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choices

› **Exercises
to protect
your back**

› **Why you
should have a
primary care
physician**

› **How to pack
a healthy
school lunch**

FALL FOR CRANBERRIES

4 fabulous recipes to inspire you



**Blue Cross
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of Rhode Island

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FALL 2010

choices

Magazine

[Online]

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For your exercise and eating habits



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Magazine



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For the last 15 years, I've had the same primary care doctor. She's seen me through car accidents, pre-college immunizations, ear infections, allergies, back pain, and that time I had bronchitis and the flu at once. She knows my family history—she even knows my mother. (She's my mother's doctor too.)

So when I need a doctor for checkups or because I'm sick, I don't even have to look up her phone number. That kind of relationship is something we all need—one person to help us manage our health and who knows us as an individual. And it pays off. Having a primary care doctor has been shown to result in better health and lower healthcare costs.

On page 10, you'll find an article about the importance of primary care, and what BCBSRI is doing to strengthen primary care in our state. And on page 12, you can read about how more doctors are using evidence-based medicine to help you make the best decisions about your health.

Making good health decisions also extends to food, so be sure to make our delicious cranberry recipes on page 25 (try the pancakes!). From all of us at BCBSRI, have a happy and healthy fall!

Julie O'Connell
Julie O'Connell
Editor

3 Things Not to Miss

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Bonus recipes

- Cranberry smoothie

Expanded Q&A

- Dr. Thomas Bledsoe discusses the role of doctors in helping patients make decisions about end-of-life care.

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 participate in this program.

Send any letters, comments, or general questions

to *Choices* magazine, Blue Cross & Blue Shield of Rhode Island, 500 Exchange St., Providence, RI 02903 or via e-mail to choices@bcbsri.org.

CLARIFICATION: In the spring 2010 issue of *Choices*, there was a short article about how to teach teen drivers about the dangers of texting while driving. It recommended driving an unfamiliar route with your teen as the passenger and to have the teen text and simultaneously describe the scene. You would then point out the dangers he or she missed while texting. Some readers misinterpreted the piece and thought it encouraged the teen to text and drive, which is against Rhode Island law and which *Choices* would never advocate. We apologize for any misunderstanding.

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BLUE CROSS & BLUE SHIELD
OF RHODE ISLAND

**Assistant Vice President
Corporate Communications**
LAURA CALEDA

Editor
JULIE O'CONNELL
(401) 459-5747

Art Director
JUAN CANO

Production Manager
DENISE NILSEN

Publication Manager
BRIAN HOMSI

Operations Manager
KATHY PALUMBO

Contributing Staff

Editorial BETH ADAMO, PETER GALLANT
BILL O'CONNELL, JOSEPH ROTELLA

Design JULIE HETU, ERO VALESIO

Production SHARI DEWOLF

Client Services CHRISTINA CHASE
MARY-BETH GLAVIN
JACQUELINE IBBITSON

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Editorial Offices *Choices*

500 Exchange Street
Providence, RI 02903-2699
(401) 459-1000

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Thomas A. Bledsoe, M.D., FACP

Primary Care Internist,
University Medicine

Clinical Associate Professor of
Medicine, Warren Alpert School
of Medicine, Brown University



Planning for end-of-life medical care is something many people don't think about until it's too late. But being prepared for what may lie ahead is the best way to ensure that your wishes are followed. Dr. Bledsoe, who is the Chair of the Rhode Island Hospital Ethics Committee, specializes in medical ethics. We spoke with him about how patients and decision makers should work together on this important issue.

Q: What is the first step to preparing for end-of-life care?

A: I think of it as a process rather than an event. The first step is just to think about it and discuss it with a loved one. There are two questions you should ask yourself. First, if you were suddenly in a position where you were unable to make your own medical decisions, who would you want to make them for you? This person is called a "proxy" and could be a spouse, relative, friend, or someone else. By law, their authority would be limited to representing your wishes. They aren't able to advocate for medical care that is contrary to your known wishes.

The second question is: Does the person you choose to make decisions for you know they "have the job," and do they understand what your end-of-life wishes are? It's very important to document the answers to these questions.

Q: How does someone document their end-of-life wishes to ensure they are followed?

A: Documentation can be as simple as written notes about a conversation between you and your doctor. But the best method is to use your state's legal form for an advance care directive. In

Rhode Island, that is the Durable Power of Attorney for Health Care form. You can find this form online. [See the "Learn more" box at right.] It documents who will become your proxy and allows you to document other wishes by choosing to answer more specific questions, such as whether or not to use feeding tubes or life support. The advance directive provides helpful information to physicians, such as who to talk to and what steps to take when determining a patient's end-of-life care.

Q: Who should think about having advance care directives in place?

A: Everyone, but we prioritize based on the likelihood that it will be needed sooner rather than later. Working backward from most important to not quite as important, people who should have advance directives in place include those who have recently been in a hospital with a serious chronic illness; those who have a chronic illness and may not be able to make their own decisions at some point (the elderly, a person with a brain tumor); those over age 50 who have chronic medical problems; and then everyone over age 50.

It comes down to being prepared. The conception of what is an "acceptable" or "unacceptable" quality of life is an individual one, and assuming others know what would be acceptable for you is risky and could be very burdensome for the decision maker. Many famous or high-profile examples of ethical and legal end-of-life controversies have involved younger, healthy people who didn't have a plan in place.

Q: What can you do if a loved one won't discuss their end-of-life wishes with you?

A: Well, you can't make someone talk about it if they simply don't want to. My best advice is to try to ask questions that at least get the person thinking about it. You could say something like "I may be in a position someday to have to make decisions for you, and knowing and documenting your wishes will help me honor what you would have wanted." This may make them realize that the burden would fall on you or another loved one, creating a very difficult situation that could have been avoided with advance planning. ■

Learn more

Read more of Dr. Bledsoe's
interview online at

choices on BCBSRI.com

Other resources

RI Durable Power of Attorney for Health Care

[riag.ri.gov/documents/reports/
healthcare/power_of_attorney.pdf](http://riag.ri.gov/documents/reports/healthcare/power_of_attorney.pdf)

Mayo Clinic





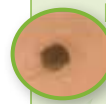
[mayoclinic.com/health/end-of-life/
MY00365](http://mayoclinic.com/health/end-of-life/MY00365)


National Institutes of Health

[nlm.nih.gov/medlineplus/
endoflifeissues.html](http://nlm.nih.gov/medlineplus/endoflifeissues.html)

Know Your Melanoma ABCDEs

A keen eye can help you spot melanoma—the most lethal form of skin cancer—when it's still highly curable. Protect yourself by checking your skin regularly and using these ABCDE guidelines provided by the American Academy of Dermatology. Tell your doctor if any of the ABCDEs apply to a mole or colored spot on your skin.

	A SYMMETRY	One half unlike the other half.
	B BORDER	Irregular, scalloped, or poorly defined border.
	C COLOR	Varied from one area to another; shades of tan, brown, and black; sometimes white, red, or blue.
	D DIAMETER	Melanomas are usually greater than 6mm (the size of a pencil eraser) when diagnosed, but they can be smaller.
	E EVOLVING	A mole or skin lesion that looks different from the rest or is changing in size, shape, or color.



MYTH or FACT?

If only one piece of bread has mold on it, the rest of the loaf is fine.

Myth!

If there's mold on one piece of bread, there's probably mold that you can't see throughout the whole loaf. The best thing to do is throw it out.



Art by Rick Shiers



It's technically a fungi, but mushrooms taste good and are good for you (the edible ones anyway!).

Penn State researchers found that portabella and crimini mushrooms contain as many antioxidants as carrots, green beans, red peppers, and broccoli. Dietary antioxidants may help lower your risk of disease. Here are some easy ways to make room for mushrooms in your diet:

- » Use raw in salads, sandwiches, and wraps.
- » Add to sauces, soups, and stews.
- » Grill as burgers or kebabs.
- » Scramble into eggs.



A note of caution: Many varieties of mushroom are poisonous, so never pick or eat ones found in the woods.

Leaf Lessons

As the leaves pile up on your lawn this fall, consider the bright side: Raking is an excellent form of exercise that can build strength and burn calories. But, be careful to avoid injury. The American Academy of Orthopaedic Surgeons offers tips to help.

- » Warm up for at least 10 minutes with some stretching and light exercise.
- » Use a rake that is comfortable for your height and strength. Wear gloves or use rakes with padded handles to prevent blisters.
- » Keep your vision free of impediments, like hats or scarves, and beware of large rocks, low branches, tree stumps, or uneven surfaces.
- » Vary your movement, alternating your leg and arm positions often. When picking up leaves, bend at the knees, not the waist.
- » Wet leaves can be slippery; wear shoes or boots with slip-resistant soles.
- » Do not overfill leaf bags, especially if the leaves are wet. To avoid back injury, you should be able to carry bags comfortably.
- » Never throw leaves over your shoulder or to the side. The twisting motion required to do so places undue stress on your back.

The “Doc” Com Boom

The Internet has changed just about everything we do, including looking for medical information. Unfortunately, there are a lot of sites out there that offer questionable medical information and advice.

Luckily, the Consumer and Patient Health Information Section (CAPHIS) of the Medical Library Association has compiled a list of the top 100 trustworthy health Web sites, as determined by their members and health sciences librarians. The criteria used to determine the quality of these sites include:

- » How current their information is
- » The credibility of the information
- » The site’s target audience

The full list is available online at caphis.mlanet.org/consumer. It is also available broken down by categories such as *General Health*, *Women’s/Men’s Health*, *Parenting & Kids*, *Seniors*, *For Health Professionals*, and others.

While there’s no substitute for getting solid medical advice from your doctor or other healthcare professional, this list is a good place to start when researching online.

What's Your Heart IQ?

Your heart is one of the most vital organs in your body, which is why it's so important to take good care of it. How much do you know about the dangers that can threaten your heart—and what can you do to keep it healthy? Take this quiz to find out.

1. **Known as "the silent killer" because it has no symptoms, this condition is the single highest risk factor for stroke.**
 - a. Coronary artery disease
 - b. Diabetes
 - c. High blood pressure
 - d. High total cholesterol
2. **Your aorta is responsible for supplying blood to the heart muscle.**
 - a. True
 - b. False
3. **What percentage of Americans die each year from heart disease?**
 - a. 18 percent
 - b. 29 percent
 - c. 37 percent
 - d. 46 percent
4. **The most common heart attack symptom for men and women is chest pain or discomfort. However, women are more likely to also experience:**
 - a. Shortness of breath
 - b. Nausea/vomiting
 - c. Back or jaw pain
 - d. Lightheadedness
 - e. Any of the above
5. **All of the factors below increase your risk of coronary artery disease. Which one is not within your control to prevent?**
 - a. Having a relative with heart disease
 - b. Unhealthy cholesterol levels
 - c. Being overweight
 - d. High blood pressure
6. **What is the average amount of sodium (salt) consumed by American adults each day?**
 - a. 1,500 mg
 - b. 2,200 mg
 - c. 3,400 mg
 - d. 5,000 mg

ANSWERS

1. **c.** High blood pressure (hypertension) is the single highest risk factor for stroke. Your risk for heart disease increases when you have high blood pressure combined with one or more of the following: high total cholesterol, low HDL (good) cholesterol, or smoking.
2. **b.** False. The aorta sends blood rich in oxygen from the left ventricle to the rest of your body. The coronary arteries supply blood to the heart muscle.
3. **b.** Heart disease is the number one cause of death in the United States, resulting in 29 percent of all deaths. Of women who die of heart disease, 64 percent had no prior symptoms.
4. **e.** Any of the above. It's called a "heart attack," but symptoms can affect other parts of the body, including the head, arms, back, neck, jaw, and stomach. The more symptoms you're experiencing, the more likely it is you're having a heart attack.
5. **a.** Having a father or brother with heart disease before he was 55, or having a mother or sister with heart disease before she was 65, are risk factors that are beyond your control. Risk factors you can prevent include: being overweight, having unhealthy cholesterol levels, being inactive, having high blood pressure, and smoking.
6. **c.** Most Americans consume an average of 3,400 mg of sodium per day. The recommended amount is 1,500 mg. About 75 percent of our salt intake comes from prepared and processed foods. Read labels and choose fresh foods whenever possible, using herbs, spices, and lemon juice for seasoning instead of salt.



Pack a Healthy School Lunch

Make an easy, healthy lunch that your child wants to eat (and won't trade with classmates). Here are some tips for a school lunch that makes the grade.

Start with an insulated bag. Protect your child from food poisoning by keeping perishable foods—such as deli meats, milk, and yogurt—cold with an ice pack. Use a thermos or insulated bottle to keep hot foods above 140 degrees.

Pack in the food groups. For a well-balanced meal, aim for a lunch that includes dairy products, whole-wheat bread or other whole grains, fruits, veggies, and protein (for example, meats, nuts, beans, and eggs).

Involve your child. When your child helps prepare or select foods for lunch, he or she is more likely to come home with an empty lunch bag. This may mean grocery shopping with your child and/or offering a choice of healthy options.



Make lunch fun. Cut sandwiches or fruits into fun shapes, put dipping sauces on the side, or include a little note with your child's lunch.

Go juice-less. Water or milk is a more nutritious drink choice than juice, which often has a high sugar content and little nutritional value.

Be creative. Kids may love PB&J, but they get tired of eating the same foods just as adults do. For some interesting suggestions, see "15 lunch ideas" below.

15 lunch ideas

Mix and match these suggestions for main dishes and sides.

1. Pita pocket with hummus and vegetables
2. Yogurt with fresh berries and granola
3. Baby carrots with low-fat dip
4. Chicken salad on raisin bread
5. Air-popped popcorn
6. Homemade veggie pizza
7. Cereal with dried fruit and nuts
8. Pasta salad with vegetables
9. Fresh fruit or veggies on skewers
10. Salad with dried cherries and cheese
11. Soup with whole-grain crackers
12. Turkey, avocado, and cheese on a wrap
13. Black bean burrito with veggies and cheese
14. Tuna on a green salad
15. Smoothie with plain yogurt and fruit

We've Got Your Back

by Peter Gallant

Learn how to prevent back pain with these tips and exercises.

You've probably experienced back pain at some point in your life. But that doesn't mean you have to live with it. Learn about what causes this common problem, along with tips and exercises for preventing injuries and minimizing pain.

A pain in the back

Most back pain can be prevented by living a healthy lifestyle and avoiding activities that put added stress on the back. According to the U.S. Department of Health and Human Services, back pain can be caused by:

- **Poor physical fitness**
- **Being overweight**
- **Your job**, if your occupational demands require lifting, pushing, pulling, or twisting, or you work at a desk all day and don't have a proper ergonomic set-up
- **Heredity**, since some back pain can have a genetic component
- **Other health conditions**, including some types of arthritis, cancer, and infections

Getting older is also a prime factor, but that's not to say that younger people are immune from back pain. "I tend to see different problems at different ages across the lifespan," says David J. Pezzullo, Director of Physical Therapy for University Orthopedics, a practice serving the Rhode Island region. Pezzullo says stress fractures of the spine can occur in active teens; herniated discs often occur during midlife; and osteoarthritis of the spine, spinal stenosis (the narrowing of the space around the spinal cord and nerves), and other issues related to bone density and compression fractures occur in older adults, the result of a lifetime of normal wear and tear.

The following four exercises from the *U.S. Department of Labor, Occupational Safety & Health Administration* are designed to strengthen your core—the muscles in your pelvis, lower back, hips, and abdomen—and help you avoid back injury. They can be done every day in the order listed below. Before you start, keep in mind that every body is different. “Exercises that might be helpful for one back problem might be harmful to another,” Pezzullo points out. So consult with your healthcare provider before you try these exercises, and don’t do those that cause pain or get more difficult to do over time.

1

THE PELVIC TILT

Helps strengthen your stomach, buttocks, and thigh muscles, as well as stretch your lower back muscles. This exercise flattens the back, then lets the back return to its natural curve.



1. Lie flat on your back on the floor with head resting on a small pillow. Bend knees and hips so both feet are flat on the floor.

Push lower back flat to the floor. Make sure your back is flat by trying to place your hand between your back and the floor. (When done correctly, your hand shouldn't fit.) Now tighten your stomach and buttock muscles.



2. Lift your hips from the floor and tilt your whole pelvis forward while keeping your back flat against the floor.

3. Hold for a count of 10. Slowly relax.



Repeat exercise 10 times.

Tip: Start by only going back to the 11:00 position and work up to going back to the 10:00 position.

2

REVERSE SIT-UPS

Many people have weak abdominal (“stomach”) muscles and tend to arch their backs while doing sit-ups. “Reverse” sit-ups strengthen the three groups of muscles that make the abdomen strong.



1. Sit on the floor in an upright position with knees bent. Lock hands together behind your head and hold your elbows out.



2. Tighten your stomach muscles and slowly lean back about 15 degrees, which is like going from 12 noon to 11 o'clock on a timepiece. Hold this position for a count of five (10 if you can).



3. Slowly lean back to the 10 o'clock position. Hold and count again.



4. Return slowly to an upright position.

Repeat exercise 10 times.

3

HAMSTRING STRETCHES

When hamstring muscles are shortened or tight, they interfere with bending. You can stretch them by doing the following exercise.

1. Lie on back with knees bent and feet flat. Extend right leg straight up, keep left knee bent.
2. Wrap hands or towel around right thigh. As you exhale, bring right leg closer to your chest.
3. Release and place both feet on the floor. Repeat, extending left leg.



Repeat exercise 5 times, one leg at a time.

4

LUMBAR STRETCHES

When lumbar muscles are tight, they become shortened and interfere with bending, twisting, and pelvic rotating. Keeping these muscles stretched also helps keep the natural curves of the spine in shape.



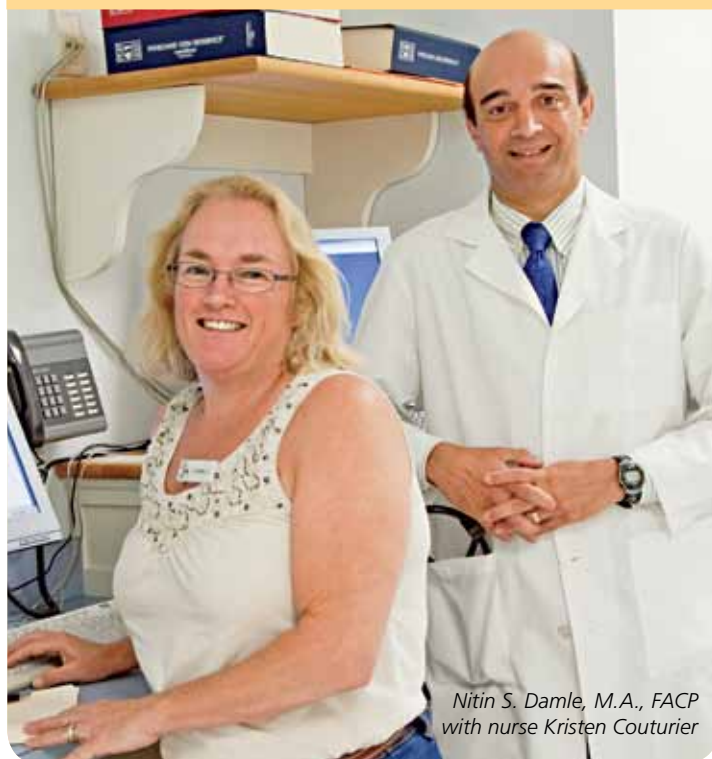
1. Lie flat on your back on the floor with your head on a small pillow. Bend your knees and slowly bring them toward your chest.
2. Reach your hand behind your thigh to help bend the knees. (Note: Pulling from the top of the knee isn't good for the knees.) Don't bounce.
3. Keep your head on the pillow and elevate your buttocks as high as possible off the floor. Your knees should be as close as possible to your chest. Hold this position for a count of 10. Then relax, but continue to hold onto your thighs.

Repeat exercise 10 times.

THE NEW HEALTHCARE

STRENGTHENING PRIMARY CARE

For the best healthcare, you need a doctor who knows you and your medical history. A doctor who you can call with a sudden health concern. Who can help you get the tests and treatments you need. Who will ensure that all of your other doctors and healthcare providers are working together. If you don't have a primary care physician (PCP), now's the best time to find one.



*Nitin S. Damle, M.D., FACP
with nurse Kristen Couturier*

WHY PCPS ARE SO IMPORTANT

PCPs are family physicians, general internists, general pediatricians, and geriatricians. According to the Institutes of Medicine, "Compelling evidence demonstrates better health outcomes and decreased healthcare costs when PCPs make up over 50 percent of a nation's physician supply."

Experts say that more primary care could save five million U.S. hospital admissions, reducing inpatient costs by about \$1.3 billion in a single year.

Nitin S. Damle, M.D., FACP, has been practicing internal medicine in Wakefield, Rhode Island for more than 20 years. He sees about 25 patients a day. "The day is structured around well visits, acute care [care for patients who are sick], and visits for patients with chronic, ongoing medical problems," he says.

His patients' conditions range literally from head to toe: strokes and heart attacks, various types of cancers, diabetes, hypertension, pneumonia, high cholesterol, digestive problems, kidney disease, Lyme disease, depression, sprains and strains, and many others.

"I think it's important for patients and families to have one physician to turn to when they are healthy or sick, from well care to end-of-life care," says Dr. Damle. "Illness can occur at any age, though it's more probable in later years."

One of his patients can attest to this. Several years ago, while on vacation in Aruba, David Chappell became lethargic and tired. As soon as he got home, he saw Dr. Damle, who diagnosed him with jaundice, hepatitis, and anemia. "You usually look yellow when you have jaundice, but I had been tanning, so it didn't present itself that way," he says. "I had to get a blood transfusion, I lost 15 pounds, and I was in the hospital for five or six days."

A few years later during a routine visit, David was diagnosed with diabetes. He's now working closely with Dr. Damle to manage his condition and ensure that his diabetes medicines don't affect his liver, which was left slightly weaker by the jaundice. (For more on David and Dr. Damle, please see page 32.)

A CRITICAL NEED

In the United States, fewer medical students have been choosing primary care—from 9,348 in 1998 to about 7,289 by 2005. With about \$145,000 to \$180,000 in student loan debt, more medical students are opting to become specialists with the potential to earn two to three times the salary of a primary care physician—and sometimes even more.

"I believe that new models like the patient-centered medical home will

result in better care and allow better compensation for the time we spend with our patients," says Dr. Damle. "This will also encourage more students to enter primary care."

A new way to care for patients, the patient-centered medical home is designed with a focus on improving overall health and moderating costs over the long-term. In this setting, you establish an ongoing relationship with a PCP who leads a team of other healthcare professionals in taking proactive steps to improve your health.



HOW BCBSRI IS SUPPORTING PRIMARY CARE IN RI



By working with PCPs to transition their practices to patient-centered medical homes, Blue Cross & Blue Shield of Rhode Island (BCBSRI) is rewarding quality care and supporting physicians with the tools they need to provide better and more comprehensive care for you.

By the end of this year, 166 physicians and 8,500 of our members will be part of new patient-centered medical homes we're helping to develop across the state. These patient-centered medical homes include Aquidneck Medical Associates, Anchor Medical Associates, and University Internal Medicine. Also, earlier this year, we began a partnership with the Rhode Island Primary Care Physicians Corporation (RIPCPC) to establish the largest and most comprehensive patient-centered medical home in Rhode Island over the next four years. The RIPCPC has about 162 physicians.

To increase the state's primary care, we're also:

- **Rewarding quality care.** As part of the patient-centered medical home approach, we're rewarding our PCPs for quality of care. This includes providing additional monthly payments for patients with complicated health concerns as well as additional annual compensation for meeting certain quality metrics. We're also paying more to PCPs who use electronic health records.

- **Reducing medical student loans.** Last year, in partnership with the Rhode Island Foundation and the Rhode Island Medical Society, we established the Loan Forgiveness Program, which provides \$20,000 a year toward medical student loans of PCPs who come to practice in Rhode Island.
- **Supporting Rhode Island Free Clinic.** This nonprofit organization provides free healthcare to those with no or limited access to such services. To encourage more PCPs to serve at the clinic, we donate \$1,000 to the clinic for every new physician who joins its network, up to \$50,000 per year. Since the program began in 2009, more than 100 new physicians have joined.

We recognize that primary care is a crucial part of comprehensive healthcare delivery. That's why we're working hard to strengthen primary care in Rhode Island with the goal of measurably improving your health and moderating your healthcare costs down the road.

Finding a PCP

To find a primary care physician, visit BCBSRI.com > **Provider Finder**. Search for the category that you want: Geriatrics, Family Practice, Internal Medicine, or Pediatrics.



THE IMPORTANCE OF EVIDENCE-BASED MEDICINE

If you're ever diagnosed with a serious medical condition, such as heart disease, you want to make sure you receive the best treatment available. But what is that? Is it medication and lifestyle changes alone? Having a stent put in? Having bypass surgery?

To help you make an informed decision, it's important to rely on evidence-based medicine (EBM). Using EBM means that you and your doctor decide on your treatment based on the most proven science available. Because when it comes to your health, you want what's been shown to work best.

WHAT EBM IS

Contrary to its name, EBM isn't just about evidence. It includes three parts:



1. The best research available. Generally, EBM guidelines are based on the analysis of multiple large, well-designed studies on the same topic.



2. The doctor's expertise. The doctor uses his or her experience and education, along with EBM guidelines, to make informed medical decisions.



3. The patient's values. As a patient, you share in the decision-making process about your medical care.

HOW EBM BENEFITS YOU

Better care—that's what EBM means for you. Numerous studies have shown that practicing EBM improves patients' health, reduces complications, and saves lives. Here's how to help ensure you get the best care possible:

- If you have a health condition, talk to your doctor about the various treatment options available and the evidence behind each one.
- Search for medical information from organizations that promote EBM, such as familydoctor.org. Take any questions to your doctor.
- Be involved in your own health—know your health history and your numbers (blood pressure, cholesterol, weight).

HOW EBM WORKS

In the past, doctors who practiced EBM typically had to evaluate research themselves, either searching through their own textbooks, at libraries, or online. Now, with the Web and electronic health records,

practicing EBM has become more convenient for doctors. There are large online databases that doctors can easily search for information on standard guidelines based on EBM. Also, if using electronic health records, a doctor can download

EBM templates that prompt him or her about certain tests and medications recommended for patients with a specific condition, such as heart disease.

HOW ONE DOCTOR PRACTICES EBM

Chris Campanile, M.D., of Hillside Family Medicine in Pawtucket, Rhode Island, says that his practice has made EBM part of their electronic health records system. “When I see patients with diabetes, there’s a template I use that automatically prompts me to make sure that they had an eye exam, that they had their LDL checked, or that they’re on certain medications,” says Dr. Campanile. “This is something that I believe strongly in, that you have to have these kinds of prompts to make sure everything gets done. Otherwise, one out of 10 things will get dropped.”

**WHAT DOCTORS THINK ABOUT EBM**

“There’s an art and a science to medicine,” says **David Gorelick, M.D.**, of Aquidneck Medical Associates, a patient-centered medical home with practices in Newport and Portsmouth, Rhode Island. “EBM is the science part. The doctor practicing medicine is the art.” (See page 11 for more information on patient-centered medical homes.)

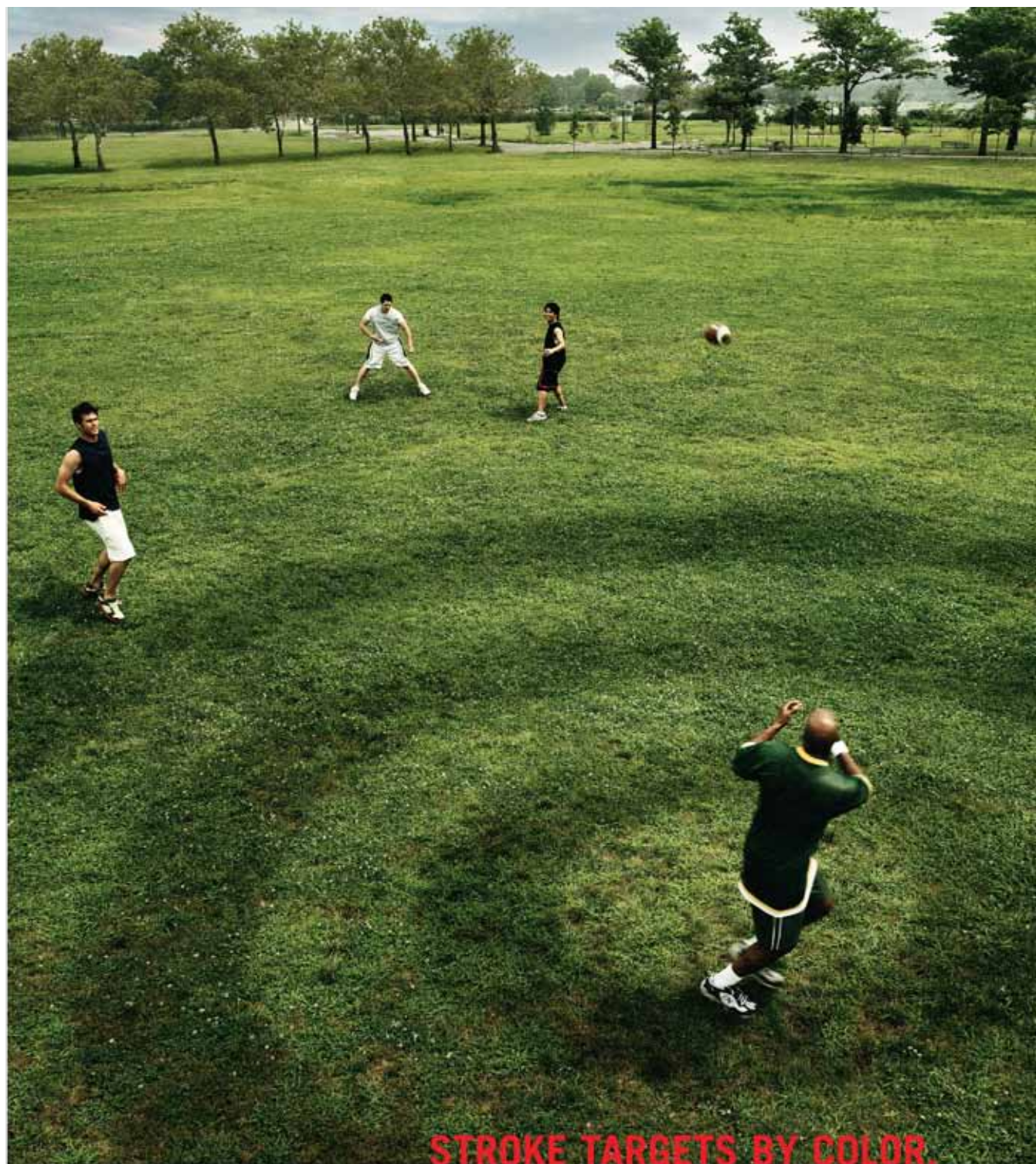
EBM is important because the evidence is always changing, says Dr. Gorelick. “Medicines are developed that the FDA says are safe. Medical authorities and advisory boards recommend the use of these medicines. But maybe over time we find out they aren’t as beneficial as we originally thought. That happened with post-menopausal hormones for women. So we have to shift.”

Dr. Campanile works with his colleagues to help them develop processes of care based on EBM.

“I’ve met with lots of doctors who say, ‘I know these procedures up and down, and I don’t need reminders about them,’” says Dr. Campanile. “I ask if I can do a spot audit on 30 charts, and invariably about 75 percent of the time they didn’t do everything they should have. It’s not because they didn’t know things—it’s because they were busy or something got lost or the patient hasn’t been in for 18 months.” He says that doctors are seeing the benefit of EBM because of the good scientific research behind it.

**WHAT BCBSRI IS DOING**

Blue Cross & Blue Shield of Rhode Island (BCBSRI) will be promoting EBM later this year by offering new EBM content to members through BCBSRI.com and making EBM patient information tools available to doctors. In the future, doctors will also be able to download the tools into their electronic health records. In all patient-centered medical homes supported by BCBSRI, doctors must practice EBM.



STROKE TARGETS BY COLOR.



American Heart
America's Heart
American Stroke
Association

POWER TO END STROKE.
You are the Power

Photographed by Sean Kennedy Santos

Know where you stand. The odds are African Americans are twice as likely to suffer a stroke as white Americans.

Beating the odds isn't about winning, it's about living.

You have the power to end stroke. 1-888-4-STROKE / StrokeAssociation.org



Photos by Al Weems

A Culture of Caring

Find out how Progreso Latino is helping increase access to healthcare services and education.

by Bill O'Connell

As we journey further into the 21st century, America still struggles to ensure everyone in the country receives equitable healthcare. Recent releases of the *National Healthcare Disparities Report* (NHDR) reveal significant differences in healthcare access and quality related to race and ethnicity. Consider this from the 2009 NHDR: The rate of new AIDS cases for Blacks in 2007 was nearly 10 times higher than for Whites. And this from the Office of Minority Health: Hispanics are twice as likely to die from viral hepatitis as compared to Whites. Statistics like these are easy to find.

A wide range of causes combine to make this a complex problem. Lack of health insurance, lower incomes, language barriers, cultural differences, and discrimination are just a few. Across the country, organizations large and small are working to correct the problem, or at least alleviate it. Progreso Latino in Central Falls, Rhode Island, is one of those organizations.

Reaching out

Progreso Latino is a multicultural social service agency that serves a diverse Latino population, as well as immigrants and refugees of other European, African, and Asian nationalities. In addition to providing a wide range of social, immigration, and educational services, Progreso Latino operates a wellness center to help improve the health of underserved individuals in its

community. One strategy the wellness center has used successfully is to team up with local healthcare organizations such as Blue Cross & Blue Shield of Rhode Island, Lifespan, and Women & Infants Hospital to conduct health fairs.

"We have done some amazing health fairs that attracted hundreds of people," says Vinnie Velazquez, Wellness Consultant for Progreso Latino. Through the fairs, they have screened people for high cholesterol, diabetes, high blood pressure, and prostate cancer; provided flu and hepatitis vaccinations; and offered HIV testing and eye exams. It's clear Progreso Latino is a vital lifeline to health services that the community might not be able to get elsewhere.

A personal touch

In addition to assisting at the health fairs, the wellness center staff members perform a number of other valuable services, such as helping community members apply for medical insurance and obtain free or low-cost medical services. They provide health education, gather health information, make referrals, and translate when necessary. They help people with diabetes monitor their condition, and even give community members a hand putting questions together in preparation for a doctor's visit. This is particularly helpful when language or health literacy is an issue.

Spreading the word

Just as important as providing health services is creating awareness that the services are available. Vinnie says preventive healthcare like the type Progreso Latino helps provide is a foreign concept for many Latinos. It's not commonly practiced in their homelands and is something they need to be educated about. Too often, they treat health problems with home remedies and wait too long to get care. So Vinnie and the wellness center staff work hard to get the word out.

"Community outreach is the heart and soul of this program," Vinnie says. "We've done press releases, we've done e-mail blasts. We've talked to business owners and taken flyers into businesses. They'll say to us, 'I didn't know you guys have free screenings. I don't have insurance. My mother has this, my uncle has that.' It's amazing. It's a whole trickle-down effect that gets a lot of people coming in."

Making a difference

One person who came in was a man Vinnie refers to as "Juan." Juan attended



Much deserved support

To help Progreso Latino continue its good work in the community, Blue Cross & Blue Shield of Rhode Island awarded the organization a BlueAngel Community Health Grant in 2010. Grant recipients must strive to maintain or increase access to healthcare for the uninsured and underinsured in Rhode Island, with a particular focus on minority populations.

a Progreso Latino health fair for men and was tested for HIV. The test came back positive. Back in 1998, Vinnie says, Juan tested positive for gonorrhea, a risk factor for HIV. When Vinnie asked him why he had waited so long to get tested for HIV, he said he didn't have insurance and he didn't know where to call or who to ask.

"The doctor said he probably had been HIV positive for about 10 years," Vinnie says, "which means that he possibly infected other people without knowing it."

Progreso Latino helped Juan get the proper care and provided him with much needed emotional support. In the future, Vinnie hopes the wellness center can reach people like Juan sooner so that they can take preventive action. The center strives to provide as many people as possible with the opportunity to get the health information and care they need. In the long run, committed community-based efforts like theirs will help make for a healthier America. ■

HOW TO FIND HELP

To obtain appropriate healthcare, it's important to take an active role in the process. This can be a challenge, however, if culture, language, or cost is an issue. The tips below can help.

Find a provider – Having a regular healthcare provider significantly improves your chances for better health. If you're worried about costs, look for federally funded health centers in your area. (You can visit findahealthcenter.hrsa.gov.) Also, talk to potential providers about what assistance may be available, and contact your local department of health for help. Your local community hospital may be helpful as well.

Search for a match – Select a provider who's familiar with your culture and provides a translator if necessary. When receiving care, express any concerns you have about treatments the provider prescribes.

Embrace prevention – Make sure you and your family get appropriate health screenings and learn as much as you can about living a healthy lifestyle, like eating well and staying active.


- Recommended age range
- Catch-up immunizations



⁵ Two types of HPV vaccines exist, HPV2 and HPV4. HPV4 may be administered on a three-dose schedule to males aged 9 to 18 to reduce their likelihood of acquiring genital warts.

A SCREENING AND IMMUNIZATION SCHEDULE

Recommended age range
 Catch-up immunizations

Adults	20 years	25 years	30 years	35 years	40 years	45 years	50 years	55 years	60 years	65 years	70 years	75 years	80 years
CANCER SCREENINGS													
Pap Smear ⁶	Every two years from age 21 until age 65. Women aged 30 and over may have the test every three years if they've had three normal Pap smears in a row. (Include chlamydia screening for sexually active females up to age 25.)												
Mammography ⁶							At least once every other year between ages 50 and 74. Women aged 40 to 49 and women older than age 75 should talk to their doctors about whether screening is appropriate.						
Colorectal Screening							Begin at age 50 and continue until age 75. Discuss best method for testing with your doctor.						
EXAMS/TESTS													
Blood Pressure	Every two years if previously normal without medication (Normal= <120 over <80)												
Cholesterol Test (total and HDL)	Begin routine screening for men at age 35. Men and women with risk factors for heart disease should be screened starting at age 20.												
Osteoporosis ⁶									Begin routine screening for women at age 65. Women at increased risk for osteoporotic fractures should begin screening at age 60.				
IMMUNIZATIONS													
Pneumococcal	Once ⁷												
Tetanus/Diphtheria/Pertussis (Td/Tdap)	Every 10 years. Tdap should replace a single dose of Td for adults aged 19 to 64 who have not received a dose of Tdap previously.												
Influenza (Flu)	Every year starting at age 50. Also recommended for high-risk individuals at any age, including people who smoke or have asthma or other chronic conditions.												
Herpes Zoster <i>Shingles</i>									Once, for those aged 60 and older				
Human Papillomavirus (HPV) ⁶	Up until age 26 if not previously immunized (3-dose series)												
Varicella <i>Chickenpox</i>	Once, for people aged 20-30, if not previously immunized or have not had chickenpox (2-dose series)												
HEALTH GUIDANCE													
Smoking, alcohol and drugs, physical abuse and family violence, physical activity, nutrition, obesity, injuries (motor vehicle, household, and recreational), HIV/STD, family planning								Periodically					

⁶ Tests for women.

⁷ If pneumococcal vaccine is received prior to age 65 and more than five years have passed since the previous dose, a revaccination is recommended after age 65.

Sources: Centers for Disease Control and Prevention, Agency for Healthcare Research and Quality, Rhode Island Department of Health, and U.S. Preventive Services Task Force

If you think you or a family member may not have received immunizations listed in this chart, consult the appropriate healthcare provider for catch-up immunizations.

These guidelines are for people with no current medical conditions, related family history, or other risk factors. If you have such factors, you may need additional services.

Please cut here and keep for your records.



By Peter Hollmann, M.D.

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

Dear Dr. Hollmann,

I've worked in pediatrics for a year and a half and I'm sick all the time. I take vitamins and exercise when I can. I also take elderberry with zinc twice a day and wash my hands until they are as dry as the desert. I like what I do, but I'm not sure it's worth it when I'm sick all the time. Do you have any suggestions about what else I can do to prevent illness?

One of my favorite teachers was a pediatric infectious diseases specialist. While, sadly, I probably have forgotten a lot that he taught us, I do remember him talking about the effects of starting an internship in pediatrics. He explained how you'd be sick a lot until you built up immunity to the local viruses. Then, once you were doing well, your residency would be over and off you'd go to the next patient community, where it started all over again.

I don't think there are a lot of studies on all this, but the fact is that doctors,

nurses, and healthcare professionals are not sick all the time. Even moms aren't. We are all frequently exposed to most of the common causes of infection, and sometimes we get sick, and sometimes we don't. This simple fact remains one of the largest mysteries in medicine.

One of the keys to staying healthy as a healthcare worker is following good infection control practices. Most of the acute illnesses in a pediatrics office are viral. Good hand-washing can protect you against some (but not all) of those bugs. Taking precautions like handling diapers and blood with care, using gloves, etc., helps and, in some cases, is essential. Masks are sometimes worn by patients and healthcare workers as a safeguard, as they were during the recent flu epidemic. Unfortunately, the good old cold virus is tough to kill and, for some airborne viruses, there is not a lot known about how effective masks truly are.

Also important to maintaining good health (wherever you work) is taking proper care of yourself. People who are fit, well rested, do not smoke, and get plenty of good nutrition are less likely to get sick. When they do get sick, they do better. It's important to note that if you're eating a well-balanced diet, vitamins are not likely to help, and elderberry with zinc will probably not make a difference.

Now, if you dramatically reduce your exposure to the public by taking another job, you will probably reduce your risk of viral illness some. But I bet people who work in all kinds of settings can tell you about customers or coworkers who pass along bugs. My guess is that you will stop getting sick all the time. In the meantime, a moisturizer or hand cleaner with moisturizer may help reduce the dryness in your hands.

Dear Dr. Hollmann,

For a few months, I've been experiencing discomfort in one ankle and in the heel of the foot on the same side. I haven't aggravated it at all (that I'm aware of), so I'm wondering what might have brought it on. It's not a constant shooting pain, but more of a dull ache and discomfort when I walk. I'm wondering if I should get it checked by a doctor.

Since the problem has persisted for a few months and is causing limitations, seeing a doctor would be wise. It sounds like you have a pretty minor problem

involving tendon or ligament strain. For example, you could have plantar fasciitis, an inflammation of the broad fibrous band that runs along the arch of the foot and connects at the heel. This may have caused you to alter the way you walk, thus straining your ankle. An injury to these structures is not always a memorable event, like a major ankle twist with swelling and bruising. Yet, the discomfort can be more vexing and prolonged.

Your doctor will also consider conditions like nerve compression or a stress fracture based upon your history and an examination. If the joint looks swollen, arthritis could be a cause as well. There are too many possibilities to comment further in a useful manner. An exam is likely to narrow down the possibilities. ■



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


500 Exchange Street
Providence, RI 02903



Back to Life

Learn how one woman rebuilt her life after decades of substance abuse—and how she's encouraging others to do the same.

by Bill O'Connell



Carolann Livingstone remembers taking her first drink when she was 8 years old.

“My father owned a neighborhood bar and I started drinking on the sly,” Carolann says. “And whenever they had parties at the house, I always wanted to play the waitress because I got to bring the half-empty glasses back to my father, which I drained on the way there.”

Some 40 years later, she found herself dropping off her 4-year-old son at his grandmother’s house, knowing full well that she wasn’t going to return because, as she says, “crack was more important to me than my own son.” The road that led her from that first sip of alcohol to a devastating drug problem was littered with years of substance use. Alcohol progressed to marijuana and hallucinogens and, eventually, to an addiction to crack that nearly killed her.

“It took me to places I never thought I’d go. Sleeping outside, living on the street. Doing things I never imagined I’d ever do,” she says. “I was sleeping under a bush in a playground in [the Providence, Rhode Island neighborhood of] Fox Point. My addiction took me there.”

Dark before the light

After leaving her son, Carolann fell deep into drug use. Then, for reasons she’s still not quite sure about, she made a life-changing choice: She decided to go for help at The Providence Center, a community behavioral healthcare organization in Providence.

“I don’t know how it happened,” she says. “I was so desperate one day, I just showed up there.”

The Providence Center offered her a spot in their Short-term Substance Abuse Residential Treatment Program. Still, she wasn’t sure. When she told her adult son about the opening, he gave her the push she needed.

“I told my oldest boy, ‘They’re offering me this bed. They think I’m an addict, blah, blah, blah,’” she says. “This was September. It was starting to get cold. He said, ‘Ma, why don’t you just go in there and play along.’”

A “moment of clarity”

Carolann took her son’s advice and “played along.” She admits that she didn’t buy into the program at the start. Although she would say she was an

addict, she didn’t believe it. Then, during a group session about three weeks into the program, something clicked.

“I said it, and I realized—I started to cry,” she says. “I looked at the facilitator of the group and I said, ‘I’m a drug addict.’ She kind of laughed and said, ‘Yeah, you are.’”

“In the program, they call it your ‘moment of clarity,’” Carolann says. “It came to me that I was an addict and I didn’t know what the hell I was doing or how to make myself better, so I should listen to these people because they might know what they’re talking about.”

Carolann did listen, and she worked hard to change her behaviors and to understand what was driving her drug use. Along the way, she learned that she was suffering from major depression, borderline personality disorder, and obsessive-compulsive disorder. That’s not surprising. Mental disorders and substance abuse often go hand in hand.

She attended classes, underwent therapy, and learned valuable coping skills. With The Providence Center’s help, she also enrolled in college. Today, she is in her seventh year of recovery, and is a recent graduate of Rhode Island College. She received a B.S. in Chemical Dependency and Addiction Studies and a B.A. in Counseling Psychology last May. Now, she hopes to get her master’s degree.

“After the fact, my son told me he would’ve said anything to get me into that program.”

Road to recovery

Carolann’s journey to The Providence Center and beyond took her through many of the stages of change (see “Understanding the stages of change” on the next page) described by Sharon Morello, Director of Intermediate and Residential Services at The Providence Center, when she spoke about the recovery process. Sharon has worked in addiction medicine for nearly 25 years.

“We are always trying to move clients and patients through the stages of change,” Sharon explains. “A good therapist will recognize where a person is in the stages of change, and help move them to an action phase while they’re in treatment.”

When it comes to treatment, there are many options. Which is best depends on the person, his or her problem, and where he or she is in the continuum of change. Typically, behavioral therapy, medication, or some combination of the two is used. Treatment settings include inpatient, outpatient, and residential. Oftentimes, self-help groups and

peer support can be very beneficial. In every case, education is an essential component of the recovery process.

"It's really about giving people options on how to change their behavior cognitively," Sharon says. "We're always thinking about 'What are the behaviors that I am doing?' and 'Why do I want to change them?' We use cognitive behavioral therapy, which is an evidence-based practice, to really help people make those behavioral changes."

As in Carolann's case, the patient doesn't necessarily have to be 100 percent behind the idea of treatment at the outset for it to work. Sometimes a push from a family member, employer, or the criminal justice system can start the engine of recovery. The key for family and friends is to get past the stigma that is so often attached to substance abuse and intervene as early as possible, preferably before the problem gets worse and is more difficult to treat.

"A lot of people have external motivators to bring them into treatment, and there's nothing wrong with that," Sharon says. "If we can treat things early, we have a better chance."

Anyone can do it

While she was in treatment, Carolann contacted her younger son to apologize. It was a very painful experience, but when the pain finally eased, she realized the important lesson she had learned.

"That was the first experience I had where I realized I didn't have to get high to make that feeling go away," Carolann says. "So the next time something bad happened, something hard or painful, I could look back and say, 'You know when I made that phone call and I cried all that time and it hurt really bad, it eventually went away, so this will probably go away too.'"

Carolann reunited with her son, and now lives with him, her adult daughter, and her grandson. Her message to others who want to rebuild their lives after addiction inspires hope. She encourages them to "love themselves" and understand that they are not bad people. They have an illness that they are not treating properly.

"Anyone can do what I did," she says. "I'm not just some special person. I just got sick of being a drug addict and living that awful life." ■

Where to turn

Carolann's substance abuse problem was severe and lasted for years. If you suspect you may have a substance abuse problem, seek help as early as possible. September is National Alcohol and Drug Addiction Recovery Month—visit recoverymonth.gov to find resources and events in your area.

Understanding the stages of change

Determining where a person is in the stages of change is important when trying to help him or her deal with substance abuse or addiction.

Precontemplation – The person is not ready for change and may be in denial or be demoralized. Advice probably will be rejected. However, offering the person basic information about the benefits of changing may help them progress to the next stage.

Contemplation – The person recognizes change is necessary and is thinking about it, but may be conflicted. Encouragement and guidance may move the individual closer to action.

Preparation – The person is planning to change soon and may have taken some steps to modify his or her behavior. This individual may appreciate help with creating an action plan.

Action – The person is actively changing his or her behavior. Ongoing support and empathy can help the individual continue to progress.

Maintenance – The person is trying to sustain change that has lasted at least six months. Again, ongoing support is important, as is help to identify ways to avoid tempting situations.

Relapse – This can happen at any point. The key is to help the person understand this is a normal part of the process and to get him or her to return for treatment. Relapse is not a stage—it is regression to an earlier stage. The most serious mistake the person can make is to give up on their ability to change. Let them know you aren't going to give up on their ability to change.

Source: James O. Prochaska, John Norcross, and Carlo DiClemente. *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. Harper Paperbacks, 1995. Used with permission.





THE ART OF DE-STRESSING

Go from chaos to calm by engaging in creative pursuits—from knitting to dancing to painting.

by Linda Formichelli



Kids have it right: To blow off steam, they finger paint, dance, sing, and draw. But when grown-ups need to de-stress, we often forgo creative pursuits. But dabbling in the arts is a fun, long-lasting way to combat stress—and even to head it off before it happens.

THE ZEN OF ART

One of the hallmarks of creativity is a state of consciousness called “flow,” according to Robyn McKay, Ph.D., a therapist and creativity researcher in Tempe, Arizona. Flow helps you relax—it’s what happens when your skills are engaged in a task that’s challenging but not so difficult as to be frustrating. This may be writing a short story or cross-stitching a picture. “Flow is an optimal experience,” explains McKay. “It’s characterized by being in the zone and a sense of timelessness. There is a lack of self-consciousness, and you become really absorbed in the activity.” McKay says that there is less activity in the brain when you’re in a state of flow, so your mind actually gets a much needed rest from the stresses of the day.

Somewhat related to flow is mindfulness, a focused attention on what you’re doing moment by moment, whether it’s doing the dishes or photographing a sunset. Mindfulness has the same stress-relieving benefits as meditation, and engaging in art is a wonderful way to practice it. “When we focus our attention through creative activities—or in meditation—we see a decrease in heart rate, a decrease in respiration, and even, over time, a decrease in stress hormones,” says McKay.

SWITCH IT UP

Engaging in art can also help you work through problems that are stressing you out by giving your logical left brain a break and turning the issue over to the more intuitive and creative right brain. “Art forms tend to open up the right side of the brain, which allows for a more unconscious release of emotions and energy,” says Erik A. Fisher, Ph.D.,

a psychologist in Georgia and author of *The Art of Managing Everyday Conflict: Understanding Emotions and Power Struggles*. “When we switch things up by using the right brain instead of the left brain, that sometimes is a way to work out stress.”

According to McKay, tackling a new, creative task not only gives your right brain a chance to shine, it also gives your brain a chance to think about something other than your stressors. For example, if you spend all day dealing with angry clients as a customer service rep, engaging in an art form like playing the piano in your spare time gives your mind something new and refreshing to mull over besides work. Even people with creative jobs can benefit from this. For instance, McKay might suggest that a professional writer “cross train” by painting in her spare time.

GET YOUR ART ON

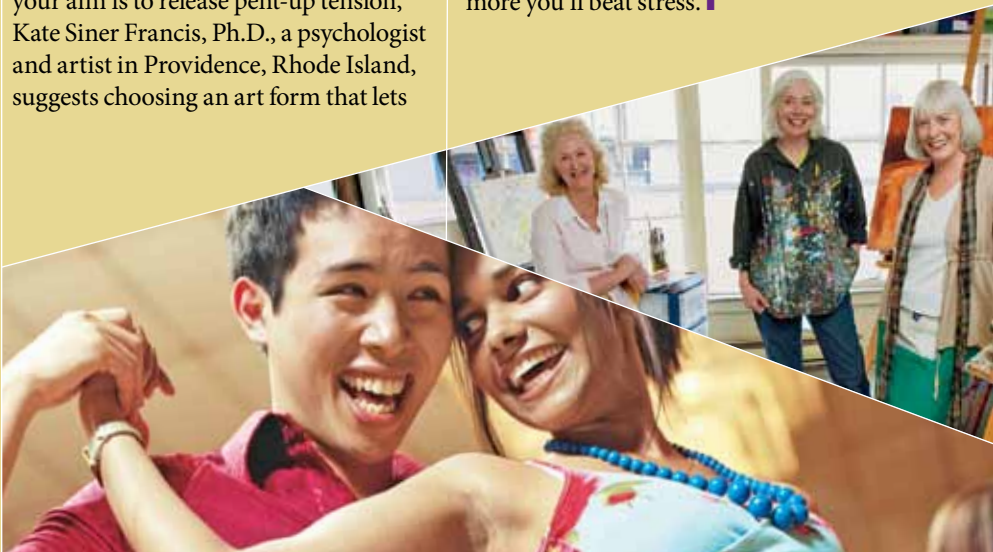
Want to get started with a creative pursuit? Anything that catches your fancy will do: Consider dance, painting, drawing, photography, writing, sculpting, knitting, or playing music. If your aim is to release pent-up tension, Kate Siner Francis, Ph.D., a psychologist and artist in Providence, Rhode Island, suggests choosing an art form that lets

you be physical. For example, opt for a fast dance style, make a giant sculpture instead of a tiny one, and rather than painting small watercolors, get a large canvas so you can move around and splash on color.

If you’re not sure how to get started with your chosen art form, consider learning from the pros. Lessons are available in all price ranges, from Chinese brush painting classes at the local adult education center (cheap) to private instruction from a professional artist (not so cheap). Check the Internet and your local Yellow Pages to see what’s available near you.

Art is a great way to keep free-floating, everyday stress at bay, but it’s also useful for banishing acute stress, say if you’re worried about giving a presentation at work. Fisher recommends using whatever creative pursuit you choose to work out your feelings on the issue. For example, if you’re painting, you can make expressive strokes and choose colors and shapes that reflect how you feel about the situation. If you’re dancing, you can act out your feelings with your movements. On the other hand, says Fisher, you can also use your art to create an escape from the stressor: Paint a calming landscape or dance to soothing classical music.

Finally, don’t let a fear of failure keep you from trying out a new art hobby. “No pressure, that’s the number one thing,” says Siner Francis. “People often think that if they are going to do something, it has to come out right. Just allow it to be and know that it is a process and that you’ll grow if you do it.” The more you practice, the better you’ll get—and the more you’ll beat stress. ■



FALL FOR Cranberries

by Beth Adamo

Enjoy the season with four healthy and delicious recipes.

|||||

One of only three fruits native to North America, cranberries are a traditional Thanksgiving treat. But with so many delicious ways to eat them, cranberries aren't just for holidays anymore. Enjoy their distinctively tart flavor (and get your vitamin C, fiber, and other nutrients!) with four new recipes.

|||||

Photos by Patrick O'Connor





Roasted Butternut Squash with Cranberries

6 servings

1 medium butternut squash, peeled and cubed
1 apple, chopped
½ cup cranberries, fresh or frozen
2 Tbsp. extra-virgin olive oil
1 Tbsp. brown sugar
Pinch of salt and pepper

Preheat oven to 375 degrees.

In a large mixing bowl, combine all ingredients until squash and fruit are covered. Place in a 13"x 9" baking dish and cover with foil.

Bake for 30 minutes. Remove foil and roast for another 10-15 minutes or until done.



Quinoa Cranberry Pilaf

4 servings

½ medium onion, chopped
1 tsp. extra-virgin olive oil
1 cup dry quinoa, rinsed
1 cup water
1 cup chicken broth
½ cup dried cranberries
2 Tbsp. fresh parsley, chopped
½ cup slivered almonds or sunflower seeds, toasted

In a medium pot over medium heat, sauté onion in the oil until translucent, 3-5 minutes. Stir in the quinoa and cook for 1-2 minutes more. Add water and broth and bring to a boil.

Cover pot and simmer for 15-20 minutes. Turn off heat.

Add cranberries, parsley, and almonds (do not stir in yet) and replace cover. Let sit for 5 minutes, then gently combine all ingredients.



Whole-grain Cranberry Pancakes

4 servings

1 cup white whole-wheat flour
2 Tbsp. flax meal
2 tsp. baking powder
1 Tbsp. sugar
¼ tsp. salt
1 egg, beaten
2 Tbsp. safflower oil (or other light cooking oil)
1¼ cup low-fat milk
1 cup cranberries, fresh or frozen, coarsely chopped
100% real maple syrup for serving

In a large bowl, combine flour, flax meal, baking powder, sugar, and salt. Set aside. In medium bowl, whisk the egg with oil and milk. Add to dry mixture along with cranberries and stir until just combined.

Heat up large skillet or griddle to medium and lightly grease. Place about ¼ cup of batter for each pancake and cook until golden brown, 2-3 minutes, then flip to cook other side. Keep warm until ready to serve.



Get 'em while you can...

Unlike sweet summer berries like strawberries, blueberries, and raspberries, cranberries are harvested in the fall. Stock up now while they're in season. Cranberries can be stored in the refrigerator, unopened in the original bag, for up to two months or up to a year in the freezer. (Do not wash them before freezing.) To use frozen cranberries, simply rinse and sort them in cold water, removing any berries that are brown or soft; no thawing is necessary.



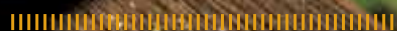


Visit

choices

at BCBSRI.com

for a healthy and refreshing smoothie recipe.



Spinach Salad with Cranberry Vinaigrette

4 servings

For vinaigrette:

1 cup cranberry juice
½ cup cranberries, fresh
or frozen
1 tsp. onion, minced
1 Tbsp. extra-virgin olive oil
1 Tbsp. red wine vinegar
1 tsp. honey
Salt and pepper to taste

For salad:

10-oz bag baby spinach
1 apple, cored and diced
½ cup walnuts, toasted
and cooled
½ cup dried cranberries
2 Tbsp. crumbled feta,
goat, or blue cheese
(optional)

In a small saucepan, combine cranberry juice, cranberries, and onion. Cook over medium heat for about 5 minutes, until berries pop. Let cool slightly.

Place in blender with remaining vinaigrette ingredients and blend until smooth. Chill in the refrigerator until ready to serve.

Place salad ingredients in a serving bowl and serve or toss with the vinaigrette.

Causes of Male Infertility

It's estimated that between 10 and 15 percent of opposite-sex couples have fertility issues, and male infertility is a factor in almost half of all cases. Specific causes include abnormal or impaired sperm production, function, or delivery, as well as health, lifestyle, and environmental factors, such as:

- » Health problems such as mumps, serious conditions like kidney disease, or hormone problems
- » Radiation treatment and chemotherapy for cancer
- » Environmental toxins, including pesticides and lead
- » Age, as infertility increases after age 35
- » Being overweight or underweight
- » Drug and tobacco use
- » Excessive stress
- » Some medicines
- » Heavy alcohol use

Talk to your doctor or another medical professional about any specific questions or issues related to fertility.



Fast Breakfast Ideas

Some people barely have time to get ready in the morning and run out the door without giving breakfast a second thought. Sound familiar?

Breakfast really is the most important meal of the day, but many fast options are loaded with processed sugars, carbs, and fat. Here are three ways to squeeze a quick, well-balanced breakfast into your morning routine:

1. Prepare a large fruit salad and divide it into smaller containers to take each day. Add low-fat granola or nuts for some crunch.
2. Make breakfast parfaits with non-fat yogurt and your favorite fruit mixed in. Or blend the two together for a great smoothie to go!
3. Spread peanut butter on whole-grain or wheat toast, and sprinkle it with raisins or cranberries.

Pump Some “Iron”

Anemia affects more than three million people in the United States. People with anemia have low red blood cell counts or don't have enough hemoglobin in their blood. Hemoglobin is a protein that gives blood its red color and carries oxygen from the lungs throughout the body, allowing the organs to function.

The most common cause of anemia is a lack of iron. Women, especially those of childbearing age or who are pregnant, are at a very high risk for having or developing anemia. To help prevent anemia:

- » **Eat more iron-rich foods**, such as beans and lentils, leafy green vegetables, lean red meat, fish, and dried fruits such as prunes and raisins.
- » **Eat and drink foods that help absorb iron**, like strawberries, broccoli, and orange juice.
- » **Take an iron supplement**, but only after talking to your doctor.



A Real Eye-Opener

Got dry eyes? Are you going through menopause? You might not realize it, but the two may be connected. Nearly two-thirds of women experiencing menopause also suffer from symptoms of dry eyes, including redness, blurry vision, itching and irritation, sore and tired eyes, and a dry, “gritty” sensation.

Hormonal changes during menopause have been linked to reduced tear production, which can cause dry eyes. If left untreated, this condition can impair your vision. If your symptoms are severe and traditional over-the-counter treatments (such as saltwater eye drops or artificial tears) haven't worked, see a doctor to discuss other treatments.



These tips may also help:

- » Get more sleep to rest your eyes.
- » Blink often.
- » Stay hydrated.
- » Be careful with contact lenses.
- » Avoid irritants and pollution.

Unplug Bedroom TVs

If you want your child to live a healthier lifestyle and perform better in school, you might want to remove the TV from his or her bedroom. A 2008 University of Minnesota study compared teens who had a TV in their room to those who did not and found:



- » Teens with a bedroom TV watched four to five-and-a-half more hours of TV each week, had poorer eating habits, studied or read less, and ate fewer family meals.
- » Teen girls with a bedroom TV spent less time in vigorous activity each week.
- » Teen boys with a bedroom TV had a lower grade point average.

The best approach: Don't allow the TV in the first place. If it's too late, be firm when you go to take it out. Explain to your child that you're making the change because you care about his or her health and well-being.

Heads Up

Did you know your baby's head could develop a flat spot if he or she spends too much time in one position? Follow these tips to help prevent that from happening:



When sleeping – Alternate the way your baby's face is pointing at bedtime. Another option is to regularly switch the end of the crib where you place the baby's head. Remember, though, to always put your baby on his or her back to sleep as this reduces the possibility of sudden infant death syndrome.

When awake – Let your baby enjoy supervised play time on his or her tummy and back. Don't let your baby rack up too much time in an infant seat, swing, or bouncer. Also, alternate sides when breastfeeding or bottle feeding.

If your baby does develop a flat spot on his or her head, talk to your pediatrician. This condition is usually harmless and easy to treat.

Avoid Air Pollution

If you have asthma or chronic obstructive pulmonary disease, it's important to make sure that your appliances aren't polluting the air in your home.

According to the Environmental Protection Agency, appliances that use natural or LP (propane or butane) gas, fuel oil, kerosene, wood, or coal can produce particles that pose a health threat. Examples of these appliances include kerosene heaters, fireplaces, wood stoves, and air conditioners. The EPA recommends taking these steps to protect your indoor air quality:



- » Have your furnace, heating, and air conditioning units professionally inspected and cleaned annually.
- » Repair any leaks from your appliances properly or call a professional to assist you.
- » Vent all furnaces and fuel-burning heaters to the outdoors.
- » Change filters regularly, and follow the manufacturer's maintenance instructions.

5 Ways to Stretch Your Produce Budget

Get more fruits and vegetables for less money with these tips from the Centers for Disease Control and Prevention:

1. Buy produce in season. Shop at farmers' markets or at your local grocery store.
2. Cut your fruits and vegetables at home. Pre-cut produce can cost much more than whole fruits and vegetables.
3. Keep it simple. Buy dried beans, peas, and lentils in their raw or uncooked form instead of the processed and packaged versions.
4. Buy frozen fruits and vegetables in large bags. Avoid those with added sugar, salt, or sauce.
5. Minimize waste by buying only the amounts your family will eat.

For more tips, visit www.fruitsandveggiesmorematters.gov.

X-rays vs. CT Scans

X-rays and CT scans (computerized tomography, also called CAT scans) are two of the most common diagnostic imaging tests performed today. Both tests give doctors a view inside your body that helps them make a diagnosis without having to perform more invasive procedures.

But when is one more appropriate than the other? And what are the risks? Here's a side-by-side look at plain X-rays and CT scans to help you understand the differences.

	Plain X-ray	CT Scan
What is it?	A high-energy radiation wave that produces a 2-D image of the target area. Structures that are dense (such as bone) will block most of the X-ray particles, and will appear white. Structures containing air will be black, and muscle, fat, and fluid will appear as shades of gray.	Combines a series of X-rays to produce a more detailed view of the target area or to better see certain types of tissues. Specialized computers create standard 2-D images and can be used to produce a 3-D image. Often used together with injected and/or oral contrast dyes (which highlight specific parts of the body).
When is it used?	It is the standard test used to see bones and teeth, as well as the first test used for certain diseases of the lungs (pneumonia, lung cancer, heart failure) and the abdomen (intestinal blockage).	It is mainly used for imaging of soft tissues such as the brain, liver, and blood vessels. Also used to diagnose internal injuries or bleeding from a car accident or other type of trauma.
What are the risks?	In general, X-rays are relatively safe, and the radiation exposure is relatively low. The amount of absorbed radiation depends upon the type of X-ray test and the body part involved.	CT scans involve much higher doses of radiation than plain X-rays—as much as 500 times that of a conventional X-ray—which increases the risk of developing cancer. Talk to your doctor about the necessity of having a CT scan and whether the benefits outweigh the risks.

Two more commonly used tests



Ultrasound uses high-frequency sound waves to create images of organs and systems within the body.



An MRI (magnetic resonance imaging) uses powerful magnets and radio waves to take pictures of the inside of the body.

8 Questions to Ask About Your Medications

About 30 to 50 percent of people don't use medications as directed, and confusion is often the reason. However, getting all your questions answered helps ensure that you'll take medications correctly. Ask your doctor or pharmacist these eight questions about any medication you're taking or are prescribed:

1. What is the medicine's name and dosage?

2. Why am I taking this medication?

3. Will this medicine interact with other medications or over-the-counter drugs that I'm taking?

4. Is there a generic equivalent or over-the-counter alternative available?

5. Should I take this on an empty stomach or with food?

6. What foods or drinks should I avoid while taking this medication?

7. How much should I take, when should I take it, and for how long?

8. Are there problems/side effects that I should watch for?



HARDWARE



Photo by Ronald Cowie

David Chappell Wakefield, Rhode Island

As the owner of Damon's hardware store in Wakefield, David Chappell needs lots of energy for the long, busy days he keeps to serve his customers. About six years ago, David was diagnosed with diabetes and has been trying to take better care of his health ever since. He recently started a walking program, and has been trying to improve his diet. These efforts, along with care from his primary care physician, Nitin S. Damle, M.D., have been keeping his blood sugar in check.

Can you describe how difficult it's been to change your lifestyle?

"I can be stubborn—I don't like to change much. Dr. Damle has been on me for probably two years. And it's been, 'I'll get to it; I'll get to it.' So I would say that it was a challenge at first."

What made you finally decide to start exercising and eating better?

"It was at the point where I would be on a fourth medicine. That was when I started to change my diet and exercise at Dr. Damle's urging. It's had a dramatic effect on my blood sugar. You reach a point where you know you're not getting any younger. At 63, I want to maintain a healthy life. In a few years, I want to retire, and my wife wants to travel all over. I need to be healthy because she said she's not going to wheel me through any airports."

When do you fit in walking?

"I walk every morning for about 20 minutes and business permitting, I'll walk again in the afternoon."

Nitin S. Damle M.D., FACP Internist, Wakefield, Rhode Island

Dr. Damle has been in private practice since 1988. He is a graduate of the University of Michigan and of the medical school at Wayne State University. Dr. Damle completed his medical training at Brown University Affiliated Hospitals. He is the Governor of the Rhode Island Chapter of the American College of Physicians and the Vice President of the Rhode Island Medical Society. He says, "I think there are very few professions where you can help people with what's most important to them—that is, their health. It's building that relationship so that when they need us most, they know they can trust us."



Photo by Al Weems

Please see page 10 for more information on David Chappell and Dr. Damle, and on the importance of having a primary care physician.



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