

Community Health

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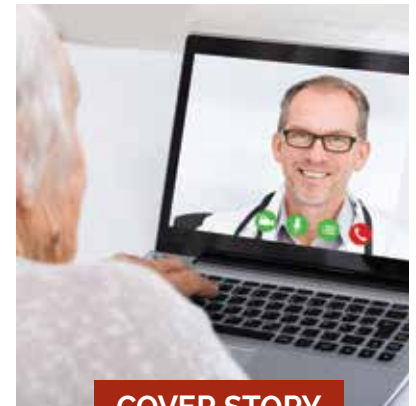
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Braving Change

When I first started working for public schools, people more knowledgeable than I were retiring. They told me they were getting out before new requirements became law. Citing changes in accounting regulations, testing benchmarks and special needs education, they wanted to get out before legislation would permanently change their working lives.

Since then, I found the pace of change raced forward each year at an ever-accelerating rate. Futurists tell us that jobs for which our kindergartners will vie have not yet been invented. We must develop curriculum for children when we can't define the tools they will need in this brave new world.

Rapid change is not only occurring in education but also in healthcare. ACSHIC trustees look at healthcare in our community and work to prepare for changes on the horizon.

We will be challenged in 2019 when our regional academic medical center breaks away from our major health insurance provider. Adapting to this change will require new tools for choosing doctors and hospitals ranked high in quality at costs our families can afford. Luckily for us, the Pittsburgh area has great overlap between high-quality and reasonable-cost healthcare providers.

Websites will have to be enhanced to help us locate doctors and hospitals dedicated to giving us quality care covered by our insurance plans. Doctors available via electronic appointments will become more prevalent for our use during emergencies. Concierge medicine boasting a team of doctors working together to tend to the health and wellness of the whole individual will proliferate. As with future jobs not yet invented, interesting concepts to provide us better access to healthcare may currently be in the dream stage.

Our narrow networks challenge us to find high quality providers for specialized diagnoses within our health plan. Advancements in technology and partnerships around the country will be part of optimal solutions. We see these partnerships in Pittsburgh with Johns Hopkins and Mayo Clinic bringing us closer to top quality national care for specialized diagnoses. We must learn to utilize these partnerships.

Those of us charged with looking into new products must see the future and bravely face merging technology with quality care. One of the new technologies ACSHIC trustees are considering this year is a mobile app that can be used to provide physician care without a face-to-face appointment. We believe this is something our less tenured staff will demand (and some of us longtime employees, too). It may be especially useful for travelers and college students.

We are each challenged to embrace the positive aspects of change and use new products to develop a path to our preferred healthcare future. Many of you are early in your careers, so prepare for a wild ride as change becomes an integral part of your life. Begin to imagine possibilities of what you will do when change accelerates as you race toward your retirement date.

Jan Klein,
ACSHIC TRUSTEE

We will be challenged in 2019 when our regional academic medical center breaks away from our major health insurance provider... Luckily for us, the Pittsburgh area has great overlap between high-quality and reasonable-cost healthcare providers.

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Hip to be Healed



How undergoing hip surgery can make the future look brighter

BY ALEX KEOWN

Sarah Finnegan wants a pain-free first dance at her wedding.

Finnegan will undergo surgery on her left hip in December at Allegheny Health Network to repair hip dysplasia. She says she wants to be proactive in dealing with her pain issues so she can enjoy her May 2018 wedding and honeymoon shortly after.

“That pain can really ruin your day,” she says.

When Finnegan was a baby she wore corrective braces for her hips. But it was during high school that things began to go downhill for her. Finnegan experienced acute pain in her hips. As an active young woman Finnegan found the pain began to slow her down and limit what she could do. She enjoyed participating in multiple sports and says she never really allowed her body to take a break and believes that exacerbated the situation.

When walking one day, Finnegan’s right hip suddenly gave out and she collapsed. Finnegan began to experience pain in her hip and often had to catch herself as she felt her leg give out. She also found it very difficult to sit with crossed legs without pain and discomfort.

During her junior year in high school she met with doctors to find out why that was happening. After multiple visits, she was diagnosed with hip dysplasia in her right hip. At first doctors prescribed physical therapy in an attempt to correct the issue. Eventually though it was discovered that Finnegan was also dealing with a tear in the labrum, the ring of cartilage along the socket of the hip joint, as well as a few other issues. Two years later in 2012 she finally underwent surgery to correct that issue.

Following that surgery Finnegan’s orthopedic doctor warned her that, given her history, she was likely to experience similar issues in her left hip. Fast



Sarah Finnegan will undergo hip surgery in hopes of improving her quality of life before her upcoming wedding, honeymoon and move to Colorado with her soon-to-be husband.

forward four years and the doctor’s predictions proved to be accurate.

Now 24 years old, Finnegan first noticed the pain in her left hip after taking a job at Morehead State University in Kentucky. As a residence hall director she is responsible for overseeing operations at several of the campus’ dormitories. That required her to walk back and forth across the hilly campus. With all the ups and downs of campus terrain Finnegan says the pain manifested as the doctor had predicted. When the pain in her left hip began to Finnegan was ready and understood what needed to be done.

“I wasn’t about to live with that pain again,” she says.

She reached back out to her doctors at Allegheny Health Network about the issue and praised the doctors at the hospital for working with her despite her living in another state. Now another surgery is scheduled for December – however Finnegan says the left hip is not as badly damaged as her right hip.

Finnegan was able to schedule her surgery during Morehead State’s winter break. She will return to Pennsylvania and the doctors she trusts for the

surgery.

“There isn’t much I really need to do to get ready for this surgery,” she says. “I have been trying to strengthen my other leg to help with support as I recover. I know what to expect and what the recovery is going to look like. Getting the surgery will be a lifestyle change for the better.”

Finnegan will remain in Pittsburgh until Jan. 7 and will then return to her job in Kentucky. She will continue with any physical therapy there.

Because she is familiar with the surgery and recovery, Finnegan already has her eye on the near future, which includes that first dance, a honeymoon trip to Europe and a move to Colorado Springs in the summer due to her fiancée’s new position with the Major League Baseball Alumni Association.

“There are so many experiences and activities there, and I really want to appreciate the natural beauty of the state,” she says. “I just want to live a life where I don’t need to take pain meds as an anticipatory act to something. I want to run a bit and not have to stop for pain. I don’t want to have to think about it.”



Great Minds Think Alike

St. Clair Hospital and Mayo Clinic form patient-centered collaboration

BY ALEX KEOWN

School psychologist Richard Kapusta, a 40-year veteran of the Bethel Park School District, underwent multiple surgeries on his right eye following complications from a cataract procedure.

About one week following the procedure, which was conducted in the summer of 2016, Kapusta noticed what he described as a gray spot that obscured part of his vision. He returned to the doctors who performed his surgery and they said he needed emergency surgery on that eye. Kapusta had suffered two retinal detachments and five retinal tears in his eye.

The procedure was performed and

things went well for a time, but then additional complications arose. Another detachment occurred in Kapusta's eye and he had to go through the procedure again. Following that surgery Kapusta ended up on multiple eye medications to prevent an increase in pressure, swelling and inflammation in his eye.

In order to ensure he was on the road to recovery Kapusta says his wife encouraged him to take advantage of a new program St. Clair Hospital offered — a collaboration with the famed Mayo Clinic. A free service for hospital patients, the collaboration helps patients get answers to complex medical questions from one of the most prestigious medical institutions in the world.

"They confirmed everything my doctor was doing," Kapusta says.

In addition to the confirmation the Mayo Clinic specialists also offered

some suggestions for treatment should Kapusta not respond to the different drops he is currently taking.

Having that confirmation was important to Kapusta and his wife. The fact that specialists supported the treatments prescribed by his St. Clair physicians put the Kapustas at ease and removed second-guessing from their lives. Over the past year the treatments have significantly reduced the pressure and swelling around Kapusta's eye. The number of doctor visits have lessened as well, allowing him to enjoy a high quality of life in his retirement, which began in January 2017.

"All in all I'm extremely pleased," Kapusta says of his experience with St. Clair and the Mayo Clinic.

The positive experience and the security from knowing specialists with the pedigree of the Mayo Clinic were avail-

able for treatment consultation gave Kapusta and his wife a lot of comfort. It is an experience he would recommend to any St. Clair patient who wanted a second opinion or some kind of support.

St. Clair officials said the one-year-old collaboration between the hospital and the Mayo Clinic has been highly successful. After a lengthy process St. Clair Hospital became a member of the Mayo Clinic Care network. Through that network St. Clair has access to the Mayo Clinic's medical knowledge and clinical expertise. Becoming part of the Mayo Clinic network provides invaluable resources to St. Clair, including consultations, a database for clinically vetted information on the evaluation and treatment of various medical conditions and more. St. Clair Hospital providers can access the Mayo Clinic's extensive library of patient education materials and archived Mayo Clinic grand rounds presentations that feature Mayo Clinic physicians and scientists, hospital officials say.

"It's a way to access the expertise of one of the most renowned medical practices in the world," says Meredith Borst, the executive director of strategic initiatives at St. Clair.

The collaboration puts the knowledge of the Mayo Clinic specialists in St. Clair Hospital. Doctors and patients can consult with the world-renowned specialists from Pennsylvania and not have to travel to Minnesota. Having that access to the Mayo Clinic is a benefit when it comes to patient confidence, Borst says.

So far approximately 90 percent of St. Clair diagnoses, such as Kapusta's, have been confirmed by the Mayo Clinic when a collaboration has been requested, Dr. Alan Yeasted, St. Clair's chief medical officer says.

When a free consultation with the Mayo Clinic is requested the hospital sends electronic copies of all pertinent medical data, such as blood work, MRI results or X-rays, to the Mayo Clinic doctors. Doctors in Minnesota then review the data and respond to St. Clair within a matter of days. Yeasted says the timing is critical for patients who do not have to wait a long time before visiting with a specialist.

Through its collaboration with the



St. Clair Hospital has joined the Mayo Clinic network of hospitals, which focuses on the patient experience. The hospital sees this as an upgrade to the "next level" as a care provider.

Mayo Clinic, the hospital has received medical support across all levels of specialties. Because of that Yearsted said it shows the broad impact the relationship has on the St. Clair organization as a whole.

"The physicians at Mayo will look at all results, original pathology and do their own read to validate what they have seen at St. Clair," says Kaitlin Shotsberger, the director of clinical quality and care management at St. Clair. "This is a tremendous benefit to the patients in the south hills of Pittsburgh."

It was that patient-centeredness idea that sparked St. Clair's interest in becoming part of the Mayo Clinic network of hospitals. Shotsberger says the Mayo Clinic is "really focused on patient experience." The hospital sees the relationship with the Mayo Clinic as an enhancement to the medical services it already offers and is a way to take the hospital to the "next level" as a care

provider.

"We're always thinking about innovative ways to help our patients," Shotsberger says. This is about our patients receiving the best care. If they (the Mayo Clinic) offer a second opinion at no additional cost, that's high value for our patients and community."

With one year of collaboration under the hospital's belt, Borst says St. Clair is looking at broader ways of tapping into the Mayo Clinic as well as other hospitals in the network.

"We've taken advantage of the second-opinion aspect of our relationship, but now we looking at ways to clinically take advantage of the Mayo Clinic," Borst says. "As an organization we want to be a top-decile performer. This has been an element of sustaining that performance and continuing that drive to be the very best." St. Clair Hospital and Mayo Clinic form patient-centered collaboration. St. Clair Hospital and Mayo Clinic form patient-centered collaboration.



At Your Fingertips

The convenience of MyChart makes patients' lives easier

BY STEVE METSCH

Barbara Bell no longer has to wait for results of blood tests. If she wants those or other medical information, along with refilling prescriptions, they're just a few clicks away.

Bell, who lives in Churchill, participates in MyChart, which is offered to clients of the Allegheny Health Network. She's thrilled at having such access. The retired special education teacher likes having immediate answers to her healthy questions.



“I use it all the time to review my test results,” Bell says.

While she has not used it, she says another benefit for patients is the same day appointment service also available online through the Allegheny Health Network.

Getting back to MyChart, she enjoys having her medical history in moments.

“I’ve had certain medications for rheumatoid arthritis, so I have to have frequent blood tests just to monitor the effect of those,” Bell says. “I use MyChart to track them over time and monitor them. I usually get my results before my doctor contacts me.

It’s easy to register with MyChart through the Allegheny Health Network, she says. “When you have your first appointment with the network, the physician’s office gives you the opportunity to sign up for MyChart,” she says. “You get a temporary password, then you create your own account and your own password.”

She likes being able to communicate with her doctor’s office, request refills for prescriptions, view health records and check preventive schedule due dates and appointment summaries. You can pay bills or request an appointment.

“It’s very convenient,” she says. “I use it to communicate things that are not of an urgent nature. Or sometimes I get a blood test back and the specialist may say ‘This is a little high, get in touch with your doctor.’ So, I do that through e-mail,” Bell says. “One of the features they just added is to move a primary care appointment up, so if you’re scheduled for a routine primary care appointment and you want something sooner, you can go in and put it on the fast care list. When something opens, they’ll notify you and you can accept the new one.”

Before Bell began using MyChart, it meant dealing with a lot of paper records.

“This way I can view the actual numbers on my blood work and not get a letter that says everything is fine,” she says. “I can see if there are numbers I’m concerned about, I can e-mail the doctor to see if there is something to be concerned about or not.” She has yet to use the video visit, but the e-visit is online messaging. “When I e-mail them, they always get back to me,” she says.

Asked if she sees any drawbacks to MyChart, Bell says “not at all.”

Each time you do make an office visit, you receive an appointment summary that covers “what we talk about, medications, the next appointment and what I need to do before that,” she says. “You can also ask for that on MyChart.”

Another perk is refilling prescription medications on MyChart.



While she has yet to use the Same Day Appointment Service, she does like the features that allow users, provided they call before 11 a.m., to get an appointment that afternoon. If you call after 11 a.m. on weekends, or if you call during the weekend, you’ll get an appointment as soon as possible.

The same day service is good for primary care physicians, although you may not get your usual PCP, along with most specialists. Over 20 specialties are available for the same day appointments, including heart care, cancer care and women’s health, to name a few.

Bell and MyChart stress that if someone is injured or urgently ill, it’s best to call 911 or visit the local hospital’s emergency room.

“I’m just very happy they have MyChart,” Bell says. “I’d recommend it. It makes my life so much easier.”





THE DOCTOR WILL SEE YOU NOW

Teladoc makes doctor's visits more convenient and accessible

BY STEVE METSCH

Employees in the Allegheny County Schools Health Insurance Consortium and their family members will soon be able to get a doctor's diagnosis for ailments without ever going to an office. The consortium, which represents 53 school organizations, 18,000 employees and their 25,000 family members has entered into an agreement with Teladoc, ACSHIC board chairperson Jan Klein says, which began Nov. 1.

"The consortium decided to partner with Teladoc for video doctor appointments because, as technology has become more accessible to everyone, we wanted to give people the option of being able to use this technology to avoid having to go to doctors' office for treatments

for illness that occur on a pretty frequent basis," Klein says.

Klein speaks from experience. Last year, she had five different doctor appointments for what was really a cold and the resulting sinus infection.

Each time, Klein had to leave work

or home, sit in a waiting room with people suffering various illnesses and "see a doctor and find out what I already knew — I had the same cold which didn't go away," Klein says.

Teladoc, she says, would have given her an alternative that would have kept



Many primary care physicians are aging out and newer physicians are getting into specialties. Also, people want convenient access to a physician and this gives them that.

BILL HEPFINGER, TELADOC AREA VICE PRESIDENT FOR HEALTH PLAN SALES

her at work and to receive care remotely.

Bill Hepfinger, Teladoc's area vice president for health plan sales, says 3,500 physicians are on staff nationwide. Teladoc has 20 million people signed. And Teladoc is on pace to top 1 million service calls this year, he says.

Physicians are available 24/7, 365 days a year.

"They can diagnose, treat and prescribe when necessary for minor illnesses," Hepfinger says. "So, the members can access our physicians via phone, mobile app or our web site." Those with serious illnesses are referred to a doctor.

And as a mother and grandmother, Klein knows that it can "become a family adventure" when a child takes ill and the parents must pack up the car and travel to the doctor.

"This will help young parents because they won't have to disrupt the rest of the family in order to get a sick child seen for what sometimes is a very common illness," Klein says.

All physicians are licensed and board certified. They are working doctors who

carve time out of their days so they can be on call for Teladoc, Hepfinger says.

"If you don't feel well, you may go to your doctor or your local urgent care center," he says. "If you have Teladoc, your alternative is to jump on your smart phone, use your mobile app or call us directly and ask for a physician."

The average wait is eight to 10 minutes.

Teladoc has been around since 2002, but virtual care has grown significantly over the last three years.

"A lot of it has to do with the fact that there's not as much primary care available as there used to be," Hepfinger says. "Many primary care physicians are aging out and newer physicians are getting into specialties. Also, people want convenient access to a physician and this gives them that."

Klein and Hepfinger stress that

employees are not charged a dime until they need to pay for a prescription or are referred to see a doctor.

"We feel it will be such a good program, we have made it free to our participants," Klein says. "That needs to be stated. There's no charge for using it."

Before ACSHIC employees can call Teladoc, they have to register with the program. That process takes about 15 minutes and includes questions you'd answer with pen and paper in a doctor's office.

Teladoc has a 92 percent resolution rate, Hepfinger says.

Hepfinger, who flies often for work, recently didn't feel well boarding a plane, felt worse after the landing and called Teladoc from his car. A doctor called back in four minutes. "By the time I got home, I had picked up the prescription," he says.



The Medicare questions you need answered

BY MICHAEL GAROFALO,
VICE PRESIDENT, AON RISK SOLUTIONS

Do you realize more than 3 million Americans turn 65 every year? And so do many participants in ACSHIC. After many years of education service to our schools, our health plan participants are now faced with new and important health care decisions — decisions made much more difficult after retirement because they are often made them without guidance. During these people's working lives, the school districts by which they were employed provided them with all of their needed health care guidance.

All of a sudden, our members are faced with government, school district and health plan carrier deadlines. Every day, Diana Gregorakis, ACSHIC trustees and I receive emails and phone calls concerning Medicare and retirement questions. Hopefully, the following information will be helpful.



WHEN AM I ELIGIBLE FOR MEDICARE?

You are typically eligible for Medicare at 65. But there are instances in which you can apply if you become disabled. If you become eligible for Social Security Disability, you may be awarded Medicare and this could be at any age: 45, 50 or 62. Please realize your disabled dependent may also be eligible for Medicare at a very early age.

WHEN DO I SIGN UP?

Typically you will have a 180-day period from your 65th birthday to sign up for Medicare. You will have a 90-day period before your birthday and a 90-day period after your birthday. (Medicare enrollment: 866-444-4444). If you have signed up for social security before age 65, the government knows who you are and your age. You will receive your

Medicare card in the mail 90 Days before your birthday. I know you are receiving a ton of junk mail at this time of year, don't throw your Medicare Card away. If your birthday is in June, your card will be in your mailbox by March.

WHEN IS MEDICARE EFFECTIVE? I AM AFRAID OF A LAPSE IN MY COVERAGE.

If your birthday is the 2nd or 31st of a month, your coverage begins the first of the month. For example, if your birthday is February 9, then your Medicare coverage will be effective February 1. If you were born on the 1st of the month your coverage effective the month prior. So a February 1 birthday makes your Medicare coverage effective January 1.

WHAT DO I NEED TO SIGN UP FOR FROM MEDICARE?

Typically for the ACSHIC members you will need to sign up for Medicare Parts A and B. You will waive Medicare Part D. Medicare Part A pays for hospital claims and is generally premium free. Medicare Part B will cost \$134 a month (2017) and pays for doctors, X-rays and tests. The premium may cost more for high-income earners. Please realize everyone needs to take the correct steps to enroll for Medicare Part B or face a lifetime of a late enrollment penalty.

Medicare Part D pays for drugs, but the greater majority of our members will purchase their drug benefit through HOPS or directly from a Supplemental Insurance Carrier.

I'M STILL WORKING, DO I NEED TO SIGN UP FOR MEDICARE?

This really depends on the size of your school or company's group size. The majority of our schools have more than 20 employees. So if you are still working over the age of 65 and work at North Hills School District, the school's insurance will be your primary coverage and Medicare is your secondary coverage. Yes, most of you will have Medicare Part

If you don't sign up for Medicare at age 65, while covered by your spouse's early retirement health plan, you will have to pay a 10 percent late-enrollment penalty on the Medicare Part B premium.

A even if you don't sign up. But, you are not required to sign up for Medicare at 65 and you will not have to worry about the late enrollment penalty.

I'VE DECIDED TO RETIRE THIS JUNE. I'M 67 AND MY SPOUSE IS 68, NOW WHAT?

Both of you will need to go to the Social Security Office and sign up for Medicare Parts A and B. You will need to do this

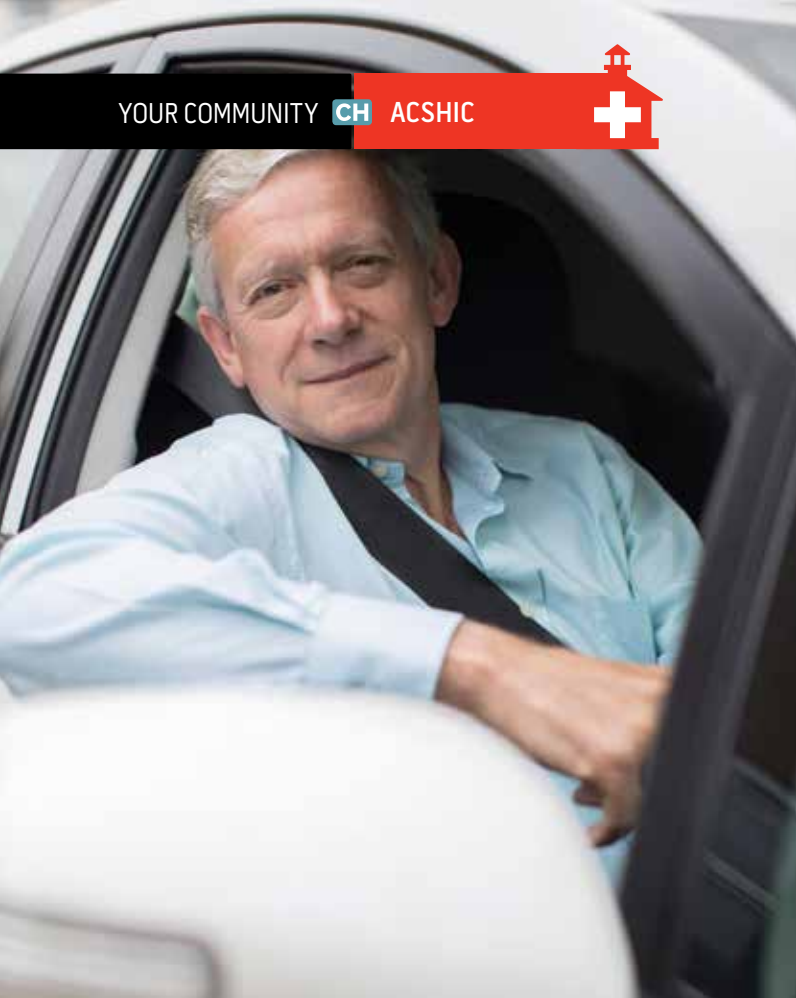
at least two months prior to you leaving the school district employment. Social security will give you a letter that the school's HR department will need to partially find out for you. Once this information is completed, you and your spouse will be given Medicare Part B without any late enrollment penalties.

MY SPOUSE TOOK AN EARLY RETIREMENT AND WE STILL HAVE THE SCHOOL'S HEALTH CARE BUT I'M TURNING 65, I WAS TOLD I DIDN'T NEED MEDICARE, IS THIS TRUE ?

You are in the school's retire coverage health care plan. You are not in an active or current employer plan. You should sign up for both Medicare Parts A and B at 65. The school's retiree plan is secondary to Medicare Parts A and B and the school's plan will be your supplement to Medicare.

WHAT IF I DON'T SIGN UP FOR MEDICARE AT 65 WHILE COVERED BY MY SPOUSE'S EARLY RETIREMENT HEALTH CARE PLAN?

You will have to pay a late enrollment penalty of 10% of the Medicare Part B premium for every year you should have had the coverage. The penalty will apply as long you receive Medicare Benefits. If you missed the initial enrollment period or the period after your spouse stopped working, you can only apply for Medicare in the open enrollment period January through March effective for July.



Taking the Wheel

How to ensure your parents' safety when it comes to driving

BY JEFF VORVA

One day, Kate Scheirman was driving and found herself behind an elderly man driving his car.

Boom!

The man's car jumped a curb, then he kept driving. She followed him to an independent living facility and, by pure coincidence, she recognized the guy.

"It was my friend's father," she says. "I called her immediately and said 'You know, I kind of feel like you may want to have a discussion with your dad. He just took a curb and he could have hit somebody.'"

Ah, yes — the discussion.

There is likely no great way for a son or daughter to tell a mother or father they should give up driving. Some want to hold off on that talk for as long as they can.

Members of the Allegheny County Schools Health Insurance Consortium who are at the point of having the driving discussion with their parents — or have any other aging issues — and need more information can call the Lytle PHP at 1-800-327-7272.

But for those who are at that state where it might be a good idea for Mom or Pop to relinquish the keys, Scheirman has some advice.

Scheirman is the patient advocate at the Pittsburgh-based Lytle Personal Health Partners. She has an extensive background in geriatrics and has learned in her years of experience that to have the discussion takes a little pre-planning. Offspring should not go on the offensive or it will likely result in resistance.

"You don't want to say 'You are going to kill somebody — you shouldn't be driving,'" Scheirman says. "When you discuss driving, envision how you would feel if someone is taking that away from you. That's a loss. As we age, we are experiencing losses. We don't have the same reflexes. Our response time might be different. We might not be able to climb the stairs that we used to.

"Driving is such a sense of independence. It's the way we socialize. We get in our car, we go to the grocery store, we get to talk to people there. We go to activities. We go to the doctor. It's tough to take that away."

Scheirman says that the best way to ease into the discussion is to allow Mom or Dad to open up about the highs and lows of driving at a late age.

"You want to present it as 'How are you doing with your driving?'" she says. "You can ask about the finances. Ask them about the car insurance and repair costs. When you have this conversation, it should be at a time when it's just you and your parent or parents. You don't want to come across being accusatory. You want to have ideas in your mind on what you are going to say and have alternatives.

"If you are going to present this, you have to ask yourself if you are going to be involved in driving them or are you going to help them to get access to driving or any kind of service that the county provides? Will you hire a friend to help them? Will you hire a driver?"

Even if sons and daughters are respectful and approach this in the most tactful way possible, that doesn't mean Pop is going to say "OK, son, here are the keys. I'm done driving."

In some instances there might be stubbornness and harsh words for the idea. They just might not want to talk about it.

"You can certainly say that you want to talk about this at another time," Scheirman says. "Or you could ask a doctor if he or she could talk with the parent — especially if you know they are having problems with balance or dizziness or anything like that."

One rule of thumb Scheirman recommends is to keep in mind who you are talking to.

"You can't talk to them like they are children," she says. "You have to remember that they are the parents. We have to really be careful on our presentation. You want to work on this together."



STRESS!

How schools provide support for students

BY SARAH MCCLUAN

In an age of smartphones, texting, social media and the 24-hour news cycle, it can be difficult to escape the constant barrage of bings, dings and updates that reach us through our glowing blue screens.

These changes in communication combined with reality's more traditional complications can raise anyone's stress level, including students'. Fortunately, school districts throughout the region have services in place to assist learners in managing the stressors of daily life.

Jennifer Blodgett, department facilitator for counseling at Bethel Park School District, says that over the last several years she has observed more students grappling with anxiety. This anxiousness can be the result of many factors including social-media use and family struggles. The anxiety can manifest through increased absenteeism, social withdrawal and/or lower grades.

"Growing up has always been hard," Blodgett says. "But in many cases, our students are facing issues that did not exist before."

Across the county in the Allegheny Valley School District, School Counselor Becky Dyer echoed these same concerns. She says technology and social media use in particular have impacted how individuals and families communicate with each other.

"Before if there was an issue with a person you would have talked about it face to face and expressed your feelings

in person," Dyer says. "Now, students type what they think and that has a different effect."

Like many school districts in the area, both Allegheny Valley and Bethel Park provide robust guidance services that have evolved to provide support and address new challenges. In addition to the student assistance programs, schools offer an array of support groups and activities that provide opportunities to build communication and social skills. The districts foster connections with their communities, which includes mentors and positive role models, in an effort to be proactive and tackle concerns at early stages. Crisis intervention and counseling services are also provided.

If school districts have more specific needs, the AIU offers additional counseling and psychological services upon which districts can draw. Professional development is also available to help classroom teachers understand behavior of all students, including those with special needs. Michelle Lubetsky, training and consultation coordinator for the AIU's Teaching and Learning Division, observed that as society in general continues to evolve to include more use of new communication technologies, school guidance and mental health services throughout the region will continue to play a growing role in public education.

"We graduate whole children," Lubetsky says. "Just as we focus on their academic growth, we must focus on their social/emotional growth, as well."

STR

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Best Feet Forward

Riverview School District raises wellness awareness

BY SARAH MCCLUAN



In every industry, people are at the heart of an organization's success. More than ever, employers are recognizing that staff wellness initiatives contribute to not only better morale and engagement, but also to a more robust bottom line. Educational leaders at the Riverview School District understand this and have turned their efforts toward raising awareness of personal wellness among students and employees.

Since refreshing its wellness policy last year, Riverview has developed many new and creative approaches and wellness activities, many of which are embedded throughout the school day. Wellness activities are now woven into the fabric of the district's schedule and include new initiatives such as Mindful Mondays, Fitness Fridays and morning exercise sessions and movement activities at the elementary schools.

Aspiring journalists at RVTV, the high school's student television station, are developing wellness segments focused on mental health. The district's food service department is engaging in

Right before the start of their Thanksgiving break, staff and students had the chance to burn off excess calories by joining the junior/senior high school's first annual Turkey Trot.

community outreach to parents to share information about healthy foods and review school menus.

Right before the start of their Thanksgiving break, staff and students had the chance to burn off excess calories by joining the junior/senior high school's first annual Turkey Trot. The wellness day also include a marine boot camp, an obstacle course and yoga

sessions.

Much of the success of the district-wide effort can be attributed to wellness committees that represent each school building. The committees, composed of students staff and parents, have also initiated additional events such as fitness walks, hoops for heart and the Cha-cha slide.

"The wellness committees at each building have also been instrumental in helping to build enthusiasm and making sure the realities of the plans we create are implemented," Dr. Margaret "Peggy" DiNinno says. "We continue to add new activities and ideas as they are presented."

Thanks to a \$3,000 wellness grant from Highmark and the Allegheny County School Health Insurance Consortium, the momentum is continuing. As part of the grant, the district has begun a new initiative called Fitness Fridays to remind staff that their mental and physical health matters too. During Fitness Fridays, beautiful gift baskets are created for the staff of each school building. The arrangement also contains stress balls, pedometers and bottled water to encourage increased physical activity in addition to fresh fruit and low-fat snack alternatives. Inspirational messages and literature about general fitness are also included.

The grant meshes well with the district's student wellness policy and the organization's commitment to encourage students and staff to make healthy choices The effort has snowballed.

"The wellness grant helped to keep everyone motivated and acknowledged the importance of wellness for our staff," DiNinno says. "There is more going on now than ever before, and it's wonderful to be a part of it."

2018 Preventive Schedule

Effective 1/1/2018

PLAN YOUR CARE: KNOW WHAT YOU NEED AND WHEN TO GET IT

Preventive or routine care helps us stay well or finds problems early, when they are easier to treat. The preventive guidelines on this schedule depend on your age, gender, health and family history. As a part of your health plan, you may be eligible to receive some of these preventive benefits with little to no cost sharing when using in-network providers. Make sure you know what is covered by your health plan and any requirements before you receive any of these services.

Some services and their frequency may depend on your doctor's advice. That's why it's important to talk with your doctor about the services that are right for you.

QUESTIONS?

 Call Member Service

 Ask your doctor

 Log in to your account

Adults: Ages 19+





Male
















Female

General Health Care

 Routine Checkup* (This exam is not the work- or school-related physical)	<ul style="list-style-type: none"> Ages 19 to 49: Every 1 to 2 years Ages 50 and older: Once a year
 Pelvic, Breast Exam	Once a year

Screenings/Procedures

 Abdominal Aortic Aneurysm Screening	Ages 65 to 75 who have ever smoked: One-time screening
 Ambulatory Blood Pressure Monitoring	To confirm new diagnosis of high blood pressure before starting treatment
 Breast Cancer Genetic (BRCA) Screening (Requires prior authorization)	Those meeting specific high-risk criteria: One-time genetic assessment for breast and ovarian cancer risk
 Cholesterol (Lipid) Screening	<ul style="list-style-type: none"> Ages 20 and older: Once every 5 years High-risk: More often
 Colon Cancer Screening (Including Colonoscopy)	<ul style="list-style-type: none"> Ages 50 and older: Every 1 to 10 years, depending on screening test High-risk: Earlier or more frequently
 Certain Colonoscopy Preps With Prescription	<ul style="list-style-type: none"> Ages 50 and older: Once every 10 years High-risk: Earlier or more frequently
 Diabetes Screening	High-risk: Ages 40 and older, once every 3 years
 Hepatitis B Screening	High-risk
 Hepatitis C Screening	High-risk
 Latent Tuberculosis Screening	High-risk
 Lung Cancer Screening (Requires use of authorized facility)	Ages 55 to 80 with 30-pack per year history: Once a year for current smokers, or once a year if currently smoking or quit within past 15 years
 Mammogram	Ages 40 and older: Once a year including 3-D
 Osteoporosis (Bone Mineral Density) Screening	Ages 60 and older: Once every 2 years

* Routine checkup could include health history; physical; height, weight and blood pressure measures; body mass index (BMI) assessment; counseling for obesity, fall prevention, skin cancer and safety; depression screening; alcohol and drug abuse, and tobacco use assessment; and age-appropriate guidance.

Adults: Ages 19+

Screenings/Procedures



Pap Test

- Ages 21 to 65: Every 3 years, or annually, per doctor's advice
- Ages 30 to 65: Every 5 years if combined Pap and HPV are negative
- Ages 65 and older: Per doctor's advice



Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)

Sexually active males and females

Immunizations



Chicken Pox (Varicella)

Adults with no history of chicken pox: One 2-dose series



Diphtheria, Tetanus (Td/Tdap)

- One-time Tdap
- Td booster every 10 years



Flu (Influenza)

Every year (Must get at your PCP's office or designated pharmacy vaccination pro call Member Service to verify that your vaccination provider is in the Highmark n



Haemophilus Influenzae Type B (Hib)

For adults with certain medical conditions to prevent meningitis, pneumonia other serious infections; this vaccine does not provide protection against the does not replace the annual flu vaccine



Hepatitis A

At-risk or per doctor's advice: One 2-dose series



Hepatitis B

At-risk or per doctor's advice: One 3-dose series



Human Papillomavirus (HPV)

To age 26: One 3-dose series



Measles, Mumps, Rubella (MMR)

One or two doses



Meningitis*

At-risk or per doctor's advice



Pneumonia

High-risk or ages 65 and older: One or two doses, per lifetime



Shingles (Zoster)

Ages 60 and older: One dose

Preventive Drug Measures That Require a Doctor's Prescription



Aspirin

- Ages 50 to 59 to reduce the risk of stroke and heart attack
- Pregnant women at risk for preeclampsia



Folic Acid

Women planning or capable of pregnancy: Daily supplement containing .4 to .8 mg of folic acid



Raloxifene Tamoxifen

At-risk for breast cancer, without a cancer diagnosis, ages 35 and older



Tobacco Cessation (Counseling and medication)

Adults who use tobacco products



Vitamin D Supplements

Ages 65 and older who are at risk for falls



Low to Moderate Dose Select Generic Statin Drugs For Prevention of Cardiovascular Disease (CVD)

Ages 40 to 75 years with 1 or more CVD risk factors (such as dyslipidemia, dial hypertension, or smoking) and have calculated 10-year risk of a cardiovascular of 10% or greater.

Preventive Care for Pregnant Women



Screenings and Procedures

- Gestational diabetes screening
- Hepatitis B screening and immunization, if needed
- HIV screening
- Syphilis screening
- Smoking cessation counseling
- Depression screening during pregnancy and postpartum
- Rh typing at first visit
- Rh antibody testing for Rh-negative women
- Tdap with every pregnancy
- Urine culture and sensitivity at first visit

Prevention of Obesity, Heart Disease and Diabetes



Adults With BMI 25 to 29.9 (Overweight) and 30 to 39.9 (Obese) Are Eligible For:

- Additional annual preventive office visits specifically for obesity and blood pressure measurement
- Additional nutritional counseling visits specifically for obesity
- Recommended lab tests:
 - ALT
 - AST
 - Hemoglobin A1c or fasting glucose
 - Cholesterol screening

Adult Diabetes Prevention Program (DPP)



Applies to Adults

- Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and
- Overweight or obese (determined by BMI) and
- Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl.

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.

2018 Preventive Schedule

PLAN YOUR CHILD'S CARE: KNOW WHAT YOUR CHILD NEEDS AND WHEN TO GET IT

Preventive or routine care helps your child stay well or finds problems early, when they are easier to treat. Most of these services may not have cost sharing if you use the plan's in-network providers. Make sure you know what is covered by your health plan and any requirements before you schedule any services for your child.

It's important to talk with your child's doctor. The frequency of services, and schedule of screenings and immunizations depends on what the doctor thinks is right for your child.

QUESTIONS?

 Call Member Service

 Ask your doctor

 Log in to your account

Children: Birth to 30 Months¹

General Health Care	Birth	1M	2M	4M	6M	9M	12M	15M	18M	24M	30M
Routine Checkup* (This exam is not the preschool- or day care-related physical.)	●	●	●	●	●	●	●	●	●	●	●
Hearing Screening	●										
Screenings											
Autism Screening									●	●	
Critical Congenital Heart Disease (CCHD) Screening With Pulse Oximetry	●										
Developmental Screening						●			●		●
Hematocrit or Hemoglobin Screening							●				
Lead Screening						●					
Newborn Blood Screening	●										
Immunizations											
Chicken Pox								Dose 1			
Diphtheria, Tetanus, Pertussis (DTaP)			Dose 1	Dose 2	Dose 3				Dose 4		
Flu (Influenza)**						Ages 6 months to 30 months: 1 or 2 doses annually					
Haemophilus Influenzae Type B (Hib)			Dose 1	Dose 2	Dose 3			Dose 4			
Hepatitis A							Dose 1		Dose 2		
Hepatitis B	Dose 1		Dose 2				Dose 3				
Measles, Mumps, Rubella (MMR)								Dose 1			
Pneumonia			Dose 1	Dose 2	Dose 3			Dose 4			
Polio (IPV)			Dose 1	Dose 2	Ages 6 months to 18 months: Dose 3						
Rotavirus			Dose 1	Dose 2	Dose 3						

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. Additional: Instrument vision screening to assess risk for ages 1 and 2 years. ** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network.

Children: 3 Years to 18 Years¹

General Health Care	3Y	4Y	5Y	6Y	7Y	8Y	9Y	10Y	11Y	12Y	15Y	18Y
Routine Checkup* (This exam is not the preschool- or day care-related physical)	●	●	●	●	●	●	●	●	Once a year from ages 11 to 18			
Ambulatory Blood Pressure Monitoring**												●
Depression Screening									Once a year from ages 11 to 18			
Hearing Screening		●	●	●		●		●		●	●	
Visual Screening***	●	●	●	●		●		●		●	●	●
Screenings												
Hematocrit or Hemoglobin Screening			Annually for females during adolescence and when indicated									
Lead Screening	When indicated (Please also refer to your state-specific recommendations)											
Immunizations												
Chicken Pox		Dose 2								If not previously vaccinated: Dose 1 and 2 (4 weeks apart)		
Diphtheria, Tetanus, Pertussis (DTaP)		Dose 5		1 dose of Tdap if 5 doses were not received previously							1 dose every 10 yrs.	
Flu (Influenza)****	Ages 3 to 18: 1 or 2 doses annually											
Human Papillomavirus (HPV)								Provides long-term protection against cervical and other cancers. 2 doses when started ages 9-14. 3 doses all other ages.				
Measles, Mumps, Rubella (MMR)		Dose 2 (at least 1 month apart from dose 1)										
Meningitis*****									Dose 1		Age 16: One-time booster	
Pneumonia	Per doctor's advice											
Polio (IPV)		Dose 4										
Care for Patients With Risk Factors												
BRCA Mutation Screening (Requires prior authorization)					Per doctor's advice							
Cholesterol Screening	Screening will be done based on the child's family history and risk factors											
Fluoride Varnish (Must use primary care doctor)	Ages 5 and younger											
Hepatitis B Screening									Per doctor's advice			
Hepatitis C Screening											High-risk	
Latent Tuberculosis Screening												High-risk
Sexually Transmitted Disease (STD) Screenings and Counseling (Chlamydia, Gonorrhea, HIV and Syphilis)									For all sexually active individuals			
Tuberculin Test	Per doctor's advice											

* Routine checkup could include height and weight measures, behavioral and developmental assessment, and age-appropriate guidance. ** To confirm new diagnosis of high blood pressure before starting treatment. *** Covered when performed in doctor's office by having the child read letters of various sizes on a Snellen chart. Includes instrument vision screening for ages 3, 4 and 5 years. A comprehensive vision exam is performed by an ophthalmologist or optometrist and requires a vision benefit. **** Must get at your PCP's office or designated pharmacy vaccination provider. Call Member Service to verify that your vaccination provider is in the Highmark network. ***** Meningococcal B vaccine per doctor's advice.



Children: 6 Months to 18 Years¹

Preventive Drug Measures That Require a Doctor's Prescription

Oral Fluoride	For preschool children older than 6 months whose primary water source is deficient in fluoride
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Prevention of Obesity and Heart Disease

Children With a BMI in the 85th to 94th Percentile (Overweight) and the 95th to 98th Percentile (Obese) Are Eligible For:	<ul style="list-style-type: none"> • Additional annual preventive office visits specifically for obesity • Additional nutritional counseling visits specifically for obesity • Recommended lab tests: <ul style="list-style-type: none"> – Alanine aminotransferase (ALT) – Aspartate aminotransferase (AST) – Hemoglobin A1c or fasting glucose (FBS) – Cholesterol screening
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Adult Diabetes Prevention Program (DPP) Age 18



Applies to Adults

- Without a diagnosis of Diabetes (does not include a history of Gestational Diabetes) and
- Overweight or obese (determined by BMI) and
- Fasting Blood Glucose of 100-125 mg/dl or HGBA1c of 5.7 to 6.4 percent or Impaired Glucose Tolerance Test of 140-199mg/dl.

Enrollment in certain select CDC recognized lifestyle change DPP programs for weight loss.



Women's Health Preventive Schedule

Services

Well-Woman Visits (Including preconception and first prenatal visit)	Up to 4 visits each year for age and developmentally appropriate preventive services
Contraception (Birth Control) Methods and Discussion*	All women planning or capable of pregnancy

Screenings/Procedures

Diabetes Screening	<ul style="list-style-type: none"> • All women between 24 and 28 weeks pregnant • High-risk: At the first prenatal visit
HIV Screening and Discussion	All sexually active women: Once a year
Human Papillomavirus (HPV) Screening Testing	Beginning at age 30: Every 3 years
Domestic and Intimate Partner Violence Screening and Discussion	Once a year
Breast-feeding (Lactation) Support and Counseling, and Costs for Equipment	During pregnancy and/or after delivery (postpartum)
Sexually Transmitted Infections (STI) Discussion	All sexually active women: Once a year

* FDA-approved contraceptive methods may include sterilization and procedures as prescribed. One form of contraception in each of the 18 FDA-approved methods is covered without cost sharing. If the doctor recommends a clinical service or FDA-approved item based on medical necessity, there will be no cost sharing.

Information About the Affordable Care Act (ACA)

This schedule is a reference tool for planning your family's preventive care, and lists items and services required under the Affordable Care Act (ACA), as amended. It is reviewed and updated periodically based on the advice of the U.S. Preventive Services Task Force, laws and regulations, and updates to clinical guidelines established by national medical organizations. Accordingly, the content of this schedule is subject to change. Your specific needs for preventive services may vary according to your personal risk factors. Your doctor is always your best resource for determining if you're at increased risk for a condition. Some services may require prior authorization. If you have questions about this schedule, prior authorizations or your benefit coverage, please call the Member Service number on the back of your member ID card.

Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

Discrimination is Against the Law

The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Claims Administrator/Insurer will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Claims Administrator/Insurer will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Claims Administrator/Insurer:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

1 Information About Children's Health Insurance Program (CHIP)

Because the Children's Health Insurance Program (CHIP) is a government-sponsored program and not subject to ACA, certain preventive benefits may not apply to CHIP members and/or may be subject to copayments.

The ACA authorizes coverage for certain additional preventive care services. These services do not apply to "grand-fathered" plans. These plans were established before March 23, 2010, and have not changed their benefit structure. If your health coverage is a grandfathered plan, you would have received notice of this in your benefit materials.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер телефона-телефонных устройств) (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

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Whoa Baby!

An expert weighs in on the pros and cons of waiting to start a family

BY AMY CAVALIER

Lisa VerWeire didn't plan to become a mother in her early 40s. It's just the path life led her down.

"Everyone hopes to wait until the perfect time, but there is no perfect time," says VerWeire, a Rochester mother.

After falling in love with the man she wanted to marry, the couple began trying for their family. "My clock wasn't just ticking anymore," she says. "It was gonging at that point. We were committed to each other and I knew he would be a good dad, so we figured we ought to get on the train before it left the station."

VerWeire is not alone. Statistically speaking, more women are waiting to start families. In 2016, the Centers for Disease Control and Prevention found more women ages 30 to 34 had babies than women ages 25 to 29, an age demographic which has had the highest birth rate for the past three decades.



Dr. Lorelei Thornburg

"I'm not an expert as to why people have children when they do, but that seems to be the narrative — that people are taking time to finish degrees and get settled into jobs," says Dr. Lorelei Thornburg, director of maternal/fetal medicine at the University of Rochester Medical Center. "Delaying childbearing is something that comes with that."

In 1970, the average age for women to have babies was 21. By 2006, it was 25. And now many women are waiting until their 30s and 40s to start a family.

"Some of it has to do with women making decisions to be in the workforce," Thornburg says. "People are waiting until they

get married, until they're more financially stable."

PREPARING FOR PREGNANCY

Waiting until you're older to start a family is largely safe, but the fertility rate does decline as women age, while the risk of complications increases.

"Some women who decide to get pregnant later in life may find they need assistance getting pregnant," Thornburg says.

With age comes a greater chance of developing diseases like higher blood pressure and diabetes or struggling with autoimmune disorders or other underlying health conditions, which can create challenges for women looking to get pregnant. An OB-GYN specialist in high-risk pregnancies, such as Thornburg, can work to adjust medications or optimize disease control to ensure the healthiest pregnancy possible.

"Certainly as our eggs get older, the risks of having an extra chromosome increase, and so women who are having babies, especially in their 40s, may elect for additional screening," Thornburg says.

While no woman is immune to the possibility of birth defects, those who wait until they are older to conceive also have a higher chance of developing high blood pressure or gestational diabetes during their pregnancy and may even be at higher risk of miscarrying, she adds. The most important thing women can do is to plan their pregnancy in order to ensure they are in the best possible health.

"Sometimes it can be as simple as going in for a check-up, taking prenatal vitamins or making sure you're up to date on shots and vaccinations," Thornburg says.

THE TRANSITION TO MOTHERHOOD

Being an older mother can mean more financial, career and emotional stability.

"I think that women who come to see me in their 40s are often the best informed, researched and planned as far as their pregnancy, and one of the keys to having a healthy pregnancy is planning," Thornburg says. "Planned babies are healthy babies."

Along with the statistics showing more women are delaying pregnancy until they are older, the size of the American family is also shrinking. In 1976, the percentage of mothers with four or more children was 40 percent. In 2014, the percentage of women with four children was 14 percent, and the percentage of those with two children was 41 percent.

Delaying pregnancy until your 40s can mean having retired parents who can provide assistance with childcare. Conversely, Dr. Thornburg says, a woman whose parents were older when they had her, and who waited to have children herself, may wind up caring for both their children and their parents.

Although VerWeire says she didn't have many peers her age just starting a family, there were some advantages to being an older parent.

"Life has been such an amazing journey and through the years I have acquired numerous and various skills with which to navigate motherhood," she says. "I'm grateful for that. Our son is our sunshine and life is good."



Stop the Clock?

BY JACKSON A. THOMAS

AGE AIN'T NOTHIN' BUT A NUMBER

“According to one estimate, **20,000 to 30,000** Americans used HGH as ‘anti-aging’ therapy in 2004 alone,” says urologist Dr. Jeremy Kaufman of Urological Associates of Bridgeport. “According to another, **100,000** people received HGH without a valid prescription in 2002.”

Human growth hormones might turn back the body's internal clock — but at a price

Dave Dix admits he had unrealistic expectations coupled with mixed results when he started taking testosterone at age 49.

“I had this idea that guys like Lance Armstrong took these drugs, and then it all became easy for them,” says Dix, now 54, a PR specialist in Austin, Texas. “No, that’s not it at all. It gave me a little extra energy, helped me sleep a bit better, and also improved my mood. But I found that I could triple those benefits if I used the testosterone to work out and build muscle.”

Similar to using testosterone to boost bone and muscle health as well as improve sexual health, some men also turn to human growth hormones in the hopes it may keep them feeling fit and looking young.

BREAKING DOWN HGH

Human growth hormones are small proteins made by the pituitary gland that are secreted into the bloodstream, says urologist Dr. Jeremy Kaufman of Urological Associates of Bridgeport in Trumbull, Connecticut.

Although Dix says he still takes testosterone, he hasn’t taken HGH. But he warns not to overtake either because it may be counterproductive.

“I’m certainly not an expert, but it’s

just not a magic bullet,” he says, adding that using more than necessary of either could “totally defeat your original purpose.”

HGH production “rises during childhood, peaks during puberty and declines from middle age onward,” Kaufman says. “In children and adolescents, it stimulates the growth of bone and cartilage. In people of all ages, HGH boosts protein production, promotes the utilization of fat, interferes with the action of insulin and raises blood sugar levels.”

HGH is taken by an injection, while testosterone can be administered by a cream, injections, gels or patches. Urologists and endocrinologists use both hormones in andropause (male menopause treatment) and for treatment of sexual dysfunction in men and women.

“The other benefits to men include increase in libido and sexual performance, increased muscle mass, decrease in fat, increased energy levels and less fatigue,” says Christopher Metzler, president of FHW Fitness in Florida, which focuses on hormone replacement.

PERFORMANCE ENHANCERS?

HGH is available as a prescription drug, but is usually meant for children and adults with HGH deficiency, Kaufman says. Experts are on the

fence about the benefits and whether men should take supplements, mainly because not all HGH uses are approved by the FDA. Some guys use the hormone, along with other performance-enhancing drugs, to build up muscle and improve their athletic performance. But some research has shown that HGH’s effect on athletes isn’t known.

“Although it appears that human growth hormones can increase muscle mass and reduce the amount of body fat in healthy older adults, the increase in muscle has not been shown to translate into increased strength,” Kaufman says. “This unfortunately does not stop many athletes from using it.”

HGH also might cause carpal tunnel syndrome, swelling in the arms and legs, joint and muscle pain and enlargement of breast tissue in men, he says.

Because the body’s HGH levels naturally decrease with age, some experts have speculated that HGH products might reverse age-related body deterioration. But such claims are unproven, as research shows using HGH for anti-aging is not entirely FDA-approved. Metzler says although HGH is directly related to aging, the hormones aren’t a catchall for reversing it.

“As we age, the HGH levels go down,” Metzler says. “Body changes occur because of this. Wrinkling of the skin, low energy, fat accumulation and sexual drive can all be part of low HGH levels.”

Virtual Values

Do devices act as a social sabotage to your family's health?

BY KAREN MARLEY

How much time do you spend on your phone?

According to Flurry Analytics, makers of a tool that tracks user data, the answer for the average American is five hours a day. Do the math. That comes to just over 75 days per year that we are glued to our personal screens.

A deeper look into the data reveals that 50 percent of that time is spent on social, messaging, media, and entertainment applications. And the lines between categories continue to blur. Sites like Snapchat provide a space for people to communicate for the sole purpose of entertainment.

Findings such as these and its implications concern people like Dr. Jerid



Dr. Jerid Fisher, PhD, ABN, is a forensic neural psychologist who, among other things, specializes in brain injury rehabilitation. He recently published his second book, "My Dad Got Hurt, What Can I Do?" a children's book addressing brain injury in military families.

Fisher, PhD, ABN, a forensic neural psychologist and Teisha Maldonado, School Social Worker at Irondequoit Central School District.

"Inventors have tapped into an element of human addiction that is as serious as smoking or drinking," Fisher says.

"Kids have a really hard time disconnecting," Maldonado says. "This has a direct impact on their everyday life."

SOCIAL COSTS

Fisher believes such extreme levels of dedicated interaction with an electronic device have definitive consequences on society and individuals.

For starters, we have come to expect immediate gratification without any sense of pausing and delaying. The simple act of sending a text is one example. Typically, when you send a text you expect an immediate response. Your interpretation of not receiving that response leads to assumptions about your own self-worth or the other individual. These are toxic thoughts.

An impatient society has another cost: increased narcissism. Fisher says with more emphasis on self you are prone to feeling irritable, angry or depressed if you don't receive responses in the form of texts, likes or shares. You feel isolated.

"Delay is good for brain development," Fisher says. "We are depriving a generation from learning delayed gratification, and it is leading to increased anxiety and impatience. There is a higher incidence of depression and anxiety for those who are on social media all the time. People are more vulnerable to mood disorders due to that isolation."

Today's children are vulnerable in other ways.

"Many school conflicts that I see are connected to social media," says Maldonado. "It used to be that if a child had a problem at school they could get

Kids have a really hard time **disconnecting**. This has a direct **impact** on their everyday life.

TEISHA MALDONADO,
SCHOOL SOCIAL WORKER



away from it at home. They could be part of an activity outside of school that offered respite. But today, students know what's going on with everyone at a county-wide level. There is no escape."

WHY DO WE DO IT?

Fisher points out that constantly interacting with your device is an addiction. There is a positive reinforcement to constantly checking your social profiles, inbox, and messaging apps. You can post that you just had a glass of lemonade. You get 15 likes. Those likes are validation and they feel good.

"Descartes said, 'Cognito ergo sum.' I think therefore I am," says Fisher. "The modern version is, 'I post therefore I am.'"

Ultimately, your judgement is impaired by the immediate need to be connected and engaged.

"Your device fills the void of loneliness, but the irony is that it makes you more alone," Fisher says. To avoid this, Maldonado has some advice: "Parents are giving kids a smart phone at young ages. I recommend keeping your kids off social media for as long as possible."



Ready at Sunrise

Students develop life skills through extension of food service program

BY SARAH MCCLUAN



It was a chilly fall morning and the smell of freshly brewed coffee wafted through the halls of the Allegheny Intermediate Unit's Central Office in Homestead. As fog hung over the Monongahela River, students from the AIU's Sunrise School arrived and began to prepare for the day's breakfast crowd. Dressed in black aprons, khaki pants and polo shirts, students smile widely as staff begin to roll in looking to buy fresh bagels, a bowl of oatmeal and, of course, that coffee.

Welcome to AlleC Bistro.

AlleC Bistro's opening is a culmination of a year-long effort between the AIU's Special Education and Pupil Services Division, its principals, staff and The Nutrition Group, the latter which is a provider of school meals to school districts throughout western Pennsylvania.

Opened in mid-October to rave reviews, AlleC Bistro, short for Allegheny County Bistro, is an extension of the food service vocational program at the AIU's Mon Valley, Pathfinder and Sunrise schools, and creates community-based work opportunities for students with special needs. The bistro is open to the public every business day and features a variety of breakfast and lunch items made and served by AIU student-workers.

A total of seven student-employees currently work at the bistro, with others to join as the school year unfolds and more preparing food daily at their home schools. By participating, student employees enhance their career-readiness skills and gain valuable work experience.

Sunrise student Alex Cochan says she has already learned a variety of customer-service skills that she will be able to use when she graduates.

Student employees are involved in both preparing meals and serving patrons at AlleC Bistro. By participating, they enhance their career-readiness skills and gain valuable work experience.



AlleC Bistro's opening was a culmination of year-long effort between AIU's Special Education and Pupil Services Division, its principals, staff and The Nutrition Group.

"I like being around people and have learned a lot about how to talk to people and find menu items for them," she says.

Jodi Reimers, a work-based learning coordinator at the bistro, is an experi-

enced student-employment specialist who has worked with students in many settings. One of her goals is to eliminate barriers to employment, such as practical experience. She also works to ensure students are supported and properly trained so that they are ready to succeed in the workplace after graduation. At the bistro, Reimers focuses on many skill sets, including customer service.

"We try to make sure that our students not only are doing their jobs well, but that they also are building skills that they can use in community employment," she says.

UNIQUE PROGRAM

Unlike other programs, AlleC Bistro actively involves students in both preparing meals and serving patrons. In addition to the seven students who staff the bistro during the day, many more work to prepare various menu items for the bistro. Every morning, the students in the buildings' food service vocational programs make fresh salads and sandwiches. The items are then packaged and loaded onto a curriculum-based instruction van by students participating in the

AlleC Bistro – A Collaborative Partnership

BY SARAH MCCLUAN

Baby spinach for the Big Nanci Spinach Salad? Check.
Turkey for the Mon Valley Turkey Sandwich? Check.
Grilled chicken for the Wellness Champion Chicken Salad? Check.

At least once a week, Jason Piel can be seen at the AIU's AlleC Bistro double-checking inventory and touching base with students and staff. As a food service director for The Nutrition Group, he works with the bistro's staff to develop menu items and ensure that the eatery has what it needs to serve its customers.

Since it opened in mid-October, AlleC Bistro has been serving AIU employees and busy, on-the-go professionals as part of a collaborative between the AIU and Piel's company. When the idea for the bistro was launched about a year ago, The Nutrition Group, which provides school meal services in more than 200 school districts in five states, saw it as a way to create a unique offering for students at all three of the AIU's schools for exceptional children.

"I had not heard of anything like this – the bistro is the first place that I have seen where the kids are really involved in preparing menu items," Piel says.

As part of the bistro program, students at the AIU's Mon Valley, Pathfinder and Sunrise schools prepare fresh salads and sandwiches every day for transport to the bis-

tro in Homestead. The Nutrition Group provides the food to the AIU at cost. Regional manager Janet Connors says that AlleC Bistro is about providing learning opportunities for students.

"Nobody is making money on this – it's not what this effort is about," she says.

Since the beginning of the school year, The Nutrition Group has trained students in safety, sanitation, customer service, food preparation and other skills. The company hopes to hire some AIU graduates upon graduation.

"I have already seen these students learn and grow, and they can do pretty much everything in a food service setting," Connors says.

In the coming months, The Nutrition Group plans to continue to support the bistro as it evolves, including training new student workers and updating the menu to incorporate seasonal specials. This will be the job of Piel, who oversees the food service at the AIU's special education schools. He says that while it took a lot of coordination to get the bistro off the ground, the results are now tangible.

"It's been a win-win for everyone. The outcome has been beyond rewarding."



materials handling vocational program.

Once at the AIU's Central Office, students unload the inventory in preparation for the day's customers. At the end of business day, any excess items are donated to the AIU's family centers, which provide services to families throughout Allegheny County.

Dr. Nanci Sullivan, the AIU's assistant executive director for special education and pupil services, says the Special Education and Pupil Services Division is excited to be able to offer this valuable and creative work experience for its students.

"Our goal is to provide our students with a unique, positive work experience that builds their career-readiness skills and teaches the importance of teamwork, good attendance and other soft skills," she says. "It is very important that we are vigilant in our efforts to provide work experiences and opportunities for competitive employment outcomes for our youth with disabilities."

In fact, working at AlleC Bistro may lead some students directly to employment at The Nutrition Group upon graduation.

“The Nutrition Group is proud to partner with the AIU in their effort to provide on the job training and experience through AlleC Bistro,” says company President Nancy Kohl. “The goal is to help students learn the skills they need to ultimately be a candidate for employment with The Nutrition Group.”

As the school year continues, the bistro’s menu will change as new and specialty items are added. In the spring, students will plant and cultivate school gardens with the yields being used as an extra food source for the bistro. Most importantly, students will continue to gain the employment skills they need in order to support their communities and move toward independence after graduation.

“The creation of AlleC Bistro is grounded in our core beliefs and is a wonderful place to learn to be work-place-ready,” Sullivan says. “We are truly bringing our mission and vision statements alive.”



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