Helping you make the most of your healthcare

FINAL ISSUE
See First Choice on p.2

7 new reasons to think thin

Prescription drugs: An Rx for savings

Make the most out of oats

Get a snapshot of your health

Brrring It On!
How to brave the cold and stay active this winter
Be Healthy    Be Blue
Be You

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## SPECIAL SECTION!

### The New Healthcare

- 9 Searching for a Cure for Rising Drug Costs Find out how drug formularies are helping to moderate drug costs.
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- 14 Spotlight on Healthcare Reform Here’s a breakdown of what’s happened so far and what to expect in the near future.
It’s been a busy year for Choices. We started several new features, such as the special section on the New Healthcare, where we’ve shared with you some of the steps we’re taking to improve the local healthcare delivery system. That includes things like strengthening primary care (in the fall issue) and finding ways to better manage the rising cost of prescription drugs (on page 9)—all designed to provide Rhode Islanders with access to high-quality, affordable healthcare.

As part of this effort, we’ve committed to reducing our own operating expenses by $15 million by the end of 2011, which means making some difficult decisions... And so, this will be the last print edition of Choices magazine.

It’s been a pleasure and a privilege bringing Choices to you, and we hope it’s helped you make the most of your health and your healthcare. We look forward to continuing to provide you with useful health information on BCBSRI.com in 2011, so be sure to visit often.

From all of us at BCBSRI, thank you for being a part of Choices. Have a healthy and happy New Year!

Julie O’Connell
Editor

Correction: Flu Vaccines
In the fall 2010 issue of Choices, we included screening and immunization schedules for children and adults. The adult schedule stated that flu vaccination is recommended for those who are aged 50 and older or a high-risk individual of any age. However, earlier this year, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices expanded the recommendation for annual flu vaccination to include all people aged 6 months and older. We apologize for any confusion and recommend that you talk to your doctor about getting vaccinated if you haven’t already.
Q: What can parents do to prevent their children from getting common illnesses?
A: One of the most important things is to make sure they get enough sleep. Families by nature are staying up later, so the kids are getting less sleep than they used to. In the old days, kids were often getting the 10 to 12 hours of sleep they need. Families should try to get kids to bed at pretty much the same time every night. The kids will do better. They will be healthier, happier, and more settled, no matter what age.

Of course, children should also eat a variety of fruits and vegetables—your grandmother was right—and make sure they wash their hands with soap and water.

Q: When should you call your pediatrician?
A: Parents are encouraged to call any time they are concerned or their child is sicker than they’re comfortable with. During the day, you may be able to get the answer you need from a staff member. If they don’t have the answer, they can determine if the child should be seen, or if a return phone call from the doctor will be enough.

At night, all physicians have an answering service you can call. The standard is to be called back within an hour. When it’s more urgent than that, you can ask the service to page the physician. If you don’t receive a return call in the time-frame you expect, call back.

If you feel you don’t have time to wait for a return phone call, you should call 911. On the other hand, if you think you may need to go to the emergency room, but feel you have some time, call your pediatrician first so you won’t have to wait several hours to be seen. We can call ahead to let them know the child is coming and what the symptoms are so he or she can be treated faster.

Q: What other information should parents be prepared to provide when they call about a sick child?
A: There are a few things we’d like to know. One is whether the child is drinking and eating. Sick kids don’t often eat, but most kids will drink enough to stay hydrated. We’ll also want to know when the last two times were that they urinated. Even if they just urinated, but hadn’t in 12 hours, that’s a risk factor. You want them to urinate three to four times in 24 hours, minimum.

If they have a rash, it’s important to let us know if it fades briefly or stays there if you stroke it. If you touch it and it goes white for a moment and then comes back, that’s called blanching, which is normal. Nonblanching rashes, when a dark color remains, are not good. We don’t want to wait on those types of rashes.

If the child is complaining about a sore throat or neck, we want to know if the neck is stiff or the child can’t bend it. It’s more likely that child will be sent to the hospital in the middle of the night. On the other hand, if it’s just a sore throat, but the child is otherwise looking pretty good, that can be dealt with in the morning.

Q: When is a fever a concern?
A: For a child who is 2 months old or younger, a rectal temperature of 100.4 or higher should be brought to the physician’s attention right away. For older children, the actual reading is not always as important as how the child is acting. With these kids, we also want to know if something out of the ordinary is happening. We want to know the background. As a rule of thumb, though, if your child is between 3 and 6 months, call if his or her temperature reaches 101. For kids older than 6 months, call for a temperature of 103 or higher.

When you take your child’s temperature, get an oral or rectal reading. Don’t put it under the armpit. It’s not as reliable. Forehead thermometers are not recommended either. An ear thermometer is OK if you use it correctly, but that’s not always easy. For kids under 2, a rectal temperature is preferred.

Q&A

Jane Dennison, M.D.
Pediatrician
East Bay Pediatric & Adolescent Medicine Association
Barrington, Rhode Island

“Babies are very good teachers, and new parents are incredibly fast learners,” says Jane Dennison, M.D., a pediatrician who has been treating children (and educating parents) for 30 years. Still, parents young and old have many questions when it comes to the health of their children. Dr. Dennison provides some answers below that will help you keep your child happy and healthy.

Learn More
Read more of Dr. Dennison's interview online at

including information about:
• Stocking your medicine cabinet
• The value of creative play
• Recommended health information resources
Hail to Kale!

When it comes to kale, winter is the season of plenty.

Although you can find kale year-round, this vegetable is most flavorful and abundant in the colder months. Kale is an excellent source of vitamins A and C and a good source of calcium and potassium. With a mild cabbage-like taste, kale is a delicious addition to many meals. Try these suggestions from Fruits & Veggies More Matters®:

» Add chopped kale to cooking water for soba, fettuccine, or rice noodles when pasta is about five minutes from being done. Drain and season with a small amount of sesame oil, sesame seeds, and salt.

» Steam kale and season with lemon juice, olive oil, salt, and pepper.

» Add chopped kale to a stir-fry or bean and vegetable soup.

» Substitute kale for spinach or collard greens in recipes.

Stay Positive . . . and Smoke-free

When you quit smoking, you may feel down or sad. It’s common. The good news is the feeling is typically temporary and lasts no longer than a few weeks or so. Follow these tips from the National Cancer Institute to battle the blues:

» Identify your specific feelings at the time that you seem depressed. Are you actually feeling tired, lonely, bored, or hungry? Focus on and address these specific needs.

» Add up how much money you have saved already by not purchasing cigarettes and imagine (in detail) how you will spend your savings in six months.

» Call a friend and plan to have lunch or go to a movie, a concert, or another pleasurable event.

» Think of how healthy you will be when all smoking effects are gone from your body.

MYTH or FACT?

You should starve a fever. Myth! Starving yourself is never a good idea. When you’re sick, the best approach is to stay hydrated, eat nutritious foods in moderation, and rest. And, if you have a fever, you need extra fluids.
Ashley and Mary,
All Stuffed Up

We all know that miserable feeling: You’re stuffed up and can’t breathe through your nose. You may feel pain or pressure around your eyes, forehead, or cheekbones. It could be a sinus inflammation caused by allergies, a cold virus, bacteria, or another cause. How much do you know about your sinuses and treating sinus infections? Take this quiz to find out.

1. One of the main functions of your sinuses is to protect your body from germs, dust, pollen, and other irritants in the air you breathe.
   a. True
   b. False

2. Sinusitis is inflammation of the mucus membrane that lines the sinuses. About how many Americans suffer from it each year?
   a. 18 million
   b. 37 million
   c. 48 million
   d. 55 million

3. Sinus infections usually should be treated with an antibiotic.
   a. True
   b. False

4. People who suffer from chronic sinusitis have usually had symptoms for how long?
   a. At least 4 weeks
   b. At least 6 weeks
   c. At least 9 weeks
   d. At least 12 weeks

5. Bad breath and dental pain can both be signs that you have sinusitis.
   a. True
   b. False

ANSWERS

1. a. True. Sinuses make mucus, a fluid that filters the air you breathe. Tiny hairs called cilia sweep the mucus (and all of the germs, irritants, and particles caught in it) out of your sinuses so it gets flushed out of your body.

2. b. More than 37 million Americans suffer from at least one episode of acute sinusitis each year. The prevalence of sinusitis has gone up dramatically in the last decade, possibly due to more pollution, urban sprawl, and increased resistance to antibiotics.

3. b. False. Antibiotics can be effective in treating sinus infections caused by bacteria, but they don’t work against infections caused by viruses. Decongestants, saline nasal sprays or nasal irrigation (using a neti pot), and steaming your sinuses to loosen mucus can all help relieve symptoms. Talk to your doctor about the best course of treatment for your illness.

4. d. Sufferers of chronic sinusitis have had symptoms for 12 weeks or more. Acute sinusitis is usually preceded by a cold, and can last around four weeks. Call your doctor if your symptoms worsen after five days or persist after 10 days.

5. a. True. Bad breath and dental pain are both symptoms of acute and chronic sinusitis. Other symptoms include facial pain and/or pressure, nasal congestion with yellow or green discharge, reduced sense of smell, fever, and cough not due to asthma (in children).
Save on Prescription Drugs

With the cost of prescription drugs soaring, many people are looking for ways to save at the pharmacy. Take these steps to help lower the amount you pay out of pocket:

**Try generic drugs.** Next time you fill a prescription, ask your pharmacist or doctor about a generic equivalent. If a generic isn’t available for the specific drug you take, ask whether there is another generic that could treat your condition. According to the U.S. Food & Drug Administration (FDA), generic drugs can cost 30 to 80 percent less than brand-name drugs, and they contain the same active ingredients and are equally effective. Plus, generic drugs are FDA-approved, which means they have passed the same rigorous testing as brand-name drugs to ensure safety and effectiveness.

**Ask your doctor about over-the-counter (OTC) drugs.** For certain conditions, such as allergies, cough, or acne, an OTC drug is often just as effective as a prescription drug, and frequently costs less than the copayment for a prescription drug. (To avoid drug interactions and unwanted side effects, tell your doctor about every prescription and OTC medication you currently take.)

**Talk to your doctor about healthy lifestyle changes.** You can deal with high blood pressure, high cholesterol, and many other health problems by eating a healthy diet, exercising more, and reducing stress. Ask your doctor about how you can reduce—or even stop—your need for medication. However, don’t stop taking medication without talking to your doctor, even if you think your health condition is under control.

**Take medication as prescribed.** When you take certain medications, such as antibiotics, it’s important to finish all the medicine prescribed, even if you feel better. Taking medication incorrectly could require a second round of medicine and also lead to other health problems.

**More ways BCBSRI members can save**

Members who have our pharmacy benefit may be eligible for additional savings:

**Try mail order.** If you take daily maintenance medication for a chronic condition such as high blood pressure or diabetes, consider using the CVS Caremark® mail-order program. You may pay a lower copayment, and the pharmacy ships the medication to your home.

**See if you’re eligible for the Generic Copay Waiver Program.** If you take a medication for a certain condition—such as high cholesterol, high blood pressure, depression, and others—you can switch to a generic alternative and get your first month of medication with no copayment. To find out if you’re eligible, call Customer Service at the number on the back of your member ID card.

**Find out if your medications qualify for the Half-Tab Program.** This program allows you to purchase fewer tablets of your medication at a higher strength, which you can then split to reach your prescribed daily dose. Please note that not all medications can be split and the Half-Tab program is limited to medications that you can split safely. For a complete list of eligible medications, visit BCBSRI.com and search for “Half-Tab Program.”
Dear Dr. Hollmann,
I’ve heard a lot recently about vitamin D deficiencies. What is vitamin D and why is it so important? Is it something to ask my doctor about?

Vitamin D is a hot topic in medicine these days. What seems to have moved this subject to the forefront is the realization that vitamin D deficiency is extremely common, and perhaps the norm in certain parts of the country.

Vitamin D is an oil-soluble vitamin important to the health of our bones and muscles. It helps control how much dietary calcium we absorb through the intestines and plays a role in setting the hormone levels that prompt the body to move calcium from our bones to our blood. This helps ensure we have the proper amount of calcium in our blood for things such as muscle strength and heart rhythm control.

Our bodies make vitamin D when sunlight hits our skin. That’s why low sunlight exposure in winter months, living in northern latitudes, and spending little time outdoors all increase the risk for vitamin D deficiency. (It’s important to note, however, that the benefits of sunblock for prevention of skin disease outweigh its negative effects on vitamin D production.) We also get some vitamin D from our diet. Most of that comes from consuming fortified food (like milk). However, some foods—such as fatty fish—naturally contain vitamin D.

While dietary intake of vitamin D and calcium is important, it’s not always enough, so many experts recommend that adults take vitamin D supplements. It’s reasonable for healthy persons to take 800 IU to 1000 IU of vitamin D3 without asking their doctor. (Vitamin D3 is the form of the vitamin made in our skin.) People with advanced kidney disease or intestinal malabsorption should consult with their doctor about their vitamin D needs. Meanwhile, breast-fed infants need 400 IU of supplementation daily, as do formula-fed infants who ingest less than one liter a day of formula.

In any case, tell your doctor at every visit about anything you take, including prescription and nonprescription medicines, supplements, and herbals. Parents should check with their pediatrician about supplements and their kids’ nutritional needs.

Why is getting enough vitamin D important? Low vitamin D is associated with osteoporosis, a condition in which the bones lose density and strength. All treatments and preventive measures for this condition include maintaining adequate calcium and vitamin D intake. It’s also believed that vitamin D deficiency is associated with muscle weakness and increased falls in the elderly.

Another condition related to vitamin D deficiency is rickets, which causes the leg bones of malnourished children to grow abnormally. Now rare in the United States thanks to better nutrition, it’s common worldwide. Meanwhile, adults with significant vitamin D deficiency can experience bone softening and tiny “micro fractures” with a condition called osteomalacia.

So eat right, get outdoors and exercise, maybe take a supplement, and keep your doctor informed. That’s the prescription for getting enough vitamin D—and staying healthy.

Dear Dr. Hollmann,
I get headaches occasionally, but can’t take any over-the-counter headache medications. Is there anything I can do without medication to try and relieve the pain?

You describe your headaches as occasional, which implies that you do not have a pattern of new or worrisome headaches that require a medical evaluation. As you might expect, most of the treatments for occasional, short-term headaches (as compared to chronic or recurrent headaches) focus on pain relief medications. However, to prevent headaches, try avoiding common triggers such as lack of sleep, caffeine, chocolate, red wine, and other alcohol. Nondrug treatments of chronic headaches include physical therapy, behavioral therapy (psychological stress reduction and muscle relaxation training), and lifestyle changes such as making sure you get proper sleep, eliminating tobacco, reducing alcohol and caffeine, and exercising regularly. No herbal or homeopathic treatments are proven or recommended. It seems to me the best nondrug treatment for a headache is to rest and do what helps you relax your muscles (massage, warm shower, nice music). Distractions can also be very effective for mild headaches. Sometimes, tasks that require intense concentration may just have to be postponed for a day.
Searching for a cure for rising drug costs

Try nearly 15 million, according to the Kaiser Family Foundation (KFF), a nonprofit organization that tracks healthcare costs. In fact, prescription drug costs currently account for more than 19 percent of Blue Cross & Blue Shield of Rhode Island (BCBSRI) member claims. That makes prescription drugs one of the primary drivers of healthcare costs and, in turn, health insurance premiums locally. And the story is the same across the country. Nationally, prescription drug purchases reached $300 billion last year, a figure that is expected to continue to rise, according to industry experts.

Surprising? Probably not when you consider everyone needs a prescription drug at some point in their life. These medications play an important role in fighting disease and managing chronic conditions like diabetes, asthma, and high cholesterol. However, as more and more people turn to prescription drugs, the cost implications for consumers, health insurers, and the government are profound. Interestingly, one of the most effective approaches being used to tackle this complex issue is a relatively simple one.
COST-SAVING SOLUTIONS

Prescription drug formularies, the lists of drugs covered by health plans, help health insurers manage soaring drug costs while maintaining quality prescription drug benefits for their members, noted Charles Cote, a spokesman with the Pharmaceutical Care Management Association, the national organization that represents pharmacy benefit managers.

“Drug formularies are widely recognized as effective tools in lowering prescription drug costs while maintaining access and options for consumers,” said Cote. “When drugmakers are forced to compete against one another for inclusion on an insurer’s drug formulary, that competition drives prices down. Overall, consumers realize a savings of about 30 percent on prescription drug purchases.”

An Alarming Trend

From 2005 to 2009, the population of the United States increased by 4 percent, whereas the total expenditure for prescription drugs went up by 50 percent.

Sources: Kaiser Family Foundation, IMS Health and U.S. Census Bureau, Population Division
With a little education and the help of your doctor, you may be able to reduce the amount you spend on prescription drugs.

Here are some quick tips on how to cut your out-of-pocket drug expenses:

- If you are taking a brand-name drug, ask your doctor or pharmacist if a generic alternative is on the market.
- If a generic version of your drug is not available, ask if there are any less expensive brand-name alternatives, or ask if there is generic version of another drug that has the same therapeutic value.
- Periodically review your medications with your doctor. This way, if a generic becomes available, you’ll know.
- Turn to page 7 for more details on how you can save on prescription drugs.
GET A SNAPSHOT OF YOUR HEALTH

If you had to rate your health on a scale of one to 100, what score would you give yourself? And how would you know if you were judging yourself too harshly—or inflating your grade?

Now, there’s an easy—and objective—way to get a snapshot of your health. All Blue Cross & Blue Shield of Rhode Island (BCBSRI) members can take a Personal Health Assessment (PHA) on BCBSRI.com at no cost. In only 10 minutes, you’ll get a personalized report that rates your health from one to 100, summarizes your health status and risk factors, and provides resources to help you improve your health.

HERE ARE SEVEN REASONS TO TAKE THE PHA TODAY

1. It paints a whole-body portrait. The PHA includes questions about all aspects of your physical health, but it also addresses mental health and safety. You’ll be asked questions on the following topics:

   • Physical activity and nutrition, including how much you exercise and your intake of fruits and vegetables
   • Life satisfaction, which touches on issues such as depression, social support, and other factors that affect your mental well-being
   • Medical risks, such as body mass index, blood pressure, and diseases and conditions
   • Tobacco and alcohol use, which includes risks such as drinking and driving and secondhand smoke
   • Mindset, which focuses on your attitudes, beliefs, and perceptions of your health and the importance of living a healthy lifestyle
   • Automobile safety, which asks about seatbelt use, speeding, and motorcycle riding
   • Environment, including factors that can make it difficult for you to adopt healthier habits and activities
   • Preventive screenings and tests, which focuses on tests recommended for your age and gender

2. You can get started right away. There’s nothing you need to do to begin, except register on BCBSRI.com. (See “How to Take the PHA” on the next page.) Helpful tip: You’ll get a more complete picture of your health if you know important health numbers such as your HDL (good) and LDL (bad) cholesterol, blood pressure, weight, and blood sugar (glucose).

3. The results will help you make the most of the resources offered by your health plan. After taking the PHA, you’ll receive a comprehensive, personalized report that shows your results, as well as action steps you can take for better health. You’ll also receive recommendations about resources available through BCBSRI that can help you improve your health. These may include:

   • Programs that track your physical activity, weight, or the number of calories you consume
   • Videos on nutrition, stress, quitting smoking, and other health topics
   • Care coordination by BCBSRI healthcare professionals who can help you manage chronic conditions or other health issues*

*If your PHA indicates that you may benefit from care coordination, you may be contacted by a BCBSRI healthcare professional about enrolling in the program.
4. It’s quick and easy to complete. If you’ve taken the PHA in the past, you’ll notice that this version is shorter and more streamlined—but still provides an accurate picture of your health. Taking 10 minutes to complete the PHA is well worth the time, given the amount of information you’ll receive about your health.

5. You can track improvements in your health. You can take the PHA every year to see if your score—and your health—have changed. And since the PHA’s detailed report explains how you fared in each category, you can see if your health improved in specific areas, such as life satisfaction or medical risks.

6. You can share the report with your doctor. At your next doctor’s visit, bring the results of your PHA so you can discuss any areas of your health that need improvement or any tests that your report indicates you may have missed.

7. The information you provide is confidential. The results of your PHA will not be shared with your employer and will not affect your health insurance in any way.

**HOW TO TAKE THE PHA**

1. Sign in to BCBSRI.com. You’ll be taken to your member home page.

2. Click “Personal Health Assessment (PHA)” in the Assess Your Health box on the right.

3. Take your PHA.

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1 If you haven’t registered on BCBSRI.com yet, click “Register” at the top of the BCBSRI.com home page. Follow the steps provided and sign in. All you need to register is your member ID card and an e-mail address.

2 Please note: If you take the PHA through a worksite wellness program, you may be asked to access it in a different way.
On March 23, 2010, President Obama enacted the Patient Protection and Affordable Care Act ("the Act"), more commonly known as the federal healthcare reform legislation. While it’s no secret that rising healthcare costs are one reason behind the need for healthcare reform, an even bigger driver is the need to increase access to affordable healthcare in the United States.

A HEALTHCARE REFORM TIMELINE

Since March 23, there have been a lot of updates, information—and even misinformation—about what the impact of healthcare reform will be. But just what does healthcare reform involve, what does it mean for our local healthcare system, for healthcare insurers, and ultimately, for you? This timeline gives a broad overview of what’s already happened so far this year, as well as some of the major milestones to come in the near term (through 2014).

MARCH 23, 2010

• The Patient Protection and Affordable Care Act is signed into law. It will require individuals to have coverage, and employers with 50 or more employees to offer it. Some of the significant new requirements for insurers are related to plan benefits, marketing, consumer protection, and taxes.

JULY 2010

• The federally funded high-risk health insurance pool begins. This plan provides low-cost health coverage for uninsured individuals who are considered most at risk—those with pre-existing conditions (such as chronic health conditions). As part of this three-year program, Blue Cross & Blue Shield of Rhode Island (BCBSRI) contracted with the U.S. Department of Health & Human Services (HHS) to administer the program in Rhode Island and began accepting applications for the Pre-existing Condition Insurance Plan for Rhode Island (PCIPRI) on August 15. The program is contingent on continued federal funding.

• Early retiree reinsurance becomes effective, and will remain so until January 2014. Employers receive reinsurance payments based on medical claims for certain retirees aged 55 to 64 who are in group plans. These payments cover 80 percent of claims between $15,000 and $90,000 in a given year. Employers must use these payments to offset future rate increases or reduce employee cost-sharing, and cannot put these payments toward general funds. HHS has launched ERRP.gov to provide information about this program.

• HHS creates an online portal at HealthCare.gov that allows individuals and small businesses to obtain information about health insurance options at the state level.
Today, a majority of Americans who have health insurance get it through their employers. But high costs have forced many employers to reduce or eliminate the coverage they offer their employees. The Act is designed to bridge this gap, helping to extend healthcare coverage to 94 percent of non-elderly Americans, reducing the number of the uninsured by roughly 32 million. (As of early 2010, nearly 46 million didn’t have health insurance, and another 25 million were underinsured.)

Another important driver is the need for vastly improved health outcomes in the United States, which are significantly worse than other countries. Outcomes are based on quality of care, and measures include inappropriate, wasteful, or fragmented care; avoidable hospitalizations; variations in quality and cost; administrative costs; preventable mortality; and use of information technology. Healthcare reform will also introduce several initiatives aimed at improving quality outcomes.

### SEPTEMBER 23, 2010

- For plan years after this date, new disclosure and transparency requirements take effect. Insurers and group health plans will be required to submit detailed information regarding coverage and cost sharing to HHS, which will be posted online. (BCBSRI must also post this information on its website and send this information to the Rhode Island Office of the Health Insurance Commissioner.)

- For plan years after this date, coverage for preventive services without cost-sharing, coverage for dependent children up to age 26, and the prohibition of lifetime and annual limits on essential health benefits will go into effect. Changes will generally take effect upon your employer’s renewal date. If you are enrolled in direct pay, these changes will take effect April 1, 2011.

### LATE 2010

- The government provides $250 to beneficiaries who reach the coverage gap (also known as the “donut hole”) for Medicare Part D.

### EARLY 2011

- Uniform coverage regulations and standard definitions will be issued by HHS. The new forms will be available in 2012.

### 2013

- The Comparative Effectiveness Research (CER) Assessment will begin. A fee of $1 per year per covered life will be assessed to insurers and self-funded group health plans to fund CER beginning in 2013, increasing to $2 from 2014 to 2019. These funds will support research that looks at the effectiveness of healthcare treatments and strategies, comparing things like clinical outcomes, appropriateness of service, and electronic health data.

### 2014

- All plans will provide coverage for “essential health benefits,” which include services such as maternity and newborn care, prescription drugs, lab services, preventive and wellness services, pediatric services, and more.

- Most individuals will be required to obtain and maintain “minimum essential coverage,” with monetary penalties for not meeting the requirement. The coverage requirement will be satisfied by participation in a group plan. Individuals and families who fall below 400 percent of the federal poverty level will be eligible for federal subsidies to reduce the cost of obtaining coverage. If employers with 50 or more employees do not offer coverage, they may also be subject to penalties.

- Individuals and small employers will have the option to purchase coverage through state-run American Health Benefit Exchanges, which will provide information about coverage options. In order to receive federal subsidies, individuals must purchase coverage through the Exchange.

- An $8 billion insurer tax will be imposed on health insurers, increasing to $14.3 billion in 2018. An insurer’s liability will be based on its ratio of net premiums written (i.e., insured business).

(Please Note: This timeline is not meant to be an exhaustive list of all healthcare reform provisions; it is a look at the near term only based on details available at the time of publication.)

Today, a majority of Americans who have health insurance get it through their employers. But high costs have forced many employers to reduce or eliminate the coverage they offer their employees. The Act is designed to bridge this gap, helping to extend healthcare coverage to 94 percent of non-elderly Americans, reducing the number of the uninsured by roughly 32 million. (As of early 2010, nearly 46 million didn’t have health insurance, and another 25 million were underinsured.)

Another important driver is the need for vastly improved health outcomes in the United States, which are significantly worse than other countries. Outcomes are based on quality of care, and measures include inappropriate, wasteful, or fragmented care; avoidable hospitalizations; variations in quality and cost; administrative costs; preventable mortality; and use of information technology. Healthcare reform will also introduce several initiatives aimed at improving quality outcomes.

### SEPTEMBER 23, 2010

- For plan years after this date, new disclosure and transparency requirements take effect. Insurers and group health plans will be required to submit detailed information regarding coverage and cost sharing to HHS, which will be posted online. (BCBSRI must also post this information on its website and send this information to the Rhode Island Office of the Health Insurance Commissioner.)

- For plan years after this date, coverage for preventive services without cost-sharing, coverage for dependent children up to age 26, and the prohibition of lifetime and annual limits on essential health benefits will go into effect. Changes will generally take effect upon your employer’s renewal date. If you are enrolled in direct pay, these changes will take effect April 1, 2011.

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(Please Note: This timeline is not meant to be an exhaustive list of all healthcare reform provisions; it is a look at the near term only based on details available at the time of publication.)
## Reading Prescription Drug Labels

The label on your prescription container includes important information about how you should take it, the number of refills, when it expires, and much more. This list will help you understand what appears on a prescription drug label and where to find it. If you have questions or are uncertain about any of the information on the label, please check with your pharmacy/pharmacist.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Pharmacy’s Name and Phone Number</td>
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<td>2</td>
<td>Prescription Number: A unique number that is used to track the prescription and to request refills.</td>
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<td>3</td>
<td>Patient’s Name: The name of the person for whom the drug was prescribed. Never give a prescription drug to anyone other than the person whose name is on the label.</td>
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<tr>
<td>4</td>
<td>Provider’s Name: The name of the healthcare professional who prescribed the medication.</td>
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<td>5</td>
<td>Instructions/Directions for Use: How often and when to take a medication. If the label instructs you to take a medication a certain number of times a day, ask your doctor or pharmacist to explain exactly what that means. For example, if the label says to take the medicine “twice a day,” find out if you need to take the medication every 12 hours, or if you can take it at bedtime and when you get up.</td>
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<tr>
<td>6</td>
<td>Medication Name: Either a brand name or a generic name.</td>
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<td>7</td>
<td>Medication Strength: The amount of the drug in each drug unit (e.g., tablet or capsule). For example, 15mg.</td>
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<td>8</td>
<td>Manufacturer (MFG): The name of the company that makes the medication.</td>
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<td>9</td>
<td>Refills: The number of refills allowed by the provider.</td>
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<td>10</td>
<td>Quantity (QTY): The number of tablets or capsules, or amount of liquid, in the bottle.</td>
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<td>11</td>
<td>Date Prescription Filled</td>
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<tr>
<td>12</td>
<td>Expiration Date: The date until which the drug can be used. Once a medication reaches its expiration date, throw it away. Also, always discard any unused medication.</td>
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There may also be other labels on a prescription drug bottle with instructions such as ”Take with food” or “Take on an empty stomach.” These labels provide you with more information about how to properly take your medication.
Create an **Emergency Medical Information Form**

We think it won’t happen to us—but it could. If you’re ever in an accident or crisis situation, you’d want to have your medical information where an emergency worker can easily find it. So fill out this form for yourself and each member of your family. Keep a copy with you, on your refrigerator, and in your car’s glove box.

**EMERGENCY MEDICAL INFORMATION**

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**Medical conditions**

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**Medications** *(prescription and over-the-counter)*

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**Allergies**

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**Another way to protect yourself**

Signing up for your local health information exchange (HIE) allows doctors to download your medical information in an emergency. To enroll in Rhode Island, visit [currentcareri.com](http://www.currentcareri.com) or call 1-888-858-4815. If you live in another state, contact your local Department of Health to ask if an HIE is available.
Living with MULTIPLE SCLEROSIS

One woman tells her story of being diagnosed with this degenerative disease.

When Susan Goustas, 41, woke up one day and could barely see out of her right eye, she was understandably worried. “My vision was so blurry, and I didn’t know why,” she says. After being examined by three specialists, there was no clear explanation for her condition.
Less than two months later, Susan started having severe pain in her neck, and eventually her left arm went completely numb. “I couldn’t tie my shoes, or even zip up my pants,” she says. “I was in panic mode.” After a series of MRI (magnetic resonance imaging) scans of her brain, optic nerve, and neck, Susan received her diagnosis. “I’ll never forget the day…D-day”—diagnosis day—when my doctor told me I have MS [multiple sclerosis].”

What is multiple sclerosis?
MS is a chronic, degenerative, and unpredictable disease of the central nervous system, which is made up of the brain and spinal cord. It can also affect the optic nerves. It can cause people to experience symptoms such as blurred vision, loss of balance, poor coordination, slurred speech, tremors, tingling and numbness, problems with memory and concentration, paralysis, blindness, and more.

Approximately 400,000 people in the United States have MS, and it’s likely there are more cases that are not yet diagnosed or reported. Most people diagnosed with MS are between the ages of 20 and 50. Women are significantly more likely to have MS than men, which has caused researchers to look at the role of hormones in the disease.

There are different forms of MS, and the expected course and treatments are different depending on the type. The most common type at onset is called “relapsing remitting,” where an attack occurs, improvement follows, and later another attack occurs. Another type is “primary progressive,” which results in a gradual decline and more severe disability.

After hearing her diagnosis, Susan was in shock. “I cried immediately,” she says, “but after a while, I realized it wasn’t a death sentence, and I decided I had no choice but to make the best of it.” Like many people with MS, Susan’s symptoms come and go. Her blurred vision lasted for about a month and then cleared up. And she has regained some mobility in her left arm. But it’s a slow and unpredictable road.

Causes and symptoms
MS is thought to be an autoimmune disease. This means that the body’s own defense system mistakenly attacks the person’s healthy tissue. In the case of MS, the tissue being attacked is the myelin sheath, a fatty tissue that surrounds and protects the nerve fibers in the central nervous system. The damaged myelin forms scar tissue, or sclerosis, in multiple places, which gives the disease its name.

When any part of the myelin sheath or nerve fiber is damaged or destroyed, nerve impulses traveling to and from the brain and spinal cord are distorted or interrupted, which can cause any number of the symptoms already mentioned. Because of the unpredictable and patchy nature of the disease, the exact symptoms can vary widely between patients.

The inherent cause of MS—what causes the body’s immune system to damage the myelin sheath—is still not known. Studies have shown that it is not contagious and is not directly inherited, although genetic factors may make certain individuals more susceptible to the disease.

Treatment
There’s no known cure for MS, but in most cases, there are effective strategies to modify the disease course, treat flare-ups, manage symptoms, improve function and safety, and provide emotional support. Certain “disease-modifying” drugs help to lessen the frequency and severity of MS attacks and reduce the accumulations of lesions (spots of scarring) in the brain and spinal cord, and may slow the progression of disability. In addition to drugs that address the basic disease, there are many therapies for specific MS symptoms.

With proper treatment, most people with MS can live happy, healthy, and productive lives. Since receiving her diagnosis, Susan has made some major changes to live a healthier lifestyle. She exercises regularly and is much more careful about what she eats. “Aside from my symptoms, I’ve never felt better in my life,” she says. “This disease has certainly been a wake-up call.”

To learn more about MS, visit nationalmssociety.org.
Learn how ACCESS-RI is helping to turn homelessness into hope.

Raymond Goodman hadn’t talked to his son in 13 years. A Vietnam veteran, Raymond was homeless and battling substance abuse. Severe problems with his knees and wrists prevented him from working. “I was thinking ‘I don’t want to talk to my son because I’m out on the streets and basically a bum, and how do you say to a kid, ‘How are you? I haven’t seen you in several years, how’d you like to get to know me?’” No, it’s kind of hard to do that,” Raymond says.
Call to action
But things had started to change for Raymond, thanks to ACCESS-RI, a program run by the Mental Health Association of Rhode Island that serves chronically homeless individuals with a substance abuse and/or mental health disorder. With ACCESS-RI’s help, he stopped drinking and taking other drugs. He started getting the care he needed. And, he moved into permanent supportive housing, which provided him with a home he could afford and ongoing case management.

“I gradually got a little bit of my pride back,” he says.

With ACCESS-RI’s encouragement, Raymond finally made that long overdue call. At first, his son was a bit hesitant. But, when Raymond explained why he had been out of touch for so long, his son agreed to see him.

“He came here and I made dinner,” Raymond says. “We talked and had a great time.”

Since that night, Raymond has visited his son at his place, and his son has returned to see him. They’re building a relationship, one that may not have been possible if Raymond didn’t have a place to call home.

“Without that I probably wouldn’t even have called him,” Raymond says.

It’s the little things
Contacting his son was one of the goals Raymond set when he first became an ACCESS-RI client. Goal-setting by clients is a key component of the program. “When clients come aboard, they make their goals,” says Sheryl Marshall, ACCESS-RI Program Director. “Housing may not be their first goal. In some cases it’s not. It might be medical care. They set their goals so we’re not forcing them to do anything they’re not ready for. You can’t just bring a person in and say, ‘You need help, you need medical coverage, you need to get sober.’ It’s not going to work that way. You work with them where they’re at, instead of telling them where they should be at, which is a little bit different than other approaches.”

By providing intensive case management, psychiatric care, and other support, ACCESS-RI helps clients take the sometimes small—but always important—steps that can lead to big life changes. For example, ACCESS-RI helps clients obtain financial and legal assistance, access substance abuse or mental health services, and locate housing. Before housing is found, they provide clients with conveniences such as use of a phone, showering facilities, and a mailing address.

“Once you start doing a couple things, and you get praised for it, you start feeling good about yourself again,” Raymond explains.

Filling a critical need
ACCESS-RI obtains new clients through referrals from various agencies and word of mouth from existing clients. They also visit the homeless in shelters and out on the street. Unfortunately, finding clients is not a problem. Sheryl says ACCESS-RI’s biggest challenge is locating affordable homes for those clients, and she encourages people who want to help to support legislation for permanent supportive housing. Ultimately, she says, it will pay off.

“It’s a proven fact that permanent supportive housing saves money in the long run because people who have it are less likely to be incarcerated, use the emergency hospital system, need ambulance rides, and use the shelter system,” she says. “Actually, it’s cheaper to support permanent supportive housing than it is the shelter system.”

A study that appeared in The Journal of the American Medical Association in May 2009 found that providing housing and case management to homeless adults with chronic medical illnesses reduced hospitalizations by 29 percent and emergency department visits by 24 percent. Meanwhile, a study in a 2010 Massachusetts Housing and Shelter Alliance report on a program that provides housing and intensive case management to chronically homeless individuals estimated the program saved the state $9,400 per housed person. The study compared Medicaid, shelter, and incarceration costs before and after housing, and took into consideration the cost of the program.

“Once the homeless get housing, that’s when they start to show interest in their health,” Sheryl says. “Everything seems to fall into place once they get that housing. They want to get a primary care physician. They want to get dental coverage. Once they do, they get the care that they need.”

“The help is there”
Sheryl says that chronically homeless individuals who have a substance abuse problem or mental illness—or people who know someone who meets that description—can contact ACCESS-RI for assistance. Although there’s a waiting list, ACCESS-RI can offer some help right away. That includes providing guidance, information, and referrals that can help the person start to turn things around. In some cases, a simple visit to ACCESS-RI can help someone who is struggling with homelessness.

“Sometimes just seeing other people who have improved helps them,” Sheryl says. “They see people who have been where they’re at and see how those people have progressed, and it gives them hope that they can do it too.”

Raymond says it’s a lot of work, but not to give up.

“It’s a tough road back,” Raymond says. “Just keep going. Find someone you can talk to, a place that can help you, because the help is there.”

For more information about the services ACCESS-RI offers, call Sheryl Marshall, ACCESS-RI Program Director, at (401) 726-2422, or visit mhari.org/access.html.

Where to Go
To learn more about homelessness and ways to obtain help, visit the websites below.

National Coalition for the Homeless:
nationalhomeless.org

National Coalition for Homeless Veterans:
nchv.org

U.S. Department of Housing and Urban Development: hud.gov

(Click on “Homelessness” under “Topic Areas.”)
Separating truth from myth about men's health can be a challenge. Here's a look at six of the most common misconceptions.

**Myth:** A man's age doesn't affect his fertility.

**Truth:** Men may not have the same ticking biological clock as women, but men in their 40s and older are more likely to have infertility problems than younger men. They are also more likely to father children with health problems.

Researchers believe that these fertility issues may be related to a decrease in sperm count, sperm’s ability to reach an egg, and/or the quality of sperm produced. A 2008 French study found that a father’s impact on miscarriage was much stronger when men passed age 40. Recent studies have found associations between older fathers and increased risk of Down syndrome, bipolar disorder, schizophrenia, and autism.

Much of this research is relatively new, and shouldn’t necessarily discourage men from having children at an older age. But for men who want children, having them at a younger age may help prevent infertility issues. Men can help protect their fertility by making healthy lifestyle choices, such as quitting smoking, exercising, and maintaining a healthy weight.

**Myth:** Men are more likely to get prostate cancer than any other cancer.

**Truth:** Prostate cancer is actually the second most common cancer in men, after skin cancer. About one in six men will be diagnosed with prostate cancer.
cancer during his life, and one in 33 men will die of the disease. Prostate cancer is the second leading cause of cancer deaths in men—lung cancer is the first.

Being African-American can increase your risk for prostate cancer, as can having a family history of prostate cancer. Men with the disease often have no symptoms. If they do experience symptoms, the most common are blood in their urine, the need to urinate frequently, inability to urinate, and constant pain in the lower back, pelvis, or upper thighs. While these symptoms can be caused by health issues other than prostate cancer, it’s always important to let your doctor know if you experience any of the symptoms listed. Also, talk to your doctor about whether you should be screened for prostate cancer.

Men and women who seek help for mental illness or substance abuse can help reduce their risk for suicide. If you suspect that you or someone you know is depressed, it’s important to talk to a doctor. For more information about men and suicide, please visit the National Institute of Mental Health at nimh.nih.gov/health/topics.

Myth: Men are more likely to attempt suicide than women.

Truth: Three times more women than men attempt suicide—but men are more likely to actually die from suicide, often because they use deadlier means, such as guns. According to the Centers for Disease Control and Prevention, 80 percent of suicide deaths in 2004 were among men.

Nine out of 10 people who commit suicide suffer from a mental disorder such as depression, from substance abuse, or both. Men may be particularly at risk because they are less likely to seek help for depression. Also, their symptoms can sometimes be difficult to recognize. According to the Mayo Clinic, men often focus on the physical symptoms of depression—such as headaches, sleep and digestive problems, and chronic pain—rather than on emotional issues.

Myth: Men should consume five servings of fruits and vegetables a day.

Truth: The Centers for Disease Control and Prevention recommend that men aim for nine servings of fruits and vegetables a day. Seven servings is recommended for women.

The recommended servings are greater for men because more than two-thirds of men are overweight or obese, and men have a higher death rate than women for heart disease and certain cancers. The risk for those diseases can be reduced by consuming a diet high in fruits and vegetables. According to the National Cancer Institute, only 23 percent of adults eat at least five daily servings of fruit and vegetables. Only 4 percent of men consume nine. African-American men consumed fewer servings per day than Caucasian men, and also were at greater risk for obesity, type 2 diabetes, heart disease, and other diet-related diseases.

For examples of serving sizes, and suggestions for adding more fruits and vegetables to your diet, please visit fruitsandveggiesmatter.gov.

Myth: Hair loss comes from your mother’s side of the family.

Truth: If your mother’s father and brothers have full heads of hair, that doesn’t necessarily mean you will too. Heredity does play an important role, but the trait for hair loss can be inherited from either side of your family tree.

Unfortunately, there is currently no way to prevent male pattern baldness, which affects 25 percent of men by age 30 and two-thirds of men by age 60. Although the vast majority of men with hair loss have male pattern baldness, there are other factors that can cause balding, including medications, certain diseases, and poor nutrition. Men who experience sudden hair loss should talk to their doctor.

Myth: Men are better drivers than women.

Truth: Men are significantly more likely than women to speed, not wear seat belts, drive drunk, experience road rage, take risks, drive while tired, and drive distracted. They have a 77 percent higher risk of dying in a car accident than women.

Men can protect themselves and others by wearing a seat belt, following all traffic laws, and not driving after drinking or when angry or drowsy.
When it comes to exercising and staying active, many of us just aren’t keeping up—and the numbers prove it. For example, the Centers for Disease Control and Prevention reported that 36 percent of U.S. adults didn’t engage in any leisure-time physical activity in 2008. And in winter, even those who are somewhat active turn more sedentary as their exercise time plummets along with the temperature.

That’s too bad, because we need to maintain good health year-round, which means staying active even when it’s cold outside. In fact, according to the U.S. Department of Health & Human Services’ 2008 Physical Activity Guidelines for Americans, adults should do a minimum of 2 ½ hours of moderate or 1 hour and 15 minutes of vigorous aerobic activity each and every week. Plus, they should do strength training two days a week that works all major muscle groups: legs, hips, back, chest, stomach, shoulders, and arms.

Granted, it’s challenging to go for a jog if the roads are icy, or to drive to the gym if you have to brush a foot of snow off your car first. And, yeah, it’s way easier to be like a bear and hibernate ’til spring. But that doesn’t mean you should! With the right plan and the right attitude, you can have an active winter and reap the rewards of a healthy lifestyle.
Get your body moving
Maintaining outdoor activities can help cure the winter blues, eliminate cabin fever, and boost your immune system—so you’ll get sick a lot less if you exercise a little more. A study published in the American Journal of Medicine reported that women who walked for a half-hour every day for one year had 50 percent fewer colds than women who didn’t exercise at all. (Researchers concluded that the regular walking increased infection-fighting white blood cells in the active group.)

The good news is that exercise is classified as anything that gets your body moving. So many of the fun things we associate with being outdoors in winter are healthy, too. Here are a few examples of cold-weather activities along with the amount of calories a 150-pound adult would burn doing each for an hour:

- Ice skating or sledding: 476 cal./hr.
- Having a snowball fight: 319 cal./hr.
- Building a snowman: 285 cal./hr.
- Making snow angels: 214 cal./hr.

Of course, some of the not-so-fun wintertime things can have health benefits as well. For example, shoveling snow for an hour burns 408 calories. But be careful if you’re sedentary or out-of-shape. Shoveling wet, heavy snow for 10 minutes is equivalent to running on a treadmill until exhaustion. Most people who have heart attacks shoveling have no history of heart disease, so don’t overdo it and don’t ignore the warning signs. According to the American Heart Association, the signs that can mean a heart attack is happening include chest discomfort, pain or discomfort in one or both arms, the back, neck, jaw, or stomach, and shortness of breath. Other red flags include breaking out in a cold sweat, nausea, and lightheadedness.

If you or someone you’re with exhibits these warning signs, stop shoveling and don’t wait longer than a few minutes (no more than five) before calling 9-1-1. In fact, if you have any health concerns, it’s a good idea to get your doctor’s OK before you start exerting yourself.

Stay motivated
The key to staying in shape is to find activities that you enjoy. If it’s fun, you’re more likely to stay motivated and to stay active. And remember to mix things up throughout the winter so you don’t get bored.

Dress up. Drink up. Head’s up.
Now that you know you should stay active throughout the winter, here are a few tips to get the most out of your cold-weather activities.

Wear three layers. Dressing in layers gives you the freedom to remove clothing and put it back on as needed, which will help regulate your body temperature. First, wear a wicking layer of thin polyester or polypropylene fabric next to your skin to draw sweat away and allow for evaporation. Over that, put on an insulating layer of light- or medium-weight polyester fleece to hold body heat without being too bulky or stiff. Finally, a wind- and water-blocking layer will keep you dry if it starts to snow or rain.

Stay hydrated. You might feel less thirsty in cold weather, but continue to drink water before, during, and after your workout—even if you’re not thirsty. Also, avoid caffeine and alcohol, which can contribute to dehydration.

Think safety first. Wear gloves, a hat, and boots to protect your extremities and safeguard yourself against frostbite. If you’re out during the day, apply sunscreen to block harmful UVA and UVB rays, and wear sunglasses to shield your eyes from glare. If you exercise when it’s dark out, be sure to wear light-colored or reflective clothing so others can see you, and always choose appropriate gear for the activity you’re engaging in (e.g., helmet, footwear).

The great indoors
Still not psyched to go outside this winter? Snow problem. You’ve still got options to keep active and get healthy.

- Join a health club and get access to a wide assortment of equipment as well as certified fitness trainers.
- Create an inexpensive home gym. A set of dumbbells, some resistance bands, and an exercise ball are all you need to work out without leaving the house! (If you do go out, pick up a free exercise video at your local library.)
- Climb up and down stairs or stay active doing regular housework.
- Go to the mall and find a walking group to join and socialize with—it’ll help keep you motivated.
Any of us struggle with our weight and know that those extra pounds can take a toll on our health. Studies have long shown that being overweight (having a body mass index [BMI] of 25 to 29.9) or obese (having a BMI of 30 or higher) can lead to diabetes, high blood pressure, high cholesterol, heart disease, and other serious health issues. (BMI is a measure of body fat based on your height and weight.) But have you heard that carrying excess weight can also affect your sleep, your brain, your fertility, and more? Here’s a look at seven ways that your health could be affected.

### New Reasons to Think Thin

**by Julie O’Connell**

Research shows that being overweight is harming our health in ways we might not expect.

1. **Being overweight is linked to certain cancers.**
   In 2009, a report by The World Cancer Research Fund and The American Institute for Cancer Research found that excess body weight increases the risk of cancers of the esophagus, pancreas, kidney, gallbladder, breast, and colon. While it’s not known exactly how being overweight increases the risk for cancer, it could be that fat cells release hormones that affect cell growth. Also, eating or physical activity habits that may lead to being overweight may also contribute to cancer risk.

2. **Excess pounds can lead to pregnancy complications.**
   Women who are overweight or obese before becoming pregnant face higher risks for themselves and their babies. These risks include gestational diabetes (high blood sugar during pregnancy); pre-eclampsia (very high blood pressure during pregnancy); birth defects, especially of the brain and spinal cord; stillbirth; premature birth; and babies who are large for their gestational age. Women of normal weight who gain excess weight during pregnancy may also face some of these same risks.

3. **Your weight can affect your sleep.**
   People who are overweight often have more fat stored around their neck, which can make their airway smaller. That can lead to a condition called sleep apnea, in which a person stops breathing for short periods of time at night. The signs of sleep apnea include snoring/choking, fatigue, insomnia, daytime sleepiness, and not feeling refreshed after sleeping. If left untreated, sleep apnea can increase your risk for heart disease and stroke.

4. **Being overweight is linked to brain tissue loss.**
   In a study in the journal *Human Brain Mapping*, researchers found that elderly people who were obese had 8 percent less brain tissue than elderly people of normal weight. The researchers said that loss of tissue puts people at greater risk of dementia (memory loss and intellectual disability) and other diseases that harm the brain.
Here's a look at the latest numbers on overweight and obesity from the National Institutes of Health:

6 Carrying extra weight can stress your joints and lead to osteoarthritis.

Being overweight is a risk factor for osteoarthritis, a condition in which the cushioning (cartilage) between the bones wears away. As osteoarthritis gets worse, the cartilage disappears and bone rubs on bone. The first National Health and Nutrition Examination Survey found that obese women had nearly four times the risk of osteoarthritis in the knees as compared to women who weren’t obese. Obese men had nearly five times the risk of nonobese men.

3 Carrying extra weight can stress your joints and lead to osteoarthritis.

5 Carrying extra weight can stress your joints and lead to osteoarthritis.

6 Your liver could be at risk.

Even if you don’t drink, you could develop fatty liver disease. This disease occurs when fat builds up in the liver cells and injures or causes inflammation in the liver—which can lead to severe liver damage or even liver failure. People who have diabetes or prediabetes (high blood sugar levels) are more likely to have fatty liver disease than people without these conditions. And people who are overweight are more likely to develop diabetes.

7 Obesity is linked to infertility.

For men, obesity has been linked to low testosterone levels. A recent study in the journal Diabetes Care found that 40 percent of obese participants had testosterone readings that were lower than normal. For women, obesity can result in irregular menstrual cycles, which can make it more difficult to get pregnant. Even in women who ovulate normally, obesity can make it more difficult to get pregnant. In one study of women with normal ovulation, women who were obese were 26 percent less likely to become pregnant than normal-weight or overweight women.

The statistics are startling

Here’s a look at the latest numbers on overweight and obesity from the National Institutes of Health:

- 67% of American adults are overweight.
- 32% of children aged 2 to 19 are overweight.
- Of those overweight adults, about 34% are obese.
- Of those overweight children, about 17% are obese.

Losing weight can reverse health risks

If you are overweight or obese, losing 5 to 10 percent of your weight can lower your health risks and help reverse the damage done by excess weight. Eating a nutritious diet and exercising is the only surefire way to lose weight—and keep it off. These tips can help you do just that:

- Keep a food diary. A recent study found that people who kept food diaries lost twice as much weight as those who kept no records.
- Try interval training. People who alternate short bursts of higher-intensity cardio with lower-intensity cardio (such as walking) lose more weight than people who exercise at a steady pace. Talk to your doctor about a safe exercise plan.
- Go slow and steady. A good weight-loss goal is one or two pounds per week. It’s a realistic goal and will help you keep the weight off permanently.
- Don’t do it alone. Let family and friends know that you’ve made a commitment to losing weight and ask for their support and encouragement.

To read about three more reasons to think thin, please visit [choices] at BCBSRI.com.
Feel Your Oats (and eat them, too!)

Good for your body and soul, oats are one of nature’s superfoods. This heart-healthy grain is rich in soluble fiber that’s long been shown to lower LDL (bad) cholesterol, and it’s an excellent source of essential vitamins and minerals. Traditionally eaten as a hot breakfast cereal, oats are more than just a great way to start your day. Try these recipes to see how easy it is to use oats in new ways.
Baked Fish with Rolled Oat Crust

4 servings

1-1½ lbs. white fish fillet such as cod, haddock, pollock
2 Tbsp. extra-virgin olive oil
2 Tbsp. onion, minced
1 Tbsp. dried parsley
1 tsp. dried basil
1 cup rolled oats, lightly ground
1 Tbsp. flax meal
1 Tbsp. whole wheat flour
1 tsp. salt
¼ tsp. pepper

Preheat oven to 350 degrees. Grease bottom of 9” x 13” baking dish. Wash and pat dry fish fillets, salt and pepper both sides, and set in baking dish. In a medium skillet, heat oil and sauté onion 2-3 minutes. Add parsley, basil, and oats and toss for 1-2 more minutes. Turn off heat and stir in all other ingredients. Put mixture on top of fish. Bake for 20 minutes or until fish is cooked through and topping is lightly browned.

Turkey Meatloaf

8 servings

2 lbs. lean ground turkey
2 eggs
½ cup onion, chopped
1 stalk celery, chopped
¼ cup rolled oats
2 Tbsp. fresh parsley, minced
2 cloves garlic, minced
½ tsp. salt
¼ tsp. pepper
¼ tsp. dry mustard
1 Tbsp. Worcestershire sauce
¼ cup ketchup

Preheat oven to 350 degrees. In a large mixing bowl, combine all ingredients and mix well. Form into a loaf and place in the middle of a 9” x 13” baking dish. Top with ketchup and bake for 50-60 minutes until a meat thermometer inserted into the center reaches 160 degrees. Let sit for a few minutes, slice, and serve hot.

Strawberry Oatmeal Smoothie

2 servings

½ cup rolled oats
1 cup yogurt
1 cup strawberries (fresh or frozen)
1 Tbsp. honey
1 cup milk or juice

Soak oats in the yogurt for one hour or overnight in the refrigerator. Place all ingredients in a blender or food processor and blend until smooth.

TOP IT OFF

Eating a fresh, hot bowl of oatmeal is the perfect way to take the chill out of a cold winter’s morning. Choose “old-fashioned” or steel-cut oats over “quick” or instant varieties, and add any combination of these toppings to boost the taste and nutritional value of your bowl:

- Flax meal
- Wheat germ
- Walnuts
- Dried cranberries
- Raisins
- Sunflower seeds
- Bananas
- Apples
- Cinnamon

Visit at BCBSRI.com for more recipes:

- Oatmeal Yogurt Muffins
- Healthy Oatmeal Cookies
Skate Your Way to Fitness

For a fun wintertime alternative to running or working out at the gym, give ice-skating a whirl.

According to the U.S. Figure Skating Association, most new skaters learning how to glide and spin are adults who want to use the ice as their path to fitness. Many are discovering that ice-skating is an exhilarating, relatively inexpensive activity that provides an excellent source of exercise as well as entertainment. Consider these benefits:

» Provides low-impact aerobic exercise
» Aids in weight loss
» Works your whole body, not just your legs
» Enhances mental fitness and reduces stress

To get started, consider joining a learn-to-skate program. Many rinks offer adult programs that teach basic skills—including how to fall down correctly—without the pressure to compete with fast-learning children.

Men Get Breast Cancer Too

Breast cancer is about 100 times less common among men than among women. Nevertheless, the American Cancer Society estimates that about 1,970 new cases of invasive male breast cancer will be diagnosed in 2010, and about 390 men will die from the disease this year.

Researchers don’t completely understand the causes of breast cancer in men, but they have found several factors that may increase the risk of getting it. Some of these include: aging, a family history of breast cancer, inherited gene mutations, alcohol, liver disease, and obesity.

There are some things you can do to lower your risk of breast cancer, such as maintaining a healthy body weight and restricting alcohol. And if you notice a lump, call your doctor right away.

Good to the Bone

New research shows that middle-aged men who have been most active throughout their lives are least likely to suffer broken hips or other broken bones. While moderate activities like bicycling or walking for pleasure offer some benefits, participation in sports appears to provide the greatest bone protection. Based on these results, researchers estimate that one-third of hip fractures among older men could be prevented by engaging in regular sports activities.

To protect your bones, do weight-bearing exercises in which bones and muscles work against gravity. Here are some suggestions to help you get going:

» Walking
» Jogging
» Racquet sports
» Climbing stairs
» Team sports
» Weight training
» Using resistance machines

Pregnancy and Alcohol Don’t Mix

A 15-year study by the Centers for Disease Control and Prevention found that one in eight women drank alcohol while they were pregnant—even after they were warned that birth defects could result.

A child whose mother drank during pregnancy can experience lifelong physical and mental disabilities. We also know that alcohol can damage a fetus at any stage of development, even in the earliest weeks before a woman knows she’s pregnant.

Alcohol-related birth defects are completely preventable. If you’re pregnant—or thinking about becoming pregnant—and cannot quit drinking alcohol or using drugs, talk to your doctor or another medical care provider right away. You can also find help at a substance abuse treatment facility.

Your Choices
Cradle Cap Care

If the skin on your baby’s head looks scaly or crusty, chances are it’s a common condition called cradle cap. No worries. It’s not serious, it’s temporary, and it’s not a sign of bad hygiene. It often clears up on its own, but if it does need treatment, here are some tips:

» Use a mild, nonmedicated shampoo to wash your baby’s hair each day. Don’t use an adult medicated shampoo.

» Gently rub your baby’s head with a soft brush (a toothbrush is a good choice) to loosen and remove the scales.

» Rubbing petroleum jelly on your baby’s head may help. Don’t bother using baby oil, though. The American Academy of Pediatrics says it’s not very helpful or necessary.

If the cradle cap doesn’t improve after following these suggestions, talk to your doctor about using a stronger shampoo or medication.

Something to Chew On

You’ve talked until you’re blue in the face trying to get your child to eat something green. Maybe it’s time to say less and do more. Follow these suggestions from the U.S. Department of Agriculture to be a good dietary role model:

Show by example – Eat fruits, vegetables, and whole grains with meals or as snacks. Let your child see that you like to munch on raw vegetables.

Get creative in the kitchen – Name a food your child helps make. For example, serve “Janie’s Salad” or “Jackie’s Sweet Potatoes” for dinner. Also, encourage your child to invent new snacks. Make your own trail mixes from dried fruit and dry whole-grain, low-sugar cereal.

Focus on each other at the table – Talk about fun and happy things at mealtime. Turn off the television, and take phone calls later. Try to make meals a stress-free time.

It’s Slippery Out There!

According to the Centers for Disease Control and Prevention, falls are the leading cause of fatal and nonfatal injuries for adults aged 65 and older. While you should take precautions to prevent falls all year long, it’s particularly important during the winter, when outside surfaces are often slick. Here’s what you can do to stay on your feet:

Go slow – Take small, deliberate steps when you walk, and keep an eye out for slippery spots ahead. Also, don’t rush, even if you’re running behind. It’s better to be late than unsafe.

Stay clear – Keep walkways unobstructed and free of snow and ice. Also, make sure they’re well lit.

Put your best foot forward – Be sure to wear appropriate footwear—with plenty of support and traction—when you go outside.

Prescription Travel Tips

When you’re traveling with prescription drugs, being prepared is the best way to go. Here are some suggestions from the Centers for Disease Control and Prevention:

» Pack your prescription medications in your carry-on luggage.

» Carry all medications in their original containers with clearly marked labels, so the contents are easily identified. Although many travelers like placing medications into small containers or packing them in daily-dose containers, officials at ports of entry may require proper identification of medications.

» If you’re traveling to another country, check with the American Embassy or Consulate to make sure that your medicines will be allowed into the country you are visiting. Some countries do not let visitors bring certain medicines into the country.
For Frances, Barbara, Shirley, and around 25 other Blue Cross & Blue Shield of Rhode Island (BCBSRI) members, the Woonsocket Senior Center is a great place to socialize, relax, and participate in various activities—including health-related programs and services. Susan Sgambato, Senior Wellness Manager, and Linda Thibault, R.N., Nurse Outreach Coordinator—both with Senior Services, Inc., a private nonprofit agency that delivers elder services at the center—keep these seniors on their toes with regular exercise and healthcare outreach. BCBSRI supports their efforts by providing nutrition and exercise services through the Health & Wellness Institute®.

**What are the health conditions you see most among seniors?**

Linda: “High blood pressure, diabetes, heart disease, pulmonary conditions, arthritis, and cancer are the most common health issues. We can help monitor them and facilitate early intervention to deal with problems before they require emergency care or hospitalization.”

**What can seniors do to manage these conditions?**

Susan: “These adults can lower their risk by adopting healthier behaviors and getting recommended screenings. Because exercise is critical to managing any chronic disease, we offer classes three times a week; and they’re helping. In one three-month period, for example, the blood sugar levels of our type 2 diabetics decreased by 32 to 55 percent after a 45-minute workout, while our prediabetic seniors experienced an 11-to 30-percent decrease.”

Linda and Susan say their most important role is teaching seniors to take control of their health. “We want seniors to know everything they can about their diseases,” says Linda. “That will help them make better choices, ask more and better questions, and forge strong partnerships with their doctors.”

**Jeff Rodrigues**  
Community Health Educator, the Health & Wellness Institute

**Jessie Dwiggins**  
Health Coach and Fitness Instructor, the Health & Wellness Institute

BCBSRI promotes health and wellness to seniors like those at the Woonsocket Senior Center through its relationship with the Health & Wellness Institute. Jeff conducts screenings and programs on nutrition for the center’s participants; Jessie leads exercise classes. Says Jeff, “We provide practical information and support that helps these seniors be more active and productive in their everyday lives. For example, through sessions on how to read a nutrition label and portion sizes, they come to understand how their food choices affect their health and well-being. Cholesterol, blood pressure, and other screenings reinforce what they learn in these programs by showing how well they’re doing.”
Now your member home page is your health knowledgebase with over 7,000 health topics

Visit the Health Center on BCBSRI.com to find answers to your health questions and get support for your healthy life! You’ll find:

- In-depth information about prescription and over-the-counter medications
- Decision Points on dozens of medical tests, surgeries, and treatments
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• Everyday prevention tips
• Vaccine recommendations
• Resources to help you stay healthy