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We are excited to welcome Christopher VanHorsen, DNP, FNP, APRN to our practice. He will soon be available to provide for your urgent health needs, as well as chronic disease management and health maintenance through screening and guidance on lifestyle changes to help ensure the highest quality of life for every patient. Christopher looks forward to caring for patients of all ages.



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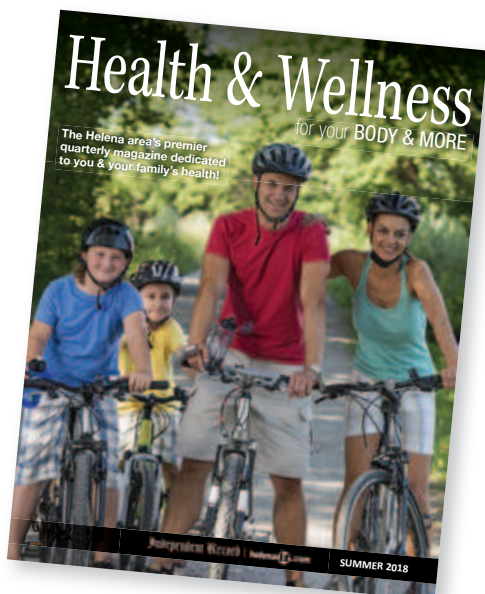
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What's Inside

Heal your heart with EECOP.....	5
How to choose the right sunscreen	6
Walking toward a better quality of life.....	7
4 habits that help prevent cataracts.....	8
Annual wellness exams important for adolescent health	9
Opiods: A national epidemic	10
No means no (and I love you)	12
Living food is healthy food	14
Going to the hotel pool? Look out for these parasites	15

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Heal your heart with Enhanced External Counterpulsation

CJ PUOTINEN

It isn't yet a household name, but EECP or Enhanced External Counterpulsation is becoming recognized as a highly effective treatment for patients with heart disease. More than 300 articles have been published about EECP in medical journals, and the FDA has approved it for the treatment of refractory angina, congestive heart failure, hypertension and other cardiovascular conditions. Some physicians, such as Julian Whitaker, MD, who runs the Whitaker Wellness Institute in Newport Beach, Calif., call EECP "natural bypass." In Helena, Scott Falley, MD, screens and runs EECP treatments.

In EECP therapy, the patient lies on a padded table and three electrodes applied to the chest are connected to an EKG (electrocardiograph) machine which displays the heart's rhythm during treatment. Blood pressure and oxygen saturation are also monitored.

Inflatable cuffs are applied around the lower legs, upper legs and hips. These cuffs continuously inflate and deflate in perfect rhythm with the patient's pulse, increasing the flow of blood to the heart and the amount of oxygen that reaches damaged heart tissue. Patients experience a strong "hug" sensation that moves upward from the calves to the thighs to the buttocks during inflation, followed by the rapid release of pressure. Inflation and deflation are electronically synchronized with the patient's heartbeat and blood pressure.

EECP was designed in the 1950s at Harvard University as a way to improve blood flow to the heart. During the 1960s,

researchers at Harvard developed the first hydraulic device for external counterpulsation. In the early 1970s, when invasive cardiac procedures became more popular in the United States, researchers from China improved on the original theories and devices. Ten years later, a Chinese group collaborated with researchers from the State University of New York, Stony Brook, to refine the external counterpulsation device.

A Look at the Evidence

According to studies conducted since the late 1980s and early 1990s, EECP treatment appears to stimulate the opening of new, natural pathways around narrowed or blocked arteries. After EECP treatment, patients often find that they can:

- walk farther, carry heavier packages, and be more active without having angina
- have fewer angina attacks
- experience less intense attacks
- need less anti-anginal medication
- return to work, go out



to dinner, garden, travel, or enjoy golf, tennis, or bowling once again

- no longer restrict their social lives, volunteer activities, or exercise because of angina worries
- resume an active love life

Although EECP is widely used in China and around the world, the United States has been slow to adopt the technology and has only 1200 EECP machines. Many of these are in leading institutions such as the Mayo Clinic, Duke University and John Hopkins Medical

Center. Helena's Dynamic Health Technologies owns the only EECP machine in Montana, and it receives referrals from the Mayo Clinic and other health-care providers.

"EECP was originally designed to improve blood supply to the heart," says Carol Wilcock, RN, the CEO of Dynamic Health Technologies, "but it does the same for other organs, too. Patients come for heart disease treatment and discover that other symptoms improve as well, and that includes everything from diabetes to kidney failure, liver cirrhosis, Parkinson's, COPD, vascular ulcers, restless leg syndrome, anxiety, and even depression."

The benefits of EECP treatment include:

- Increased oxygen supply for the heart
- Improved EKG response to exercise
- Increase in energy
- Increased stamina
- Increased circulation to all parts of the body

EECP sessions typically last one hour and are given daily, five days a week for seven weeks.

- Provided by Dynamic Health Technologies is a Division of Universal Health Connection



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How to choose the right sunscreen

Do you often feel puzzled when faced with the countless sunscreen options available at your local drug-store? Here is some useful information to help you make a wise choice.

Anti-UVA and UVB

A good sunscreen provides protection on a broad spectrum. This means that it shields the skin against the harmful effects of both UVA and UVB rays, which can lead to signs of premature aging (wrinkles, dark spots, skin tags, etc.), painful sunburns and even skin cancer.

SPF 30 (or higher)

The sun protection factor (SPF) indicates the strength of protection against UVB rays. For example, an SPF of 15 blocks 93 per cent of UVB rays, while an SPF of 30 – the recommended minimum by the American Academy of Dermatology – blocks 97 percent. If you apply a good layer of SPF 30 sunscreen, you can bask in the sun 30 times

longer before burning than if you were to forgo sunscreen altogether. Here's another helpful tip: your lips burn too! Make sure to protect them with a balm containing an SPF of at least 30.

Water-resistant

A sunscreen that isn't waterproof becomes much less efficient as soon as it comes into contact with sweat or other sources of moisture. Thus, whether you actively play sports or not, it's always best to choose a water-resistant brand for those sweltering summer days. But be careful! A sunscreen deemed water-resistant does not make it impervious to bodily fluids and other liquids. Always reapply sunscreen after a swim or profuse sweating for guaranteed protection.

Light-resistant

Many sunscreens lose their shielding power when exposed to the sun for prolonged periods of time. To get the best

protection for your skin, opt for a photostable sunscreen that retains its integrity upon exposure to the light.

Once you've purchased your sunscreen, don't be afraid to slather it on! The American Academy of Dermatology recommends the equivalent of two tablespoons for total coverage of a medium-sized adult. And don't forget to reapply every two hours!

Infant care

Did you know that it's not recommended to apply sunscreen to infants under six months old? Instead, keep them in a well-shaded area, outfit them with a large-brimmed hat and invest in an UV-protective swimsuit with long sleeves for days spent by the pool.

When shopping for sunscreen, check to see if Mexoryl or Tinosorb are among the ingredients listed. Both of these UV filters provide powerful protection against the sun. No sunscreen is 100 per cent effective in blocking UV rays. For optimal protection, reapply regularly and buy a quality sunblock.

How's Your Hearing Health?

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WALKING

toward a better quality of life

New technologies have transformed our way of working, but they have also influenced our lifestyles by reducing the amount of physical activity we do. Unfortunately obesity is increasingly common in societies where people prefer to drive rather than walk. Without necessarily going back to the old ways, we can still easily incorporate walking into our daily routines.

Do you need convincing?

In addition to improving your physical fitness, walking reduces depression and anxiety and promotes healing sleep. That is doubly the case if the walking is done in good company! This gentle, moderate activity improves your cardio-respiratory functions, reduces blood pressure and cholesterol levels, regulates blood sugar levels, and increases bone

density which helps keep osteoporosis at bay.

Convinced?

Start out by going for short walks and then gradually increase the distance. Good posture is essential to get the maximum benefits from walking: hold yourself straight, with shoulders and arms relaxed and loose, and breathe normally. Walk early in the morning or at the end of the day during the warmer summer months, and don't forget a water bottle and sunscreen. During the winter, cover your head (one third of body heat is lost through the head) and layer your clothing so you can remove an outer coat when you start to sweat.

If your body's cricks and creaks leave you discouraged, persevere. You will find it easier to walk further in no time at all. For optimal results, walk for at least 30 minutes, five days a week.

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4 habits that help prevent cataracts

Age-related vision loss is a widespread problem among older adults. Cataracts, which occur when the eye's lens becomes clouded, are a common cause of decreased visual acuity. Here are four habits that can help protect your eyes against cataracts as you age.

1. SHIELD YOUR EYES:

Even on a cloudy day, the sun's UV rays are bad for your eyes. Reduce your exposure to harmful UVA and UVB light by wearing a wide-brimmed hat and sunglasses whenever you go outside. This will greatly reduce your risk of developing cataracts.

2. MOISTURIZE YOUR EYES: If your eyes feel irritated

or itchy, use a humidifier and ask your doctor to prescribe you eye drops. Treating dry eyes minimizes the risk of complications.

3. NOURISH YOUR EYES:

A diet rich in vitamins A, C and E has been shown to slow the progression of many age-related eye diseases, including cataracts, glaucoma and macular degeneration. So go ahead and eat melons, citrus fruit, spinach, carrots and cabbage to your heart's content.

4. HAVE YOUR EYES

CHECKED: Cataracts usually develop progressively. Regular eye exams are the best way to detect problems as they arise and maximize your chances of stopping those issues in their tracks.

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Annual wellness exams important for adolescent health

Annual wellness exams are an important part of adolescent health. The current recommended preventive care for adolescents includes:

1. Annual screening, assessment, and treatment for depression, drug and alcohol use, STDs, and tuberculosis.
2. Annual vision and hearing screening.
3. Annual measurement of height, weight, and BMI. It is also important to monitor the adolescent's growth pattern.
4. Annual blood pressure measurement with normal values based on patient's height, age, and sex as determined by the American Academy of Pediatrics (AAP) guidelines.



5. Routine screening for high cholesterol and anemia.
6. Annual guidance and

counseling to include: skin cancer prevention, tobacco use, drug use, STDs, mental health,

nutrition and safety practices.

7. Annual review of immunization records, administration of missing immunizations, and reviewing recommendations for college vaccines.

The leading causes of death in our teens are accidents and suicide. We are currently experiencing an epidemic of adolescent mental health issues, teen suicide, obesity, and drug use in our community. Patients should receive a routine wellness exam with their primary care provider every year. Families should be aware that most insurances are required to cover an annual wellness exam.

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Opioids

A national epidemic



Nearly half of all opioid overdose deaths involve prescription opioids. View the latest *Healthy Living for Life* episode to learn what's being done to curtail opioid abuse and misuse. Visit www.hlf.life to view this episode and many more.

Healthy Living for Life Air Times

Weekly air times are 8:00 AM on Sunday mornings on KTMF, KFBB, KWYB and KHBB and 6:30 AM on KULR8. Air times for SWX (cable television) are Saturdays at 9:30 AM.

Today, America faces an opioid epidemic that claims more than a 100 lives every day. There has been a sharp increase in the number of opioid-related deaths and nearly half of all opioid overdose deaths involve prescription opioids. This has forced a nationwide push to reduce the number of deaths caused by opioid overdoses.

Nearly 64,000 Montanans aged 18 and older suffered from substance abuse disorders in 2016. According to Montana's Attorney General Tim Fox, Montana only had the capacity to treat 6,000 individuals in need of treatment. That means more than 90 percent of Montanans in need of substance abuse treatment do not receive it annually.

What are opioids?

Opioids are a class of drugs that include both illegal drugs, such as heroin, and other drugs, such as oxycodone, hydrocodone, codeine and morphine that are legal by prescription. While opioids can reduce pain, when used incorrectly, they can slow down your breathing and your heart rate.

In addition to the loss of life caused by opioid overdoses, the costs incurred as a result of opioid abuse are also extremely high. The Centers for Disease Control and Prevention (CDC) estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of health care, lost productivity, addiction treatment and criminal justice involvement.



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Please see **OPIOIDS**, Page 11

Opioids

From 10

How did we get to this point?

Opioids, including prescription painkillers have long been regarded as a magic bullet for pain. In fact, opioids came into use during the Civil War, and some say even earlier. Modern prescription opiates entered the market in the 1970s, but acceptance took several years. Doctors were apprehensive about prescribing them, because they knew of their addictive nature. In the late 1990s, on the heels of a few well-regarded journal articles, pharmaceutical companies found a way to lull physicians into a false sense of reality by offering assurance that patients would not become addicted to prescription opioid pain relievers. This resulted in opioids being prescribed at greater rates, and served as the precursor to today's crisis.

Opioids are addictive. Opioids bind to the areas of the brain that control pain and emotion and increase the feeling of euphoria by raising levels of dopamine — the feel-good hormone. As the brain becomes used to these emotions, it takes more and more of the drug to control pain and achieve the same level of euphoria. One of the greatest dangers of opioids, especially among addicts or

heavy users, is that they can suppress respiration. In an overdose situation, opioid may cause an individual to stop breathing.

What's next?

At the national level, the CDC developed guidelines for prescribing opioids for chronic pain. The guidelines provide recommendations for health care providers who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care.

National Prescription Drug Take Back Day is a Drug Enforcement Administration (DEA)-led effort to reduce the number of unused prescription drugs out in the community. In April and October of each year, thousands of people from across the country are invited to clean out their medicine cabinets and turn in prescription drugs safely and anonymously.

Locally, several agencies throughout the state have been working to address substance abuse. The Montana Department of Justice has rolled out an initiative called "AID," short for Addressing the Impact of Drugs. AID Montana is a comprehensive approach to addressing Montana's substance abuse problem through law enforcement, treatment and education and coordinated efforts among stakeholders.

Individually, patients who rely on opioids to get through a day,

or to manage their pain should continue to work closely with their provider to ensure they receive the least amount and shortest duration of the opioid to control their pain. Patients should be informed about the risks and how the drugs should be stored to prevent other individuals from taking them. Patients should let their provider know what other medicines they are taking, because some medicines can contribute to an overdose when taken with pain relievers.

Patients can also talk to their provider about non-pharmacologic treatments that can help control pain and improve function. In fact, some options might work better than opioids, like acetaminophen (Tylenol) or ibuprofen (Advil).

Other options might include

- Cognitive behavioral therapy – a psychological, goal-directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress

- Exercise therapy, including physical therapy

- Medications for depression or for seizures

- Interventional therapies (injections)

- Exercise and weight loss

- Other therapies such as acupuncture and massage

Opioids are not always the enemy

Opioids have measurably

improved the quality of life for millions of people, particularly cancer patients and those with acute pain. Solving the opioid problem requires controlling prescription opioid distribution while maintaining access for patients with legitimate medical needs. Suddenly removing access to opioids from those who are dependent on them to function could easily push people to illicit opioid sources, like heroin or counterfeit pills.

The opioid crisis is real, but so is the possibility of a better future with increased non-opioid pain control and better awareness nationwide about this crisis. Take an active role in your own health and safety by talking with your doctor, pharmacist or other health care professionals about your medications. Store all medications securely. For more information, watch the Healthy Living for Life show on opioids at www.hlf.life.

This article was submitted by Mountain-Pacific Quality Health, which holds federal and state contracts that oversee the quality of care for Medicaid and Medicare members. Mountain-Pacific works within local communities in Montana, Wyoming, Alaska, Hawaii and the U.S. Pacific Territories to help improve the delivery of health care and the systems that provide it with the goal to increase access to high quality health care that is affordable, safe and of value to patients.




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No means no (and I love you)

STEFFANI TURNER

Well, it happened again last night — and we both went to bed feeling terrible. I said NO! Again. For the umpteenth time. It seems like I say NO every day, all the time, in fact. One little, teeny word is so powerful.

*Please see **SAYING NO**, Page 13*



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Saying no

From 12

In the 20 plus years of my career working with children, as well as the 20 plus years of being a parent, if there is one thing I would ask of each parent – just one thing – it would be that they learn to tell their child NO.

I understand what it's like! It's such a little word with such big implications. Saying NO feels like it creates a rift in the relationship between you and your child, a rift that sometimes becomes an insurmountable mountain that you precariously traverse with a rock pick in hand. Along the way, you get harsh words, yelling, tantrum, pouting, "I hate you" and all the other heart-puncturing weapons thrown at you to dissuade. It almost makes you want to quit, back down, take another path, an easier one, one where your child is smiling and hugging you!

Why is that little word so important to all human wellbeing? Well, for a moment, lets imagine a world where we were never told NO. Those stop signs around town? They would be meaningless – just suggestions, really. How about when that jerk cuts in line at the DMV? What if everyone did that? Being told NO, gently, by our parents and teachers taught us to wait our turn.

Think of all the ways adults tolerate NO on a daily basis:

- Doing a project for your boss when you don't agree with the premise.
- Fixing the lawnmower for your spouse when you would rather go fishing.
- Having a disagreement without yelling or punching.
- Stopping after only one drink when your inner child is telling you to order a refill.

As parents, I think we struggle with NO for a lot of reasons. We are tired. It's a crazy-busy

Why is that little word so important to all human wellbeing? Well, for a moment, lets imagine a world where we were never told NO.

world. If you are in a two-parent household, both of you may be working, the kids have activities and you are just trying to get by. But 25 percent of youth in Montana are growing up in single parent households. That means you have half the resources and double the responsibility! You are often playing mom and dad. You may be exhausted, insecure in your parenting role or afraid of how your child will react, especially in a public place. (I swear Walmart is the best place to throw a tantrum.) We are afraid of how our children will feel about us, if they will be mad at us. We are afraid that it will stifle their creativity, they won't be such free thinkers.

The reality is, learning NO is all a part of the human condition. It is a part of learning boundaries and limits, how far to go and how much to have. We are survivalists by biology. It is how we were engineered (or we would probably have died out long ago). We take what we can get when we can get it. But we also learn societal rules, because you don't want to be left out of the clan when the saber-tooth tigers are out hunting. We learned that by being together we can do more, but we have to have rules or we don't accomplish anything. Weirdly, NO is good. NO makes we feel safe. NO makes our children feel like we love them and care about their wellbeing. NO is extremely important.

I had to say NO to my son again today (grrr, electronics), but I did it with a kind word and an understanding that he will be upset because he doesn't like my NO. NO, a well-balanced NO, is not a punishment. It is meant to teach a child frustration tolerance, disappointment, self-regulation. As adults, not only do we get told NO in some way a 100 times a day, we also have to tell ourselves NO. If not, we would spend all our money, not pay bills, drink and eat to excess, make terrible decisions with our relationships. But mostly we have learned to self-regulate, which is the outcome of being told NO as a child. A good NO must be couched with a firmness (so the kid knows you won't give in) and a kindness (so they know you are not just punishing them because you want to be mean). This helps them focus on what is important – what lesson we want them to learn with this NO.

One of my favorite examples of a good well-balanced NO is from a few years ago when my child was 4. He went through a phase where, every day, about 15 minutes before dinner, he would ask for a cookie. Now, I'm here to tell you that can get pretty annoying after about the 1st time. But I took it to heart and tried really hard not to do what I had experienced (a lot of yelling and screaming on my mom's part to get out of the kitchen and leave her alone). It was

hard! But I was able to use kindness, saying "I'm sorry, honey. You cannot have a cookie. We are going to eat soon," while still using firmness and standing by my NO. I worked hard not to waver, as he cried and pled, even threw a tantrum a time or two. But eventually, he no longer asked for a cookie and if he needed a snack he had a carrot stick instead. In this one instance, I could really connect to why my son was hating NO so much – who doesn't want a cookie pretty much anytime?

All of this aside, what I want most for my children is that they will grow up kind and caring people. This is real success. Hearing NO is just one step in that direction. So for gosh sakes look for opportunities to tell your children NO in a safe and caring manner, where the price tag is low and where you are there to help them learn frustration tolerance and self-regulation. Be OK that they get upset at the NO, help them with that feeling. Practice having kindness and firmness – it's not an easy combination! It's hard for us all. Go out there and love your kids with a big well-intentioned NO!

Steffani Turner, LCSW, is the Community Services Director at Intermountain's clinic on Dredge Drive in Helena. She graduated from the University of Montana with a Bachelor's in Psychology and later a Masters in Social Work. She is the mother of two.

Living food is healthy food

Living food, or raw food, is a popular topic of conversation these days. In fact, you might call it a nutrition movement. Do you like the idea of only eating living foods?

For many people, eating living foods is more than just a diet; it's a lifestyle. Its proponents only eat raw, unprocessed foods that may be germinated or fermented. It is usually a vegan diet, which means that it doesn't include any animal products. Raw or dried fruits, sprout juices, seaweed, raw or sprouted nuts and seeds, sprouted bread and sprouted pulses are all part of the daily diet of living food fans.

Advantages. You never feel hungry with this diet, as it is rich in dietary fiber and plant proteins and low in fat. In addition, people who choose

to eat only living foods usually lose weight.

Disadvantages. Eating only living foods can become monotonous. This type of diet also limits choices in restaurants or when traveling; living food fans often end up taking their own food along with them. A living food diet can also cause certain nutritional deficiencies.

The right balance?

Including living foods in your daily diet is always a good idea, as cooking destroys some of the vitamins and minerals in many foods and reduces their anti-carcinogenic potential. However, you should also consider eating cooked foods, which add variety to your diet while meeting all your nutritional needs. All in all, eating a little of everything, in moderation, is definitely the best way to go.

Together we can change the stigma of mental illness

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Going to the hotel pool? Look out for these parasites

DONALD WOOD

TravelPulse (TNS)

With the summer comes family vacations, but the United States Centers for Disease Control and Prevention is warning travelers about the risks associated with swimming in hotel pools or hot tubs.

According to the CDC's Morbidity and Mortality Weekly Report, around one-third of the treated recreational waterborne disease outbreaks reported between 2000 and 2014 occurred in hotel pools or hot tubs.

Of the 493 outbreaks reported during this period, there were 27,219 people who became sick and another eight died. The most common outbreaks were associated with *Cryptosporidium*, *Pseudomonas* and *Legionella*.

The most common parasite reported is *Cryptosporidium*, which represents 58 percent of outbreaks where a germ was linked to pools, hot tubs and water playgrounds and 89 percent of the illnesses.

"Swallowing just a mouthful of water with Crypto in it can make otherwise healthy kids and adults sick for weeks with watery diarrhea, stomach



cramps, nausea and vomiting," CDC's Healthy Swimming Program chief Michele Hlavsa said. "Chlorine cannot kill Crypto quickly. We need to keep it out of the water in the first place. Don't go into the water, and don't let your kids go into the water if sick with diarrhea."

Of the remaining outbreaks reported to the CDC, 16 percent were caused by *Legionella* and 13 percent were caused by *Pseudomonas*. If a hotel pool, hot tub or

water playground is not cleaned properly, bacteria can grow and form a slime called biofilm on wet surfaces, which is where *Legionella* and *Pseudomonas* can live.

The CDC provided advice for travelers to protect themselves this summer:

- Don't swim or let your kids swim if sick with diarrhea. If Crypto is the cause of diarrhea, wait until 2 weeks after diarrhea has stopped to go swimming.

- Check the pool, hot tub and water playground inspection scores.

- Before getting in the water, use a test strip from your local retailer or pool supply store to check if the water's pH and bromine or free chlorine level are correct.

- Don't swallow the water.

- Take kids on bathroom breaks hourly, and change diapers in a diaper-changing area and away from the water.



Joel Maes
DDS, MAGD

Emerson Godbolt
DMD

Kathryn Sealey
DDS

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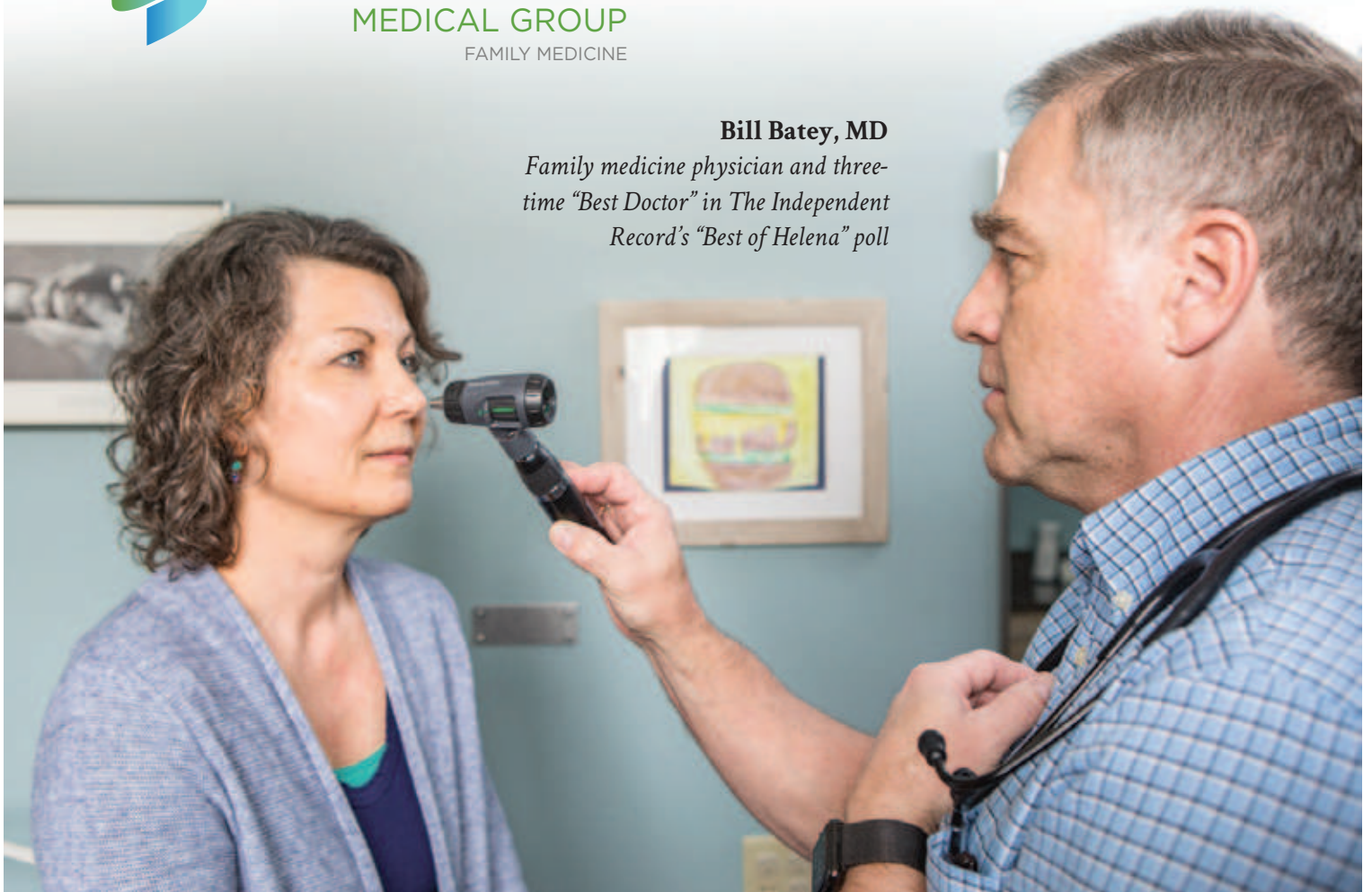
At St. Peter's Health, we believe in the power of primary care—to both keep you healthy and help you get better.

Our Family Medicine physicians and caregivers are compassionate clinicians dedicated to understanding your unique health needs. With a focus on preventative care for all ages, we help patients manage their health to live their best lives.



Bill Batey, MD

Family medicine physician and three-time "Best Doctor" in The Independent Record's "Best of Helena" poll



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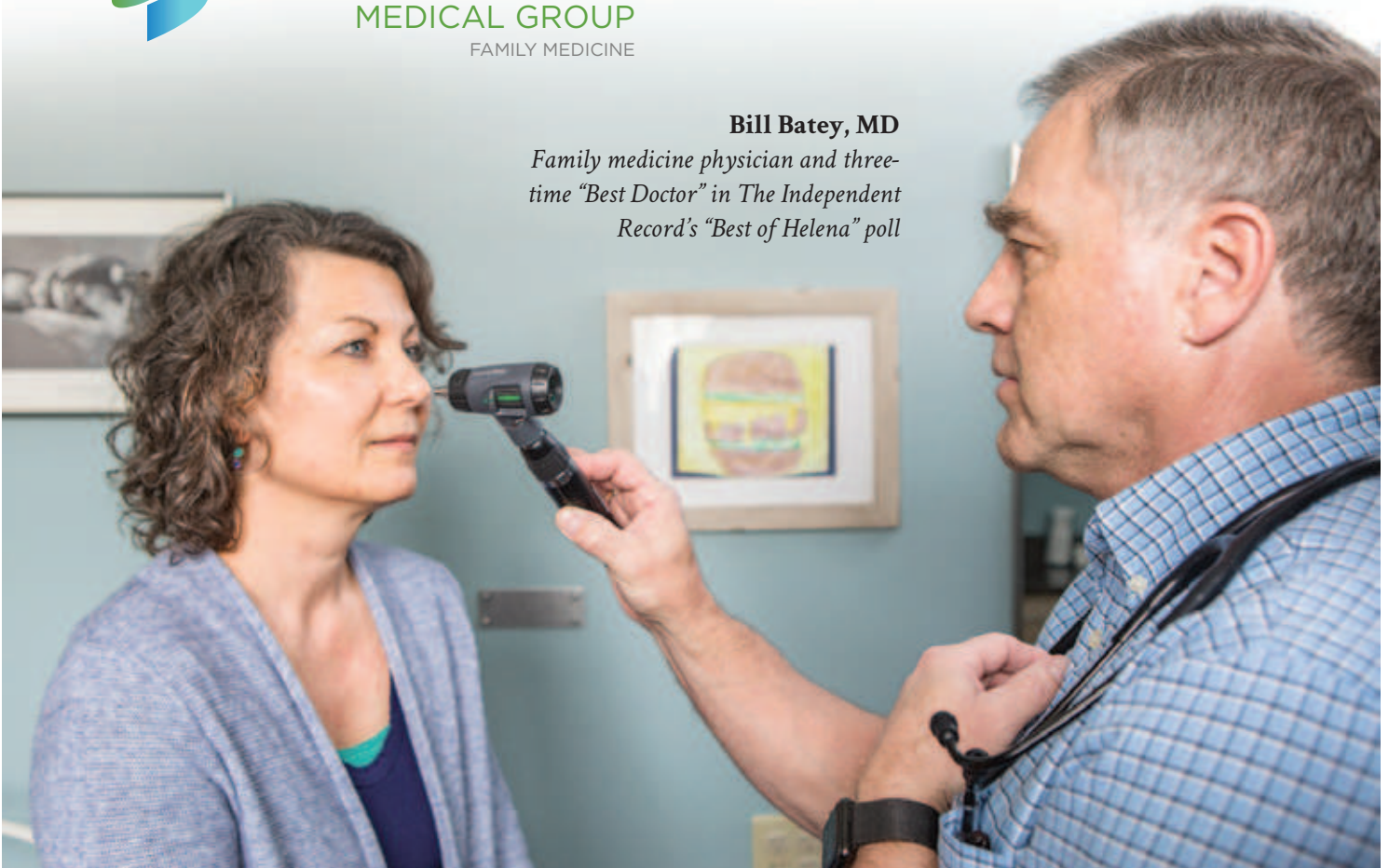
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