

Israeli Nurses Visit Ben Taub

Five Israeli nurses traveled to the Texas Medical Center (TMC) recently, and their first stop was Ben Taub Hospital. Dalya Gordon, Rina Gabison, Limor Schor, Bathia Hasson and Dalit Verner arrived at Ben Taub on July 11 for a tour of the facility. They also visited the clinical oncology program at UT M.D. Anderson. "We are excited to have the nurses visit our facility, and also to share information and experiences," said Dr. Kenneth Mattox, Chief of Staff at Ben Taub. "It is a learning experience for everyone involved."

HCHD Immunization Campaign

The Hospital District kicked off its English and Spanish immunization campaign, "Give Your Child a Boost" or in Spanish "Vacune Sus Niños," July 9 at the H-E-B Grocery Store at 3111 Woodridge, near Gulfgate Health Center. Staff in the Ronald McDonald Care Mobile, a 40-foot clinic on wheels, gave shots from 11 a.m. to 3:30 p.m. throughout the event. Long lines formed early, and staff administered 225 vaccines to 117 children.

For more details and photos on BEAT Briefs, visit The BEAT Online on the intranet.

SEPTEMBER CALENDAR

- 1 - CHP Centers Expand Hours
- 6 - Labor Day Holiday
- 17& 18 - HCHD Regional HIV/AIDS Workshop
- 23& 24 - 5th Annual Circle of Survival Conference: Pediatric Trauma Care
- 30 - Board of Managers Meeting

Get more information on these and other calendar listings in The BEAT Briefs, your weekly e-Newsletter.

Living After Loss

Spiritual Care Department helps employees at work

By Beth Gullett

After Lisa Villarreal's grandmother unexpectedly died, Villarreal turned to Chaplain Julie Greig for help. Villarreal and her family remain close to Greig.

"I've never experienced death and had no idea what to do or feel. Chaplain Greig was there for me and my family," said Villarreal, Administrative Assistant to Ben Taub Hospital Chief of Staff Dr. Ken Mattox. "It made it even easier that she (Greig) was right here where I work."

In the past few months, several HCHD employees have died or suffered traumatic illnesses or accidents, which also affected their colleagues.

"These situations kick up old feelings that we have," said Paul Stephenson, Director of Spiritual Care. "The shock comes when tragedy happens so quickly and it takes awhile to sink in."

Stephenson wants employees to know they can turn to the Spiritual Care Department after a tragedy. In the few months he has worked at HCHD, he has devised a plan to help employees handle life issues, including everything from the death of a coworker to marital problems.

While employees most affected by a loss seek solace from family and friends, Stephenson said it's important for them to know counseling is available through the Hospital District.

"We need a better means of people communicating employee tragedies to Spiritual Care because we're not always told about it," Stephenson said. "We're told as an afterthought."

Usually after a tragedy, victims are given 72 hours of grief counseling,

Stephenson said. It isn't realized that victims likely will need help for a much longer time after a trauma. By using resources available through the Spiritual



Greig (L) consoles Villarreal as she did when Villarreal needed help coping with the death of a family member

Care Department, an employee can have ongoing help after a tragedy.

"Julie was there step-by-step throughout my grandmother's death, and she continues to be there for my family," Villarreal said.

Once the Spiritual Care Department hears of a crisis, a chaplain contacts unit or department managers to better assess their role in the situation. Then they develop a plan after determining what type of help to offer.

"Sometimes we work with staff in the entire department, and other times we provide individual counseling to certain employees," Stephenson said.

"We try to help management help the employees in need."

For more information, call Stephenson at 713-873-2480.

The mission of this publication is: To keep all employees informed about issues important to them.

To submit comments or concerns about the content or suggest story ideas, call 713-566-6486 or e-mail john_martinez@hchd.tmc.edu. All submissions are subject to review and editing.

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Visit our Web site at www.hchdonline.com

The BEAT
FOCUS: CHILDREN'S SERVICES

Benchmarking Saves Time, Money

Operations improvement moves internally

By Nicole Aguilar

The wait for a cardiac test at LBJ Hospital has been cut dramatically—to 30 days from 82 days—the result of fine-tuning schedules in the Nuclear Medicine Department.

The department achieved a 24 percent increase in efficiency in the 2004 first quarter compared to the 2003 fourth quarter by adding Saturday hours and revising exam protocols with physicians. The changes allowed the three-person area to handle more patients.

"This gives us a good perspective of how we compare to other areas similar to us," said George Oommen, Supervisor of Nuclear Medicine.

"Overall, patients and staff are happy about the improvement."

The department's changes were suggested by Premier Performance Engineers, a workforce consulting firm whose contract ended July 31. HCHD will continue to use the Premier data-



Technologist Bhujanga Thitte finds patients are happier. His three-person department at LBJ Hospital has dramatically reduced patient wait times from 82 to 30 days.

base for benchmarking, but brings the process improvement project in house.

Premier first evaluated the Hospital District in 2001. It suggested that some areas could increase capacity and efficiency by changing staffing patterns and streamlining processes.

Since then, patient capacity has increased beyond the initial estimates, thus the number of employees has

Benchmark (Continued on page 3)

Bilingual Speakers Get Rewarded

Program is first in TMC

By John F. Martinez

About 1,000 current employees are eligible for bilingual differential pay of up to \$.50 or \$.75 per hour for using bilingual speaking skills with non-English speaking patients and visitors.

The new program is the first of its kind in the Texas Medical Center. It rewards employees for performing their jobs with the additional skill of communicating with patients in Spanish,

Bilingual (Continued on page 3)



Employees like Sara Zárate (L) could be eligible for bilingual differential pay for their ability to communicate with patients.

This Month under the SPOTLIGHT

AYN Celebrates Anniversary
Page 2

Children Services
Page 4-6

Pharmacy Expansion
Page 7

Employees Cope With Loss
Page 8

'Ask Your Nurse' Celebrates One Year 24/7

Reducing unnecessary emergency center visits, saving money and lives

By Nicole Aguilar

"Thank you for calling Ask Your Nurse. How may I help you?" asks Nurse Victoria Chavis.

Within seconds, Chavis is showered with questions from a worried caller.

After collecting demographic information, Chavis calmly listens to the anxious woman as she explains her medical problem.



Hilliard

For a year now, Chavis has helped people who call 713-633-CALL, the free medical advice hotline, with their medical questions. The hotline began operating eight hours a day in 2002 to curb unnecessary visits to emergency centers (EC).

Locally, 80 percent of 911 calls result in ambulance transport to ECs, where health services needs were not emergent. About 60 percent of people seeking health care in the EC could have received appropriate care in a primary-care clinic, Hilliard said.

It's been a year since the program began operating 24/7. The hotline is collaboration with the Hospital District,

Gateway to Care, and St. Luke's, Memorial Hermann and Methodist hospitals.

"Our three major objectives of Ask Your Nurse include providing patients and consumers with convenient access to clinical resources 24 hours a day; providing a community service benefit by offering non-urgent care advice and information; and connecting uninsured callers to sources of primary care," said Dr. Margo Hilliard, LBJ Administrator.

In the past year, phone calls to Ask Your Nurse have prevented more than 3,000 emergency center visits to area hospitals.

"The telephone line was designed to serve the community," Hilliard said. "We looked at other hospitals in the county who are our partners, and discovered Memorial Hermann has the same problems with EC saturation.



Some people don't have access to primary care or they don't know when it's appropriate to go to the EC."

The caller Chavis helped didn't need to go to the EC.

Instead, she made an appointment with her physician, which saved \$1,000 to \$1,200, and at the same time allowed EC staff to focus on real emergencies.

"We're here to provide callers with the assistance to direct them to the appropriate level of care, whether that is self-care, next-day appointments, urgent care or the emergency center," said Titiana Brown, Nurse Coordinator for Ask Your Nurse.

With the added help of billboards, radio ads and the Internet, nurses are seeing an increase in calls, with some coming from as far away as New Jersey and Colorado.

Since last year, the average call volume has tripled from 720 to more than 2,100 a month. This year, the hot line has received more than 12,700 calls.

The Survey Says: Ask Your Nurse

Was it necessary for you to go to emergency center?	109 yes167 no
Did you go to the emergency center?	102 yes174 no
Did the information given help you care for yourself?	274 yes2 no
Did you find it helpful speaking to a nurse?	274 yes2 no
Would you recommend this service to family & friends?	273 yes3 no

Post Call Survey: 276 participants

Let's Get Physical (*Employees seek ways to be healthy*)

Team Invincible celebrated its one-year anniversary of Tae-Bo, Sweating to the Oldies, Yoga and other exercise routines. The Holly Hall employee-driven effort started with Chantz A. Williams and Rennie Doucett wanting to make a healthy lifestyle change. The duo contacted Debbie Gilkey, Coordinator of Wellness Works (HCHD's employee health program) and the thrice-weekly club began. The group of eight original members has grown to up to 15 a class. "It's the best way to get together and do something good for yourself and your health," Williams said. The group does aerobics on Tuesdays, weights on Wednesdays and yoga on Thursdays. Everyone is welcome. Some start at Acres Home Health Center and LBJ Hospital have expressed interest in starting a similar program.

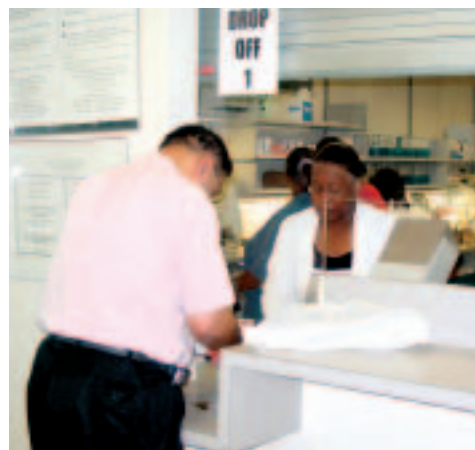
For more information, call Williams at 713-566-6707.



Health Centers to Extend Pharmacies

New construction will improve patient, employee satisfaction

By Beth Gullett



Pharmacy Technician Latanya Wicks helps customers from a cramped pharmacy cubicle at Aldine.

Patients wait an average of 45 minutes to fill prescriptions at community health centers. But Lisa Kivela wants to shorten those wait times by December.

The Pharmacy Department will begin expanding pharmacies at Acres Home, Aldine, Baytown, Casa de Amigos, Gulfgate, Northwest, MLK and People's health centers in the next few months. The project is expected to cost about \$1.7 million.

"We have lost the ability to serve the

number of patients who arrive at peak times of the day, and this led to unreasonable wait times," Kivela said. "We anticipate a 10 percent decrease in wait time, while increasing time spent with pharmacists."

Pharmacies fill an average 150,000 prescriptions a month, and anticipate a 15 percent growth this year. The Hospital District simply has outgrown its current pharmacy space, which affected patient satisfaction scores and staffing needs.

"Most of our pharmacies originally were designed to hold no more than 10 staff members comfortably," Kivela said. "We've also changed the work-flow process of staff and this requires adjustments in work counters and window size dimensions."

Aldine already fills 575 to 600 prescriptions daily. Pharmacy Manager Kim-Thoa Le said she doesn't expect an increase in the number of prescriptions filled, but does expect a dramatic reduction in wait times. Aldine's pharmacy will grow from two windows to eight.

"When we built this pharmacy, we

didn't expect the volume we have, so the expansion will increase employee satisfaction," Le said. "We started with a small staff, and now we have a staff of 11 with poor ventilation in the pharmacy. It's always hot."

The expansion will help improve patient working conditions and translate to better patient service, Le said.

The construction will provide a few headaches for health center staff.

Aldine will have a driver courier prescriptions and medicine between the health center and MLK pharmacies every hour. Aldine has only a few technicians to distribute prescriptions and one pharmacist to provide on-site counseling, Le said.

The inconvenience to patients will be offset by an offer of three-month prescriptions for the price of a one-month co-pay. The incentive may start in November and last through the construction period.

"Many of our patients have a choice to go to outside pharmacies and some choose that route, but after our expansion the volumes may increase because of our efficiency and reasonable wait times," Kivela said. "Hopefully patients will be see our pharmacy improvements and choose our health centers for their prescriptions."

Obesity (*Continued from page 6*)

helps with psychosocial problems."

Dietitian Carina Ramos counseled Simmons on healthy eating.

"Give me examples of what you eat for breakfast, lunch and dinner," Ramos asked Simmons.

Answers varied from salads and Chinese food, to cookies and cakes.

"The most important thing I stress to patients and their parents is eating a well-balanced meal and doing exercise," Ramos said. "It's 50 percent diet, 50 percent exercise, less sugar, less salt and less fat."

Michael Rodríguez, 15, started coming to the clinic after his first trip to the hospital, which was to the emergency center.

Today he is waiting to see if blood tests

"We keep reminding our patients and their families: It's about changing lifestyles."

Carol Moore

indicate diabetes. He weighs 224 lbs. "I felt bad, dizzy and I was brought here, where they referred me to the clinic," Rodríguez said.

"Now I'm on a weight-loss program. I eat half of what I used to and spend more time outside doing physical activity."

And for his hard work he's lost four pounds. Later he learns he does not have diabetes.

"We keep reminding our patients and their families: It's about changing lifestyles," Moore said.

"And anyone who is willing to do this can come to our clinic."

For more information about the Pediatric Obesity Clinic, call 713-566-5656.

The All-In-One Stop for Adolescents

Clinic's services provide better detection, care for illnesses

By Beth Gullett



Dr. Schmidt makes 17-year-old Ashley Gómez feel at ease during her visit to the Adolescent Clinic.

A 15-year-old girl visiting the Adolescent Clinic at Ben Taub Hospital complains of stomach pains after eating.

After an examination, Dr. Michelle Schmidt, Medical Director of the Adolescent Clinic, suspects the teenager is anorexic. The young patient eats yogurt and soup, weighs 98 pounds (considered good for her age and height) and wants to drop to 90 pounds.

Teenage eating disorders are not unusual in the United States, but they are rare in Mexico, from where this

teenager recently arrived. Parents there don't realize a disorder may be why their children aren't eating, Schmidt said.

Schmidt thinks the girl is using stomach pains as an excuse for not eating too much. The patient is prescribed counseling with a dietician.

"This is what makes the work of the Adolescent Clinic so needed," Schmidt said. "Something happened in the transition from Mexico that made this teenage girl think she needed to lose weight, and her family doesn't understand the changes she's going through. Here, she and her parents can receive counseling, medical services and the girl can even see a dietician."

The clinic, held Thursday afternoons at Ben Taub, helps patients ages 11 to 25, the average age 16. The clinic is part of the Ben Taub Children's Center, the one-stop center for all pediatric services.

"While adolescents don't suffer from adult diseases, they have a lot of health concerns that are very important," Schmidt said. "It's a fun age to deal with and care for."

Other clinic specialties include men-

strual disorders, sexually transmitted diseases and helping children cope with family conflict.

"Often, we'll see a patient with some chronic pain, and that usually tells us they're having problems at home," she said. "Because we're interdisciplinary, we can help teenagers cope with family or school problems."

Schmidt is the only non-psychiatric physician in the clinic. Besides psychiatrists, it also has dietitians and case managers who counsel and provide social services for patients and their families.

The clinic staff plan to offer health education classes and workshops for diabetic and obese children.

"If teenagers see a healthcare provider who is sensitive to all their needs now, they're more likely to see a healthcare provider in the future," Schmidt said. "And that's important with so many children, because it can help prevent some long-term illnesses."

For more information about the Adolescent Clinic, call Social Worker David Moore at 713-873-3502.

Each patient is evaluated medically, which identifies his or her cause of obesity and any complications arising from the condition. Patients age 3 to 18 are offered healthy snacks such as fruit and yogurt, and water instead of soft drinks.

"We have a dietitian provide patients and parents with an individualized program for the patient based on age, level of activity and availability," said Velma Applewhite, Assistant Nurse Manager of the Pediatric Clinic. "A physical therapist provides a physical-activity program, and a social worker

Obesity (Continued on page 7)



Moore and Applewhite, center, encourage 15-year-old Michael Rodríguez to trade in junk food for healthier snacks like yogurt.

Bilingual (Continued from page 1)

Vietnamese and Chinese (Mandarin and Cantonese dialects).

Employees must first pass an oral language exam before receiving the bilingual differential pay.

A total of 275 different HCHD jobs are eligible for the added pay. These are employees who consistently interact with non-English speaking patients. Newly hired employees are eligible.

In its first year of operation, the new employee recruiting and retention tool is expected to cost HCHD between \$450,000 and \$850,000, depending on the number of participants.

"Communication with our patients is important and well worth the investment," said David S. Lopez, Interim President and CEO. "We need both administrative and clinical staff who can communicate effectively with our patients."

On July 29, the HCHD Board of Managers endorsed the hiring of Berlitz Languages, Inc., for up to \$90,000 annually to coordinate the employee testing. The international company is a

recognized expert in bilingual testing.

In HCHD, about 90 percent of non-English speakers require communication in Spanish. While the majority of bilingual employees will need to speak Spanish, other staff is needed to speak Vietnamese and Chinese (Mandarin and Cantonese dialects).

Bilingual differential pay is offered for two levels of language ability – conversational and clinical. The differential will be paid on a productive-hour basis (productive hours are hours worked, and do not include PTO or other non-worked time). Staff classified as conversational can receive \$.50 an hour, while those classified as clinical can receive \$.75 an hour. Some exempt clinical jobs are eligible for a one-time \$.50 base pay increase, not to exceed their range maximum.

For example, an employee testing in clinical ability working 2,000 productive hours in a year can earn \$1,500 more income that year.

"Jobs that require bilingual skills as a minimum requirement are not eligible for the differential pay," said Bob Johnson, Compensation Manager. "If

the skill is required for the job, pay for that skill is already factored into the base pay received for the job."

Of the jobs eligible for differential pay, 103 are conversational, 111 are clinical, 45 are eligible for a base-pay increase and 16 are by-exception only. Interpretive Services staff is not eligible for the differential.

Employees from the eligible list of jobs must have approval from their managers and department heads before taking the language exam. Those who pass the test will not be charged the \$50 exam cost. However, those who do not pass the exam do incur the cost. Employees must authorize a payroll deduction for the cost before testing.

"We want employees to realize that the differential is not a guarantee," said Kaaren Riker, Senior Compensation Analyst. "Only those who demonstrate their bilingual skills through testing will be eligible for the differential."

Testing begins in late August and will be done at the vendor's locations. No testing will be performed on or during HCHD time.

Benchmark (Continued from page 1)

increased but not as fast as capacity.

"We are so committed to improving processes that we are making it permanent, by bringing performance engineering in-house rather than as a contracted service," said Nancy Brock, Associate Administrator of District Services.

"In addition, we are trying to move to the next level by giving greater support to departments and beginning to work with cross-functional teams to improve patient throughput, which is the path that a patient takes in the course of receiving treatment."

Improving throughput helps the patient move quickly through the system and have a better experience.

Since 2002, HCHD has decreased significantly its full-time equivalents (FTEs) per adjusted occupied bed (AOB) from 5.9 in 2002 to 5.2 in 2004. (FTEs per AOB is a measure of productivity used throughout the industry. An FTE is equal to 2,080 work hours in a year.)

"Our goal for 2005 is 5.0 FTE's per AOB," Brock said. "We want to continually streamline our business processes and improve patient throughput. This it makes it easier for staff and physicians to provide better quality care."

A number of areas have taken the initiative to improve their work areas, Brock said.

At Ben Taub the Neurodiagnostics Department, comprising EMG at Quentin Mease and EEG at Ben Taub, went from being one of the worst performers to

being the top performer in their Premier peer group.

This is due to increasing volumes by expanding operation hours, reducing the patient no-show rate, reducing the wait time until the next available appointment and using the IMB Patient Scheduling System.

"In our area of EMG, we've improved patient flow by reconstructing areas," said Tena Lawrence, Director of Geriatric Rehab Program. "Patients were bottlenecking and there wasn't enough room. Now everything is running smoothly, patients and staff are thrilled and reports are improving."

Editor's Note:

The Hospital District offers an extensive range of children's services throughout its hospitals, health centers and mobile health units. Our focus in this issue of *The BEAT* is on those offered at our hospitals. These programs concentrate on a child's physical, social and emotional well-being. Learn about the success of the Ben Taub Children's Center and how it could be catching on at LBJ Hospital. With media focus on obesity, HCHD has been a trendsetter in creating a program at LBJ that helps children cope with the weighty issue. Adolescents have unique problems and a clinic at Ben Taub Hospital takes them on.

Change for the Better

Ben Taub Children's Center sees growth a year after opening

By Beth Gullett

Dr. Jeffrey Starke, Chief of Pediatrics at Ben Taub Hospital, awoke with a vision one night to encompass all hospital pediatric services under one umbrella. He wanted to change the Hospital District's business practices of pediatric services.

The dream of the Ben Taub Children's Center (BTCC) became reality a year ago and has resulted in a dramatic increase in patient visits to clinics. Staff in other areas of the Hospital District are noticing and wanting what the center has become, Starke said.

The Children's Center offers parents a one-stop location for pediatric care. The center has child-friendly clinical areas decorated with butterfly and garden motifs. Most recently, the BTCC reorganized its pediatric inpatient units to make room for El Jardín, a pediatric practice on the fifth floor.

Starke has heard that LBJ Hospital wants to create a children's center, and that Quentin Mease Hospital would like to do something similar for its geriatric patients.

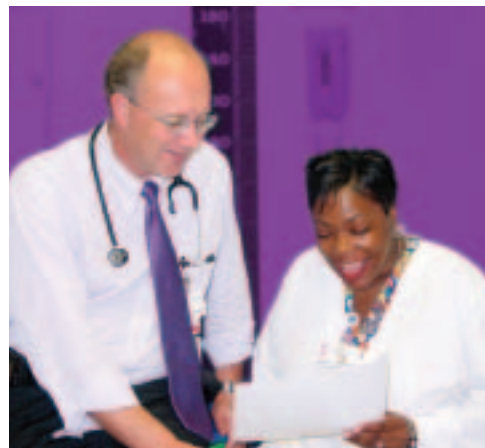
"We had so few children in the Hospital District that we needed to do

something," Starke said. "We needed a system that would entice people here."

In January, hospital pediatric clinics converted to an outpatient model similar to the Community Health Program health centers.

Now, a greeter takes a patient's vitals and allows the patient to spend more time with his or her doctor.

"Since the design of BTCC, the trend has been for the nurses to return to the bedside and be more involved in patient care," said Jackie Ryan, Pediatric Emergency Center and Ambulatory



Starke (L) and Ryan work to provide a one-stop pediatric care location at the Ben Taub Children's Center.

Services Nurse Manager. "Everyone is doing the job they're trained to do."

The improved services resulted in a spike in clinic visits of just over 17 percent. Children's Center clinics had 3,401 patient visits in the first six months of 2004, compared with 2,904 visits during the same period in 2003.

The number of babies born has risen 10 percent this year over the same time period in 2003.

The only service that has seen no increase in visits is the pediatric emergency center. Starke said it's a good sign because it shows children's medical needs are being met before they become serious.

"In the past we had less than 50 percent of patients return for follow-ups, and now we have about 75 percent of our patients complying with a doctor's orders," he said. "We've stabilized, and are growing a little. It'll still take time to build business back up."

Starke believes in the BTCC and sees it as revenue stream for HCHD.

"My goal is for every child born in HCHD to have a primary-care home here," he said. "We must provide medical homes to people to keep them away from emergency centers and prevent emergencies from happening."

LBJ Pediatrics on the Move

Increasing volume and improving health by community outreach

By Nicole Aguilar

Patients like young Reynaldo Gutiérrez appreciate nurses in the Pediatric Department at LBJ Hospital. After all, they are the ones who make him feel better.

The hospital has been known for its maternity service, but with increases in patient volumes in the last few years, pediatrics is fast becoming a recognized service.

In less than two years, the pediatric department has tripled its volume to more than 300 patients a month.

The department saw 870 patients in FY 2002 and last year more than 11,000.

"In pediatrics, we must be concerned about every part of the families' lives in order to help the child," said Dr. José García, Chief of Pediatrics.

"There isn't just one patient, there is a whole family we have to consider."

Realizing this, staff has built their services around family, making it their goal to build on the past, while focusing on the future.

A temporary home to more than 80 children a day, pediatrics has several

programs in place to keep kids healthy, one being community outreach.

"We can't wait for patients to present themselves in the emergency center to give them information," said Sonja Eckford, RN. "We have to get beyond the walls of LBJ."

In doing so, the department partnered with two area libraries and a day-care to hold story time. Subjects range from how to wash hands to catchy songs about hygiene. Staff also participate in career days at local high schools and health fairs at local churches.

"In 1996 we reached nearly 400 children," said Carol Moore, LVN. "But in the past two years we reached more than 1,200 a month. It is all about teaching kids and their families how to take care of themselves.

"Pediatrics is about partnering – partnering with the patients, the community and the staff."

Armed with the mission of making hospital stays comfortable, LBJ pediatrics is big on partnership.

Velma Applewhite, Assistant Nurse Manager, said by offering clinics such as hypertension, asthma and weight management, the department curbs the incidence of poor health in adulthood.

"It takes everyone to help our children," said Joanne Pierre-Scott, Pediatric Nurse Manager. "From the child life specialists to social workers to physical therapists."



Nurse Mariamma E. Mathew makes Gutiérrez smile during his stay.

LBJ Children's Center

Dr. Margo Hilliard, LBJ Administrator, believes that a children's center model at LBJ would work.

"I believe that LBJ has the largest outpatient pediatric population in the Hospital District," she said. "There is a large number of pediatric patients in our community that would benefit from expanding our pediatric services."

Weighty Issue

LBJ pediatric clinic gets children in shape

By Nicole Aguilar

As 10-year-old Keyana Simmons stepped on the scale, she was all smiles. The cherub-faced girl joked while her mother took a double-take at the scale.

182. For her height and age, Simmons is 90 pounds overweight.

Obesity is a growing problem among children, but LBJ Hospital's Pediatric Obesity Management Clinic wants to help these children by teaching and promoting healthy lifestyles to them and their families.



Moore (R) explains to Keyana Simmons and her mother, center, how Keyana's weight compares to other children her age.

"Obesity is not a problem, it's a symptom," said Carol Moore, LVN and clinic coordinator. "It's terrible when we have 8- and 9-year-olds being diagnosed with diabetes just because they are overweight."

With a family history of diabetes and hypertension, Simmons' mother knew she had to get Keyana's weight

Obesity (Continued on page 6)