

Kentucky Living

CELEBRATING THE ENERGY
OF YOUR COMMUNITY



HOW THEY GOT HEALTHY

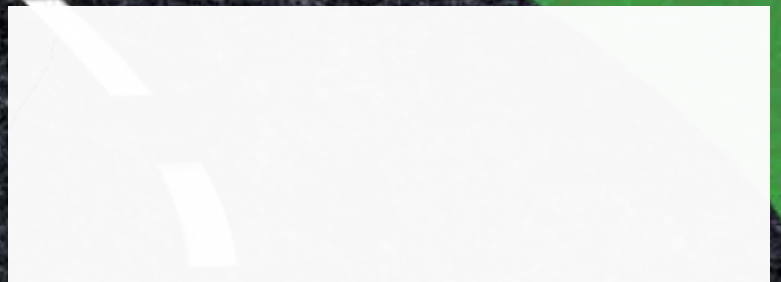
Kentuckians who changed
their lives and how you
can too with the *Kentucky
Living* Health Club

MILITARY INTELLIGENCE

Honoring soldiers by
learning their history

THE WOOLLY WORM FORECAST

It's going to be a cold one



What's the best way to improve your health?

The simple answer is

change your behavior to change your life,

although we realize it's harder than it sounds.

Our comprehensive health feature gives you the information and tools

to be successful, including the *Kentucky Living* Health Club for support for the next four months.

BY JAMES NOLD JR.



BILL COLE IS HALF THE MAN HE USED TO BE. LITERALLY.

In 2005, he weighed at least 420 pounds at age 49. (He can't be precise, because his home scale didn't go any higher than that.) Everyone in his family was obese; all of them had diabetes. Cole didn't know if he had the disease—he hadn't had a physical in years.

"I didn't pay attention to what was going on" with his health, the real estate consultant says six years later. "There was always time to deal with it later."

What shocked him into action was his mother's death from a massive heart attack following years of ill health—diabetes, high blood pressure, heart disease.

He started with a walk around a half-mile track in a Lexington park.

It took him an hour to finish; he had to stop twice. "It was unbelievably painful," he recalls. "It was two days before my ankles and knees recovered."

That first year, Cole concentrated on getting exercise and "learning how to make good habits—learning how to find time in the day to make sure you don't miss it." Then he began to make other changes, one at a time, moving onto another challenge after each good habit was established.

He stopped drinking sodas with sugar. After years of going to drive-throughs daily, he stopped going to restaurants almost altogether and started grilling most of his food. He began riding a bike.

Today, Cole rides his bicycle 100–150 miles in a typical week and

weighs 210 pounds. He has biked some 3,000 miles to train for his first "century ride"—100 miles—a "hard, but good" ride he finished triumphantly on September 11. (He's actually up from his low weight of 195, but he says the increase is from added muscle.) He gives a vivid indicator of his transformation: "I can see my collarbone."

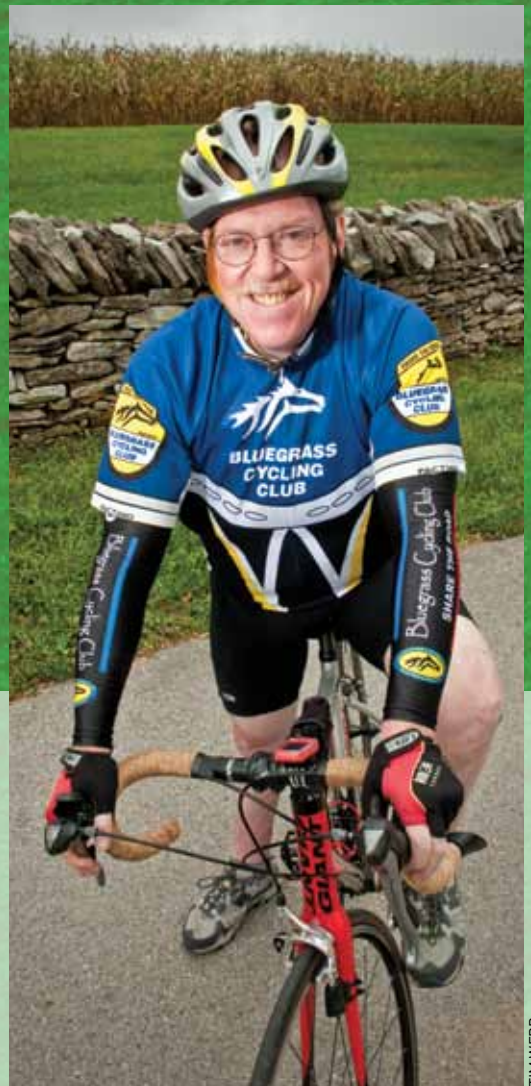
The Cole of 2005, while an extreme case, was an emblematic Kentuckian—sedentary, overeating, and headed for trouble.

We may have the fastest horses, the best basketball teams, and the most beautiful women. But any time a national survey on health arrives, it confirms we are also among the least-healthy states in the country.

One of the latest was this July's "F as in Fat" report, which showed



■ Bill Cole of Lexington is shown while on a trip to Dublin in 2003. Cole lost more than 200 pounds, which began as good old-fashioned exercise and then later doing endurance bike riding as a member of the Bluegrass Cycling Club. Cole today, shown at right riding at Shaker Village of Pleasant Hill in Harrodsburg, is a fit 210 pounds.



TIM WEBB

that Kentucky had the country’s sixth highest rate of adult obesity, at 31.5 percent. And we were one of six states where the trend was moving in the wrong direction, increasing over each of the two previous years.

Kentucky ranks second highest in the U.S. for adult smoking and first in youth when it comes to smoking rates, and we rank near the bottom in the number of teeth our citizens have in their mouths.

When we convened a group of leaders in Kentucky healthcare this summer, their chief prescription was that the state’s biggest health problems were caused by correctable behaviors: Smoking. Eating too much of the wrong foods. Not exercising. Not taking proper care of your teeth. (See page 29.)

Listen to Dr. James Ketterhagen,

senior vice president and chief medical officer of Louisville’s Jewish Hospital & St. Mary’s HealthCare.

“You can enumerate the benefits of exercise pretty specifically, in terms of cost—how much money you’re going to spend on physicians and hospital visits and medications,” he says. “In terms of just the way you feel, there’s a real benefit to being in shape. And then (exercise improves) overall mortality.”

In other words, live longer, feel better, and have more money. Sound good?

“Diabetes doesn’t just happen,” says Dr. Richard Lane, medical director for Anthem Blue Cross/Blue Shield of Kentucky. “Obesity doesn’t just happen. It’s the behavior that brings it about.” Lane adds that while there are medications that address some of

obesity’s effects—high cholesterol, high blood pressure—their effectiveness is limited. “It’s an American Dream (to have) a pill—something that magically works,” he says. “We’re too hung up on that. We love (the idea of) pills that will cure you, and it just doesn’t happen.”

The great news—as the Bill Cole of 2011 can tell you—is that behavior can



Join the KL Health Club

You Could Win Your Choice of Exercise Equipment
Up to a \$500 Value
Must register by December 4, 2011

Ready to make a change in your health?

Join the *Kentucky Living* Health Club, let us know what you want to change—lose weight, lower blood pressure or cholesterol, manage diabetes, etc.—and what steps you will take to achieve your goal. **HOW LONG IS MY COMMITMENT?** Four months—that's right, it's a four-month commitment to better health lasting until March 31, but just think of the payoff! **HOW DOES IT WORK?** We'll send you a Starter Kit with information and tools to help you on your journey over the next four months. You will send us your health goal and at least three action steps for achieving your goal.

You'll also receive detailed instructions for joining the KL Health Club on Facebook, which is a private online area for other readers joining the KL Health Club for the same purpose. This club will not be visible to any other Facebook users, nor is it searchable. It is completely private. You will be encouraged to post or send us updates at least monthly.

Kentucky Living magazine personnel and healthcare professionals who helped with this health feature will also join you online on your road to health. The purpose of the club is not for healthcare advice, but for information to help you achieve your goal, as well as support for other members like yourself.

We will update the progress of KL Health Club members monthly in *Kentucky Living* magazine. In June 2012, a follow-up story will feature successes and how you did it!

DON'T HAVE ONLINE ACCESS? You can still participate, and we'll keep in touch with you by U.S. Postal Service mail. It won't be as interactive or as timely as the online dialogue, but we'll tailor the information to your personal goals. **THE PAYOFF?** The most important payoff, of course, is your improved health! But if you stick to your goals to get healthy and actively continue in the KL Health Club until the end of your four-

month commitment ending March 31, you will be registered for a grand prize random drawing for your choice of exercise equipment up to a \$500 value.

WHO CAN JOIN? Adults age 18 or older. Although anyone can join the KL Health Club, employees and immediate family members of the Kentucky Association of Electric Cooperatives, *Kentucky Living*, and Kentucky's electric cooperatives are ineligible for the prize drawing.

HOW DO I JOIN? E-mail us your request to register **no later than December 4** to: KLHealthClub@kentuckyliving.com.

• **Include this information:** your name, address, phone number, the e-mail address you wish to use to access the KL Health Club on Facebook, and the name of your electric co-op if applicable.

We recommend you always consult your physician before starting a new exercise program or making any changes affecting your health.

change, and those changed behaviors can make incredible differences in your health. What to do isn't complicated to understand, and many of the most important changes you can make are the most basic ones.

WEIGHTY MATTERS

David Susman, a clinical psychologist at Eastern State Hospital in Lexington and clinical associate professor of psychology at UK, says that weight loss has historically been the hardest change in health behavior to bring off. So many hereditary and genetic factors affect your weight and how your body handles excess food.

And then there's the problem that it tastes good.

But obesity takes a serious toll. Ketterhagen points out that the higher rates of Type 2 diabetes among the obese lead to increased chances of contracting vascular disease and kidney disease. According to "F as in Fat," overweight people are more likely to have factors such as high blood pressure and high levels of fat in the blood, which are risks for heart disease (the leading cause of death in the U.S.) and stroke (the third leading cause). It's also associated with higher rates of cancer, although scientists aren't sure they understand why that is.

The basic outlines of what many of us need to change about our diet aren't secret or obscure. "I think

people largely know what's bad for them," says Michelle Schuppe Eckhart, R.D., L.D. (registered and licensed dietitian), and manager of Nutrition Services for the Jewish Physician Group. "People know if they're eating a lot of fried chicken, that's probably not the best. If they're eating a lot of potato chips and Twinkies and ice cream and candy bars, people realize that those are not the healthiest choices."

The guidelines from the government and other sources can be encapsulated briefly: Eat more fruits and vegetables and fewer processed foods. Substitute whole grains for white, refined ones (the USDA recommends at least half of your grain

intake come from whole grains). Reduce fat, salt, and sugar.

There are a number of suggestions for improving the way you eat. You can find a summary of those ideas on the *Kentucky Living* Web site. Tips and tricks include cutting back on liquid calories like sodas, techniques for eating smaller portions, how to switch to healthier types of food, busting the myth that better eating costs more, and the suggestion that you start a garden. Go to KentuckyLiving.com, type "health resources" in the Keyword Search box, then look for the story, "Better Eat."

Eckhart put in a little plug for her line of work: meeting with a registered dietitian is a way to find your own path.

"If a person is having a hard time deciding where to start on making changes or deciding what to do with your diet, meeting with a registered dietitian is a good place to start," she says. A dietitian can help you produce an individualized plan as opposed to the kinds of prescribed, one-size-fits-all diets that clog the best-seller lists. "Dietitians are trained to meet people where they are and work with them toward



If it weren't for Kosair Charities...

Lexi would not continue to get the help she needs!



Baby Lexi had respiratory failure, weakness and inability to feed. She was diagnosed with infantile botulism which required a prolonged period of care in the intensive care unit. She was taken off a breathing machine but had to be fed through a feeding tube.

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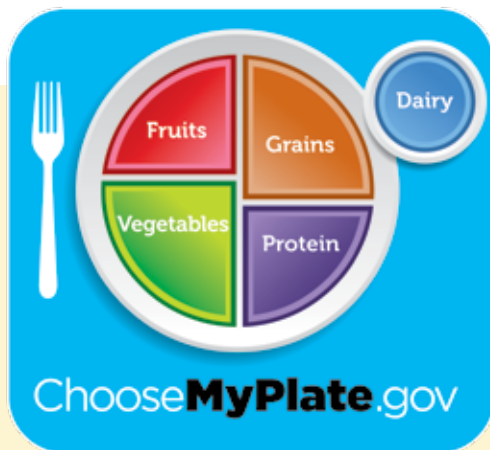
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The USDA's new replacement for the food pyramid, called MyPlate (www.choosemyplate.gov), gives a simple visual representation of the proportions in which we should eat the various types of food. Fruits and vegetables make up half the plate—in other words, they should make up half your diet.



He defines a moderate level of exercise by the “talk test:” while you’re taking part, you should be able to talk, but it should feel a little difficult. “You’re working hard enough that you’re not going to feel like carrying on a casual conversation.”

Without denigrating any other form of moving, Black calls walking “an ideal exercise. It’s simple; we all do it regularly; you don’t need any special equipment, just throw some shoes on.” You don’t need to start at 30 minutes—just get moving, establish exercise as a habit, and work up gradually.

Ketterhagen—originally from Wisconsin—points out that Kentuckians have a leg up when it comes to exercise. “One of the real plusses in this state, whether you all realize it or not, you have an unbelievable climate that allows you to be outside for the majority of the year.”

healthy eating goals,” Eckhart says. “They don’t just say, ‘Here’s a diet, follow it, have a nice day.’ It’s ‘Where are you now, what are the first steps you need to take, where do you go from there?’”

Some insurers will reimburse the cost of a nutritionist or registered dietitian, but always check first with your insurance provider to determine what is covered. And most of the state’s local health departments have dietitians on staff who provide individual counseling and group nutrition education, such as grocery store tours, food demonstrations, cooking classes, healthy eating classes, diabetes classes, and weight loss support groups. For more information, go to the Web page of the Cabinet for Health and Family Services’ Nutrition Services Branch (online at www.chfs.ky.gov, and search for “Nutrition Services Branch” to locate the link).

BURN IT OFF

The other side of the weight equation is burning the calories you take in.

Scott Black, a doctor in the sports medicine program of UK HealthCare, says there are studies showing that a lack of physical fitness is as big a risk for heart disease as smoking, elevated cholesterol, or high blood pressure.

“The encouraging thing is it doesn’t take a lot of activity” to make a significant change in your health, Black says. “The people who get the most benefit from physical activ-

ity are the people who go from being totally sedentary to being moderately active,” which he defines as getting 30–40 minutes of exercise at least five times a week.

“It’s sort of the law of diminishing returns,” he says. “You get a lot of bang for the buck at first, but then the difference between somebody that’s just moderately physically active and somebody running marathons is not a great deal of gain.”



TIM WEBB

STRENGTH TRAINING

Black says that before you start exercising, you should be cleared for exercise by a doctor—especially if you have known heart disease or diabetes.

In addition to an aerobic exercise like walking, biking, or running, it's also important for older adults to do strength training—at least 15 minutes twice a week. If you follow the basic exercise recommendations the government sets—five days or more of moderate exercise, strength training twice a week—Black says that should suffice. “From a health standpoint, that's really enough to do you a lot of good.” If you find that you enjoy exercising, move on up. If not, “leave it at that, don't push it farther, and don't stress yourself.”

He thinks people often have the misconception that they have to get to the point where they run a marathon before they feel the benefits of fitness. “It's much less than that.”


Scott Black of UK HealthCare uses an automotive metaphor to explain what aging does to your muscle mass: “You start out driving, say, a Suburban, and you've got an 8-cylinder (engine) in it. The Suburban doesn't change over time, but the 8-cylinder goes from an 8 to a 6 to a 4, and has a lot harder time moving the Suburban around. What you want to do is maintain that big motor.”

Increasing muscle mass also burns more calories—its dwindling is one of the reasons our aging bodies turn food into fat, because our metabolic rate has slowed down.

Strength training sounds like it would be expensive, involving buying a set of weights or belonging to a gym. But Black recommends “body weight” exercises—push-ups, squats, lunges, and other

things you used to do in gym class—as forms of strength training. (He leaves out sit-ups, which cause back strain.) Those exercises don't require anything but a floor or a chair. Black will often suggest to older people that they repeatedly stand up from a chair, using only their legs—it's a form of squat. There are also relatively inexpensive elastic bands that can be used in resistance exercises. And canned goods can be pressed into service as low-cost dumbbells.

However, Black urges someone starting out with strength training to get a little bit of instruction—a class meeting or two with a coach or trainer. “All those things are not really intuitive, so you almost need somebody to teach you how to do that first,” he says. “There's a bigger risk of getting injured when you're doing strength training, if you do it improperly and you try to do too much at once.”



Kentuckians have a leg up
when it comes to **exercise**—
we can be **outside** most of the year

LOSE WEIGHT WHILE YOU SLEEP?

Dietitian Michelle Eckhart says that sleep is important to establishing a healthy lifestyle. "Sleep can actually help you lose weight and regulate your appetite," according to substantial medical evidence, she says. Like exercise and eating, it's a source of endorphins—the "feel good" neurotransmitters. So if you aren't getting exercise or sleep, you seek the endorphins elsewhere. Getting the proper amount of sleep—and quality sleep—at night can help prevent you from overeating when you're awake.



DON'T, DON'T SMOKE THAT CIGARETTE

The costs of smoking may be well-known, but they're still shocking. Kentucky has the second highest rate of adult smokers in the nation (about 25 percent) and the highest rate of youth smokers of any state in the U.S. at 26.1 percent. Tobacco products are the leading cause of preventable death in the state, responsible for nearly 8,000 deaths every year, and 116,679 years of potential life lost—most of them from lung cancer and chronic obstructive pulmonary disease (COPD, which takes the form of emphysema and/or chronic bronchitis).

And while they're alive, as Ketterhagen points out, patients incur the predeath costs of those diseases: They're on oxygen. They tend to make more frequent visits to their doctor. They have pneumonia more frequently and are often hospitalized "for exacerbations for what would otherwise be a minor bronchitis."

And tobacco is powerfully addictive. "When we've interviewed cocaine and heroin addicts, they tell us they can stop other substances, but when they try to quit smoking, it's probably the hardest thing they'll ever do," says Ellen Hahn, a professor in the UK colleges of nursing and public health and director of the Kentucky Center for Smoke-free Policy.

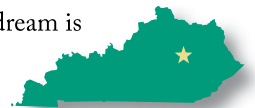
To make it worse, quitting cold turkey rarely works—Hahn says it succeeds in about three of 100 cases. She

Jim and Betsy Payne, Estill County, Kentucky



WHEN YOU'VE GOT THE "BUG" FOR COUNTRY LIVING... BUILDING YOUR DREAM IS WITHIN REACH WITH FLEXIBLE CONSTRUCTION LOANS FROM FARM CREDIT SERVICES.

Not a house. A dream. That's what Jim and Betsy Payne are building back along a country lane on the banks of the Kentucky River. Their dream started with a desire to move to the country after Jim's long military career (three stints in Afghanistan). Gradually, they pieced together 200 acres, added some cattle, a few goats and some barns. Finally, it came to building their log home. But finding the right lender who understood all these components was difficult. That's when Jim found Mickey Staton and Farm Credit Services of Mid-America. With Mickey's help all the things that caused other lenders problems – like added acres, a log home, farm income and a desire to self-contract their home – simply melted away. "We couldn't have asked for a better lender to work with," Jim said. So if your dream is country living and farming, give us a call.



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believes it's more difficult now than in earlier decades because of changes in the way cigarettes are formulated (as revealed in industry documents made public after the tobacco companies' master settlement with the government).

But she's not without hope: "We do know what works to help people quit—that's the good news."

Hahn says that quitting tobacco starts with a thorough assessment of the smoker's addiction by a health-care professional or tobacco treatment specialist: what kinds of tobacco they use and how much, what circumstances trigger their desire to smoke, the degree to which they're addicted to nicotine, and their previous history of trying to quit. There are also tools online that can help you assess yourself.

After the assessment is done, the prospective quitter can get help in two areas. The first is medication—the various nicotine replacement products and other medications. Some of them, such as nicotine gum, nicotine lozenges, and the nicotine patch, are sold over the counter. There are also prescription-only medications such as a nicotine inhaler (which works a little faster than gum or patch and more closely mimics the experience of holding a cigarette), and nicotine nasal spray (which works the quickest). Bupropion (such as brand name Zyban) and varenicline

(brand Chantix) are medications in pill form that work on the brain to reduce cravings for nicotine. Some insurance providers (including Medicaid) cover nicotine replacements, bupropion, and varenicline.

The second is behavioral support. "That's the thing a lot of people don't want to do, or bother to do," Hahn says. Although most people just want a "magic bullet," says Hahn, behavioral support can make all the difference. Quitting tobacco involves making changes in routines and often social activities. Support can help people stay motivated to resist tempting situations, and behavior counseling more than doubles success in quitting. There are support groups and individual counselors, Hahn says, and either can be effective. The important thing is to tailor your quitting process to yourself: "If somebody really wants to be successful, there's not a one-size-fits-all (solution)."

Just as important for quitting successfully is the more informal side of behavioral support—the cooperation of your friends, family, and co-workers. "If your partner or significant other is supportive and helping and encouraging you to quit, that is huge," she says. "People have a really hard time if their loved one is smoking. Seeing and smelling tobacco smoke triggers the urge to smoke. If cigarettes are lying around in plain sight, it is hard to resist the temptation to smoke."

It's also important to change your environment—making your car and home smoke-free. "Smoking is a powerful cue to smokers; if you see people smoking, you want a cigarette," Hahn says.

SO ARE YOU GONNA DO IT?

We all realize it's much easier to know what you should do than it is to actually do it, which is why there's an art to making the changes that will benefit your health.

"We really need to do better



at helping people learn how to change their behaviors," says David Susman, a member of Health Literacy Kentucky.

"All of these things on the surface would seem like simple lifestyle changes, but as

QUIT NOW

Every local health department has a tobacco prevention and cessation specialist, and most of them offer a 12-week program called Cooper-Clayton that uses behavioral modification and nicotine replacement medication in a group setting. (In addition to help with smoking, it also helps with stress and weight management.) In many locations, it's free, and others offer some help with the cost of nicotine replacement; still others have fees of varying cost (for example, in Lexington, participants pay \$50; if they're smoke-free at the end, they get the \$50 back). An entirely free resource is the Kentucky Tobacco QuitLine (1-800-QUITNOW), which offers telephone counseling that Hahn says has a good record of effectiveness. And a number of online resources such as www.becomeanex.org, www.smokefree.gov, Quitnet.com, and mylastdip.com (for smokeless tobacco) offer guidance and chat groups.



we know they're incredibly difficult and very complex. That's why we as a nation fail so miserably at diets and weight loss and other kinds of healthy lifestyle changes."

For example, it would seem that you can't do anything about denial —the whole point is that you're keeping the problem out of your

BE AWARE OF THE STAGES

Susman says that the person attempting to change his or her behavior "goes through predictable stages:"

1. Denial
2. Awareness of the problem
3. Planning/preparation
4. Putting the plan into action
5. Trying to maintain progress

That framework may seem simple. But the way Susman explains how to make the cycle work gives it force.

consciousness. But that's where other people come into play (and where you can fill the part for others).

"Many times your family and friends see the problem before you do.... The reliably effective thing there is just to gently provide information to try to increase their awareness. You can't hit them over the head..."

And planning is not something to rush through.

"People need to spend a fair amount of time putting their plan together," he says. The classic New Year's resolution doesn't cut it. The plan should be written down, with measurable goals and the daily steps you're taking toward them.

Another important factor is to have support—people who know what you're working on, and can encourage you: "When people don't have support, that's when they're likely to give up."

Your support network can also hold you accountable: "Once you get the plan together, everybody in your support network gets a copy of it" and can ask if you're following the steps. Susman said studies have shown that commitments you make publicly succeed much more often than commitments made privately.

"In terms of what we know about learning and behavior, we know that things that tend to be punishing or negative tend to have more short-term effects and aren't as effective as things that are more reinforcing and positive," Susman says.

"If you tell yourself, 'I am never drinking soda again,' that might be such a rigid position that it causes you so much stress that it's worse for you than drinking a soda every once in a while," says Jan Winter, founder and executive director of the

Kentucky Children's Health and Fitness Fund. "I can do anything for a month, and then I get bored, or I don't feel like it." Winter talks about increasing "your happiness level and your connectedness level" by doing the healthy things you enjoy—say, walking your dog—and involving yourself with other people. "We find that we stick with things we have a positive attitude about."

An effective motivation, Susman says, is to think ahead. "What has been shown consistently, over and over again, what kind of tips the scale to get people to move into positive action is you get them to focus more on the

future benefits"—for example, "when I lose 60 pounds, I can buy a dress that's four sizes smaller"—than on negative consequences.

Michelle Eckhart of Jewish Hospital & St. Mary's HealthCare says she's observed that "taking on changes one at a time is certainly much more effective. It's too overwhelming to take on a total lifestyle makeover all at once."

SPEAKING OF YOUR MOUTH

State Dental Director Julie Watts McKee calls it "a cultural acceptance of toothlessness"—the idea that having dentures is a natural stage, a third set of teeth after your baby teeth and your adult ones; and a general willingness to see tooth pain and poor dental care as the natural order of things.

The classic New Year's resolution doesn't cut it—write up a plan with measurable goals





Kentucky ranks at or near the bottom of the states for the number of teeth our citizens have in their mouths. “We insult our teeth,” she says, by treating them as if they’re optional. But there’s no reason that your teeth can’t last your lifetime.

Among the most grievous insults we dole out to our molars and bicuspids is our addiction to sodas. When she was growing up, McKee says, a soft drink was a rare treat. Today, kids might have four or five daily, bathing their teeth in a high-acid wash with refined sugar or high fructose corn syrup “for hours a day.”

McKee points out that poor dental care has nutritional ramifications. Tooth pain and tooth loss make it more difficult to eat foods with any kind of snap. And so there’s a tendency to prefer mushier foods—applesauce instead of an apple; a hot dog instead of a pork chop—and those tend to be more processed foods, which are on the whole less nutritious than unprocessed ones. (Going from natural teeth

to dentures reduces your mastication—chewing capacity—by 75 to 80 percent.)

It has economic ramifications in terms of workdays and school-days lost to emergency dental visits when the pain could have been prevented in the ordinary course of treatment. And the lack of a complete smile can be a hindrance to getting hired or advancing in the workplace.

Poor dental care also has medical ramifications outside of your mouth. There’s a well-established association between gum disease and heart disease and stroke. McKee says it also appears that there’s some kind of reciprocal relationship between gum disease and diabetes: “It all comes down to the stunted ability to heal in diabetics” and the inflammation that’s part of such oral diseases as gingivitis and periodontitis. And it has been suggested that poor dental care is associated with preterm births and low birthweight babies.

McKee says pregnant women who practice “militant home care” for themselves tend to have longer-term pregnancies: the reduced inflammation in their gums seems to have a physiological effect that helps babies’ brains develop. It also saves money for parents, insurance providers, and taxpayers—babies carried for more weeks don’t require expensive neonatal care after they’re born. And as they grow, these children have decreased rates of decay and get their first cavities at a later age.

“Militant home care” sounds like some kind of scouring, harrowing procedure involving chemicals and a lot of yelling. But it’s basically what any dentist recom-

mends: brushing and flossing regularly; visiting the dentist regularly to have your teeth cleaned and polished; and possibly using an anti-plaque agent, such as Listerine. “It’s not brushing 28 times a day,” she says, “but it’s making sure that at least once a day you are thoroughly cleaning your mouth.”

HEALTH SUCCESSES

Earlier this year, we asked readers to send us their health success stories—how they managed to change their behavior and improve their well-being.

The majority of the submissions seemed to have one common theme of changing their life through a decision to diet and exercise. That could be the “magic bullet” everyone is always looking for that never seems to fail. It’s not always what people want to hear, and it is not easy, but it is life-changing.

In November 2008, Amy Adams of Greensburg, a Taylor County RECC member, was 24 years old and already at a crisis point. She’d been diagnosed with Type 2 diabetes—a disease she’d seen >> 33

ON THE WEB

ONLINE

Health resources and more

Want to learn more about changing your or your children’s health? Get our valuable health resources listing, get tips and tricks on healthier eating in a story called “Better Eat,” learn how one Nicholasville business motivates employees to embrace wellness, and read another health success story when you go online to KentuckyLiving.com and type “road to health” in the Keyword Search box.

PLAIN HEALTH TALK

Bring it to your doctor.

If you've heard about a medicine you're interested in, or read about a study that suggests you might benefit from changing your diet, consult the person you've put in charge of your health. "Healthcare professionals are the ones who can help you sift through that massive amount of information that we all get confronted with and focus on the (bits of information) that can be strategies that are specific to you," says Jan Winter, founder and executive director of the Kentucky Children's Health and Fitness Fund.

Have your own agenda.

"Doctor visits are brief. The doctor isn't coming to your house anymore, observing your general lifestyle and getting to know you—that can take a while," says Winter. "So it's incumbent on the consumer to be aware of his or her options and be the initiator of those conversations." Mullaney suggests you ask any questions you have at the beginning of the visit "so that the physician can work those questions in as they provide you information about taking care of yourself."

Make a record.

Take notes during your appointment, either in writing or using a recording advice. Or bring someone with you, especially if you might be getting bad news—in addition to the emotional support, the second set of ears will be calmer and more objective.

Read.

Charles Jackson, who heads the executive committee of Health Literacy

THERE'S A LOT OF HEALTH INFORMATION

—AND MISINFORMATION—OUT THERE. The language of medicine can be confusing. There's an intimidation factor in many healthcare situations.

How can the average person navigate through these circumstances and come to a helpful understanding of what he or she needs to do?

Here are tips from several people concerned with health literacy—a term defined by Pam Mullaney, director of membership services for the Kentucky Hospital Association, as "a patient's ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

Kentucky, says studies show that 50 percent of people take their prescriptions incorrectly—misreading the dose, timing, or other essential information.

Get good info.

Jackson points out that health-related questions are the most common inquiries at public library reference desks, so the librarians there should have "years of experience" to direct you to "the best information." And he points out that medical libraries at universities are also great resources that are free to the public.

Be honest—with your doctor and yourself.

"People are afraid to talk to their doctor—they're afraid to tell their doctor the truth because they're afraid to tell themselves the truth," says Winter. "That's the bottom-line issue that we're dealing with—it isn't that we're incapable, it's that we're unwilling."

Know what's coming to you.

Healthcare plans vary widely in what they cover, and many people are eligible for benefits of which they're unaware. According to Jill J. Bell, vice president of public affairs at Passport Health Plan, through a public awareness and enrollment initiative, in the past three years Passport has assisted the state in enrolling 16,000 children in Medicaid. These children were eligible but their families didn't know about the program. Passport provides Medicaid coverage to more than 170,000 members in a 16-county area, including Louisville.

15 SIGNS OF GOOD HEALTH

IN THINKING ABOUT HEALTH

we often fixate on the numbers—your blood pressure, blood sugar, cholesterol levels. But some of the most important indications of good health elude mathematical expression.

"There are so many factors that we can't put a number to that are just as important as the ones we can put a number to," says Jan Winter, founder and executive director of the Kentucky Children's Health and Fitness Fund. "These are things that can have a distinct effect on your health, and just because we can't narrow them down to a single number that can be measured after a waking fast, doesn't mean they should be discounted."

Winter supplied this list of those other factors.

1. Average weight for height
2. Energetic pursuit of daily life
3. Daily, easy bowel movements
4. Regular deep and restful sleep
5. Strong fingernails free of ridges and white spots
6. Clear eyes
7. Strong immunity to colds, flu, and allergies
8. Strong and shiny hair
9. Clear skin
10. Clear thinking (no "brain fog")
11. Freedom from persistent aches and pains
12. Healthy sex drive
13. Healthy and firm gums (no bleeding when brushing)
14. Calm and stable emotions, generally joyful and adaptable
15. Sense of humor and positive social involvement

AMY
BEFORE



AMY ADAMS

HEALTH SUCCESSES>> claim her uncle's legs. She weighed 330 pounds and, by her own account, she was "miserable."

But the diagnosis sparked an amazing turnaround—one that started in a slightly unlikely place. While nutritionists and others concerned with health will advise folks—especially children—to limit their "screen time," Adams started playing Dance Dance Revolution on her PlayStation. She also started walking up and down the hill and cul de sac by her house, and started eating more fruits and vegetables.

By the end of the year, Adams had lost 15 pounds. The next year, she started focusing more on the specifics of nutrition—examining labels, reading books—and ramped up the exercise by starting boxing and using hand weights in her workouts. By 2010, she was preparing to run her first 5K and had transformed herself from someone who primarily ate fast food into an ardent cook. She's now cooking at the childcare center where she works and incorporating more fresh fruits and vegetables into the center's menu.

To date, Adams has lost 145 pounds—and even more impressively, she reversed her disease.

In February her doctor told her she could consider herself a former diabetic: Although she says "I'll never be completely cleared of it," she doesn't need to test her blood sugar daily.

She draws a moral from her journey: "There's

no place that you've gone too far—you can always reverse something, or at least make it better."

When Blue Grass Energy member Patsy Ann Wheeler of Richmond was diagnosed with Type 2 diabetes in January of this year, she started attending classes at the Madison County Health Department, doing research online and buying books about healthy foods and carbohydrate-counting. Her goal was to avoid becoming insulin-dependent.

She reduced the number of colas and simple carbohydrates (the refined grains that your body easily converts to sugar) in her diet, and increased the amounts of fresh fruit and vegetables. She started tracking her calories and carbs and learning how to space them out. Her significant other, Frank Kourt, who does most of the cooking, attended classes and sought out diabetic-friendly recipes. Wheeler started exercising daily, using a machine that's a cross between a stationary bike and a rowing machine.

Within three months, she'd lost 24 pounds, dropped from a size 18 to a 12, and brought her blood sugar within normal range. She also "controlled and improved" the wet macular degeneration in one of her eyes.

While Adams, Wheeler, and Bill Cole should be inspirations to all of us, it's worth knowing that it doesn't require a heroic, multi-year effort to make a difference in your health.

Challenge yourself today by joining us on a four-month journey to better health when you join the KL Health Club on page 22. **KL**

■ Amy Adams, Greensburg, transformed herself after learning she had been diagnosed with Type 2 diabetes. Through creative exercise and nutrition efforts, she lost 145 pounds and has reversed her diabetes.



AMY ADAMS