



## Breathe Easier



### It's time again for the Great American Smokeout.

On November 18, thousands of people in the U.S. will take the first step toward better health and living tobacco-free. Cigarette smoking can shorten one's life and harm nearly every organ in the body.

**Kicking smoking can be very hard.** Most smokers try quitting several times before they make it across home plate. Take steps to set yourself up for success with strategies recommended by [smokefree.gov](https://smokefree.gov), including:

- Asking your health care provider about smoking cessation medications.
- Throwing away your cigarettes, lighters, matches and ashtrays.
- Contacting close friends and asking for their support as you are quitting.
- Chatting online or working with a local in-person trained smoking cessation counselor.
- Signing up for a Smokefree app or text message program to get daily tips and support.

**When cravings strike:** Stop what you're doing and do something else. Text a friend. Get up and exercise. Drink some water and take deep breaths. Go where others aren't smoking.



Now, to kick cigarettes (or encourage a friend, relative or teenager to quit), mark your calendar to get started on November 18. See your health care provider for advice or contact [smokefree.gov](https://smokefree.gov) for a personalized quit plan — and breathe easier.

## Diabetes and Your Plate

By Cara Rosenbloom, RD



**The foods you choose have a powerful role to play if you are managing type 1, type 2 or gestational diabetes.** Since diabetes is affected by diet, people often wonder about the changes they need to make in their eating patterns.

**The answer is that there's no exact one-size-fits-all eating plan for everyone with diabetes,** since everybody responds differently to foods, beverages and dietary patterns. Research shows that there's no precise percentage of calories from carbohydrate, protein and fat that will benefit all people with diabetes. That means that a low-carb diet may work for some, while a higher amount of carbs may work for others.

**For this reason,** one common recommendation for people managing any type of diabetes is to see a registered dietitian for a personalized nutrition plan (check with your insurance for coverage). One diet cannot work for everyone, since we all have different personal preferences, medical conditions, cultural backgrounds, and vary in which foods are available and affordable to us.

**Once your plan is set by a dietitian,** it will likely highlight vegetables, fruit, protein (such as fish, chicken and tofu) and will be lower in ultra-processed foods (such as candy, soda and baked goods) to help manage blood sugar levels. Your dietitian may also teach you the difference in fiber content between whole grains (such as brown rice, whole wheat or oats) and refined grains (such as white rice and white bread).

**The precise types and amounts of food** for your eating plan will be agreed upon by you and your dietitian, based on your preferences and health goals.



# Vaccination and Screening Guide

**Getting screened and immunized are everyone's top health goals.** The following recommendations are for normal-risk adults. People at increased risk may have different needs based on their health care provider's advice.

## Immunizations

COVID-19 (SARS-CoV-2): Dosage varies.\*

Hepatitis A: 2 or 3 doses if at risk.

Hepatitis B: 2 or 3 doses if at risk.

Human Papillomavirus (HPV): 2 or 3 doses, previously unvaccinated through age 26.

Influenza (Flu): 1 dose every year.

Measles, Mumps, Rubella: 1 or 2 doses if at risk.

Meningococcal Meningitis: 1 or more doses if at risk, as advised.

Pneumococcal Conjugate Vaccine (PCV13): 1 dose.

Pneumococcal Polysaccharide Vaccine (PPSV23): 1 or 2 doses as advised.

Tetanus, Diphtheria, Pertussis: Get Tdap once, then a Td or Tdap booster every 10 years.

Varicella (Chickenpox): 2 doses if at risk.

Zoster (Shingles): 2 doses at 50 or older.

## Screenings

Blood pressure: Every health care visit or at least every 2 years.

Cholesterol: Starting at 20 and every 4 to 6 years or as advised.

Blood Sugar: Starting at 45 and every 3 years or as advised.

Colorectal Cancer: Starting at 45 and repeat as advised.

Dental, Eye and Hearing: As advised.

Skin Cancer: As advised.

Weight: As advised.

Depression: As advised.

## Women

Breast Cancer: **40 to 44:** Begin, if desired. **45 to 54:** Annually. **55+:** Every 1 to 2 years.

Cervical Cancer: Starting at 21 or as advised.

Osteoporosis: Starting at 65 or earlier as advised.

## Men

Prostate Cancer: Starting at 50, if advised.

# QuikRisk™ Self-Assessment: Getting enough sleep?

**Frequent lack of sleep can be very costly to your health and enjoyment of daily living.** Check the boxes that apply:

- ☐ I have trouble falling asleep.
- ☐ I have too much on my mind to fall asleep or go back to sleep.
- ☐ I need more than 30 minutes to fall asleep.
- ☐ I can't go back to sleep when I wake up during normal sleep hours.
- ☐ I wake up too early.
- ☐ I feel tired upon waking, despite apparently normal sleep.
- ☐ I awaken frequently during sleep time.
- ☐ I have uncontrolled episodes of falling asleep during the day.

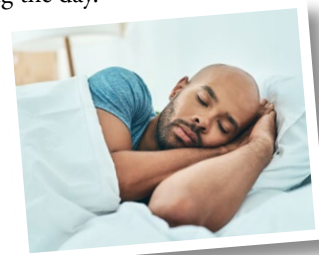
## How did you do?

**If you experience two or more of these situations regularly,** you may have developed a problematic sleep pattern — one that may be interfering with your health and safety.

### Start taking steps to sleep better:

1. Target seven to nine hours per night.
2. Maintain a consistent sleep schedule, even on non-work days.
3. Set boundaries in your social life to maintain scheduled sleep time.
4. Avoid using electronics an hour prior to sleeping.
5. Get regular exercise and minimize alcohol.
6. Avoid caffeinated beverages and other caffeine sources.

**Don't accept ongoing lack of sleep as normal.** It can put you at risk for accidents and serious health problems, including: weakened immunity, high blood pressure, diabetes, obesity and overall lower quality of life. Work with your health care provider to reverse insomnia (difficulty falling or staying asleep).



## Q: What is coinfection?

**A:** Coinfection means having more than one infection at the same time. During this flu season, like the 2020-2021 flu season, getting flu and COVID-19 is of special concern and it's possible to have both infections at once. The symptoms are similar but testing can help determine if you are sick with the flu, COVID-19 or both.

**Factors that may increase the risk of complications include:** Having a weak immune system; active chronic disease especially of the lungs, heart or kidneys; obesity; pregnancy or being older than 65 can place you at increased risk for either infection.

### The best way to avoid coinfection is to get a flu shot.

This is especially important for those at risk for complications. If you haven't already gotten a COVID-19 shot, getting this vaccine can help, too. And after receiving the vaccines, if you still get a coinfection, your risks for hospitalization and death are lower. — Elizabeth Smoots, MD



\* **Note:** Due to production lead time, this issue may not reflect the current COVID-19 situation in some or all regions of the U.S. For the most up-to-date information visit [coronavirus.gov](https://www.coronavirus.gov).

The **Smart Moves Toolkit**, including this issue's printable download, **Nutrition and the Common Cold**, is at [personalbest.com/extras/21V11tools](https://personalbest.com/extras/21V11tools).



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