DESTINATION HEALTH CARE

With signature clinical programs, emerging services and plans for future growth, MU Health is putting Columbia on the map

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Welcome to the winter issue of MU Health, a magazine featuring stories about patient care, education and research at the University of Missouri Health System.

Visitors have many reasons for coming to Columbia — sporting events, festivals, college visits and much more. MU Health Care has begun working with our community partners to add health care to that list of reasons. With an increased focus on cutting-edge treatments and incredible medical advances, we want to position Columbia as a destination for health care in Missouri, across the nation and even around the world.

Even with innovative treatments, it is the compassionate and individualized approach to health care that plays such a vital role in supporting families and individuals such as Cynthia Pilcher, whose experience with nurse navigators provided heartfelt care and honesty in a time of uncertainty. Then there’s Rock Steady Boxing, a specially created boxing program that is improving the quality of life of Parkinson’s disease patients. These are just two examples of the things that set Columbia apart.

Do you have a story to tell or feedback to give? Let us know on our social media sites or at muhealth.org. We look forward to hearing from you.

Jonathan Curtright
Interim CEO and chief operating officer
University of Missouri Health Care

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A second chance at life

Thank you so much! You saved my husband’s life and gave my family and me another chance. I wish I could remember everyone's name involved in Chuck's care to thank each personally.

Elaine Bourland
ST. JAMES, MISSOURI

Praise for Dr. Gardener

I see Dr. Michael Gardener every three to four months. He knows what he is doing and makes sure his patients are safe. I highly recommend this doctor and his staff and thank them for all they do.

Cody W. Windle
ROLLA, MISSOURI

Putting the patient first

I have been a patient of Dr. Wolff for quite some time now, and every time I see him, I am treated with respect, and he makes sure I understand what he is doing/goings to do. Recently, I had an appointment with him due to my SI joint and hip problem, which is why I see him, but I have been in a boot on my foot due to injury. He asked where he stood in the line of docs I have to see. I replied, “Put me back in line for a little while.” We decided that I should see him every six weeks, if needed, instead of having me come back to see him on a regular basis because I am in the boot, and it causes me to walk unevenly. I respect him for this because it shows that he cares more about the patient than the amount on the check.

Kimberly Griggs
MOBERLY, MISSOURI

Pharmacy goes ‘above and beyond’

I am sending in a comment or two about our relationship with Cody Nolke of the University Hospital pharmacy department. We needed some help with the cost of some of our medications. Cody jumped on that and had it in no time at all. He saved us a bushel of money. And he did it in such a congenial fashion that it was a genuine pleasure to deal with him. I almost felt bad for calling him with a question because I knew how busy he must be. You would never know it though. He was always cordial, helpful and a real piece of cake to deal with. If he was out when we called, he always got back to us. He’s a winner. Treat him well.

Charles E. Cunningham
NEW FRANKLIN, MISSOURI

Cardiac ICU excels at patient care

The staff in the cardiac ICU was amazing. Jordan took exceptional care of Nick. He made sure Nick had everything he needed, and he took the time to answer all of my questions and put me at ease. I am so thankful to the staff for the great care they took of my son. Thank you to Sherry, Jennifer in the ER, Courtney, Kourtney and Brittany in the cardiac wing. And special thanks to Jordan in the cardiac ICU!

D. Dulom
BOONVILLE, MISSOURI

ER nurse offers comfort and support

I am writing this letter in regard to Deanna Allen, the nurse in the ER. She went above and beyond to make my visit here at the ER very pleasurable. I came in for my heart, and I was very, very scared. Meeting Deanna put my worries about my heart at peace. She is very nice and friendly and has a beautiful smile. If I ever have to come back here to the ER, I hope and pray that I have Deanna Allen as my nurse. I was blessed to meet her.

Alice Ewing
COLUMBIA, MISSOURI

Quality care at digestive clinic

I received wonderful service at the Missouri Digestive Health Clinic for a routine colonoscopy. Nursing staff, anesthesia staff and physicians Dr. Vanessa Kuwajima and Dr. Fazia Mir provided me with excellent care and service. I would highly recommend the Missouri Digestive Health Clinic. I was a little worried that I would not be able to tolerate the prep but discovered a tip that I'd like to share with other patients: Drink it cold, fast and through a straw. The straw made the difference.

Barbara Boshard
HARTSBURG, MISSOURI

Compassionate, competent care

We were impressed with the care we received from Dr. Choma. My husband has chronic back pain, but as you can imagine, it is difficult to get compassion from a wife who is an ER nurse. But when he started having problems with his left leg, I could no longer ignore him so we went to see Dr. Choma. He listened to my husband, showed genuine interest and was compassionate. Thank you for providers like Dr. Choma who really care for their patients and uphold the standard of care at MU Health Care.

Soly Remo Khan
COLUMBIA, MISSOURI
As we age our eyes change, and many people develop cloudy vision caused by cataracts. By age 80, more than half of all Americans will either have cataracts or will have undergone a surgery to remove them. University of Missouri Health Care offers patients the most advanced cataract removal technology available today. As Columbia’s first bladeless laser cataract surgery provider, MU Health Care is committed to bringing our patients unmatched accuracy and precision. Bladeless laser cataract surgery is a painless procedure that uses a computer-controlled refractive laser to break up cataracts. The laser also has the ability to correct astigmatism and can fix both nearsightedness and farsightedness.

“This new technology improves the precision of cataract surgery. The benefit is that there is less stress on the eye, which leads to less inflammation and trauma, ultimately ending in a quicker recovery.”
— John Jarstad, MD

‘Perfect every time’
The laser portion of the surgery takes about 30 seconds, after which the unhealthy pieces are suctioned out, and a new lens is implanted. There are no needles or scalpels involved and no stitches. Patients typically see results immediately, and recovery takes about one week. “Before the surgery, I absolutely could not have passed the driving vision test without my contacts or glasses,” says Diane Linneman, a Columbia resident. Linnemann had bladeless laser cataract surgery on her left eye in September 2016 and her right eye in October. “The freedom now is amazing.”

Jarstad compares the accuracy of laser surgery to drawing a circle freehand on a piece of paper. “You can get pretty close to a perfect circle occasionally, but if you have a stencil, or in this case, a laser, you can be perfect every time,” he says.

And he’s done just that. Jarstad was one of the first surgeons in the United States to master bladeless laser cataract surgery and has performed the procedure more than 1,000 times.

Vision renewed
Patients with complex cataracts or those who want premium lenses will benefit the most from bladeless cataract surgery, Jarstad says. Anyone who is unable to hold still for two to three minutes or has a morgagnian cataract - one that has been left untreated for too long and has been liquefied - would not be a good candidate and should consider having standard treatment.

“The oldest patient I treated with bladeless laser cataract surgery was 103 years old,” Jarstad says. “After surgery, her comment was, ‘I wish I’d done this 30 years ago!’”

The biggest surprise for patients, Jarstad adds, is that there is no pain from the surgery and that colors appear much more vivid following the procedure. “In many cases, patients no longer need to wear glasses or contacts to see clearly,” he says.
When providers at University of Missouri Women’s and Children’s Hospital launched the Low-Intervention Birth Program a year ago, they knew there was demand for natural childbirth services in a hospital setting.

And, oh baby, were they right. In the first year of the program, more than 100 babies were delivered using few or no medical interventions. Lori Anderson and Laurie Rodenberg, the hospital’s certified nurse midwives, delivered more than 70 of those babies. The low-intervention program is the only one of its kind in central Missouri. It allows women who meet low-risk pregnancy guidelines to choose between receiving prenatal and delivery care from a certified nurse midwife or one of 10 physicians specializing in obstetrics and gynecology.

Approximately 70 expectant mothers with low-risk pregnancies participate in the program at any given time. The popularity of the program seems to be driven by a simple concept — choice. Women can bring their own doulas, or birth coaches, to be part of the delivery team, and their birthing choices, often spelled out in birth plans, are respected by the hospital staff. They can experience a natural childbirth while having the security of delivering in a hospital.

“We have so many people who have transferred their care from other hospitals or who have delivered here in the past, and they go on and on about how different it is this time,” Anderson says. “Previously, they felt like they were told how their experience
was going to be. Now they feel like they’re going to have a say. We’re putting the control back in their hands.”

**A new approach to caring for moms and babies**

The change in philosophy began about three years ago when providers at Women’s and Children’s Hospital started working toward the Baby-Friendly® designation. Conferred by the World Health Organization (WHO) and the United Nations International Children’s Emergency Fund (UNICEF), the designation requires hospitals to promote best practices for mother and baby care.

When the Baby Friendly® effort started, the focus on promoting breastfeeding and keeping moms and babies together from birth (not whisking them away to a nursery) laid the groundwork for the low-intervention program by changing the way staff delivered care to mothers and babies. Adding the low-intervention program built upon that shift.

“It was a definite change for staff — just the thought process of backing off and letting physiological labor be the boss and not being so hands-on,” she says of the low-intervention model. “As health care providers, we want to help, and we want to do as much as we can. Sometimes that’s the hardest thing to do is sit back and let nature do its thing.”

Anderson and Rodenberg specialize in low-risk pregnancies. Although they are integral to the success of the low-intervention program, they are also happy to work with women who choose to have some interventions, including epidurals for pain relief.

“We specialize in low-risk, not only low-intervention,” Anderson says.

**‘She cared about the birthing experience’**

When Amber O’Keefe, 26, and her husband, Nolan, moved to Columbia in December 2015, Amber was seven weeks pregnant. She began looking for a provider right away.

“I knew I wanted to be with a midwife,” O’Keefe says. “When I started looking around, Lori Anderson was the only midwife in the area who was offered through a hospital system. My only other options were to have a home birth or go out of town.”

O’Keefe says the experience exceeded her expectations. She gave birth to Declan, her first child, in July.

“It’s just so amazing that there’s that option for women who still want to give birth in a hospital,” O’Keefe says.

There are many benefits to partnering with a midwife, O’Keefe says. Anderson took her time during appointments, with many lasting half an hour.

“She would talk to me about whatever I wanted,” O’Keefe says. “I knew she cared about the birthing experience.”

“Previously, they felt like they were told how their experience was going to be. Now they feel like they’re going to have a say. We’re putting the control back in their hands.”

— Lori Anderson, certified nurse midwife

For O’Keefe, the primary benefit is knowing your provider is on board with your birth plan.

“I could have my pregnancy and birthing experience without her wanting to intervene at every stage,” she says. O’Keefe also looked forward to using the low-intervention birth suites.

“It was nice having that really large bed because my husband could be there with me,” she says. “It felt so homey. It was like, ‘I can relax in here.’ It’s a totally different vibe than a hospital room.”

“I thought it was amazing giving birth in there,” she adds.

**More than Babies**

MU Health Care’s certified nurse midwives focus on education and shared decision-making

When people hear the word ‘midwife’, they often think of someone who delivers babies. For Lori Anderson (right) and Laurie Rodenberg (left), MU Health Care’s two certified nurse midwives, delivering babies is a big part of the job, but that’s not all they do.

“We’re nurse practitioners who are experts in normal delivery and well-woman care,” Rodenberg says.

Anderson and Rodenberg serve their patients during clinic hours at Missouri OB/GYN Associates, next door to MU Women’s and Children’s Hospital. They offer a full range of services for women: prenatal, delivery and well woman. The latter can include pap smears, birth control and more, Anderson says. Whether delivering babies or offering other care, these midwives keep the focus on education and shared decision-making.

“Women want to be heard,” Anderson says.
More innovation to come

Courtney Barnes, MD, MU Health Care OB/GYN and medical director of the Low-Intervention Birth Program, is already planning improvements. She says the next phase will involve development of a centering program, which will bring together patients with similar due dates to learn in a group setting. The group prenatal care is proven to decrease preterm deliveries and improve outcomes for expectant mothers and their babies, Barnes says.

It also offers more time for education, which is the foundation of the low-intervention program. Anderson says she’s excited about the possibility of harnessing that “group effect.”

“Patients get a lot of satisfaction and build camaraderie when they come together,” she says. “They have more confidence and self-esteem from that group support.”

Barnes also wants to get Anderson and Rodenberg more involved in resident and medical school education. “We want to have those principles handed down to the next generation of physicians,” she says.

As the program grows, there will also be a need for a third midwife. Barnes says it has been great to see the growth in the program. “There has been a strong desire for this in the community, and the patients love it,” she says.

Patient Experiences

‘It was the best of both worlds’

Nicole Beddoe, 38, a physical therapist at University Hospital, delivered her daughter, Savannah, in one of the low-intervention rooms at MU Women’s and Children’s Hospital. Although she says she had always been interested in having a natural childbirth without medication, she didn’t want to have a home birth — she wanted the security of delivering in a hospital.

“When I heard about the program, I was really excited because it was the best of both worlds,” Beddoe says.

It was the laid-back approach of her provider, Certified Nurse Midwife Lori Anderson, that helped put Beddoe at ease. Anderson was happy to spend time talking through options.

“She talks to you about procedures, tests…about your options and the advantages and disadvantages,” Beddoe says. “She really stressed the evidence-based aspect. If I asked a question, she would talk things through with me. You basically decide what you want to do.”

Beddoe’s doula was also in the low-intervention room during the labor and delivery. Beddoe delivered on the birthing stool. Then she got to lie in the big bed holding her daughter while she recovered, and she began breastfeeding in the room before being moved to the postpartum floor.

‘The program and the personnel supported the very experience that I desired’

Julianna Campbell gave birth to her first child in her home, and though the Springfield resident was considering another home birth during her second pregnancy, she was hospitalized with an illness and reconsidered. While in the hospital in Springfield, Campbell began researching her options, a search that led her to Women’s and Children’s Hospital. She felt it was the safest choice, but she still wanted to have control over her birth experience.

“I had some skepticism,” Campbell says. “I thought, ‘Can I have the experience I want in the hospital?’” Her daughter Nouvelle was born July 31, and Campbell says the experience exceeded her expectations.

“I genuinely felt like the program and the personnel supported the very experience that I desired,” she says.

Campbell particularly enjoyed the low-intervention suite. “I feared being in the hospital,” she says, “but the size of the room and the way they make it home-like, that really did help with feeling relaxed.”
Moments after their daughter Cara entered the world in May 2014, joy turned to fear for Katy and Andrew Purvis.

Cara’s pediatrician relayed concerns about an abnormally small soft spot on Cara’s skull before she was discharged from a Springfield, Missouri hospital. Soft spots enable the plates of the skull to flex and expand as the brain grows, but in Cara’s case, her physician felt something was a little off. Her facial features were lower set than they should be, and her skull wasn’t as round as a typical baby’s.

“After the euphoria of delivering a child, it’s hard to be told by your pediatrician that something may be wrong with your baby,” Katy says. “Your emotions are high, and to be given bad news about your little one can be devastating.”

At the advice of Cara’s pediatrician, the Purvises took their daughter to a geneticist, who recognized the signs of craniosynostosis, a premature fusing of the plates in the skull. He referred the family to Arshad Muzaffar, MD, director of craniofacial and pediatric plastic surgery at University of Missouri Health Care.

It was a three-hour drive from their home near Springfield to the hospital in Columbia, but the Purvises knew they’d found the right place for Cara’s treatment as soon as they met Muzaffar and his team. Because craniosynostosis causes deformities that can put pressure on the brain, infants can experience learning impairments and other neurodevelopmental problems. The program’s multidisciplinary team approach assured them Cara was in the right hands.

On March 11, 2015, Cara underwent a procedure known as fronto-orbital advancement and anterior cranial vault remodeling. During the surgery, Muzaffar removed the fused bone from Cara’s skull and remodeled it into the correct shape.

The bone was then attached to her skull with surgical screws and plates that naturally dissolve.

After 10 hours in a waiting room at MU Children’s Hospital, Katy and Andrew received the good news: The surgery was a success.

“Cara is now 2 years old, and she is just so beautiful and smart,” Katy says. “You would never know she was born with craniosynostosis. She has no delays at all and is on track or ahead of where she is supposed to be developmentally. She’s just awesome.”

In addition to the cosmetic aspects, cases such as Cara’s require intervention to prevent possible future neurodevelopmental issues. If an infant’s skull is not shaped correctly, the brain might not be able to develop properly, which can affect mental abilities, vision or hearing. In Cara’s case, there was a lot at stake.

“At MU Health Care, we take a truly integrated and interdisciplinary approach that you won’t find with many other craniofacial programs. The best treatment outcomes are the result of surgical excellence and a compassionate, individualized approach to each patient.”

– Arshad Muzaffar, MD

If you answered “yes” to any of these questions, call (573) 882-4176 or visit smilesforkids.missouri.edu to learn more about individualized treatment options for your child.

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<th>7 Signs of Craniosynostosis</th>
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<td>1. Is there a flat spot on the back of your baby’s head that hasn’t gotten more rounded by age 5 to 6 months?</td>
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<td>2. Is the head asymmetrical?</td>
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<td>3. Is the face asymmetrical?</td>
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<tr>
<td>4. Is the skull’s soft spot closed? It should generally still be open up to 1 to 2 years of age.</td>
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<tr>
<td>5. Are there any ridges that can be felt on the skull?</td>
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<tr>
<td>6. Is your baby unable to turn his or her head fully in both directions?</td>
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<tr>
<td>7. Are there any unusual bulges or prominent areas on the skull?</td>
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where’s the noise, folks?” Kathy Rinehart-Hansen yells out as she pounds her red gloves into her opponent, punch after punch, hook after hook, with increasing force. The crowd erupts into cheers.

“You got this, Kathy!”

“Knock ‘em down!” Onlookers half expect the bell to ring and the announcer to shout “knockout,” but this isn’t a contact sport. And these aren’t your typical boxers.

Kathy is boxing against a 100-pound punching bag as a part of Rock Steady Boxing, a program specifically created for patients with Parkinson’s disease. The goal of the program is to improve quality of life through the use of a noncontact boxing-based fitness curriculum. Rock Steady Boxing, which was founded in 2006, is the first and only boxing program of its kind in the United States. It was introduced to mid-Missouri in February 2016 by MU Health Care and has grown in popularity ever since.

“We have a lot of participants come in that are eight to 10 years into their diagnoses. What we’re seeing with Rock Steady Boxing..."
is that participants are either staying consistent or even improving performance at their six-month evaluations."

“Exercise is one of the only ways to reduce the effects of Parkinson’s disease.”
— Courtney Meyers, personal trainer

Why boxing? Meyers says punching helps steady tremors and improves focus. Supplemental exercises improve balance, coordination and flexibility — all things that benefit the daily lives of participants.

Rock Steady Boxing classes are offered twice a day on Mondays, Wednesdays and Fridays, and boxers can attend as many sessions as they want. Classes are $10 per session, or $50 per month for unlimited sessions. All Parkinson’s disease patients are welcome to attend with physician referral.

TOP: Classes take place at the MU Human Performance Institute in Columbia.
BOTTOM: Nancy Kinsey, a Rock Steady participant since April, has had Parkinson’s disease for six years.
The Human GPS
Nurse navigators help ease the load for cancer patients

“lt’s cancer.” Those two little words, spoken in less than one second, can have one of the greatest impacts on a person’s life. After the initial shock subsides, patients are left to come to terms with their new diagnosis and make life-changing decisions. As the days go by, the questions accumulate, and anxiety sinks in.

“What does my future look like?”
“How will I get through this?”
“Where do I even begin?”

“My job is to break it down, step by step, and help them manage and take control of their cancer care.”

‘They become like family’
When a new thoracic patient is diagnosed, Lasta is one of the first individuals to contact her. She immediately establishes a relationship and lets patients know whom to contact if they have any questions.

“If our patients ever need anything, we’re always here,” Lasta says of herself and fellow nurse navigators. “I take my patients’ treatment very personally — they become like family to me.”

Lasta’s heartfelt care and honesty don’t go unnoticed by her patients.

“I would have been lost if it weren’t for Blanche,” says Cynthia Pilcher, a lung cancer patient. “She has been my stone of support during my cancer treatment.”

Pilcher was diagnosed with early-stage lung cancer in late 2010. She says Lasta was there when she first got the diagnosis.

“It was scary,” Pilcher says. “I didn’t understand what was going on or anything about cancer. I was by myself, and Blanche comforted me and explained how we were going to proceed. By the time I left there, I didn’t feel so bad.”

Pilcher says she’s called Lasta numerous times throughout the years. Having an open line of communication has proven essential for her cancer treatment, because she lives four hours away from Ellis Fischel.

“As a cancer patient, you need someone that you can rely on,” Pilcher says. “If I didn’t feel good, I would call Blanche. When my oxygen was low, I’d call her. If there was anything I didn’t understand, I could ask. I never felt awkward, and Blanche always assured me that answering questions was OK.”

A cohesive relationship
Lasta says she answers at least 60 calls and messages every day from patients. To stay up to date on each individual’s treatment plan, she stays in close contact with the multidisciplinary care teams.

“We have a very cohesive relationship,” Lasta says. “To be able to take some of the burden off of our doctors and answer patients’ questions and ease their worries and fears is a really good feeling.”

Throughout their cancer journey, patients interact with many different specialties and physicians, and Lasta says this constant communication is crucial.

Now five years cancer free, Pilcher credits her recovery to Lasta and the Ellis Fischel team.

“I can’t say enough good things about Blanche and the team,” Pilcher says. “Blanche Lasta is one of my No. 1 people, and Ellis Fischel has got to be one of the best institutions I’ve ever been. If it weren’t for them, I don’t know where I would be today.”

Ellis Fischel currently has four nurse navigators dedicated to helping patients with breast, head and neck, lung and gastrointestinal cancer.
8 Things to Know about Weight-loss Surgery

If weight-loss is one goal that seems out of reach when diet and exercise haven’t produced results, weight-loss surgery may be the answer. Here are eight things to know when considering bariatric surgery.

1. Are you a candidate for surgery?

To qualify for a weight-reduction surgery, a series of guidelines must be met. For example, your body mass index, or BMI, must be at least 40 or greater or 35 or greater if you have high risk health conditions such as diabetes or high blood pressure.

To calculate your BMI, use an interactive tool available at MUHealth.org/bariatrics.

2. Weight-loss surgery can help eliminate other health issues.

After surgery, people feel fuller faster, resulting in a decreased appetite and reduced food intake that leads to weight loss. As an added bonus, weight-loss surgery can eliminate or lessen the severity of Type 2 diabetes, sleep apnea, high cholesterol, high blood pressure and chronic back pain in up to 85 percent of patients. The chance of death caused by these conditions can be reduced by as much as 40 percent.

3. Weight-loss is a journey toward improved health.

Weight-loss is a continual process, not just a one-time decision. It is more than a surgical procedure; it’s a life-altering decision. As you lose weight, you gain confidence and the belief in yourself to continue to eat right, exercise and do the necessary things to live a healthier lifestyle.

Our weight-loss team guides patients on their weight-loss journey, both before and after a procedure. Through educational seminars, patients are supported by a multidisciplinary team of weight-loss specialists.

4. Different procedures are designed to meet different weight-loss needs.

Surgical operations to control obesity are based on one or both of two principles. The first is restriction, in which the amount of calories or food ingested is controlled by limiting available space. The second principle is malabsorption, in which the absorption of food is controlled or reduced. Our nationally recognized bariatric surgeons perform three options for weight-loss surgery:

- **Adjustable gastric band:** A silicone band is placed around the upper part of the stomach to create a small pouch and narrow passage into the larger remaining portion of the stomach.

- **Roux-en Y divided gastric bypass surgery:** On average, patients will lose about 100 lbs. or up to two thirds of their excess weight in one year with this procedure. Some people lose a little more, some a little less.

- **Vertical sleeve gastrectomy:** This procedure generates weight loss by restricting the amount of food — and therefore calories — that can be eaten by removing 85 percent or more of the stomach without bypassing the intestines or causing any gastrointestinal malabsorption.

5. A non-surgical option can help you lose three times more weight than diet and exercise alone.

If you have a BMI greater than 30 and are interested in a nonsurgical solution for weight loss, you may benefit from intragastric balloon therapy. This weight-loss method involves the temporary insertion of a saline-filled balloon into your stomach to help you feel fuller faster when you eat. Your doctor will then remove the balloon after six months while you continue on a medically supervised weight-loss plan.

6. Surgeons can use robots to provide the best care possible.

Robotic surgery allows surgeons to do things beyond their own capabilities with their eyes and hands. Robotic surgery has many benefits to patients compared to traditional open surgery. Patients can expect tiny incisions, minimal scarring, shorter hospital stays, less blood loss, a reduced risk of infection and quicker return to normal daily activities.

7. You have access to a world-class bariatric team.

Find a lasting solution to weight management with help from one of the top bariatric surgery teams in the country. Your bariatric physician is certified by the American Board of Surgery and meets the criteria of excellence established by the American Society for Bariatric Surgery. This means you’ll get care from surgeons who are experienced in the field and spend more than half their time performing bariatric procedures.

8. Resources can help you make an informed decision.

You can take the first step toward a healthier life by attending a free weight-management seminar. The seminars introduce you to the health care team and your weight-loss options. The seminars are offered both online and in-person.

Visit MUHealth.org/bariatrics or call (573) 882-LOSE to find out if a weight-loss surgery is right for you.
For decades, University of Missouri Health Care has served as a leading provider of medical care for patients in the mid-Missouri area. But now, MU Health is on a mission to make Columbia a destination medical community, not only for the residents of central Missouri but also for potential patients from other states and countries around the world.

“Medical destination communities are not constrained to certain geographic locations, warm weather or large populations. The key is offering signature clinical programs to patients that they could not receive in other parts of the state, nation and, in some instances, the globe.”

- Jonathan Curtright, interim CEO and chief operating officer, MU Health Care

In August, Columbia Mayor Brian Treece announced the formation of a Mayor’s Task Force on Medical Tourism. The task force, which includes representatives from MU Health Care, including Curtright, and leaders from Ellis Fischel Cancer Center and the Mizzou BioJointSM Center, is designed to position Columbia as a destination medical center in the Midwest and United States.

“Health care is a major component of Columbia’s growing economy,” Treece says. “Creating the necessary infrastructure to support continued growth of Columbia’s health care providers and optimize the patient experience in Columbia is a top priority of mine.”

Curtright and Mayor Treece have similar goals for the task force and the Columbia community.

“Our vision of Columbia as a destination medical community, when fulfilled, will advance the health of all Missourians and beyond and strengthen the financial health of our city, our region and the state,” Curtright says.

For Curtright, the shared vision between MU Health and the city will be a huge factor as they work toward bringing it to fruition.

“Having the mayor’s support on this initiative is very important,” Curtright says. “Once people hear our vision from business leaders, political leaders, in addition to health care leaders, it will show others how serious we are about Columbia’s potential for medical tourism.”
Mayor’s Task Force on Medical Tourism Members

GUY COLLIER, an attorney specializing in nonprofit hospitals and health systems. Collier is a partner at McDermott, Will and Emery in Washington, D.C. He will chair the task force.

JONATHAN CURTRIGHT, Interim CEO and chief operating officer of MU Health Care

KATE PITZER, in-house legal counsel for Boone Hospital Center

VIVEK PURI, vice president and general counsel of Hilton Garden Inn and the Holiday Inn Express

GENE AUSTIN, CEO of Columbia Orthopaedic Group

DAVID PARMELY, owner of the Hampton Inn & Suites and The Broadway

JAMES COOK, DVM, PhD, former veterinary surgeon at the MU College of Veterinary Medicine and director of operations for the Mizzou BioJointSM Center

KEVIN STAVELEY-O’CARROLL, MD, PhD, director of Ellis Fischel Cancer Center

Leading in Regenerative Orthopaedics

This spring, Kasia Bulik, 28, flew more than 10 hours from Warsaw, Poland, to Columbia, Missouri, to undergo a complex biological surgery at the Missouri Orthopaedic Institute’s Mizzou BioJointSM Center. Bulik, who was injured in a motorbike incident, was referred to several doctors overseas before she saw James Stannard, MD, director of the Missouri Orthopaedic Institute. Stannard is internationally recognized for his research and unique techniques to improve biological joint replacements.

Bulik stayed in Columbia for a month after her procedure, which gave her and her family time to experience the city’s hospitality. She even got engaged to her fiancé at a popular Columbia restaurant within 10 minutes of her hotel and the Missouri Orthopaedic Institute. Bulik, who was on crutches for a year and a half after her accident before traveling to Missouri for her procedure, says she’s excited to walk down the aisle crutch free.

“I was overwhelmed with the hospitality I received in Missouri. My team was so welcoming, and they have given me so much hope.”
- Kasia Bulik

“I really felt like the Mizzou team treated me like family from the day I arrived,” Bulik said. “I still stay in touch with them regularly as they continue monitoring my progress.”
To meet growing patient needs, MU Health Care began construction in June 2015 on a $40 million, four-story expansion of the Missouri Orthopaedic Institute. The expansion, expected to be complete by spring 2017, will feature the new Thompson Center for Regenerative Orthopaedics, focused on orthopaedic research, on the center’s fourth floor.

The Thompson Foundation, created by William and Nancy Thompson, pledged $3 million to the MU School of Medicine to create the Thompson Center for Regenerative Orthopaedics. James Cook, DVM, director of the Orthopaedic Research Division at MU and member of the Mayor’s Task Force on Medical Tourism, says the gift will create more unique opportunities to provide world-class care for patients in Missouri and beyond.

“This amazing gift will create a center of discovery, translational and transformative research and clinical applications,” Cook says. “Because the Thompsons have provided this incredibly unique opportunity for us to create a world-class laboratory right in the heart of our clinical orthopaedic center, we will be able to more efficiently and effectively improve health care.”

ON THE MAP

In just its first year of operation, the Mizzou BioJoint℠ Center has already attracted patients from around the nation and globe.

Patients have originated from:

STATES
Alabama
Arkansas
California
Florida
Illinois
Iowa
Kansas
Kentucky
Louisiana
Missouri
Montana
Nebraska
New York
North Dakota
Texas
Wisconsin
Wyoming

COUNTRIES
Brazil
Iran
Poland
State-Designated Cancer Center

MU Health Care’s Ellis Fischel Cancer Center is the second oldest cancer center in the country and has been designated Missouri’s official state cancer center. Led by Kevin Staveley-O’Carroll, MD, PhD, director of Ellis Fischel Cancer Center and member of the Mayor’s Task Force on Medical Tourism, Ellis Fischel is the only cancer center in the region to provide screening, diagnosis and treatment all under one roof.

Cancer specialists at Ellis Fischel care for patients from nearly every county in the state through inpatient and outpatient services in Columbia. Ellis Fischel also is the only cancer center in Missouri that provides clinical trials.

“What really sets our cancer center apart is our multidisciplinary collaboration efforts and navigation services,” Staveley-O’Carroll says. “It’s hard for most healthy people to navigate through complex medical systems and even harder for older individuals who have just been diagnosed with cancer. That’s why we are investing in navigators to help our patients get through the process.”

Staveley-O’Carroll says that because Ellis Fischel is Missouri’s designated cancer center, most of the center’s patients are not from Columbia.

“Our patients generally receive chemotherapy or radiation treatments from medical or radiation oncologists closer to their homes and then travel to us for their more complex needs like surgeries or clinical trials,” he says.

To further serve their patients, Staveley-O’Carroll is currently organizing eight multidisciplinary navigation teams, each focused on a specific type of cancer. He says the navigation teams will be equipped with specialists in a range of different areas, including physical therapy, palliative care and nutrition, as a way to offer the best comprehensive services to all patients.

As part of the Mayor’s Task Force on Medical Tourism, Staveley-O’Carroll says his role includes ensuring that navigators work seamlessly with local hotel owners to guarantee that patients who travel from across the state and beyond for their procedures and clinical trials get the care they need.

MD Anderson Connection

Ellis Fischel Cancer Center was the first academic certified member of the MD Anderson Cancer Network. As part of the partnership, 26 Ellis Fischel specialists were recognized by MD Anderson as certified physicians of the network.

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MU Health’s connection to The University of Texas MD Anderson Cancer Center grew even stronger in September when Patrick Delafontaine, MD, Hugh E. and Sarah D. Stephenson Dean of the MU School of Medicine, appointed Edward T.H. Ye, MD, former professor and founding chair of the Department of Cardiology at The University of Texas MD Anderson Cancer Center, to lead the Department of Medicine at MU.

Ye is a leader in the field of onco-cardiology, which focuses on providing personalized cardiac care to cancer patients. His recent research discoveries will help medical professionals treat cancer patients while minimizing the risk of damage to their hearts, a side effect of certain chemotherapy drugs.

Leaders from The University of Texas MD Anderson Cancer Center recently announced the creation of the Edward T.H. Ye, MD, Lectureship in Onco-Cardiology.

“This lectureship has been created to commemorate Dr. Ye as the founder of the field of onco-cardiology and recognize his many contributions while at The University of Texas MD Anderson Cancer Center,” says Ronald DePinho, MD, president of The University of Texas MD Anderson Cancer Center.

Ye was the inaugural lecturer at the Fourth International Conference on Cancer and the Heart on Nov. 4.
MU Health Care
Orthopaedic Providers

HIP AND KNEE

Our hip and knee surgeons are among the most experienced orthopaedic surgeons in total joint replacement in mid-Missouri. They also offer hip preservation surgeries to help younger patients maintain a healthy lifestyle. In addition to treating patients, our surgeons focus on developing future techniques and technologies in hip and knee surgery, which makes our surgeons some of the first to perform new techniques in mid-Missouri.

MOI in Columbia
(573) 882-BONE
James Keeny, MD
Ajay Aggarwal, MD
Brett D. Crist, MD, FACS
Andrea Evenski, MD
Mauricio Kfuri, MD, PhD
Ben Hansen, MD

MOI at Capital Region Medical Center in Jefferson City
(573) 632-4860
Ajay Aggarwal, MD

TRAUMA

Our orthopaedic trauma team is a key component of University Hospital’s Level 1 Trauma Center. The surgeons care for isolated simple fractures and specialize in complex joint and pelvic fractures, nonunions and malunions. Additional orthopaedic surgeons are on call to evaluate and treat emergencies when needed.

University Hospital Clinic in Columbia
(573) 884-8427
Brett D. Crist, MD, FACS
Mauricio Kfuri, MD, PhD
James Stannard, MD
David Volgas, MD

Bone and Joint Clinic in Springfield
(417) 875-3800
Brian Buck, DO
Brett Crist, MD
Yvonne Murtha, MD
Michael Robertson, MD
David Volgas, MD
**SPORTS MEDICINE**

Our orthopaedic sports medicine physicians provide nonsurgical and surgical treatments and collaborate with certified specialists, including physical therapists, radiologists and pharmacists, to offer comprehensive services for athletes. Our physicians have experience treating a wide variety of patients from Little Leaguers to professional athletes. We are a proud partner in the care for Mizzou athletes.

**MOI in Columbia**
(573) 882-BONE
James Stannard, MD
David Flood, MD
Mauricio Kfuri, MD, PhD
Richard Ma, MD
Clayton Nuelle, MD
Seth Sherman, MD
Daniel Slawski, MD
Tiffany Bohon, MD*
Aaron Gray, MD*

**MOI at Capital Region Medical Center in Jefferson City**
(573) 632-4860
David Flood, MD
Clayton Nuelle, MD

**Fulton Medical Center**
(573) 826-2744
Daniel Slawski, MD

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**PEDIATRICS**

Our pediatric providers collaborate with colleagues at MU Children’s Hospital to apply a team approach that addresses young patients’ medical, social and emotional needs. In addition to serving general orthopaedic needs, our specialists in young patients offer care in scoliosis, skeletal dysplasia, neuromuscular diseases and clubfoot.

**Pediatric Orthopaedic Clinic in Columbia**
(573) 884-7874 or (573) 882-BONE
Sumit Gupta, MD
Daniel Hoernschemeyer, MD
Aaron Gray, MD*

**MOI at Capital Region Medical Center in Jefferson City**
(573)-632-4860
Sumit Gupta, MD

**MOI at Cox Health in Springfield**
(573) 884-7874 or (573) 882-BONE
Sumit Gupta, MD
Daniel Hoernschemeyer, MD

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**SPINE**

The spine providers of the Missouri Orthopaedic Institute provide surgical and nonsurgical treatments for patients with spine deformities as well as painful back and neck conditions.

**MOI in Columbia**
(573) 882-BONE
Theodore Choma, MD
Christina Goldstein, MD
Ali Nourbakhsch, MD
Mohammed Agha, MD*
Mark Drymalski, MD*
Chrissa McClellan, MD*

**Now accepting new patients:**

- Sumit Gupta, MD
- Aaron Gray, MD*
- Ali Nourbakhsch, MD

* Nonsurgical provider
**GENERAL ORTHOPAEDICS**

Our board-certified orthopaedic surgeons specialize in joint replacement, trauma and sports medicine.

**MOI in Columbia (573) 882-BONE**
Lauren Cook, MD

**MOI at Capital Region Medical Center in Jefferson City (573) 632-4860**
Lauren Cook, MD

**Bothwell Orthopedics & Sports Medicine in Sedalia (660) 826-5890**
Kelly Edwards, MD
Douglas Kiburz, MD

**FOOT AND ANKLE**

Our providers manage all diseases and injuries to the foot and ankle using operative and non-operative techniques.

**MOI in Columbia (573) 882-BONE**
Kyle Fiala, DPM
Benjamin Summerhays, DPM

**MOI at Capital Region Medical Center in Jefferson City (573) 632-4860**
Benjamin Summerhays, DPM

**ORTHOPAEDIC ONCOLOGY**

Andrea Evenski, MD, is a board-certified orthopaedic surgeon who specializes in musculoskeletal oncology. She and her team treat bone and soft tissue musculoskeletal tumors utilizing limb-sparing surgery. Every patient is cared for by a multidisciplinary approach that utilizes a team of specialists who collaborate to determine an individualized treatment plan.

**MOI in Columbia (573) 882-BONE**
Andrea Evenski, MD

**Ellis Fischel Cancer Center at University Hospital in Columbia (573) 882-2100**
Andrea Evenski, MD

**HAND**

Our hand surgeons are some of Missouri’s most experienced providers, and care for acute injuries and chronic conditions of the hand, wrist, and upper extremities.

**MOI in Columbia (573) 882-BONE**
Jay Bridgeman, MD
David Brogan, MD

**MOI at Capital Region Medical Center in Jefferson City (573) 632-4860**
Jay Bridgeman, MD

**SHOULDER AND ELBOW**

Matthew Smith, MD, treats injuries and chronic illnesses to shoulders and elbows as well as more complex cases such as shoulder replacement.

**MOI in Columbia (573) 882-BONE**
Matthew Smith, MD
Renowned Onco-Cardiologist Leads Medicine Department

Edward T.H. Yeh, MD, joined the University of Missouri in September as chair of the Department of Medicine. Before coming to MU, Yeh served as a professor and chair of cardiology at The University of Texas MD Anderson Cancer Center in Houston.

Yeh’s research focuses on understanding the relationship between heart disease and cancer, and he is the principal investigator on multiple research projects. The National Institutes of Health, the Cancer Prevention Research Institute of Texas and the U.S. Department of Defense have all funded his research.

With more than 200 scientific papers and book chapters to his name, Yeh has held prominent positions in multiple medical societies, including the American Society for Clinical Investigation and the Association of American Physicians. He has served as president of the Houston Cardiology Society, president of the board of the American Heart Association’s Houston Chapter and as a board member of the American Heart Association’s Texas and South Central Affiliate.

Mizzou MedPrep Helps Nontraditional Medical School Applicants Succeed

For the thousands of students applying to medical school each year, minute details in the application process can quickly open or close doors. Applicants without access to the type of advising resources typically found at four-year universities can find the application process especially daunting. Now, a program at the MU School of Medicine helps aspiring med school students become more competitive applicants.

“The Mizzou MedPrep program at the University of Missouri makes the medical school application process easier for those whose path to medical school has taken a few twists and turns,” says Andrea Simmons, Mizzou MedPrep coordinator. “Through the program, applicants in their second careers or from disadvantaged backgrounds can find the same educational opportunities and support as traditional applicants.”

In addition to nontraditional students, Mizzou MedPrep helps those who are from groups traditionally underrepresented in medicine as well as those from socioeconomically disadvantaged or rural backgrounds.

“It doesn’t matter if a student comes from a low-income family, has applied to medical school but was rejected or is a member of a particular ethnicity,” Simmons says. “They can still go to medical school and have successful careers.”

Currently, four Mizzou MedPrep workshops are available to students interested in health care careers. The workshop “Medical Explorations” is designed specifically for high school juniors and seniors. During the session, students get an overview of medical professions, physician specialties and medical school admission requirements.

Additional Mizzou MedPrep workshops are available for college undergraduates and graduates. In those sessions, medical school faculty members host one-on-one meetings with prospective students and review their transcripts, and resumes/CVs to identify areas for improvement. Students also receive tips on interviewing and drafting personal statements.

“The program is continually growing,” Simmons says. “We currently have 29 Mizzou MedPrep medical students enrolled at MU, and we recently had our first graduate. It is very exciting to see students respond well to the program.”

In 2016, the MU School of Medicine received more than 2,100 applications for the 104 seats in the Class of 2020.
Faculty of the Sinclair School of Nursing were stars at this year’s American Academy of Nursing (AAN) annual conference.

Following a rigorous selection process, professor Lorraine Phillips was inducted as a Fellow of the American Academy of Nursing. Phillips was one of 162 Fellows chosen out of approximately 300 nominations from around the world, including those from academic, service, policy sectors and blended roles.

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Academy Fellows — who are all members of the American Nurses Association or a constituent member organization for nurses in the U.S. — are recognized for their extraordinary contributions to nursing, health care and society.

With the addition of this year’s class, the Academy Fellows now represent all 50 states, the District of Columbia and 28 countries. The Academy of Nursing is currently comprised of more than 2,400 nurse leaders in education, management, practice, policy and research. Academy Fellows include hospital and government administrators, college deans and renowned scientific researchers.

“I am delighted to welcome this superb cohort of talented clinicians, researchers, policy leaders, educators and executives as they join the ranks of the nation’s leading nursing and health care thought leaders,” said American Academy of Nursing President Bobbie Berkowitz, PhD, RN, NEA-BC, FAAN, at the conference.

Phillips, who joined the Sinclair School of Nursing faculty in 2007, has established herself as a leader in geriatric care. Before coming to MU, she worked as a nurse practitioner in primary and long-term care. Today, she is the project director of the Quality Improvement Program for Missouri nursing homes and an associate director of the MU Meta-analysis Research Center. She also serves as treasurer for the National Hartford Center of Gerontological Nursing Excellence and holds editorial board positions with Research in Gerontological Nursing and Doody Enterprises Inc’s Geriatrics and Long Term Care. As a Central Missouri Area Agency on Aging volunteer, she also leads Matter of Balance programs in Missouri.

In addition to Phillips’ honor, a group of Sinclair School of Nursing faculty received the 2016 Nursing Outlook Excellence in Practice Award at this year’s conference. Faculty members Gina Oliver, Lila Pennington, Sara Revelle and Marilyn Rantz authored the article “Impact of Nurse Practitioners on Health Outcomes of Medicare and Medicaid Patients,” which received the recognition.

Also at the conference meeting, in front of the more than 1,000 attendees, Marian Broome, editor-in-chief of Nursing Outlook, recognized Sinclair School of Nursing faculty as frequent authors in Nursing Outlook, a bi-monthly, peer-reviewed publication from the American Academy of Nursing.
Support for Working Moms

Study looks at breastfeeding barriers for working mothers in a rural community

A baby’s first year is filled with milestone moments and new experiences, along with a slew of challenges. For the millions of working mothers in the United States, finding support in the workplace to meet the demands of parenting a newborn can be a struggle. Research has shown that for working mothers, the ability to breastfeed their babies is critical to the moms physical, mental and economic health and to their babies’ cognitive and physical development. It might sound simple enough, but according to researchers at the University of Missouri, finding an employer, particularly one in a rural setting, who supports and encourages breastfeeding can be a challenge.

Breastfeeding and the ACA

In light of the benefits of breastfeeding, both for mothers and their babies, the Affordable Care Act requires employers of more than 50 employees to provide enough space and time for mothers to breastfeed during the first year of their babies’ lives. This can be difficult for women in rural settings, however, where MU researchers found a lack of compliance with the law, inadequate breastfeeding information for mothers and lack of support from co-workers and supervisors.

“In our analysis, we found most rural employers are treating women’s lactation needs in the workplace on a case-by-case basis,” says Wilson Majee, assistant professor of health sciences in the MU School of Health Professions. “These women often feel that their breastfeeding needs are a burden for their employers rather than a workplace right.”

For the study, Majee, along with Urmeka Jefferson, assistant professor in the MU Sinclair School of Nursing, partnered with a county health agency serving a rural community with a population of 21,500. A high percentage of the community’s jobs were low-paying manufacturing positions, and the population also possessed poor education; less than 16% of those over the age of 25 had a college degree or higher, as compared to 26% for the state. By conducting focus groups and interviews with 17 breastfeeding mothers and seven managers at key employers in the community, researchers determined the barriers to breastfeeding from the perspective of rural employers and working, low-income breastfeeding mothers.

Findings and the future

For a majority of large employers observed for the study, especially those employing primarily women, MU researchers found employers were aware of the federal regulations but typically offered accommodations only when requested. Not only that, but many mothers also said they were met with direct ridicule from their managers and co-workers when attempting to pump milk at work. Inevitably, this unsupportive and reactive work environment made pumping during working hours increasingly difficult.

“While we found that most employers were tolerant and at least attempted to be flexible in the permitting of pumping milk in the workplace, none were proactive in the sense of encouraging the practice of breastfeeding,” Majee says. “In our case study, we found that employers often saw breastfeeding as a personal decision and therefore were unwilling to bring up the issue to their employees, even at crucial moments, such as when mothers file the required paperwork for family medical leave.”

Going forward, the researchers called for collaboration between businesses and rural health agencies to help create ACA-friendly environments that encourage breastfeeding in the workplace. During baby’s first year, when the potential health benefits of breastfeeding are at their peak, a supportive work environment can make the difference between a mother’s ability to continue breastfeeding and the pressure to stop.

“To help these young mothers, proactive discussions should occur at all levels — family, workplace and community,” Majee says.

“Four years later: rural mothers’ and employers’ perspectives on breastfeeding barriers following the passage of the Affordable Care Act” was recently published in the Journal of Health Care for the Poor and Underserved, a journal from Johns Hopkins University Press. This research was part of a community-based case study with the MU Healthy Communities Initiative.
Winter Wellness Tips

SLEEP
As the days get shorter and there’s less sunlight, your sleep cycles can become disrupted, which leads to fatigue. Try going to bed 30 minutes earlier than usual during winter months. You’ll feel more energized — plus it makes you less susceptible to illness.

STAY SOCIAL
It’s not uncommon for people to feel isolated or have a low mood in winter. Call up a friend or family member, and schedule coffee, lunch or even a crafting day at least once a week.

FRUITS AND VEGGIES
Although there are fewer in-season foods available during winter, there are plenty of health superstars to get you through the cold months. Try mixing it up with pomegranates, kale, citrus fruits, potatoes and winter squash.

WALK SAFE
Be careful walking on snow and ice. Always wear proper footwear, and stop and scan for hazards. When in doubt, walk with your feet turned outward like a penguin.

Cold Weather Workout
Use these tips to stay safe and active when winter weather hits

Exercising in winter can be tough but rewarding. Here are a few tips on how to keep safe and maximize your workout from Brett Hayes, director of Mizzou Therapy Services.

INVEST
There have been amazing advancements in cold weather gear to keep you warm. Always dress in layers so you can remove clothing as soon as you start to sweat and then put it back on when needed.

COVER UP
Skin can get irritated or frostbitten by the cold, and you might not even realize it’s happening. Know the early signs of frostbite — numbness, loss of feeling or a stinging sensation — and cover up as much skin as possible.

CHOOSE RUBBER GLOVES
Layer rubber gloves under your regular gloves — you’ll be surprised how much warmer your hands will be!

HYDRATE
Just because you’re cold doesn’t mean you aren’t losing fluids. Be sure to drink your water and/or sports drinks consistently.

WARM UP AND STRETCH
The cold tightens your muscles, so spend extra time on stretching and a proper warm-up to minimize muscle tightness and potential strains.
Healthy Bites
Plan a few meals ahead of time

When it’s cold and dark outside, it’s tempting to pick up a pizza on the way home from work and park it on the couch. But before you resign yourself to a winter full of drive-through meals, try setting aside at least a couple of hours on the weekend to meal prep for the week ahead.

“There are a lot of items you can prep on the weekend that will help you save time and eat healthier during the week,” says Aftan Bryant, clinical dietician at MU Health Care. “Slice bell peppers and onions for a stir fry or cook some lean protein that you can easily put on a salad, in a sandwich wrap or in some vegetable soup during the week.”

Feel like it takes too much of your weekend to grocery shop and prepare meals? Try ordering your groceries online.

Here's a recipe from the American Heart Association to help your meal planning get started.

Quick Chicken Chili

SERVES 4

1 lb. boneless skinless chicken breasts
1 medium onion, finely chopped
1 medium bell pepper, chopped
3 garlic cloves
2 cups fat-free, low-sodium chicken broth
2 cans (15.5 oz.) low-sodium beans (pinto, red, kidney or navy)
½ teaspoon pepper
1 teaspoon cumin
½ teaspoon chili powder (optional)
1 medium chopped jalapeno (optional)
fresh cilantro (optional)
½ cup fat-free sour cream (optional)

1. Remove visible fat from chicken, and cut it into bite-sized pieces.
2. Spray large pot with cooking spray. Add chicken, onion, garlic, chili powder (optional) and jalapeno (optional). Cook over medium heat until chicken is no longer pink (about 7 minutes).
3. Lightly mash the drained, rinsed beans with a fork.
4. Add all remaining ingredients to chicken mixture and simmer on high for 10 minutes.
5. Spoon chili into bowls and top with chopped fresh cilantro and/or a dollop of sour cream (optional).
VITAL STATISTICS

By the Numbers in 2016

Missouri’s premier academic health center began when University Hospital opened in Columbia in 1956. Today, MU Health Care includes five hospitals and more than 50 clinics. Here are some highlights from 2016.

Statistics are reported for Fiscal Year 2016, from July 1, 2015, to June 30, 2016.

202,602 TOTAL PATIENTS

569 BEDS

INTENSIVE CARE: 144

ACUTE CARE: 425

HOSPITALS

• Ellis Fischel Cancer Center
• Missouri Orthopaedic Institute
• Missouri Psychiatric Center
• University Hospital
• Women’s and Children’s Hospital

MEDICAL STAFF: 621

OTHER STAFF: 4,750

5,371 TOTAL STAFF

26,277 ADMITTED PATIENTS

6,488,632 PHARMACY ORDERS

633,755 CLINIC VISITS (all sites)

297,384 RADIOLOGIC EXAMS AND TREATMENTS

23,446 MAJOR SURGICAL OPERATIONS

1,595,424 LABORATORY TESTS

604 PATIENTS TRANSPORTED BY HELICOPTER

76,977 Emergency and trauma center visits

3,002 CARDIAC CATHETERIZATION PROCEDURES

6,046,522 PATIENT VISITS

2,058 BIRTHS

197,835 MISSOURIANS

4,767 OUT-OF-STATE

Patients came from 48 states (none from NH or VT) and Washington, D.C., plus 11 countries outside the U.S. 1 = 10,000 patients

Top in technology

University of Missouri Health Care has been recognized nationally for enhancing patient care through information technology.

‘Most Wired’

University of Missouri Health Care has been recognized for the sixth consecutive year as one of the nation’s “Most Wired” health systems, according to the 2016 Most Wired Survey. The survey was released July 6 by the American Hospital Association’s Health Forum.

Health Innovation

MU and the Tiger Institute for Health Innovation were recognized for advancements in health care by Becker’s Hospital Review. MU Health Care is among 50 hospitals and health systems recognized for a commitment to developing innovative approaches in the delivery of health care.

Transformational Leadership

MU Health Care and the Tiger Institute for Health Innovation received the Transformational Leadership Award from the College of Healthcare Information Management Executives (CHIME) and the American Hospital Association. The award honors an organization that has excelled in developing and deploying transformational information technology that improves the delivery of care and streamlines administrative services.

Statistics are reported for Fiscal Year 2016, from July 1, 2015, to June 30, 2016.
HIGHLIGHTS

Brush Your Allergies Away
New toothpaste treats allergies without disrupting daily routine

Millions of Americans suffer from seasonal allergies. Itchy eyes, a runny nose and respiratory reactions can keep you from the outdoor activities you love, but it doesn’t have to be that way. At MU Health Care’s ENT and Allergy Center, we offer treatment options to keep allergies at bay. Not only are traditional therapies such as allergy drops and shots available, but we also offer a new form of treatment that’s as simple as brushing your teeth. Allergy drops or shots can be easy to forget, and if you’re the parent of a young child with allergies, they aren’t always the easiest option. Using new customized toothpaste, you can treat your allergies without disrupting daily routines. The toothpaste — available in a variety of flavors — is mixed with allergens specific to your individual allergies. Because our mouths are lined with cells that absorb the allergy medication, brushing with the toothpaste can lessen the severity of your allergies over time or, eventually, even eliminate them.

Boone County Fit-tastic
MU Health Care and the Columbia/Boone County health department join forces to improve children’s health

University of Missouri Health Care pediatricians are teaming up with the local health department on a program aimed at promoting healthy lifestyles. Boone County Fit-tastic, a three-year initiative recently started by Columbia/Boone County Public Health and Human Services, will engage local partners in a concerted effort to:

• Increase the proportion of children at a healthy weight.
• Increase the proportion of residents engaged in healthy eating and active living.
• Increase policy and environmental changes to support healthy eating and active living.

The Fit-tastic movement began in Kansas City and has since expanded to other areas. Locally, MU Health Care pediatricians have teamed up with the health department on the initiative. At MU Health Care, pediatrician Anuradha Rajagopalan, MD, says each child ages 2 to 18 who comes in for a well visit has a healthy lifestyle assessment of physical activity, screen time, water intake and nutrition. Pediatricians then review the information with the child and his or her family before coming up with a goal. This could be to watch less TV, get more exercise, eat more fruits and vegetables or drink more water or milk. Then Fit-tastic provides educational materials and incentives that can help the kids reach their goals.

Although pediatricians have been promoting similar measures individually, Rajagopalan says, this effort puts everyone on the same page. “We’re working together consistently to deliver the same message,” she adds. MU pediatricians started the effort in August 2016, and Rajagopalan says she’s excited to track results over time.

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University of Missouri Health Care pediatricians are teaming up with the local health department on a program aimed at promoting healthy lifestyles. Boone County Fit-tastic, a three-year initiative recently started by Columbia/Boone County Public Health and Human Services, will engage local partners in a concerted effort to:

• Increase the proportion of children at a healthy weight.
• Increase the proportion of residents engaged in healthy eating and active living.
• Increase policy and environmental changes to support healthy eating and active living.

The Fit-tastic movement began in Kansas City and has since expanded to other areas. Locally, MU Health Care pediatricians have teamed up with the health department on the initiative. At MU Health Care, pediatrician Anuradha Rajagopalan, MD, says each child ages 2 to 18 who comes in for a well visit has a healthy lifestyle assessment of physical activity, screen time, water intake and nutrition. Pediatricians then review the information with the child and his or her family before coming up with a goal. This could be to watch less TV, get more exercise, eat more fruits and vegetables or drink more water or milk. Then Fit-tastic provides educational materials and incentives that can help the kids reach their goals.

Although pediatricians have been promoting similar measures individually, Rajagopalan says, this effort puts everyone on the same page. “We’re working together consistently to deliver the same message,” she adds. MU pediatricians started the effort in August 2016, and Rajagopalan says she’s excited to track results over time.
IT’S WHEN WE SAID YES, WE COULD REDUCE HIS RISK OF STROKE BY AS MUCH AS 39%.

PROOF THAT DEFYING THE ODDS CAN ACTUALLY IMPROVE THEM.

In a moment, YES changes everything. Like when a patient with atrial fibrillation discovers we can lower his risk of stroke by a staggering amount. That’s the difference of an academic health center. A difference made by our own Dr. Greg Flaker, whose research led to a breakthrough alternative to a blood thinner in use since the 1940s. Times change and, because of YES – so do standards.