

OCTOBER 2013

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HAPPY CHEMO?

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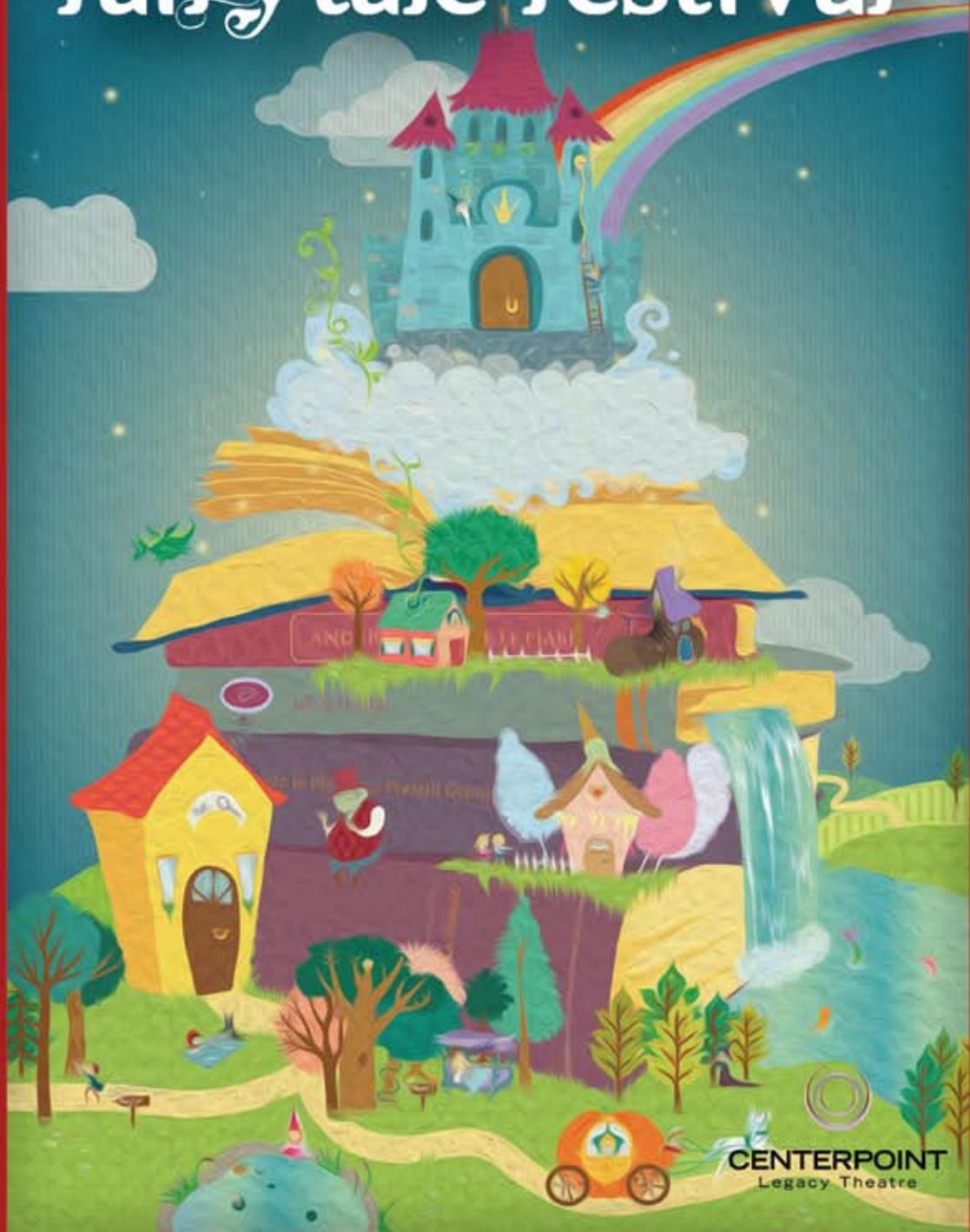
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Ladies, remember to care for yourselves first

As a woman in the U.S., the fact that I am female means that I'm likely to live longer than my male peers, less likely to have a chronic illness, and have a lower risk to everything from cancer to suicide to a heart attack.

I have known that somewhere in the back of my mind for a long time. When I think about it, it's obvious that I know more elderly widows than widowers, for example.

I must admit, though, that when I started researching this column I expected to find evidence that there would be a healthcare gap between men and women, just as I thought there is among people with differing ethnicity and social status.

I was surprised by what I discovered.

Before the twentieth century, women did die much more often, especially during reproductive years. But improvements in maternal care, plus better access to care and education for women, meant a reversal of the age-old fact that women die first.

In 1900, women had a life expectancy of 48.3 years and men had one of 46.3 years, according to the National Center for Health Statistics. In 1950, women could expect to live 71.1 years and men, 65.6 years. By 2007, those numbers were 81.1 and 76.3 years, respectively.

I also learned, however, that women are more likely to suffer mobility impairments and chronic health conditions such as asthma, arthritis, or depression. Women are also less likely to be physically active, more

likely to be obese, and among females older than 12, more likely to report experiencing depression.

Women tend to be caretakers for others, but these numbers are a reminder that we need to care for ourselves first, especially in terms of getting more exercise and attending to our psychological health.

In this month's edition, we've included several articles to help you do just that. For example, don't miss our columns from local medical experts about the importance of cancer screenings and pre-pregnancy care for all women of childbearing age.

Getting beyond just facts and statistics, you'll find hope in when you read about the work of local cancer survivor Ginger Johnson, who made it through her diagnosis and treatment by finding ways to help other patients. Now, she runs *HappyChemo.com*, which facilitates everything from access to freebies and discounts to education, product reviews and a vibrant community of support -- "An oxymoron on a mission," she calls it.

We also hope you check out our articles about the implementation of the Affordable Care Act, or Obamacare. We discuss what individuals, companies and seniors need to do as well as the new benefits and opportunities that will be avail-



BY
**REBECCA
PALMER**
EDITOR

Rebecca enjoys rock climbing indoors and in Utah's canyons, yoga and Zumba classes and gourmet cooking. She holds a bachelor's degree in journalism from Weber State University in Ogden.

able. A guest columnist takes the discussion a step further, providing information about the penalties that could be assessed on individuals who don't have qualifying insurance coverage.

I wouldn't want to spoil your experience of thumbing through the magazine and finding all the surprises we have in store, but I assure you, goodies abound. After you're done browsing, let us know what you think of Davis Wellness in our first 10 months. What health topics interest you? Whose stories inspire you to be healthier and happier? Drop me a line at 801-295-2251 ext. 126 or shoot me an email at rpalmer@davisclipper.com.

And enjoy the edition!

Davis Wellness

Our mission is to promote ideas and education about health, happiness and well-being to help our friends and neighbors in Davis County live longer, more-fulfilling lives.

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Davis Wellness is published monthly by Utah Media Publishing and is dispersed in the Davis Clipper newspaper and in health providers' offices throughout Davis County. Davis Wellness is published on the last Thursday of every month.

Utah MEDIA
PUBLISHING



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Skin & Beauty



Healthy Aging

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Cancer victim finds the good in chemotherapy

Ginger Johnson is one of the most positive people you'll ever meet.

You would never know from looking at her that she was diagnosed with breast cancer at the age of 31.

That news came on "the scariest day of the year, Halloween," nearly seven years ago, she said.

Johnson was five months pregnant and had her first mastectomy a month later. Almost immediately afterward, she delivered her third child, a boy.

Three surgeries followed, and chemotherapy started when her baby was just six weeks old.

"Although our bodies all handle it differently, we do have one thing in common – the experience isn't fun," she said. "Show me anyone whose experience with the effects of chemotherapy is great and I'll show you a liar."

She had two children, 6 and 7 years-old, at the time, and had worked as a fitness instructor.

Health, or the sudden challenges with it, changes everything, she said.

The cancer journey can be made a bit easier when you help others dealing with the same challenges, Johnson believes.

She couples that with focusing on the good.

"I firmly believe there is a way to find good even in the worst situations," the Layton woman said.

"We can take these

BY **TOM BUSSELBURG**
ASSOCIATE EDITOR

experiences as negative or stretch and grow through that adversity," she said.

Johnson turned her focus to serving others who were going through similar experiences.

For example, on her good days while undergoing chemotherapy, Johnson would take her newborn and two older children to meet with local and national firms that could provide discounts, sample products and free services to cancer victims.

Then, before being hooked up for

■ See "JOHNSON" p. 5



GINGER THOMPSON, of Layton, founded Happy Chemo.

Courtesy photo



THOMPSON, center, smiles with the camera with fellow advocates (from left) Cidne Christensen, Patricia Monsoor, Abby Bonell and Hope Whiteside during an American Cancer Society Strives Against Breast Cancer breakfast.

Courtesy photo

Johnson

Continued from p. 4

her chemotherapy, she would give these presents to the other patients as a way to brighten their days.

Gifts ranged from cancer treatment planners to customized chocolates.

Johnson would wish the patients "Happy Chemo!" when handing out the gifts — a name that has stuck.

She has a website, happychemo.com, that has information about cancer support and resources, freebies and discounts offered by various companies and more.

Happy Chemo is spearheading a new campaign to promote mammographies for women aged 40 and older.

Johnson produces the magazine "Utah Cancer Connections," which provides information about the world of cancer. It includes a list of cancer support groups along with articles and advertising geared toward cancer victims and caregivers.

Johnson specifically mentioned survivor socials hosted by the Utah Cancer

Action Network. The next is Saturday, Oct. 12 at 2 p.m. at Nate Wade Subaru, 1207 S. Main Street, in Salt Lake City.

Johnson devotes at least six hours daily to Happy Chemo, and has strong support from her kids and husband, Travis.

"He has always had my back when I lost my front," she said.

As a cancer victim now seven years in remission, Johnson also promotes a serious message.

"Cancer is the plague of our day," she said.

She is well aware of how cancer can strike other family members. Her father was diagnosed with stage 4 esophageal cancer just as she completed her chemotherapy. Then an aunt was diagnosed with breast cancer and another with pancreatic cancer.

Johnson switched gears to a caregiver role for her father, and said she learned being a caregiver, friend or attending nurse is not easy.

"Cancer is completely different than other health conditions," she said.



BOY SCOUTS FROM ALPINE join Johnson in delivering homemade blankets to cancer victims. *Courtesy photos*



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wellness

More Utah seniors report memory loss symptoms

Memory loss appears to be growing among Utah seniors, according to results of a telephone survey of Utah men and women aged 60 and older conducted by the Utah Department of Health.

Nearly 17 percent of those aged 60 and above reported experiencing memory loss that is happening more frequently or getting worse, information from the Department of Health said.

In studies of other states, about 13 percent of seniors reported memory loss.

The recent study stands in contrast studies that have shown Utah's older adults are physically healthier than their counterparts across the country, according to the department.

Utah's study follows the path laid out by the CDC's Healthy Brain Initiative, launched by the CDC in partnership with the Alzheimer's Association in 2005, which developed a set of 10 questions to measure the public health burden of cognitive decline.

The recent Utah study asked those questions to about 1,000 people in Utah aged 60 and over. The survey covered issues such as confusion and memory loss and the impact those symptoms have on seniors' ability to function inside and outside the home and care for themselves.

"We need their answers so we can understand and plan for the kinds of resources and services our elderly will need to age safely," said Kathryn Marti, director of the Utah Department of Health Office of Public Health Assessment, in a press release from the department



about the study.

A growing body of evidence suggests that subjective cognitive decline, or the self-reported perception of memory or cognition problems, may be a valid early indicator of Alzheimer's disease or other forms of dementia, the press release

reads.

"We are seeing that patients find themselves getting disoriented, experiencing mood and behavior changes, including becoming suspicious about their loved ones," said Melissa Lee of the Alzheimer's Association Utah Chapter, in the release. "In the later stages they begin having trouble walking, talking and swallowing."

In 2011, Alzheimer's was the sixth leading cause of death among Utah men and women aged 60 and older, according to the release. Although there is no cure, the study outlines specific actions the public health community and its partners can take to help support their caregivers.

Learn more about the Health Brain Initiative at alz.org/Utah. For more information on services for the aging, call 1-800-272-3900.

BY **TOM BUSSELBURG**
ASSOCIATE EDITOR



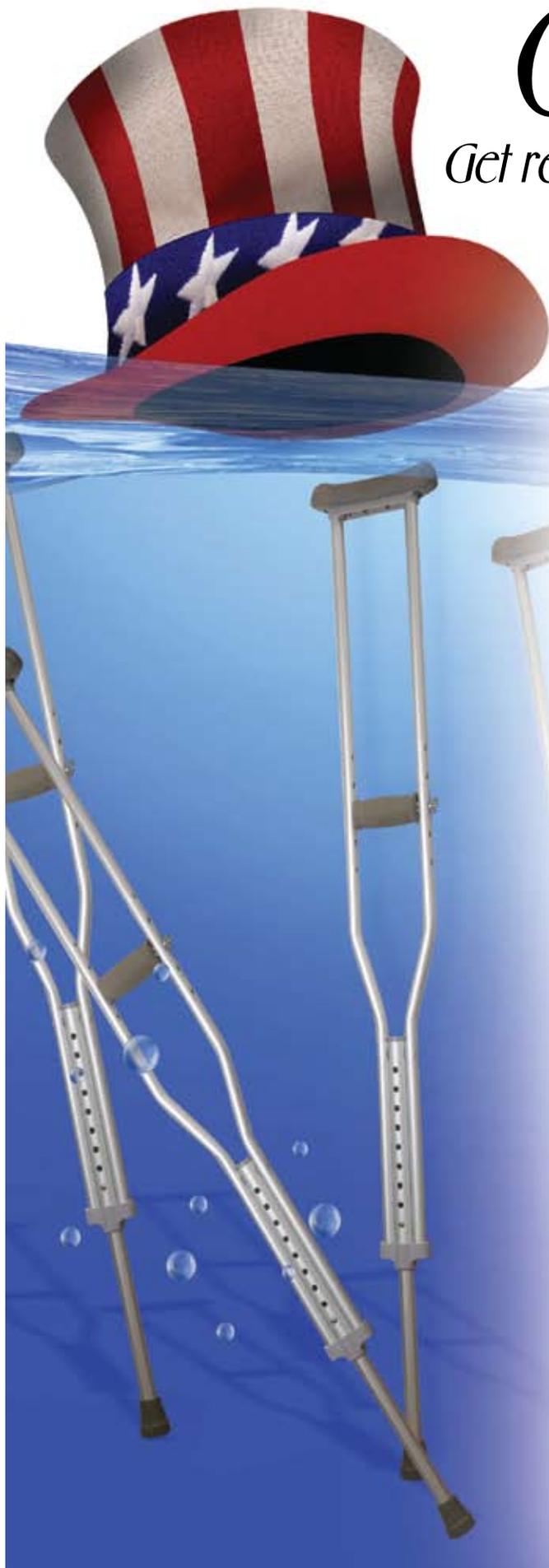
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Obamacare

Get ready for October implementation

Opinions about Obamacare range from disgust to joy to cautious skepticism, but the biggest element of the 3-year-old law's implementation is underway.

"People really don't know what the ACA (Affordable Care Act) is about," said Patty Jeys, a North Salt Lake resident and internal medicine specialist. "They don't understand what ACA offers, and more and more of our patients can not afford health insurance, more and more all the time."

Starting this month, people can sign up for health insurance plans through federal exchanges, which will act as a one-stop shop to connect individuals to multiple eligible plans.

The law means changes across the board. Businesses of all sizes will have new ways to insure employees and new rules for individuals and families are rolling forward.

Questions about the implementation abound, and the non-profit organization Utah Health Policy Project has received federal funds to help answer those questions around the state.

Changes for individuals

Jason Stevenson, spokesman

for the organization, said there will be three major benefits for

BY REBECCA PALMER
EDITOR

insured people and their families.

First is the marketplace, which will be available to people who don't have insurance or have inadequate insurance from their employers. The online system lets you compare multiple eligible plans based on price, benefit level and more. Then, you can sign up for a plan online. You will need basic identifying information such as name and Social Security number plus income information such as last year's tax return filing. You won't, however, need health records.

That's due to the second benefit: People can't be excluded from insurance policies based on their health history when they sign up for new plans, starting next year. That will make healthcare less expensive for many people with major problems and will make it available to many people who have lived without insurance, including

■ See "OBAMACARE" p. 8

Health Insurance Premium costs under Obamacare

Annual individual income	Estimated premium after subsidy
Up to \$15,000	2% of income
\$15,000 - \$17,000	3% to 4% of income
\$17,000 - \$22,000	4% to 6.3% of Income
\$22,000 - \$28,000	6.33% to 8.05% of income
\$28,000 - \$34,000	8.05% to 9.5% of income
\$34,000 - \$40,000	9.5% of income
\$41,000 - and up	No government subsidy

Note: income levels increase proportionally with family size, and figures could change based on changes to federal poverty levels.

Obamacare

Continued from p. 7

up to 400,000 individuals in Utah alone.

The third benefit, Stevenson said, is tax credits that will help low-income people purchase the required insurance plans from the exchange marketplace. Individuals making up to \$44,000 a year are eligible, as are families of four with gross household incomes up to \$92,200.

“The people who really need help are going to be able to get it,” Stevenson said.

People whose employers provide qualifying health insurance won't be eligible for the subsidies or the marketplace unless the amount those employees contribute to the least expensive plan's premiums is more than 9.5 percent of family income.

The subsidies will be funded by an additional 0.9 percent Medicare tax on employees, which went into affect this year, tax increases on

medical device manufacturers, a new net investment income tax, new taxes on tanning salons, an annual fee for health insurance providers, and an annual fee for brand-name prescription providers.

The Congressional Budget Office estimates that the federal deficit will be reduced following implementation.

To sign up for a plan, start by visiting the marketplace at healthcare.gov or calling the toll-free hotline at 1-800-318-2596. Help will be available in Spanish and English and translation services will be provided for dozens of other languages.

If you have questions, call the above hotline or find an implementation advocate. In addition to the health policy project, other federally verified helpers in Utah are the Utah AIDS Foundation, Cardon Healthcare Network, Cardon Outreach and the National Council of Urban Indian Health.

Changes for businesses

Small business employers were

How does the ACA affect you?

WELLS FARGO Large company Self-insured	▶	No changes to coverage
WELLS FARGO Small company Carrier insurance	▶ 85%	Policies must cover 10 essential health benefits
WELLS FARGO Senior citizen On Medicare	▶	Prescription drug "donut hole" gone by 2020
WELLS FARGO Lost Job / Part-time Job Uninsured	▶ 15%	Eligible to use the new insurance marketplaces to: 1) Shop for coverage 2) Qualify for Medicaid 3) Receive tax credits
WELLS FARGO Small business / Self employed No or bad insurance		
WELLS FARGO Young people Uninsured		

Source: Utah Health Policy Project

required to distribute information about the new law to their employees by the beginning of this month, so most company officers already know how the law will affect their companies.

However, the Obama administration recently delayed the rule requiring businesses with more than 50 employees to comply with Obamacare until 2015, giving those businesses a chance to choose their best solution this year.

Like individuals, small businesses with between two and 50 employees have access to a marketplace exchange.

The states were allowed to let the federal government run these small business exchanges or run their own. Utah chose to run its own, and that exchange is available on Avenue H at avenueh.com.

According to that site, there are three important features that help

■ See "OBAMACARE" p. 9

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Obamacare

Continued from p. 8

businesses. First, the marketplace lets business leaders compare plans easily. Next are the tax benefits. For example, defined contribution and “employee-paid funds are pre-tax dollars, and a small business employer tax credit up to 35 percent of health contributions is available,” according to the site.

Defined contribution arrangements such as those on Avenue H let an employer set a contribution level at a dollar amount. Then, employees can choose any health plan and apply that contribution to their premiums.

Certain plans available on Avenue H will also allow pre-tax contributions to a health savings account (HSA) that the employee owns.

Finally, businesses now cannot be turned away because of employee health, and employers don't have to choose the plan for employees.

“In addition to benefiting the consumer, the insurance marketplace model also offers relief to employers who will no longer need to bear the full burden of running a health plan for their employees,” the site reads.

For businesses with more than 50 full-time employees, penalties for noncompliance will be assessed starting in 2015. Compliant plans must have 10 key features: Ambulatory services, emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

For seniors:

Anyone who is eligible for Medicare doesn't have to do anything to comply with the law, despite reports in national media

to the contrary. However, seniors will receive benefits including the closing of the prescription drug donut hole, which has cut off insurance help for prescription drugs mid-year. Seniors will also get free annual “wellness visits,” similar to annual physicals, plus free screenings for diabetes and cancer. The plan also “reins in Medicare Advantage plans while protecting plan members,” according to a presentation by Stevenson.

Scam alert:

Since Obamacare became law, unscrupulous people have tried to take advantage of it by signing up people for fraudulent plans, stealing their financial information and more, according to a press release from the Utah Insurance Department.

Fake websites have been part of the problem. You should only enter financial information at healthcare.gov, for the individual exchange, or avenueh.com, for the small business exchange.

Other scammers have called

people saying they need a new “Obamacare” insurance card as a ploy to get personal information. This is false, according to the state.

“Do not provide this information to callers,” reads a press release from the department. “You are not required to obtain a new insurance or Medicare card under the ACA. Also, anyone who is a legitimate representative will already have your personal and financial information and should not ask you to provide it.”

People should also be aware of anyone who says insurance plans are only available for a limited time or that you can go to jail if you don't sign up for insurance. Both are false.

The department recommends, “Always stop before writing a check, signing a contract or giving out personal information.” Call 801-439-3805 and confirm that the agent and company are licensed or verify on-line at <https://secure.utah.gov/agent-search/search.html#>.



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Research Rundown

By Nala Rogers, Science and Wellness Correspondent



Autistic youth face tough prospects after high school

Autism spectrum disorders (ASDs) may be more of a barrier to

achieving independence than other disabilities such as speech impairments, emotional disturbances and learning disabilities, according to two new studies. The studies examined rates of employment and independent living for people aged 21–25 who participated in special education programs in high school. While they did not distinguish between conditions such as autism and Asperger’s syndrome, the studies included a wide range of functional abilities. Young adults with ASD’s worked less, were paid less, and were less likely to have moved out of their parents’ home than any other disabled group.

The first study found that only 17 percent of young adults with an ASD had ever lived without parental or institutional supervision. Young adults with other types of disabilities, including intellectual disabilities, had much higher rates of independent living.

The second study, conducted by the same research team, found that about half of young adults with an ASD had ever worked for pay, less than in any other disability category. ASD adults were much less likely than those in other groups to work full time. On average, they made just more than \$8 per hour — similar to people with intellectual disabilities, worse than the \$11–\$12 made by people with learning disabilities, emotional disturbances, and speech or language impairments.

Despite the challenges facing ASD youth, there is cause for hope. About a fifth of those with the lowest conversational abilities had held a paying job, suggesting that employment is possible even for the highly impaired. The researchers say that young people on the autism spectrum often fall off a “social services cliff” as they age out of programs such as special education, and more should be done to help these young people transition to adulthood.

The study on living situations appeared online on Aug. 30 in the journal “Autism”, and the employment study was published this September in the “Journal of the American Academy of Child & Adolescent Psychiatry.”



Poverty drains brain power

Being poor can make it hard to think clearly, robbing people of about 13 IQ points, according to new research. Past studies have shown that poor people tend to do worse on life tasks such as managing finances, adhering to drug regimens, parenting, and working productively. The new study used laboratory and field experiments to demonstrate a causal link between poverty and cognitive impairment, suggesting that the poor are less capable not because of inherent traits, but because poverty itself is sapping their mental resources.

For the laboratory experiment, New Jersey residents were presented with financial scenarios such as car trouble and asked to consider how they would handle them. The subjects then tackled cognitive tests similar to those on an IQ test. Wealthy people did well on the tests regardless of how much money was at stake. Poor people did as well as rich people when not much money was involved, but significantly worse if the scenarios were more expensive. For example, a poor person might do fine after thinking about a \$150 car repair, but worse if the car repair cost \$1,500.

The field study involved similar cognitive tests, but instead of hypothetical financial scenarios, it used the real-life situations of Indian sugarcane farmers. The farmers receive most of their year’s income all at once, and they tend to run short of money before the harvest. As expected, they did worse on mental tests before the harvest than after receiving payment. The effect of poverty was significant even after taking time of year, stress, and test practice into account.

The effects seen in the study were comparable to losing an entire night’s sleep or being an alcoholic, and the researchers believe they warrant changes in how the poor are treated. For example, aid programs such as welfare could be made simpler to use, leaving poor people with more mental resources for family and work.

The study was published August 30 in the journal “Science.”

Eyes win battle of the senses

Lip reading may be more important to understanding speech than anyone thought, according to new research. When sound doesn't quite match sight, people often think they hear what they are actually seeing, a well-known phenomenon known as the McGurk Illusion. Now, University of Utah researchers have revealed what is going on in the brain when that happens. When people are fooled by mixed sensory signals, the part of the brain that normally interprets sound responds instead to vision.

The researchers measured electrical signals from the brain surfaces of four people who were undergoing surgery for epilepsy. When people watched a video of someone saying a particular sound — “ba”, for example — their auditory cortex activated as it would in response to sound alone. But when the researchers played slightly different audio, such as “va” while showing the same video, activation in the sound-processing parts of the brain matched the visual image instead.

People start to shape sounds with their lips slightly before they begin speaking. The time lag varies for different sounds, and sounds with longer time lags are more likely to produce a McGurk illusion, according to Elliot Smith, first author of the study. The results suggest that early visual signals prime the brain to expect certain sounds, and can even override the sound when it arrives. This could mean that prosthetic hearing aids and speech recognition software would work better if they also took in visual information.

The study appeared in the September issue of “PLOS ONE.”



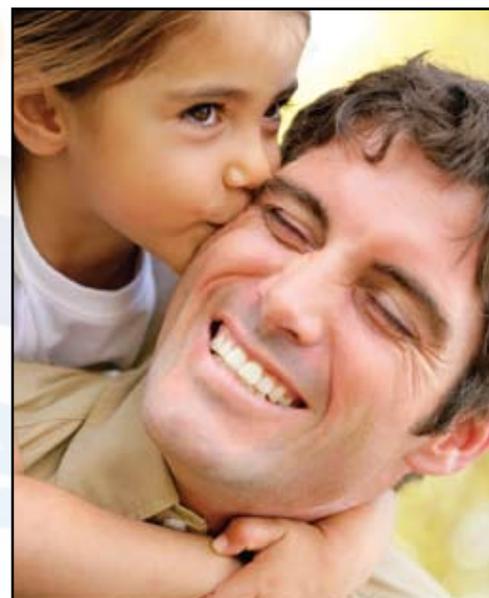
Sugar harms mice in “safe” doses

Sugar may be toxic at levels consumed by many Americans and currently deemed safe by regulatory agencies, according to new research. Mice raised on a diet of 25 percent sugar — the equivalent of a healthy human diet plus three cans of soda per day — suffered serious health costs when placed in a large, naturalistic enclosure that let them compete and breed as they would in the wild. Males were a quarter less likely to hold territory and reproduce, and females died at twice the rate of mice fed a normal diet.

In the past, researchers have studied whether substances are toxic by feeding them to domestic lab mice, which are kept in small cages and experience few of the challenges faced by their wild counterparts. Serious toxic effects may cause mice to sicken even in comfortable lab conditions, but more subtle effects may go unnoticed, according to the study's authors.

For a more sensitive setup, University of Utah researchers used mice that are genetically similar to wild mice and measured their ability to compete for mates and territories in large communal enclosures. Sugar-fed mice were not overweight and showed few metabolic changes, but in a natural environment they had as many problems as the inbred offspring of first cousins. The new setup could be used to test other foods, drugs, and chemicals, potentially revealing health effects that are invisible in traditional studies.

The study was published Aug. 13 in “Nature Communications.”



Men with large testes are less involved fathers

Men who invest less in childcare tend to have larger testes and more testosterone, and they show different patterns of brain activity, according to new research. Parents with a toddler in the home completed questionnaires that asked how much responsibility each parent took for various childcare activities. The fathers also reported how much they wished they were involved in each task. Brain activity and testis size were measured with magnetic resonance imaging (MRI).

Fathers with large testes had more testosterone, wanted less to do with childcare and took on fewer parenting responsibilities. When shown pictures of their own children, they had less activity in areas of the brain associated with reward and motivation.

The results are consistent with evolutionary explanations of behavior, which view actions as “successful” if they result in more surviving offspring. Large testes produce more sperm, so they are an advantage if females have multiple partners; the more sperm a male makes, the better the chances that his will reach the egg first. However, small testes are fine for males whose partners are faithful, and females tend to offer faithfulness to males who invest in their family. Males in promiscuous species often have larger testes than in related species that are less promiscuous. The new study suggests that even within our own species, different males may be adapted for different reproductive strategies.

The study was posted online this September in “Proceedings of the National Academy of Sciences.”

Preparing for Pregnancy Can Change Your Future Baby's Health

Whether you are thinking about having a baby or just a woman of childbearing age, being prepared and optimizing your health is important to improving your future pregnancy outcomes. Preconception evaluation and counseling by a qualified health care provider is an important, but often forgotten, step.

Why should I prepare, if I'm not planning on getting pregnant now?

The CDC recommends that preconception care should be an essential ongoing part of primary and preventative care. Almost 50 percent of all pregnancies in the United States are unplanned. About 60 percent of pregnant women have one or more reasons to receive preconception counseling, so all women of childbearing age should get it regardless of their pregnancy plans.

What Should I Expect?

The three components of preconception counseling are identifying pregnancy risks; education about risks, options, and alternatives; and, appropriate interventions to improve outcomes. Getting complete medical, reproductive, and family histories and physical exam is vital to identifying risks that can be managed prior to and during pregnancy.

What things are considered risks?

• Medical Conditions

Early management of diabetes, thyroid disease, hypertension, asthma, seizures, PKU, and some autoimmune diseases has been shown to decrease fetal risks.

• Medications

This includes identifying pre-



**BY DANIEL
CHAPPELL, D.O.**

Daniel Chappell is a recent graduate of the prestigious Mayo Clinic, where he completed his residency and board certification in Family Medicine. He joined Wade Family Medicine in July.

scription medications, over-the-counter medications and herbal supplements that can be harmful to an unborn baby. All women of child bearing age should be taking a daily multivitamin with 400-800 milligrams of folic acid to decrease the risk of neural tube defects. This should be done whether you are planning a pregnancy or not, as these defects often arise before you even know you're pregnant.

• Age

Advanced maternal age (older



than 35) has an associated risk of infertility, Down Syndrome, gestational diabetes, preeclampsia, stillbirth and breast cancer. More women are delaying conception and should be made aware of these increased risks and available testing.

• Weight

Maternal obesity has been linked to sub-fertility, congenital anomalies, gestational diabetes, preeclampsia, cesarean delivery, increased birth weight, difficult delivery and still birth. Guidelines suggest that women planning a pregnancy should achieve a normal body mass index (BMI) before they conceive. Diet and exercise is still the safest and most effective method of doing this.

• Psychosocial issues

Stress, mental health, and financial issues are best identified and treated prior to pregnancy. Untreated or uncontrolled mental illness can result in substance

abuse, poor nutrition, poor compliance with prenatal care, and poor mother-baby relationships. Ideally, patients should wait until they are doing well and stable on treatment before they attempt to conceive.

• Substance Abuse

Exposure to alcohol, tobacco, and illicit drugs can be harmful to both mother and baby. Smoking has been linked with miscarriage, prematurity and low birth weight. Alcohol causes birth defects ranging from subtle growth and behavioral problems to severe fetal alcohol syndrome. There is no "safe" amount of alcohol.

• Caffeine

Some observational studies have reported associations with caffeine use and poor pregnancy outcomes, but they are limited and inconsistent. If you can't go

■ See "PREPARE" p. 13



Prepare

Continued from p.12

without, limit your caffeine intake to less than 200 milligrams per day.

What kind of lab tests do I need to get before getting pregnant?

A preconception physical with labs is the same as your regular periodic health exam. It should include an examination of your thyroid gland, breasts, heart, lungs, skin and a pelvic examination.

Labs tests depend much on the patient's medical history. Routine tests include those for Rubella, chicken pox, hepatitis B immunity

verification as well as complete blood count checks, pap smears and testing for sexually transmitted infections.

What about immunizations?

Standard immunizations including the flu shot and TDaP (tetanus, diphtheria and pertussus) are recommended as they protect you and pass immunity on to your baby through the placenta and breast milk. Talking to your physician about timing of these vaccines is an important part of preconception counseling as some should be done prior to getting pregnant.

In summary, pre-pregnancy care can improve your pregnancy and baby's health.

Davis Hospital honored

LAYTON — Davis Hospital and Medical Center in Layton is in the top 25 percent of hospitals nationwide, according to one nonprofit healthcare study.

The 2013 HealthInsight Quality Award recognizes hospitals ranking in or above the 75th percentile based on those measures, a press release from IASIS Healthcare said.

Award criteria is based on care quality measures, a record of how often hospitals give recommended treatments known to produce the best results for patients, and "Hospital Consumer Assessment of Healthcare Providers and Systems," a national, standardized survey of patient perspectives of hospital care.

Care quality measures make up 70 percent of the overall ranking and survey results account for the other 30 percent. Lakeview was measured between Oct. 1, 2011 and Sept. 30, 2012.

Other Utah hospitals receiving the honor were Bear River Hospital, Cache Valley Hospital, Intermountain Logan Regional Hospital, The Orthopedic Specialty Hospital, Jordan Valley Medical Center, McKay-Dee Hospital Center, Mountain View Hospital, Park City Medical Center, Salt Lake Regional Medical Center, Sanpete Valley Hospital and Timpanogas Regional Hospital.



David L. Badham, PA-C

David was born and raised in Utah. He studied Management at the University of Utah, after which he served 6 ½ years in the US Air Force Medical Corp in areas including South

Dakota, California and the Philippines. He has been a member of the UAPA/NP Snowbird CME conference for 28 years. He works part time for Larry Miller Sports at the Energy Solutions Arena with the Utah Jazz and has for over 30 years.



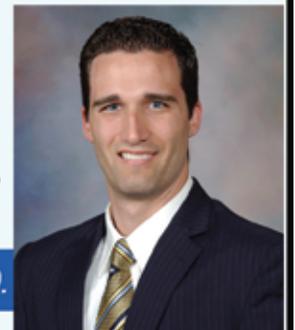
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Dr. Chappell is a Utah native and recent graduate of the prestigious Mayo Clinic where he completed his residency and board certification in Family Medicine. Dr. Chappell places great importance on listening to his patients and forming long lasting relationships centered on their individual needs and goals. He treats patients of all ages in the areas of primary care, pediatric care, OB/GYN, geriatric care, dermatology, orthopedic care, and depression and anxiety.



Dr. Daniel H. Chappell, D.O.

Keep tabs on

BABY

with your Smartphone



A new wearable tech device can now be attached to a baby's foot to constantly record heart rate and oxygen levels.

Salt Lake City-based Owlet Baby Care debuted the new technology this summer.

It's termed the world's first baby "smart sock" and transmits a child's heart rate, oxygen levels, skin temperature, sleep quality and sleep position, plus rollover alerts.

The information is transmitted to a parent's smartphone or other internet-based device, the company said in a press release.

It originated with Owlet Co-founder and CEO Kurt Workman, who is a father with a baby on the way.

He got the idea when caring for twin cousins who were born prematurely. In addition, he had a cousin die from Sudden Infant Death Syndrome, and that put concern about babies' getting enough oxygen close to home.

"Every parent knows what it's like to lay in bed and stress about whether your child is breathing,"

said Jacob Colvin, Owlet Co-founder and father of two.

"Hearing my sick child wheezing all night because of serious RSV is one of the hardest experiences I have ever had, knowing I couldn't do anything for her," said Colvin.

"If we can help one parent or one child, all our effort would be worth it."

The Owlet Vitals Monitor diagnostic device uses multiple sensors and can grow with your child. The monitor is designed to work as long as it fits the child's foot and has been beta tested on infants up to age two.

There are four sensors that allow nine different output combinations," said Zack Bomsta, the firm's chief engineering officer.

The monitor automatically can adjust data read for foot growth, movement and various levels of ambient light. Additional features include the rollover alerts, skin temperature reports and sleep-quality tracking.

For more information, visit owletcare.com or contact kristen@chicblvd.com.

A photograph of the exterior of the South Davis Recreation Center building. The building has a modern design with a large glass facade and a prominent white structural frame. The sky is blue with some clouds.

**South Davis
Recreation Center**

550 N 200 W Bountiful, UT
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southdavisrecreation.com

Am I required to have health insurance next year?

The short answer is yes!

Starting in 2014, individuals will be required to be covered under health insurance, or else pay a tax penalty. Here is a breakdown of the penalty for not having health insurance:



Penalties for Individuals/Families Not Covered Under Health Insurance

Annual Penalty 2014

\$95 per person, up to a maximum of three times that amount for a family (\$285) or 1 percent of household income

Annual Penalty 2015

\$325 per person, up to a maximum of three times that amount for a family (\$975) or 2 percent of household income

Annual Penalty 2016

\$695 per person per year, up to a maximum of three times that amount for a family (\$2,085) or 2.5 percent of household income

If your income is between 100 percent and 400 percent of the Federal Poverty Level and don't have qualifying insurance at work, you may qualify for an Advanced Premium Tax Credit, also known as a Health Insurance Tax Credit. The poverty level for a single person in 2013 is \$11,490 and the level for a family of four is \$23,550, meaning a family of four with an annual income up to \$94,200 will be eligible for assistance.

Here are some quick facts about the Health Insurance Tax Credits:

1. Tax credits lower the cost of your premium.
2. Tax credits reduce the portion of the premium you will pay for insurance.

■ See **INSURANCE**™ p. 17



BY BLAKE IZATT

Blake Izatt is one of the original founders of ABSi (Advanced Benefit Solutions & Insurance) and the President and founder of RBI Benefits. He has more than 15 years of experience in the Employee Benefits industry.

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RBI BENEFITS

Options for senior care have changed

As baby boomers continue to age, there is a greater need to plan for the future.

According to the U.S. Census Bureau, the nation's senior population is projected to experience rapid growth between now and 2050.

In fact, the number of Americans aged 65 and older in 2050 is projected to reach 88.5 million by 2050, more than double what is was in the 2010 Census.

Utah is also projected to see a dramatic increase in those aged 65 and older as well.

State data show the population of those aged 60 and older was at 284,408 in 2000, and rose to 335,577 in 2010. It projects a population of 402,160 by 2015. By 2030, it's projected to reach 595,745.

For those aged 65 and above there will be 460,553 in the state by 2030, the state estimates. For those above age 85 it will be nearly 60,000 by 2030.

As baby boomers continue to age, there will be a greater need to plan for their future.

Many baby boomers as children or young adults saw their grandparents placed in "old folks" homes, and as a result they have resolved to never allow themselves to be taken to any facility.

This was the case with my grandmother. I remember my father and his siblings taking my grandmother to an "old folks" home when it was determined that she had dementia. It made me sad to see my grandmother in the "old folks" home and after a while, I refused to visit her. It was just too



BY
CARY D. GREEN

Cary D. Green earned his master's degree in Health Administration from Weber State University. He is manager of Synergy HomeCare of Northern Utah as the General Manager.

hard for me to understand why she couldn't remember who I was and always called me by the name of one of her siblings.

Unfortunately, that is the image that many of us have about growing older. There weren't as many options 30 years ago as there are today.

According to the National Care Planning Council, today more than 65 million people provide care for an ill, disabled, or aged family mem-

ber or friend each year. Of those providing care, 13 percent provide it full-time, 40 hours a week. It is a full-time job to provide care for our loved ones but also one that, if not managed well, can add to family stress, chronic depression and can have a detrimental impact on the caregiver's life.

Family caregivers who treat their care-giving as a job and not much more suffer emotionally. Between 40 and 70 percent of family caregivers have significant symptoms of depression, and between a quarter and half of these caregivers are diagnosed with major depression.

Instead of trying to do everything, which all baby boomers believe they should be doing, we need to learn as much as possible about all the options so we can make the best decisions. The options include Independent Senior Living Centers, In-Home Care Agencies, Home Health Care, Hospice, Assisted Living Facilities, Adult Day Care Centers, Senior Centers, Skilled Nursing Facilities, and Veteran's Homes.



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Tips for safe, healthy sack lunches

With kids going back to school, it's time to think about packing lunches. Consider these tips to keep sack lunches safe

- Foods should be kept out of the "danger zone," or temperatures between 40 and 140 degrees Fahrenheit. This temperature is the perfect environment for harmful bacteria to grow quickly and potentially cause food-borne illness.

- Freeze juice boxes or bottles of water ahead of time. Pack them in the lunch to help keep other food items cold. When it is time for lunch, the drink will be thawed.

- Another way to keep foods cold is to buy reusable ice or gel

packs. Put them back in the freezer in the evening so they will be ready for the next day's lunch.

- If possible, keep your lunch in the refrigerator at work or school. Soft, insulated lunch bags work best to keep foods cold and safe.

- To avoid having to worry about keeping perishable foods at a safe temperature, pack non-perishable foods such as peanut butter and jelly sandwiches, whole fruits, crackers, nuts and dried fruits.

- Consider packing lunch the night before and keeping it in the refrigerator. This will keep food items cold longer.

- If packing soup or hot foods, make sure

to keep them at 140 degrees Fahrenheit or higher. Heat a thermos by pouring boiling water into it. Then pour out the water and add the soup or other hot items.

- Encourage kids to discard perishable leftovers after lunch. When in doubt, throw it out.

- Don't reuse plastic bags or other packaging. They can potentially contaminate other foods. A good tip is to only pack as much food as your child will eat.

For more information, visit befoodsafef.org or foodsafety.wise.edu/assets/pdf.

- Contributed by **Darlene Christensen, Utah State University associate professor.**

HOSPICE

Continued from p.15

3. Tax credits help low-income and middle-income individuals and families.
4. Tax credits are available to individuals and families who meet certain income requirements.
5. Tax credits can be applied to the cost of your health plan when you enroll – you do not need to wait until you file a tax return at the end of the year.
6. Tax credits are only available through the Health Insurance Marketplaces. You must enroll in a health plan through the Health Insurance Marketplaces if you want to use your tax credits.
7. Tax credits are paid directly to your health plan. These tax credits are paid by the Health Insurance Marketplace to your health plan to keep your out-of-pocket costs low.
8. Tax credits will be adjusted at the end of the year based on your actual income. At the end of the year, the tax credits may be adjusted if your income is different than you anticipated. This means you will want to notify the Health Insurance Marketplace if your income changes.

How much will the insurance tax credit help me?

The amount of the tax credit depends on your household income and family size. Starting this month, the Health Insurance Marketplaces will make available the exact premium and plan choices so you can know exactly what your insurance will cost.

The tax credits are available when you buy insurance so you do not have to pay all of the premium costs up front and wait for reimbursement.

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Regenerate your discs

Repair is possible, but water and motion are necessary

Chiropractors involved with spinal correction and rehabilitation can detect levels of disc degeneration and can correct other spinal displacement problems, allowing the nervous system to function optimally and keep the body healthy. Until recently, it was believed that once a disc was degenerated and lost height it could not be restored. It had also been thought that loss of disc height could not be pre-vented. These assumptions are no longer true.

Can the intervertebral discs rehydrate and regenerate?

The discs need three things to regenerate: Motion, water and nutrients.

Let's look at the first two for now. Research indicates that if we can create loading and unloading cycles in the spine, we can literally "suck" water back into the disc and rehydrate it predictably. Loading and unloading cycles are consecutive alternating compression and traction movements. Repetitive traction (elongation) followed by compression of the discs produce imbibition and osmosis of water into the disc, rehydrating or regenerating the disc height.

In addition to disc rehydration, the loading and unloading cycles reduce up to 95 percent of the spine's elastic energy. Soft tissues have an inherent elastic, rebound energy and reflexes, returning



BY KIRK WERSLAND, DC, CCEP.

Dr. Kirk Wersland, DC, CCEP, is a chiropractor at Integrated Wellness in Bountiful. He studied at the University of Utah and Palmer College of Chiropractic West in San Jose, Cali.

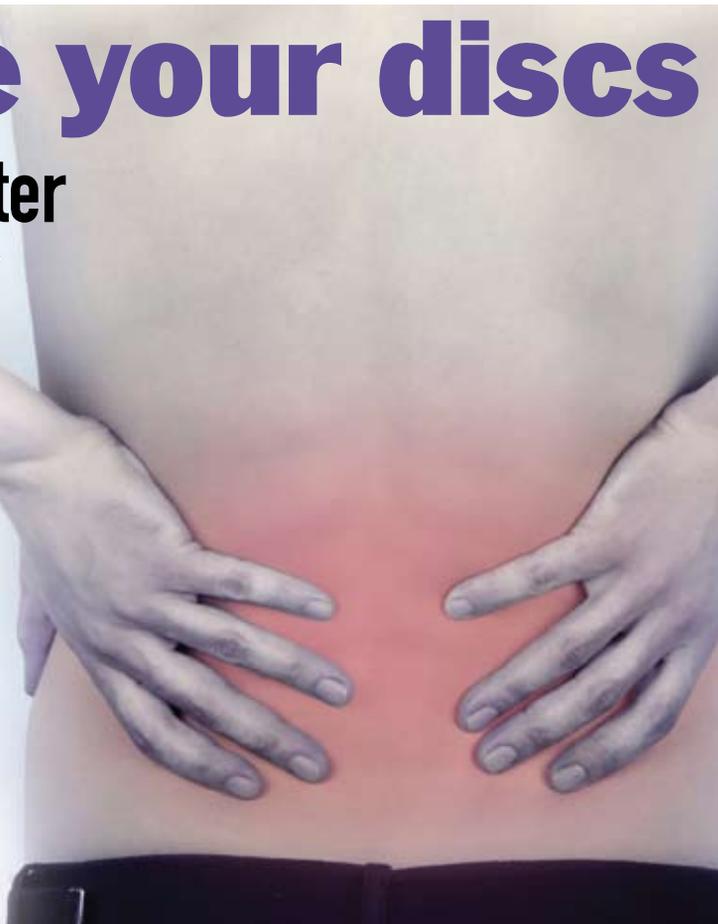
body to its original pretrauma position. This elastic energy must be reduced to achieve spinal correction. The loading and unloading cycles that reduce the elastic energy of the body is called hysteresis.

Hysteresis is essential for spinal correction because the spine's structure is controlled by the soft tissues – the shape of the discs. The discs are like a hard Jell-O – they have a lot of tensile strength and a lot of rebound, or elastic energy.

When a force is applied to the spine to change the structure, the elastic properties will rebound against that force and the hard Jell-O consistency of the disc will keep its spinal structure. Hysteresis, repetitive traction and compression cycles liquefy the disc and reduce rebound energy by up to 95 percent and decrease muscle spasms to help the doctor achieve an easier adjustment as well as rehydrating the disc.

When the spine is soft, it is easier to mold the spine into a new structure. The newly liquefied disc will require 16-20 minutes to harden like Jell-O again. Once the spine is adjusted and the structure is corrected, the spine can be molded and hardened into its new structure.

- From material first published in health pamphlets distributed by Integrated Wellness.



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Mammography Myths

The number of women who die from breast cancer has been significantly reduced since the advent of screening mammography. Breast cancers detected early and before they grow and spread are treated more effectively than those found in advanced stages. These facts are beyond dispute.

Some agencies, when considering screening mammography from political or economic perspectives, have issued differing recommendations, causing confusion. Most medical organizations that treat breast cancer still adhere to the recommendations of annual mammographies and clinical breast exams commencing at age 40. These organizations include: the American Cancer Society, the American College of Obstetrics and Gynecology, the American College of Surgery, the American Society of Clinical Oncology, and the NCCN, to name a few.

Despite this consensus, many women still do not participate in this valuable test. Perplexingly, Utah ranks among the lowest of states in compliance with mammography screening recommendations. That is, educated women in Utah, with good insurance and access to screening mammography facilities, opt not to screen for a potentially serious cancer that affects one in eight women.

To find out why this occurs, we asked women who did not have an annual screening mammogram. We found that several common misapprehensions cause many women to forgo regular screening. While this list is not comprehensive, it accounts for a large number of their responses.

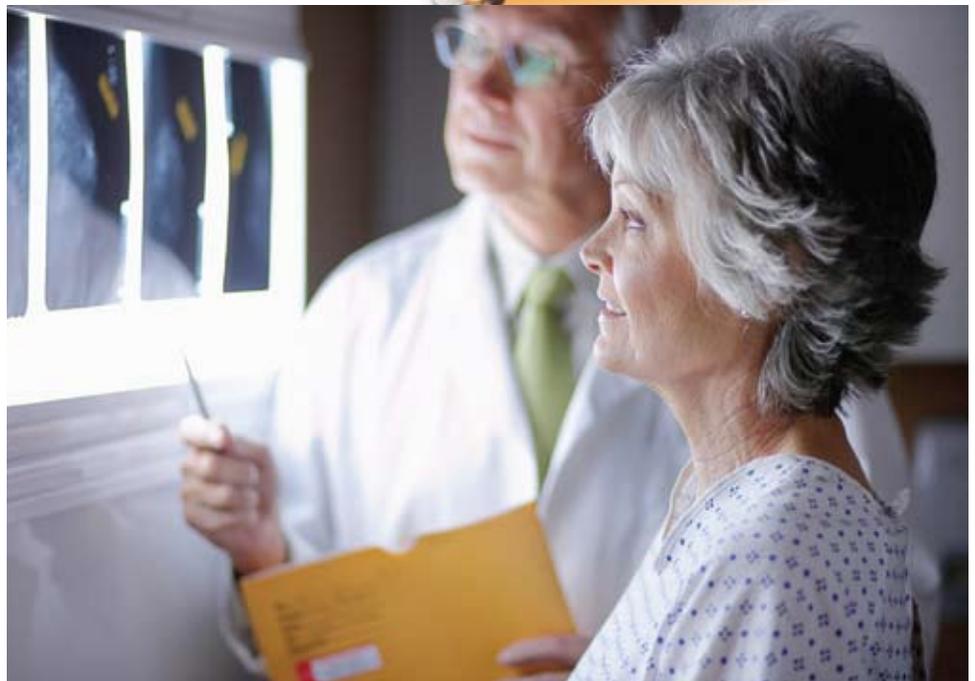
1. Mammograms are painful.

With proper positioning and compression, the examination can be performed quickly and with minimal discomfort. Today's mammography technologists are specialists with extensive training. The amount of compression can be tailored to each patient. A number of breast centers including those at Ogden Regional Hospital and Lakeview



BY
**JOSE
PEREZ-TAMAYO**
M.D.

is board-certified in
radiology and practices
at Lakeview Hospital



Hospital utilize the MammoPad - a cushioning device that is placed on the machine and greatly reduces discomfort.

2. I am very busy taking care of my family and getting a mammogram is too time-consuming.

A routine screening mammogram takes about half an hour - less time than a manicure. If this can save your life, it is a half hour well spent.

3. There is no history of breast cancer in my family so I am unlikely to get it.

Most breast cancer occurs in women with no family history. While it is true that

women with a family history of breast or ovarian cancer have a higher risk of getting these cancers, the overwhelming majority of breast cancers occur in women with no family history.

4. I am concerned about radiation exposure.

With the advances in medical technology, the actual radiation dose from the standard two-view mammogram is very low. Studies have shown that the radiation dose is quite safe on women over 30.

■ See "MYTHS" p. 20

Lakeview feted for quality, efficiency

BOUNTIFUL — BlueCross BlueShield has feted Lakeview Hospital for quality and efficiency.

The insurance company named the Bountiful hospital as a Blue Distinction Center+ in knee and hip replacement, a press release from the hospital's parent company, MountainStar Healthcare, said.

The Blue Distinction Centers for Specialty Care (R) program is a national designation awarded by Blue Cross and Blue Shield to medical facilities that have demonstrated expertise in delivering quality specialty care.

Research confirms the newly designated centers demonstrate better quality and im-

proved outcomes for patients, with lower rates of complications and readmissions than their peer hospitals, the press release said.

Care at Blue Distinction facilities is also 20 percent more cost-efficient. In addition, the program provides consumers with tools to make better-informed healthcare decisions, and these results will enable employers as well, the information provided said.

"Each day our caregivers come to work with one mission: To provide the quality of healthcare we want our closest loved ones to receive," said Rand Kerr, Lakeview's CEO.

Since 2006, consumers, medical providers and employers have used the program to

identify hospitals delivering quality care in bariatric surgery, cardiac care, complex and rare cancers, spine surgery and transplants, and knee and hip replacement.

Input to develop criteria was provided by the medical community and include general quality and safety metrics as well as program specific metrics.

"Blue Distinction Center designations signify an achievement of quality and safety that patients can trust when decided where to go for care," said Dr. Mark Hiatt, executive medical director, Regence BlueCross BlueShield of Utah.

news@davisclipper.com

MYTHS

Continued from p. 19

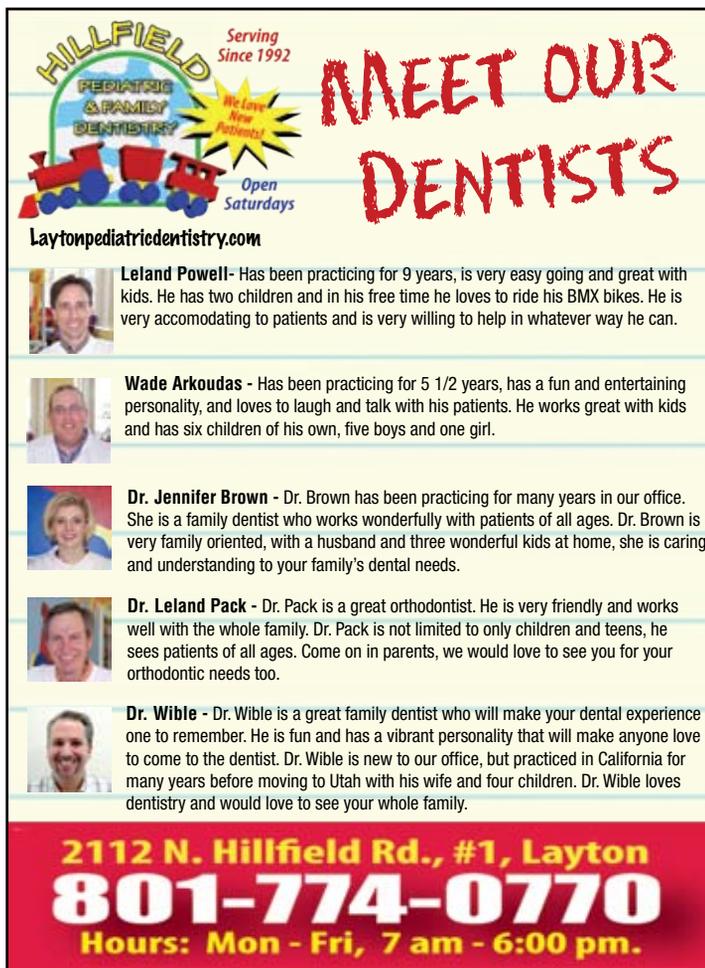
5. I have heard conflicting recommendations about the need for mammographic screenings and am confused.

There are groups that in evaluating breast

cancer screening from an economic and social perspective have suggested different recommendations. The majority of professional medical organizations that treat women with breast cancer have not changed the recommendations established by the American Cancer Society. These recommendations include annual screening mammography

commencing at age 40, an annual clinical breast exam, and monthly self-exams.

Mammography is very useful tool to screen women for a common and potentially life-threatening disease. Recent advances in technology make it safe, quick, and effective and well worth the minimal discomfort and time.



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MEET OUR DENTISTS

Leland Powell - Has been practicing for 9 years, is very easy going and great with kids. He has two children and in his free time he loves to ride his BMX bikes. He is very accommodating to patients and is very willing to help in whatever way he can.

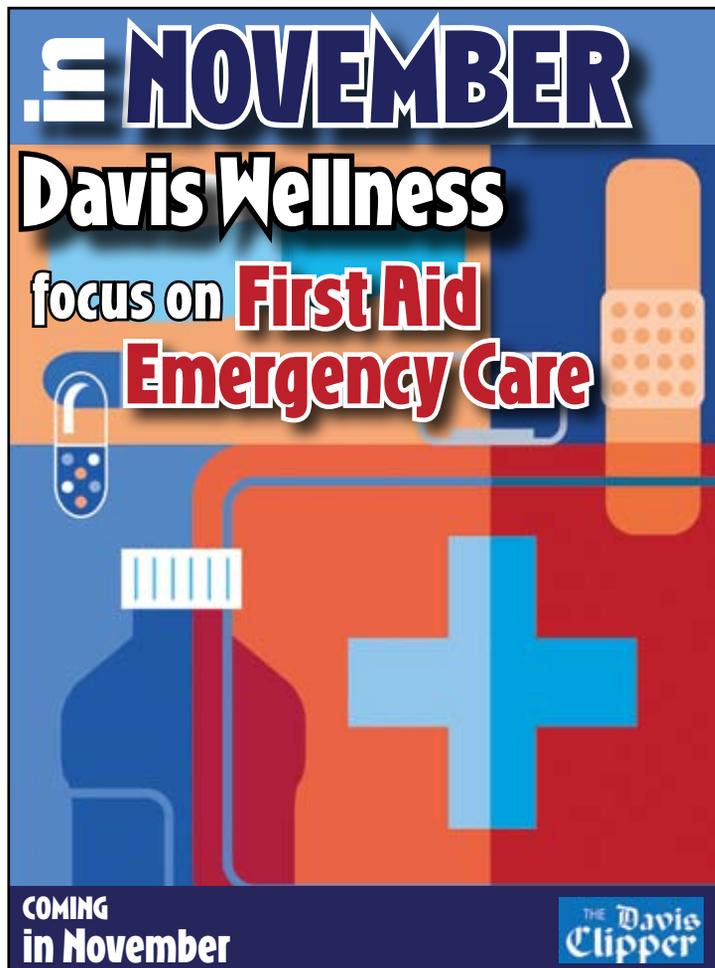
Wade Arkoudas - Has been practicing for 5 1/2 years, has a fun and entertaining personality, and loves to laugh and talk with his patients. He works great with kids and has six children of his own, five boys and one girl.

Dr. Jennifer Brown - Dr. Brown has been practicing for many years in our office. She is a family dentist who works wonderfully with patients of all ages. Dr. Brown is very family oriented, with a husband and three wonderful kids at home, she is caring and understanding to your family's dental needs.

Dr. Leland Pack - Dr. Pack is a great orthodontist. He is very friendly and works well with the whole family. Dr. Pack is not limited to only children and teens, he sees patients of all ages. Come on in parents, we would love to see you for your orthodontic needs too.

Dr. Wible - Dr. Wible is a great family dentist who will make your dental experience one to remember. He is fun and has a vibrant personality that will make anyone love to come to the dentist. Dr. Wible is new to our office, but practiced in California for many years before moving to Utah with his wife and four children. Dr. Wible loves dentistry and would love to see your whole family.

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