CLOSER LOOK AT
Eye Health

Getting regular eye exams is important, even if you think your vision is fine. Eye exams allow an eye care professional to monitor your eyes for common vision problems and signs of disease.

There aren't early warning signs for the most common eye diseases. By identifying diseases early, you have the best treatment options and the best chance of preserving good vision.

WHAT DOES AN EYE EXAM LOOK LIKE?

A comprehensive exam will often include eye dilation. After checking your vision sharpness, the doctor places drops in your eyes to dilate (widen) the dark center of your eyes, called the pupil. This allows more light into your eyes, just like opening a door lets light into a dark room. Then the doctor can examine the inside of the eye.

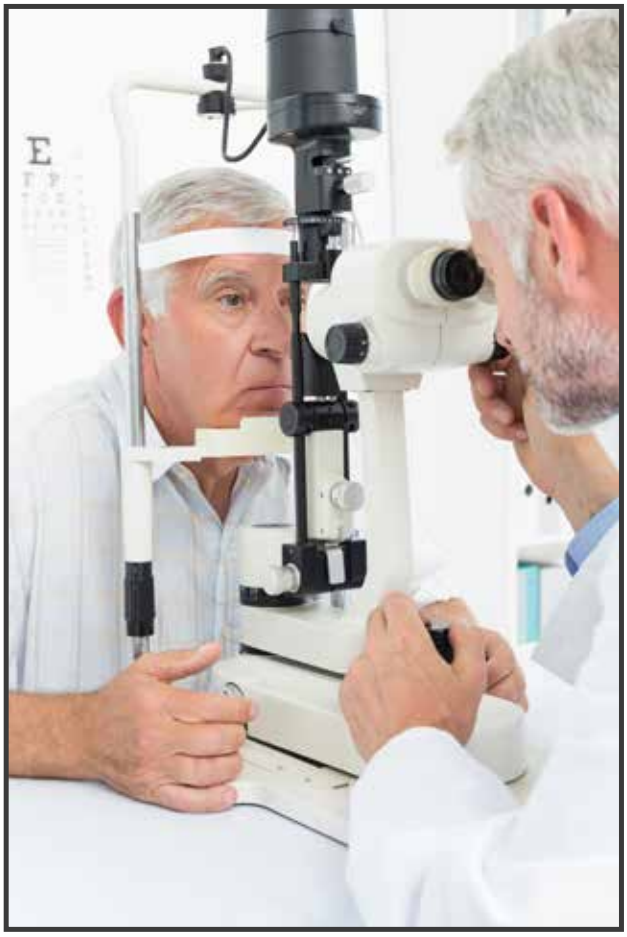
A special magnifying lens is needed to examine the tissues at the back of the eye. These tissues include the retina (light-sensitive tissue), the macula (central part of the retina for sharp vision), and the optic nerve (carries visual messages from the eye to the brain). Damage to these areas may be a sign of an eye disease.

The eyes can also reflect illness that begins in another tissue far from the eyes themselves. Eye exams may reveal health problems like diabetes, high blood pressure, autoimmune disorders, sexually transmitted diseases, and cancers. For example, eye doctors often detect diabetes by observing damage to the retina and blood vessels in the eye. The disease may show up in eye tissue before a blood glucose (sugar) test reveals it. Early detection can prevent not only vision loss but other serious complications.

PROTECTING YOUR EYES

Simple actions can go a long way to protect your eye health. These include not smoking, eating a healthy diet (especially dark leafy greens like spinach or kale), and maintaining a healthy weight. Also, know your family's eye health problems. Certain diseases can run in families. And make sure to wear sunglasses to block harmful sun rays and protective eyewear for activities like sports and home improvement projects.

Don't forget to get a regular eye exam to catch issues early. If your eye care professional finds a problem early, often there are things you can do to keep your good vision.An ounce of prevention is worth a pound of cure!



QUESTIONS TO ASK YOUR DOCTOR:

- Am I at risk for an eye disease?
- What tests do I need?
- How often should I get eye exams?
- What are the benefits and risks of any medications or treatments?
- Are there new technologies that can help correct or manage my eye disease?
- Am I at risk for diabetes?
- How can you help me quit smoking?
- Would a clinical trial (research study) be right for me?


TODAY
I WILL DO
WHAT OTHERS WON'T, SO TOMORROW
I CAN
ACCOMPLISH WHAT OTHERS CAN'T.
- JERRY RICE
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