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NEWS FROM THE YALE HEALTH PLAN

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Healthy habits can promote successful aging

We all begin to age from the moment of birth. That fact has never changed. But in the early 21st century individuals are living longer than ever before and the proportion of older people is increasing in populations across the globe. Lengthening life spans and falling fertility rates in both the industrialized and the developing worlds are requiring the rethinking of everything from national economic policies to health care delivery to patterns of family life.

The realization that we have the potential to live longer has an impact on the choices we make and on how we see our lives. When author and feminist activist Gloria Steinem was told by reporters on her 50th birthday in 1984 that she didn't "...look fifty..." she responded "This is what fifty looks like." Increasing numbers of us are now figuring out how to be fifty, sixty, seventy and beyond—how to care for and nurture our bodies and minds, how to attend to those around us, how to respect our older selves while not letting numbers define us. In this issue of *yale health care* we take a look at some common age-related concerns and offer a number of tips to help our readers stay healthy.

Rhea Hirshman, editor

Most of us think of aging as something that comes naturally. But there is a difference between getting older and aging well. Our bodies experience inevitable changes over time. While our genetic makeup is a factor in determining the health problems we may experience, how we treat our bodies during our younger years and how we respond to changes can play a big part in our quality of life as we get older.

Elements known to be important to successful aging include freedom from disability, continuing personal growth, having an active role in life, and independent functioning. Predictors of what will help us achieve those elements include regular physical activity, social contacts and supports, and freedom from chronic illness.

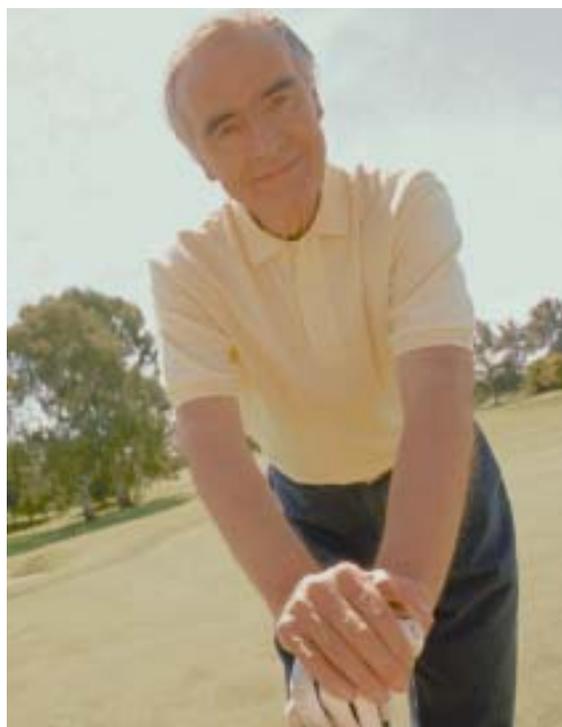
Let's take a brief tour of the human body, highlighting the changes which normally occur for all of us.

Our outer layer of protection, the skin, becomes thinner and less elastic with age. The result is more bruising, more dry skin, more itching, and a wrinkly appearance. These changes are accentuated by the degree of sun exposure over the years. To help our skin age gracefully

we should apply moisturizers, use sun barriers and screens and avoid soaps without moisturizers.

The skeleton, the frame for our skin and muscles, protects our internal organs. In both men and women bone thickness and strength start to decrease as early as our 30s and 40s. The result is not only loss of height but also a greater chance of life-threatening or disabling injury.

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Important telephone numbers

in touch



SUCCESSFUL AGING

continued from page 1

Risk reduction in this area includes adequate calcium and vitamin D intake, probably beginning in our teens and, sometimes the use of prescription medications. Avoidance of smoking and alcohol plays a big role in bone health. Weight-bearing exercise can significantly increase bone density and lower the risk of disease and injury.

Several factors affect our abilities to move and navigate. Muscles, tendons, and ligaments stiffen with age. Our balance mechanism also becomes less sensitive; estimates are that about 15% of older adults have at least occasional dizziness. With age we lose near-vision and cataracts may develop. Our reflexes also slow down. The best way to keep moving well is to keep moving. Regular physical activity is essential, especially the low-impact kind that emphasizes flexibility and balance (such as yoga, Tai Chi, dancing). Regular eye exams can spot and correct vision problems.

Let's move to the vital organs protected and carried by our skin, bones, and muscles. We could spend days discussing just the brain and the potential for age-related loss of memory and mental sharpness. All the advice on addressing these problems can be boiled down to

two recommendations: ongoing socialization and intellectual activity. Keep reading, writing, talking, problem-solving. Stay active with friends, family, community. Take classes, explore hobbies. The mind, as well as the body, responds well to exercise.

Another common concern as we age is difficulty with sleep. It is estimated that up to 25% of the elderly have a sleep disruption severe enough to interfere with waking activity. A good approach to this is not pills but what's called "sleep hygiene." Avoid alcohol and caffeine during or after dinner, don't go to bed with a heavy meal in your stomach, exercise early in the day, and avoid stressful activities prior to bedtime.

Cardiovascular disease (disease of the heart and circulatory system) is a more significant cause of death and disability than cancer, infection, or anything else. As we age and our metabolisms slow down, our weights tend to increase. Cholesterol and blood pressure increase and we're more likely to develop diabetes. So it's never too early to eat well and exercise regularly — making an investment in a healthier older self. Of course, quitting smoking is absolutely essential to maintaining health.

The digestive system not only processes food into energy and body parts, but also gets rid of wastes. Both functions tend to slow with age. Food will tend to stay in the stomach longer, resulting in more reflux. It will move through the system more slowly, making us more prone to constipation and its consequences. The liver also works less effectively, reducing alcohol tolerance and taking more time to process and eliminate medications,

leaving them active longer in the body. What can we do? Eat smaller meals, eat less before lying down, consume less alcohol, and consume more dietary fiber (including supplements if necessary).

Wastes are also eliminated through the urinary system. Most people know about "plumbing" problems such as leaking urine (incontinence) or trouble passing urine (prostate blockage). Less obvious, but also important is that the kidneys handle the wastes of the body's metabolic factory which are not dealt with by the liver and intestines. As we age, these wastes, including medications, will stay in the body longer.

Older people often need more medication, but the potential dangers of medication increase. As noted above, many drugs—whether prescription or over the counter—stay in the body longer and at higher levels, than when we were younger. The risks of overdose, sedation, side-effects, and adverse drug interactions all increase. Most important here is to let your clinician and pharmacist know about everything you are taking from any source.

This is only a brief survey of some common aging-related changes. While many of the physiological changes are almost universal, we have a good degree of control over how they will ultimately affect us. Proper exercise, diet, avoiding harmful activities, staying active and engaged with others, practicing preventive medicine, staying in touch with your health care clinician — all can build the foundation for successful aging.

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



from the desk of

PAUL GENECCIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

The “baby boomers”—those born between 1946 and 1964—constitute the largest surge in the American population in history. The first wave will turn 65 in just nine years. From roughly 35 million Americans 65 years of age or older at present, or about one person in eight, the ranks of the elderly will swell to 70 million in 2030—when one American in five will be over 65.

In the past century, the American life expectancy has increased by approximately three decades to an average of 75 years. However, the most rapidly growing groups are those 85 and those 100 years old. While disability often increases with age, advances in health care and a greater understanding of lifestyle issues have created an environment in which “elderly” does not necessarily mean

“infirm.” The 65+ population is not homogeneous. The needs of a healthy, active 65 year old are likely to be different from those of her mother who is in her 90s.

As the baby boomers grow older and experience increases in the diseases that more often afflict the elderly, our health care system will need to figure out how to meet their needs. One of the most striking characteristics of the elderly of today is their desire to be informed and to participate actively in their health care. Each year, more Americans gain access to the Internet. Of those already online, approximately 70% have researched health information in the past year.

We should anticipate the demands of informed consumers who want to play an active role in their own health care and who

expect to obtain and transmit health information electronically. At Yale Health Plan and in many health care settings, the technology imperative is playing out in clinical practice as well as in intranets, extranets and E-communications of every description. In the foreseeable future YHP members will be able to log onto a secure, private electronic medical record where they will be able to transact health care business in a way previously unimaginable.

At YHP we are proud that so many of our retirees stay with us. We are mindful of our debt to our senior members, many of whom gave years of service to Yale. And those of us who are baby boomers know that the retirees who will be our elderly members in the future will be ourselves.

Caregiver caring

More than 50 million Americans are currently caring for disabled, chronically ill and elderly loved ones. For more than 25 million, caregiving is the equivalent of a half-time job. Taking care of a sick person can be overwhelming. Most people who have not been through the experience do not fully understand the emotional, physical and financial demands of caregiving. Caregivers often develop stress-related illnesses, so taking relief time is essential—don’t hesitate to get professional help if you begin to experience signs of depression. Also, when people offer to help, accept the offer. Suggest specific

tasks they can do, such as staying with the ill person while you go out, or doing the food shopping or other errands. Remember to be good to yourself. You’re doing a very hard job. Two local programs that offer assistance:

The Connecticut Aging Network
800-994-9422 (www.ctagingnetwork.org)
a free program coordinated by the State of Connecticut. The program offers:

- health insurance information—Medicare, long term care insurance;
- information on aging issues and services including financial assistance, respite care, in home services, adult day care, nutrition programs, senior centers;

- eligibility screening services for financial assistance programs for persons 60 and over or under 65 and disabled.



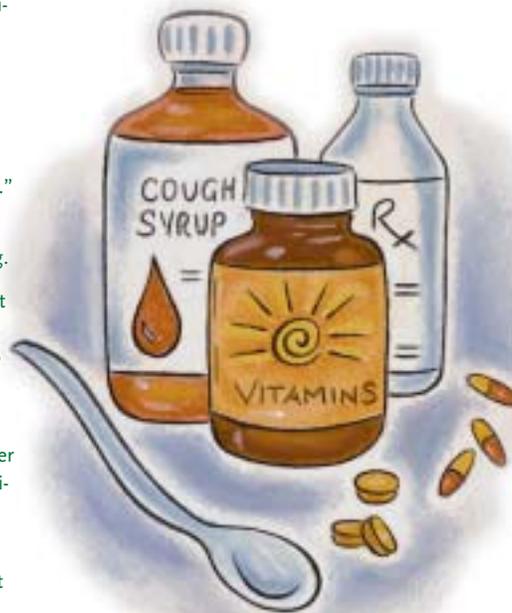
The Alzheimer’s Assoc. of Southern CT
800-994-9422 (www.ctalz.org)
provides support and assistance to afflicted patients and their families and supports research on Alzheimer’s disease and related disorders. Also provides an opportunity for those with a diagnosis of early stage dementia to learn to cope with their diagnosis and to share their experience with others.

Over the counter medications require scrutiny

- While it is true that memory changes as we age, and older people have an increased risk of certain illnesses that can cause dementia (literally, “undoing of the mind”), **healthy individuals can improve their memory fitness throughout their lifespans.** Attention is one of the most sensitive aspects of cognitive functioning, and so called ‘memory lapses’ can be the result of being easily distracted from acquiring the information in the first place. Strategies for increasing attention include:

- Increase awareness of what is going on around you. “I need to notice where I am putting my book so I’ll be able to find it later.”
- Make a conscious effort to be present in the moment and to attend to what you are doing.
- Try to give meaning and organization to what you are focusing on. For instance: develop visual images or create a story line related to what you want to remember.
- Simple repetition. Advertisers know this. That’s why you’ll hear or see the same ad over and over. You can use the technique of repetition to your own advantage to help you remember something you want to.
- Get enough sleep. Fatigue is one of the most common conditions which interferes with attention and increases distractibility. A rested mind is an alert mind.
- Get enough aerobic exercise. In addition to increasing overall levels of health and fitness, regular exercise helps increase blood flow to the brain and increases efficiency of delivery of oxygen and nutrients.
- Stay mentally active. Activities such as solving puzzles, attending classes, learning new skills and/or information will enhance overall memory fitness.
- Eat a well balanced diet and drink plenty of fluids. In addition to being an important factor in general health, good nutrition can also boost mental efficiency.
- Be aware of emotional factors such as stress, depression and anxiety. In addition to reducing overall levels of health, depression and anxiety can directly interfere with memory.

- As we age, there is a decrease in our **capacity to adjust to change in light.** During the darker months, keeping a small light on in the house can help reduce the degree of adjustment necessary between bright and dark places.



If you are confused about which non-prescription medication to purchase for a common medical problem (i.e. cough or cold, allergy, constipation, rash, aches and pains) you are not alone. Hundreds of products are used for an array of medical conditions. Also, pharmaceutical companies often use recognizable brand names to promote new products that may contain substances that are different from what was in the original brand. For example, Excedrin contains the active ingredient aspirin; however, Excedrin P.M. contains the active ingredients acetaminophen (i.e. Tylenol) and diphenhydramine (i.e. Benadryl) and does not contain any aspirin. Diphenhydramine causes drowsiness and dizziness, which can lead to an increased risk of falls, especially in someone who may be on other drugs with similar side effects.

These problems are often compounded for older individuals, who may have multiple medical conditions requiring prescription medications. Use of several medications at the same time significantly increases the risk of drug-drug and drug-disease interactions. For

example, a nonprescription cold medication (e.g. Sudafed) may worsen high blood pressure or a nonprescription pain reliever (e.g. Advil) may cause an ulcer or gastrointestinal bleeding.

Every year thousands of elderly patients are hospitalized because of inappropriate use of nonprescription medications. In fact, nonprescription medications may have more adverse effects than their prescription counterparts. For example, diphenhydramine (Benadryl), used to treat allergies, and available without a prescription, has far more adverse effects (e.g. drowsiness, dizziness) than similar medications that require a prescription (i.e. Allegra, Claritin, Zyrtec).

Many medications that require prescriptions are available in a lower dosage strength without a prescription (i.e. ibuprofen 200mg without a prescription, but 400mg, 600mg or 800mg with a prescription). However, in older patients, even the nonprescription dose may require adjustment if there are drug interactions or other factors that may alter the elimination of the drug from the body.

Non-prescription medications require the same scrutiny as prescription medications. Whenever you start taking a new nonprescription medication you must have your pharmacist or clinician check for interactions with your other medications and for effects on other medical conditions. Also, check the label to make sure you are purchasing the correct product, as several products have similar names which are easily confused. When you see your clinician and pharmacist make sure you tell them all non-prescription products you are taking (including herbal products and vitamins). Following these steps can help you avoid problems and get the most out of your medications.

David Brzozowski, M.S., R.PH
Clinical Pharmacist, YUHS Pharmacy

As we age, the constant is change

From the moment of birth we begin aging. For the first 15 or 20 years we can barely wait to reach maturational milestones such as walking, talking, bike riding, sexual maturity, our teens, a driver's license, independence, high school, college and the age of 21. Soon after, the push gives way to a more reflective stance.

During our 20s and 30s we begin to evaluate the flaws and limitations of our lives. We may make new choices or affirm old ones. These choices may include life partners, whether to have children, where to live, and what roles are acceptable within our relationships. If choices are congruent with dreams, talents and external possibilities, they provide the basis for a satisfactory life structure. If choices are poorly made and the new structure seriously flawed, we may pay a price in subsequent stages.

From 40-60 our biological capabilities are below those of early adulthood but normally still sufficient for an energetic and satisfying life. Daniel Levinson, author of both **The Season of a Man's Life** and **The Season of a Woman's Life** notes, "Unless our lives are hampered in some...way, most of us during our 40's and 50's become "senior members" in our ... worlds, however grand or modest they may be. We are responsible, not only for our own work and perhaps the work of others, but also the development of the current generation of young adults It is possible in this period to become more maturely creative, more responsible for self and others, more universal in outlook, more dispassionately purposeful, more capable of intimacy and sensual loving than ever before."

Middle age is a time of multiple changes. For those who have had children, a significant milestone is the "empty nest" — an experience of both loss and growth. How we adapt to this new relationship with children and/or partners may direct the course of our future relationships. This event tends to increase our awareness and acceptance of the aging process while causing us to examine and restructure close relationships, evaluate and restructure life-goals, assess quality of life, and explore new directions. This is likely to be a time to pursue plans that have been put on hold, and focus on yourself. This is also a time to begin a new relationship with the child who is on the way to maturity. Research on parents in the empty nest stage shows that life satisfaction can go up considerably after the children leave home.

In the 50s and 60s mental and physical changes intensify the experience of aging. During this mid-life period we begin thinking about mortality and death. Research reports that people tend to be more preoccupied with these thoughts in their 50's than in the later years of 70 and onward. If in these middle adult years we are able to rejuvenate our selves and enrich our lives, the decade of the 50s can be a time of great fulfillment and significant development.

While middle and late adulthood, the early 60s, are not demarcated by a single universal event, various markers like retirement or even illness may highlight this stage. A gradual decline in physical and mental functioning begins at about 30. But we don't suddenly become "old" at 50, 60 or 80. At this stage, moving from middle age to the "golden years" is

Two old friends met after a 10-year separation. He says to her "You don't look a day older than when last I saw you." "You're right," she replies, "It just takes an hour longer!"

not generally celebrated by popular culture and reflects our personal and cultural anxieties about aging.

For many there are questions about how aging affects sexual functioning. In the aging process men are more likely to be concerned about their sexual performance and women are more likely to be concerned about their sexual attractiveness. However, for both men and women aging alone does not diminish sexual interest or the potential to be sexually responsive if general health is good.

Although the popular image is that sex is for the young, healthy, and attractive, the psychological need for intimacy, excitement and pleasure does not disappear in old age and there is nothing in the biology of aging that automatically shuts down sexual function. Many mistake the normal slowing down process for evidence that loss of function is imminent, which is generally not the case. While both women and men experience specific physiological changes (such as a decrease in vaginal elasticity for women and an increase in the time needed to achieve an erection for men), research shows that many women and men 60 and over continue to lead active sex lives.

In his book, **How We Die** Sherwin B. Nuland, M.D. reminds us about the cycles of nature. As we age we can live as well as possible, do what we can to enrich our lives, make informed choices, and strive to be self aware. Aging and maturity give us permission to take our time and develop a fuller understanding of our lives and of the world around us. While the passing of each age threshold is anticipated as a loss of youth and vitality, it is important to overcome the splitting of youth and age and find a balance of the two in each stage. The task is to sustain the positive aspects of youthfulness in a new form appropriate to middle and late adulthood.

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

Rhea Hirshman
Editor



books/information

■ The major **risk factors for cardiovascular disease** are similar in women and men: age, family history, high blood pressure, diabetes, high cholesterol, smoking, obesity and lack of exercise. However, while the risk of heart attack for men increases gradually with age, the risk for women doubles after menopause, although not all post-menopausal women are equally at risk.

■ As we reach our early 40s, the **eyes begin to undergo normal changes** associated with aging. The involuntary muscles around the eye become less flexible, while the lens of the eye begins to harden. Corrective lenses can help overcome the associated vision problems. Some common diseases, such as hypertension and adult onset diabetes, can affect eye health at this stage.

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BOOKS / WEBSITES



The Fearless Caregiver

by Gary Barg

What you need to know when evaluating your loved one's care.

As Parents Age

by Joseph A. Ilardo, Ph.D., L.C.S.W.

Full of down-to-earth advice on a range of medical, emotional and practical issues.

www.aarp.org This site of the American Association of Retired Persons has good information that is not just for seniors.

www.nia.nih.gov Website for the National Institute for Aging under the National Institutes for Health.

INFORMATION

UNCOVERING GLAUCOMA

The Yale Health Plan Ophthalmology Department offers walk-in glaucoma screenings from 1:00 to 2:00 PM on the first Monday of each month. No appointments are needed.

CONTACT LENS DEPT CLOSING

As of December 2002 YHP is no longer providing on site contact lens service. The closing of the fee-for-service Contact Lens Department will permit our Ophthalmology Department to enhance other eye care services included in YHP members' coverage. Information on contact lens providers is available from the Ophthalmology Department as well as posted on our website (www.yale.edu/uhs). Contact lens wearers will be able to choose from a variety of providers in the New Haven area, including Yale School of Medicine. Also, records will be retained. We will be happy to provide a copy of your prescription and to arrange the transfer of your records to another contact lens clinician. If you have any clinical concerns, please call the Ophthalmology Department (203-432-0084).

FLEE THE FLU

In October, two off-site flu vaccine clinics were conducted for Yale retirees, one in Hamden and the other in Branford. This joint initiative of the Office of Health Promotion and Education and Member Services not only brought the flu vaccine to over 250 Medicare participants, but also provided refreshments and a chance for retirees to discuss with YHP staff issues related to health care and YHP services. Look for this off-site program next year as a way to protect yourself from the flu and obtain information at convenient locations.



MANAGING MENOPAUSE

Accurate information is important in managing the changes that occur during the menopausal years. The YUHS Ob/Gyn Department is offering three presentations of the most current information on menopause. Open to all members of the Yale community, the events are free, but please call 203-432-1826 to reserve a space.

Wednesday, January 15 at 12:00

Menopause: an Overview

Linda Starace, MD

Wednesday January 22 at 12:00

Hormone Replacement Therapy

David Roth, MD and Ann Ross, MD

Wednesday, January 29 at 12:00

Osteoporosis 2003: What's New?

Karl Insogna, MD

All events are in the Presidents' Room at Woolsey Hall. Lunch will be provided.

Over the next several weeks, yhp members will receive a federally-mandated privacy notice detailing yuhs policies regarding how individuals' medical information may be used and disclosed and outlining how members can get access to personal medical information. Please read this notice carefully and sign and return the form that will confirm your having received it. Parents or guardians will be asked to sign for minor children.



- **Drier skin is a natural consequence of aging.** Aging gradually thins the deeper layers of skin, while decreased sweating and oil production allow greater water loss. This drier skin bruises more easily and heals more slowly. In addition, there is less elasticity from a combination of aging and sun exposure which causes wrinkling and sagging. While moisturizing lotions are of some help, the best intervention is prevention: adequate hydration and preventing excessive drying and sun exposure.
- **Our immune systems weaken and stomach acid decreases as we age so watch out for foodborne illnesses.** Bacteria in food doubles every 20 minutes so make sure you refrigerate your extra portions as soon as you finish the meal, and don't leave cooked food on the counter from meal to meal.

Good nutrition paramount as we age

The contrasting pictures of a teenage boy, guzzling orange juice straight out of the carton and a middle-aged man dining on a liquid meal replacement for lunch, give us some hints about how our nutritional needs change as we get older.

One important difference is that, as we get older, our bodies have less flexibility to adapt to stresses imposed by poor lifestyle habits. In the decades after age 30, poor eating habits and lack of exercise will eventually result in weight gain, although this may never have been an issue in younger years. Changing our habits can become more difficult as we age. While developing healthy eating and exercise habits early is optimal, it is never too late to make changes.

A particular challenge is that, as we age we lose lean muscle mass, resulting in a lower metabolic rate and therefore a decreased need for calories. However, the need for nutrients such as vitamin D, fiber and calcium is more important than ever. Therefore, we need to select more nutrient dense foods (such as whole grains, low fat or fat free dairy, lean proteins, fruits and vegetables) and fewer foods that provide empty calories (such as soda, chips, and sweets). The three buzzwords related to nutrition – variety, moderation, and balance – become more important than ever.

Weight-bearing exercise to minimize muscle and bone loss is also helpful.

Several physiological changes associated with aging affect nutritional requirements and our ability to meet them through our food intake. One is a change in taste—saliva production is reduced, and taste buds decrease in size and number. The ability to smell also decreases with age. These changes affect the older adult's perception of the taste of food, which can result in a gradual decline in food intake.

There are also other changes. As we age, food takes longer to move through our digestive systems, making constipation more likely. Drinking adequate fluids, eating a high fiber diet, and engaging in daily physical activity helps counter this problem. Lowered stomach acid production leads to reduced absorption of iron and calcium, while a decrease in production of other digestive chemicals limits absorption of vitamin B12. The body's ability to concentrate urine also declines, resulting in decreased thirst. Age-related bone loss increases the need for dietary calcium and vitamin D. Lastly, a reduction in glucose tolerance predisposes us to problems with blood sugar, which can be countered by limiting the use of sugar and increasing fiber-containing foods in our diets.

To help provide a guideline for older adults, researchers at Tufts University have suggested a modified food pyramid. Important differences from the USDA Food Pyramid developed in 1992 are the inclusion of water at the base of the pyramid, with a suggested 8 or more glasses of fluid a day, to avoid the problems of inadequate hydration and constipation. The "70+" pyramid also emphasizes fiber rich and nutrient dense food choices within each food group. A flag icon at the top of the pyramid shows the potential need for supplementation with calcium, vitamin D, and vitamin B-12. While supplements may not be necessary for everyone over 70, these are nutrients of special concern for seniors and a topic to be discussed with medical care givers. While maintaining a healthy nutritional status can become challenging as we get older, following these suggestions can help.

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



Two Long-time Clinicians to Retire

BARBARA DOBAY, CNM

Barbara Dobay, CNM retired in December 2002. A certified nurse midwife in the YUHS Obstetrics and Gynecology Department since 1977, Dobay did her undergraduate work at the University of Vermont and received her MSN from the Yale University School of Nursing. After five years doing maternal and child health with the Visiting Nurse Association in New Haven, Dobay was one of the first two nurse-midwives hired by Yale New Haven Hospital and the New Haven Health Department to provide clinic and community care. She also worked at the Polly McCabe School for teen mothers.

In addition to being a clinician and teacher at YUHS, she also assisted Dr. Philip Sarrel in his research on menopause. This work led to Dobay's appointment to a national nursing board, active participation in the North American Menopause Society, and many invitations to speak about menopause to nurse practitioners and community groups.

Dobay's post retirement plans include winters in New Haven, summers in Sweden, "guitar lessons, singing, reading for pleasure, Jazzercise, and volunteer activities."

JAMES SANTANELLI, OD

James Santanelli, OD, retired in January 2003. A graduate of Fairfield University, Santanelli received his Master's degree in Clinical Microbiology at Quinnipiac University and his doctorate from the New England College of Optometry.

After working in private practice, Santanelli came to the YUHS Departments of Optometry and Contact Lens as a consulting clinician in mid 1983, became a full-time clinician in 1985, and chaired the Contact Lens Department from 1986 until his retirement. During that time he published articles on the diagnosis and treatment of contact lens related allergies and rejection. He has been responsible for the department's strategies for specialty fitting for allergy, keratoconus and irregular corneas.

Santanelli will not be retiring completely, as he will continue with his private practice in both primary eye and contact lens care. An accomplished saxophonist, Santanelli hopes to pursue music as well as woodworking in his enhanced leisure time. He also anticipates expanding his cooking skills and serving as a Babe Ruth League baseball coach.

The YHP Pediatrics Department has been recommended for an award by the State of Connecticut for having achieved a 96% immunization rate for two year old children—one of only 17 practices in the state to have reached that goal.

■ While older people are more vulnerable to falls and to accidents resulting from vision problems, **making the home safer** is not an issue just for the elderly. Anyone may experience a temporary mobility impairment due to illness or injury, and even the healthiest person can slip in the shower or trip over a rug. Here are some common-sense tips for home safety:

- Replace door and faucet handles with lever handles that operate more easily.
- Install grab bars in the shower or tub.
- Avoid the use of scatter rugs.
- Clear the floors to eliminate the chance of tripping over items such as piles of magazines and papers and shoes left outside the closet.
- Place more phone extensions in the home; many falls occur when someone is racing to answer an unexpected call.
- Increase the wattage in all light fixtures up to the maximum recommended, including on stairwells and landings.
- Have night lights available in all rooms so you can enter and exit safely before reaching the light switch.
- Make sure that stair railings are tight and that there is enough room between the railing and the wall for grasping.
- Have the furnace and water heater cleaned and adjusted yearly to prevent scalding.

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Please remember that free parking for **yhp** members is available both in the lot right next to 17 Hillhouse Avenue and in parking lot 37, just across Trumbull Street.

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