The NALC Health Benefit Plan

HBR Report

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Fredric V. Rolando, President ■ Stephanie M. Stewart, Director
20547 Waverly Court Ashburn, VA 20149 - 703.729.4677

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Wellness

This month’s HBR Report touches on several areas to help keep you and your family healthy.

A good place to start is a well-child visit for a new baby. It can be difficult to remember how often you should be taking your child in for well-child visit, we have included references for you to help make this easier.

October is always a good time to talk about Flu Shots. The CDC is again recommending to get your Flu Shot early. Remember it take about two weeks for the shot to provide you with the full effectiveness. Don’t delay.

October is also Breast Cancer Awareness Month. Other than skin cancer, breast cancer is the most common cancer among American women. Getting mammograms regularly can lower the risk of dying from breast cancer. Don’t forget men are at risk too. Talk to your doctor if you have any questions or concerns.

Suicide Prevention is not a subject most people are comfortable talking about but it is a very real issue that we can all learn more about. We have included some of the warning signs and ways to get help. Sometimes hearing an encouraging word or letting someone know you care could be the difference in someone seeking help.
Well-Child Visits

Having a baby can be an exciting time. It can also be very stressful. Knowing if your baby is growing and developing in a healthy way doesn’t have to be a mystery. New parents have many questions about their baby’s growth and emerging personality that can be easily answered by following the American Academy of Pediatricians (AAP) recommended schedule for Well-Child visits.

According to the AAP, a newborn should visit their pediatrician eight times within the first fifteen months of life for well-child checkups. Well-child exams do not include sick-office visits that may happen during the same period. To accommodate both the AAP recommendation and the realities of busy lifestyles, the NALC Health Benefit Plan covers all Well-Child visits at 100% when the pediatrician is a Cigna participating provider (up to the child’s second birthday).

New parents aren’t the only ones to benefit from regular visits to the pediatrician’s office. Seasoned parents benefit too! As any parent of more than one child can attest, no two children are alike, so keeping up with regular well-child visits for all your children is always a good idea. During these visits, you can learn more about the unique development of each child and help ensure they’re on a path to having a bright future. Remember, not only is your child’s physical health assessed, but their mental and motor skills are also monitored and noted at each visit.

You’re doing your best to raise your baby in the best possible way. You’re even a member of one of the best health plans in the nation - so remember to take full advantage of the benefits afforded you as a member of the NALC Health Benefit Plan.

References used and for additional information:
https://brightfutures.aap.org/Pages/default.aspx
When Should I Get Vaccinated?

You should get a flu vaccine before flu begins spreading in your community. It takes about two weeks after vaccination for antibodies that protect against flu to develop in the body, so make plans to get vaccinated early in fall, before flu season begins. CDC recommends that people get a flu vaccine by the end of October. Getting vaccinated later, however, can still be beneficial and vaccination should continue to be offered throughout flu season, even into January or later.

Children who need two doses of vaccine to be protected should start the vaccination process sooner, because the two doses must be given at least four weeks apart.

What’s New this Flu Season?

A few things are new this season:

- Flu vaccines have been updated to better match circulating viruses [the B/Victoria component was changed and the influenza A(H3N2) component was updated].

- For the 2018-2019 season, the nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination of persons for whom it is otherwise appropriate. The nasal spray is approved for use in non-pregnant individuals, 2 years through 49 years of age. There is a precaution against the use of LAIV for people with certain underlying medical conditions. All LAIV will be quadrivalent (four-component).

- Most regular-dose egg-based flu shots will be quadrivalent.

- All recombinant vaccine will be quadrivalent. (No trivalent recombinant vaccine will be available this season.)

- Cell-grown flu vaccine will be quadrivalent. For this vaccine, the influenza A(H3N2) and both influenza B reference viruses will be cell-derived, and the influenza A(H1N1) will be egg-derived. All these reference viruses will be grown in cells to produce the components of Flucelvax.

- No intradermal flu vaccine will be available.

- The age recommendation for “Fluarix Quadrivalent” was changed from 3 years old and older to 6 months and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.

- The age recommendation for Afluria Quadrivalent was changed from 18 years old and older to 5 years old and older after the annual recommendations were published last season to be consistent with Food and Drug Administration (FDA)-approved labeling.

Content source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD) For additional information visit: www.cdc.gov.
Take Action to Lower Your Breast and Ovarian Cancer Risk

Knowing your cancer risk and being proactive about your health may help you take steps to lower your risk for getting breast or ovarian cancer, or find it at an early stage.

Learn Your Family History of Cancer

Asking relatives about their cancer histories can be hard. Follow these tips:

1. Share that you have learned that cancers can run in families.
2. Explain that you are creating a record of your family's history of cancer.
3. Encourage family members to respond in a way that is most comfortable to them.
4. Word your questions carefully, be a good listener, and respect their privacy.
5. Write down who had cancer, age when diagnosed, and type of cancer.

For more information go to: www.cdc.gov/cancer/breast/
Suicide Prevention Awareness Month

Suicide prevention is everyone’s responsibility. Go to our website and click Liveandworkwell.com located in the Quick Links section. Learn the warning signs, how to talk with someone at risk and where to get help. Coping resources for suicide survivors are also available. Don’t ignore talk of suicide or hopelessness.

Suicide Prevention Month provides an opportunity for us to increase our knowledge and understanding of risk factors associated with suicidal behavior and how to help someone in crisis.

Suicide is the deliberate taking of one’s own life. According to the Centers for Disease Control and Prevention’s most recent statistics, suicide is the 10th leading cause of death in the United States and accounts for nearly 40,000 deaths each year.

Yet, most of us don’t realize that if we knew what to look for, we might help prevent a suicide from happening. For example, friends or loved ones who may be thinking about suicide may show symptoms of depression or anxiety, struggle with self-esteem issues or substance abuse, or withdraw from family and friends.

Know the warning signs

A common myth about suicide is that you can’t do anything if someone is suicidal because you’re not an expert. This isn’t the case. You don’t need to be an expert in psychological health to recognize when someone you care about is having a hard time. The best way to prevent suicide is to recognize troubling signs. Some of the most common warning signs to look for in an individual include:

- Expressing hopelessness, like there’s no way out
- Appearing sad or depressed most of the time
- Feeling anxious, agitated or unable to sleep
- Expressing feelings of excessive guilt or shame
- Withdrawing from family and friends
- Feelings of failure or decreased performance
- Losing interest in day-to-day activities
- Neglecting personal well-being
- Frequent and dramatic mood changes
- Feeling like there’s no reason to live
- Increased alcohol or drug abuse
- Talking about death

There may be additional behaviors to look for in service members and veterans:

- Calling old friends, particularly military friends, to say goodbye
- Cleaning a weapon that they may have as a souvenir
- Visits to graveyards
- Obsessed with news coverage of the war
- Wearing the military uniform or part of the uniform, boots, etc., when such dress isn’t indicated
- Talking about how honorable it is to be a soldier
- Sleeping more (sometimes the decision to commit suicide brings a sense of peace of mind, and sleep is used as a means of withdrawing)
- Becoming overprotective of children
- Standing guard of the house, perhaps while everyone is asleep
- Stopping and/or hording medication
- Hording alcohol
- Spending spree, buying gifts for family members and friends “to remember by”
Suicide Prevention

Learn what to do
Another common myth is that talking about suicide may give someone the idea. However, evidence suggests that asking someone if they’re having thoughts about hurting themselves is helpful. If you suspect someone may be suicidal, talk to them. If you don’t ask, there’s no way to intervene and get help. Experts suggest the following advice for family and friends who suspect someone is suicidal:

• Trust your instincts that the person may be in trouble
• Don’t leave the person alone
• Be willing to listen
• Don’t swear to secrecy
• Don’t act shocked
• Don’t counsel the person yourself
• Remove potential means of self-harm
• Determine if the person has a specific plan to carry out the suicide
• Ask direct questions without being judgmental (“Are you thinking about killing yourself?” or “Have you ever tried to end your life?” or “Do you think you might try to kill yourself today?”)
• Get professional help on the phone or escort the person to a counselor, chaplain or other mental health care provider

Know how to get help
If you or someone you know may be considering suicide, seek immediate help — call a local crisis center, dial 911, or take the individual to an emergency room.

Free, confidential help is available 24/7 through the Military Crisis Line (also known as the Veterans Crisis Line and National Suicide Prevention Lifeline) at 800-273-8255 (service members and veterans press 1). You can also chat online or send a text to 838255. Even if there’s no immediate crisis, trained counselors can offer guidance on how to help someone and direct you to information and local resources. Some of these resources may include:

• Vets4Warriors
• DCoE Outreach Center
• Military OneSource

• Real Warriors Campaign
• Vet Centers

Visit the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury website for additional resources on suicide prevention, as well as psychological health and resilience. If a service member in your life is struggling with psychological health concerns, encourage them to seek help. Suicide is a complex issue, but you can learn the warning signs, understand what to do, and how to get help for someone you suspect is considering suicide. Being informed could help save a life.

The information, advice, treatments and therapeutic approaches in this article are provided for informational and educational purposes only. Consult with your doctor or mental health provider for specific health care needs, treatment or medications. Certain treatments may not be covered under your benefit, so check with your health plan regarding your coverage of services. We do not recommend or endorse any treatment, medication, suggested approach, specific or otherwise, nor any organization, entity, or resource material that may be named herein. Except for Liveandworkwell.com, no other site identified herein is affiliated or controlled by us. You will be subject to the terms of use, privacy terms and policies of any site you may visit.
Breast Cancer Facts

DID YOU KNOW?
In 2018, it’s estimated that among U.S. women and men there will be*

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<th></th>
<th>Women</th>
<th>Men</th>
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<tr>
<td></td>
<td>266,120 new cases of invasive breast cancer</td>
<td>2,550 new cases of invasive breast cancer</td>
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<td>40,920 breast cancer deaths</td>
<td>480 breast cancer deaths</td>
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