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Avoid back injuries by choosing the right backpack

Finding the right backpack is an essential component of back-to-school shopping. Children may have their own ideas of what's in style, but parents should look for backpacks that are functional before factoring in style. Marrying form and function together can be challenging, but it's necessary to prevent students from developing back problems. But parents must give consideration to more than just the size of their children's backpacks.

Depending on school schedules, students may be carrying backpacks for up to 10 hours per day, five days per week. Backpacks may be filled with several pounds of stuff, such as textbooks, binders, laptops, and other supplies, potentially leading to injury.

According to the U.S. Consumer Product Safety Commission, at least 14,000 children are treated for backpack-related injuries every year. The American Academy of Orthopedic Surgeons says that the weight of a backpack should not exceed 10 to 15 percent of a child's body weight. But many students pack their bags with much more weight than that.

Improperly sized, worn and overstuffed backpacks can injure joints and lead to neck, back and shoulder injuries. They also may affect children's posture.

- Choose a streamlined model. Select a backpack that will get the job done without much added bulk. Many backpacks have been designed to hold technological devices as more



and more schools integrate technology into the classroom. A less bulky bag might be lighter and easy to carry.

- Consider shopping at a sporting goods store. Employees at camping and sporting goods retailers understand how to fit backpacks for hikers and outdoor adventurers. They can help measure a student and find a pack that will fit his or her body frame. Also, these retailers may have a wider selection of backpacks than some other stores, increasing the chances of finding the right fit.

- Select a pack with a waist strap. According to the American Chiropractic Association, the body is not designed to carry items hanging from shoulders.

By using the waist strap in conjunction with taut shoulder straps, students can distribute the weight in their backpacks over their hip bones instead of the shoulders. The padded and adjustable shoulder straps should be at least two inches wide. All straps should be used each time the pack is worn.

- Backpacks should be loaded properly. Heavy items should be near the center bottom to distribute the load, rather than placed on top. Students should only carry what is necessary, visiting lockers or desks as needed to lighten their packs.

Backpack fit and functionality is something parents should take seriously when shopping for school supplies.

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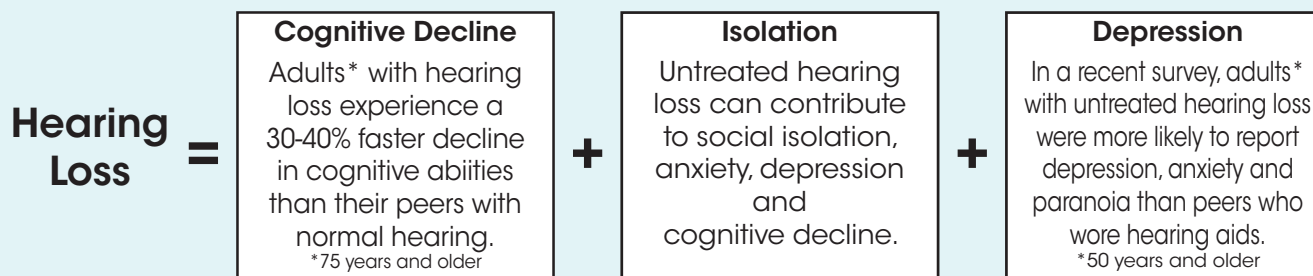
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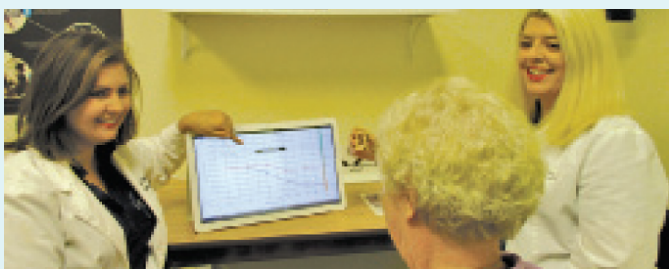
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Early warning signs for breast cancer

Breast cancer affects millions of women across the globe every year. According to the World Health Organization, breast cancer is the most frequent cancer among women, affecting 2.1 million women each year. As daunting as that may seem, the WHO also notes that early diagnosis can greatly reduce a woman's risk of dying from breast cancer.

Women can be proactive in the fight against breast cancer by learning to identify early warning signs of the disease. The nonprofit breast cancer advocacy organization Susan G. Komen[®] notes that the warning signs for breast cancer are not the same for all women, but the most common signs include a change in the look or feel of

the breast or a change in the look or feel of the nipple. A discharge from the nipple is another common warning sign of breast cancer.

Physical changes in the breast can vary, but Susan G. Komen[®] advises women who notice these changes to bring them to the attention of their physicians immediately:

- Lump, hard knot or thickening inside of the breast or underarm area
- Change in the size or shape of the breast
- Swelling, warmth, redness or darkening of the breast
- Dimpling or puckering of the skin Women with breast cancer also may notice physical changes in their nipples, including:
- Itchy, scaly sore or rash

on the nipple

- Pulling in of the nipple or other parts of the breast It's important that women recognize that physical changes in their breasts are not necessarily indicative of breast cancer. In fact, the American Breast Cancer Foundation notes that not all lumps in the breast cause cancer and that many such lumps are benign. Fibroadenomas and intraductal papilloma's are examples of benign lumps, though it's important to note that even benign conditions such as these may put women at greater risk of developing breast cancer.

Susan G. Komen[®] notes that breast tissue naturally has a lumpy texture. If lumpiness can be felt throughout the breast and it feels like your

other breast, then it's likely that this is just the normal texture of your breasts. However, women concerned by a lump or lumpy texture are urged to discuss those concerns with their physicians immediately.

Discharge from the nipple is another potential sign of breast cancer, but Susan G. Komen[®] notes that such discharge is rarely a sign of cancer. Discharges that occur without squeezing the nipple, occur in only one breast or are bloody or clear are potentially indicative of more serious conditions, including breast cancer. Breast cancer is a formidable foe. But women who arm themselves with knowledge of the disease, including its early warning signs, are in better position to overcome it.



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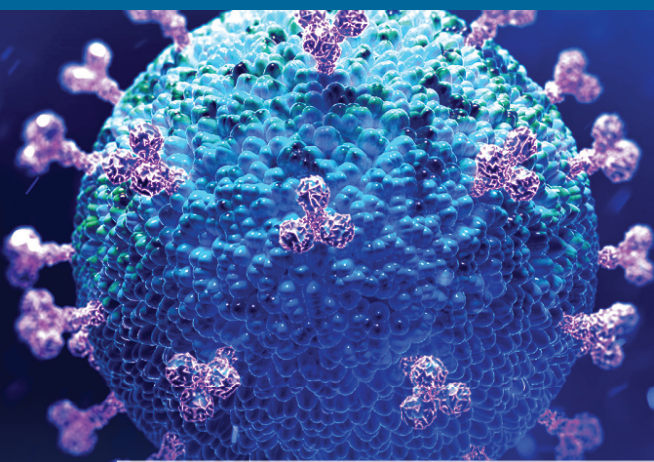
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Don't get caught off guard by glaucoma

Vision should never be taken for granted. Appreciating one's sense of sight involves scheduling routine eye exams and taking steps to protect one's eyes. But safeguarding vision also involves understanding the various conditions that can affect eye health. Glaucoma is a group of eye disorders that can lead to progressive damage to the optic nerve. People who experience glaucoma can lose nerve tissue and eventually suffer vision loss. Understanding what contributes to glaucoma can help people take the steps necessary to reduce their risk. The American Optometric Association says that glaucoma is the second leading cause of blindness for people over the age of 60, although it can occur at any age. The Mayo Clinic states that many forms of glaucoma produce no warning signs and changes in vision may occur so gradually they are not detected until the condition has reached an advanced stage.

There are various types of glaucoma. However, primary open-angle glaucoma is the most common form, affecting about three million Americans, indicates the Glaucoma Research Foundation. Primary open-angle glaucoma occurs when the eye's drainage canals become clogged over time and fluid cannot drain out of the eye. As a result, intraocular pressure rises and damages the optic nerve, which is responsible for transmitting signals from the eye to the brain. People with a family history of glaucoma, African Americans over age



40 and Hispanics over the age of 60 have an increased risk, says the AOA. Those with thin corneas, which is the outer layer of the eye, also are at an elevated risk of developing glaucoma.

A less common type of glaucoma is called acute-closure glaucoma, which occurs due to an abrupt and rapid increase of eye pressure. This is an emergency situation that requires prompt care to prevent vision loss.

An eye doctor will conduct various tests to determine if a patient is at risk for glaucoma. The Mayo Clinic

says tonometry is commonly used to measure intraocular pressure. During this test, the eye surface will be anesthetized with special drops. A tonometer will be applied lightly to the cornea, indenting it slightly. The resistance will be measured and calculated to determine if pressure is present. Other tests include the following:

- Imaging tests that look for optic nerve damage that involve a dilated eye examination;
- Visual field tests to check for areas of vision loss;
- Pachymetry, which

measures corneal thickness; and

- An inspection of the drainage angle of the eye.

The effects of glaucoma cannot be reversed, but glaucoma can be caught early. Medications and lifestyle changes, like more frequent eye exams, can improve symptoms. Prescription eye drops can reduce the production of aqueous humor (fluid) in the eye and improve outflow of that fluid. Oral medications and surgery are other options as well.

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Men's health: Rest easier after learning about sleep apnea

Adequate sleep can recharge and rejuvenate the body, while interruptions to sleep can have the exact opposite effect. Anyone who has woken up feeling tired after a full night's sleep may be experiencing sleep apnea.

According to the Mayo Clinic, sleep apnea is a potentially serious sleep disorder. Through the night, breathing repeatedly stops and starts. Obstructive sleep apnea occurs when throat muscles relax and cut off air flow.

A study published in the journal Sleep Medicine Review indicates sleep apnea affects millions of Americans. Sleep apnea can be associated with increased likelihood of cardiovascular disease, stroke, motor vehicle accidents, and diminished quality of life. Furthermore, sleep apnea, which is sometimes accompanied by heavy snoring, can be disruptive not only to the sufferer, but also to a bed partner kept awake by snoring. It is important to note that sleep apnea may be present without much snoring.



While sleep apnea can affect both men and women, the Mayo Clinic says men are two to three times more likely to have it than women. It is believed that inherent differences in length and collapsibility of the upper airway, neurochemical control mechanisms, fat distribution, and hormones all contribute to the disparity of sleep apnea between men and women.

Jonathan Jun, M.D., a pulmonary and sleep medicine specialist at the

Johns Hopkins Center for Sleep, says during sleep apnea episodes, breathing may pause for 10 seconds or more at a time until reflexes kick in and a person starts breathing again. Breathing interruptions continually wake a person and prevent him or her from getting into a deep, nourishing sleep. The consequences can be mood swings, grogginess, lost productivity, and daytime car accidents. Other sufferers experience headaches from

low oxygen or high carbon dioxide levels during sleep.

If sleep apnea is suspected, people are urged to first consult with their primary care doctors. In turn, these medical professionals can refer patients to sleep specialists. A test called nocturnal polysomnography monitors various markers while one sleeps to determine if sleep apnea is occurring. Age, being overweight, thin neck circumference, smoking, and family history of sleep apnea are risk factors for many individuals. Dr. Jun says, Weight control is very important says Dr. Jun. There are many studies showing that losing weight can either completely cure you of sleep apnea or at least make it less severe. In addition, doctors may prescribe a continuous positive airway pressure (CPAP) device. With a CPAP device, the air pressure is somewhat greater than that of the surrounding air so it keeps the upper airway passages open, preventing sleep apnea and snoring.

Sleep apnea is serious and should be addressed promptly to improve health and quality of life.

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When to use soap and water, and when to use hand sanitizer

In the wake of the global COVID-19 outbreak in early 2020, millions of people across the globe found themselves scrambling for hand sanitizer. While the Centers for Disease Control and Prevention note that cleaning hands at key times is one of the most important steps people can take to avoid getting sick and spreading germs, there are differences between washing with soap and water and washing with alcohol-based hand sanitizers. The CDC notes that preventing the spread of sickness through handwashing is most effective when people know which method to use when cleaning their hands.

When to use soap and water The following are common situations when the



CDC advises using soap and water to clean hands.

- Before, during and after preparing food
- Before and after caring for someone who is sick
- After using the bathroom, changing diapers or cleaning

up a child who has used the bathroom

- After blowing your nose, coughing or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

When washing with soap and water, the CDC advises people to wet their hands with clean running water (warm or cold) and applying soap. Lather the hands by rubbing them together with the soap, making sure to scrub all surfaces of the hands, including palms, backs, fingers, between fingers, and under the nails. Scrub for 20 seconds before rinsing hands clean under running water and drying your hands, be

it with a clean towel or air drying.

When to use alcohol-based hand sanitizer Hand sanitizer should not be applied to hands that are dirty or greasy. Hands that become dirty or greasy after activities such as gardening or fishing should be cleaned with soap and water. The CDC advises using alcohol-based hand sanitizer:

- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with *Clostridium difficile* (if so, use soap and water to wash hands).
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60 percent alcohol, and wash with soap and water as soon as you can.



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Adding radiation therapy to prostate cancer surgery has been a tough call. New science eases the dilemma

One of the thorniest dilemmas posed by prostate cancer is whether, and when, to give radiation therapy _ with its potential bad side effects _ to men after surgery to remove the prostate gland.

Now, three new randomized clinical trials the gold-standard type of study and a statistical "meta-analysis" of their results conclude that routinely giving post-surgical radiation does not improve outcomes after five years, compared with giving radiation only if the PSA (prostate specific antigen) blood test signals a cancer recurrence. The papers were published last month in the *Lancet* and *Lancet Oncology*.

"All the surgeons have always struggled with this," said Alexander Kutikov, a urological oncologist at Fox Chase Cancer Center. "You don't want to over treat, but you don't want to lose the window of opportunity. These trials really crystallize that you can hold off on radiation. It has changed my practice."

That change has benefited not only Kutikov's post-surgical patients, but also men like James Boughter, 56, who had surgery six years ago.

"We were keeping an eye on (the PSA) every six months," said Boughter, a machinist who lives in Honey Brook, Chester County.

Boughter's PSA became barely detectable about a year ago, but has been stable at that low level. Based on the latest research, Kutikov

assured Boughter that he could hold off on radiation, and hopefully forgo it altogether.

"If I had to do radiation,

and policy regarding the standard of care for prostate cancer should be updated based on the findings."

Prostate cancer diagnosis

When early-stage cancer is found, the gold standard treatment especially in younger men is surgical removal of the walnut-sized prostate gland.



I would definitely do it if it's going to take care of the cancer. But I'd rather not," Boughter said, because of the risks of urinary or other problems.

Claire Vale, a researcher at University College London who led the meta-analysis, said the studies could spare many men from overtreatment: "Guidelines

and treatment is fraught with risk-benefit tradeoffs, starting with PSA testing to screen for the disease. Current guidelines say doctors should not do routine screening without first discussing concerns that it leads to finding and treating tiny cancers that would never have become a threat if left alone.

But studies suggest that up to 40% of men _ Boughter among them _ may be at high risk of recurrence despite surgery. That's because the cancer was aggressive, or some malignant cells escaped during surgery, or the cancer had spread to tissue near the prostate.

Seven previous randomized trials have tried, and failed,

to definitively answer which men, if any, benefit from post-surgical radiation rather than waiting until the PSA rises. Although giving radiation sooner rather than later reduced the risk of recurrence, it did not improve survival. What's more, some of the studies didn't monitor the PSA level, or didn't give radiation until the cancer was advanced, or both, so the results were hard to interpret.

The new studies also have some possible limitations, according to authors of an accompanying commentary. For example, one trial enrolled men who would not normally receive post-surgical radiation because of their favorable risk profile. And the three trials varied in their use of drugs that block the hormones that fuel prostate cancer.

"Nonetheless, the four studies represent an important step forward and support" adding radiation only if the cancer comes back, wrote Derya Tilki of the University Hospital Hamburg-Eppendorf in Germany, and Anthony V. D'Amico of the Dana Farber Cancer Institute in Boston.

The meta-analysis, which included 2,153 patients followed for an average of five years, found that 88% of men who held off on radiation did not have a relapse, compared to 85% who had radiation soon after surgery. Among those who held off, 67% still didn't need radiation up to eight years later.

Urinary incontinence was worse at one year for men with post-surgical radiation. And 6% of them had difficulty urinating because of damage to a duct called the urethra, compared to 4% of men who postponed radiation.



"The idea was always that you were missing an opportunity" for a cure,

Kutikov said. "These studies tell me we can hold off, even in those men" at higher risk of

recurrence.

Can following a low FODMAP diet improve health?

Making changes that promote physical and mental well-being top annual New Year's resolution lists. The foods a person eats can greatly affect how his or her body feels and responds, which is why people with conditions such as diabetes or Celiac disease adhere to relatively strict diets. However, symptoms of other conditions also may abate when proper food choices are made. Following a low FODMAP diet may be one way that people with gastrointestinal conditions, including irritable bowel syndrome, can experience relief. Researchers have also studied how a low FODMAP diet can benefit people with inflammation stemming from autoimmune disorders.

What is FODMAP?

According to the medical information resource Healthline, FODMAP stands for Fermentable Oligo-, Di-, Mono-saccharides and Polyols. In layman's terms, these are the short-chain carbohydrates in foods that some people cannot digest and excrete properly. In such instances, these carbohydrates end up stagnating at the end of the intestines and providing food for gut bacteria. This may result in excess gas and problematic digestive symptoms. For people with inflammatory bowel



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conditions, like ulcerative colitis or Crohn's Disease, this bacteria can cause excess irritation and inflammation of the intestines.

Low-FODMAP implications

A study titled Consistent Prebiotic Effect on Gut Microbiota with Altered FODMAP Intake in Patients with Crohn's Disease: A Randomized, Controlled Cross-Over Trial of Well-Defined Diets which was published in the journal Clinical and Translational Gastroenterology, demonstrated how FODMAP foods affected levels of fecal microbiota. High-FODMAP foods led to a proliferation of good and bad bacteria, while low-FODMAP foods reduced both good and bad. However, people with irritable bowel conditions found the lower FODMAP diet was beneficial for reducing

flares and symptoms of gas and loose stools. This isn't the only study or condition to tout the benefits of a low-FODMAP diet. A small study published in the Scandinavian Journal of Pain looked at the effects of a low-FODMAP diet on 38 women with fibromyalgia over a period of five months. The study found the diet reduced fibromyalgia symptoms, including pain scores. Researchers believe that a low-FODMAP diet may also be beneficial for other autoimmune conditions, such as rheumatoid arthritis or hypothyroidism. It is important not to jump feet first into any diet without first discussing it with a physician. With any diet, a gradual introduction is safer and can help weed out which foods may be most troublesome and which may be most tolerable. Visit www.fodyfoods.com/pages/low-fodmap-food-list for a list foods that are low-FODMAP.

The rise of telehealth services

Getting sick once meant traveling to a physician's office only to sit in a waiting room with fellow under-the-weather individuals. Few if any people like leaving home when they're feeling ill, and thanks to technology, many no longer need to do so. Telehealth services, which the Massachusetts Medical Society defines as the delivery and facilitation of health and health-related services including medical care, provider and patient education, health information services, and self-care via telecommunications and digital communication technologies, are revolutionizing the healthcare industry. In many instances, patients need not leave the comfort of their beds or sofas to be diagnosed and treated. The Office of the National Coordinator for Health Information Technology says telehealth, which is a broader scope of remote healthcare services than telemedicine, can utilize everything from videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless phone communications. Many providers and insurance companies now offer some method of telehealth services. Consider some of these statistics.

- The American Telemedicine Association says more than one-half of all hospitals in the United States have a telehealth program.
- Forty-eight states require payers to cover telehealth, says the Center for Connected Health Policy.
- BBC Research indicates that telehealth makes up roughly one-quarter of the



Sick? Telehealth services enable patients to connect with providers to get the care they need without leaving home.

healthcare-related technology market.

- The American Medical Association says nearly 75 percent of all doctor, urgent care and emergency room visits could be handled safely and effectively over the phone or via video.

- Becker's Hospital Review says 82 percent of millennial patients surveyed would rather have a telemedicine visit than an in-person consultation.

- Around seven million people use telehealth services across the globe, according to evisit. Telehealth can connect rural providers and

their patients to services at other sites and promote patient-centered health care. With a shortage of some medical specialties in rural areas, telehealth can play an important role in ensuring all patients get access to care they need. But the benefits do not only extend to rural patients. Individuals who are elderly and/or those who have mobility issues and cannot travel easily can benefit from telehealth services. Furthermore, any patient with a rare condition may no longer have to travel long distances to consult with specialists in that field.

Telehealth applications and programs on smartphones, tablets or laptops can make it easy for people to monitor their health. These apps can enable patients to do things like track health measurements, share information with clinicians, manage chronic illnesses, and set medication or appointment reminders. Patients also can communicate with providers to get health information through patient portals or to refill prescriptions effortlessly.

Telehealth is changing the face of medicine and utilizing technology in unique ways.

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Your safety is our priority. In the COVID-19 pandemic, we've all made big changes. We've stayed home, dinner tables have become school desks and important events have been missed. But one thing has remained the same – our **commitment** to delivering the best possible care. And while you are still safe at home, **be assured, you are also safe with us.**

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Managing stress and anxiety during this time of fear and uncertainty is important.

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- **It's OK to not be OK**
- **Know the facts**
- **Limit TV and social media**
- **Connect with others**
- **Be mindful and kind to yourself**
- **Find activities**
- **Be aware of nutrition**
- **Talk to your child**

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- Severe abdominal pain
- Severe burns
- Seizures
- Sudden dizziness, weakness or loss of coordination or balance
- Sudden loss of vision
- Sudden, new numbness in the face, arm or leg

If you are in a safe location and not at risk, call 423.224.3950 to start a virtual visit.

For serious or life-threatening emergencies, go to your nearest emergency room or call 9-1-1.



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Seniors senses of smell and taste change with age

Aging comes with several sensory changes, many of which people expect. Loss of hearing or diminishing vision are widely associated with aging. But ones senses of smell and taste may diminish with aging as well.

The senses of taste and smell work in concert. The sense of smell is vital to personal health, not only because inhaling pleasant aromas can provide comfort and stress relief through aromatherapy and help trigger important memories, but also because smell enables a person to detect the dangers of smoke, gas, spoiled food, and more. The National Institute on Aging says that, as a person gets older, his or her sense of smell may fade, and that will also affect taste. The Mayo Clinic says some loss of taste and smell is natural and can begin as early as age 60.

Adults have about 9,000 taste buds sensing sweet, salty, sour, bitter, and umami flavors, or those corresponding to the flavor of glutamates. Many tastes are linked to odors that begin at the nerve endings in the lining of the nose. Medline says the number of taste buds decreases as one ages, and that remaining taste buds may begin to shrink. Sensitivity to the five tastes also begins to decline. This can make it more difficult to distinguish between flavors.

Similarly, especially after age 70, smell can diminish due to a loss of nerve endings and less mucus in the nose. With the combination of the reduction of these important sensory nerves in the nose



and on the tongue, loss of smell and taste can greatly affect daily life. Changes in these senses can contribute to feelings of depression, diminish ones enjoyment of food and cause harmful conditions, such as extreme weight loss from disinterest in food to problems associated with overusing salt or sugar.

Although aging is often to blame, loss of smell and taste also may be tied to early symptoms of Parkinson's disease or Alzheimer's disease. Cancer treatments, medications, lack of saliva, colds, flu, and other factors may contribute to sensory loss. Changing medications or treatments may help.

It's important to bring up diminished flavors or smells with a doctor to rule out something more serious and to determine what might help restore pleasure from smells and flavors. An otolaryngologist, or a

doctor who specializes in diseases of the ears, nose and throat, may be able to help fix the problem, though

some people may be referred to a neurologist or another specialist.



Continuing to use ones sense of smell and taste by cooking, gardening, trying new flavors, and experimenting with different aromas may help slow down the decline these senses. Although age-related loss of taste and smell cannot be reversed, some such cases may be treatable.




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Understanding the jargon of health insurance

The world of healthcare can be confusing to navigate. Before the prevalence of health maintenance organizations and various other health and wellness insurance groups, obtaining medical assistance involved going to the doctor and then paying the bill. But today people must navigate copayments, coinsurance, deductibles, and savings plans, which can make it difficult to understand what's going on with your insurance company.

Healthcare is standardized in some areas of the world and publicly financed with little to no out-of-pocket costs for participating citizens. Elsewhere, access to health insurance is provided through employers or government assistance programs or individually purchased.

Understanding some health insurance-related jargon is a great way to better educate oneself about the industry.

- **Benefit period:** The benefit period refers to the duration of time services are covered under your plan. It is usually a calendar year from the point of start to end. It may begin each year on an anniversary date when you first received coverage.

- **Coinsurance:** This is a percentage of the cost of services rendered in specific areas outlined by the health plan that you are responsible for after a deductible is met. For example, a plan may cover 85 percent of costs, with patients responsible for the remaining 15.

- **Copayment (copay):** A copayment refers to the flat rate you pay to a provider at



the time you receive services. Some plans do not have copays.

- **Deductible:** The amount you pay for health services before the insurance company pays. You must meet a set limit, which varies by plan and provider, before insurance will kick in and cover the remaining costs during the benefit period.

Many plans have a \$2,000 per person deductible. This deductible renews with each calendar year.

- **HMO:** A health maintenance organization offers services only with specific HMO providers. Referrals from a primary care doctor often are needed to see specialists.

- **HSA:** A health savings

account enables you to set aside pre-tax income up to a certain limit for certain medical expenses.

- **Long-term care insurance:** A specific healthcare plan that can be used for in-home nursing care or to pay for the medical services and room and board for assisted living/nursing home facilities.

- **Network provider:** This



is a healthcare provider who is part of a plans network. Many insurance companies negotiate set rates with providers to keep costs low. They will only pay out a greater percentage to network providers.

- **Non-network provider:** A healthcare provider who is not part of a plans network. Costs may be higher if you visit a non-network provider or if you are not covered at

all.

- **PPO:** A preferred provider organization is a type of insurance plan that offers more extensive coverage for in-network services, but offer additional coverage for out-of-network services. Navigating health insurance is easier when policy holders understand some common industry jargon.

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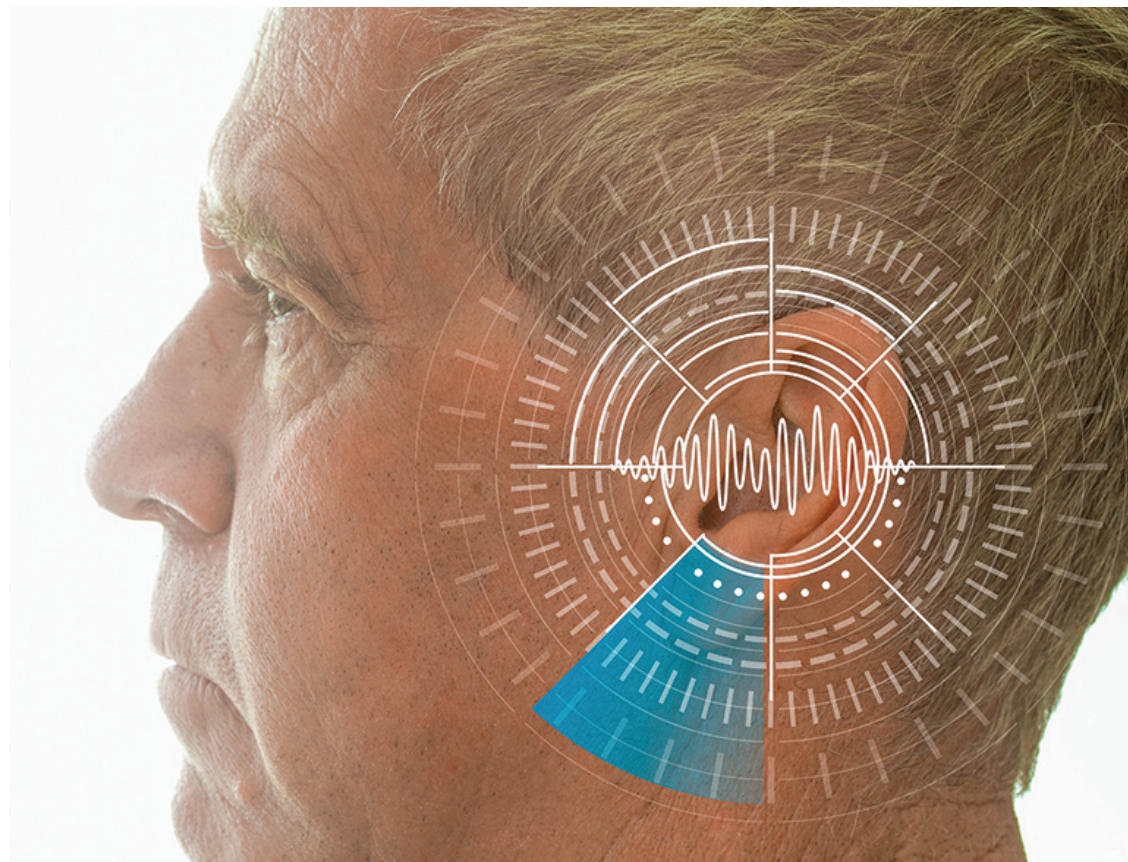
5 ways to protect hearing every day

The saying you don't know what you've got 'til it's gone is never more true than in regard to hearing. It's easy to take hearing for granted, but even momentary hearing loss can highlight how vital it is to protect hearing.

People rely on headphones or ear buds to listen to music, stream movies or participate in work-related meetings more than ever before. Having the volume too loud can contribute to hearing loss over time. The Centers for Disease Control and Prevention says five in 10 young people listen to their music or other audio too loudly. Overall, 48 million people in the United States have trouble hearing in one or both of their ears. Johns Hopkins Medical Center reports approximately 15 percent of adults 18 years of age or older report some trouble hearing, and the risk of hearing problems increases with age. Once it's gone, hearing cannot be restored in many cases. To protect hearing and guard against future hearing loss, consider these recommendations.

1. Ask for a baseline hearing test. It's easier to measure hearing loss if there is a baseline by which it can be measured. During your annual physical, ask for a hearing test or a referral to an audiologist. This can set the course for monitoring progression of any future hearing loss.

2. Wear hearing protection. There are various types of hearing protection that can filter out certain levels of sound. Many earplugs, like the ones musicians wear or those worn when attending



- rock concerts, can reduce the sound by approximately 25 db. Custom fit ear plugs provide more noise reduction, in upwards of 35 to 40 db. They are optimal for high-noise environments, such as when mowing lawns or operating machinery, according to the hearing loss resource Hearts for Hearing.

3. Turn down the volume. Experts recommend adhering to the 60/60 rule when enjoying audio through headphones. This suggestion is to listen with the headphones at no more than 60 percent volume for no more than 60 minutes a day. Earbuds fit directly next to the eardrum and can be harmful to your hearing. If possible, choose over-the-ear headphones instead.

4. Have custom molds made. Rather than turning up

the volume, people can have custom ear molds made for use with earphones, suggests Johns Hopkins. The custom ear molds will block outside noise, allowing for higher quality listening.

5. Keep your ears dry. Moisture in the ear can cause bacteria to grow and potentially lead to infections. Towel-dry ears gently after

showering or swimming. Avoid the temptation to use cotton swabs to dry the ears. For the most part, ears are self-cleaning, and using a cotton swab can push wax and cause it to become compacted in the ear canal.

In addition to these tips, discussing hearing health with a doctor is a wise idea.



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How diabetes patients can prepare for COVID-19

Life during the COVID-19 pandemic has been challenging. Millions of people have lost their jobs, while millions more have been forced to accept reduced salaries. Coupled with those financial challenges, the public health crisis presented by COVID-19 has made 2020 a year many people would love to forget. The COVID-19 virus has proven more challenging or stressful for some than others. At the dawn of the outbreak, the Centers for Disease Control and Prevention warned that people with certain underlying medical conditions are at increased risk of serious illness from COVID-19. That includes people with type 2 diabetes.

The American Diabetes Association¹ urges people with diabetes to make a plan to confront COVID-19 before they feel any symptoms or are diagnosed with the virus. Such a plan can focus on gathering the supplies necessary should you be diagnosed with the virus or if restrictions on leaving your home are tightened as the weather cools down and people spend more time indoors, a situation that many researchers feel will lead to an uptick in COVID-19 cases. In addition, plans should include conversations with your health care team so you're in better position to overcome the virus should you be diagnosed.

Gathering supplies ≠ Make a list of important contacts. Create a list of phone numbers of your doctors and healthcare team, including your pharmacy and your insurance provider. Keep the



list on your refrigerator door or in another easily accessible place.

- Make a list of medications and doses, including vitamins and supplements.
- Stock your pantry with simple carbs like regular soda, honey, jam, Jell-O, hard candies, or popsicles to help keep your blood sugar up or if you are too ill to eat.
- Get extra refills of your prescriptions. If a state of emergency is declared, extra

refills on your prescriptions can ensure you do not have to leave the house when it might not be safe to do so.

- Look into having medications delivered. If you cannot get to the pharmacy, inquire about having your medications delivered so you can limit your exposure to the virus.

- Restock your insulin. Always have enough insulin available for the week ahead in case you get sick or cannot

refill your existing supply.

- Recognize financial help is available. If you are struggling to pay for insulin, the ADA has resources to help. Learn more about these resources at [InsulinHelp.org](https://www.insulinhelp.org)
- Keep extra hygiene supplies on hand. Stock up on rubbing alcohol and soap to wash your hands in the event it becomes unsafe for you to go out.
- Anticipate glucose fluctuations. Make sure to

stock up on glucagon and ketone strips so you can handle lows and highs.

- Stock the pantry. Keep enough groceries on hand so that you will be prepared to stay at home for a period of time. It's also wise to stock up on household cleaning supplies so you can keep your home clean even when

you cannot get out and about.

Diabetes patients are at increased risk of getting seriously ill from COVID-19. As a result, patients must plan ahead in the event they become ill or if social distancing restrictions are tightened.





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