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9 habits of **HAPPY FAMILIES**

**Common
strength
training
mistakes**

**\$10 or less:
3 delicious meals**

**A parents'
guide to
kids' allergies**



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I'm a slow supermarket shopper. I wander up and down every aisle. I often drink coffee as I browse without a list. And because of that, I'm probably buying things I don't need.

That's what I learned when researching this issue's "How to" section (page 7) on avoiding impulse buys. The tips in this section will help you spend less and eat healthier, and, as a reformed shopper, I can attest that they work.

And while you're making your list for next week's shopping, be sure to include ingredients for the wonderful bean-based meals on page 24. Each recipe

will feed a family of four for under \$10—and you're getting plenty of nutrition for your dollar. I was especially impressed with the chickpea burger (which looks exactly like a regular hamburger—see page 26).

If you want to find more delicious recipes, you can visit our *Choices* site, which recently got a makeover. Just visit BCBSRI.com and click on [choices](#). (See "3 Things Not to Miss" below for more features to look for on the new site.) After you've taken a look around, please send us your feedback at choices@bcsri.org. There's nothing we like better than hearing from our readers.

From all of us at BCBSRI, have a happy and healthy fall!

Julie O'Connell
Julie O'Connell
Editor

3 Things Not to Miss

[choices](#) on BCBSRI.com

On our new site, you'll find Web extras, your favorite recipes, online programs for losing weight and managing stress, and more. Here are the top three things featured now:

Bonus recipes

- Tofu and green bean stir fry with peanut sauce
- Roasted sweet potatoes

Expanded Q&A

Dr. Steven Fera explains what family members can do to help identify a heart attack, and more.

Online back care program

This *i choose to live healthy program** in our Tools & Programs section is offered at no cost to BCBSRI members.

*You'll need to register on BCBSRI.com (it's quick and easy!) to enroll in this program.

Send any letters, comments, or general questions

to *Choices* magazine, Blue Cross & Blue Shield of Rhode Island, 444 Westminster St., Providence, RI 02903 or via e-mail to choices@bcsri.org. Please include a phone number so we can verify your letter. Letters may be edited for space and clarity.

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Steven Fera, M.D.

Cardiologist, South County
Hospital, Wakefield, RI



As President of the American Heart Association (AHA) in Rhode Island, Dr. Fera is involved with the AHA's *Mission: Lifeline*. This national initiative focuses on improving the system of care for the deadliest types of heart attacks. Called ST-elevation myocardial infarctions or STEMIs (pronounced "stemmies"), these attacks affect a large portion of the heart. Dr. Fera explains how STEMIs are treated and what *Mission: Lifeline* is doing to help the nearly 400,000 people who suffer STEMIs each year.

Q: How has the care for heart attacks changed over the last few decades?

A: In the mid-1980s, the treatment for heart attacks was revolutionized with the advent of thrombolytic therapy, or clot-busters. These were given generally in an emergency room setting to dissolve the blood clot blocking the artery. If they were successful in opening the artery, blood flow would be restored to the heart muscle.

Over the next decade, a balloon/stent option evolved for patients with STEMIs—opening up the arteries with primary angioplasty. [The procedure is called primary angioplasty, rather than just angioplasty, when performed during a heart attack.] Initially it was done with just balloons. Now it's done with balloons followed by insertion of a stent, which provides more durable treatment.

The difference between clot-busters and primary angioplasty is that every emergency room in the country can deliver clot-busters. But what we found is that clot-busters worked maybe 80 percent of the time, and not all patients were good candidates. These drugs dissolve blood clots everywhere, so not surprisingly, one of the major complications is bleeding. Primary angioplasty, on the other hand, is virtually 100 percent successful. The problem is that most hospitals don't have the staff or the resources to perform

angioplasties in patients having a STEMI. So while it's the treatment of choice, it's not the most available treatment.

Q: How is *Mission: Lifeline* helping patients get to the most appropriate hospital for treatment?

A: Traditionally, EMS [emergency medical services] brings patients to the nearest medical facility. But that might not be where primary angioplasty can be delivered. So part of *Mission: Lifeline* is to help EMS providers learn to recognize STEMIs so they can take patients to the appropriate hospital. In Rhode Island, patients can receive primary angioplasty at Rhode Island, Miriam, and Landmark Hospitals. Kent Hospital also plans to start offering primary angioplasty this year.

Most chest pain is not from a heart attack. However, the only way to really recognize a STEMI, whether you're an EMS person or a physician, is with a 12-lead electrocardiogram—a regular EKG. The problem with the 12-lead EKG is that not all trucks have the equipment because of limited funding, and not everybody knows how to use them because of training issues.

So part of the Heart Association's charge has been to encourage EMS training on 12-lead EKGs so patients are taken to the right hospital. If EMS is able to transmit the EKG to the hospital

where a STEMI patient is being taken, the appropriate staff can be notified early to return to the hospital if it's after hours.

If there was going to be a long delay, or primary angioplasty is not available in the patient's area, EMS should take patients to the nearest hospital so they can get a clot-buster.

Q: What should patients do to make sure they get the best care for a heart attack?

A: One of the most important things is getting to the right hospital quickly and by rescue. Patients will sometimes wait at home, either in denial or because they attribute symptoms to less serious things like indigestion. And when they do decide to go, about 50 percent of people with STEMIs walk in to the emergency room. They think they can get to the hospital faster than the rescue, and maybe they can. But that doesn't mean you'll get treated earlier, or that you'll be at the right hospital.

Q: How can patients recognize a heart attack?

A: People sometimes feel that heart attacks have to have severe pain—the elephant sitting on my chest. And certainly many people who have STEMIs describe intense pressure or discomfort, but many times patients feel that the pain wasn't that bad.

Generally, patients should be alert to symptoms that don't go away. If you have a minute of chest pain, that's not a heart attack. But if someone has ongoing chest tightness, shortness of breath, tightness radiating in jaw or back or arm, nausea, cold sweats...if those last more than 10 or 15 minutes, clearly there's something serious going on, and I think they should err on the side of caution and call EMS. ■

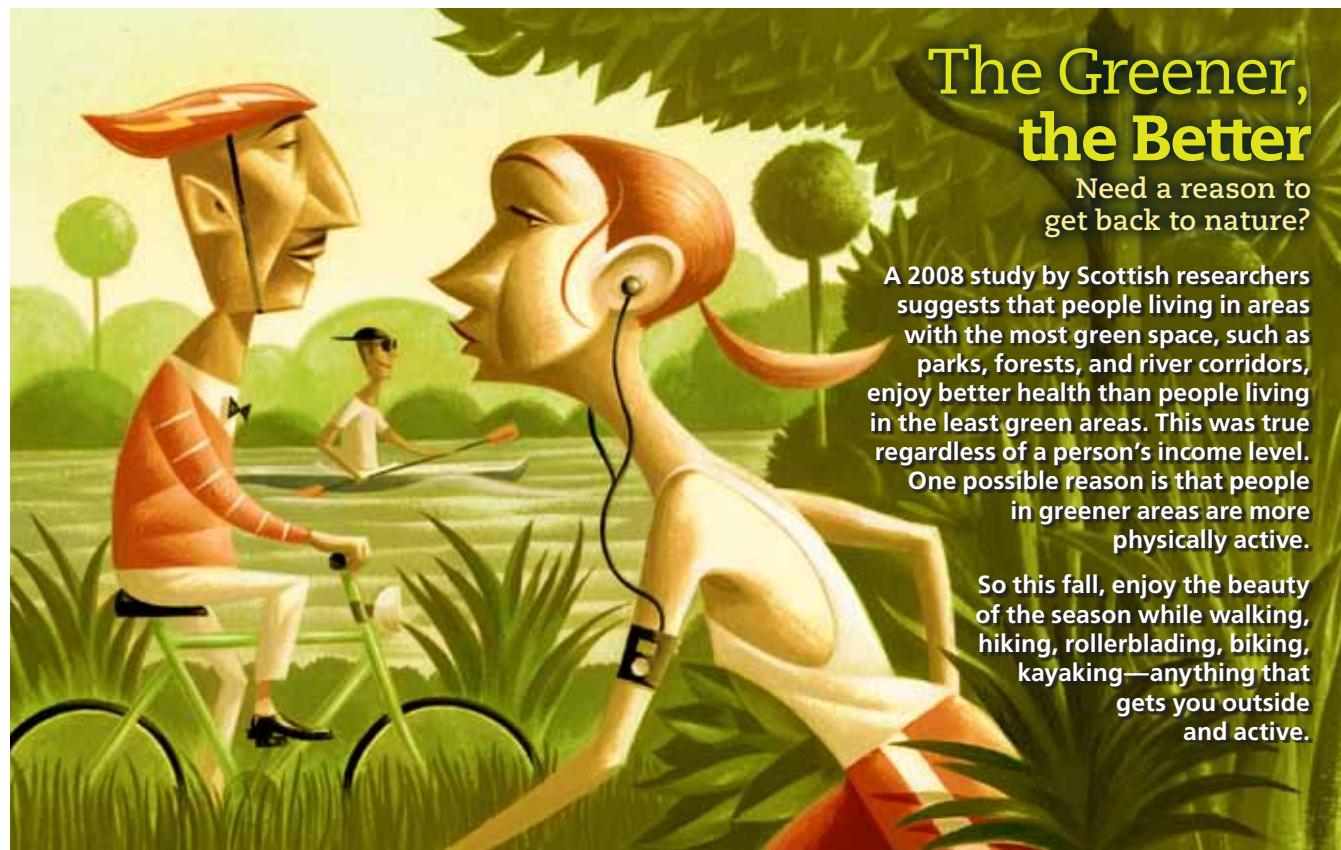
Learn More

Read more of Dr. Fera's interview at

[choices](#) on BCBSRI.com

Mission: Lifeline

americanheart.org/missionlifeline



The Greener, the Better

Need a reason to get back to nature?

A 2008 study by Scottish researchers suggests that people living in areas with the most green space, such as parks, forests, and river corridors, enjoy better health than people living in the least green areas. This was true regardless of a person's income level. One possible reason is that people in greener areas are more physically active.

So this fall, enjoy the beauty of the season while walking, hiking, rollerblading, biking, kayaking—anything that gets you outside and active.

The Dirt on Hand Washing



We all know washing our hands can prevent the spread of colds and flu. But how good is our record on keeping clean?








In 2007, the American Society for Microbiology and The Soap and Detergent Association found that:

- » In a telephone survey, 92 percent of U.S. adults said they always wash their hands in public restrooms.
- » When researchers observed actual hand washing in public restrooms, they found only 77 percent of U.S. adults washed their hands. And the gender difference was significant—88 percent of women washed their hands, compared to 66 percent of men.

The number of adults washing their hands declined from a similar study in 2005. More recent data hasn't been released yet, but hopefully we've cleaned up since then.

The Squash Season

Sometimes they're lovely. Sometimes they look kind of odd. But the insides of winter squash are always delicious and nutritious—full of Vitamins A and C, potassium, fiber, and more. This guide will help you choose among the most popular winter squash varieties.

| Acorn | Buttercup | Butternut | Spaghetti | Sweet Dumpling |
|--|--|---|--|---|
| Small, acorn shaped, usually dark green (sometimes white or yellow). Sweet, slightly nutty flavor. | Green with silver lines, 6 to 8 inches in diameter. Tastes like a mix of honey, roasted chestnuts, and sweet potato. | Elongated bell-shaped, about a foot long. Sweeter, nuttier, and more moist than acorn squash. | Oval-shaped, about 9 inches long. Thick, spaghetti-like strands with mild, slightly sweet taste. | Cream-colored with green lines, about the size of an apple. Starchy, mildly sweet, with slight corn flavor. |
|  |  |  |  |  |
| Best when baked. Can be cut in half and roasted, or stuffed with grains and/or meat. | Because it can be a little dry, try baking or steaming to bring out flavor. | Bake squash cubes with a little olive oil, or puree and use in soup. Find a soup recipe at choices on BCBSRI.com. | After boiling or baking, pull out long strands and serve them with tomato sauce. | Bake and drizzle with honey, or serve stuffed with grains and/or meat. Skin can be eaten. |

MYTH? or FACT?

Eating spicy foods will help pregnant women go into labor.



Myth!
There are no foods that are scientifically proven to help start labor.

The Secret Fat

How can someone be thin and fat at the same time?

While that may sound like a riddle, thin people can have unhealthy levels of fat inside their bodies. In fact, Mayo Clinic researchers found that more than half of Americans considered to have normal body weight actually have high body fat percentages—greater than 20 percent for men and 30 percent for women. This “normal weight obesity” puts people at risk for conditions such as diabetes and heart disease. Lack of exercise seems to be the most common reason for normal weight obesity, although a diet high in saturated fat can also contribute.

So what can you do to safeguard your health? Maintain a healthy weight—in a healthy way—by eating a diet low in saturated fat and being physically active, both through aerobic exercise and strength training.



Back on Track

From babies to grocery bags, pocketbooks to bad posture, we're putting stress on our backs all the time. That's why nearly 80 percent of us will suffer from back pain at some point in our lives—if we don't lighten our load. Try your hand at this back quiz.



- Which of the following does not increase your risk for back pain?
 - Smoking
 - Being overweight
 - Doing moderate exercise
 - Being stressed
- What is the best way to sleep to protect your back?
 - On your side
 - On your back
 - On your stomach
- How much do Americans spend annually on healthcare related to back problems?
 - \$175 million
 - \$558 million
 - \$17 billion
 - \$32 billion

4. True or false? People who have chronic back pain often need to have surgery.

- True
- False

5. Research has shown as many as 60 percent of healthy adults without back pain have:

- Degenerative changes in the spine
- Excellent posture
- Desk jobs
- Low blood pressure

6. Children's backpacks should weigh no more than _____ percent of their body weight.

- 10
- 15
- 20
- 25



Art by Rick Shiers

1. **c.** Moderate exercise actually helps prevent back pain because it stretches and strengthens your back muscles (and muscles supporting your back), reducing your chance of injury. Exercise is often part of recovery from chronic back pain. However, people with back pain from a sudden injury or fall should check with their doctors before doing any type of exercise.

2. **a.** The American Academy of Family Physicians (AAFP) recommends sleeping on your side with your knees bent. Can't fall asleep on your side? The AAFP recommends back sleepers put a pillow under their knees and a small pillow under their lower back, and stomach sleepers put a pillow under their hips.

3. **d.** Back problems cost Americans \$32 billion in healthcare alone, according to figures released by the Agency for Healthcare Research and Quality in 2008. That makes it the ninth most expensive health condition in the country.

4. **b.** False. Surgery is a last resort for people with chronic back pain. Most chronic back pain is treated with one or more of the following: hot and cold packs, exercise, medications, behavior changes, and steroid or numbing shots.

5. **a.** Sixty percent of healthy adults who underwent back scans had degenerative changes in their spine. Because of these findings, doctors often don't send patients with

back pain for MRIs, X-rays, or other imaging right away. Identifying abnormalities on a scan doesn't necessarily identify the cause of a person's back pain, since so many people have abnormalities that don't cause pain.

6. **b.** Children's backpacks should weigh no more than 15 percent of their body weight. The American Academy of Pediatrics recommends that parents look for lightweight backpacks with padded shoulder straps and a padded back, as well as a waist belt and multiple compartments, which help even out the weight in the backpack. Backpacks should be worn with both straps and shouldn't hang below the lower back.

Be a Savvy Supermarket Shopper

When we shop at the supermarket, nearly half of what we buy is on impulse. We end up spending more than we intend to...and well, most of us are more likely to be tempted by candy bars or pre-made dinners than spinach or lean ground turkey. Here's how you can spend less and eat healthier.



Make a list—and stick to it. Supermarkets often put non-sale items on aisle ends to make them seem like a great deal. Or stores may put two items on a display together, but only one of the items is actually on sale. If you make a list of what you need for a week's worth of meals, you'll be better able to resist display items, and avoid extra supermarket trips mid-week.



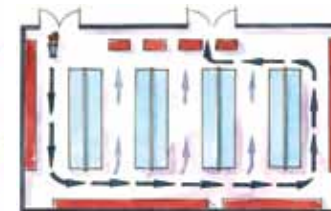
Don't shop on an empty stomach. When you're hungry, the sight and smell of foods makes you more likely to buy prepackaged foods to eat as soon as you get home (or into the car). Supermarkets use the smell of freshly baked bread or cookies to whet your appetite and strategically place "ready-to-go" meals near the entrance of the store. And, of course, there's also the soda and candy at the registers.



Look up and down. Pricier foods are placed at eye level, because you're more likely to see and purchase them. Food manufacturers often pay for this placement. Generic and lower cost items are usually above or below eye level. The only exception is that products designed to appeal to kids are at their eye level.



Move faster. The longer you're in the store, the more likely you are to buy items you don't need. The music in supermarkets is typically slow, and shoppers unconsciously respond to the music by slowing their pace. Also, avoid buying a cup of coffee or a bagel from an in-store coffee shop—those shops are designed to stretch out your shopping experience.



Shop the perimeter. The staples that you came in to purchase—fresh produce, dairy, meats, and bread—are found around the perimeter of the store. The design ensures that you pass by the middle aisles, where most of the processed food is located. If you need some items in the middle of the store, it's best to go down the specific aisle to get what you need.



Compare unit prices. Because products come in different varieties and sizes, it can be difficult to compare apples to apples. One way to comparison shop is to use unit prices. Look at the price of bagged potatoes versus loose potatoes, or chopped celery versus whole celery. And while economy sizes or discounted items may be appealing, only buy what you'll definitely use before the food goes bad.



Beyond the supermarket

Supermarkets often advertise low prices on popular products to drive people to their store. But lower prices on certain foods don't translate to lower prices on all foods. Often the loss supermarkets take on foods such as butter and milk drive up the prices of other, non-staple items. You may be able to find better food deals outside of the supermarket on items such as fresh produce and meats.

Art by Rick Shiers

5 Common Strength Training Mistakes (and How to Avoid Them)

These mistakes can make your workout less effective—and increase your chance of injury.

by Peter Gallant

According to the U.S. Department of Health & Human Services, adults need to engage in muscle-strengthening activities that work all major muscle groups at least twice a week. The good news is that a lot of folks are doing just that. The bad news, unfortunately, is that a lot of them are doing it wrong.

There's a reason for that, says Jon Schriener, D.O., Medical Director at McLaren Sports Medicine, a Michigan-based center specializing in rehabilitation services for all orthopedic conditions, including injuries sustained by athletes and physically active individuals. "There's a lot of misinformation out there, and there's not enough talk about the principles of strength

training." Your best bet, Dr. Schriener says, is to talk with a certified fitness professional before you start a strength training program to make sure you've got the fundamentals covered.

In the meantime, here are five of the most common strength training mistakes (along with tips on how you can avoid making them):

○ **MISTAKE #1: Not having a plan.**

"People say things like 'I want to look buff like the guy in the muscle magazine' or 'I just want to get in shape,' so they go to the gym," says Dr. Schriener. "But they have no idea what to do when they get there." Often, these folks simply end up asking other gym members for advice and following their lead.



No plan.



Should have warmed up.

○ **MISTAKE #2: Not warming up or cooling down.**

Many gym-goers jump right into their workouts, without warming up at all. The heaviest things they've lifted all day are their sneakers and gym bags, and now they're pumping iron. That's how pulled muscles, strained ligaments, and sore joints happen. But it doesn't have to happen to you.



Ouch!!!

PLEASE LEAVE EGO AT DOOR

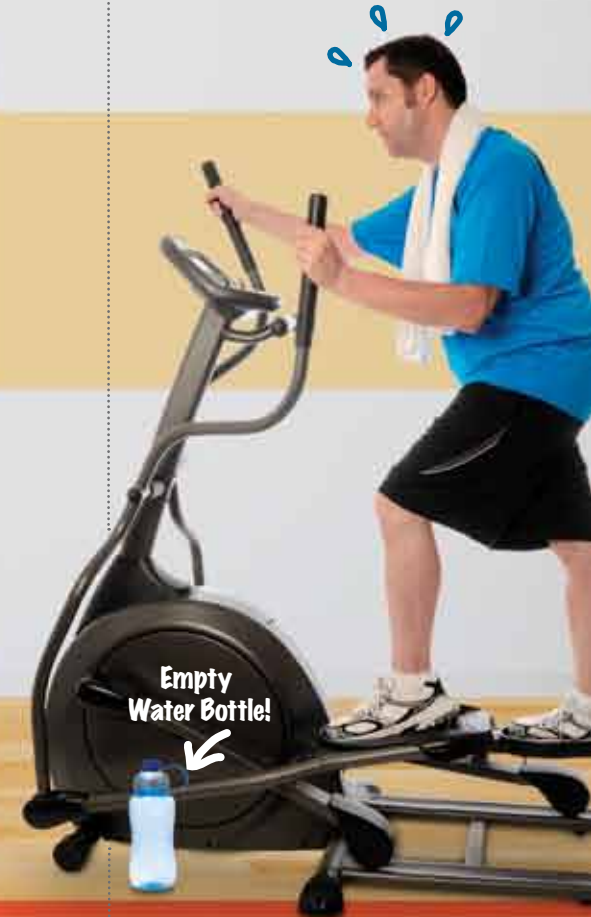


○ **MISTAKE #4: Not knowing limits.**

Check your ego at the gym door and don't be a hero. This means don't try lifting more weight than you safely can, and don't try working through any physical discomfort you feel while performing an exercise. As Dr. Schriener puts it, "If I was President, I'd outlaw the phrase 'No Pain, No Gain.' It's one of many conditioning myths that have been around too long."

○ **MISTAKE #5: Not staying hydrated.**

If you wait until you're thirsty to drink water, you're already on the road to dehydration. This can lead to light-headedness and a general sense of fatigue. These two feelings will hamper the effectiveness of your workouts and make you more susceptible to injury.



Empty Water Bottle!

○ **SOLUTION #1:** Clearly define your goals beforehand, and then talk with a certified, trained fitness professional who can help develop a program that's right for you.

○ **SOLUTION #2:** Take about 10 minutes before the start of your workout to engage the muscles you'll be using, and to raise your body temperature. Gentle stretching and moves that mimic your strength training routine (like doing knee bends to prepare for squats) will help safeguard you against injury. Also, remember to cool down after your workout. This not only helps improve flexibility, but prepares your body for the next workout.

○ **SOLUTION #3:** Ask a licensed trainer to watch you while you perform the exercise and make any adjustments necessary. Also, don't hesitate to modify an exercise or find another one if you have difficulty mastering the proper form.

○ **SOLUTION #4:** ACE recommends "gradual, progressive resistance as a far more effective and safe way to increase muscle strength." So control the weight, don't let it control you.

○ **SOLUTION #5:** Take your water bottle with you to the gym and drink frequently before, during, and after your workout.



HEARING LOSS

9 Things You Need to Know

What you don't know about hearing loss could be affecting your health.

by Julie O'Connell

Audiologists help patients who have hearing and communication problems, and often part of their job is clearing up misconceptions about hearing loss. Three audiologists from Alliance ENT in Providence, Rhode Island—June DiMatteo, AuD, Sara Carnevale, AuD, and Susan Dey-Sigman, AuD—explain what you need to know about this important, and often untreated, medical condition.

1 You may not realize you have hearing loss. Many people are sent by family members to get their hearing checked, but don't actually believe they have a problem. DiMatteo says that when she first started as an audiologist, she thought her patients were in denial. "Now," she says, "I realize that they just don't know. They've lost their hearing so gradually that their brain has adapted to a reduced level of sound, and they think that's normal."



2 Untreated hearing loss lowers your earning potential. "Communication is central to our emotional health and the ability to make a good living," says Dey-Sigman. "There are ample studies that show in untreated hearing loss, people's earning potential

is significantly lower." According to the Better Hearing Institute, untreated hearing loss results in a loss of income per household of up to \$12,000 per year, depending on the degree of hearing loss.

3 Hearing loss should be corrected (even if one ear is fine). Only one in five people with hearing loss gets treated. Dey-Sigman says people often feel they don't need treatment because hearing loss is normal for their age: "Hearing loss may be more common as you get older, but that doesn't mean the effects are less important or less devastating." Carnevale compares hearing aids to glasses: "If you have vision loss, you still need glasses, whether you're 42 or 92. It's the same with hearing aids."

Even if you have one good ear, you should be treated, says Dey-Sigman. With hearing impaired in one ear, it's much more difficult to understand what people are saying and to identify where sound is coming from.

4 Not being able to hear puts stress on your body. When you have hearing loss, listening is no longer passive, says DiMatteo. "You have to look someone in the face, you have to think semantically about what is being said. You're working hard to get that message." She adds, "By the end of the day, you're exhausted—you've spent your entire day leaning forward, trying to hear."

All three audiologists agreed that after a person is treated for hearing loss, he or she often comes back to the office a different person. "It just blows us away when they walk in here three weeks later—with a big smile, relaxed, talking about restaurants and different places they've been," says Carnevale.

5 Other causes of hearing loss should be ruled out before you get a hearing aid.

Hearing loss caused by certain medical conditions can be corrected. Carnevale says, "Patients could have fluid in the ear, wax hardening by the eardrum, hardening of the middle ear bone, a tumor on the hearing nerve, or a growth in the middle ear space." That's why patients need to have an ear exam by a licensed physician before getting a hearing aid. While you may see advertisements for free hearing screenings, be sure to ask about the details. Some screenings may have disclaimers specifying that they are not for medical purposes.



6 Hearing aids are small and discreet. Many people believe a hearing aid will make them look old because they haven't seen the new styles of hearing aids. These digital hearing aids go behind the ear,

with only a small wire going into the ear canal. DiMatteo says, "The old style went into the ear and blocked the entire ear canal, which changes the resonance and the acoustics of the ear canal. That's why so many people hated hearing aids." Carnevale adds that the open fit takes advantage of how the ear is built, so the sound is much more natural.



7 Hearing aids need to be fitted properly. You can purchase hearing aids from a number of different places, including audiologist practices, hearing aid dealers, and the Internet. The experience and education of the person fitting your hearing aid can vary widely, from a high school diploma to a doctorate degree in audiology (AuD), so be sure to get information about the person you'll be working with.

Hearing aids are now digital, so the person fitting your hearing aid will need to program it on a computer. "If the computer isn't programmed right for you, the hearing aid won't work correctly," says Carnevale. "And often that process requires multiple visits." Wherever patients purchase a hearing aid, it's important to have follow-up visits to make sure the hearing aid is working properly. A certain number of visits may be included with the purchase of a hearing aid.



8 You have the right to a trial period for your hearing aid. Most states have at least a 30-day trial period, and you can return your hearing aid during that time. (There is sometimes a service fee.) DiMatteo says, "Patients should not be afraid to ask questions or return the product if they're not satisfied." Also, before you purchase a hearing aid, it's important to know which level of hearing aid you're buying. There are three levels of hearing aids—an entry-level product, a mid-range product, and a premium product—and the person selling you the hearing aid should explain the sound quality and special features you can expect from each.

9 Hearing aids have new and sophisticated features. Some hearing aids now have BlueTooth® technology built in, and through a remote control, you can connect wirelessly to a cell phone, television, iPod®, and landline phone. "If your cell phone rings across the room," says Carnevale, "you hear it in your hearing aid, push a button, and start talking. It brings the sound to both hearing aids simultaneously." The new hearing aids also often have different settings, such as for a restaurant, television, or telephone. ■

A Parents' Guide to

by Joseph Rotella

Kids' Allergies

These five steps can help you protect children with food allergies.



In most ways, Jason is your typical 5-year-old boy. He's energetic, playful, and full of life. But since he's allergic to eggs and tree nuts, he can't eat regular birthday cake at a child's party, can't go out for pancakes, and can't have much of the candy he collects on Halloween—all simple treats that many children enjoy. Because of his allergies, Jason's parents must ensure that he stays safe no matter where he is, and that he understands which foods he can and cannot eat. Most of all, they are always prepared in the event he eats something he shouldn't. Simply put, managing his food allergies has become a way of life for Jason and his family.

Cases on the rise

Food allergies are on the rise in the United States, affecting more than three million children under the age of 18, an increase of 18 percent since 1997. The most common allergic foods are cow's milk, eggs (white, yolks, or both), peanuts, and tree nuts (including almonds, walnuts, and pine nuts). Together with soy and wheat, these foods are responsible for roughly 90 percent of all food allergies in children. While milk and egg allergies are typically outgrown, peanut and tree nut allergies generally do not go away.

Reactions to peanut allergies can be especially severe, even fatal. Accidental exposure to foods that contain peanuts is a very common problem, since there are so many products that contain them or peanut products. "We've seen a tremendous increase in the number of peanut allergies in the last several years, for reasons that we cannot fully explain," says Donald E. Klein, M.D., a pediatric allergy specialist in Providence, Rhode Island. "But these allergies are very real and parents need to take every precaution to avoid these foods."

What should parents do?

If you suspect your child has a food allergy, it's important to see your child's pediatrician. (Not all food reactions are allergies.) If your child does have a food

allergy, take these steps to help protect your child at home, at school, or in any other social setting that involves food:

► Food avoidance is the best medicine.

From a very early age, teach your child about the seriousness of the allergy and how sick he or she will be by eating certain foods. "Your best defense is to instill in your child to eat only what you give them or tell them is OK. Eventually, this will become second nature," says Dr. Klein. This may mean changes such as your child bringing his or her own cupcake to a friend's birthday party, but safety must come first.

► Carry medicine and be ready to use it.

Always have two doses of your child's medicine with you at all times (typically an epinephrine pen, or EpiPen®) and be sure that you know how and when to use it if your child needs it. (Also keep a dose at relatives' homes and the child's day care or school.) If you have any questions about using the medicine, ask your child's doctor. Practice administering it with an auto-injector, which looks like the real thing but doesn't have a needle or medicine.

► **Teach your child the signs of an attack.** Make sure your child knows the warning signs of an allergic reaction (these may vary by child and allergy type), including:

- Tightness in the throat
- Hoarseness
- Difficulty breathing
- Hives
- Swelling
- Abdominal pain

► Make sure schools are aware and prepared.

Once your child reaches school age, you won't be able to watch his or her every move. Make sure your child's school, and in particular the school nurse, is aware of his or her allergy(ies). Supply the school with a list of things your child cannot eat, an emergency contact, and instructions for administering the allergy medicine. Work with your child's doctor to put together an action plan in the event of an emergency.

► **Read everything you can about ingredients.** "You must become an expert on your child's allergy, and train yourself to be an educated label reader," says Dr. Klein. Just looking for the allergic ingredient on a food label is not enough. For instance, if your child has an egg allergy, you also need to know and look for related ingredients, such as ovalbumin or ovovitellin. (This information is available from the Food Allergy & Anaphylaxis Network—see "Where to learn more" below.)

► **Don't take any chances—question everything your child eats.** "Don't ever assume something is safe until you've thoroughly researched it," says Dr. Klein, "and teach your child that sharing food with friends can be dangerous." According to Julie, Jason's mother, "If your child has food allergies, you have to become and remain vigilant about food safety—there's no other choice."

The good news is that by following these tips, children with severe food allergies can lead happy, productive lives. Jason is proof of that. ■

Where to learn more

Food Allergy & Anaphylaxis Network
foodallergy.org



This site contains helpful information about dealing with food allergies, as well as links to support groups, research on food allergies, ingredient notices, safe recipes, and more.

Food Allergy News for Kids/Teens

For kids: faankids.org
For teens: faanteen.org



Part of the Food Allergy & Anaphylaxis Network, these sites offer content to help adolescents or children learn more about their food allergy through games, activities, and other fun features.

How to Have a HAPPY FAMILY

These nine tips can help your family be happier and healthier.

by Mary Barlow

Living in peace with others requires a complicated chemistry of everything intangibly good—commitment, cooperation, understanding, concern, love, and respect—which may come easy when everyone's happy. But when your child comes in after curfew, your spouse always leaves damp towels on the bed, or the dog gets sick on the rug, it's hard to consistently practice these virtues. Throw in an extramarital affair, job loss, or legal trouble, and well, you get the picture.

Scott Haltzman, M.D. coauthored the new book, *The Secrets of Happy Families*, with Theresa Foy Digeronimo. Dr. Haltzman is a clinical assistant professor of psychiatry and human behavior at Brown University's Warren Alpert Medical School. As the medical director of NRI Community Services in Rhode Island, Dr. Haltzman helps all types of families to get along—couples, single parents, same-sex partners, and those blending families from previous relationships and/or other cultures.

Here's what he recommends for creating a happy family:



1

Sit down as a family and establish a set of basic values.

Why it's important: "Families who keep a clear view of what matters and live consistently by those values grow stronger over time," says Dr. Haltzman.

Putting it into practice: Values may include practicing a religion, being honest, green living, learning, and being financially wise. Let's say you take your 13-year-old to a theme park where the entrance fee is lower for kids under 12. Your child suggests that you say he's 12 and pay the lower fee. After all, one of your values is to be financially wise. However, you can explain that while being financially wise is important, being honest is even more important. So you stick to the truth, even if it means paying more.



2

Commit to your partner if you live and have children together, and make an effort to stay together in a healthy relationship.

Why it's important: Studies show that most children do better when their parents stay together. On the whole, children of divorce (who were in non-toxic families) do fine, but divorce places some children at higher risk for behavioral issues. However, children who were in toxic families before a divorce have the same risk of experiencing difficulties when parents divorce as when parents stay

together. Dr. Haltzman defines an unhealthy relationship as a "toxic" experience when the couple and family have significant problems functioning due to abuse, emotional trauma, alcoholism, drug abuse, or other issues. (If you are experiencing any of these difficulties, please see tip number 7.)

Putting it into practice: Staying in a relationship requires hard work. Understand that you won't always be as excited about each other as when you first fell in love, but through commitment and communication, you can develop a deeper, more meaningful bond in time.



3

Create a support system involving friends, family members, and community.

Why it's important: Many people live away from grandparents and other extended family members. We need positive people in our lives to thrive, and this is especially important for children and those who are divorced.

Putting it into practice: Give and receive help from others. This may involve getting or providing baby-sitting so you or someone else can take a break. Volunteer, join a social group, and arrange time with friends.



4

Be a good parent by teaching and learning from your children.

Why it's important: While they're a great joy, children can also "add tension, stress, and upset to the family dynamic," says Dr. Haltzman. "Parents in happy families are able to stay happy after the kids are born because they know about the phenomenon, expect the disruption, and learn how to deal with it."

Putting it into practice: Be patient, and learn what to expect and do at every stage of development. Discuss and agree on parenting styles with the other parent so that your actions will be as consistent as possible. If you are divorced, be respectful and kind to your ex-spouse, and stay united in parenting.



Art by Alex Eben Meyer



By Peter Hollmann, M.D.

Associate Chief Medical Officer
Blue Cross & Blue Shield
of Rhode Island

not have intercourse, but do engage in sexual activity, are still at risk.

Although Pap smears prevent deaths by detecting early cancer or precancerous changes, it's best to prevent the infection before it causes a problem. For this reason, vaccination is recommended for girls and young women. The vaccine used in the United States is for females aged 9 to 26. The goal is to vaccinate prior to first sexual contact. Vaccinating at age 11 makes this goal much easier to achieve. It also increases the chances that the vaccination will be completed in a timely fashion. (Doses are required two and six months after the first dose.) The vaccine has been used for many years and administered to many millions of women and girls. It can be painful, but is extremely safe. We do not know how effective it will be over a lifetime at this point, but we do know that it prevents infection and cancerous type changes for years after use. It's important to note, however, that Pap smears are still advised after age 18 even if the vaccine has been administered. ■

5 Understand and engage in the blending process.

Why it's important: While it takes time and effort, blended families who stick together can form a fully integrated new family.

Putting it into practice: Blended families grow through stages of hopefulness, confusion, and perhaps crisis, before reaching stability and commitment. Learn what to expect and do during these stages by reading and attending parenting and marriage classes.



6 Handle conflict constructively by focusing on issues, not people.

Why it's important: "There are rules for conflict, and a lot of people don't even know how to bring up something," says Dr. Haltzman. "People often feel that their character is being encroached on when somebody else accuses them."

Putting it into practice: Listen, and be respectful and fair. Instead of saying, "You are so lazy. You never take out the trash," say: "The trash can is full. Could you please take it out?"



7 Work through crises.

Why it's important: Every family goes through difficult times—serious illness, the loss of a loved one, financial trouble, substance abuse, divorce, and more. By practicing what Dr. Haltzman calls "active coping," you can work through the problem and strive to realize the best possible outcome.

Putting it into practice: "First, gather information about what's going on. Then, get the resources, knowledge, and/or skills to handle the problem," he says. This may involve contacting Alcoholics Anonymous, joining a bereavement support group, reading up on heart disease, or getting marital counseling. Then work through the problem.

"When people take a proactive approach to solving problems, they end up feeling less like a victim," says Dr. Haltzman. "Even if things don't go the way they want, they don't feel as helpless."



8 Take the time to care for yourself.

Why it's important: The healthier you are, both emotionally and physically, the more supportive you can be toward your family members.

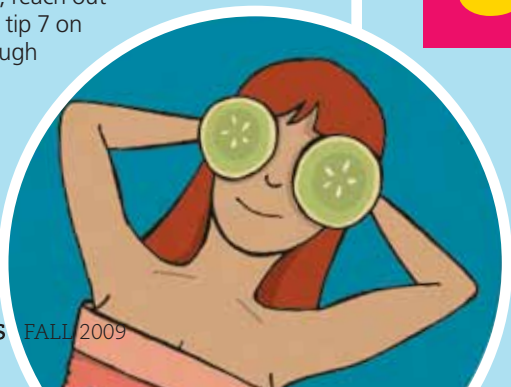
Putting it into practice: Make the time for your own hobbies and interests. Eat right and get enough exercise. If you're facing emotional trauma, substance abuse, or another crisis, reach out for help. (See tip 7 on working through crises.)



9 Spend quality time together.

Why it's important: "When people slow down their pace, they improve their physical, mental, and emotional health, which has a direct effect on happiness," says Dr. Haltzman.

Putting it into practice: Spending time together can include playing a board game, going for a bike ride, or taking a hike. "A lot of parents are spending their time racing around, dropping kids off at various activities," says Dr. Haltzman. "That's not quality time; that's being a taxi." He adds that this is one of the reasons families miss having meals together, which is really important. ■



Dear Dr. Hollmann,
A few times a week, I have heartburn after eating. I can manage it fairly well by eating a restricted diet (no onions, spicy foods, beef, etc.), but I wasn't sure if I should be concerned. I've heard that sometimes heartburn can lead to more serious conditions.

Heartburn is a common condition, with around 20 percent of adults experiencing it from time to time. About 6 percent have symptoms two times a week or more. A common cause of heartburn is gastroesophageal reflux disease, or "GERD." The "reflux" in GERD refers to the reverse flow of acid from the stomach up into the esophagus, the tube that goes from the throat to the stomach. Muscles at the connection of the stomach and esophagus form a valve to reduce this backflow. However, this valve is weak and sometimes ineffective.

Everyone has some reflux on occasion. It usually is minor and causes no symptoms or disease. However, some people experience discomfort, heartburn, or even regurgitation.

Just like you, doctors are concerned that heartburn is either a sign that a more serious condition exists, or will lead to a serious condition. Fortunately, that is rarely the case. Still, heartburn can cause problems, such as an ulcer or bleeding in the esophagus, a scar that constricts the esophagus, or changes in the cells lining the esophagus that can lead to cancer. Doctors also want to rule out other serious possibilities, like a heart condition. (If the "heartburn" occurs only with exertion and goes away with rest after a few minutes, it could point to a cardiac problem.)

Most heartburn patients require only lifestyle changes and/or medication to see improvement. Staying away

from certain foods, alcohol, or caffeine, or avoiding late-night meals can help. Antacids also work for some. Drugs commonly used to treat heartburn include H2 (histamine) blockers like ranitidine or famotidine (Zantac® or Pepcid®). Powerful acid blockers called proton pump inhibitors (or PPIs) are also sometimes used. One example of a PPI is omeprazole (Prilosec®).

Persons experiencing persistent pain when swallowing, a feeling that food is sticking in the chest, weight loss, vomiting of blood, or black or very dark bowel movements will usually require an evaluation with a scope that can look at the esophagus. Some doctors may also recommend this for persons who need continuous treatment for more than a year (though the benefit is unproven) or for those who fail to respond to repeated trials of treatment.

If you have ongoing concerns about your heartburn, talk to your doctor. He or she can provide you with the best course of action.

Dear Dr. Hollmann,
My daughter is 11 and her pediatrician wants her to get the cervical cancer vaccine. Is this a good idea? Is it better to wait?

It is a good idea, and there is no reason to wait. The vaccine provides protection against human papillomavirus (HPV). HPV is the leading cause of cervical cancer, which affects more than 10,000 women annually. In some persons, the infection causes genital warts or leads to cancer of the genital area skin.

HPV typically is passed from person to person by contact during sexual activities such as intercourse or touching of the genital area. Condoms do not appear to prevent this from occurring. Girls or women who do

Got a question? E-mail your health question to choices@bcbsri.org, or mail it to:

While Dr. Hollmann cannot respond to letters personally, he'll answer as many as possible in the next issue. *The information provided through this column is intended solely for general information and should not be relied upon for any particular diagnosis, treatment, or care. Always consult with your doctor for appropriate examinations, treatment, testing, and care recommendations.*

The Doctor's In
c/o Choices
444 Westminster Street
Providence, RI 02903



PICKING UP THE PIECES

A mother shares what she's learned during her journey through grief.

by Beth Adamo

The only thing in life that's certain is that *nothing is certain*. Things can change in a heartbeat, in an infinite number of ways: A sudden car crash, an accidental drowning, an act of violence, a terminal disease... When someone we love dies, nothing—nothing—is ever the same again.

For me, this painful fact of life hit hard on the morning of March 18, 2007, when I went to check on my 19-month-old daughter, Natalie. Expecting to find her just waking up from a peaceful night's sleep, to my absolute horror, I found her cold, lifeless body. There were no warning signs, no explanation* for how a perfectly healthy child could just stop breathing. Suddenly, my life as I knew it was over, and a new life—a life permeated with grief—had begun.

Since that dreadful March day, I have searched—for understanding, for help, for comfort, for ways to cope with my terrible loss. I've read books about grief, I've talked with professional therapists, and I've listened to others who are grieving. Here's what I've learned along the way.

Everyone grieves differently

To grieve is universal, but everyone grieves in their own personal way. "People who are grieving need reassurance that what they are experiencing is normal," says Christine Miller, Bereavement Field Coordinator at Beacon Hospice. There are a lot of factors that play into how we all deal with grief. "You look at the nature of the relationship with the deceased (was it a child, a spouse?), the mode of death (was it sudden, accidental, suicide, homicide?), an individual's personality and past experience, and concurrent stressors in their life." Depending on the circumstances, some people may experience complicated grief, which is a more intense and prolonged grief reaction. "In these cases, symptoms haven't lessened or may have grown worse over time," says Miller. For people experiencing complicated grief, it's especially important to get professional help.

The grief journey

People often speak of grief as a "journey." But it's not the kind of journey with a map that takes you from A to B. Instead, it is full of twists and turns and contradictions. Sometimes you find yourself right back where you started. Other times you find yourself in all new territory.

With no set course, living with grief can be very unpredictable.

In fact, sometimes grief can make you feel like you're going crazy. Time loses its normal sense of order. Something can happen—a smell, a sound, a touch—to trigger your grief, and it suddenly comes flooding back even years later. And through it all, there is an unrelenting sadness that has become part of your life. It is the "new normal."

Grief does not just go away. You won't wake up one day and be "over it." Your loved one is still gone and her place in your heart will always be there. "Part of the healing process is learning how to emotionally relocate the deceased," says Miller. This means that you form a new relationship with the memories of your loved one in a way that allows you to continue living in the present. "Holding on to the past attachment rather than allowing the evolution of a new relationship can hinder this task," says Miller. You won't ever forget, but you will be able to find happiness again.

Like it or not, life does go on

It may be hard to accept the fact that the rest of the world keeps on going, especially in the beginning. A driver who cuts you off in traffic doesn't know about your loss. Innocent, everyday questions like, "How are you?" can leave you tongue-tied. Sometimes it's all you can do to just keep breathing. To function in the world requires you to put on a brave face, what some people refer to as "the mask."

You are not alone

Although your grief is all yours, you do not have to—and you should not—walk the journey alone. Here are strategies for coping:

- Be easy on yourself, emotionally and physically.
- Try to educate your friends about how they can help. (See "What Can I Do?" on right.)
- Consider attending a peer support group or seeing a professional counselor.
- Find what comforts you. It could be creating a memorial Web site or garden, starting a charitable foundation, taking

- up painting, or writing in a journal.
- Do things when you're ready. There is no timetable for grief.
- Keep in mind there is no right or wrong way to grieve—only your way.

Of love and loss

In the two and a half years since my daughter died, I have had good days and bad days. Such is the nature of grief and I have learned to live with it. Alfred Lord Tennyson aptly wrote, "Tis better to have loved and lost than never to have loved at all." I am forever grateful that Natalie was a part of my life. I wouldn't trade that for anything. ■

* For more information on *Sudden Unexplained Death in Childhood*, visit sudc.org.

What Can I Do?

When someone you know is grieving, it's natural to want to help. But, it's hard to know the right thing to say or do. While a loaf of banana bread is always welcome, here are more ways you can support someone who is grieving:

- › "Don't try to give advice," says Miller. "Just say you're sorry, listen, and be there."
- › Avoid offering easy answers or platitudes, like "He's in a better place." Or, "Everything happens for a reason."
- › Do not judge or comment on the way your friend is grieving.
- › Be mindful of holidays, birthdays, anniversaries, and other markers of time that may be especially difficult.
- › Understand that grief has no time limit.
- › Don't be afraid to talk about the deceased or say his or her name. One of the greatest comforts comes from knowing that a loved one is remembered.



Fight cancer with your sneakers.

You can join the American Cancer Society in the fight against cancer by letting your feet do the talking. Take part in one of our signature events to increase awareness and funding for cancer research, patient services, education programs, and advocacy efforts. Find out more at cancer.org/stridesonline and relayforlife.org or by calling 1.800.227.2345.



Altogether Now



The Rhode Island ICU Collaborative is saving lives and millions of dollars each year. *by Bill O'Connell*

The Rhode Island ICU Collaborative is proving how powerful teamwork can be. Launched in 2005, the Collaborative is a partnership among a wide range of Rhode Island organizations dedicated to improving patient safety and clinical outcomes for the more than 16,000 patients who are treated in the state's adult intensive care units (ICUs) each year. It estimates that in 2007 and 2008 alone, 45 lives were saved due to its efforts, along with over 2,000 hospital days and nearly \$6 million dollars.

Finding a better way

The Collaborative includes the Rhode Island Quality Institute, Quality Partners of Rhode Island, the Hospital Association of Rhode Island, Blue Cross & Blue Shield of Rhode Island, and the state's 11 acute care hospitals, among others. Through ongoing communication, education, and sharing of best practices and information, the Collaborative aims to reduce ICU complications and, in turn, the length of ICU stays. It also focuses on improving the safety culture in the state's ICUs.

"If an institution is doing something that decreases the incidence of infection, whether it's in Rhode Island or in Pittsburgh or any place across the country, the Collaborative brings that information to everyone who is taking care of patients in Rhode Island in order for them to learn that technique," says Dr. Mary Cooper, Senior Vice President and Chief Quality Officer of Lifespan Corporation, the oversight corporation for Rhode Island Hospital, >>

The Miriam Hospital, Newport Hospital, Hasbro Children's Hospital, and Bradley Hospital. "The Collaborative is a great facilitator for learning consistent standards across the state."

Bundle up for better care

Two common tools used in ICUs are the ventilator and the central venous catheter—also known as a CVC or central line. A ventilator is a machine that assists with breathing, while a CVC is an intravenous tube that is placed into a major vein so that medications, fluids, or blood can be given. Although both the ventilator and CVC can be lifesavers, they can also make a patient more susceptible

assessment to see if the patient can be weaned from the ventilator.

A healthy improvement

To date, the results have been impressive. The Collaborative reports that central line-associated bloodstream infections dropped 54 percent from the first quarter of 2006 to the end of 2008, while the incidence of ventilator-associated pneumonia fell 12 percent.

"Ten years ago this wasn't even thought possible," Dr. Cooper says, "and now we have ICUs where we haven't had one of these types of infections for several years."

For both patients and the healthcare system, the impact of improvements like these can be dramatic. When ICUs work more effectively and efficiently, quality of life improves for patients, and healthcare costs go down.

All for one

Both Cornell and Dr. Cooper point to the cooperation and commitment of all of Rhode Island's ICUs as vital to the Collaborative's success. The Collaborative is the first of its kind to be able to achieve—and maintain—100 percent participation of the ICUs in its state.

"We have 23 ICUs in this state, and



to dangerous infections. A patient on a ventilator is at risk for ventilator-associated pneumonia (VAP), while a patient with a CVC is at risk for a central line-associated bloodstream infection.

"These conditions are associated with high morbidity [incidence of disease], mortality, and cost," explains Margaret Cornell, M.S., R.N., the Senior Program Administrator for Quality Partners of Rhode Island and the Project Manager for the Collaborative.

As a result, the Collaborative has focused on reducing those infections by promoting activities that are performed in what are called "bundles." Bundles typically include three to five relatively simple activities performed at a patient's bedside. Outcomes for patients improve significantly when all activities in a bundle are performed consistently. One such practice in the VAP bundle, for example, is raising the head of the bed of the patient to an angle of between 30 and 45 degrees. Another is performing a daily

The Collaborative also reports that, between 2005 and 2008, more than 56 percent of the state's ICUs have shown an improvement in their staff's perception of the safety culture in their units. Such a change can have a major effect on how an ICU performs, Cornell says.

"There's a strong correlation between a team's perception of the safety climate (in their unit) and their ability to drive positive clinical results," Cornell explains.

every single one of them has remained enrolled, despite the challenges they've had. And they've all had different challenges," Cornell says. "The hospitals are really doing good work. I can't emphasize that enough."

"They're all so proud," Dr. Cooper says. "They're proud that they've been able to maintain such an important statewide effort with such great results. They're thrilled with the fact that they have created a safer environment for our patients. ■"

You and the ICU

If a family member ever needs to go into an ICU, don't be shy about finding out all you can about his or her care. If you live in Rhode Island, ask if the ICU is following the practices promoted by the Collaborative and performing the appropriate bundle of activi-

ties for your family member's condition. Get to know what those activities are and how often they should be performed.

"Families should be involved," Cornell advises. "Families should feel comfortable asking questions." For more



information on the ICU and what questions to ask, please visit myucare.org, a site sponsored by the Society of Critical Care Medicine.

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Sherrri - risk management
hometown: Providence

Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

Cool Beans

by Beth Adamo

3 healthy and delicious meals under \$10



Looking for easy ways to stretch your grocery dollar without sacrificing taste or nutrition? Try building your meals around beans, one of nature's most perfect—and affordable—foods.

Part of the family of fruits known as legumes, bean types include black, cannellini, garbanzo, kidney, navy, pinto, and soy, to name a few. Other legumes include lentils, peas, carob, and peanuts. For thousands of years, beans have been a dietary staple all over the world, and for good reason. They're extremely nutritious, easy to store (either dry or canned), easy to prepare—and easy on your wallet.*

*Costs are based on average prices at major grocery retailers.



THE MIGHTY BEAN

An important part of a healthy diet, beans are an excellent source of:

Dietary fiber. Fiber is proven to lower cholesterol, reduce the risk of heart disease and certain cancers, aid digestion, and maintain blood sugar levels, which is especially good for people with diabetes or hypoglycemia.

Energy and protein. Beans contain energy-sustaining complex carbohydrates, and provide your body with high-quality, virtually fat-free protein.

Essential vitamins and minerals. Beans are high in iron, B vitamins, potassium, magnesium, and zinc.

Bean and Pasta Soup

This hearty soup makes a quick and easy weekday meal your whole family will enjoy. Simply leave out the ground meat for a satisfying vegetarian alternative.

4-6 Servings

- 1 Tbsp. olive oil
- ½ lb. ground turkey or beef
- 1 medium onion, chopped
- 1 carrot, shredded
- 1 stalk celery, diced
- 2 cloves garlic, minced
- ½ tsp. dried oregano
- 1 tsp. dried basil
- 4 cups beef or vegetable stock
- 1 28 oz. can crushed tomatoes
- 1 15.5 oz. can cannellini beans, drained and rinsed
- 1 small zucchini, diced
- 2 Tbsp. fresh parsley, chopped
- 1 cup uncooked small pasta such as shells or tubes
- Salt and pepper to taste
- ¼ cup Parmesan cheese (optional)

Directions: In a large pot, heat oil and brown meat. Add onion, carrot, and celery and sauté 4-5 minutes. Add garlic, oregano, and basil and sauté 2 more minutes. Add stock, tomatoes, and cannellini beans. Bring to a boil, cover, and simmer 10-15 minutes. Add zucchini, parsley, and pasta and return to a boil. Cook until pasta is tender, 6-8 minutes. Add salt and pepper to taste. Ladle into serving bowls and top with Parmesan cheese if desired.

To complete the meal: Serve with crusty Italian whole-grain bread.

If using dry beans, substitute approximately 2 cups of cooked beans for each 15.5 oz. can in these recipes.

Cannellini Beans

Also known as white kidney beans because of their shape, these mild, thin-skinned beans can be used in dips, casseroles, pastas, and more.



Chickpea Garden Burgers

In the mood for a burger? Try this healthy meatless alternative that's sure to satisfy. Enjoy it with your favorite condiments, lettuce, tomato, pickle, avocado, and other burger toppings.

4 Servings

- 1 15.5 oz. can garbanzo beans, drained and rinsed
- ½ cup bread crumbs
- ¼ cup sunflower seeds or nuts, finely chopped
- ½ medium onion, finely chopped
- 1 stalk celery, finely chopped
- 1 carrot, grated
- ¼ cup fresh parsley, finely chopped
- 1 tsp. garlic powder
- 2 Tbsp. soy sauce
- 1 egg, lightly beaten
- ¼ tsp. black pepper
- 2 Tbsp. cooking oil
- 4 whole-wheat burger buns



Chickpeas (Garbanzo Beans)

With their nutty taste and creamy texture, chickpeas are extremely versatile.

Directions: Coarsely mash garbanzo beans with a fork or masher. Add remaining ingredients and mix thoroughly. Form into four patties. Meanwhile, heat oil in large skillet and cook over medium heat until brown. Flip over and brown other side. Serve on a lightly toasted bun with your favorite toppings.

To complete the meal: Serve with roasted sweet potato wedges.
Find the recipe at [choices](#) on BCBSRI.com.



SAY GOODBYE, GAS Despite the health benefits and satisfying taste, beans turn some people off because they tend to cause gas. Here's how it works: Beans contain a complex sugar called oligosaccharide that's difficult for the body to digest. When bacteria in the large intestine feed on the sugar molecules, they release gas, which builds up and results in the unpleasant side effects. Fortunately, there are several remedies:

- Soak dry beans overnight in water to leach out the gas-causing sugar. Discard soaking water and rinse well. Fill a pot with water, bring to a boil, and simmer until done, 1-3 hours. (Some beans take longer to cook than others, so check periodically.) If using canned beans, drain and rinse well.
- Build up your body's ability to digest beans by eating them more frequently (using the preparation methods described).
- Drink plenty of water when eating beans.
- Take digestive enzyme supplements (available at most drugstores).



Swapping out beans for meat can help you lose weight, since meat contains more fat and cholesterol.

Web extra

Visit [choices](#) on BCBSRI.com for more recipes, including tofu and green bean stir fry with peanut sauce.

Black Bean and Sweet Potato Quesadillas

Your kids will have fun helping you make this quick and easy meal that uses in-season sweet potatoes. To save time, cook the sweet potatoes up to three days ahead. To adjust the level of spiciness, use hot salsa or jalapeño Jack cheese to suit your taste.

4-6 Servings

- 5 cups sweet potato, scrubbed and cubed
- ½ tsp. salt
- 1 15.5 oz. can black beans, drained and rinsed
- 1 jar mild salsa
- 8 oz. Monterey Jack cheese, grated
- 4-6 large whole-wheat tortillas
- 1 avocado, diced (optional)
- Fresh lime wedges (optional)



Black Beans

Black beans are an inexpensive, healthy, and tasty substitute for meat in everything from chili and tacos to salads and burgers.

Directions: To boil, place sweet potato chunks in pan. Cover with water and bring to a boil. Cover pot and simmer until tender, about 15 minutes. Drain pot, then mash sweet potatoes and combine with salt. To assemble quesadillas: Spread mashed sweet potato over each tortilla. Over half of tortilla, add a layer of black beans, salsa, and cheese. Fold tortillas in half and heat in a nonstick pan or griddle over medium heat until golden brown on each side, turning once. Keep quesadillas warm in the oven until ready to serve. Cut in half and top with salsa, avocado, and a squeeze of fresh lime juice.

To complete the meal: Serve with green salad or fresh corn.

If using dry beans, substitute approximately 2 cups of cooked beans for each 15.5 oz. can in these recipes.

Your Choices

MEN

M.D. = “Much Discussion”

Doctors can read charts and X-rays, but they can't read minds. So the next time you visit your doctor's office, speak up.

Tell him or her about any health-related problems that you're having (physical or mental). Aches and pains, trouble sleeping, problems going to the bathroom, lingering sad feelings . . . the works. Remember, your doctor has seen and heard it all, so don't be embarrassed. If you're confused about a medication you're taking or directions you've been given, ask. If the answer is unclear to you, ask again. They have instant replay in sports, so why not in doctors' offices?

By the way, the average woman asks four questions during a doctor's visit. The average man asks none.



Here are a few more tips to help you get the most out of your visits:

- » **Have a game plan** – Write down any questions you have or matters you'd like to discuss beforehand and bring them with you to your appointment.
- » **Keep it real** – Always tell the truth about your health habits. If you're a pack-a-day smoker, for example, don't tell your doctor, “I might sneak a cigarette once in a while.” Honesty will help your doctor diagnose more accurately and prescribe the best course of treatment.
- » **Follow up** – Take information home, and always follow your doctor's orders. If you think of more questions, call your doctor's office.

Say “I Do” to Chores

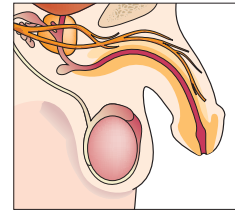
According to a 2007 Pew Research Study, 62 percent of adults said sharing household chores, like cleaning dishes, was “very important” to ensuring marital success. In fact, only faithfulness and a happy sexual relationship ranked higher.

These findings reveal a sharp increase in the significance of chores-sharing over a similar study from 1990, when only 47 percent said it was “very important.” While the study didn't articulate an exact reason for the increase, changes in societal attitudes concerning domestic responsibilities may have something to do with it. After all, marriage should be a 50-50 proposition regardless of the task.

Still, somewhat surprisingly, tackling housework together now outpaces adequate income, housing, common interests, and even having kids as a “very important” ingredient to marital success.

Check for Lumps

According to the American Cancer Society, the rate of testicular cancer is on the rise. In fact, about 8,000 new cases will be diagnosed in the United States this year. However, if the cancer hasn't



spread outside of the testicles, the five-year survival rate is 99 percent. That's why early detection and self-examination are so important.

If you're a male aged 15 or older, it's a good idea to check yourself once a month. The best time to do so is during or after a warm shower, because the heat relaxes the scrotal area, making it easier to detect unusual bumps or lumps. The National Cancer Institute recommends these steps:

- » Examine each testicle with both hands. Place the index and middle fingers under the testicle with the thumbs placed on top. Roll the testicle gently between the thumbs and fingers. Don't be alarmed if one testicle seems slightly larger than the other. That's normal.
- » Find the epididymis, the soft, tube-like structure behind the testicle that collects and carries sperm. If you are familiar with this structure, you won't mistake it for a suspicious lump. Cancerous lumps usually are found on the sides of the testicle, but can also show up on the front.
- » If you find a lump, see a doctor right away. The abnormality may not be cancer, but only a physician can make a positive diagnosis.



Your Choices

WOMEN



No More Support Stockings?

Horse chestnut seed extract may be an alternative to compression stockings for people who suffer from chronic venous insufficiency (CVI). This syndrome occurs when veins in the legs no longer pump blood back to the heart effectively, and can result in leg swelling, varicose veins, skin ulcers, and other symptoms.

According to Mayo Clinic, studies on CVI and horse chestnut seed extract have reported significant decreases in leg size, leg pain, itchiness, and other symptoms. Preliminary evidence also indicates that horse chestnut seed extract may be as effective as compression stockings. If you suffer from CVI, you may want to discuss horse chestnut seed extract with your doctor. For more information, please see mayoclinic.com.

Working While Expecting

According to a U.S. Census Bureau report, 67 percent of women who gave birth for the first time between 2001 and 2003 worked during their pregnancy, up from 44 percent between 1961 and 1965.

If you work while pregnant, job one is taking care of yourself and your unborn baby. That means eating nutrient-rich food, drinking plenty of fluids, getting appropriate exercise, and seeing your doctor for regular visits. Of course, things can get awfully complicated when you're dealing with morning sickness, fatigue, and other side effects of pregnancy while on the job. Here's a to-do list that can help:

- » **Know your limitations** – Talk to your doctor about what you do and where you work. There are substances (for example, toxic materials such as lead and mercury) and activities (such as heavy lifting) that you should avoid. Also, ask your doctor if you have health risks (like high blood pressure) that may limit how much and what type of work you can do.
- » **Give yourself a breather** – Take a break at work every two or three hours, and change positions throughout the day. For example, if you work at a desk, stand up from time to time and go for a quick walk.
- » **Prepare to eat** – By cooking meals on your day off and then refrigerating them, you'll make life a lot easier when you come home at the end of a tiring day. Also, packing a nutritious lunch for work will lessen the chances you'll have to run to the vending machine for unhealthy snacks. Finally, be sure to keep your work area stocked with provisions that can help you cope with morning sickness, like crackers, water, or ginger tea.



Take a Holiday Break

Each year, you say you're going to find ways to ease holiday stress and enjoy the season. Here are some tips that can help make this year the year:

Choose quality over quantity. Don't try to visit too many family members on one holiday. When you do, you spend too much time traveling, and not enough time enjoying the day.



Be flexible when finding time to celebrate. For example, pick a day other than your holiday to celebrate with your sister's family. Or ring in the New Year with your friends on the Saturday after January 1.

Let it wait. You know you're going to be cooking, shopping, and entertaining a lot more during the holidays, so don't fill your year-end schedule with appointments that can wait until after the New Year.

Simplify. Give yourself permission to do a little less this year. Decorate only one room instead of the entire house. Order part of your holiday dinner instead of making everything yourself. Your family will enjoy whatever you do, and appreciate it if you have a little more time to spend with them.

CHILDREN



Learn CPR Together

A study by the *British Medical Journal* shows that children aged 13 and 14 can perform CPR chest compressions as well as adults. The study

also showed that children as young as 9 can learn the correct hand position and correct rate of chest compression, even if they can't do compressions to the recommended depth.

Less than 1 percent of the general population can perform CPR effectively, even though doing so can save lives. If your teenager's school doesn't teach CPR, consider taking a class together. Visit redcross.org to find a class in your area.

The Dangers of Third-hand Smoke

Recent research shows that it's not enough to protect children from second-hand smoke. They need to be protected from third-hand smoke as well.

In the January 2008 issue of *Pediatrics*, researchers describe what they define as "third-hand smoke"—the tobacco smoke contamination that lingers even after a cigarette is put out. The residue from the smoke lingers in hair and on clothing, furniture, and carpeting. The 250 poisonous gases, chemicals, and metals in this residue include lead, hydrogen cyanide, and 11 carcinogens classified as Group 1 (the most dangerous).

The best way to protect against third-hand smoke is to ban smoking in the house and car, even when children aren't around. Third-hand smoke is most dangerous to children because of their smaller size and because they come into contact with this residue when crawling or playing on contaminated surfaces.



Money-saving Holiday Fun

It's too early to start celebrating the holidays, but not too early to plan for them! These low-cost activities help put the focus on family fun instead of gifts:

1. Keep an eye out for free holiday events, like tree lightings and concerts.
2. Make your own holiday decorations, from stringing popcorn to crafting ornaments.
3. Bake cookies or other holiday treats together.
4. Rent holiday-themed movies from the library, pop some popcorn, and have a family movie night.
5. Drive around town and look at the decorated houses.
6. Host a family game night.
7. Read a chapter book (holiday-themed or not) aloud, and plan to finish it on your family's holiday.
8. Volunteer together at a local charity.
9. Go ice skating or sledding.
10. Make homemade gifts for extended family, such as scrapbooks, videos, or scarves.



Learning to Cope at College

Your child just went off to college, and wants to talk to you more now than when he or she slept in the next room. If homesickness is the cause, it's helpful to keep the following in mind:

It's normal. Let your child know homesickness is common among college students. Explain that it's nothing to be ashamed of, and that it's good to let emotions flow.

Communication is key. Encourage your child to talk about these feelings with other students, resident advisors, friends, and family members. Also, keep the lines of communication open with phone calls, e-mail, and regular mail.

Your tone is important. Stay positive. If you're anxious yourself, don't discuss it with your child. Instead, work out your feelings with your spouse, other family members, or friends.

College is fun! Suggest that your child look for interesting clubs or activities on campus that will lead to new friendships and a sense of belonging.

OLDER ADULTS

Every 18 Seconds

Unintentional falls are one of the leading causes of injury and death among older adults. According to the Centers for Disease Control and Prevention (CDC), about 1.8 million people aged 65 and older were treated in emergency rooms for nonfatal



injuries from falls in 2005. (That's one every 18 seconds!) That same year, injuries related to unintentional falls caused the death of 15,800 older adults.

While it's impossible to completely eliminate any chance of falling (after all, accidents happen), there are a number of things you can do to greatly reduce your risk and increase your independence:

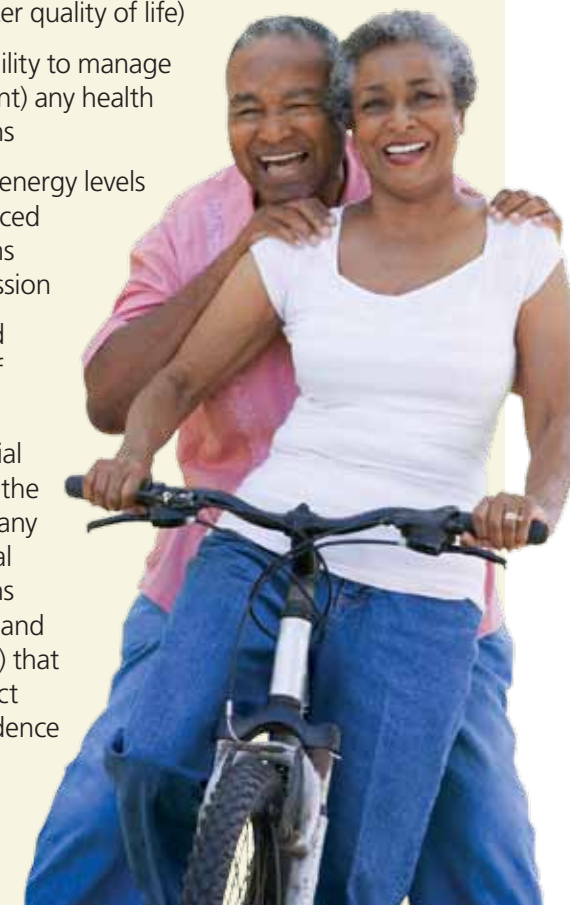
- » **Exercise regularly.** Programs that increase strength and improve balance and flexibility are particularly good, like tai chi and yoga.
- » **Review your medications.** Some medications may have side effects that can affect your stability and balance. So talk with your doctor or pharmacist, and make sure that what you're taking is safe and appropriate.
- » **Take a vision exam.** Have your vision checked at least once a year by a licensed eye doctor.
- » **Be safe at home.** Half of all falls occur at home. Reduce hazards in your house by putting up handrails on stairs, and grab bars and non-slip mats in the bath. Replace small throw rugs with those that have more secure, non-skid backing. Improve lighting and avoid walking around barefoot. For cabinet storage, make sure you can reach items easily, without using a step stool.

Forever Young

Playwright George Bernard Shaw famously quipped that "Youth is wasted on the young." If Shaw were around today, however, he may be whistling a different tune. By maintaining active lifestyles, older adults are showing more and more that age really is just a number.

People over 65 are bike riding, salsa dancing, traveling, earning advanced degrees, learning new languages, and doing a host of other activities—often with the same enthusiasm and regularity as their children. And that's great news on the health front. By rejecting sedentary lifestyles and incorporating even moderate amounts of regular physical activity and social interaction, older adults get stronger, healthier, and more vital. Plus, there are substantial health benefits, including:

- » Longer life expectancy (and better quality of life)
- » Better ability to manage (or prevent) any health conditions
- » Elevated energy levels and reduced symptoms of depression
- » Improved quality of sleep
- » Substantial delays in the onset of any functional limitations (physical and cognitive) that may affect independence





Helen DiDonato

South Kingstown, Rhode Island

At 85 years old, Helen DiDonato is hardly over the hill. In fact, she's usually on top of it—Torrey Hill, that is, a steep 0.8-mile stretch of road she hikes every day. "Walking is best for me," Helen explains, "because I have Meniere's disease [an inner ear disorder that can affect balance], and I can't do a lot of other exercises without feeling dizzy." Keeping up with Helen's busy lifestyle—which includes bowling, gardening, and traveling—can be challenging for her daughter Bette. She says her mom "is an inspiration, and living proof that you can be active and healthy at any age."

What is your favorite exercise?

"Walking."

What is your favorite place to exercise?

"Torrey Hill in South Kingstown. When the weather's too bad, I'll ride a stationary bike or walk up and down the stairs in the house 15 times."

What are your favorite healthy foods?

"Cottage cheese, fruit, salad, and vegetables... I try to watch my calories, but I do have pasta and gravy once in a while."

What are your words to live by?

"Do your best in life and enjoy each day, because we don't know what tomorrow will bring."

Photo by Ronald Cowie

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