



sensible shoes,
happy feet/4

know
yourself/7

pregnancy
planning/8

yale health care

NEWS FROM THE YALE HEALTH PLAN

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Eating sensibly, eating well

The media often present mixed messages about diet and health. Low carb or high carb? Lots of dairy or no dairy? Bagels and juice for breakfast, or a cheese omelette? A little common sense can help sort through the confusion.

First of all, some basics often get lost. While most of our moms exhorted us to “eat our vegetables” without being privy to scientific research, more and more anti-cancer compounds (phytochemicals) are being discovered in fruits and vegetables. Another generally accepted tenet is that, while we need certain kinds of fats in our diets, too much saturated fat (the type in meat and dairy) leads to elevated cholesterol and heart disease; eating more fiber (fruits and vegetables again, along with whole grains) seems to lower cholesterol levels.

So why the confusion? The devil is in the details. Should dinner be pasta and tomato sauce, or vegetable stir fry with brown rice, or chicken with a baked potato and spinach? Or none of the above?

continued on page 5

Even in high tech world, common sense rules



A close family friend contacts me whenever he catches a cold. His request is quite predictable—an antibiotic, not a “fancy” one, just a basic elixir that will cure his ills. On several occasions, he has asked about using interferon, a potent antiviral drug that has, among other uses, a role in treating certain cancers. My response is also quite predictable. After the standard sermon about perils of unnecessary antibiotics, I prescribe rest, fluids and a good strong dose of common sense.

Medical science has advanced at a breathtaking pace. In this, the 50th anniversary year of the discovery of DNA’s double helix, fruits of disciplines such as molecular biology are abundant. The best is still to come. Advances in imaging technology, vaccinations, antimicrobials and understanding of chronic diseases such as diabetes and hypertension have decreased human suffering and prolonged lives.

continued on page 2

Science is good furniture for one’s upper chamber, if there is common sense below. OLIVER WENDELL HOLMES SR.

Everybody gets so much information all day long that they lose their common sense. GERTRUDE STEIN

Common sense is not so common. VOLTAIRE (FRANCOIS MARIE AROUET)

One pound of learning requires ten pounds of common sense to apply it. PERSIAN PROVERB

COMMON SENSE

continued from page 1

Such a world, it would seem, would have no place for good old-fashioned common sense. Isn't common sense what our mothers and grandmothers invoked as they whipped up some concoction or applied homemade salve to ease our ills? I recall a particularly awful drink made with hot milk and peppercorns that my mother claimed had been curing colds since the dawn of Indian civilization. For its intended purpose it is, I am sure, at least as effective as interferon.

Despite advances in medical technology, the need for common sense approaches to most of society's afflictions remains as pressing as ever. Consider two of the conditions that affect hundreds of millions of people in the US annually: the common cold and viral gastroenteritis ("stomach flu"). Outbreaks of these illnesses are predictable and fairly consistent; they cause significant losses in productivity. Yet, they are entirely unavoidable and incurable. They must run their courses, although symptomatic relief is available.



There are no magic bullets and the widespread practice of prescribing powerful antibiotics for colds—which are caused by viruses and thus do not respond to antibiotic treatment—has generated a new breed of antibiotic-resistant "superbugs." The absence of common sense has created this far greater public health threat.

Globally, the scourge of malaria claims millions of lives and afflicts hundreds of millions annually. Extensive research has

Important telephone numbers

Urgent Care	432-0123
<i>Open 24 hrs/day, seven days per week</i>	
Toll Free	1-877-YHP-CARE
Information	432-0246
Pharmacy	432-0033
<i>Hours of operation</i>	
Monday–Wednesday, Friday	7:30 AM–6:30 PM
Thursday	8:30 AM–6:30 PM
Saturday	8:30 AM–3:30 PM
Patient Representative	432-0109
Medicare/Retiree Coordinator	432-8134
Outpatient Referrals	432-7397
Claims	432-0250
Inpatient Care Facility	432-0001

in touch

produced potential vaccines, new anti-malarial drugs and whole genome sequences of mosquitoes. In the near future, we may even see genetically altered mosquitoes that cannot transmit parasites. Yet, prevention of this disease in the worst hit areas of Africa still depends on use of bed nets and drainage of malarial swamps: common sense practices that have remained unchanged for centuries.

While the role of sound public health practice in prevention of infectious diseases has long been understood, the link between healthy habits and many chronic diseases is now coming into focus. Fueled by rampant overeating, sedentary lifestyles and increasing affluence in emerging economies of the world, diseases such as obesity, diabetes, coronary artery disease and hypertension affect millions. Research into the genetics and possible environmental triggers of these conditions shows great promise for cure. Indeed, those laboratory rats whose genomes have been tweaked to become morbidly obese provide key insights into the genetic origins of obesity. Yet, for those millions of Americans who exist on Big Macs, fries and shakes, the answer may be far simpler.

Recent studies reveal that exercise on a regular basis may play a greater role in prevention of cardiovascular events than most medications. Should such findings come as a surprise? In a society where

the average individual is obese and the leading chronic diseases are linked to obesity, the solution may not be so elusive. Approaches that involve calorie reduction and exercise instead of designer compounds that block intestinal absorption of fat are not anachronistic. They simply make good sense.

Medical science should and will continue to advance at great speed. From efforts such as The Human Genome Project will emerge the next generation of cures. But let us not forget that control or even prevention of many illnesses often involves something both less glamorous and much more accessible—a good strong dose of common sense.

Ravi Durvasula, MD
Medical Director, YUHS

NEW NON-SMOKING POLICY IN GRADUATE HOUSING

For fall 2003, all graduate **dormitories** will be completely smoke free; residents will no longer be able to smoke in their rooms. For 2003-04, the graduate **apartments** will have a transitional anti-smoking policy at one of their complexes as a prelude to the future institution of a full no-smoking policy in the apartments as well.



from the desk of

PAUL GENECCIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

We all know that smoking kills. But each day, over 3000 American teenagers become habitual smokers. Smoking by college students increased 28% from 1993 to 1997. Roughly 30% of college students smoke, as do 4.1 million teens between the ages of 12 and 17. The Department of Health and Human Services tells us that 90% of current smokers started when they were under 20 years old and 50% started before the age of 14.

In addition to being the major cause of preventable deaths and illnesses in the U.S., smoking is expensive, toxic to unborn children and the cause of numerous fires each year. Four out of five smokers say that they want to overcome their addiction—both for themselves and for their friends and families. Smoking exposes others to the nuisance and the serious health risks of environmental tobacco smoke.

“Passive smoking” in children is associated with chronic lung problems including asthma, bronchitis and pneumonia, and 43% of American children aged 2-11 are exposed to secondhand smoke in their homes. Non-smoking adults exposed to tobacco smoke have significantly more asthma and more severe asthma than those who are not exposed.

Toxic fumes from the burning tip of the cigarette and from the exhaled smoke contain more than 40 known carcinogens and other injurious chemicals including tar and nicotine, carbon monoxide, phenols, ammonia, formaldehyde, nitrosamine, hydrogen cyanide and benzene.

Secondhand smokers have an increased risk of lung cancer, which has prompted the US Environmental Protection Agency to classify environmental tobacco smoke as a class A carcinogen. The effects of smoking on cardiovascular disease are also recognized in secondhand smokers. Passive smoking is estimated to account for 53,000 preventable deaths per year.

Although the majority of American smokers are now adults, the fact that addiction to tobacco begins before the age of 20 makes the tobacco epidemic a special concern on campuses. It is vitally important to provide young people with education and smoking cessation programs, as well as outreach and social marketing to convince prospective smokers not to take up the habit.

I am equally concerned about those whose health is jeopardized by secondhand smoke.

Dormitories, dining areas and school buildings should be smoke free, yet smoke-free campuses are still in the minority. At Yale Health Plan, our Department of Health Promotion and Education sponsors the *Smoke-Free@Yale* campaign to teach students about the hazards of smoking and of secondhand tobacco smoke (see below). We must urge our children, coworkers and students not to take up smoking, to quit if they already smoke and to assert their right to a smoke-free indoor environment.

Smoke-Free at Yale

The Student Health Education office sponsors activities to discourage smoking and encourage smoke-free living for Yale students. These include:

- Materials available on the web site www.yale.edu/uhs/healthed and through Student Health Education.
- Information about smoking cessation published in the student newsletters: *Healthy Beat* and *Health Loop*.
- Smoke-free tables which distribute information and self-help kits. These tables are set up at:
 - › the *Student Health Expo* at YUHS every September
 - › *Stress Down Day* at the President’s Room in December
 - › at *Spring Break* table in Commons in March
 - › *Chill Out Days* at Yale College and medical and graduate school locations in April.
- Smoke-free days held at Commons every April and also every November to coincide with the Great American Smokeout. These days offer a variety of educational and self-help presentations and materials.



A little attention, sensible shoes, make happy feet

Even though most of us are born with healthy feet, well over half of all adults will experience foot disorders during their lifetimes. During a typical day, the feet endure a cumulative force of several hundred tons. But many foot problems are preventable with the application of a little common sense—including daily care and the wearing of sensible shoes.

When the first humans stood upright about a million years ago, the two feet took on the load that had for millennia been distributed four ways. As humans began to use their hands and left their feet to do the walking, the need for foot covering evolved. Over time, shoes went from simple protective gear to sometimes elaborate contraptions, worn more for style and status than for function.

Early Greek and Asian theater called for the wearing of platform shoes to make the main character on stage stand above the others. Shoes with curled toes as long as 24 inches were the height of fashion for the medieval European aristocracy. In 16th-century England, male dandies wore shoes with extremely pointed toes and in 17th century France, Louis XIV, a short man, popularized platform shoes, some of them five inches high. For centuries, upper-class Chinese women had their feet bound, crippling them but allowing for the wearing of the tiny shoes that indicated good breeding.

Because of the dictates of fashion, 80% of all foot problems occur in women. But men's feet are not immune from problems caused by poor care, disease, obesity or badly-fitting shoes (too many weekend athletes of both genders don't bother fitting the shoes to the activity).

General foot care tips

- Wash your feet daily. Rinse off and dry thoroughly, especially between toes.
- Trim nails straight across, and not too short. Don't cut out or dig at corners.
- Do not trim, shave, or use over-the-counter medicines to dissolve corns or calluses. Seek professional help for these common foot problems.
- Wear clean socks or stockings, changed daily. Don't wear any that are too short or too tight.
- Always wear shoes when walking through public spaces such as locker rooms and pool areas to minimize the risk of contracting athlete's foot or other fungal infections.
- Walking barefoot in sand is great exercise for foot and calf muscles.
- Children up to the age of three should walk barefoot in the house when possible to develop balance and foot and ankle strength. However, make sure that children's feet are protected outside from cold weather and from surfaces that could injure them.
- When buying shoes for babies, let them walk around for a while in the store with the shoes on. Because babies tend to curl their toes, you might otherwise wind up with shoes that are too small. Also, don't buy shoes to be grown into; too-large shoes increase the danger of tripping and falling.

If the shoe fits—wear it!

Wearing the right shoes is vital to foot health. Use this checklist when shopping.

- Soles should be strong and flexible with a good gripping surface.
- Insoles should be cushioned to absorb the jolts of walking on hard surfaces.
- Arch supports distribute weight over a wider area. Rigid shanks also give added support.
- The toe box should be roomy enough so you can wiggle all your toes.

- The heel should fit snugly and the instep should not gape open.
- High heels, even if the shoe itself is comfortable, change body posture and increase the likelihood of backaches and other musculoskeletal problems. Wearing high heels once in a while—if your feet are in otherwise good shape—is probably okay. But don't wear them for too long and don't do much walking in them.
- If shoes do not fit in the store, they are not going to fit once you get them home. If they aren't comfortable, don't buy them!
- Because feet spread with age, don't assume that you wear the same size shoe that you have always worn. Have your feet measured periodically.
- Both feet should be measured as they are often different sizes. Buy shoes for the biggest foot.
- Go shoe shopping in the late afternoon, when feet swell to their largest.

The human foot is a marvel of engineering: 26 bones, 33 joints, 20 muscles and 100 ligaments, evolved for flexibility and strength. Good foot care habits will help keep your feet—and the rest of you—resilient and pain-free.

Rhea Hirshman, editor

Foot care vital for diabetics

Diabetes can cause nerve damage and numbness in the feet, a condition known as diabetic neuropathy. A small injury, such as a cut or blister, may not be noticed; if left untreated it can develop into a larger sore and possibly a serious infection. An untreated infection may lead to amputation of the foot or part of the leg. About 70 percent of foot ulcers in people with diabetes start with a minor injury. Proper shoes and socks, diligent foot care and regular foot exams can help prevent diabetic foot problems.

GOOD NUTRITION

(continued from page 1)

How about a snack: cereal or an orange or a handful of nuts? Or is it all the same if you grab a candy bar?

While everyone is different, and health concerns may dictate dietary choices (concerns such as diabetes, celiac disease, food allergies and sensitivities), one common sense principle is to eat a variety of foods. Pasta may be fine one or two nights a week, but you should also eat whole grain products such as barley or brown rice, or substitute a starchy vegetable like corn or a sweet potato.

Another issue is portion size. Check labels. If the portion on which the nutritional information is based is one cup, measure a cup of the item. If you would usually eat much more, reduce your portion and add extra servings of vegetables. You can also use the servings/container information to see how many servings a product contains.

What about weight? If you want to gain weight, eat larger portions of healthy, calorically dense foods such as juice, nuts, avocados, peanut butter, and fruit shakes or smoothies; avoid empty calories such as soda, cakes, and pastries. Trying to lose weight? Limit empty calories. Include more nutrient dense, calorically non-dense foods, such as vegetables, fruits, lean proteins (fish, poultry, legumes, and soy), lowfat or fat free dairy, and whole grains. Avoid trigger foods—those which are hard for you to stop eating.

Evaluate your eating patterns, including whether there is some structure to your meals and snacks, how often you skip meals, and whether you are eating because of hunger or as an emotional response. To explore these issues, write down what you eat for a week, with whom and under what circumstances.

What if your friend is losing weight on a new diet? Should you try it? Common sense can help. If the diet restricts multiple food groups and seems very extreme, it probably is. Ask yourself if it seems healthy and if so, would you be able to stick with it for more than a few weeks?

Although the “yo-yo” cycle of weight loss and regain does not appear to be as detrimental as was once believed, losing weight over and over only to regain it can be psychologically difficult. You are better off losing less weight and being able to keep it off than ending up where you started, or at an even higher weight after coming off an extreme diet.

Some successful weight loss strategies use common sense approaches hidden behind gimmicks—for example, a product that promises weight loss if you take one pill each night and avoid eating after dinner. Many people would probably lose some weight without the pill, simply by cutting out evening snacks. It is fine to use these strategies if they are safe and you feel they would help. Just remember that anything promising weight loss without changes in eating or exercise habits is unlikely to work. The most consistent strategies associated with those who have successfully lost and kept off weight are eating more fruits and vegetables and exercising more, either through formal exercise programs or by including more movement in a regular day (taking the stairs instead of the elevator).

What about common sense when eating out? If you eat out infrequently (less than once or twice a month), you probably don't have to worry about what you select (and are most likely in the minority!).

However, if you eat out frequently (for some people, this can be two or three times a day!) you need to think about food choices. One simple strategy is to decide in advance that you will eat only half the portion and take home the rest for another meal. Avoid fried foods, which contribute to heart disease as well as obesity. Go to restaurants that serve protein foods like seafood or chicken that are baked, broiled, steamed, or grilled, or alternative protein sources like beans or tofu. Order as many vegetables as you can. Skip the sugary drinks and remember that alcohol has empty calories. Order side dishes such as potato or salads plain; you can add toppings in moderate amounts (such as a tablespoon of sour cream or of salad dressing). If you are trying not to eat too much bread, have the waitstaff remove it. Talk with the waitstaff or manager who may be able to suggest lower calorie items, or a modification of a dish on the menu.

Above all, avoid setting yourself up for failure. If you plan to stop at a fast food restaurant for a salad, but seeing someone eating french fries will be too tempting, don't go in! Use the drive through or find another place to get the salad.

The common sense approach to nutrition has remained constant for years. Eat a variety of foods (especially of fruits and vegetables), consume moderate portion sizes, and balance food intake with your activity level.

Linda Bell, MS, RD, CD/N
YHP nutritionist



information

INFORMATION

HOLIDAY HOURS

Clinical and administrative departments will be closed for Memorial Day on Monday, May 26 and on Friday, July 4. Care for urgent problems is available in Urgent Care (203-432-0123).

SUMMER HOURS IN RADIOLOGY

Beginning June 9, hours in Radiology will be Monday through Friday from 8:30 am to 5:00 pm and Saturdays from 9:00 am to 1:00 pm. Evening hours will resume on September 2.

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PHARMACY NOTES: BENEFIT YEAR ENDS JUNE 30

For faculty and staff, the YHP benefit year ends on Monday, June 30 (if you are not sure when your benefit year ends, consult Member Services). The information below will allow you to make the best use of the Pharmacy and your benefits between now and that date.



- Prescriptions at the YHP Pharmacy must be picked up within two weeks after the date they are filled. Any prescription not picked up within that period will be returned to stock. If circumstances prevent you from picking up the prescription, you may call the Pharmacy to discuss keeping the prescription on hold until a specific date.
- To be credited to the current benefit year, your prescriptions must be filled by Monday, June 30. This means that if you call in a prescription before June 30, but do not pick it up within two weeks it will be returned to stock. The prescription will then need to be reprocessed in July and the cost will be charged to the new benefit year that begins on July 1. It will not be credited to the deductible for the current benefit year.
- Please plan ahead if you want to assure that prescriptions you need during this period are credited to the current benefit year. Because of volume at the end of the benefit year, waiting until the last minute may mean that a prescription may not be filled on or before June 30. Also, some medications may be temporarily out of stock or require clinician authorization. So if you know what your prescription needs are, please get the request into the Pharmacy as soon as possible.

Questions? Call the Pharmacy at 203-432-0033.

SCHEDULE SCHOOL AND CAMP PHYSICALS

Connecticut schools require a physical exam; most will accept an exam done any time after January 1 of the year that the child is entering. Daycare and after school programs require forms as well. In addition, many camps require that a child being enrolled must have had a physical exam within the previous 12 months. Please schedule these exams three to four months in advance so we may update all necessary information. Many sports programs have similar requirements. Call the Pediatrics Department at 203-432-0206 for an appointment.

WHAT TO KNOW BEFORE YOU GO!

Before you travel this summer, be sure to obtain the following:

- treatment plans for ongoing medical conditions;
- prescription medications and supplies;
- copies of eyeglass prescriptions;
- copies of your immunization records.

Other travel “to-dos”:

- If you are going overseas, call the Travel Clinic (203-432-0093) to make arrangements for immunizations and or other advance medical preparations.
- Obtain an updated YHP member ID card.
- Keep with you the YHP toll free number(s) for the areas you will be traveling in. The toll free number for the U.S. and Canada is 1-877-947-2273. Additional toll-free numbers from many foreign countries are available on the YUHS website—www.yale.edu/uhs. While away from New Haven you are covered by YHP for emergency and urgent conditions and pre-authorized short-term follow-up care.



Practical self-knowledge

When are you at your best?

You often hear someone say they are a “morning person” or a “night person.” This is an important fact to know about yourself. If at all possible, you should plan to do your most intense or important work during your best time of day. If you start an important task when you are tired, not as alert, have little time, or when you are not at your best, it is likely to feel more difficult or to take longer.

Who are your “trouble” people?

Most of us have a sense of the “type” of person who appeals to us, whether because of appearance, tone of voice, attitude, gestures, style and so forth. When someone’s presence generates a good feeling it is likely that they remind us of others in our life whom we regard positively. Of course, there will be others who have the opposite effect, who will have “something” about them that sets us on edge. Acknowledging this distinction is important. Also important is identifying whom that “trouble” person may represent in order to see them as an individual and not just as a replication of a negative person from our past.

What do you find stressful?

Surprisingly, many people are not consciously aware of what they find stressful. Try isolating the specifics of what is difficult or troublesome. Categories like work, family, driving, shopping, and so forth often have a

mixture of factors. For instance, saying “My work is stressful” may not be totally accurate; it is likely that certain aspects of the job produce the stress. Separating the acceptable from the unacceptable can help focus on what is positive and when possible, to approach the negative in manageable steps.

Where does your body feel stress?

Stress is an important factor in many physical symptoms. Common areas affected by stress are the shoulders, neck, and back (think of metaphors like “having a lot on our shoulders” or “carrying a heavy load”). Some people get headaches; others feel stress in their stomachs or bowels (“I can’t stomach this”). Learning where you feel stress can help you identify what’s going on. It is important to have symptoms evaluated medically but being open to the possibility that stress may be the cause of physical symptoms allows you to take self-care steps that can help you obtain relief. Try to compensate by taking the time to stretch, correct your posture, take a walk, or talk about your concerns, as they can lead to a more serious condition.

Why talking to yourself is important.

We take time to listen to friends and loved ones to find out how they are doing and what they are planning or anticipating in their lives. It is important to do that for ourselves as well. We often bypass our own feelings and push on, but stopping to ask ourselves these same questions can help us avoid stressful situations and keep us more mindful of the moment. Ask yourself: How are you feeling about...? What will happen if you do.....? Is this what I am really planning.....? What outcome am I anticipating if I do.....? You are likely to get to know yourself better and have fewer problematic surprises.

Carole T. Goldberg, Psy.D.
Mental Hygiene Department

YHP Staff



Cindy Gedge, RN, BSN, now a member of the YUHS Department of Health Promotion and Education, originally came to YUHS in September of 2001. She

has years of nursing and management experience especially in the areas of ambulatory care, quality assurance and systems management. With a bachelor’s in nursing from the University of Rochester, she participated in the Advanced Studies and Management Program at Radcliffe College. Before coming to YUHS, she worked in ambulatory surgery at Bridgeport Hospital. Her areas of responsibility are immunizations, outreach education to staff and students as well as the YUHS Travel Clinic.



Karen Otterson, RN, MSN, who has been assistant director of nursing for the YHP Inpatient Care Facility (ICF) since July of 2000, has recently joined the

Office of Health Promotion and Education. Otterson came to Connecticut from Wisconsin, where she taught in associate degree nursing programs for several years. She earned both her bachelor’s and master’s degrees in nursing at the University of Wisconsin in Eau Claire. Her varied clinical background includes experience in cardiac care, medical-surgical care, mental health and emergency medicine. Her particular interest is nursing education and in her new role of health educator she will be involved in several aspects of education for both patients and staff.





Planning pregnancy?

Some common-sense health tips:

- Take a multivitamin containing folic acid 0.4mg. Generic brands are fine.
- Maintain a calcium intake of 1000 mg daily by eating calcium-rich foods or taking supplements.
- Lose weight if needed. Maintain a weight that places your BMI (body mass index) in the normal range. Consult with your clinician about sensible weight control.

- Exercise for weight control and cardiac-vascular benefit. Unless advised otherwise by your clinician, you may continue your regimen during pregnancy.
- Stop smoking, minimize alcohol intake and eliminate “recreational” drug use.
- Get enough sleep.
- Keep a written record of the dates you have your period.
- If you have a chronic medical problem (diabetes, high blood pressure) talk to your clinician to make sure it is well controlled before you get pregnant
- Talk to your partner and family members about any important history, such as babies born with birth defects or genetic diseases. Provide this information to your clinician.
- Schedule a “preconception” visit with your gyn clinician to answer your questions and to determine whether you should consider screening for genetic diseases that might affect members of certain racial or ethnic groups.
- Schedule a prenatal visit with a pediatric clinician.
- Remember: If you have a generally healthy lifestyle, you usually don’t need to do anything different while you are trying to get pregnant.

SELF-HELP REFERENCE AVAILABLE

Materials available through the Betty K. Stowe Memorial Self-Help Bookshelf provide detailed information about common health problems. This is not a lending library, but a resource that can be used to review materials before deciding whether to purchase them or borrow them from a library.

Reliable titles include:

- ***The American Diabetes Association Complete Guide to Diabetes*** assists family members as well as persons with diabetes in understanding diabetes care from head to foot.
- ***The Patient’s Guide to Medical Tests*** by faculty members of the Yale University School of Medicine. Explains the pros and cons of popular screening tests as well as explaining why and how tests are done.
- ***The Mayo Clinic Family Health Book*** has chapters detailing how to stay healthy as well as examining common problems and diseases in each body system.

For a complete listing of the books on the Betty K. Stowe Bookshelf, visit the locations in the YUHS building: 4th floor (Office of Health Promotion and Education); 3rd floor (Pediatrics and Student Medicine); 2nd floor (Obstetrics and Gynecology). Or view titles on our website www.yale.edu/uhs/bettystowe.htm

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