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Total Health & Wellness is published by United Service Association For Health Care. This information is intended to educate the public about subjects pertinent to their health, not as a substitute for consultation with a personal physician. © 2008 Printed in the U.S.A.

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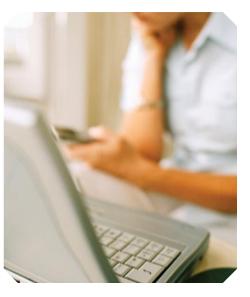
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## Women: Protect Yourselves Against Cervical Cancer

THE GOOD NEWS IS THAT THERE ARE WAYS TO HELP PREVENT CERVICAL CANCER. WITH REGULAR PAP TESTS AND PELVIC EXAMS, YOUR HEALTH CARE PROVIDER CAN FIND AND TREAT "PRECANCEROUS" CELLS BEFORE THEY TURN INTO CANCER.







#### → WHAT IS CERVICAL CANCER?

Cancer is a disease in which certain body cells don't function right, divide very fast, and produce tissue that forms a tumor. Cervical cancer is cancer in the cervix, the lower, narrow part of the uterus that forms the canal that opens into the vagina. Cervical cancer is a disease that can be very serious. However, it is one that you can help prevent.

#### **How Does Cervical Cancer Occur?**

Cervical cancer occurs when normal cells in the cervix change into cancer cells. This normally takes several years to happen, but it can also happen very quickly. The good news is that there are ways to help prevent cervical cancer. By getting regular Pap (Papanicolaou) tests and pelvic exams, you enable your health care provider to find and treat the changing cells before they turn into cancer.

#### **How Is Cervical Cancer Detected?**

If the Pap test finds serious changes in the cells of the cervix, the doctor will suggest more

powerful tests, such as a colposcopy. In this procedure, the doctor uses a tool called a colposcope to see the cells of the vagina and cervix in detail. If there are still some signs of precancerous cells, right after a colposcopy the doctor may use the LUMA Cervical Imaging System. This device, recently approved by the FDA, shines a light on the cervix and looks at how different areas of the cervix respond to this light. It then makes a map that helps the doctor decide where to further test the tissue with a biopsy. •

The National Cancer Institute (NCI) is the federal government's authority on cancer, including cervical cancer. You can contact the NCI at 800-4-CANCER (800-422-6237) or visit the NCI website at www.cancer.gov.

You can also find out more about cervical cancer by contacting the National Women's Health Information Center at 800-994-9662 or by visiting their website at www.womenshealth.gov.

We value your membership and are here to assist you should you need us. Please contact us at 800-872-1187.

### 'Tis the Season for Allergies and Asthma

IF YOU HAVE SEASONAL ALLERGIES, SPRING IS A MIXED BLESSING. IF YOU HAVE ASTHMA TOO, IT CAN MEAN DOUBLE TROUBLE! THINGS THAT TRIGGER ALLERGIES CAN ALSO JUMP-START THE IMMUNE SYSTEM AND TRIGGER AN ASTHMA ATTACK.

→ MORE THAN HALF OF ALL ASTHMA SUFFERERS ALSO HAVE ALLERGIES. THE THINGS THAT TRIGGER THEIR allergies can also jump-start the immune system and trigger an asthma attack.

Pollen, dust, and animal dander may come to mind as the most common allergy triggers. But, there's another one that actually causes more problems for people with asthma—cockroaches. A recent study found that allergic reactions to these insects are the leading cause of asthma symptoms in children who live in urban areas. Allergies to dust mites and mold were common, too.

#### **Tame Your Triggers**

The best way to prevent an allergic asthma attack is to avoid whatever prompts a reaction. Try these tips for dealing with specific allergens:

• Dust mites. Cover your mattress and pillows with dust-proof cases. Wash your sheets and blankets in hot water every week. When cleaning house, dust with a damp, not dry, mop or rag and use a filtered vacuum cleaner.

- Mold. Run a dehumidifier in rooms that get damp. Vent your clothes dryer outdoors. Check for water leaks in your home and repair them. Don't put down carpet anywhere it could get wet.
- Cockroaches. Keep food tightly covered.
  And, take out the trash often. Wash
  dishes and wipe down the countertops
  and stove right after a meal. Clean your
  kitchen floor at least weekly. To keep
  cockroaches from getting in, block off
  small spaces in the cellar, around windows, and in the floor.
- Pet dander. Keep dogs and cats out of your bedroom. Vacuum regularly.
   Wash your hands after touching a pet.
- Pollen. Stay indoors in the morning, when pollen levels tend to be highest.
   Close your windows and use air conditioning, if you can.

Above all, if you have allergic asthma, be sure to take your asthma medicine. It can help keep your allergies—and

control. •

your asthma—under

# FIGHT ASTHMA with Good Food

Did you know that what you eat may make your asthma better or worse? Scientists have been studying how food affects asthma.

Here are some foods that may help your lungs work better:

- Avocados
- Bananas
- Potatoes
- Legumes (such as beans, lentils, and peas)
- Dairy products
- Whole grains
- Fruits with vitamin C (such as oranges)
- Fresh fish (such as salmon, mackerel, and halibut)
- Plant oils (flaxseed oil and walnuts)
   Eating these foods can help your general health. And they may also help control

your asthma. No matter what
you eat, be sure to continue
taking your asthma
medicine as your doctor
tells you.



### Sleep Deprivation Takes Its Toll

WHEN YOU'RE PUSHED FOR TIME, THE FIRST THING THAT USUALLY GOES IS SLEEP. HOWEVER, YOU FREQUENTLY END UP PAYING FOR IT IN TERMS OF DECREASED PRODUCTIVITY AND AN INCREASED RISK FOR ERRORS IN **IUDGMENT AND ACCIDENTS.** 



→ WHILE SOME SLEEP DISTURBANCES MAY BE LINKED TO BIOLOGICAL CHANGES ASSOCIATED WITH AGING OR certain physical diseases, especially those that cause pain, others may be associated with a mental health disorder such as depression or anxiety. Poor sleep may also stem from "bad" habits such as napping too long or too late in the day, or doing shift work, which applies to nearly one-quarter of the population, according to the National Center on Sleep Disorders Research (NCSDR). On the other hand, you may simply not be giving yourself the opportunity to acquire ample shuteye. Why isn't America getting a better night's rest? It's a two-part problem.

First, we have a society that's on a 24-hour cycle—with multiple jobs in many cases and multiple responsibilities both at work and home. When you're pushed for time, as many people are, the first thing that usually goes is sleep. When you sacrifice hours this way, however, you frequently end up paying for it in terms of decreased productivity and an increased risk for errors in judgment and

The second part of the problem relates to actual sleep disorders. Insomnia—the inability to fall asleep and remain there affects many millions of people. Sleep apnea affects another 10 to 15 million. Narcolepsy

(falling asleep uncontrollably during the day) affects at least 120,000. An unknown number have restless legs syndrome (RLS). In general, society is not well rested.

While people of any age may be affected, there seems to be a large prevalence of sleep disturbances among older men and women. Sleep studies reveal that they get less "REM" (deep) sleep over time. With aging, sleep becomes more fragile, that is, it doesn't take much disturbance to awaken the individual. Women may first notice this during menopause.

Lack of sleep and its link to accidents automobile and on-the-job—now appears to be a problem of far greater magnitude than previously believed. Fatigue leads to diminished mental alertness and concentration. A "near miss" (in a motor vehicle or otherwise) sometimes makes people recognize they have a problem and need to seek professional help.

There could be as many as 1,500 sleeprelated automobile fatalities annually in the United States. Shift workers are especially prone to this problem. Their "biological clock" is ticking at the wrong time, and they typically drive home after work when they're extremely tired. Young males under 25 also have a disproportionate number of auto accidents related to sleepiness. The NCSDR wants to target them through education, and is currently working on a program with the U.S. Department of Transportation that, hopefully, will be very effective. •

Getting enough shuteye? If not, contact the National Center on Sleep Disorders Research at 301-435-0199 or visit their website at www.nhlbi.nih.gov/about/ncsdr.

### Eating Together Is Good for Kids

STUDIES SHOW THE FAMILY MEAL YIELDS BETTER HEALTH AND BEHAVIOR. IT CAN LAY THE FOUNDATION FOR BETTER PARENT-CHILD RELATIONSHIPS. AND IT CAN SET THE STAGE FOR MEALTIMES AS TIMES FOR REUNION, RELATIONSHIP, AND COMMUNICATION.

#### → HOW OFTEN DO YOU AND YOUR FAMILY ALL MANAGE TO SIT DOWN TOGETHER

for dinner? Your answer means far more than a chance to find out what's going on in school.

Research shows that the odds of being overweight are 15 percent lower for children who dine with their families almost every day. Families who dine together also eat less fried food and drink less soda. They're also more likely to eat more fruits and vegetables and drink more milk.

But your child's health and waistline aren't all that's at stake. Teens from families who almost never eat dinner together are much more likely to use illegal drugs, cigarettes, and alcohol. Family meals, according to one recent survey, can also lay the foundation for better parentchild relationships.

Other research showed family mealtime was the single strongest predictor of better tests scores and fewer behavioral problems. Meals scored even better than time spent studying or in church.

Let children start setting the table and help deciding what you're going to eat and help preparing the food, experts say. Then, when you sit down, it's not just Mommy's or Daddy's meal, it's everybody's meal. With older children, you're setting the stage for mealtimes as times for reunion, relationship, and communication. Remember:

- It doesn't have to be dinner.
   If Dad doesn't get home until 8 p.m., Mom and the kids can have dessert with him. Or the family meal can be Sunday brunch or a quick weekday breakfast of cereal and milk.
- It doesn't have to be every day.
   Eat together as often as you can—and make it pleasant!

- It doesn't have to be gourmet.
   Choose time-saving foods like store-cooked chicken, microwave veggies, prepared soups, or planned leftovers. Cook chili on the weekend and reheat it during the week.
- You don't *have to* cook it. Takeout is OK.
- It doesn't have to be at home.
   Quality fast food can be fine.

For more bright ideas, visit the National Center on Addiction and Substance Abuse website at www.casacolumbia.org.

# Weave Fiber into Kids' Diets

→ MOST CHILDREN DON'T GET ENOUGH FIBER IN THEIR DIETS – AND THAT SHOULD CHANGE.

Studies show fiber offers a lot of benefits, says nutritionist Leslie Bonci,
M.P.H., R.D., an American Dietetic Association spokeswoman and
author of The ADA Guide to Better Digestion. Later in life, a fiber-rich diet
may decrease the risk of heart disease, type 2 diabetes, and colorectal
cancer. So it's wise to get children in the fiber habit at a young age.

Fiber also helps move waste more efficiently through kids' digestive system, easing constipation. And if you're worried about your child's weight, it helps to know that high-fiber diets may help head off obesity.

How much fiber does your child need? Do the math. The total number of fiber grams a child should consume each day should equal the child's age plus 5, starting at age 2. That means a 6-year-old should have 11 grams of fiber a day.

You don't need a lot more fiber to make a difference, Bonci says. In fact, it's better not to add a lot of high-fiber foods at once. And as you add fiber, make sure your children are drinking plenty of water.



## Tea Helps Toughen Older Women's Hips

THOSE WHO DRINK TEA DAILY LOSE LESS BONE, ONE STUDY FINDS. DRINKING TEA MAY ALSO IMPROVE BONE MINERAL DENSITY IN PEOPLE AT RISK FOR OSTEOPOROSIS. ANOTHER STUDY FOUND THAT DRINKING GREEN TEA MIGHT HELP EASE THE INFLAMMATION AND PAIN OF RHEUMATOID ARTHRITIS.

#### → NEW AUSTRALIAN RESEARCH SUGGESTS THAT HAVING A CUPPA (TEA, THAT IS) MAY HELP STRENGTHEN OLDER women's hips.

"This study suggests that drinking tea in moderation can actually benefit your bones," says lead researcher Amanda Devine, a senior lecturer in the nutrition program at the School of Exercise, Biomedical and Health Science, Edith Cowan University, and adjunct senior lecturer at the University of Western Australia's School of Medicine and Pharmacology, in Perth.

"Those who drank tea in the study had a higher bone density over the four years that they were studied," she says. "These women lost less bone than those who did not drink tea. More than three-quarters of the women drank tea daily, and they consumed on average about three cups per day."

Outside experts called the findings intriguing but still preliminary.

"Some tea may be potentially helpful," says Paul Brandt, an associate professor of neuroscience and experimental therapeutics at Texas A&M Health Science Center College of Medicine. "One or two cups of tea a day probably couldn't hurt, but I wouldn't say that it absolutely will help. It's possible that it could prevent some loss."

Prior research has suggested that drinking tea may improve bone mineral density in people at risk for osteoporosis, but the findings are not conclusive. One study found that drinking green tea might help ease the inflammation and pain of rheumatoid arthritis.

Fractures, especially hip fractures associated with osteoporosis, are a major source of disability in postmenopausal women. Osteoporosis causes the bones to become



fragile and more likely to break. Although it primarily affects older women, osteoporosis can affect others as well.

The new study, published in the October 2007 issue of the American Journal of Clinical Nutrition, involved 1,500 elderly Australian women (70 to 85 years old) who participated in a five-year trial of the effect of calcium supplementation on osteoporotic hip fracture.

Information on tea consumption was collected at the beginning of the study for 275 participants, and all participants filled out a beverage consumption questionnaire at the end of the trial.

Bone mineral density at the hip was measured at years 1 and 5. By the end of the study, bone mineral density at the hip was 2.8 percent greater in tea drinkers than in non-tea drinkers, the researchers found.

Over four years, tea drinkers lost an average of only 1.6 percent of their total hip bone mineral density, while non-tea drinkers lost 4 percent—consistent with previous studies.

There was, however, no relationship between the amount of tea consumed and bone gains, which raises some questions about the mechanisms that might be responsible for the effect.

"We didn't see a dose-response to tea drinking-that is, if you drank more tea, then your bones were even better," Devine says. "The lack of relationship may be due to the small numbers of tea drinkers in each group, once we started examining these data. When we just look at the whole group, we have more power to see a difference."

The authors speculated that certain components of tea, such as antioxidant flavonoids, might account for the benefit seen. Flavonoids "have been shown to have a stimulatory effect on new cells that build bone in cell line studies," Devine explains. "Also, the weak estrogenic [effect] of phytoestrogens found in tea may be beneficial especially to older women whose levels of endogenous estrogen is low. Also, the addition of milk to tea will add calcium to the diet, which is also needed for healthy bones." ●

If bone loss isn't your "cup of tea," call the National Osteoporosis Foundation at 800-231-4222 or visit their website at www.nof.org.

### Avoid the Cost of Health Fraud

BE SUSPICIOUS OF PRODUCTS THAT CLAIM TO CURE A WIDE RANGE OF UNRELATED DISEASES, PARTICULARLY SERIOUS ONES SUCH AS CANCER AND DIABETES. NO PRODUCT CAN TREAT EVERY DISEASE AND CONDITION, AND FOR MANY SERIOUS DISEASES, THERE ARE NO CURES, ONLY THERAPIES TO HELP MANAGE THEM.

→ EVERY YEAR, COUNTLESS AMERICANS FALL VICTIM TO HEALTH FRAUD—BUYING PRODUCTS THAT HAVEN'T been scientifically proven safe and effective but are touted as preventing, curing, or treating diseases.

These products are heavily promoted on the Internet, on TV infomercials, and in newspaper and magazine advertisements. Marketers of these bogus treatments often promise quick weight loss or miracle cures for cancer, AIDS, or diabetes.

In doing so, they cheat American consumers out of \$30 billion annually and deter

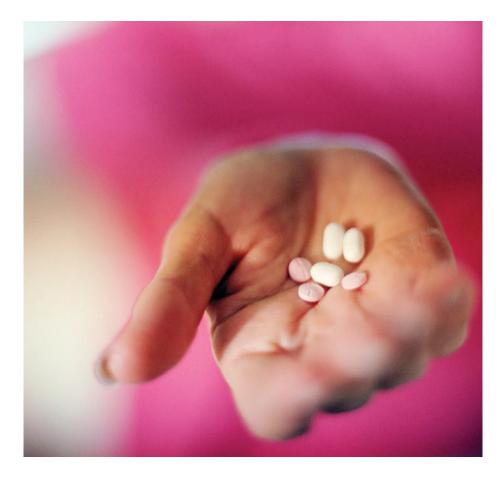
them from seeking legitimate medical care.

To help you avoid wasting money and endangering your health on such fraudulent products and treatments, the Food and Drug Administration offers these suggestions.

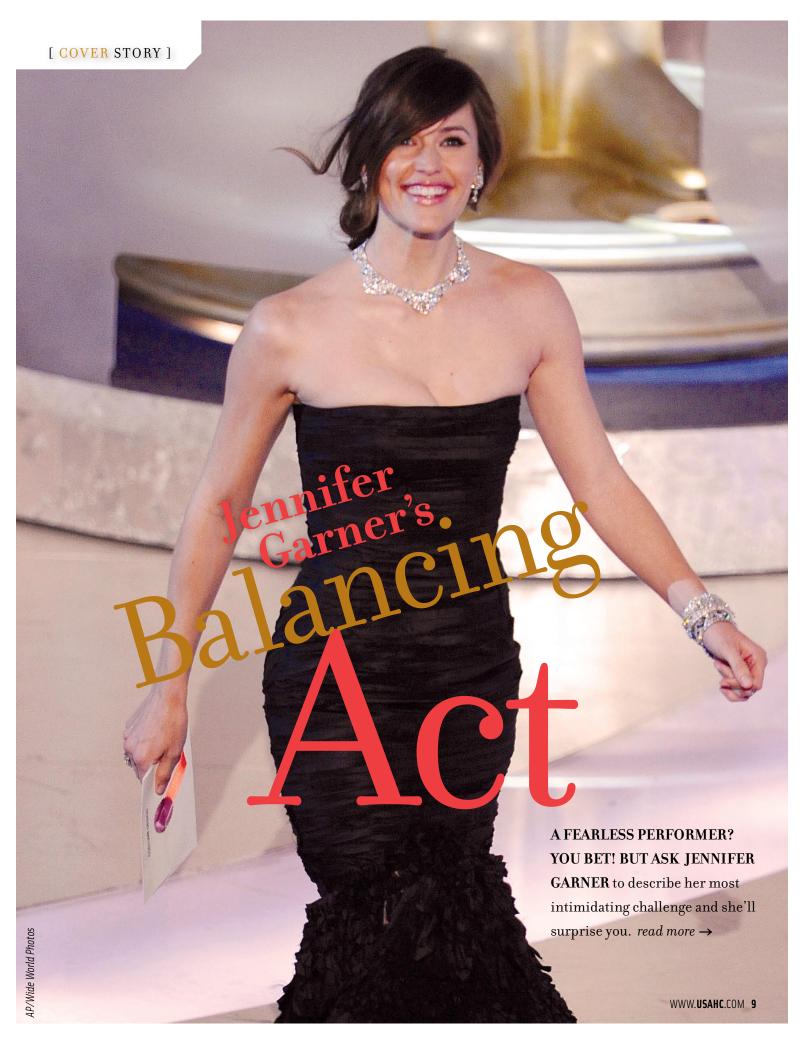
- Be suspicious of products that claim to cure a wide range of unrelated diseases, particularly serious ones such as cancer and diabetes. No product can treat every disease and condition, and for many serious diseases, there are no cures, only therapies to help manage them.
- · Realize that testimonials are personal

- stories that have been passed on from person to person. Often they're made up.
- Be wary of statements that suggest a product can provide a quick cure, especially if the disease or condition is serious. Even with proven treatments, few diseases can be treated quickly.
- Don't be fooled by the term "natural." It suggests a product is safer than conventional treatments, but it's meaningless. The term doesn't have an official meaning, and "natural" is not the same as "organic."
- Be wary of products described as "miracle cures," "exclusive products" or "new discoveries." If a product cured a serious disease, the media would report it and doctors would prescribe it. It wouldn't be hidden in an obscure magazine or newspaper ad or website promotion, where the marketers are of unknown, questionable, or nonscientific backgrounds.
- Talk with a doctor or another health professional before buying or using any product that's not prescribed.
- Contact the Better Business Bureau (www.bbb.org) to learn if complaints have been lodged against the product.
- Check with an appropriate health association-for example, the American Heart Association, American Diabetes Association, or National Arthritis Foundation-if the product is promoted for heart disease, diabetes, or arthritis.

A good way to determine a product's authenticity is to ask yourself, "Does it sound too good to be true?" If it does, it probably is. •



Fed up with fraud? If so, visit the Food and Drug Administration's website at www.fda.gov, or call 888-463-6332.



#### → FOR HOLLYWOOD SUPERSTAR AND **DEVOTED MOM JENNIFER GARNER,**

the biggest challenge of all is maintaining a healthy "work-life balance" by meeting the demands of both family and career.

As CIA agent Sydney Bristow on ABC-TV's runaway hit series Alias, she was a whirling, buttkicking hurricane—a nimblefooted and quick-witted superspy with enough energy to light up Yankee Stadium for a night

And while shooting scenes for the blockbuster 2003 moviethriller Daredevil (and its 2004 sequel, Elektra), she insisted on performing her own stunts . . . even when they required her to crash head-on into shattering windows at the end of a whiplike, flying body harness.

A fearless performer? You bet! But if you ask Jennifer Garner to describe the most intimidating challenge in her thoroughly remarkable life, she'll surprise you by pointing out that her toughest recent assignment has much more to do with "pushing strollers and doing loads of laundry" than with kickboxing stunts or high-speed car chases.

Cyrano de Bergerac. "Raising kids is a huge responsibility, and it's one that comes before everything else in my life.

"But running a household also puts heavy demands on you," says Garner, a surprisingly down-to-earth and hands-on homemaker who's famous in Hollywood and environs for doing her own housework instead of hiring platoons of maids and cooks to handle these daily chores. "For me, the most important thing is to find the right balance between my demanding career as a professional actress and my real-life role as a mother and wife.

"As far as I'm concerned, blending those two things successfully is absolutely essential to building the kind of healthy and emotionally satisfying lifestyle that I want for me and my family."

Make no mistake: While rising through the ranks of struggling wannabe actresses in Hollywood and New York (her first acting job paid exactly \$150 a week), the indefatigable "Jenn" Garner proved over and over again that she has the kind of steely-eyed



of Denison University in Ohio, where she at first planned to study chemistry and follow in Dad's footsteps.

But then she discovered theater arts and began acting in student productions. Within a few months,

waitress to pay the bills and wore out her shoes in a ceaseless round of adrenalin-charged auditions for theater, movie, and television roles.

It was tough going at first. But after landing a few small parts in TV episodes, she managed to nail down a full-time slot as "Romy Sullivan" on Fox's short-lived Time of Your Life weekly drama series. She hit the ground running (and met her first husband, actor Scott Foley) on the show, and she never looked back. Within a year, she had won her first big role (in the 2001 feature film Pearl Harbor) and was already shooting scenes for the long-running Alias (2001-2006), the take-no-prisoners spyshow that would vault her to starstatus during its very first season.

Since achieving mega-fame on Alias, Garner has gone on to play a series of roles that emphasize her physical athleticism as well as her good looks. In The Kingdom (2007),

### 66 For me, the most important thing is to find the right balance between my demanding career as a professional actress and my real-life role as a mother and wife. "?

"As the mother of a really lively two-year-old, I'm amazed at the amount of energy you need to be a good parent," says the 35-year-old Garner, a Golden Globe Awardwinner who also earned rave reviews last year for her starring role as Roxane in a Broadway stage-revival of the French classic,

toughness and tenacity required for success in one of the world's most competitive professions.

Born in Houston but raised in Charleston, West Virginia, where her chemical engineer-father spent most of his career, Garner studied ballet for nine years, before landing on the campus

she realized she was hopelessly hooked on the craft of acting. What followed was a thrilling and sometimes discouragingstruggle to find a place for herself in the showbiz world of New York and Hollywood. Like thousands of aspiring performers before her, Garner worked as a restaurant

### The **JENNIFER GARNER** Workout

What's the real secret to keeping your cardiovascular system vigorous and healthy, while burning

calories and exercising your major muscle groups? For megastar Jennifer Garner, who works very hard to balance her high-profile acting career with raising a two-year-old daughter, taking care of a house, and trying to stay healthy by staying in good physical

"Keeping the pounds off once you've had a baby isn't easy, as every woman knows," confesses the high-octane entertainer. "There's no magic involved—just a willingness to engage in some strenuous exercise four or five times a week, while eating right day in and day out. What I really like about my exercise regimen is the way it boosts my energy level all day long . . . even as it helps me keep my weight under control."

shape, the key to workout success is knowing how to exercise, and how often.

All set, then? To follow Garner's five-times-a-week, 45-minute workout regimen, first consult with your family physician . . . and then proceed through the following steps:

- [1] BEGIN WITH STRETCHING EXERCISES for arms, legs, hips, back, and neck. (5 minutes)
- [2] DO GENTLE, SLOWLY PACED "SQUATS" (aka "knee bends") to get on stamina — with 90-second rest periods between sets. (5 minutes)
- [3] ARM PRESSES: To strengthen arm and shoulder muscles, use 5-pound weights and do 12 to 15 reps, two or three times, with 90-second rest
- [4] BCEPS CURLS: Use 5-pound weights and do 12 to 15 reps, two or three times, with 90-second rest periods between sets. (5 minutes)
- [5] **CRINCHES:** Also known as "half-situps," these exercises strengthen abdominal muscles and reduce flab along midriff. Do 10 to 12 reps, two or three times, with 90-second rest periods in between. (5 minutes)
- [6] WALKING: Briskly paced walking is terrific exercise, says Garner, neighborhood the better. Start with 20 minutes a day, right after your walking, whenever your schedule permits.

she played a tough-as-nails FBI agent who's been dispatched to investigate a terrorist massacre of Americans in Saudi Arabia. Yet according to the critics— she has also acquitted herself well in two much subtler and more nuanced roles in two kinder-and-gentler vehicles (Catch and Release [2006] and Juno [2007]) that allowed her to sharpen her acting skills, while relying far less on beating up bad guys in order to establish herself as a presence on the screen.

Having married Hollywood actor—and notorious bad-boy heartthrob-Ben Affleck in 2006, Garner achieved another "lifelong dream" with the arrival of her daughter Violet in December of that year. Suddenly, she was confronting the struggle to find the right balance between her role as "Mom" and the roles she was increasingly asked to play on both Broadway and the silver screen.

Her solution was to rely on common sense, the same kind of common sense, she says, that she learned while growing up among ordinary, hard-working friends and relatives in her beloved West Virginia. "Meeting the demands of family and work is a struggle for everybody," she says, "regardless of the kind of work you do.

"As an actress, I have to wrestle at times with some extraordinary challenges, because things can get extremely intense during rehearsals for a play or during shooting sessions on a film or TV episode. And when that happens, it's easy to start losing your focus and start forgetting about the other half of your life—as a mother, and as a wife and homemaker.

"It's a real struggle for me at times. You're pulled in so many directions, at times, that it can be very difficult to keep your priorities in order. But I find that good planning and preparation can really help-along with setting up regular schedules for things like cooking, cleaning, and taking Violet for a ramble in her stroller."

Garner says she also discovered that shrugging off the postpartum pounds was "really pretty difficult. At first, I thought that I could lose the weight I'd gained simply by cutting back on a few things, such as chocolate. But shedding the flab I'd picked up was actually very hard work. I had to exercise often, and I had to maintain a strict diet that wasn't much fun at times.

"Believe me, I understand why a lot of women have trouble regaining their figures after giving birth."

But that didn't happen to Garner—probably because she planned her weight-reduction campaign so carefully, she says.

Within a few weeks of Violet's arrival, she had begun walking slowly for 15 minutes a day. Soon she was walking for nearly an hour-and working with a personal trainer to build "a realistic exercise program" that would help her melt the pounds away. [See The Jennifer Garner 45-Minute Workout, above.]

Having come to terms with her weight-and-exercise issues, Garner says she's now having "the time of her life" with baby Violet each day . . . while also working hard to plan her daily schedule effectively, so that she can sustain the work-life balance required for maintaining a happy and healthy family.

"Achieving that balance from day to day isn't easy," she says with a determined smile, "but it's certainly doable, if you're willing to make the effort. Hey, if I can do it, anyone can!" •

### Recognizing the Signs of Substance Abuse in Teens

TALK TO YOUR TEEN ABOUT DRUG USE. TRY NOT TO REACT TOO STRONGLY. MOST OF ALL, LISTEN TO WHAT YOUR TEEN HAS TO SAY. DON'T BE AFRAID TO ASK QUESTIONS. TEENS NEED TO KNOW THEY CAN COME TO YOU FOR HELP.

→ TEENS ARE NOT ADULTS, YET THEY OFTEN HAVE TO MAKE ADULT DECISIONS ABOUT DRUGS AND ALCOHOL. TRY TO be aware of the pressures teens face and learn the signs of substance abuse. If your child has a problem with alcohol or drugs, take action. Your doctor can help.

#### Why Do Teens Abuse Drugs?

Some of the most common reasons kids try drugs include:

- Peer pressure. Teens often face intense pressure from their friends to try drugs.
- Social anxiety. Teens may think drug use will help them fit in or make them more relaxed and outgoing.
- *Curiosity*. It's normal for teens to want to find out about things for themselves.
- Problems with school, parents, or sex.
   Teens often assume that getting high will solve all their problems.
- Depression. Like adults, teens tend to self-medicate when depression goes untreated.

#### What Are the Warning Signs?

It can be hard to spot drug use in teens. That's because their lives are often in turmoil. Also, many signs of drug abuse may be signs of other problems. These may include depression and eating disorders. You should be concerned if your teen:

- Falls behind in school—a drastic drop in grades may signal a serious problem
- Withdraws from family and old friends
- Gives up former activities, such as sports or music
- Lies or steals
- Takes risks
- Seems moody or depressed
- Is very hostile
- Gets in trouble with the law or at school

#### What You Can Do

Talk to your teen about drug use. Try not to react too strongly. Most of all, listen to what your teen has to say. If your teen is in trouble, talk to someone you trust. That might be

your health care provider, a school counselor, or a local mental health clinic. Many school districts now have drug abuse counselors who can help. Or, contact one of the many groups that deal with drug abuse.

To help keep your kids away from drugs:

- Spend time with your teen. Do something together at least once a week.
- Don't be afraid to ask questions. Find out where your children are going and who their friends are.
- Try to be there when your children get home. The peak time for drug abuse is between 4 and 6 p.m.
- Don't lecture. Teens need to know they can come to you for help. Be a good listener.

Ready to take action? Call the National Clearinghouse for Alcohol and Drug Abuse at 800-729-6686 or visit their website at www.health.org or call the 24-hour "Just Say No" Drug and Alcohol Helpline at 800-258-2766.



### Mental Health Matters, Too

ONE IN 10 KIDS HAS AN EMOTIONAL OR MENTAL PROBLEM, BUT TREATMENT HELPS. IN SOME CASES, TALK THERAPY AND FAMILY SUPPORT MAY BE ALL A CHILD NEEDS. IN OTHER CASES, A CHILD NEEDS MEDICATION. SEEKING HELP EARLY IS KEY TO A POSITIVE OUTCOME.

→ LIKE ADULTS. KIDS CAN HAVE MENTAL DISORDERS THAT AFFECT THE WAY THEY THINK, FEEL, AND ACT. WHILE some behaviors are just part of growing up, others need expert help.

"Children's mental health is as important as their physical health," says Hazel Moran, program director of youth and family health at the National Mental Health Association. Act, if problems are severe, persistent, and affect daily activities. Don't feel embarrassed or ashamed. Seek help if your child:

- Often seems sad, worried, or fearful
- Has dramatic shifts in appetite or sleep
- Spends most of the time alone instead of with friends or family
- Has falling grades or interest in school
- Is hyperactive, impulsive or can't concentrate
- Is self-destructive, or too aggressive toward others

Start by calling your child's doctor. Describe the behaviors that worry you and ask if your child needs to see a psychiatrist, psychologist, social worker, or behavioral therapist.

In 2004, 5.7 million youths ages 12 to 17 got treatment or counseling for emotional or behavior problems, according to the Department of Health and Human Services (HHS). That's two out of every nine youths that age. But problems can start even younger.

The top mental problems that affect children and teens include:

- Anxiety. One large study of 9- to 17-yearolds found up to 13 percent have an anxiety disorder, HHS says.
- Attention-deficit/hyperactivity disorder (ADHD). Up to 5 percent of school-age children have ADHD, says HHS. They often can't pay attention or concentrate. They're easily distracted and impulsive.
- Depression. Up to 2 percent of children and up to 8 percent of teens suffer from depres-

### How Is Depression Detected AND TREATED?

There are several types of psychotherapy—or "talk therapy" that can help people suffering from depression. Some regimens are short-term (10 to 20 weeks), others longer, depending on the needs of the individual. Two main types of psychotherapies-cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT)—have been shown to be effective in treating depression.

By teaching new ways of thinking and behaving, CBT helps people change negative styles of thought and behavior that may be contributing to their depression. IPT helps people understand and work through troubled personal relationships that may cause their depression or make it worse. For mild to moderate depression, psychotherapy may be the best treatment option. But, for major depression or for certain people, psychotherapy may not be enough. For adolescents, a combination of medication and

be the most effective approach to treating major depression and reducing the likelihood for recurrence. For more information, visit the National Institute of Mental Health's website at www.nimh/nih.gov.



sion, says the National Institutes of Health (NIH). Mood, energy, interests, sleep, appetite, and overall performance can suffer.

psychotherapy may

• Bipolar disorder. This illness affects about 1 percent of teens, NIH says. It causes extreme shifts in mood, energy, and functioning. In some cases, talk therapy and family support may be all a child needs. In other cases, a child needs medication.

"Most children who receive the right kind of help improve and go on to live full and healthy lives as adults," says Moran. "Seeking help early is key to a positive outcome." •

For more peace of mind, visit the National Mental Health Association's website at www.nmha.org/children.

Model used for illustrative purposes only



# Mickey Mann—"Giving Back" to the Community

"I GREW UP POOR, AND I KNOW HOW IMPORTANT IT IS TO PLAN WISELY FOR YOUR FINANCIAL FUTURE. I'M VERY GRATEFUL FOR MY SUCCESS—AND HELPING FAMILIES MEET THEIR FINANCIAL NEEDS IS MY WAY OF 'GIVING BACK' TO THE COMMUNITY."

→ WHEN IT COMES TO SLASHING HOUSEHOLD EXPENSES, WHETHER FOR HIS CLIENTS OR FOR HIS OWN LARGE FAMILY, VETERAN INSURANCE EXECUTIVE MICKEY MANN KNOWS what he's talking about.

Now 59, the highly successful Mann has spent the past 41 years providing life and health insurance for hard-working families all across his native Oklahoma.

"I really love my work, and I never think about retiring," says the longtime operator of Mann & Associates, a booming insurance agency in Norman. "For me, it's very rewarding to help a family make good choices about their future. I can't tell you how often, after a client dies, I've found myself taking a check out to the surviving family members . . . who can then use it for college tuition, or to pay off a home mortgage.

"I grew up poor, and I know how important it is to plan wisely for your financial future. I'm very grateful for my success—and helping families meet their financial needs is my way of 'giving back' to the community."

The son of an Oklahoma City chemical plant worker who "never made more than \$27,000 a year," Mann learned the value of money early, while working in grocery stores and mowing lawns in high school. "Back then, every single dollar I earned was precious," he says. "And that hasn't changed."

Today, notes the proud father of four adult sons, "we have 17 different brokers working out of our agency. We all understand how important it is to help families save on everything—medical care, drug prescriptions, vision care, dental care, auto expenses, you name it.

"Over the years, we've found that the USA+ consumer savings program is one of the most powerful tools we have for helping families save on these key costs."

Along with his dollar-savvy wife, Janie, an administrative aide at an engineering firm, Mickey has become skilled in recent years at managing his family budget—often by cashing in on the "major savings" to be found as a member of the USA+ consumer savings association.

"I learned long ago, while advising my clients, just how helpful these USA+ benefits can be in protecting household budgets," he says. "USA+ often pays most of the costs for medicines, and it gives many families access to health coverage they couldn't otherwise afford."

Describing his own family's "remarkable savings" with USA+, Mann recalls a frightening moment seven years ago when his son Matthew broke his left leg during football practice.

"We had a USA+ accident benefit," he says, "and his \$8,000 in medical bills cost us only \$100. That was huge, and the excellent care he got helped him win a college football scholarship. But we also save frequently on things like free eye care exams and low-cost dental visits."

Having seen the value of USA+, Mickey is always eager to enroll new members.

"I've spent 40 years helping families meet their financial needs," he says proudly. "Watching them save through USA+ is one reason I love my job so much." ●

Veteran insurance executive and proud father Mickey Mann, with the coveted Governor's Cup, presented to the winning state for the annual University of Oklahoma/University of Texas football game.



## Cyber Safety 101

MAKE RULES FOR YOUR CHILDREN'S INTERNET USE. TUNE IN TO YOUR CHILD'S BEHAVIOR. THE BEST WAY TO HEAD OFF TROUBLE IS TO LEARN ABOUT THE INTERNET YOURSELF, THEN STEER YOUR KIDS TOWARD FAMILY-FRIENDLY SITES.

#### → ARE YOU WORRIED THAT YOUR KIDS MIGHT RUN INTO STRANGERS WHILE SURFING THE WEB? TO KEEP THEM SAFE AS THEY SURF, TEACH THEM TO BE CAREFUL.

Children can come across dangerous and harmful material without even trying. Parents need to tell them which websites are off-limits.

Make rules for your children's Internet use. Be aware of their online activities. Tune in to your child's behavior. Does he or she mention adults you don't know, hide computer disks, talk in detail about sex, or have problems sleeping? These are red flags and you need to seek help.

Many parents decide to use software that blocks out or "filters" dangerous sites. CyberPatrol® and Net Nanny® are two examples of such software. They are easy to use and install and are often supplied free by Internet service providers. But computer technology changes fast and kids can get around such filters. They aren't perfect. The best way to head off trouble is to learn about the Internet yourself. Then steer your kids toward family-friendly sites.

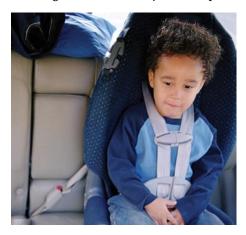
For more resources, visit the U.S. Department of Education's website at www.ed.gov/pubs/parents/internet. •

### Rules of the road FOR KIDS

- Never give out your name, address, or phone number without your parents' permission.
- Never arrange a face-to-face meeting with someone you've met online.
- Never reply to a message that makes you feel uncomfortable.
- Never send mean messages or use bad language.

# Car Seat Safety Is Everybody's Business

→ MOST OF US THINK OF OURSELVES AS SAFE AND RESPONSIBLE DRIVERS. AN ESSENTIAL PART OF THAT is making sure that everyone in the carincluding the driver—is safely buckled up!



Research shows that the strongest predictor of a child being safely buckled in a seat belt or car seat is the use of a seat belt by the driver. Generally, drivers who use a seat belt themselves are three times more likely to safely buckle in a child passenger.

Air bags save lives, of course. But an air bag is a supplemental restraint only. For it to work properly, you must wear your seat belt. What's more, air bags inflate only in head-on crashes. Seat belts, on the other hand, can protect you in every type

An air bag is not a soft, billowy pillow. To work effectively, it comes out of the dashboard at rates of up to 200 miles per hour-faster than a blink of an eye. Drivers can entirely eliminate any danger to children from a deploying air bag by placing kids properly restrained in the back seat. With or without an air bag, the safest place for children to ride is the back seat.

As the number of motor vehicles equipped with air bags increases, the risk to kids riding in the front seat will also increase. That is why we must all work to educate people that air bags save lives and work best when everyone is buckled in and kids are in back, properly buckled up. •

For safety's sake, call the National Safety Belt Coalition at 202-296-6263 or the Air Bag & Seat Belt Safety Campaign at 202-625-2570, or visit the National Safety Council's website at www.nsc.org.

### Over-the-Counter Remedies for Seniors: Avoid Cross-Reactions

IT'S EASY TO FORGET THAT OTC REMEDIES ARE DRUGS THAT CAN CAUSE SIDE EFFECTS AND AFFECT OTHER MEDICATIONS. READ THE LABEL AND CHECK WITH YOUR DOCTOR BEFORE TAKING AN OTC REMEDY.

→ OVER-THE-COUNTER (OTC) REMEDIES ARE WONDERFUL. YOU DON'T NEED A PRESCRIPTION, AND RELIEF IS AS close as the nearest drugstore. You may already use several OTC remedies.

It's easy to forget that OTC remedies are drugs that can cause side effects and affect other medications. That's why it's important to read the dosage instructions, health risks, and warnings on the packaging.

As an older adult, you may be more sensitive to some drugs or you may be taking prescribed medications that could interact with OTC medicines. If you take OTC remedies often at the highest dosage, you are more likely to have harmful side effects. Here are a few examples.

Acetaminophen (Tylenol) may relieve pain and fever, but taking large doses for a long time can lead to kidney damage. The drug is available in many formulations. Taking more than 4,000 milligrams a day can cause liver damage. If you have more than three alcoholic drinks a day, talk with a doctor before using medications that contain acetaminophen. The risk that acetaminophen will harm the liver increases when the drug is combined with alcohol or other drugs that can harm the liver.

If you take warfarin, acetaminophen is better to use for pain relief than aspirin or other nonsteroidal anti-inflammatory drugs, because acetaminophen doesn't cause gastrointestinal bleeding and has no effect on platelets. The blood-thinning effect of warfarin may be significantly increased after only a few days of using acetaminophen, however, because acetaminophen boosts the level of warfarin in the blood.

Antacids can interact with many drugs and cause problems for people with heart or kidney conditions or high blood pressure.



Brands with aluminum may cause constipation or weaken bones. Magnesium-based antacids may cause diarrhea.

Aspirin can interfere with blood clotting and may worsen or trigger asthma. If you take a prescription blood thinner, use aspirin only if your doctor says you can. It can cause heartburn, indigestion, and ulcers, and may worsen asthma in individuals who are sensitive to aspirin.

Cold or allergy remedies often have antihistamines (for sneezing and a runny nose) and/or decongestants (for a stuffy nose). Antihistamines may leave you drowsy and sluggish, making driving dangerous. Light-headedness and blurred vision may occur in older adults, and difficulty urinating may occur in older men. Decongestants can

cause nervousness and insomnia and may raise your blood pressure. If you have diabetes, heart disease, high blood pressure, or an overactive thyroid, use these remedies only with a doctor's permission.

Ibuprofen (Advil or Motrin) helps relieve pain. Ask your doctor before using them if you have any kidney or liver problems, stomach problems, heart failure, or high blood pressure, or if you take any blood thinners.

Remember to read the label and check with your doctor before taking an OTC remedy. Then you'll be ready to get relief. •

To check your OTCs for cross-reactions, visit the National Institute on Aging's website at www.niapublications.org.

## ER Wait Times Getting Longer

"TOO MANY HOSPITAL ADMINISTRATORS THINK THAT THE HOSPITAL BEGINS ON THE SECOND FLOOR, BUT EMERGENCY ROOMS NEED OPEN SPACES AND OPEN BAYS. WE'RE LIKE A NASCAR PIT CREW. WE'RE DESIGNED TO IMMEDIATELY ASSESS, STABILIZE, AND MOVE PATIENTS."

#### → THE LAST THING YOU WANT TO HEAR IN THE EMERGENCY ROOM (ER) WHEN YOU'VE GOT CRUSHING CHEST PAIN

or can't breathe is that you have to wait before you can get treatment. Unfortunately, in too many instances, that's exactly what's happening. New research has found that waiting times in ERs have increased by 36 percent for all patients, to an average of 30 minutes per patient. And the sickest sometimes have to wait the longest: as many as one-quarter of all heart attack patients had to wait 50 minutes or longer before seeing a doctor.

Study author Andrew Wilper, M.D., a fellow in general internal medicine at Harvard Medical School and an internist with the Cambridge Health Alliance, reports in the January 15th online issue of Health Affairs that the increasing wait times are the result of a "perfect storm" that has occurred as ER visits are on the rise while many ERs are closing their doors.

"It's hard to ignore the fact that several hundred ERs have closed their doors, and we've seen an increase in the number of patients using ERs. Plus, there are a number of internal factors contributing like bottlenecks because of a lack of inpatient bed space and a lack of specialists available to treat patients," Dr. Wilper explains.

"The real problem is that patients are backing up in the ER. If a patient is still in the ER six or even 12 hours later, it means that room, that nurse, and that equipment just aren't available for the next patient that comes in the door," explains Art Kellermann, M.D., a spokesman for the American College of Emergency Physicians.

Dr. Wilper says that, because the causes of the increased wait time are multifactorial, the solution has to be multifaceted. "Solutions are likely going to be broad-based," he says.

He says there needs to be an expansion of insurance coverage, modified management of inpatient and elective surgeries because so many ER beds have been lost, and an expansion of primary care that might help ease the overflow at the ER.

"This is an issue that cuts across insurance status," says Dr. Kellermann, who points out that even people with insurance are left waiting in ERs, because there just isn't enough space or enough resources.

"Too many hospital administrators think that the hospital begins on the second floor, but ERs need open spaces and open bays. It's what we used to do, and the problem

today is that more and more, we just don't have open space for a heart attack patient. We're like a NASCAR pit crew. We're designed to immediately assess, stabilize, and move patients [to treatment]," says Dr. Kellermann. Without the open space, he says, the ER health care team wastes valuable time moving patients and equipment around to try to get to the next patient. •

To learn when an ER visit is or is not warranted, visit the American College of Emergency Physicians website at www.acep.org.



# SDHI—Leveling the Playing Field

AMERICANS ARE FORTUNATE TO HAVE THE MOST ADVANCED AND INNOVATIVE HEALTH CARE SYSTEM IN THE WORLD. THE SDHI PLAN WILL MAKE PRIVATE HEALTH INSURANCE MORE AFFORDABLE AND INCREASE THE NUMBER OF AMERICANS WITH HEALTH INSURANCE.

→ UNITED SERVICE ASSOCIATION FOR HEALTH CARE (USA+) IS A NONPROFIT CORPORATION CHARTERED IN Washington, D.C., in 1983. In November of 1987, the USA+ membership program became one of the first group association benefit programs set up to provide small business owners, their families, and their employees with a quality benefits package previously available

only to employees of large corporations.

USA+ is committed to the promotion of equal access to health care for all citizens of the United States, but more specifically, for members of our association. We stay abreast of legislation proposed by state regulators that may have an adverse or favorable impact on our membership population. When necessary, we contact regulators in order to have an opportunity to convey the views of the association's members.

There are currently more than 47 million

Americans without health insurance. The President has proposed a standard deduction for health insurance (SDHI) to make private health insurance more affordable and to level the playing field so those who buy health insurance on their own get the same tax advantage as those who get health insurance through their jobs.

Unlike those who get insurance through their jobs, people who buy health insurance on their own have to pay for it with after-tax dollars. Americans who are self-employed pay no income taxes on their premiums, but because they still owe payroll taxes, they are also disadvantaged compared to those who get insurance through their employers. Under the President's proposal, families with health insurance will pay no income or payroll taxes on \$15,000 dollars of income. Single Americans with health insurance will pay no

income or payroll taxes on \$7,500 of income.

Americans are fortunate to have the most advanced and innovative health care system in the world. The SDHI plan will make private health insurance more affordable and increase the number of Americans with health insurance. The SDHI plan will also help our nation move away from reliance on government-run health care and toward a system in which Americans have better access to basic, affordable private insurance and increased ownership of their medical decisions.

We are interested in hearing your opinions regarding the initiative to help more Americans afford health insurance. Please feel free to contact us at 800-872-1187 or write to us at: USA+, P.O. Box 200905, Arlington, TX 76017.

And remember, together, we can make a difference. •

### CARE—Stretching the Value of Your Insurance Benefit Dollars

USA+ IS PLEASED TO ANNOUNCE AN EXCITING NEW BENEFIT.

→ WINDING THROUGH TODAY'S HEALTH CARE SYSTEM FOR SERVICES CAN BE FRIGHTENING, AND MISSTEPS MAY cost you thousands of dollars. But you will never have to feel alone again. USA+ now includes a Claim Adjudication Resource Enhancement (CARE) Program with select membership plans. Now, you need make only one phone call and a CARE financial case manager will work directly with you, your physician, and your hospital, and greatly

multiply the value of your insured dollarswhich means much lower out-of-pocket costs to you. And the best news is: you are not limited to the hospital you choose; CARE negotiates directly with all hospitals.

Your assigned financial case manager will follow your hospitalization services from beginning to end. To access this unique new program, you simply call the toll-free number listed on your ID card.

#### **Nonemergency Services**

Nonemergency, scheduled hospital services must be precertified. The more advance notice your CARE financial case manager has, the better. Three days is the minimum preferred time frame. The process usually is as follows:

1 The case manager will collect your specific information, contact your physician to determine the exact procedures you will be

continued on last page

### FDA Goes Fishing

OMEGA-3 FATTY ACIDS ARE A HEALTHY TYPE OF FAT THAT THE BODY NEEDS TO FUNCTION WELL. NEW FDA LABELING ENDORSES CLAIMS THAT OMEGA-3'S MAY HELP REDUCE THE RISK FOR CORONARY HEART DISEASE.

ightarrow the next time you buy fish, you may notice that THE LABEL HAS A NEW HEALTH CLAIM. IN SEPTEMBER 2004, the U.S. Food and Drug Administration (FDA) announced that manufacturers could begin labeling foods that contain two types of omega-3 fatty acids with the claim that the acids may help reduce the risk for coronary heart disease (CHD). Omega-3s are a healthy type of fat that the body needs to function well. The two omega-3 fatty acids, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), are found mainly in fatty fish such as herring, mackerel, salmon, sardines, trout, and tuna.

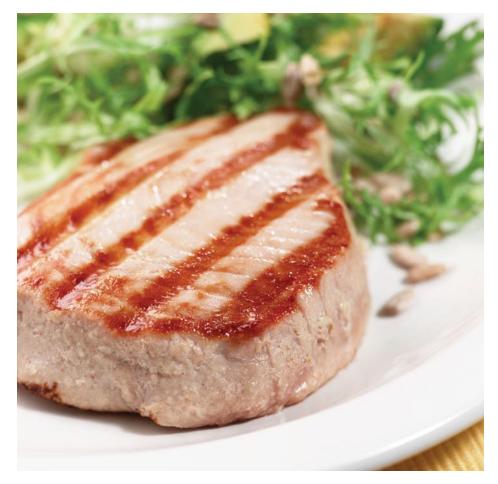
#### **Effect on Consumers**

The FDA's decision allows food companies to place the following health claim on a product when applicable: "Supportive but not conclusive research shows that consumption of EPA and DHA omega-3 fatty acids may reduce the risk of coronary heart disease." Five years ago, the FDA issued a similar health claim, called a qualified health claim, for supplements that contain EPA and DHA omega-3 fatty acids.

The qualified health claim for omega-3 fatty acids is only the second that the FDA has issued for conventional foods. It has issued a handful of qualified health claims for supplements. Before the FDA issues such a claim, it must first determine that there is sufficient scientific evidence to suggest a relationship between a food or supplement and its capacity to reduce the risk for a specific disease or condition.

#### **Helping the Heart**

Researchers have been studying the relationship between omega-3 fatty acids and heart health for years. Some studies have shown that in addition to reducing the risk for CHD, consuming omega-3 fatty acids may also help



lower cholesterol, reduce blood pressure to some extent, and reduce the risk for arrhythmias and sudden cardiac death.

The results of these studies have led the American Heart Association (AHA) to recommend that people who have CHD consume approximately 1 gram (g) of EPA and DHA every day, preferably from fatty fish, and that those who do not have CHD eat a variety of fish, preferably fatty, at least twice a week to boost heart health. Both the FDA and the AHA warn against consuming more than 3 g of these omega-3s per day

unless recommended by a doctor. Pregnant and nursing women and young children should limit their fish consumption to two 12-ounce servings per week because they are at increased risk for mercury poisoning from the high level of mercury in certain fish. •

For people who like fish, the FDA's seal of approval is all the more reason to enjou it. If you've never been fond of fish, look around for some recipes that might make it more palatable to you.

### The CARE Program continued from page 18

receiving, and determine which hospitals the physician has admitting privileges at, where your services may be delivered. If your procedure is on an outpatient basis, your case manager may be able to offer you an option at a surgical center in lieu of a hospital, which can stretch your insured funds even further.

- Through a state-of-the-art medical database, case managers are able to access specific information about your procedure. The case manager will look at all of the hospitals your physician may use and determine each hospital's statistics on cases performed similar to the one you require, such as, how many days the average stay was, the average retail cost charged by each hospital for the procedure, as well as the actual cost of the procedure to the hospital.
- Hospital fees are then negotiated based on the hospital's actual cost, plus a reasonable profit (referred to in the health care industry as "cost plus"). CARE knows how much it costs for the hospital to offer their services and utilizes that information to achieve the best negotiated fees.
- 4 To make the process even easier, the CARE Program allows you to apply your insured benefits to the reduced, negotiated hospital and physician bills, not the standard retail bill you would normally be required to pay.
- If your insured funds do not quite cover the entire negotiated bill, you will be asked to deposit personal funds so CARE may guarantee full payment to your providers.
- One reason hospitals agree to significantly reduced fees is our ability to provide them quick payment. If you are unable to secure



funds to reach the balance of the negotiated hospital bill, your case manager has a financing program available, which he or she will explain to you. If this option does not work for you, your case manager will work with the hospital to negotiate a payment plan for the remaining balance. However, because the hospital will not be receiving the full payment, the final negotiated rate may increase.

#### **Emergency Services**

In the event you require emergency services, go to a hospital immediately. Upon discharge, notify a case manager of your visit, and CARE will negotiate on your behalf after the fact.

With CARE, you are "in the know"
24 hours a day, seven days a week. You will
be supplied with a user name and password
so that you may access CARE's secure website
and see the progress of your case and all
monetary transactions.

At USA+, our primary goal is to provide members the very best, cost-sensitive programs available in the industry. The CARE Program seamlessly integrates your insured benefits with negotiated fees to multiply the value of every insurance dollar paid by the insurer—available with one simple call.

The CARE Program is not insurance and is in no way responsible for the medical expenses of any member. •



Articles in this magazine are written by professional journalists or physicians who strive to present reliable, up-to-date health information. Our articles are reviewed by medical professionals for accuracy and appropriateness. No magazine, however, can replace the care and advice of medical professionals, and readers are cautioned to seek such help for personal problems.



1901 N. Highway 360, #101 Grand Prairie, TX 75050 www.usahc.com PRSRT STD U.S. Postage PAID United Service Association For Health Care