

**THANK YOU FOR
YOUR FEEDBACK!**

We're happy to say we received several responses to last quarter's *Meet Joe Kane* article.

We would like to make your questions, comments, and concerns a regular feature in Member Matters, so please keep them coming.

A common theme among a number of questions was concern about premium rates: why they are high, what the money is used for, and other premium-related questions. See page 3 for a response to these questions.

MEMBER MATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS



Seymour's Weight Loss Challenge

Health New England (HNE) has released the second book in its Whiz Kidz health education series for children, *Seymour's Weight Loss Challenge*. The first book, *How ACE Became an Asthma Control Expert*, was released in March 2003.

HNE created the Whiz Kidz series in response to a lack of health education information for elementary school children. According to Lynn Ostrowski, HNE Health Programs Department Manager, "In doing the research to identify health education information for children

between 5 and 12, we were unable to find materials that truly engaged both the child and the parent. We made a decision to create our own educational material for this age group."

Seymour's Weight Loss Challenge responds to the growing incidence of adults and children who are overweight or obese. According to the Centers for Disease Control and Prevention (CDCP): within 20 years, the percentage of children aged 6 to 11 who were overweight had more than doubled, from 7 percent in 1980 to 15 percent in 2000. In addition, the CDCP reports that children and adolescents who are overweight are more likely to become overweight or obese adults.

HNE's Whiz Kidz series focuses on providing children with important health information in a fun way, while engaging their parents or guardians as well. Through this approach, children learn healthy lifestyle habits that they will take with them into adulthood, with the added benefit of improving the overall health of the family. As Seymour observes, "Seeing Dad with the ice cream (and chocolate sauce dripping from the sides of his mouth) was such a relief... He realized there were others just like him who don't always make the better choice." The book also includes a Tool Kit—resources for both parents and children that support the story and its messages.

The third book in the HNE Whiz Kidz series is coming soon. The book will focus on managing type 1 and type 2 pediatric diabetes, as Danny DICE becomes a Diabetes Insulin Control Expert.

For more information, contact HNE's Health Programs Department at 413.787.4000, ext. 3383. You can also find information about ACE and Furlis on their own Web site at www.aceandfurlis.com. *

Health New England is a managed care company located in Springfield, with a branch office in Pittsfield. Health New England currently provides health care benefits for over 90,000 members and 5,000 employers throughout Western Massachusetts.

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JUNE 2004

 Health
New England

Pharmacy Updates

New Drugs Added to the HNE Formulary

The HNE formulary—our list of covered drugs—is changing constantly to keep pace with ongoing advances in drug treatments. HNE’s Pharmacy Department administers the HNE formulary. An important aspect of this responsibility involves the assessment of medications newly approved by the Food and Drug Administration (FDA). HNE does not typically add brand-name medications to the HNE formulary for at least 6 months after FDA approval. During this time, the Pharmacy Department and the HNE Pharmacy and Therapeutics Committee—a group of local family doctors and specialists—examine the safety and effectiveness of the newly approved medication. Once added to the HNE formulary, the Pharmacy and

Therapeutics Committee assigns the drug to one of HNE’s three prescription coverage tiers.

The information below applies to the prescription drug benefit, offered as a rider to the standard Plan benefit. If your plan does not include prescription drug coverage, this information does not apply.

Starting July 1, HNE will add the following prescription drugs to the formulary:

Tier 3 prescriptions (highest copayment level):

PEXEVA™, an antidepressant

RAPTIVA™ for treatment of psoriasis; HNE will require prior approval for this drug

UROXATRAL™ for treatment of benign prostate hypertrophy (BPH)

Tier 2 prescriptions (middle copayment level):

NAMENDA™ for treatment of Alzheimer’s disease

Please note the tier changes for the following drugs, starting July 1:

ACTONEL™ for treatment of osteoporosis was Tier 3; changing to Tier 2

MIACALCIN™ for treatment of osteoporosis was Tier 2; changing to Tier 3

NASACORT AQ™ nasal spray for allergy treatment was Tier 2; changing to Tier 3

The following drug-specific quantity limitation starts July 1:

OXYCONTIN™ (all forms and strengths, brand and generic). Hematologist/oncologist may prescribe an unlimited quantity. All other providers may prescribe up to 4 tablets per day or 120 tablets per 30-day period *

Massachusetts Department of Public Health Recommended Childhood Immunization Schedule 2004

VACCINE	range of recommended ages				catch-up vaccination				pre-adolescent assessment			
	Age → Birth	1 mo.	2 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	24 mos.	4–6 yrs.	11–12 yrs.	13–18 yrs.
Hepatitis B	Hep-B-1 only if mother HBsAG(-)		Hep-B-2		Hep-B-3							
Diphtheria, Tetanus, Pertussis			DTaP-1	DTaP-2	DTaP-3	DTaP-4				DTaP-5		
Haemophilus Influenzae Type b			Hib-1	Hib-2	Hib-3	Hib-4						
Inactivated Polio			IPV-1	IPV-2	IPV-3				IPV-4			
Measles, Mumps, Rubella					MMR-1				MMR-2			
Varicella					Varicella							
Pneumococcal			PCV7-1	PCV7-2	PCV7-3	PCV7-4		PCV				
Hepatitis A												
Influenza												

Vaccines below this line are for selected populations

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2002, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ■ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine’s other components are not contraindicated. Providers should consult the manufacturers’ package inserts for detailed recommendations. For minimum intervals, 1 month = 4 weeks = 28 days.

Source of Guidelines: Recommendations of the Advisory Committee on Immunization Practices; the American Academy of Pediatrics; and the American Academy of Family Physicians.

PLEASE CALL YOUR CHILD’S DOCTOR OR HEALTH NEW ENGLAND AT 800.310.2835 WITH QUESTIONS OR COMMENTS. FOR ADULT AND PEDIATRIC PREVENTIVE HEALTH CARE GUIDELINES, PLEASE SEE PAGES 8 AND 9.



Joe Kane

Answering Your Concerns

I'd like to thank everyone who took the time to share questions and comments with me. I appreciate the feedback, so please keep your e-mails coming!

ABOUT PREMIUM RATES: *Why do they continue to rise?* This question is not specific to HNE. Health care costs have been going up across the country, and when health care costs go up, so does the cost of health care coverage.

The connection between health care costs and health coverage premiums is very basic. About 90 cents of every dollar HNE receives from premiums is used to pay for the health care our members receive.

This includes hospital stays, doctor visits, and all of the other benefits we cover. Because most of the premium dollar pays for health care, the annual rise in premium is a direct result of increased use of, and higher costs for, health care services.

It helps to remember that most people pay more in premium dollars than they receive in medical benefits because health insurance—like all insurance—is a risk-sharing arrangement. Healthy members' premiums help to pay for the cost of care for those who are less healthy.

Except for preventive services—which we all should use—health insurance is one of those things that we pay for but hope we won't need.

About 10 percent of the premium is used to pay administrative costs. This includes

salaries, rent, and office supplies, for example. In addition, it pays for newsletters such as *Member Matters*, and the mailings and notifications we send to our members. These notices and publications serve two purposes: First, they allow us to provide you with the long list of state and federal legal requirements, such as notices of benefit changes, notices of privacy policies, and so forth. Second, these publications provide information about the health care programs offered by HNE and by HNE providers. The newsletters also include general medical information and suggestions about making healthy lifestyle choices. They help us meet our commitment to promoting the health of our community.

In the next issue of *Member Matters*, I will describe some of the ways we address inappropriate medical costs, as well as some of our latest ideas for keeping health care affordable and increasing options for coverage. *



Osteoporosis Update

**Thursday, September 30
6:00-8:00 p.m.
Mary Pat Roy, M.D. and
Jessica Tropp, A.N.P.**

Mary Pat Roy, M.D., and Nurse Practitioner Jessica Tropp will provide an informative seminar about recent developments in osteoporosis prevention and treatment, from medication to nutrition, and more. Both Dr. Roy and Ms. Tropp are experts in the care and treatment of people with osteoporosis. They have developed special health programs to prevent and manage the disease. You will learn the most effective ways to prevent osteoporosis, including important information about nutrition and calcium absorption. You will get the straight talk about how calcium supplements and dairy products affect bone growth and strength. If you or someone you know already has osteoporosis, learn ways to strengthen bone and prevent fractures and falls. *

Osteoporosis Update

THURSDAY, SEPTEMBER 30 • 6:00–8:00 P.M.

Mary Pat Roy, M.D. • Jessica Tropp, A.N.P.

COST: \$10 PER MEMBER

COST: \$15 PER NON-MEMBER

Name: _____

Address: _____

Phone (daytime): _____

Total number of people registering: _____

Name of each additional person: _____

Total amount enclosed: \$ _____

HNE charges a small, non-refundable fee to cover costs of speakers and conference space. HNE does not profit from this program.

Please mail this form with your payment to:

Health New England,
One Monarch Place, Ste.1500
Springfield, MA 01144-1500
Attn: Health Programs Dept.



wellness Coach

Amy Boyer, PT, ATC

Amy Boyer, a licensed physical therapist and certified athletic trainer, holds a Masters of Education in Health Education. She works with sports-related injuries, post-surgical rehabilitation, and general orthopedics in Charlottesville, Virginia.

Posture Perfect for BACK HEALTH

The natural curve of your spine is designed to balance and support your upper body, distributing the load evenly to the supporting muscles and other soft tissues. However, anything that interferes with the natural curve of your spine sets you up for back pain.

POSTURE: When you stand or sit with correct posture, your muscles remain relaxed. But slouching or leaning forward as you work upsets the natural balance of your spine and muscles. This can lead to weakening of the muscles in your back, known as “stretch weakness.”

TENSION: Do you tend to hold a lot of stress and tension around your neck and shoulders? When the muscles in these areas get tight, your posture also becomes distorted, creating more pain and tension.

MUSCULAR IMBALANCE: Normally, our muscles are symmetrically strong—that is, abdominal muscles balance with the muscles of the back; the muscles in the front of the leg balance the muscles in the back of the leg. Muscle groups that are out of balance with the opposing group of muscles place stress on the spine and can cause back pain.

These tips may help you avoid back pain:

- ⇒ Strive to be aware of the position of your body, especially if you are seated for long periods. Sitting actually places more strain on the spine than standing. Occasionally sit completely upright, drop your shoulders, and relax.
- ⇒ If possible, get up and move about at least once every 2 hours. Do simple stretches to help counteract poor posture (see right).
- ⇒ Try to have materials within arm’s reach and move with your shoulders and hips aligned. Avoid twisting, turning, and reaching.
- ⇒ If you can only do one thing to improve back health, choose walking! It stretches and strengthens muscle groups and helps you recognize and maintain proper posture. ✨



Back to Health

Backaches are one of the most common reasons for a visit to the doctor. Fortunately, most people who have back pain will get better within a month. The best way to avoid back pain is to keep your back strong, flexible, and healthy. These ideas may help:

ACTIVITY. Exercise at least 5 days per week with activities such as walking, swimming, cycling, and jogging.

HEALTHY WEIGHT. One extra pound on the abdomen puts as much as five extra pounds of stress on your lower back.

RELAX. If you sit or stand for extended periods, take hourly stretch breaks.

POSTURE. Practice good posture, both sitting and standing.

LIFTING. The leading cause of back injuries is improper lifting techniques. Use your legs and keep your back aligned.

BONE DENSITY. After menopause, women should have bone density tests to identify osteoporosis. ✨

Resource: WellInformed: Your guide to health and vitality. Charlottesville, VA: WorkCare Press, 2004.

Red Light, Green Light

Good Fat, Bad Fat

In most cases, by reading food labels, you can make wise choices about the fat in your diet.

THREE GREEN LIGHTS! When possible, select polyunsaturated fat, monounsaturated fat, and Omega-3 fatty acids (see below). They are usually liquid at room temperature. These fats actually help lower blood cholesterol. Omega-3 fatty acids also may help protect the heart, brain, and joints. Here are some sources of these “good” fats:

- **MONOSATURATED FAT:** Avocados, canola, olive, peanut, and sesame oils, almonds, cashews, peanuts, peanut butter (natural), sesame seeds
- **POLYUNSATURATED FAT:** Walnuts, corn, safflower, soybean, and cottonseed oils

- **OMEGA-3 FATTY ACIDS:** Fatty fish (salmon, mackerel), nuts, flax seed, canola oil

THREE RED LIGHTS! Limit saturated fat, trans fatty acids, and cholesterol (see below). Saturated fat is solid or waxy at room temperature. These fats play a part in the formation of plaques, which contribute to coronary artery disease—placing you at increased risk for heart disease or stroke. Limit these “bad” fats:

- **SATURATED FAT:** Bacon, butter, coconut, ice cream, cheese, tropical oils (palm, coconut), animal fat (meat or lard)
- * **TRANS FAT:** Stick margarine, processed cakes, cookies, and crackers, non-dairy creamers, fried doughnuts, shortening



- * **CHOLESTEROL:** Animal sources such as meat, dairy products, lard, and butter

All fats are high in calories, so it's a good idea to use any fat in your diet in moderation. Too many calories, from any source, will contribute to weight gain. *

Resource: American Heart Association, www.americanheart.org

A Graceful Path to Fitness



In today's world of high-tech exercises where speed, competition, and endurance are emphasized, Tai Chi is a

gentle, effective fitness alternative.

Tai Chi's series of movements and postures were developed in China over 300 years ago as a form of martial arts training to improve balance and relaxation. But performing these slow, graceful movements has a number of health benefits, particularly for the elderly and people with osteoarthritis.

In studies sponsored by the National Institutes on Aging, those who practice Tai Chi regularly reported the following benefits:

- ◇ Less pain
- ◇ Better balance (and less fear of falling)
- ◇ Improved flexibility
- ◇ Better quality of sleep
- ◇ Enhanced ability to manage stress
- ◇ Fewer arthritic symptoms
- ◇ Enhanced awareness of how the body moves

Researchers also measured:

- ◇ Improved muscle and abdominal strength.

- ◇ Better heart and lung function.
- ◇ Lower blood pressure.

Because Tai Chi is gentle on the joints and cardiovascular system, it is usually comfortable for the elderly or people who are inactive. If you need physical conditioning or rehabilitation, it may take several months before you notice any changes. While Tai Chi is not physically demanding, it may pose challenges for people taking medications that affect balance, or for those with certain spinal conditions. As with any exercise program, check with your doctor before you begin. *

Resource: National Institute on Aging, www.nia.nih.gov

Ask the Fitness Expert! featuring Mike Gauvin, HNE's Health Programs Coordinator



BEAT THE HEAT Exercising in the summer months

The long, hot days of summer are here. As temperatures rise, so do the number of individuals exercising. To stay on top of your game you'll need to take a few precautions to ward off the effects of heat when you are exercising outside. Here are some things you can try:

- * Eat lightly 2 to 4 hours before exercise.
- * Drink lots of fluids (64 to 80 ounces) every day, and more before, during, and after exercise. Drink 8 to 10 ounces of water 10 to 20 minutes before beginning to exercise; every 10 to 15 minutes during your workout; and again after exercising. Don't wait until you're thirsty—by that time your body may be on its way to becoming dehydrated.
- * Wear sunscreen.
- * Avoid cotton T-shirts, which become sweat-soaked and prevent evaporation. Try lightweight breathable fabrics.
- * Dress lightly and wear light-colored clothes.
- * Avoid mid-day exercising.
- * Take it easy.
- * Stop exercising if you feel dizzy, weak, or/and sick.

Important Note

Avoid drinks that contain caffeine (e.g., coffee, tea, and soft drinks) or alcohol (e.g., beer, wine, etc.). These beverages can increase urine production and fluid loss.

Learn the Signs of Heat Exhaustion

- * Heavy sweating
- * Weakness
- * Nausea or vomiting
- * Paleness
- * Dizziness
- * Fainting
- * Muscle cramps
- * Headache
- * Tiredness

What if you think you may have heat exhaustion?

Take action! Try these effective cooling measures:

- * Stop exercising!
- * Drink cool, non-alcoholic, non-caffeinated beverages
- * Rest
- * Take a cool shower, bath, or sponge bath
- * Move to an air-conditioned environment *

**Is today a bad air day?
How is the ground-level
ozone pollution today?**

To get answers, call the
AIR QUALITY HOTLINE
800.882.1497

For more information, go
to www.state.ma.us/dep

Provider Update

The following Primary Care Physicians have joined HNE:

Family Practice

Catherine A. Lockwood, M.D.
Hampshire Family Physicians
10 Turkey Hill Road
Belchertown, MA 01007
413.323.7700

Joshua Mintz, M.D.
Hampshire Family Physicians
10 Turkey Hill Road
Belchertown, MA 01007
413.323.7700

Glenn E. Miskovsky, M.D.
Valley Medical Group
Amherst Medical Center
31 Hall Drive
Amherst, MA 01002
413.256.8561

Internal Medicine

Brian T. Burke, M.D.
Community Health Center of
the Berkshires
29 Lewis Avenue
Great Barrington, MA 01230
413.528.8580

Ana Maria Castrillon, M.D.
Northgate Medical
1985 Main Street
Springfield, MA 01103
413.733.9955

Pablo C. Colorado, M.D.
Northgate Medical
1985 Main Street
Springfield, MA 01103
413.733.9955

Michael H. Hakim, M.D.
Mary Lane Medical
Associates
83 South Street, Suite 111
Ware, MA 01082
413.967.2030

Jill Levin, D.O.
Ludlow Medical Associates
185 West Avenue
Ludlow, MA 01056
413.583.5100

Harbir S. Sawhney, M.D.
Springfield Southwest
Community Health Center
1040 Main Street
Springfield, MA 01103
413.739.1100
and
532 Sumner Avenue
Springfield, MA 01108
413.739.1100

Pediatrics

Diana E. Johanson, M.D.
Northampton Area Pediatrics
193 Locust Street
Northampton, MA 01060
413.584.8700
and
170 University Drive
Amherst, MA 01002
413.587.3224

Nicholas Tzakas, M.D.
Springfield Southwest
Community Health Center
1040 Main Street
Springfield, MA 01103
413.739.1100

The following Primary Care Physicians have left HNE:

Dana R. Buchanan, M.D.

Susan C. Lowery, M.D.

The following Primary Care Physicians have had a name change:

**Alla Tchesnovetskaya, M.D. to
Alla Chesky, M.D.**

**Beata J. Tyminska, M.D. to
Beata J. Tyminska-Paluchowska,
M.D.**

The following Primary Care Physician has re-joined with HNE:

Don J. Lapenas, M.D.
Riverbend Medical Group
305 Bicentennial Highway
Springfield, MA 01118
413.733.4101

The following Primary Care Physicians have had a change of address. The new address is listed below:

David B. Alpern, M.D.
90 Conz Street
Northampton, MA 01060
413.582.1847

Charles R. D'Agostino, M.D.
Mountain Medicine
1450 East Street
Pittsfield, MA 01201
413.442.4700

Louis B. Grace, M.D.
Primary Care Physicians
407 Main Street
Spencer, MA 01562
508.885.9737

Michael S. Kaplan, M.D.
Lee Family Practice
11 Quarry Hill Road
Lee, MA 01238
413.243.0536

Melanie R. Levitan, M.D.
Lee Family Practice
11 Quarry Hill Road
Lee, MA 01238
413.243.0536

Thomas J. Linberg, M.D.
Lee Family Practice
11 Quarry Hill Road
Lee, MA 01238
413.243.0536

Martha A. Nathan, M.D.
Brightwood Health Center
380 Plainfield Street
Springfield, MA 01199
413.794.4458

Bruce M. Weinraub, M.D.
76 Carolon Drive
Northampton, MA 01060
413.585.0700

The following providers will now practice as Primary Care Physicians.

Internal Medicine

Dorothea S. von Goeler, M.D.
Brightwood Health Center
380 Plainfield Street
Springfield, MA 01199
413.794.4458

Gregg C. Wolff, M.D.
Franklin Medical Group
48 Sanderson Street
Greenfield, MA 01301
413.773.4931

The following provider will no longer practice as a Primary Care Physician.

Seth B. Kupferschmid, M.D.

Health Education Classes

HNE wants to help you stay healthy! Take advantage of our educational and self-help programs. Pre-registration is required for most classes. For more information, visit www.hne.com and click on “Healthy Directions.”

Adult Asthma Education. In this class, for members diagnosed with asthma, you will learn how to manage your asthma, measure peak flow, and develop an asthma action plan. For more information or to register, call 413.787.4000 or 800.842.4464, ext. 3553. Classes are held from 6:00–8:30 p.m. at the Best Western Sovereign Hotel, West Springfield.

Diabetes Education and Meal Planning. A nurse/diabetes educator and a dietitian/nutritionist teach this exciting new workshop for HNE members who have been diagnosed with diabetes. Learn about daily diabetes management, preventing complications such as high and low blood sugar, and important tests for people with diabetes. Learn ways to make better food choices and still enjoy your meal plan. Free to HNE members who have been diagnosed with diabetes—you may bring a guest. To register, call HNE at 413.787.4000 or 800.842.4464 ext. 3391 or 3381. Classes are held from 6:00–8:30 p.m. at the Best Western Sovereign Hotel, West Springfield.

Living Well Grocery Store Tours. Take advantage of this exciting program for HNE members who have diabetes, high cholesterol, or coronary heart disease. Walk through the grocery store with a registered dietitian and learn how to read food labels, count carbohydrates, determine portion sizes, fat and cholesterol content, and much more! Space is limited! For more information or to register, call 413.787.4000 or 800.842.4464, ext. 3031.

NEW!! HNE’s Virtual Grocery Store Tour. HNE is delighted to present the *Virtual Grocery Store Tour*, an informative guide to help you to read food labels, count carbohydrates, determine portion sizes, fat, sodium, and cholesterol content, and much more! We created this virtual tour because we are committed to helping you live a healthy life. Knowing more will help you make better choices and take charge of your health. For more information or to order a copy, call 413.787.4000 or 800.842.4464, ext. 3031. Please specify your choice of either CD-ROM (for your computer) or VHS format.

Living Well Program. This 6-week program provides self-management techniques to help relieve symptoms and control chronic illness. Meets weekly; fee is \$35 for materials. To register or for more information, call 413.787.4000 or 800.842.4464, ext. 3030.

Smoking Cessation. HNE wants to help you quit smoking! If you are an HNE member with asthma, diabetes, cardiovascular disease, or who is pregnant, attend a smoking cessation program. We will reimburse you up to \$50 for the cost of the class. For more information, call 413.787.4000 or 800.842.4464, ext. 3553.

Area hospitals also offer instruction and education on a wide range of topics. Below is a partial listing of classes and resources available through our local contracted providers. For more information, please call the individual hospitals directly.

CPR CERTIFICATION

BAYSTATE MEDICAL CENTER
413.794.9441
Community Heartsaver CPR
CPR-Healthcare Provider

BERKSHIRE MEDICAL CENTER
800.377.4325
CPR Certification Program

FAIRVIEW HOSPITAL 413.229.0010
CPR Certification Program
CPR Renewal

NOBLE HOSPITAL 413.572.5172
CPR Classes

DIABETES

BERKSHIRE MEDICAL CENTER
413.447.2000
Free Diabetes Clinic

COOLEY DICKINSON HOSPITAL
413.582.2400
Managing Your Diabetes
Families of Children with Diabetes

HOLYOKE MEDICAL CENTER
413.534.2789
Diabetes Self-Management

MARY LANE HOSPITAL 413.967.6211
Blood Glucose Screenings

MERCY MEDICAL CENTER
413.748.7000
Diabetes Basics

GENERAL HEALTH

BAYSTATE MEDICAL CENTER
413.794.2255 OR 800.377.HEALTH
Cholesterol Screenings

FAIRVIEW HOSPITAL WELLNESS CENTER
413.528.0790
Blood Pressure Screenings

FRANKLIN MEDICAL CENTER
800.377.HEALTH
Basic First Aid

HOLYOKE MEDICAL CENTER
413.534.2789
Blood Pressure Screenings

MARY LANE HOSPITAL 413.967.6211
Health Screenings

PRE/POSTNATAL

BAYSTATE MEDICAL CENTER
800.377.HEALTH
Preparation for Childbirth
Vaginal Birth after Cesarean

COOLEY DICKINSON HOSPITAL
413.582.2736
Becoming a Family
Breastfeeding Clinic

FAIRVIEW HOSPITAL 413.528.0790
Breastfeeding Clinic (Postpartum)
Prepared Childbirth (Basic)

HOLYOKE MEDICAL CENTER
413.534.2700
Breastfeeding Classes
Childbirth Classes
Pre and Postnatal Exercise Classes

MARY LANE HOSPITAL 413.967.6211
Childbirth Classes

MERCY MEDICAL CENTER
413.748.7295
Prenatal Exercise Class
Childbirth Classes
New Mother & Baby Fun Fitness

NOBLE HOSPITAL 413.562.3522
Exercise and Pregnancy

PARENTING

COOLEY DICKINSON HOSPITAL
413.582.2736
Beyond Birth: Parenting Your
Newborn
Gentle Baby Touch—Infant
Massage

FRANKLIN MEDICAL CENTER
413.774.4444
Parenting Teenagers Effectively

MERCY MEDICAL CENTER
413.748.7295
Sibling Class
Infant Massage
Adoption Education Workshops
& Informational Meetings

SMOKING CESSATION

COOLEY DICKINSON HOSPITAL
413.582.2400
Quit Now/Tobacco Treatment
Program

FAIRVIEW HOSPITAL 413.528.8600
EXT. 3136

Better Breathers Pulmonary Rehab
Program

MASSACHUSETTS SMOKERS QUIT LINE
800.879.8678, 800.833.5256 for
Spanish and Portuguese,
800.1477 for hearing impaired,
or www.trytostop.org/iwant/quit-line.asp

SUPPORT GROUPS

BAYSTATE MEDICAL CENTER
800.377.HEALTH
Better Breathers Support Group
Menopause Support Group
Osteoporosis Support Group

BERKSHIRE MEDICAL CENTER
413.447.2000
Diabetes Support Group

COOLEY DICKINSON HOSPITAL
413.582.2000
Breast Cancer Support Group
413.582.2028
Chronic Illness Support Group
Prostate Cancer Support Group

FAIRVIEW HOSPITAL 413.528.0790
Chronic Mental Illness Support
Group
Diabetes Support Group

FRANKLIN MEDICAL CENTER
413.773.2570
Breast Cancer Support Group
Breastfeeding Support Group
Cancer Support Group

HOLYOKE MEDICAL CENTER
413.534.2789
Breast Cancer Support Group

MARY LANE HOSPITAL 413.967.9077
Bereavement Support Group
Cancer Support Group
Caregiver Support Group

MERCY MEDICAL CENTER
413.748.7295
Cancer Support Group
Pulmonary Support Group
Chronic Pain Support Group

NOBLE HOSPITAL 413.568.2811
Caregivers Support Group
Diabetes Support Group
Stroke Support Group

WEIGHT MANAGEMENT

FAIRVIEW HOSPITAL 413.528.8600
EXT. 3061
Weight Management

HOSPITAL	WEB SITE
Baystate Med. Cntr.	baystatehealth.com
Berkshire Med. Cntr.	berkshirehealthsystems.com
Cooley Dickinson Hosp.	cooley-dickinson.org
Fairview Hosp.	berkshirehealthsystems.com
Franklin Med. Cntr.	baystatehealth.com
Holyoke Med. Cntr.	holyokeyhealth.com
Mary Lane Hosp.	baystatehealth.com
Mercy Med. Cntr.	mercycares.com
Noble Hosp.	noblehospital.org
North Adams Reg. Hosp.	nbhealth.org

2004 Adult Preventive Care Recommendations

	19-29	30-39	40-49	50-64	65+
HEALTH MAINTENANCE VISIT					
	At any age: <ul style="list-style-type: none"> ■ Obtain initial/interval history. ■ Perform age-appropriate physical exam. ■ Provide preventive screenings and counseling as below. ■ Update immunizations. For current immunization schedules, refer to the 2003 MDPHM/HQIP Immunization Guidelines. 				
Health Maintenance Visit	Every 1-3 years depending on risk factors for disease.			Annually.	Annually.
CANCER SCREENING					
Breast Cancer	<ul style="list-style-type: none"> ■ Perform clinical breast exam and provide self-exam instruction. ■ Mammography for patients at high risk. Risk factors include: family history of pre-menopausal breast cancer (mother or sister) and personal history of breast/ovarian/endometrial cancer. 	<ul style="list-style-type: none"> ■ Perform clinical breast exam and provide self-exam instruction. ■ Annual mammography at discretion of physician/patient. 	<ul style="list-style-type: none"> ■ Perform clinical breast exam and provide self-exam instruction. ■ Annual mammography. 	<ul style="list-style-type: none"> ■ Perform clinical breast exam and provide self-exam instructions. ■ Annual mammography through age 69; ≥ age 70 at physician/patient discretion. 	
Cervical Cancer (Pap Smear)	Every 1-3 years depending on risk factors. Three-year intervals only after 3 consecutive negative results. Pap screening may not be necessary if the patient has had a total hysterectomy for non-cancerous disease. Risk factors include: failure to receive regular Pap test screenings, history of cervical tumors, infection with HPV (Human Papilloma Virus) or other sexually transmitted diseases, high-risk sexual behavior and HIV/AIDS.				Every 1-3 years at physician discretion. The option to omit Pap screening after age 65 may be offered if there is documented evidence of regular previous screenings that are consistently normal.
Colorectal Cancer	Not routine except for patients at high risk. Risk factors include: personal/family history in a first-degree relative, specific genetic syndromes, inflammatory bowel disease, and non-cancerous polyps.		<ul style="list-style-type: none"> ■ Colonoscopy every 10 years, OR ■ Annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, OR ■ Sigmoidoscopy every 5 years, OR ■ Double-contrast barium enema every 5 years, OR ■ Annual fecal occult blood test (FOBT). Each of the screening strategies has advantages and disadvantages. Screen patients after discussion of the effectiveness, strength of evidence, risks, and complexity of each testing strategy to ensure an informed choice. Screening after age 80 at physician/patient discretion.		
Testicular and Prostate Cancer	<ul style="list-style-type: none"> ■ Perform clinical testicular exam and provide self-exam instruction. ■ Prostate cancer screening not routine. 	<ul style="list-style-type: none"> ■ Perform DRE exam for patients at high risk for prostate cancer. ■ Discuss risk and benefits of prostate-specific antigen (PSA) blood test with all patients. PSA screening in high-risk patients at physician/patient discretion. Risk factors include family history and African-American ancestry. 	<ul style="list-style-type: none"> ■ Perform DRE exam. ■ Discuss risk and benefits of prostate-specific antigen (PSA) blood test with all patients. PSA screening at physician/patient discretion. 		
Skin Cancer	Periodic total skin exams beginning at age 20 years. Frequency at physician discretion based on risk factors. Risk factors include: age, personal history of skin cancer or repeated sunburns early in life, family history, certain types and a large number of moles, light skin, light hair and light eye color, sun-sensitive skin, and chronic exposure to the sun. See also: General Counseling and Guidance.				
OTHER RECOMMENDED SCREENING					
Hypertension	At every acute/non-acute medical encounter and at least once every 2 years.				
Cholesterol	Every 5 years beginning at age 19 with fasting lipoprotein profile (total cholesterol, LDL cholesterol, high-density lipoprotein (HDL) cholesterol, and triglyceride). If the testing opportunity is non-fasting and total cholesterol is ≥200 mg/dl or HDL is <40 mg/dl, a follow-up lipoprotein profile should be performed.				
Diabetes (Type 2)	Every 3 years beginning at age 45. Screen more often and beginning at a younger age for those who are overweight and if risk factors are present. Risk factors include: age, first-degree relative with diabetes, physical inactivity, race/ethnicity (African-American, Hispanic, Native American, and Asian), high blood pressure, elevated cholesterol/lipid levels, history of gestational diabetes or birth of a baby >9 lb., impaired glucose tolerance, or polycystic ovary syndrome. A fasting blood sugar is the preferred diagnostic test.				
INFECTIOUS DISEASE SCREENING					
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, & Syphilis)	For chlamydia, gonorrhea: <ul style="list-style-type: none"> ■ Sexually active patients under age 25: screen annually. ■ Patients age 25 and over: screen annually, if at risk. Risk factors include: inconsistent use of condoms and new or multiple sex partners in previous 3 months, new partner since last test, history of, and/or current infection with sexually transmitted disease, partner has other sexual partner(s). ■ Screen pregnant women in first and third trimesters. For Syphilis: <ul style="list-style-type: none"> ■ Screen if at risk. Risk factors include: history of and/or current infection with another sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males. ■ Screen pregnant women at the first prenatal visit and in the third trimester, if at risk. 				
HIV	<ul style="list-style-type: none"> ■ Periodic testing of all patients at increased risk and testing of pregnant women at increased risk. Risk factors include: having received blood or blood products prior to 1985, homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high-risk behaviors, and inconsistent use of condoms. ■ Universal counseling of all pregnant women about HIV testing. 				
Hepatitis C	<ul style="list-style-type: none"> ■ Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing. 				
Tuberculosis	Tuberculin skin testing for all patients at high risk. Risk factors include: having spent time with someone with known or suspected tuberculosis (TB), having HIV infection, coming from a country where TB is very common, having injected illegal drugs, living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.). Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.				
SENSORY SCREENING					
Eye Exam for Glaucoma	<ul style="list-style-type: none"> ■ At least once in patients with no risk factors. ■ Every 3-5 years in high-risk patients. Risk factors include: African-American ancestry, age, family history of glaucoma, diabetes mellitus, and severe myopia. 	Every 2-4 years.	Every 2-4 years.	Every 2-4 years.	
Hearing and Vision Assessment	Ask about hearing and vision impairment, and counsel about the availability of treatment when appropriate.				

Pediatric Preventive Care Recommendations

HEALTH MAINTENANCE VISIT

1. Initial/Interval History & Physical Exam.
2. Developmental Assessment:
 - Physical – gross/fine motor and sexual development.
 - Cognitive – self-help, self-care skills, problem-solving and reasoning abilities.
 - Language – expression, comprehension, and articulation.
 - Psychosocial/Behavioral – assessment of social integration and peer relations, sleep disturbances, aggression, depression, risk-taking behavior and school performance, family changes/stresses/issues.
3. Nutritional Assessment.
4. Dental Assessment/Referral: Initiate referral by age 3 years and encourage visits every 6 months.
5. Head Circumference: Until and including age 24 months.
6. Check immunization status and administer any needed. For current immunization schedules, refer to the 2003 MDPH/MHQP Immunization Guidelines.

	0-1 Infancy	1-4 Early Childhood	5-10 Middle Childhood	11-18 Adolescence
HEALTH MAINTENANCE VISITS				
Frequency	Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months. Breastfeeding check between ages 3 days-2 weeks.	Ages 15, 18, 24 months, and 3 and 4 years.	Annually.	Annually.
ROUTINE LABS				
Anemia: Hb/Hct	Once between ages 9 –12 months.	As needed at physician discretion.	As needed at physician discretion.	Once during adolescence for males. Annually for all menstruating females.
Blood Pressure		At every routine visit starting at age 3 years.	At every routine visit.	
Cholesterol		Screen children older than age 2 years with family history of premature cardiovascular disease (CVD) or parent w/ blood cholesterol level \geq 240. Premature CVD is defined as definite heart attack or sudden death before age 55 years in a first-degree male relative, or before age 65 in a first-degree female relative.		
Lead (MDPH)	Initial screening between ages 9-12 months. Refer to MDPH Childhood Lead Poisoning Prevention criteria for screening children at high risk. See www.state.ma.us/dph/dppp/dppp.htm	<ul style="list-style-type: none"> ■ Screen annually at ages 2 and 3 years. ■ Screen again at age 4 years if child lives in city/town at high risk for childhood lead poisoning, as determined by the State. Refer to MDPH Childhood Lead Poisoning Prevention criteria for screening children at high risk. See www.state.ma.us/dph/dppp/dppp.htm 	If never screened, children must be screened at entry to kindergarten. Refer to MDPH Childhood Lead Poisoning Prevention criteria for screening children at high risk. See www.state.ma.us/dph/dppp/dppp.htm	
Urinalysis				Once at age 5 years or at physician discretion.
SENSORY SCREENING				
Hearing	<ul style="list-style-type: none"> ■ Newborn prior to discharge or at least by age 1 month. ■ Subjective assessment at all other routine checkups. 	<ul style="list-style-type: none"> ■ Pure-tone audiometry at age 4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. ■ Pure-tone audiometry between ages 2 and 4 if there is a language delay or a risk of hearing loss. ■ Subjective assessment at all other routine checkups. 		
Vision/Eye Care	<ul style="list-style-type: none"> ■ Newborn prior to discharge: corneal light reflex and red reflex. ■ Evaluate fixation preference, alignment, and eye disease by age 6 months. 	<ul style="list-style-type: none"> ■ Visual acuity test at ages 3,4, 5, 6, 8, 10, 12, 15, and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. ■ Re-evaluate fixation preference, alignment, and eye disease between ages 3 and 4 years. 		
Sexually Transmitted Diseases (Chlamydia, Gonorrhea, HPV, & Syphilis)				<ul style="list-style-type: none"> ■ For chlamydia and gonorrhea: screen all sexually active patients annually. Screen pregnant adolescents in first and third trimesters. ■ For syphilis: screen if at risk. Risk factors include: history of and/or current infection with sexually transmitted disease, having more than one sexual partner within the past 6 months, exchanging sex for money or drugs, and males engaging in sex with other males. Screen pregnant adolescents, if at risk, at the first prenatal visit and in the third trimester.
Hepatitis C		Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus- infected mothers.		Periodic testing of all patients at high risk. Risk factors include: injection of illegal drugs, receipt of a blood transfusion or solid organ transplant before July 1992, receipt of blood product for clotting problems before 1987, long-term kidney dialysis, evidence of liver disease, receipt of a tattoo and/or body piercing.
HIV				Screen patients with risk factors and all pregnant adolescents. Risk factors include: homosexual or bisexual behavior, drug abuse, history of prior sexually transmitted diseases, new or multiple sex partners, sex partners who have engaged in high-risk behaviors, and inconsistent use of condoms.
Tuberculosis				Tuberculin skin testing for all patients at high risk. Risk factors include: having spent time with someone with known or suspected TB, coming from a country where TB is very common, having HIV infection, having injected illegal drugs, living in U.S. where TB is more common (e.g., shelters, migrant farm camps, prisons, etc.), or spending time with others with these risk factors. Determine the need for repeat skin testing by the likelihood of continuing exposure to infectious TB.
Pelvic Exam/Pap Smear				Screen annually if sexually active. Offer at age 18 years regardless of sexual activity.
Testicular Exam and Self Exam Instruction				Perform clinical testicular exam and provide self-exam instruction annually beginning at age 15 years.
Clinical Breast Exam and Self Exam Instruction				Perform clinical breast exam and provide self-exam instruction annually beginning at age 16 years. Earlier at physician discretion.
<p>Note: This table represents a core set of clinical guidelines for an asymptomatic patient from the general population. Guidelines should not supplant clinical judgement or the needs of individual patients. If you are interested in a complete listing of Preventive Care Recommendations, please contact Member Services at 413.787.4004 or 800.310.2835. For recommended childhood immunizations, please see page 2.</p> <p>References: All guidelines are based on recommendations from state and national agencies including USPSTF, AAFP, AAP, MDPH.</p>				

It's In Your Hands

Take responsibility for your health care

The quality of the medical care you receive and your satisfaction with your care depend on two things: 1) being more involved with your care, and 2) committing to following through with the treatment plan you and your doctor select.

If you sprain your ankle, for example, probably you'll be able to describe your symptoms and express your concerns clearly. In the same way, the

doctor will be able to explain your problem in simple terms and prescribe a treatment plan that is uncomplicated and easy to understand.

However, if you develop a more serious condition, it's important to stay even more involved, rather than giving up control. This is the time for you to accept more (not less) responsibility for making appropriate health care choices. This includes:

- ✿ Understanding your problem, your treatment options, and your doctor's recommendations.
- ✿ Finding additional information about your problem (e.g., books, Web sites, second opinion).
- ✿ Involving family members or others who may need to understand your health problem and your treatment plan.

Working in partnership with your doctor also includes committing to, and following through with, your treatment plan. For example, if you think the medicine your doctor prescribed isn't working, you might be tempted to just stop taking it. However, you'll feel more in control if you check with your doctor about the benefits and risks of continuing the medicine. When you have all the information, you and your doctor can weigh your options and decide what's best—perhaps you should use the medicine a bit longer, or maybe the medicine or the dosage should be changed.

You'll feel more confident and satisfied about your care if you and your doctor work together as partners. This important relationship will improve the quality of the medical care you receive as well. ✿

Grief or Depression?

Feeling sad, shocked, confused, and fatigued after losing a loved one is perfectly normal. Grieving is a natural and healthy reaction that usually runs its course. As you accept your loss, gradually you will face the future with more optimism, although deep sadness may continue.

However, if grief does not subside within about 2 months of your loss, it may turn into depression. Signs of depression following grieving include:

- ✓ Feelings of guilt
- ✓ Thoughts of death
- ✓ Slowing of movements and actions
- ✓ Difficulty performing normal daily activities
- ✓ Unexplained physical complaints
- ✓ Weight loss of more than 15 pounds
- ✓ Sleeping too much, awakening too early
- ✓ "I don't care" attitude or panic attacks
- ✓ Symptoms that persist nearly every day. (In contrast, a grieving person will have some good days and some bad days.)

In most cases, depression can be treated successfully with medication and/or talk therapy. If you've experienced a personal loss and your grieving seems to have become symptoms of depression, talk to your doctor, mental health professional, or EAP (if available). ✿

Resource: The Johns Hopkins Medical Institutions, www.hopkinsafter50.com



The beginning of wisdom is found in doubting; by doubting we come to the question; and by seeking we may come upon the truth.
—Pierre Abelard

Muscle strains, or pulls, are tears or stretches in the muscle fibers or the tendons that connect muscles to bones. Causes of muscle strain include:

- **MUSCLE IMBALANCE:** One side of the joint is stronger than the other, or while one muscle contracts, the opposite muscle doesn't relax. This can result from either a lack of conditioning or overtraining one muscle group more than the opposing group.
- **MUSCLE FATIGUE** can stress the muscle and connective tissue.

Being active increases your risk of injury. But, if you're inactive, you may be at risk if you suddenly begin an activity without first getting into shape gradually. *

What can I do for muscle strains?

Symptoms and Signs:

- ❖ Pain, swelling, and tenderness in a muscle or joint

Talk to Your Doctor If:

- ❖ There's excessive swelling, bruising, and/or tenderness in the injured area.
- ❖ Pain prevents you from moving comfortably.
- ❖ You have been physically inactive or have a health problem, and you want to begin a physical activity program.

This article is intended to increase awareness of health and medical care issues. None of the information in this text is intended to be a substitute for appropriate physician diagnosis and medical care.

If physician referral is not recommended at this time, Try HomeCare™:

REST

Reduce your activity. Avoid movements that place stress on the injured area.

HEAT/COLD

Apply cold pack or ice massage: 20 minutes on, 20 minutes off for 2 hours. Continue for 24 to 48 hours after injury. Try heating pads, whirlpools, or analgesic balms on the third day if swelling is gone.

COVER

Wrap the injured area—snugly, but not too tightly—with an elastic bandage.

NOTE WELL

Elevate the injured area for 24 to 48 hours, depending on the severity of the injury.

MEDICATION

Aspirin, naproxen, or ibuprofen may help to reduce pain and inflammation.

ACTIVITY

Try slow, gentle stretches if the strain is mild, but hold off for a few days if the injury is moderate or severe; try movements such as slow walking or gentle arm circles to promote circulation. Use weight training to achieve adequate levels of strength in major muscle groups and their opposing muscles. Condition properly before resuming your activity.

Ask the Doctor



Q. My doctor just told me that I have **arthritis**. I'm only 40 years old and I thought that only older people got arthritis. To help sort this out, what questions should I ask my doctor?

A. It's important to be involved in decisions affecting your care. When you and your doctor work together to solve your health problems, you'll feel more confident and satisfied with your care.

Good Questions!

- ▮ What kind of arthritis do I have? How advanced is it?
- ▮ Will I need to take any medications? What are the side effects of these medications?
- ▮ Are creams effective for relieving the pain? Are they right for me?
- ▮ What is the best exercise to help my arthritis?
- ▮ Would physical therapy be helpful?
- ▮ Can my children inherit arthritis from me?
- ▮ Which alternative therapies might help relieve my symptoms? *



Clip these questions and take them with you to your next appointment.

Spring and Summer Update



Spirit of Champions

The *Spirit of Champions* is celebrating its fifth year. This year, HNE will assume sponsorship of this run/walk as our signature event. In 2000, our community lost Paul O'Reilly, a very special teacher and basketball coach, to Burkitt's Lymphoma, a type of cancer typically found in children. During his illness, Paul created

the *Spirit of Champions*. This event gives children in the Pioneer Valley a chance to rally together to help local children who are battling cancer.

The *Spirit of Champions* will take place at Western New England College on Saturday, June 19th. The event includes a fun run/walk as well as lots of other activities for children from pre-K through 8th grade. There will be lots of prizes, free food and drinks, entertainment and games. Registration begins at 9 a.m. For more information, you may go to our website, www.hne.com, and look for the *Spirit of Champions* logo, or call Flora Masciadrelli at 800.842.4464. *



On Sunday, September 26, *Memory Walk 2004* for Alzheimer's will be held at Stanley Park in Westfield. The Memory Walk is the only national fundraising event for Alzheimer's disease. This is a fantastic day for all family members, including the dogs! There are three levels of walk routes, information booths, and a free lunch for all walkers, compliments of the Outback Steakhouse®.

Alzheimer's disease is a degenerative disease of the brain for which there is no known cure. Currently, more than 4 million Americans have Alzheimer's disease, and it is the fourth leading cause of death among adults. This number will grow dramatically in coming years as our population ages. The families of people with Alzheimer's struggle with the physical, emotional, and financial demands of caregiving—often referred to as the "36-hour" day.

HNE will form a team to participate in the walk. You may join our team, form your own, or walk on your own. Anyone may participate; you do not need to be on a team. For more information contact Wendryn Case at 413.787.1109. *

MEMBER MATTERS

PROVIDING HEALTH RELATED NEWS FOR HEALTH NEW ENGLAND MEMBERS

Published quarterly by HNE Communications.

How can we help you?

For information on your plan:

- Call Member Services at 413.787.4004 or 800.310.2835
- Visit us in person at: One Monarch Place, Springfield, MA.

For questions or comments on *Member Matters*: Contact Joe Kane, jkane@hne.com, 413.787.4000 Ext. 3229

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