5 Dangerous Diseases That Might Return — And How to Stop Them

Several families who traveled to Disneyland last winter came back with an unwanted souvenir: measles. Before this, the disease hadn’t struck the United States since 2000.

Health experts believe low rates of vaccination have allowed measles to return — and spread. If current anti-vaccine trends continue, they warn, more dreaded diseases could make a comeback. After all, even those eradicated from the country are only a plane ride away.

COULD YOUR CHILD CATCH THESE DISEASES?
Emerging threats include:
- **Chickenpox.** Outbreaks of this disease still occur. But each year, vaccines prevent more than 3.5 million cases and 100 deaths.
- **Mumps.** Vaccination decreased cases of the mumps from 200,000 to about 1,150 per year. However, outbreaks have occurred in schools, colleges and camps.
- **Polio.** The United States hasn’t had a case of polio in 30 years. Still, it affects children in some African countries. Infected people can spread polio for weeks before and after they have symptoms.
- **Pertussis.** Case study: In the late 1970s, whooping cough vaccination rates dropped from 80 to 10 percent in Japan. Consequently, the number of pertussis cases soared from 393 to more than 13,000. When kids began getting shots again, the numbers fell.
- **Rubella.** Also called German measles, this disease can be mild in children and adults. If pregnant women catch it, their babies may develop severe birth defects.

PREVENT DISEASE SAFELY WITH VACCINES
The way to fight off these diseases? Vaccines. But social media has spread questionable information about the shots’ safety record. As a result, some parents are hesitant or flat-out refuse them for their children.

It’s only normal that parents try to protect their children from harm. However, the evidence shows vaccines are safe and save lives, preventing hundreds of thousands of cases of disease each year. Meanwhile, reports from organizations like the Centers for Disease Control and Prevention and the Institute of Medicine have cleared vaccines of causing autism and many other adverse effects.

Getting vaccinated protects not only your child, but others. This is often referred to as herd immunity. For example, if between 96 and 99 percent of the people in a community get the measles vaccine, those too young or sick for shots also have protection. But experts believe maybe as few as half of people near the recent California outbreak had been vaccinated. That left everyone — not just those who skipped shots — at risk.

If you have questions or concerns about vaccines, talk with your child’s doctor. He or she can point you toward reliable sources of information. That way, you can make the best decision for your family’s health — and the community’s.

KNOW THE SHOTS YOU NEED, AND WHEN
It can be tough to keep track of when you need which screening tests and vaccines. Our online prevention guidelines can help. Find screening tests and vaccine schedules for adults and kids at www.osfstfrancis.org. Click “Health & Wellness” at the top of the page and then click “Prevention & Screening Guidelines.”
Pastrami on whole wheat. Tuna on rye. No matter what your favorite sandwich is, it probably comes with a heaping helping of unwanted salt.

Nearly half of American adults eat sandwiches on any given day. These meals account for approximately one-fifth of our sodium intake, according to a recent study. All this extra salt can add up to high blood pressure, heart disease and strokes.

BUILD A SMATER SANDWICH
Most Americans have far more than the 2,300 daily mg of sodium recommended for healthy adults (those with high blood pressure or heart problems should stick to 1,500 mg). Cut back on salt and your blood pressure can drop in a matter of weeks.

To reduce your sandwich’s damage:

1. Mind your meats. Just six thin slices of cold cuts or cured meats can provide as much as half of your daily sodium needs. Check nutrition labels for lower-sodium versions.

2. Back off on bread. Whether white, wheat or pumpernickel, bread and rolls also count as a major source of salt. One slice can contain anywhere from 80 to 230 mg of sodium — so opt for low-sodium or no-salt-added versions.

3. Cut out condiments. Use only a small amount of barbecue sauce, mustard, ketchup, horseradish or pickles. Instead, flavor your food with garlic, herbs and spices.

MORE WAYS TO SHAKE THE SALT
Other healthy lunch tips include:

4. Add veggies. They help decrease your blood pressure by providing potassium and other nutrients.

5. Go halvesies. Eat a half sandwich with a side salad. Use low-sodium dressing or plain oil and vinegar.

6. Check nutrition facts. Most chain restaurants offer them. If your lunch spot doesn’t, ask them to provide details — and lower-sodium offerings.

BOOST YOUR NUTRITION KNOWLEDGE
From health food prep to smart snacking and facts about fats and cholesterol, our online library offers the ABCs of awesome nutrition. Dig into the details at www.osfstfrancis.org. Click “Health & Wellness,” “Health Library,” “Healthy Living” and then “Nutrition.”
5 Common Urologic Problems
Most urinary tract problems can be understood and successfully treated. Some serious problems present with bothersome symptoms that may prompt evaluation, while others require screening tests to identify.

**PROSTATE CANCER**
Annual PSA testing (blood test) and prostate exams are very effective in identifying men with prostate cancer while it is still curable. Men 40 years and older with 10 or more years of life expectancy are at risk of suffering and/ or dying of prostate cancer if early disease is not diagnosed and effectively treated. Dr. Harris has pioneered methods of prostatectomy that are less invasive than robot-assisted surgery.

**BENIGN PROSTATE ENLARGEMENT (BPH)**
The prostate grows and obstructs the bladder, causing lower urinary tract symptoms (LUTS) as men pass middle age. Symptoms include night-time voiding (discharging urine), urinary frequency, urgency, straining to void and a slow stream. Symptoms can progress to urinary retention and kidney failure. Medications can ease these symptoms but surgery can painlessly remove the blockage and restore good voiding habits.

**URINARY STONE DISEASE**
Stones form in the kidneys when the urine is consistently concentrated. Severe pain results when a stone trying to pass to the bladder obstructs the ureter. The smaller stones actually cause more pain than the larger ones, but will often pass without surgical intervention. Fortunately, today’s high-tech procedures to remove stones can be done as an outpatient without a surgical incision.

**FEMALE INCONTINENCE**
Pelvic organ prolapse in women is often associated with stress urinary incontinence. Leakage of urine during coughing, sneezing or strenuous activities results from the bladder and urethra “falling” out of the vagina. When other pelvic organs are prolapsing, combined surgery with urology and gynecology can fix the problem and “reset the clock” against gravity. Urgency-related incontinence is the result of overactive bladder contractions at the wrong time. Urge incontinence is generally managed medically.

**BLOOD IN URINE (HEMATURIA)**
When blood is seen in the urine, evaluation of the entire urinary tract is indicated. Hematuria is a warning sign that may reveal bladder cancer, kidney cancer, stones or other urinary tract problems. Only hematuria associated with an uncomplicated urinary tract infection in women or recent urinary tract procedures does not necessarily need evaluation.

**Meet Michael Harris, M.D.**
Dr. Harris is a board certified urological surgeon. A native of Escanaba, he received his bachelor’s degree in biology from Michigan Tech and his medical degree from the University of Michigan. He completed a surgical internship and urology residency at the University of Kentucky.

He is a member of the American Urological Association, Societe d’Urologie Internationale, Association of American Physicians and Surgeons and the Society of Government Service Urologists. He has worked as a urologist in the United States Air Force; in private practice in Traverse City, Michigan; and as faculty at Henry Ford Hospital and several VA hospitals across the country.

Dr. Harris’s prostate cancer research and health care reform initiatives have been widely published. He has been a guest lecturer and visiting surgeon across the United States, Mexico, Israel and Europe. His interests include prostate cancer detection and treatment, benign prostate enlargement, voiding problems, incontinence, urinary stone disease and bladder cancer.

**STOP IN TO SEE DR. HARRIS**
New patients are welcome. To schedule an appointment with Dr. Harris, please call 233-4130.
Hospice Offers **Comfort** at Life's End

It's a subject no one wants to think about, but for each of us, our lives must come to an end. Hospice is not just for the elderly or cancer patients. Children receive hospice care, as do patients with degenerative diseases like Lou Gehrig’s disease, Parkinson’s disease and HIV.

This holistic approach to the end of life treats pain and disease symptoms to make the patient as comfortable and functional as possible. Counseling helps patients and families come to terms with the process.

**HOSPICE AND HEALTH PLANS**

Medicaid and most health plans cover hospice programs. A patient can enter hospice care when a health care provider determines that the patient has a life-threatening illness and says that he or she has six months or less to live. The patient, family and health care provider decide when hospice service should begin. Although a person enters hospice with less than six months to live, hospice services don’t automatically end at six months. Some people in hospice care live much longer.

**TEAM APPROACH**

Typically, a team of people treats the hospice patient. The team includes the patient's family members and also a health care provider, a nurse, counselors, a social worker, pastoral care services, home health aides and trained volunteers. The goal is to control pain and symptoms so that the patient is comfortable yet alert enough to make decisions. The team also helps the family through the grieving process.

Some hospices have a facility where people receive care in their final days. But most hospice programs bring health care providers, nurses and other staff to patients' homes. Surveys show most Americans prefer it that way. A trained caregiver will step in to allow family members some time off.

The relationship that develops with the hospice staff allows the care receivers to work through anticipated grieving as well as the planning of end-of-life issues. Patients express appreciation knowing that their family will not be left behind with no one to help them. Final preparations are made in partnership with the patient. The final days can then be spent on closure, knowing that everything has been done to help the patient.

Instead of a person waiting until the very last moment to enter hospice, hospice staff recommend that families discuss end-of-life issues well in advance, while an ill person can still state his or her wishes.

**COMPASSIONATE END-OF-LIFE CARE**

Caring for a loved one during his or her final days can be extremely difficult. OSF Hospice ensures that those nearing the end of life are comfortable and that families are met with sensitivity and compassion. For details about OSF Hospice, visit [www.osfhomecare.org](http://www.osfhomecare.org).
Giving Back Can Save You Money at Tax Time

It's better to give than to receive. But perhaps best of all is to support a worthy cause while also reducing your tax bill. Here are six ways you can contribute to your favorite charity and pay less in taxes.

1. **Make a direct payment via cash, check, electronic funds transfer, payroll deduction, or your credit or debit card.** To claim these donations at tax time, save your bank, credit card and/or payroll records. Also save a receipt or written statement from the charity. It should include the charity's name, the date of your contribution and the amount.

2. **Donate valuable property.** Vehicle donations are limited to the current resale price. If you give away real estate that has gained value, you can deduct the current, higher value of this property from your taxable assets. And if a tax-exempt charity sells your property, you may avoid paying capital gains tax on it.

3. **Grant securities, such as stocks, bonds or mutual funds.** Securities you've held longer than one year qualify you for a tax deduction equal to their current fair market value. In addition, you can avoid paying capital gains taxes.

4. **Name a charity as your life insurance beneficiary.** If you keep paying the premiums, you can deduct them as a charitable contribution. After your death, the proceeds from the policy will be subtracted as a taxable item from your estate.

5. **Make a bequest.** This provision in your will grants assets such as property or cash to a charity upon your death. Naming a charitable beneficiary of the remainder of your retirement plan can save your heirs a considerable tax bite.

6. **Establish a deferred gift.** These designate the transfer of money or property at a later date. The bonus: They let you take a charitable deduction now. Annuities and charitable trusts are both types of deferred gifts.

**GENEROSITY COMES IN ALL SHAPES AND SIZES**
To learn more about ways to give, such as monthly giving or donating crops, please visit www.osfhealthcarefoundation.org.
Chicken Gumbo
Simple but filling — this dish feeds the need.

INGREDIENTS
1 tsp. vegetable oil
¼ cup flour
3 cups low-sodium chicken broth
1 ½ lb. chicken breast, skinless, boneless, cut into 1-inch strips
1 cup (½ lb.) white potatoes, cubed
1 cup onions, chopped
1 cup (½ lb.) carrots, coarsely chopped
½ medium carrot, grated
¼ cup celery, chopped
4 cloves garlic, finely minced
2 stalks scallion, chopped
1 whole bay leaf
½ tsp. thyme
½ tsp. black pepper, ground
2 tsp. hot (or jalapeño) pepper
1 cup (½ lb.) okra, sliced into ½-inch pieces

DIRECTIONS
1. Add oil to large pot and heat over medium flame.
2. Stir in flour. Cook, stirring constantly, until flour begins to turn golden brown.
3. Slowly stir in all broth using wire whisk. Cook for two minutes. Broth mixture should not be lumpy.
4. Add rest of ingredients except okra. Bring to boil, then reduce heat and let simmer for 20–30 minutes.
5. Add okra and let cook for 15–20 more minutes.
6. Remove bay leaf and serve hot in bowl or over rice. Serves eight.

PER SERVING
Calories 165
Fat 4 g
Saturated fat 1 g
Calories from fat 25%
Cholesterol 51 mg
Sodium 81 mg
Carbohydrates 11 g
Potassium 349 mg
Protein 21 mg

Source: "NHLBI: Keep the Beat Heart Health Recipes"

Build Your Recipe Repertoire
Find more delicious, nutritious recipes online at www.osfstfrancis.org. Click “Health & Wellness” and then “Healthy Recipes.”