Look for Your New ID Number

Warm up with Hearty, Heart-Healthy Soups

Quick-Start Resolutions for the New Year

The Simple Snore
Welcome to PARTNERS Medicare!

As a member of PARTNERS National Health Plans of North Carolina, you get more than coverage for illness and injury. You get a health plan designed to help keep you healthy. It is with that in mind that we publish PARTNERS Medicare.

In this issue you’ll find articles on sleep apnea, heart-healthy soups, fighting the cold and flu and New Year’s resolutions. You’ll also find answers to common questions concerning the PARTNERS Medicare health plan.

If you have a comment about any of the articles, or if there is something you would like to see in an upcoming issue, please write to us at:

PARTNERS Medicare
P.O. Box 17509
Winston-Salem, NC 27116-7509

Q&A

Q: What should I tell PARTNERS if I move to a nursing home or a long-term care facility?
A: If you move to a nursing home or a long-term care facility, or if you stay in one of these facilities for more than 30 days, you should notify PARTNERS Customer Service, Monday through Friday, 8 a.m. to 8 p.m., at 1-888-310-4110. The hearing impaired can call the TTY/TTD number at 1-888-451-9957.

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Let’s face it: We’ve all chuckled at the sound of someone snoring. Grandpa sawing logs in the corner bedroom. Aunt Edna snorting her way through a lazy Sunday afternoon. Perhaps even a spouse filling the house with bass-deep nasal music.

But when the laughing stops, snoring may be a more serious condition than it’s cracked up to be. “Snoring by itself isn’t a problem,” says Scott Lindblom, MD, a clinical assistant professor at the University of North Carolina at Chapel Hill and board-certified physician in internal, sleep, pulmonary and critical care medicine. “It’s only when it gets to the point where it’s disrupting the person’s sleep that it becomes a medical problem.”
What Is Snoring?

Snoring is nothing more than the noise caused by vibration of excess floppy tissue in the nose and back of the throat—and it’s something everyone does at some point in their life. For most people, snoring is nothing more than a nuisance. But, considering that approximately 20 percent of the adult population—and 60 percent of men over age 40—snore, the number of people being disturbed by the annoyance is in the millions.

Those most at risk to become snorers are: obese people; some individuals with genetic abnormalities, typically related to jaw structure; and people who have a family history of chronic snoring. Use of alcohol and sedating medications, and even lack of sleep (which causes the muscles in the throat to relax and obstruct the airway), can also be linked to snoring.

More Than a Nuisance

Snoring is not always just a benign sleep condition that is irritating for the people who hear it. Snoring may decrease the amount of oxygen in the snorer’s bloodstream, which can add stress to the heart, blood vessels and brain. Some studies also suggest a possible link between snoring and high blood pressure.

So, you may wonder, when does snoring become more than a nuisance? “Think of it as being on a spectrum,” Dr. Lindblom explains. “There are some people who snore, and it’s just disruptive to the people around them. Some have snoring that causes upper airway resistance, so it’s disruptive to their sleep. Then, it just progresses from mild obstructive sleep apnea (periods when breathing stops completely) to moderate to severe, which is based on how many times an hour breathing interferes with the sleep.”

Most common in middle-aged men, sleep apnea is caused by a complete blockage of the airway. The condition, found in six out of every 100,000 people, is often marked by snoring shortly after going to sleep, followed by a silent period of approximately 20 seconds (apnea) when no breathing takes place. The apnea is then interrupted by a loud snort and gasp, before the snoring returns to its regular pace.

“The three cardinal things we look for with someone who may have sleep apnea are snoring, witnessed apneas or daytime sleepiness,” Dr. Lindblom says. “If those three things are present, the person probably has sleep apnea.” Other symptoms include frequent awakenings during the night, daytime drowsiness, headaches, limited attention and memory loss.

Much like other medical conditions, sleep apnea has degrees of severity. Grades of apnea are gauged by the number of breathing cessations during an hour. Mild apnea is 10 to 20 times per hour, moderate is 20 to 40 times hourly and severe is more than 40 times per hour. Over time, the increased pressure in the chest and heart caused by the airway obstruction can lead to thickening of the left ventricle (the heart’s main pumping chamber) and, in turn, lead to hypertension and an increased risk of coronary disease.

Seeking Treatment

Fortunately, most people who snore can be treated with behavioral intervention, such as starting a weight-loss and exercise regimen, or by changing sleeping positions from lying on their back to sleeping on their side. Others may need to be fitted with an oral appliance that’s designed to pull the jaw forward while they sleep, preventing the airway from being obstructed.

Initially, treatment of sleep apnea may follow a similar path as those for simple snoring: behavioral modifications, oral appliances or surgery. According to Dr. Lindblom, however, the treatment of choice is nasal CPAP (continuous positive airway pressure), a scuba mask-like breathing device that blows a regular stream of air through the nose and throat. This constant flow of air forces the floppy tissues to stay open, resulting in normal breathing.

Granted, not everyone who snores should seek medical advice. But, if the condition becomes disrupt to you or those around you, experts suggest mentioning it to a physician.

“People who snore on almost a nightly basis and have one or two of the other symptoms (witnessed apneas or daytime sleepiness), should seek attention,” Dr. Lindblom says. “We also worry if people have underlying heart disease and they snore. In these cases, they should at least mention it to their doctor because we’re finding more and more that people with sleep apnea are at a pretty high risk for coronary disease or worsening heart failure.”
Look for Your New ID Number
Identity theft is a growing problem, and it is more important than ever to protect your Social Security number (SSN). PARTNERS considers the security of your information to be of the highest importance. That’s why new membership identification cards will have new identifying numbers as of January 2006.

Your new ID number will not contain your Social Security number. The new member ID number will consist of the letter “J” followed by nine unique numbers and the suffix 01. Here’s an example:

• **Current ID Number: YOURSSNO# - 01**

• **New ID Number: J123456789 - 01**

As of January 1, 2006, after you have received your new ID cards, please destroy your old cards and begin using only the new ones. And don’t forget to show your new PARTNERS cards to your doctor and pharmacist!

Reminders about PARTNERS Medicare
Prescription Drug Coverage in 2006
- If you had PARTNERS outpatient prescription drug coverage in 2005, you will have the new Medicare prescription drug coverage as part of your benefit package in 2006 unless you have elected the non-drug option.
- If you have contacted us and elected the non-drug coverage option, and you sign up for drug coverage through another company, you will be automatically disenrolled from your PARTNERS medical coverage. We encourage you to talk with us before signing up for drug coverage through another company.
- As of January 1, 2006, the following diabetic supplies are only covered through the Medical benefits of your PARTNERS plan: test strips, blood glucose meters and lancets. When purchasing these supplies, you should present your PARTNERS medical ID card to the provider. You will owe the applicable Durable Medical Equipment (DME) co-insurance for these supplies.
• As of January 1, 2006, the following diabetic supplies are only covered under the PARTNERS Medicare Prescription Drug benefit: syringes, needles, alcohol swabs and gauze. If you have declined the PARTNERS Medicare Prescription Drug benefit, you will not have coverage for these supplies. When purchasing these supplies, you should present your PARTNERS Medicare Prescription Drug ID card to the provider. You will owe the applicable prescription drug co-payment or coinsurance for these supplies.

• PARTNERS Customer Service staff are available to assist you with answers to your questions at 1-888-310-4110 or TDD/TTY 1-888-451-9957 Monday through Friday from 8 a.m. to 8 p.m. In addition, you can obtain information from the sources below.

Contact Sheet

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<td>PARTNERS Customer Service</td>
<td>1-888-310-4110</td>
<td>8 a.m. – 8 p.m., M-F</td>
<td><a href="http://www.partnershealth.com">www.partnershealth.com</a></td>
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<td>MEDICARE</td>
<td>1-800-MEDICARE TTY: 1-800-633-4227</td>
<td>24 hour/day including weekends</td>
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<td>NC SHIIP</td>
<td>1-800-443-9354</td>
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<td>SSA (Social Security Administration)</td>
<td>1-800-772-1213</td>
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<td>RRB (Railroad Retirement Board)</td>
<td>1-800-808-0772</td>
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The key to staying healthy during this winter’s cold and flu season is knowing the enemy—and choosing the right strategies to defeat it.

What prevents influenza (a vaccination) won’t stop you from catching strep throat. What knocks out a bacterial infection (an antibiotic) won’t help the common cold. But if you arm yourself with knowledge and the right preventive measures, you may be able to keep the flu and other foes of good health at bay.

By now, you probably have already received your annual flu shot. Here are five other strategies that should be in your winter arsenal:

1. Take care of yourself.

Eat well, exercise (according to your doctor’s guidelines), don’t smoke and get plenty of rest to make your system stronger. “The healthier you are going in, the less likely you are to catch these things,” says Mary E. Frank, MD, president-elect of the American Academy of Family Physicians and a family doctor at Primary Care Associates in Rohnert Park, Calif.

2. Drown the germs.

What’s the most important preventive measure you can take yourself to prevent winter diseases from spreading?

“Wash your hands, wash your hands, wash your hands,” says Dr. Frank.

Often, she says, careless hygiene is the vehicle that allows colds, flu and other illnesses to spread. A person with the flu blows her nose, tosses the tissue away, picks up the phone and makes a call—without washing her hands. Then she passes the phone on to a co-worker, and that person scratches his eye.

“He has just inoculated himself with the flu,” Dr. Frank says.

3. Stay home if you’re sick.

Listen to your body. People who are feverish and have a cold or flu often drag themselves to work, church or other obligations out of dedication, but doing so is not just hard on the sick person, it’s also counterproductive.

“They’re just going to spread it to everybody else,” Dr. Frank says. “The flu is very, very contagious.”

So how do you know that you have the flu and not a cold? It can be difficult to tell the difference because the flu sometimes causes only mild illness. However, influenza generally causes more severe symptoms than a cold. The flu often comes on suddenly, while a cold typically begins slowly. The flu usually causes fever; a cold does sometimes, but often not. Extreme exhaustion, cough, aches and pains are common with the flu.

“If you feel like your whole body has been beaten up and even your hair hurts, you have influenza,” says Dr. Frank.
Resting will help your body fight off the illness completely before another bug comes along, says Dr. Frank. Your body needs time to heal—or you may soon find yourself sick again.

4. Get a pneumonia shot if you’re in a high-risk group.

If you are 65 or older or have long-term health problems that lower your resistance to infection, the Centers for Disease Control and Prevention (CDC) recommends that you get a pneumonia shot. This vaccine also is recommended for Alaska natives and some Native American groups.

The CDC says most people need only one lifetime shot of the pneumococcal polysaccharide vaccine (PPV) vaccine, but some people need another dose if more than five years have passed since the first shot. The vaccine protects against 23 types of pneumococcal bacteria, which have become increasingly resistant to treatment with antibiotics.

5. Know when antibiotics might help—and how to use them properly.

You have a cold, sinus pressure and a headache and you want an antibiotic to feel better fast. But the doctor won’t give you one. Why? To understand when you need an antibiotic, you need to know the difference between illnesses caused by viruses and those caused by bacteria.

Most colds, sore throats and earaches are caused by viruses, which cannot live on their own but must invade other living cells to grow and reproduce. Antibiotics have no effect against them. Most viral illnesses resolve on their own in 7-10 days.

Illnesses caused by bacteria are different. Strep throat and some types of pneumonia, for example, are caused by bacteria, living organisms that can enter other living cells and multiply. Antibiotics kill bacteria and stop them from reproducing.

Many people who have a cold or an earache don’t understand the difference—and ask doctors for antibiotics. Part of the public’s misunderstanding stems from changing medical practices, Dr. Frank says. A decade ago, most doctors gave an antibiotic to a child with a red eardrum, she notes. And the same was true for anyone complaining of sinus pressure or cough and green mucus. Today, doctors don’t pull out the prescription pad as often.

“We know now that 85 [percent] to 90 percent of ear infections, bronchitis and sinusitis are due to viral illnesses,” says Dr. Frank. “The majority of them are gone in 10 days.”

Taking an antibiotic you don’t need can cause unnecessary side effects and also can lead to antibiotic resistance—a situation in which the antibiotic can be ineffective against a serious illness.

“The more we use antibiotics, the more we have bacteria for which the antibiotics no longer work,” says Dr. Frank.

For example, she notes that the antibiotic Amoxicillin used to work for 99 percent of ear infections. “Now we’re down to 60 percent in some areas,” she says.

The problem of overuse is so severe that the CDC is waging an advertising campaign, “Get Smart: Know When Antibiotics Work.” J. Todd Weber, MD, director of the Office of Antimicrobial Resistance at the CDC, says the message is simple: “Don’t use antibiotics for viral infections. They don’t work. Why would you want to take a drug you don’t need?”

In addition to overuse, underuse of needed antibiotics is a concern, too. If the doctor prescribes an antibiotic, take the entire amount. Sometimes patients decide they are better after a few days and stop.

“You’ve created a situation where the weak bacteria die but the drug-resistant ones are still there and can proliferate,” notes Dr. Weber.

That can not only make the bacteria more resistant but also can send patients into relapse—and complications. For example, untreated strep throat can lead to rheumatic fever, which can damage heart valves.

Web resources for more information

Preventing the flu: www.cdc.gov/flu

Overuse of antibiotics: www.cdc.gov/getsmtart

Pneumonia vaccine: www.cdc.gov/nip/diseases/Pneumo/vac-chart.htm

Information on a variety of patient health issues: www.familydoctor.org
When my best friend received the news that her dad had just died, the first thing she did was write him a letter. In it, she recalled the times he had taken her, as a preschooler, to work with him at the junior high school where he was principal—showing her off to colleagues and buying her lunch in the cafeteria. In her grief, so raw and fresh, she must have wondered if anyone would ever again look at her with as much pride as her daddy did.

We experience many kinds of loss throughout our lives—loss of a relationship, a career, a home through fire or natural disaster, a body part through illness or accident, a sense that the world is a safe place, even loss of a dream, and, of course, the ultimate loss: death of a loved one. Since loss is inevitable, so is grief.

Most of us think of grief as a dreaded emotion, a bleak period of intense sadness. In reality, grief represents our light at the end of loss’s dark tunnel. Grief gives us a precious gift: a newfound strength for living without the person, thing or ideal we have lost.

“Death takes away. That’s all there is to it. But grief gives back,” says Candy Lightner, founder of Mothers Against Drunk Driving (MADD). “By experiencing it, we are not simply eroded by pain. Rather, we become larger human beings, more compassionate, more aware, more able to help others, more able to help ourselves.” In order to reach that point of growth, however, we must first work through grief and find ways to cope during the process.

Grief involves myriad emotions that may include anger, depression, denial, fear, guilt, longing and disorientation. Shortly after a death, a grieving individual might even “see” or “hear” the deceased, perhaps in the form of a dream that seems unnervingly real or a hallucination brought on by familiar stimuli. Lorri Greene, PhD, a licensed psychologist and marriage, family and child counselor in private practice in San Diego, says all of these reactions are normal and that expressing one’s individual response to a loss is crucial to resolve grief.

A drunken driver killed Cynthia Roark’s 18-year-old daughter, Paige, in 1984. “It was very important to me to verbalize everything that I was feeling,” says Roark, “so I did this all the time. Talked to anyone who would call.”

Ironically, three months before Paige was killed, she had done her senior term paper on the effects of driving while intoxicated and had persuaded her family to join MADD. Her mom was already entrenched in volunteer work for the organization when she received the terrible knock at the door. “I was surrounded by people who had gone through what I had gone through,” says Roark. “When I saw them, I knew that even though I didn’t want to survive, I was going to survive.”
Roark knows from experience that grief is an individual process. “You can’t put the different stages of grief into a circle because they keep bleeding into each other,” she says. “All those stages occur, but they don’t occur like one, two, three, four, five.”

For someone who remains seriously depressed for more than six months, Greene recommends psychotherapy. Signs of clinical depression include inability to concentrate; either insomnia or sleeping up to 15 hours a day; overeating or chronic lack of appetite; inability to work; a feeling of helplessness and hopelessness; and, of course, thoughts of suicide.

Greene and other grief experts offer these strategies for coping with loss:

1. **Recognize that grief is natural.** Allow yourself to grieve in your own way and in your own time.

2. **Talk out your feelings.** Share them with a trusted friend or therapist.

3. **Join a grief support group.** They are usually free, and almost every community has them. Call your local mental health association, hospital or hospice to find one near you.

4. **Keep busy.** Do something you always wanted to do, such as take a trip or start a new hobby.

5. **Be with people.** Isolation leads to depression, so make it known that you want visits and phone calls.

6. **Express anger.** Whether it’s rational or not. Hit a pillow or punching bag, play tennis or racquetball, or just scream.

7. **Immerse yourself in nature.** Hike in the mountains, walk along the beach and watch the waves crash to shore or simply bask in the sunshine. Nature has a calming and grounding effect.

8. **Compartmentalize grief.** After the acute or initial phase has passed, set aside a certain amount of time each day to focus on your loss; then resolve to put those feelings aside.

Here are the five stages of grief:

1. **Denial.** You cannot believe your loved one has passed away.

2. **Anger.** You’re mad, perhaps at everyone, perhaps even toward the deceased for having died.

3. **Guilt.** You may feel tremendous guilt over what was said or not said before your loved one passed away.

4. **Bargaining.** You think you should have died instead, or that if you become a better person, no one else will die.

5. **Acceptance.** While you still hurt, you find a balance in life.

Reaching this last stage can sometimes take a year or longer, says Marie Hoopes, MS, a board-certified counselor. She adds that you will know that you have gone through the stages of grief and emerged healthy “when you can think about the person you’ve lost and smile, appreciating the gifts that that relationship or experience provided you.”
Few things can compare to a steaming bowl of soup on a cold day. Especially on cold, snowy days when hunkering down with a good book, comfortable sweats and a hearty bowl of soup seem to be the right prescription for time well spent. Beyond hitting the spot, though, soup can also provide a wide range of nutrients with few calories.

But soups can do more than simply warm chilled bones. “Studies show that eating hot soup can slow the rate of food consumption and help keep you from overeating,” says Mona R. Sutnick, EdD, RD, a spokeswoman for the American Dietetic Association. “Because the soup is hot, you eat it slowly, which gives the body time to know it’s been fed.”

For many people, controlling body weight and reducing sodium in the diet may help to lower blood pressure. Including low-sodium soups in your diet can help to do both.

The Sodium Overdose

According to the American Heart Association (AHA), Americans typically consume anywhere from 4,000 to 5,800 milligrams of sodium daily, which is about 10 times the maximum amount as is recommended by the AHA for maintaining good health.

One teaspoon of salt (sodium chloride) contains 2,196 milligrams of sodium—not much less than the AHA’s maximum limit of 2,400 milligrams a day for healthy people. Some doctors may recommend lower levels for their patients, depending on any medical conditions they may have.

Make It Yourself

Though soups can offer a great opportunity for lowering sodium levels and promoting good heart health, many of the canned and dry soups found on store shelves contain enormous amounts of sodium. Some have sodium levels reaching 800 to 900 milligrams per serving—that’s one-third of your recommended maximum daily intake. Your best bet is to buy either no- or low-sodium soups, or better yet, make your own soups at home, where you can control the amount of sodium that is added.

When making soups and other meals, it’s easy to substitute a variety of herbs and spices to boost flavor without resorting to the saltshaker. Experiment using some high-flavor spices, such as bay leaf, dry mustard, vinegar, basil, cayenne, curry, onion, coriander, peppercorns and parsley.
**Defining “Low Sodium” in Canned Soups**

In an effort to inform consumers when shopping for soups and other foods, the U.S. Food and Drug Administration (FDA) has defined certain terms that refer to the sodium content found on food labels.

- **Sodium Free**: 5mg or less per serving
- **Very Low Sodium**: 35mg or less per serving
- **Low Sodium**: 140mg or less per serving
- **Reduced or less sodium**: Usual sodium level is reduced by 25%
- **Unsalted or No Salt Added**: No salt added during processing

Under the FDA’s food labeling rules, the Daily Value for sodium is 2,400mg.

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**Vegetable and Fish Chowder**

Makes 5 Servings

The following updated chowder is a creamy fish soup—a comfort food without the usual fat—that achieves its rich body by puréeing both potatoes and (surprise!) squash.

**Ingredients:**

- ½ to 1 Tbsp. canola oil
- ½ cup finely chopped onion
- 2 medium stalks celery, diced
- 1-2 cloves garlic (or to taste), minced
- 4 cups reduced-fat (2%) milk
- 1 cup potatoes, peeled and diced
- 2 cups butternut squash, peeled and diced
- 1 bay leaf
- 1 lb. fish fillet cut in 3/4 inch pieces
- ½ tsp. dried thyme
- ½ tsp. dried marjoram
- Salt and freshly ground white pepper, to taste
- Paprika for garnish

**Instructions:**

In a heavy, deep pan, heat the oil over low-medium heat. Add the onion, celery and garlic into the oil and cook for about 5 minutes, stirring occasionally, until soft, translucent and pale gold. Add milk, potatoes, squash and bay leaf. Bring to a boil over high heat, then immediately reduce heat to a gentle simmer. Partially cover with a lid and simmer about 15 minutes, or until vegetables are tender but not falling apart.

With a slotted spoon, transfer potatoes and squash to a blender. Purée with a small amount of the soup liquid until completely smooth. Transfer back to the pan.

Add thyme, marjoram, salt and pepper. Add fish and simmer gently until seafood is just barely cooked through, being careful seafood does not overcook.

Remove from the heat. Check seasoning and add salt and pepper, if necessary. Remove the bay leaf and ladle chowder into individual bowls. Garnish with a light sprinkling of paprika.

**Nutritional Information Per Serving:** 266 calories, 6g total fat (3g saturated fat), 28g carbohydrate, 25g protein, 4g dietary fiber, 190mg sodium

Visit the American Institute for Cancer Research at www.aicr.org for more healthy recipes.
Resolving to lead a healthier lifestyle is a good way to begin the New Year. But don’t despair if you still haven’t confirmed your New Year’s resolutions; there’s still plenty of time to choose a better path for the year ahead.

“Millions of Americans make resolutions that go unresolved largely because they fail to utilize proven behavior modification techniques to support their new goals,” says Don R. Powell, PhD, president of the American Institute for Preventive Medicine in Southfield, Mich., and author of 365 Health Hints.

“For starters, it’s important to set realistic goals for yourself,” he says. “It takes some time to develop a bad habit, so don’t expect to change things overnight. In addition, try to work on only one habit at a time. It’s not easy to change your behavior, and it can become overwhelming if you try to change too much, too soon.”

10 Quick-Start Resolutions
1. I resolve to get physical. Sticking to a regular exercise routine is one of the most important steps you can take to improve your health and longevity. Starting this year, devote 30 minutes, three to four times a week, to an aerobic activity you enjoy. Good choices include walking, running, swimming, biking, skating and aerobic dancing. Talk to your doctor before beginning an exercise program.
2. I resolve to maintain an ideal body weight. This year, eat high-fat foods in moderation. Half of Americans are overweight, and the extra pounds contribute to heart disease, diabetes, stroke and an increased risk of certain cancers.
3. I resolve to stop smoking and try avoiding those people who still light up. Cigarette smoking is the most preventable cause of illness in America today. Each year, six times more Americans die from cigarettes than were killed in the Vietnam War. Secondhand smoke is just as bad; it can be deadly to nonsmokers who inhale it regularly.
4. I resolve to control my blood pressure. If you haven’t had your blood pressure checked recently, do so. Follow your doctor’s instructions if it’s high, and faithfully take any prescribed medication. If left untreated, high blood pressure is the primary cause of stroke.
5. I resolve to develop a strong social support network. Studies have shown that people who have supportive relatives, friends and co-workers are sick less often than those who don’t. Be a friend to others and keep your family close and caring.
6. I resolve to reduce my cholesterol. This year have your cholesterol tested or retested, if necessary. The average cholesterol level in the United States is 215—15 points above 200, which is considered healthy. If your level is high, follow your doctor’s instructions and reduce your consumption of red meat, regular dairy products and food items high in saturated fats.
7. I resolve to control my hostility. For your heart’s sake, make an effort to control a bad temper. Studies have indicated that anger and hostility may be as bad for your heart as smoking and high blood pressure.
8. I resolve to drink moderately, if at all. Of the 10 leading causes of death each year, alcohol is a contributing factor in six of them. Two corollary resolutions are to never drink and drive, and to never ride with someone who has been drinking.
9. I resolve to clean up psychological pollution. People who live long lives characteristically possess a positive attitude about life. Resolve to stop indulging in negative thinking that can pollute your mind and negatively influence your health and emotional well-being.
10. I resolve to always buckle up. Make it a rule that you won’t start your car until everyone is buckled in. Wearing a seat belt greatly increases your odds of surviving a car accident.

“By keeping all 10 resolutions you can add years to your life and life to your years,” Dr. Powell says.
Resolution Survival Tips

Once you have made a New Year’s Resolution to lose weight, counting calories and fat grams can become difficult after a while. Many people tend to fall off the wagon of restrictive diets and complex dietary regimens.

But making small changes in your eating habits that don’t require recordkeeping or a food scale can help you survive in keeping your initial resolve.

Use the following tips to help you reach your goals for losing weight and keeping it off.

Make It a Habit

• Prepare a healthful shopping list before you go to the supermarket, and stick to the list.
• Don’t go food shopping on an empty stomach. Eat a little something first or you’ll be tempted to buy everything in sight.
• Confine your meals to the dining room or kitchen table.
• Pour a reasonable portion of cookies, chips or crackers onto a plate or into a bowl instead of eating directly out of a box or bag.
• Freeze leftovers immediately so you can’t raid the refrigerator later.
• Drink six to eight glasses of water a day, including a glass before mealtime. Water helps you feel full faster and longer and helps your body digest food.
• Limit alcohol consumption. Alcohol is packed with calories, but no nutrients. Also, it increases appetite and weakens your willpower to avoid the wrong food choices.
• Begin lunch or dinner with a broth-based hot soup. It forces you to eat more slowly and fills you up so you don’t overeat.
• Eat more slowly. Rushing through meals doesn’t give your brain adequate time to register and signal you when you’re full.

• When dining out, request sauces and low-calorie dressings be served on the side so you can use as much or as little as you want.
• Never leave home starving when heading out for a restaurant meal. Before you go, eat a light snack, such as a piece of fruit or a carrot, or drink a glass of juice.
• Don’t eat while watching TV. Watching the tube instead of your plate can lull you into overeating; so will the food and snack commercials.
• Stick to your own plate. Nibbling off someone else’s dish may seem harmless, but the calories add up.
• Store tempting treats in opaque containers or foil wrap.
• Choose healthful items if you eat fast food. To do so, avoid fried foods and “super-size” portions.

Cooking Light

• If a recipe calls for a quarter-cup of oil, cut that amount in half; your taste buds won’t know the difference, but your waistline will.
• Sauté foods in chicken stock, low-sodium soy sauce, wine or water instead of fat.
• Broil, bake, roast, boil or stir-fry instead of frying, deep-frying or breading and frying.
• Use nonstick pans and a nonstick oil spray to eliminate the oil or butter for sautéing.
• When sautéing with oil, try a flavorful one such as olive oil or sesame oil. You’ll need less.
• Add a pinch of grated Parmesan or blue cheese to recipes. You’ll add flavor, not calories.
• Add spice to your meals instead of fat. Fresh herbs perk up any dish without adding calories. Experiment with different ethnic foods and seasonings; they’re often full of flavor, not fat.
9/05 Hurricane Katrina

This chapter took me to the Gulf Coast.

Immediately after Hurricane Katrina hit, I joined others from my chapter and headed for the Gulf Coast. We delivered food and water, provided shelter, and even counseling.

At its core, the Red Cross is a network of local chapters supported by their communities, prepared to respond to local, national, and even international needs. Sometimes that means helping one victim of a house fire; other times that means helping hundreds of thousands of disaster victims.

I hope you will volunteer your time and donate money to your local Red Cross chapter—so we can be there for another chapter.

When you help the Red Cross, you help America.

Angela Peterlik
Red Cross Volunteer
Raleigh, NC

American Red Cross
www.redcross.org