



CYBER HEALTH INFORMATION CORNER

Here are some recommended websites that you can use to live healthier. Please feel free to contact us with any questions or concerns you may have@ Appt line: 456-6555.

Websites:

Diabetes-
www.diabetes.org

Children-
www.healthychildren.org

Deployment-
www.afterdeployment.org

Symptom Checker-
www.familydoctor.org

General-
www.triwest.com/en/beneficiary/healthy-living

(Supplemental information only, not to replace medical advice from your Primary Health-care Provider)



<http://www.facebook.com/barksdaleafbclinic>



2D MEDICAL GROUP NEWSLETTER

Child Abuse Prevention Month

Child Abuse Prevention Month

National Child Abuse Prevention Month

April is National Child Abuse Prevention Month, a time to raise awareness about child abuse and neglect and encourage individuals and communities to support children and families.

Individuals and groups concerned about the rise in reports of child abuse and ne-

glect have adopted the blue ribbon as a symbol of this issue.



Exceptional Family Member Program (EFMP)

-- A little about the Exceptional Family Member Program (EFMP)

The Exceptional Family Member Program is a mandatory program for active duty service members who have family members with special needs. EFMP exists in all branches of the service. In the Air Force, EFMP services include personnel, medical, and family support staff.

The EFMP serves three broad functions:

1. Personnel/Assignments (EFMP-A)
2. Family Support (EFMP-FS)
3. Enrollment, Assignment/Healthcare Coordination (EFMP-M)

EFMP-M identifies family members with special medical and/or educational needs using criteria listed in *DOD Instruction 1315.19*, and assigns

an assignment limitation code (Q-Code) to the sponsor, which is sent to the MPS/MPF. EFMP-M documents the services families require, and considers those needs along with AF manning needs, during the personnel assignment process. This is especially important when approving family members for accompanied travel to overseas locations.

EFMP-M (formerly SNIAC) provides medical information management support for EFMP enrollment functions, and coordinates relocations for families who have medical or educational needs, and provides healthcare coordination.

Note: Many families who are identified as having special needs require very little health care coordination, and generally **do not** need extensive case management services. Some examples include: a child with ADHD well controlled on more than one medication; a family

member with asthma well controlled on daily inhaler therapy; or a family member on an Individualized Education Plan (IEP).

For questions regarding this process please contact:

2d Medical Group & EFMP Contacts:

Capt Lorna Blodgett, SNC 529-4508

SSgt Faith Sturm,

SSgt April Clements

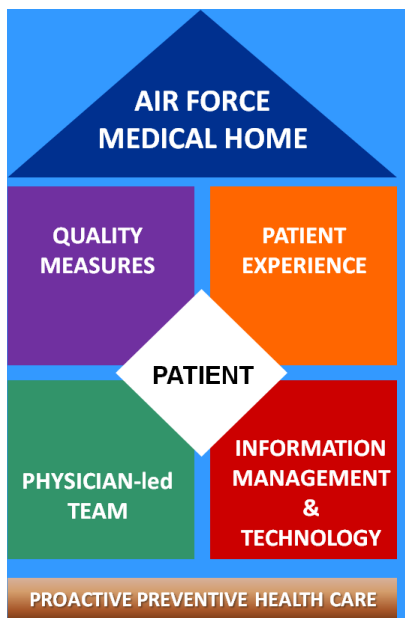
FMRC 456-6083

Ms Sabrina Evans

EFMPC 456-8400 (FS)



PREVENTION IS THE BEST CURE



COLORECTAL SCREENING MUST Have 1 OF 3 CRITERIA:

1. Colonoscopy within the last 10 years.
2. Flexible sigmoidoscopy within the last 5 years.
3. Fecal Occult Blood Test (FOBT) every year.

If you have not had a screening and need one or if you have had a screening and need to update your records, please contact 456-9512 or 529-4509, your Disease Managers.

Follow us on Facebook

The Medical Group has developed a Facebook page, "Barksdale AFB-2d Medical Group." Please visit and "Like" us. Our page is packed full of information and loaded with additional helpful links. Come check us out!

<http://www.facebook.com/barksdaleafbclinic>



2 Medical Group

For Females - Cervical Cancer Screening:

All women should begin cervical cancer screening when they are 21 years old. Women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years. Women who have certain risk factors should continue to be screened annually, check with your provider to determine if you require annual screening exams.

For Females – Breast Cancer Screening:

Yearly mammograms are recommended starting at **age 40** and continuing for as long as a woman is in good health. A **Clinical Breast Exam (CBE)** should be part of a periodic health exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over. Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s. **Women at high risk may require additional testing on an annual basis, check with your provider.**

For Males – Colorectal Cancer Screening:

Adult men should have their weight and blood pressure checked regularly. Men age 35 and older should have their cholesterol levels checked regularly. Beginning at age 50 and continuing until age 75, men should be tested for colorectal cancer. Certain people may need to continue being tested for colorectal cancer until age 85. If your doctor orders this test, it does not mean he or she thinks you have cancer. This is a routine test that everyone should have.

Benjamin Franklin said it best: *"An ounce of prevention is worth a pound of cure."*

Don't Be Embarrassed to Death -

Your Colon Health

Incidence:

According to the CDC, colon cancer is the second leading cancer killer affecting both men and women in the United States. 142,672 Americans were diagnosed with colorectal cancer. At least 53,219 people die each year in the U.S. from colorectal cancer.

Symptoms:

Why is this so scary? People who have colorectal cancer don't always have symptoms. This enables the cancer to go undetected until it is too late or until later symptoms appear, like: blood in or on your stool (bowel movement); stomach aches, pains, or cramps that don't go away; or unexplained weight loss. These symptoms may be caused by other things, but the only way to know is to discuss these symptoms with your doctor. You are at greater risk if: you or a close relative have had colorectal polyps or colorectal cancer; you have inflammatory bowel disease; you have a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer. Speak to your doctor about earlier or more frequent tests if you think you're at high risk.

Screening:

What can you do about it? 60% of colorectal cancer deaths could be prevented if all men and women aged 50 – 70 years were screened routinely. Guidelines include: Colonoscopy once every 10 years; Flexible Sigmoidoscopy once every 5 years; or Fecal Occult Blood Test (FOBT- stool test) once a year. For TRICARE routine screenings, you will not need a referral or doctor's order. Don't be embarrassed to death about your colon health. Get your colon cancer screening today!

For more information go to:
<http://www.tricare.mil/mybenefit>
<http://www.cdc.gov/cancer/colorectal/>



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