

Relay For Life Kickoff Rescheduled For Tuesday

Due to last week's weather the American Cancer Society's Relay for Life® of the Yankton Area Kickoff has been rescheduled for Tuesday, March 6.

The event, which begins at 5:30 p.m., allows event volunteers and participants to gather at the Avera Sacred Heart Hospital Pavilion for a kickoff event to launch their fundraising efforts for the year. The kickoff will share information about this year's Relay For Life and how groups can register a team for the event scheduled for June 29-30 at Riverside Park. Anyone interested in learning more about Relay For Life is welcome to attend, and dinner will be served.

To learn more about the Yankton Area Relay For Life, call 1-800-227-2345, or visit www.RelayForLife.org/yanktonSD

Revamped Healthy Eating Guide

For many years the classic food pyramid has been the method by which many people plan their healthy eating goals. Recently the U.S. Department of Agriculture modified the food pyramid, transforming it into a different symbol altogether — a dinner plate.

The general basis of the "MyPlate" model generated by the USDA is to give individuals a better understanding of the ratios of food that should fill their plates. While the average guidelines for the total amount of each food group that should be eaten varies according to age and sex, the overall messages of how much to fill a plate serve as a good indicator for healthier eating.

Taking a small dinner plate, half of the plate should be filled with fruits and vegetables, which a greater emphasis on vegetables. Slightly less than one-fourth of the other side of the

plate should consist of lean protein. The remaining open portion of the plate should be made up of grains -- with at least half of those grains whole grains. A cup of low- or nonfat milk should be an accompaniment to the meal for dairy consumption.

Most people get their recommended amount of oils through many of the foods that they eat, including fish and nuts. The USDA advises anywhere from 3 to 7 teaspoons of total oil consumption daily, depending on age and sex. Otherwise, caloric need is surpassed and weight gain may occur.

In addition to the recommendations on food groups and portion sizes, the MyPlate program has a series of customizable online information on everything from learning about calorie intake to personalized eating plans to physical activity trackers, all free of charge at ChooseMyPlate.gov.

Audiologist Attends Mayo Clinic Videoconference

Yankton Medical Clinic, P.C. Clinical Audiologist, Jason R. Howe, MS, FAAA, CCC-A, recently attended the Mayo Clinic 22nd Annual Audiology Videoconference. The meeting is designed for physicians, audiologists, and scientists interested in hearing, hearing loss, dizziness, tinnitus, and hearing aids.

Topics included: Evidence-based auditory assessment in pediatrics; Current protocol for fitting hearing aids in infants and children; Current hearing aid technology in pediatric hearing aid fittings; Theoretical conflicts on the generation of tinnitus; Current approaches on the management of tinnitus; Comparing outcomes in severely hearing impaired patients using cochlear implantation or intraneural implantation; Auditory brainstem implantation, auditory midbrain implantation, and Inferior colliculus implantation for patients in which both acoustic nerves are severed—comparing outcomes; and Diagnostic tests' functional significance in children with auditory processing disorders.

Howe offers audiology evaluations and services for pediatric through adult patients at Yankton Medical Clinic, P.C. and at Vermillion Medical Clinic

Make Fruits Fun For Kids

(MS) -- Many parents can attest to the challenges in encouraging children to eat healthily, including incorporating plenty of fruits and vegetables into their daily diets.

Children tend to become picky eaters for a number of reasons, according to the UCSF Benioff Children's Hospital. Some children are just naturally more sensitive to taste, texture and smell of some foods. Others may learn their picky eating from parents who pick and choose among their meals. Still other children learn to be selective through bribes and punishments around mealtime.

However, there needn't been fussing and feuding over food choices — particularly produce — when parents employ a few creative ideas to entice children to dig into healthy foods.

1. Ask for your child's help: Have your child ride along to the grocery store and take an active role into picking out healthy foods that he or she may be willing to try. Most nutrition experts find that if children take in interest in what they will be eating, and are instrumental in making some choices, they will have a higher rate of eating those meals and foods.

2. Understand your child's eating habits: Some children will eat the crown of broccoli but leave aside the stems. There are kids that will eat anything as long as it's dunked in ketchup. They may enjoy pears as long as they are cut up into pieces with the skin removed. Pay attention to how your child likes to eat the food and present it that way. It could mean fewer arguments at the dinner table.

3. Explore new flavor combinations: Oftentimes mixing certain flavor combinations can entice children to eat foods they may have never considered trying. Just think about the popularity of fruit juices mixed with

vegetable purees. Some children have an inclination toward favorite flavors or just can benefit from a little variety, which can sometimes prove challenging when produce is out of season.

4. Try creative presentations: Simply presenting the foods in a unique way can make them fun to eat. Try making fruit creations, such as "snowmen" out of stacked grapes, or orange and peach skewers. Children may be more inclined to drinking fruit smoothies mixed with yogurt, or giving foods fun names, such as banana bombs, which are just chunks of banana rolled in honey and granola. All it may take is creating a fruit face on a plate with different fruits resembling features.

5. Be patient with new foods: It can take a few attempts and repeated exposure to get children to try new foods, says the Mayo Clinic. Serve new foods along with children's favorite foods.

Treating The Invisible: Hearing Loss

BY JASON R. HOWE, MS, FAAA, CCC-A
 Clinical Audiologist at Yankton Medical Clinic, P.C.

Are you having problems hearing today? Now is the time to ask your physician for advice.

Over 31 million Americans have been diagnosed with hearing loss (Kochkin, 2004). Millions more probably suffer in silence. Because a hearing impaired person is usually the last person to recognize their hearing loss, many people never have their hearing evaluated. Spouses, friends, and family are often accused of mumbling or talking under their breath. Hearing loss sufferers may unconsciously begin to exclude themselves from social activities because they don't feel a part of the activity. They may feel nervous, anxious, or aggravated during group situations because they only hear bits and pieces of conversation. Trying to compensate for a hearing loss can be exhausting; however, the sufferer may not even recognize that hearing loss is at the root of the frustration.

Though hearing loss affects all age groups, there is a negative stigma associated with the disorder. To many people, hearing loss is another sign of getting older. However, other health issues associated with aging (high blood pressure, high cholesterol, diabetes, arthritis, changes in vision) are readily investigated and treated by physicians. The Better Hearing Institute reported that hearing loss is the #2 health problem in the United States although it goes unidentified



Dr. Jason R. Howe

that their hearing has changed.

Hearing loss affects communication in many ways but primarily by decreasing the loudness of the speech signal and the clarity of the words and message. Feelings of embarrassment, frustration, anger, defeat, and ultimately withdrawal from situations that require communication are very real among persons who are hearing impaired (Hull, 1997). Hearing loss in the presence of other limitations such as mobility, and visual and cognitive changes may result in depression and self-isolation (Calkins, 2007). The effects of hearing loss vary from person to person and the adjustment to hearing loss is a unique experience. A number of research studies have demonstrated the considerable negative social, psychological, cognitive, and health effects of untreated hearing loss.

(headache is #1). In a quiet exam room a physician may not recognize the presence of a hearing loss. Besides obvious anomalies of the ear canal or the eardrum, most hearing loss is invisible. Because most hearing loss is gradual in onset, a person may not be aware

These effects have far-reaching implications that go well beyond hearing alone.

Many people are aware that their hearing has deteriorated, but are reluctant to seek help. They may choose to ignore their hearing loss because they are anxious about wearing a hearing aid. Some people are embarrassed about the perception of wearing a hearing aid, or believe that they can "get by" without using a hearing aid. Unfortunately, many people wait years, or even decades, before getting treatment for their hearing loss, and in the mean time create unnecessary isolation, negative perceptions of themselves and others, and generally miss out on important communication or occasions with loved ones.

So, where should a person start if they perceive (or have been told) they are having hearing problems? Your primary care physician can discuss your hearing concerns with you and determine if there are any physical anomalies that are the cause of the hearing problem. If no physical anomalies are detected, they can refer you to an audiologist for a hearing evaluation. If physical anomalies are detected, your primary care physician can refer you to an otolaryngologist (Ear, Nose, and Throat specialist - ENT). Both the audiologist and ENT can determine the best course of action for your hearing problem.

Do you think you might be having problems hearing? Tell your doctor and get help today. You won't believe how much better your life will be!

Colorectal Cancer — Non-Discriminating Disease

As men and women know full well, cancer does not discriminate. Few and far between are the men and women whose lives have not been touched by cancer in one form or another. Be it a personal battle with the disease or a connection via a friend, family member, coworker, or other acquaintance, nearly everyone can cite someone in their life who has battled a form of cancer.

According to the Centers for Disease Control and Prevention, among cancers that affect both men and women, colorectal cancer is the second leading cause of cancer deaths in the United States, claiming the lives of more than 50,000 men and women in 2007, the most recent year for which statistics are available. In Canada, a country with roughly one-tenth the population of the United States, the Canadian Cancer Society reported that colorectal cancer was expected to claim the lives of nearly 9,000 Canadians in 2011.

Such figures illustrate the importance men and women must place on educating themselves about colorectal cancer and its symptoms and potential risk factors. First, however, it helps to understand just what colorectal cancer is and why it is so deadly.

What is colorectal cancer?

Colorectal cancer is cancer that starts in either the colon or the rectum, which make up the large intestine. Often referred to as colon cancer, colorectal cancer can begin anywhere in the large intestine and the majority of colorectal cancers begin as abnormal growths called polyps that develop inside the colon or rectum and become cancers over a long period of time.

Who gets colorectal cancer?

Colorectal cancer does not discriminate. In fact, of the roughly 53,000 cases of colorectal cancers reported to the U.S. Department

of Health and Human Services in 2007, there was a nearly equal split of cases between men and women, with men accounting slightly less than 800 more cases than women over that time.

Are there known causes of colorectal cancer?

Despite its prevalence, colorectal cancer can rarely be traced to a specific cause. According to the CDC, roughly 75 percent of colorectal cancers occur in people with no known risk factors. However, the following may increase a person's risk of developing colorectal cancer:

- A personal or family history of colorectal polyps or colorectal cancer
- Inflammatory bowel disease, such as ulcerative colitis or Crohn's disease

In a very small percentage of colorectal cancer cases, the cause is linked to a genetic syndrome such as familial adenomatous polyposis or hereditary non-poly-

posis colorectal cancer, also known as Lynch syndrome.

Are there symptoms of colorectal cancer?

Both colorectal polyps and colorectal cancer don't always cause symptoms. This is especially true initially, when people could be living with polyps or cancer and not even know it. Such is the reason screenings for colorectal cancer, which should occur regularly when men and women reach age 50 are so important. But in some cases, the following symptoms may appear:

- Blood in or on your stool
- Persistent stomach pain or aches
- Inexplicable weight loss

Though causes of colorectal cancer aren't always known, studies have shown exercise and maintaining a healthy weight can decrease risk. More information is available at www.cdc.gov/can

Protecting Your Skin As It Ages

Just as the body changes with age, so do the needs of the skin. While acne and breakouts may have been the bane of existence as an adolescent, wrinkles and dark spots are concerns as we age.

The U.S. National Library of Medicine says that skin changes are one of the most noticeable signs of aging. Sagging skin and wrinkles are two of the more common problems men and women encounter as they age.

As people get older, connective tissues in the skin that promote strength and elasticity have a tendency of breaking down. Furthermore, the blood vessels of the dermis become more fragile, which can lead to bruising. Also, sebaceous glands may produce less oil, making the skin less able to moisturize itself. As a result, the skin thins out.

It is important to note these changes so that people can be proactive in their approach to skincare as they age. There are certain strategies to put in place that can make the difference in the appearance and health of the skin. While none of these are the magic "fountain of youth," they go a long way to promoting a more youthful appearance.

* Address dryness. If the skin is itchy or uncomfortable, or if you find that there is extra flaking, lack of moisture could be a problem. Moisturizer should be the staple of a skincare regimen. Experiment with moisturizers until you find the one that is the best match for your skin.

* Use sun protection. The sun is one of the single biggest contributors to unhealthy skin and premature signs of aging. Always wear sun protection products when going out in the sun, even on overcast days.

* Don't tug or be rough on the skin. The skin becomes more delicate and prone to injury as a person ages. Therefore, unnecessary roughness while washing and drying can break capillaries or mar the skin in other ways. Be delicate, using cotton to wipe away makeup and avoid cleansers that have rough exfoliators or other substances that can be rough on the skin.

* Revise makeup shades and

products as needed. As skincare needs change, it pays to go with the flow in terms of the products you use and buy. What may have been flattering a few years ago may not be flattering now. Think about neutral or rosy shades in the types of foundations and blushers you select. Avoid anything that is too

dramatic or drastic.

* Drink plenty of water. Dehydration can increase the risk of injury with regards to the skin, making it more susceptible to dryness and other issues. Be sure to always stay hydrated by consuming enough water to ward off feelings of thirst.

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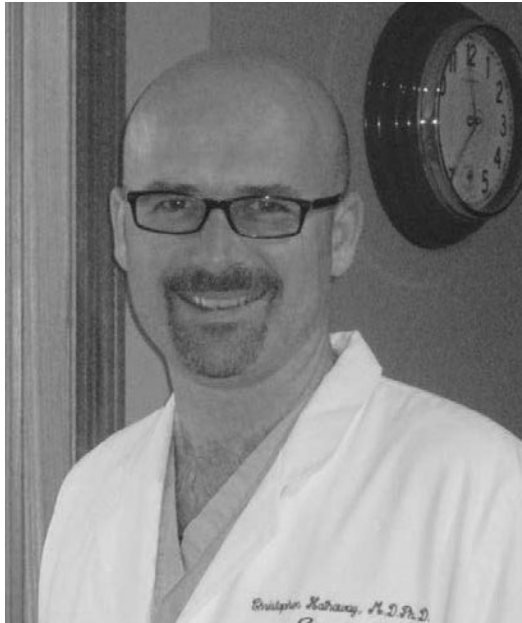


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