Whatever your weight, boost health with exercise
Darlene Ashford, MPH, Manager, Population Health Management
Rhea Hirshman, editor

At the beginning of a new year, many of us resolve to lose weight, improve our diets, and exercise. Yet we often have a hard time making the necessary changes in our day-to-day routines. Making those changes can be especially difficult if you are focused on the number on the scale rather than the larger goal of improved fitness and overall well-being.

According to the federal Centers for Disease Control and Prevention (CDC), most adults need at least 30 minutes of moderate physical activity at least five days per week.

However, according to a recent CDC report, less than 50 percent of men and women engage in regular activity.

While regular physical activity can help control body weight, your weight is only one measure of health. Other measures include blood pressure, cholesterol and blood glucose (sugar) levels. People who are thin are not necessarily healthy; a thin person may not be eating a healthful diet, or may have poor muscle tone or cardiovascular capacity.

Regular physical activity can lower your risk of heart disease, diabetes, high blood pressure, high cholesterol, and other health problems. In addition to improving your physical health, regular exercise can also: give you more energy and strength by improving cardiovascular capacity and muscle tone; help maintain bone density; reduce stress and promote better sleep; help you feel more upbeat and positive about yourself.

How do I stick with it?
We know that physical activity is good for us. So what stops us from maintaining an exercise program?

Eat your grains
Linda Bell, MS, RD, CD/N, YHP nutritionist

For many years, studies have pointed to the beneficial health effects of eating whole grain foods. Whole grain foods can range from the familiar, like popcorn and brown rice, to the grains less frequently encountered—at least in the U.S.—like amaranth and quinoa. The most recent (2005) Dietary Guidelines for Americans placed a new emphasis on whole grain products.

But has anyone noticed? When the Dietary Guidelines emphasized the importance of bread, rice, pasta and cereal as part of a healthy diet, many people missed the message, as low carbohydrate diets were all the rage. Eating at least three servings of whole grains daily, and making at least half of the total grains you eat whole grains, is easy to do. But, the message was lost in the nutrition noise in the popular press.

Whole grains 101. All grains start out as whole grains, and are considered to be such if, after processing, they retain all three parts of the original (the bran, germ and endosperm) in the original proportions. Whole grains retain the healthful parts of the grain which include the fiber, vitamins, minerals, plant sterols and stanols (see accompanying article), lignans, antioxidant phytotchemicals, and other compounds.

continued on page 2

continued on page 4
Boost health with exercise
continued from page 1

Here are some common barriers to physical activity with suggested solutions.

With all the demands on my time, I am too busy to exercise.

• While exercising several days a week is optimal, any exercise is better than none. If you can’t commit to five weekly sessions, start with two—one on a weekday before or after work and one on weekends. As you become accustomed to exercising, you may find that you look for opportunities to do more.

• Build exercise into your day: park far enough away from your workplace so that you have to walk several minutes, and walk vigorously. If you take the bus, use a further-away bus stop. Take the stairs instead of the elevator and walk up and down some extra flights.

• Do something physically active with your family: walk, dance, go bike riding or swimming or ice-skating.

By the end of the day, I am too tired to exercise.

• Try breaking physical activity into short blocks of time. For example, take three 10-minute walks during your day rather than one 30-minute walk.

Going to the gym is boring:

• Find activities that you like and vary your routine. Walk on a treadmill one day, walk outside the next, ride a bicycle the next. You may be less likely to get bored or injured if you change your routine.

• Remember also that many activities you may already enjoy—such as dancing and gardening—offer the benefits of exercise, so try doing them more often.

• Read, listen to music or watch television while using exercise equipment.

• Get a partner or join a class. Exercising with others can be more fun, and making a commitment to a buddy or a group can keep you both going when motivation flags.

I’m worried I may hurt myself:

• If you are over 45, get your clinician’s okay before starting a new exercise program.

• If you are starting a new activity program, start slowly. If you are resuming an activity that you once did well, start up again slowly to reduce the risk of injury.

• Forget “no pain, no gain.” While a little soreness is normal after you first start exercising, pain isn’t. Stop what you are doing if it hurts.

• Take a class with a knowledgeable fitness instructor or work out with a trainer who can teach you to move with proper form and lower your risk of injury.

• Talk to your clinician about what types of exercise may be right for you.

My weight is fine, so why bother?

• Remember that regular exercise has many health benefits for your cardiovascular system, your bones, and your overall well-being.

• Find something you like to do, and do it because it is fun. Many exercise activities are also great social outlets.

• Weight loss can be challenging, and many adults gain weight slowly over time. Physical activity can help to prevent future weight gain.

If you’re not too hungry, eat lunch after your mid-day walk. Working out on a full belly can lead to cramping because the stomach needs blood to aid in digestion. During exercise, however, blood flows to working muscles, so food sits in the stomach. Also, eating post-workout allows more nutrients to be available for muscle recovery. But if your stomach is growling before you set out for your exercise, have a snack. Exercising while hungry can make you feel weak, light-headed, and tired.

If you’re not too hungry, eat lunch after your mid-day walk. Working out on a full belly can lead to cramping because the stomach needs blood to aid in digestion. During exercise, however, blood flows to working muscles, so food sits in the stomach. Also, eating post-workout allows more nutrients to be available for muscle recovery. But if your stomach is growling before you set out for your exercise, have a snack. Exercising while hungry can make you feel weak, light-headed, and tired.

If you’re not too hungry, eat lunch after your mid-day walk. Working out on a full belly can lead to cramping because the stomach needs blood to aid in digestion. During exercise, however, blood flows to working muscles, so food sits in the stomach. Also, eating post-workout allows more nutrients to be available for muscle recovery. But if your stomach is growling before you set out for your exercise, have a snack. Exercising while hungry can make you feel weak, light-headed, and tired.

If you’re not too hungry, eat lunch after your mid-day walk. Working out on a full belly can lead to cramping because the stomach needs blood to aid in digestion. During exercise, however, blood flows to working muscles, so food sits in the stomach. Also, eating post-workout allows more nutrients to be available for muscle recovery. But if your stomach is growling before you set out for your exercise, have a snack. Exercising while hungry can make you feel weak, light-headed, and tired.

If you’re not too hungry, eat lunch after your mid-day walk. Working out on a full belly can lead to cramping because the stomach needs blood to aid in digestion. During exercise, however, blood flows to working muscles, so food sits in the stomach. Also, eating post-workout allows more nutrients to be available for muscle recovery. But if your stomach is growling before you set out for your exercise, have a snack. Exercising while hungry can make you feel weak, light-headed, and tired.
Back in 2005, I announced in this space that YUHS had received its first accreditation by the Joint Commission (formerly the Joint Commission on the Accreditation of Healthcare Organizations). Joint Commission accreditation is recognized nationwide as a symbol that reflects a health care organization’s commitment to meeting high standards of quality and performance.

I am thrilled to report that we came through a recent, unannounced re-accreditation survey with the proverbial flying colors. Our exit conference with the surveyors was the strongest possible endorsement of the hard work we have been doing for the past ten years to make YUHS a model of quality.

Initial accreditation visits by the Joint Commission are announced and scheduled so the organization seeking accreditation can prepare. The re-accreditation process includes an unannounced visit from a team of surveyors; this team investigated the three separate areas in which YUHS is accredited: ambulatory practice, three separate areas in which surveyors; this team investigated the unannounced visit from a team of seeking accreditation can prepare and scheduled so the organization to be in a constant state of readiness for unannounced surveys. The results are not based on what a few people in leadership positions say; the team talks to staff from many job categories, disciplines and departments. And they also talk to patients.

Bright and early on Monday, January 14, a Joint Commission team of four surveyors arrived at YUHS. They stayed with us for three days. As we knew from the previous visit, their process is extensive, complex and thorough.

Within the three separate accreditation categories there are nearly 900 standards of clinical and administrative performance. The surveyors investigated every clinical department as well as most administrative areas, reviewing a large cross section of our hundreds of standards, policies and practices. They explored all facets of clinical activities ranging from triage and scheduling to medical care, medication safety, referrals and results reporting. The surveyors scrutinized staffing levels, training processes, communications practices and measurement of outcomes. They examined our many performance improvement initiatives and our practices for using data to improve quality.

Some highlights of the team’s comments:

• They stated that our performance (quality) improvement practices were among the best they had ever encountered. They felt that our care guidelines (e.g., for diabetes, high risk pregnancy, cancer screening for healthy adults, immunizations) were exemplary—but more importantly, the surveyors scored us on how well these guidelines make their way into clinical practice to the benefit of our patients.

• They stated that our call center was so well integrated into nursing and clinic practice that “it should be published.”

• They spoke to many patients and got excellent feedback.

• They spoke with our medical specialists and reviewed the contracts and working relationships with our Yale School of Medicine consultants, noting how well integrated their consultations were in our electronic health record.

Our surveyors were impressed by the commitment and dedication of our entire staff, repeatedly observing that staff members take pride in their work, that they are experts in their fields, and that their sense of ownership of the patient experience is impressive. I echo that message, and am deeply grateful to every member of the YUHS team for making this unannounced Joint Commission evaluation such a resounding success.
Eat your grains
continued from page 1

Refined grains have both the bran and germ removed. Although some nutrients are added back, refined grains do not provide as many nutrients as whole grains.

Whole grain heroes. Including whole grains as a part of a healthy diet may decrease the risk of cardiovascular disease, high blood pressure, diabetes, and cancer. This is in addition to the more widely-known benefits of whole grains, especially the fiber component, in promoting digestive health. A growing body of evidence also suggests that people who eat whole grains regularly have healthier body weights and gain less weight than those who don’t.

Remember whole grains are more than just the sum of their parts: although people are familiar with the beneficial effects of fiber, whole grains provide phytochemicals, vitamins, minerals, and other healthful components besides fiber that when consumed all together as a “package” act synergistically to provide great benefits.

Help with food labels. So what foods are whole-grain, and what is a serving? Familiar whole grain foods are oatmeal, barley, brown rice, wild rice, and whole wheat products. The recommendation is to eat at least three one-ounce equivalent servings per day, or 48 grams. In general, one slice of bread, one cup of ready-to-eat cereal, or half a cup of cooked rice, cooked pasta, or cooked cereal can be considered as one-ounce equivalent from the grains group.

With certain foods, like breads and cereals, labels are not always helpful in identifying whole grains. To assist consumers, the Whole Grains Council has created two stamps. All sorts of products—from soups to pie crusts—can use the stamp as long as they contain at least half a serving (8 grams or more) of whole grain. The stamp also details how many grams of whole grains are provided in a serving of the food product; however, use of the stamp by food companies is totally voluntary.

If the product does not have the stamp you can still read the ingredient list and look for words such as “whole wheat,” “cracked whole wheat,” “whole corn,” “whole oats,” “rolled oats” or “whole rye” at the top; remember that ingredients must be listed in descending order of their proportion in the product. You can also look for the words “100% whole grains.” Foods labeled with the words “multi-grain,” “stone-ground,” “100% wheat,” “cracked wheat,” are usually not whole grain products. Color is another potential source of confusion. Bread can be brown because of molasses or other added ingredients. Don’t rely on color; check the ingredient list.

Substitute, don’t add. The recommendation to eat at least three servings of whole grains daily should not be read as “add three more servings of food to your daily intake.” Instead, substitute whole grains for refined grains you are currently eating. Try brown rice or barley instead of white rice, whole wheat instead of white pasta (the thin pastas such as angel hair and linguini are especially light and tasty) and whole wheat bread instead of white.

Room for improvement. According to the USDA’s 2005 study Grain Consumption by Americans, 35 percent of people age 12 and over met the total grain recommendation (3 to 10 one-ounce equivalents of grain per day), and only 4 percent of Americans met the whole grain recommendation (at least three one-ounce equivalents or 48 grams of whole grains per day).

For more information on whole grains:
http://www.mypyramid.gov
www.wholegrainscouncil.org
www.bellinstitute.com/wholegrain

Questions or comments about the newsletter? We’d like to hear from you. Drop a note to member.services@yale.edu and put “newsletter” in the subject line.

<table>
<thead>
<tr>
<th>Whole grains</th>
<th>Refined grains</th>
</tr>
</thead>
<tbody>
<tr>
<td>brown rice</td>
<td>cornbread®</td>
</tr>
<tr>
<td>buckwheat</td>
<td>corn tortillas*</td>
</tr>
<tr>
<td>bulgur (cracked wheat)</td>
<td>couscous®</td>
</tr>
<tr>
<td>oatmeal</td>
<td>crackers®</td>
</tr>
<tr>
<td>popcorn</td>
<td>flour tortillas*</td>
</tr>
<tr>
<td>whole grain barley</td>
<td>grits</td>
</tr>
<tr>
<td>whole grain cornmeal</td>
<td>noodles®</td>
</tr>
<tr>
<td>whole rye</td>
<td>pasta®</td>
</tr>
<tr>
<td>whole wheat bread</td>
<td>pitas®</td>
</tr>
<tr>
<td>whole wheat pasta</td>
<td>pretzels</td>
</tr>
<tr>
<td>whole wheat crackers</td>
<td>white bread</td>
</tr>
<tr>
<td>whole wheat tortillas</td>
<td>white sandwich buns/rolls</td>
</tr>
<tr>
<td>wild rice</td>
<td>wild rice</td>
</tr>
</tbody>
</table>

Less common whole grains:
- amaranth
- millet
- quinoa
- sorghum
- triticale

Some ready-to-eat breakfast cereals contain whole grains inuding muesli and whole wheat cereal flakes.

(*) Most of these products are made from refined grains. Some are made from whole grains. Check ingredient list for the words “whole grain” or “whole wheat.” Some foods are made from a mixture of whole and refined grains. Some grain products contain significant amounts of bran. Bran provides fiber, which is important for health. However, products with added bran or bran alone (e.g., oat bran) are not necessarily whole grain products.
Weight Watchers® tempts YHP members

YHP now offers members Weight Watchers® special pricing and options. Discounts are available for the Weight Watchers® online programs and for at-home deluxe kits. Members can also purchase local meeting vouchers at the regular price.

**Online subscription**
Follow Weight Watchers®, step-by-step online, with interactive tools, recipes, and more. Members can choose:

- 3-month subscription for $55, a $10 saving off the regular price
- 12-month subscription for $166.70, a $50 saving off the regular price

**At-home deluxe kit**
This kit gives you information and resources to follow the Weight Watchers® plan step-by-step at home. Member price: $119.95 plus tax, shipping and handling.

**Local meeting voucher**
This pre-paid plan offers the flexibility of attending Weight Watchers® meetings in your community. Price for 10 vouchers: $109 plus tax.

To purchase an online subscription, or for more information:
Visit the YHP website: [www.yale.edu/yhp](http://www.yale.edu/yhp) and click “Yale Health Plan offers Weight Watchers® options and special pricing to members.”

To purchase local meeting vouchers or at-home kits: Call toll-free: 1-800-710-4663.

*Available only in participating areas in the U.S.

WEIGHT WATCHERS® is the registered trademark of Weight Watchers International, Inc. and is used under license.

Registered dietitians receive a day of recognition

While almost anyone can call themselves nutritionists, registered dietitians (RDs) are health care professionals who have completed the stringent educational and experience requirements established by the American Dietetic Association, qualifying them as certified nutrition experts. Additional credentialing varies from state to state; in some states, RDs may also be licensed, while other states, such as Connecticut, offer certification (the designation CD/N stands for Certified Dietitian/Nutritionist).

To increase awareness of the profession and its role in advocating for advancing the nutritional status and health of Americans and people around the world, Registered Dietitian Day was created by the American Dietetic Association.

Starting this year, the second Monday of March has been designated as Registered Dietitian Day. The Yale University Dining Services employs several RDs, and Yale Health Plan would like to acknowledge our own, in-house resource for all things related to food and nutrition—Linda Bell, MS, RD, CD/N. Bell has been with the Department of Health Promotion for the past 14 years, providing nutrition counseling for YHP members, resources for the clinical staff, and presentations for the Yale community; she has also been an active member of the editorial board of *Yale Health Care* since the newsletter’s inception.

YHP staff

New diabetes educator joins Internal Medicine

Vanessa Jefferson, APRN, CDE, a graduate of the University of Connecticut and the Yale School of Nursing (YSN), comes to YHP with 10 years of experience in diabetes management and diabetes research. Currently an instructor in diabetes management at YSN, Jefferson will continue teaching there while also working out of our Internal Medicine Department as our diabetes educator. She will see diabetes patients for both education and treatment, and work closely with clinicians, nurses, nutrition and population health staff to develop strategies to optimize the health of our whole diabetic population—now over 800 individuals.

Ophthalmology Department adds new optometrist

Maria Della Porta, OD has joined the YHP Ophthalmology Department. Educated at Siena College and at the New England College of Optometry, Della Porta was previously a staff optometrist at HealthDrive in Meriden, where she provided comprehensive eye care to patients in nursing homes. She has also worked in private practice and community health center settings, and at the Veterans’ Administration Hospitals in Newington and West Haven.
information

Broadcasting!
Yale University’s free netcasts can be found at iTunesU in the iTunes Store. Click on “Yale University.” To find topics related to Yale Health Plan, click on “Yale Health and Medicine.”

YHP’s first netcast, New Initiatives at Yale Health Plan by Paul Genecin, MD (produced by the Yale Office of Public Affairs) can also be heard at: http://streaming.yale.edu/opa/podcasts/audio/schools/health_and_medicine/genecin_121107.mp3

Parking!!
The Hillhouse Avenue bridge was closed for repairs last spring by the City of New Haven and will remain closed indefinitely. You may still drive to the YHP building from the intersection of Trumbull Street and Hillhouse Avenue; however, access to Hillhouse Avenue beyond the parking lot is now restricted. Please allow extra travel time when driving to YHP, and consider alternate parking away from Hillhouse Avenue. Additional parking is available in lot 37 on Trumbull Street.

Thinking about asthma
During Asthma Awareness Month in May, the Pediatrics Department will host an information table. In addition, YHP is holding a “living with asthma” poster contest for young asthma patients. Entry forms can be found in the Pediatrics Department and on the YUHS website www.yale.edu/yhp

Posters should be no smaller than 8 x 11 and no larger than 11 x 17. They should be colorful, using crayons, markers, paint, or colored pencils. Computer drawn or clip art may not be used. Please submit the poster with an entry form and print the child’s name, age, and phone number on the back of the poster. Prizes will be given in each of the following categories: preschoolers; 5–8 year olds; 9–12 year olds; and 13–16 year olds. Only one entry per child. Posters must be received by May 30, 2008. They may be dropped off to the YHP Pediatrics Department.

Traveling?
Thinking about overseas travel this summer? You should contact the YUHS Travel Clinic (203.432.0093) as soon as you know your destination(s) or at least six to eight weeks before your trip. We will set up an appointment to:

1) evaluate risks;
2) recommend ways to maintain health related to the areas in which you will be traveling;
3) discuss your own health issues, if any, including management of chronic conditions;
4) begin a course of vaccinations, if needed.

All visits to the Travel Clinic are by appointment. Fees vary according to the type of appointment: individual consultations with our specialists; group consultations for groups of four or more people headed for the same destination; or group education for large groups headed for the same destination. Travel Clinic services are not a covered benefit, and you will be charged for consultations, most vaccinations and travel-related prescription medications. Please visit our web site for current fees: www.yale.edu/yhp. Yale University has additional health and safety travel resources at: http://world.yale.edu/abroad/travel_resources.html

Walking at work
The annual spring Work Together, Walk Together program co-sponsored by the YHP Office of Health Promotion and Education and the Department of Athletics will begin its 17th continuous year on Tuesday, March 25. The walks will be held on Tuesdays and Thursdays from March 25 to April 24. The group leaves from the front of 17 Hillhouse Avenue at 12:10 pm. Walks take place rain or shine and participants set their own pace.

Sessions are free and open to the entire Yale community. No registration is required.

Walking with a buddy will make walking more fun, increase your motivation and influence your success. Bring your whole department!—and remember to wear comfortable walking shoes.

For more information call 203.432.0326.

yale health care
published by Yale Health Plan
17 Hillhouse Avenue
New Haven, CT 06520-8237
(203) 432-0246 • www.yale.edu/yhp
email: member.services@yale.edu

Paul Genecin, MD, Director
Catherine Kelly, Manager,
Member Services & Communications

Editorial Board
Ivy Alexander, phd, canp, aprn, Internal Medicine
Martha Asarisi, BPH, Pharmacy
Darlene Ashford, mph, Manager, Population Health
Ramsey Augustadt, Project Manager
Linda Bell, MS, RD, CDN, Nutritionist
Michelle Brei, PNP, APRN, Nurse Practitioner
Ann Marie Cirkot, BSN, MSN, Health Educator
Amy Davis, APRN, Care Coordination
Linda DiGangi, RN, Director of Nursing, ICF
Cynthia Eber, RN, MBA, Student Medicine
Carole Goldberg, PsyD, Mental Health & Counseling
Heather Liberman, Communications Coordinator
Judith Madeux, APRN, MPH
Deputy Director
Christa Mrowka
Manager, Administrative Services
Christine Pohlmann, MD, Student Medicine
Pamela Sheppard, Financial Assistant, Finance
Denise Whelan, MPH, Population Health
Rhea Hirshman, Editor
Maura Gianakos, Graphic Design
Harold L. Shapiro, Photography
Phytosterols help whack cholesterol
Linda Bell, MS, RD, CD/N
YHP nutritionist

Almost as much as our weight and blood pressure, our cholesterol levels have become a routinely monitored measure of our health status. Most of us know that the reason for the attention to this health indicator is because elevated cholesterol levels (especially elevated LDL or “bad cholesterol”) increase the risk of heart attack and stroke.

Anyone who has seen the ads for cholesterol-lowering medications knows that two factors affect blood levels of cholesterol: the foods we eat and our genetic makeup. Aside from eating a healthy diet, low in saturated fat and cholesterol and high in fiber, the addition of phytosterols to our dietary intake may help to additionally lower cholesterol levels by as much as 10–15%.

A sterol is a type of lipid present in the cell membranes of plants and animals. Cholesterol is found only in animal cell membranes; phytosterols are found only in plant cell membranes. While phytosterols are similar in structure and function to cholesterol, they block the absorption of cholesterol, thus helping to lower LDL levels; this effect has been under study for more than 50 years.

Phytosterol compounds are naturally found in small quantities in fruits, vegetables, nuts, seeds, and unrefined vegetable oils. Studies have shown that adding foods enriched with plant sterols or stanols (two different types of phytosterols) results in lower serum total and LDL cholesterol levels. In its latest set of clinical guidelines, the National Heart, Lung and Blood Institute recommends including 2 grams of phytosterols/day to lower LDL cholesterol. As these compounds naturally occur in relatively small quantities, food products enhanced with phytosterols have been growing in popularity, both for those who are trying to maintain healthy cholesterol levels without medication as well as for those on cholesterol lowering medications who have not yet reached their goals.

The type of sterol/stanol enhanced food product that is probably best known is margarine, with colorful tubs bearing brand names such as Benecol™, Take Control™, and Smart Balance™. These provide about 500–1000 mg of phytosterols per tablespoon (as compared to 34 mg of phytosterols in one ounce of almonds). Using about two tablespoons of these margarines daily would provide the recommended serving of two grams of phytosterols. In addition, if a person changed from using butter, which is high in saturated fat, to one of these sterol-enhanced margarines, an even greater lowering in LDL levels would be seen from the combined effect of these two changes.

Products providing good sources of plant sterols now include certain brands of orange juice, peanut butter, mayonnaise, bread, cereal, salad dressing, chocolate snack bars, milk, and yogurt. Sterol/stanol enhanced products generally cost more than similar but non-enhanced products, and you may need to take some time to check labels in order to spot them in the various food categories.

The maximum effects are observed at plant sterol/stanol intakes of 2–3 grams of these products at once. Phytosterols are being extensively researched, and are being studied for possible additional health benefits that include improvement of symptoms of benign prostatic hyperplasia and reduced risk of certain types of cancer, so you will likely be hearing much more about them in the future.

National Nutrition Month: Get the facts

During National Nutrition Month in March, the American Dietetic Association urges consumers to look beyond the myths of nutrition and focus on the facts. These are the top 10 facts identified by the ADA:

1. Eating right doesn’t have to be complicated. Use MyPyramid.gov to develop a personalized plan for lifelong health.

2. The best nutrition advice is based on science. Before adopting any changes to your diet, be sure the information is based in scientific fact.

3. Get your food and nutrition facts from the expert: a registered dietitian. RDs are uniquely qualified to translate the science of nutrition into reliable advice you can use every day.

4. Balancing physical activity and a healthful diet is your best recipe for managing weight and promoting overall health and fitness.

5. Think nutrient-rich rather than “good” or “bad” foods. The majority of your food choices should be packed with vitamins, minerals, fiber and other nutrients—and lower in calories.

6. Look at the big picture. No single food or meal makes or breaks a healthful diet. Your total diet should be your focus.

7. Prepare, handle and store food properly to keep yourself and your family safe from food-borne illness.

8. Don’t fall prey to food myths and misinformation that may harm rather than benefit your health.

9. Read food labels to get nutrition facts that help you make smart food choices quickly and easily.

10. Find the healthy fats when making food choices. By choosing polyunsaturated or monounsaturated fats, you can keep your saturated fats, trans fats and cholesterol low.
From the Pharmacy

Using the Pharmacy
Helpful Hints For Quicker Service

- Use our prescription refill line: Dial 203.432.0033 and press 1 to call in your refill. The automated system will give you a date and time for you to pick up your prescription. Arrive at the Pharmacy after this time and go to the “prescription pick-up window.”

- For all prescriptions other than refills go to the side “check-in and drop-off” window first.

- Visit during less busy hours—early morning and mid-afternoon. The busiest times are during lunch hours, after work and just before and after holidays.

- Prescriptions not picked up after 10 days are returned to stock and you will need to wait for them to be filled again.

- Avoid problems at the time of refill. When there is a change in your prescription, such as with dosage or timing, please call the Pharmacy before coming in.

The YHP Pharmacy will be upgrading many of its systems in 2008, allowing us to roll out a new mail order service for mail delivery of your maintenance medications (prescriptions used over a long period of time). Use of this program will save you time, help you avoid lines and shorten the wait time for walk-in prescriptions.

As always, the Pharmacy is looking for ways to save you money on your prescriptions. Some of the ways include offering new generics as they become available, increasing the supply of your maintenance medications when possible and also recommending clinical alternatives to you and your clinician in the case of expensive medications. Some of these strategies may result in a change in the look of your medication and the price of your prescription, so ask the pharmacist if you have any questions about this or any other Pharmacy matter. Or call us at 203.432.0033.

Prescriptions should be filled only as they are needed. Use the chart below to determine when you can call in a prescription refill (refill requests outside of these guidelines may be rejected as “too soon to fill”).

<table>
<thead>
<tr>
<th>Length of Prescription</th>
<th>Call When You Have...</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days</td>
<td>a 5 day supply or less</td>
</tr>
<tr>
<td>60 days</td>
<td>a 7 day supply or less</td>
</tr>
<tr>
<td>90 days</td>
<td>a 10 day supply or less</td>
</tr>
</tbody>
</table>

Spring cleaning is in the air, but many common cleaners can be hazardous to your health—and to the environment when disposed of. Ingredients such as ammonia, bleach, formaldehyde and lye can cause nausea, vomiting, inflammation and burning of the eyes and throat. Some of these ingredients have been linked with asthma, and with neurological, liver, and kidney damage. Healthier and equally effective alternatives include:

- **Washing counter tops, cupboards, and walls:** Dip a cloth in warm water, add a little dish soap and baking soda (the baking soda acts as a soft abrasive to remove tough spots and light scratches)

- **Clearing drains:** Pour a half-cup of baking soda down the sink and add at least a cup of vinegar. Cover the drain and wait a few minutes, then rinse with a mixture of boiling water and salt.

- **Cleaning glass:**
  - Make your own glass cleaning solution from 2 tablespoons borax or washing soda and 3 cups water. Spray onto the glass using a pump sprayer.
  - Don’t wash windows when the sun is shining directly on them; the cleaning solution will dry too fast and streak.
  - Instead of paper towels, use a squeegee to clean windshields. Use washable towels to wipe the cleaner off the glass.

- **Polishing silver:** Put a sheet of aluminum foil in a plastic or glass bowl. Sprinkle foil with salt and baking soda and fill the bowl with warm water. Soak silver in the bowl; tarnish migrates to the foil. Dry and buff.