

Altitude
attitude/5

Electronic
privacy/7



Pediatric health
guidelines/8

yale health care

NEWS FROM THE YALE HEALTH PLAN

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Navigating Adolescence Takes Patience, Respect

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Chief of Pediatrics

RHEA HIRSHMAN

Editor



Like toddlers who are struggling to change from being totally dependent babies into children, adolescents are struggling to change from children into independent adults.

Neither toddlers nor teenagers are easy to manage—and teenagers are bigger! Numerous issues related to physical, psychological and social health arise for

young people—and therefore for their families and caregivers—during the teen years. The changes are rapid; some of them seem to take place literally overnight.

First, some definitions. We often use the terms “adolescence” and “puberty” interchangeably but they are not the same. Adolescence is usually considered to be the life stage between 13–19. However, puberty is a constellation of physical changes—including growth and sexual development—which usually occur any time between 9–13 for girls and 10–16 for boys.

In order to prepare for these changes, parents should set up yearly appointments for their teens, and not wait until they are injured or sick to consult with their pediatric clinicians. The range of “normal” behaviors, emotions and physical changes during this period is wide.

continued on page 2

Stress: Helping Kids Cope

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Editor

The ideal of the “carefree childhood” is embedded in our culture. As adults coping with jobs, family responsibilities and the day-to-day hassles of organizing our lives, we are often tempted to assume that children’s lives are stress-free. Their concerns are seen as less serious, their responses less intense. However, when we understand what stress means, we can see that children, as well as adults, experience it.

Stress—our experience of the body’s built-in “fight or flight” response — is not all bad; we need a degree of it to keep us alert and engaged. However, stress is problematic when demands seem bigger than our ability to deal with them — whether due to a single event or ongoing circumstances. No two people experience or cope with stress in the same way and children experience stress somewhat differently than adults.

continued on page 4

While each family knows its own teens best, ongoing clinical care can help prevent health problems before they start, or address them early on.

While they may feel that they have plenty of time before they have to make any health-related decisions, teens actually make choices every day that can have an impact on current and future health. These range from the obvious—like smoking—to the less obvious, like whether or not there is enough calcium in the diet (osteoporosis is said to be a disease of young people that manifests itself in middle age). Many of the social issues teens are concerned with—such as appearance and acceptance by peers—also have a physiological and/or psychological health component. For instance, while a bad case of acne is a medical problem, it can have a significant impact on self-esteem.

Pediatric clinicians are available not only to treat illnesses and injuries, but to help with issues such as:

- physiological changes
- emotional changes
- nutrition
- exercise
- decisions about playing sports
- weight and body image
- dating
- sexual activity and behavior
- drug and alcohol issues
- school performance
- relationships with peers
- relationships with adults: parents, family members, teachers and others

Respect between teens and parents is essential. Although they will rarely admit it, teens expect parents to be firm (but kind!) in setting limits. Make rules and expectations clear and strive to be fair. Put another way: Consequences should fit behaviors, and be consistent. For instance: Do not ground a teen for doing something unusual to their hair—a personal statement which does not endanger them or anyone else. But do let your teen know that there are significant consequences for serious breaches of trust or actions that cause harm.

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, Friday	8:00 AM–6:30 PM
Tuesday, Wednesday	8:00 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



A word about confidentiality. Our YUHS Pediatrics Department policy is two-fold.

- We strongly encourage teens and parents to come in for appointments together in order to foster open communication.
- In addition, teens in certain situations may see their clinicians without a parent present. The information discussed will be kept confidential, although the clinician will encourage the teen to talk to his or her parents. An exception to this rule is made in the case of emergency or a life-threatening situation, when the parent(s) may be contacted.

Navigating adolescence can be complex and confusing for both teens and the adults who love them. But this can also be a time of great joy and discovery as a child moves into a place of increasing independence and self-awareness. Below are some tips for good health during the teenage years.

- Teenagers are surrounded by ads for unhealthy foods, so focus on establishing good eating habits.
- Teens need more sleep than adults. Don't pack in so many activities that sleep goes by the wayside.
- Learn how to handle minor injuries, as well as minor illnesses, like colds.
- Know when problems such as headaches, vomiting, diarrhea, fever, sore throat, earache, wheezing, or abdominal pain require medical attention.
- Pay attention to mental health. Ask for help for: persistent sadness; family stress; difficulty in school; sleep problems; sexual issues; alcohol or drug use; difficulty relating to friends, teachers or family members.
- Build exercise into the day (for instance, walking and taking the stairs), even if the teen is not an "athlete." The benefits of movement should be available to all, not just to those on teams.
- Always wear a seat belt in a car to set an example for your adolescent.
- Ensure that your child wears the appropriate protective equipment for any sport or activity, including helmets for bicycling and skateboarding.

And remember: Don't hesitate to call your pediatric clinician for advice about any concerns.



from the desk of

PAUL GENECIN, MD

DIRECTOR, YALE UNIVERSITY HEALTH SERVICES

If you are like me, the last thing you want after a busy work day is a call from a telephone surveyor. Why then has YUHS embarked on an ambitious telephone survey of its members? There are a number of compelling reasons and I hope you will agree that the potential gains are worth the inconvenience of an evening telephone interview.

YUHS has two roles in the lives of our members; we are the “insurance company” for the majority of Yale faculty, staff and dependents and we are also their care delivery system. How we function in the latter role—as a health plan where people see their clinicians—is at the heart of what makes YUHS special and what differentiates us from a typical health insurance carrier. As clinicians, we are committed to learning as much as possible about how we are doing in the essential job of delivering care.

One method for doing this is by setting ambitious quality goals and formally auditing aspects of clinical activities. Our medical director, Ravi Durvasula, wrote about this vital work in the last issue of *yale health care*. Equally important is how members think we are doing, both overall and specifically in relation to visits to their clinicians.

For many years we have collected data from comment cards, focus groups and departmental surveys. This initiative is different in that it links the call you receive from a surveyor with questions about a particular clinical encounter.

YUHS has two roles....(We) are the “insurance company” for the majority of Yale faculty, staff and dependents and we are also their care delivery system.

In this way we gather a wealth of information about highly specific issues ranging from the functioning of systems to the perceptions our members have about their clinicians.

Member participation in the survey is totally voluntary, and surveyors have no access to clinical information. Members are phoned on a random basis. If they want to discuss details of a specific situation with the surveyor, they will be told that they can do so anonymously or that they can give their contact information if they want us to follow up.

Several steps may be taken based on survey data. First, when a member asks that we address a specific problem or complaint, we direct that to the appropriate departmental chief and/or manager for action. Second, we compile data so that we can identify and address problem areas that members believe have the highest priority. Third, we can assess specifically and accurately how our clinicians are doing in the patient-clinician relationship.

The world of health care is rapidly changing and we are constantly working to assimilate clinical and technical innovations.

In the midst of the many projects and priorities that dominate the attentions of health care professionals—the electronic medical record, accreditation and licensure issues, space renovation and a dozen others—the patient satisfaction surveys help us to keep our focus where it belongs: on the encounters that individual members have with our clinics and our clinicians.

No amount of innovation will improve health care for people if we allow projects and initiatives to distract us from this core mission. For this reason, I ask you to bear with us and take the few minutes necessary to talk with a surveyor if you are one of the randomly chosen members contacted after a clinical visit. We care about your perceptions and are looking forward to improving our performance based on priorities that you identify.

If you would like to communicate your perceptions about YUHS independent of the survey, as always, I welcome your feedback. We care about your input and look forward to improving the care and services we offer based on your suggestions.

CHILDREN AND STRESS

continued from page 1

In children, the two most frequent indicators of stress are changes in behaviors and regression—acting in ways that mimic an earlier life stage. Reactions to stress vary with the child's stage of development, ability to cope, the length and intensity of the stress, and the degree of support. The greater number of stressors on the child, the less control the child has over the stressor, and the higher the involvement of a loved one in inflicting the stress, the more severe the long-term consequences.

Symptoms of stress in elementary age children may include whining, withdrawing, feeling unloved, being distrustful, avoiding school and friends, and difficulty naming their feelings. They may worry about the future, complain of headaches, have trouble sleeping, and have to urinate frequently.

Later, academic and social pressures (especially the quest to fit in) create stress. Preteens and adolescents under stress may experience ongoing anger and feel disillusioned. They may lack self-esteem, and be generally distrustful. Sometimes they will show extreme behaviors ranging from doing everything they are asked, to breaking all the rules and taking part in high risk behaviors (drugs, alcohol, shoplifting, skipping school). Other responses may include: mood changes; avoidance of certain activities; forgetfulness; physical fighting; becoming accident prone; abusing substances; developing eating disorders; becoming isolated; refusing to go to school or do school work; sleeping difficulties; and physical complaints (headache, stomach ache, frequent illnesses). Depression and suicidal tendencies can be signs of severe stress.

The onset of puberty involves immense physical upheaval. Young people may feel awkward and betrayed by the once familiar body that is beginning to look, feel, and respond differently—at times, seeming out of control. Adolescents, facing many conflicting moral and cultural pressures, have a great desire to assert their individuality and also a strong need to conform. They want to be independent but also to be protected. They harbor conflicting motives and feelings:



loyalty and rebellion; aggressive impulses and fears and guilt regarding those impulses. The age of the computer, of instant information, of instant evaluation of our actions, has added to the pressures of daily living by increasing our own expectations of what we and our children can and should be doing.

The biggest stress reducer for children is good parenting and listening. When children seek advice, don't rush to answer. Let them talk or let them know you'd like to think about their concerns and talk at another time. Sharing meals is important; mealtimes offer opportunities to talk about the day's events and issues. Research has shown also that students who eat regular meals with their families do better in school and are better adjusted socially.

Adults can make sure we don't unwittingly add to children's stress by expecting them to act in adult ways. Parents who push excessively for their children to excel in sports or who enroll them in too many activities may also cause unnecessary stress and frustration if their children don't share their goals, motivation or abilities. Such children can grow up feeling empty and sad if they lose awareness of their own likes and dislikes, goals or interests in trying to meet the expectations of others (parents, teachers, coaches, peers).

Children's stress levels may also be affected by family dynamics if they hear parents talking about troubles at work, worrying about illness, or fighting about finances. Children can often sense if parents or caregivers are having trouble coping, and may experience such situations as highly stressful and even life threatening. World events can also have a serious impact; anxiety can be aroused by disturbing television images or newspaper stories, as well as the fear of natural disasters and terrorism.

For children overwhelmed by stress that interferes with healthy social, academic or psychological development, consider seeking support from family, friends, clergy or community, and professional help from a clinician or counselor.

Families can provide support by:

- Developing trust, particularly during the first year of life.
- Having positive, clear expectations without being overly rigid.
- Allowing children to have their feelings and listening to them.
- Providing venues for children to contribute in meaningful ways (involvement in family decisions, chores, etc.) and to give them some degree of control.
- Structuring activities for cooperation not competition.
- Involving parents, family members and friends in children's lives.
- Hosting regular, safe talks.
- Helping children tell reality from fantasy.
- Using stories and art to express feelings.
- Encouraging children to act out their coping skills.
- Preparing children for changes.
- Identifying what could cause stress and planning ways to avoid it or deal with it.
- Helping children organize for school projects, deadlines and activities.
- Encouraging children to be proud of themselves in some way; developing a special interest or skill can be a source of pride and self-esteem.
- Using gentle humor or reading a story to reframe negative thoughts.
- Teaching conflict resolution strategies and relaxation techniques.
- Letting children know that you are afraid or nervous sometimes too.
- Helping children use anger positively.

I WANT TO BE A LAWN

Chemicals used to create a “perfect” lawn pose significant health risks to adults, children and pets. Lawn pesticides are poisons designed to kill living organisms and they are linked to higher rates of cancer, birth defects, nerve damage and learning disabilities in mammals. According to the (federal) EPA (Environmental Protection Administration), 95% of the pesticides used on residential lawns are possible or probable carcinogens. These toxic substances eventually move into the groundwater and that groundwater travels into the public water supply.

Children, with their developing immune systems and smaller bodies, are the most vulnerable to chemical assault. A 1995 report published by the American Journal of Public Health showed that children whose yards were treated with insecticides had four times the risk of



developing certain cancers than those whose lawns were not treated. If you want to encourage the traditional turf lawn look while eliminating the poisons, do the following:

- Choose grasses appropriate for this environment.
- Mowing: Mow high and mow often, with a well-sharpened mower.
- Watering: Water deeply but infrequently. This encourages deeper root growth, resulting in a more stable and disease-resistant lawn instead of one whose roots remain near the surface.

Don't worry about drought. Well-established lawns will not die under drought conditions. They will just turn brown and then green up again when the rain falls.

healthy ideas

TRAVELING HIGH? HAVE THE PROPER ALTITUDE ATTITUDE

If your summer plans include traveling to a high altitude city or hiking or climbing into high mountain areas, you should be aware of the risks of altitude sickness.



For most people, those risks occur above 6000–8000 feet (1829–2438 meters).

According to the Centers for Disease Control (CDC), there are currently no screening tests that predict a propensity for altitude illness. How a traveler has responded in the past to high altitude exposure, while not an infallible indicator, is the most reliable guide. Susceptibility to altitude sickness appears to be inherent and is not affected by your degree of training or physical fitness.

The CDC says that altitude illness is divided into three syndromes: acute mountain sickness (AMS), high-altitude cerebral edema (HACE), and high-altitude pulmonary edema (HAPE). In AMS, the most common form of altitude illness, symptoms resemble those of an alcohol hangover: headache; fatigue; loss of appetite; nausea; dizziness; dry cough; and, occasionally, vomiting. The onset of AMS is usually 6–12 hours after arrival at a higher altitude, but occasionally more than 24 hours after ascent.

HACE is considered a severe progression of AMS, with additional symptoms such as profound lethargy and confusion. HAPE can occur by itself or in conjunction with HACE. The initial symptoms are increased breathlessness with exertion, and eventually increased breathlessness at rest. The diagnosis can usually be made when breathlessness fails to resolve after several minutes of rest. At this point, it is critical to descend to a lower altitude. HAPE can be more rapidly fatal than HACE.

The main point of instructing travelers about altitude illness is not to prevent any possibility of altitude illness, but to halt and reverse the progression of the illness, which can be fatal. Because the onset of symptoms and the clinical course are slow and predictable, fatalities are preventable unless someone is trapped in a situation in which descent from the high altitude is impossible. The three rules about altitude sickness that travelers should be made aware of are:

- Learn the early symptoms of altitude illness and be willing to admit that you have them.
- Never ascend to sleep at a higher altitude when experiencing any of the symptoms of altitude illness, no matter how minor they seem.
- Descend if the symptoms become worse while resting at the same altitude.

Studies have shown that travelers who are on organized group treks to high-altitude locations are more likely to die of altitude illness than travelers who are by themselves. This is most likely the result of group pressure (perceived or real) and a fixed itinerary.

Medications and devices are available to prevent and treat altitude sickness, so discuss your individual situation with a knowledgeable clinician if your itinerary includes visits to high places.

more Healthy Ideas on back page

information



LAB SERVICE REMINDER

YUHS has contracted with Clinical Laboratory Partners (CLP) to provide laboratory services to YHP members. Continued use of Quest facilities will not be covered. CLP maintains a statewide service network, with many locations offering early morning hours during the week and Saturday morning hours. A complete list of CLP sites and hours is available from the YUHS lab and on the YUHS web site at www.yale.edu/uhs.

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BENEFIT CHANGES

Please note the following benefit changes for YHP members.

Pharmacy benefits

Beginning July 1, 2004

- The prescription deductible will be increased to \$150 per person per year, up from the current \$100 per person. Family maximum is \$450.
- Pharmacy co-insurance remains at 20% up to a \$650 individual out-of-pocket expense. Pharmacy expenses over \$650 per individual are covered at 100%.
- The cap on Pharmacy reimbursements rises to \$25,000, up from \$10,000 and retroactive to July 1, 2003.

Please note that EKGs at the YUHS lab are by appointment only.

Beginning July 1, 2005

- Prescription deductible will increase to \$200 per person per year, up from \$150. Family maximum is \$600.
- Pharmacy co-insurance remains at 20% up to a \$700 individual out-of-pocket expense. Pharmacy expenses over \$700 per individual are covered at 100%.

Mental health benefits

(applicable only to Yale faculty and staff)

Beginning July 1, 2004

- Mental health reimbursement rises to \$50 per visit, up from \$40 per visit.
- Reimbursable visits remain up to 30 per year, with a lifetime maximum of 150 visits.

Beginning July 1, 2005

- Mental health reimbursement rises to \$60 per visit, up from \$50 per visit.
- Reimbursable visits remain up to 30 per year, with a lifetime maximum of 150 visits.

YHP staff

PERLOTTO RECEIVES HUMANISM IN MEDICINE AWARD

James M. Perlotto, MD, chief of Student Medicine at YUHS and associate clinical professor of Medicine at Yale University School of Medicine, received the 2004 Leonard Tow Humanism in Medicine Award at the Medical School's commencement in May.

The award honors one faculty member and one medical student who have demonstrated particular compassion and sensitivity in delivering patient care. Medical school faculty and graduating students nominate faculty who embody outstanding humanitarian care. One of the nominations read in part:

Dr. Perlotto has modeled sensitivity in medicine for many years. He has single-handedly been responsible for creating and implementing the curriculum in human sexuality....Through lectures, workshops, interview modeling and panel discussion, he has taught students how to approach patients and talk to them in this sensitive area....He is a...model of the doctor who treats the whole person. I cannot think of a more sensitive, humane physician than Jim Perlotto.

Perlotto has been at YUHS since 1990 and chief of Student Medicine since 2001. In addition, he is a member of the YUHS Athletic Medicine Department.

Technology, Training Assure Electronic Privacy

DIANE MILLER

Information Technology Manager, YUHS

RHEA HIRSHMAN

Editor

As patients ourselves, YUHS clinical and administrative staff know the importance of keeping protected health information (PHI) private. Long before the federal mandates of HIPAA (Health Insurance Portability and Accountability Act of 1996), we had been taking aggressive steps to ensure the confidentiality of medical records.

These steps fall into three categories:

(1) confidentiality—controlling who has information access; (2) integrity—assuring that demographic or medical information is changed accurately and only by appropriate personnel; (3) availability—ensuring that authorized users can obtain access to needed information (for instance, a clinician's needing to review test results).

Technical solutions and staff training in these areas include:

- A computer firewall prevents intrusions from unauthorized parties into our healthcare computer servers.
- We engage in ongoing security audits to monitor, disclose and resolve any vulnerabilities.
- Outside software vendors must go through a virtual private network (VPN), which uses encryption (keys) and other security measures to ensure that private data cannot be intercepted and that PHI is not compromised.
- We maintain our servers in a restricted data center whose personnel closely adhere to YUHS security sanctions.
- We have specific procedures for disposing of computer media (CDs, hard drives, diskettes and so on) which contain protected health information.
- Computer users are forced to log off and log back on again after 15 minutes of computer inactivity. This ensures that the authorized access for that desktop is not compromised.

- We have installed privacy screens on computers in public clinical areas. These prevent anyone not working at the computer from seeing information displayed on the monitor.
- All software loaded onto YUHS desktops must be reviewed and approved by the IT manager; absolutely nothing is allowed to be downloaded from the Internet.
- Personnel with access to PHI undergo extensive training in privacy standards and procedures.
- To limit the viewing of PHI, personnel are granted system access based on their specific job duties.

Sometimes, we get questions from our members about electronic security issues. Here are a few tips to maintain your own computer security:

- **Avoid viruses.** Viruses are programs that execute instructions once they have established themselves on the attacked computer; instructions can range from the annoying to the devastating (e.g. erase information, make the hard drive inaccessible, damage stability). You should install and regularly update anti-virus software and back up your data files frequently!
- **Beware of spam.** Spam or electronic "junk" mail is usually sent by advertising companies that use electronic tools to purchase or steal lists containing millions of email addresses. Unfortunately, even when you unsubscribe from a list, you are acknowledging your valid email address and it may be sold to other spammers. Most Internet service providers offer spam-blocking software. **We emphasize that under no circumstances does YUHS provide member email addresses to any other entity.**



- **Manage your cookies.** Cookies are text files containing information about your visits to web sites. They are retained on your computer hard drive. Unlike viruses, they cannot duplicate themselves or spread or cause ill effects to your computer. Some cookies are necessary to allow access to web sites you want to use, but in order to control the security of your computer system you should restrict which cookies you accept. In most Internet browsers, you can manage your cookie files by going into the browser's "preferences" menu and following the directions. Look up "cookies" in your browser's help menu to learn what the various options mean.

Sites for measures parents can take to protect their kids on the Web:

<http://www.fbi.gov/publications/pguide/pguidee.htm>

<http://www.getnetwise.org/>

Federal Trade Commission's recommended security measures on the Web:

<http://www.ftc.gov/infosecurity/>

Consumer Guide to Internet Safety:

<http://www.staysafeonline.info/>

Yale Health Online—our secure clinical communication tool—is a web portal which uses encryption. Reading an encrypted file requires a key or password. Patients who use Yale Health Online are given their own unique accounts with a generic passwords, which they change to passwords of their choice. Even if someone forgets their password, we cannot reveal what it is; we can only reset it to a generic temporary one and the person must choose a new one when they log on again. The only emails sent to patients from this portal are general announcements. YUHS never under any circumstances discloses patient e-mail addresses to outside organizations or to Internet marketers.



PEDIATRIC PREVENTIVE CARE GUIDELINES
 The Yale Health Plan Pediatrics Department in conjunction
 with the American Academy of Pediatrics suggests the following:

Infancy (prenatal to 12 months) Early Childhood (15 months to 4 years)

Years of Age	newborn	2 weeks	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years
EXAMS/SCREENINGS												
History and physical	all visits											
Height and weight	all visits											
Head circumference	newborn to 24 months											
Blood pressure											3 to 4 years	
Vision and hearing	objective	subjective / objective as needed										
Developmental behavioral assessment	all visits											
Immunizations	all visits											
Blood count, lead						9 to 15 months					as needed	
Urinalysis									once and as needed			
Tuberculin test						as needed						
Cholesterol											as needed	
Injury and violence prevention	all visits											
Nutrition counseling	all visits											
Sleep position counseling	birth to 6 months											
Dental suggestion						as needed						

Years of Age	middle childhood - 5 to 10 years					adolescence - 11 to 21 years				
EXAMS/SCREENINGS										
History and physical	all visits									
Height and weight	all visits									
Blood pressure	all visits									
Vision and hearing screenings	subjective / objective - as needed									
Developmental behavioral assessment	all visits									
Immunizations	all visits									
Blood count	5 years					as needed				
Urinalysis	5 years					as needed				
Tuberculin test	as needed									
Cholesterol	as needed									
Sexually transmitted disease (STD) screening										as needed
Gynecology referral										as needed
Injury and violence prevention	all visits									
Nutrition counseling	all visits									
Dental suggestion	as needed									

HEALTHY IDEAS
continued from page 5

SAFE SUMMER COOKING

- Keep the lid on your outdoor grill to keep temperature consistent.
- Many barbecue sauces contain sugars, which burn easily. Apply sauce only during the last few minutes of cooking to reduce burning and flare-ups.
- Do not reuse sauce that is brushed on during grilling. Each time you return the spoon or brush to the bowl you are contaminating its contents.
- Never defrost meat, poultry or fish on the counter. Defrost in the refrigerator overnight. Cook hamburgers, veggie burgers and hot dogs while they are still frozen. Hot dogs should be well-cooked; don't think of them as precooked deli meat. Several cases of deadly bacterial infections have been linked to undercooked hot dogs.
- To avoid bacterial contamination, use one platter for uncooked meat and another for cooked meat. Have separate cutting boards for meat and vegetables. Sanitize your food preparation area by washing with hot water and a bleach-based soap, paying special attention to areas in contact with meat products. Wash hands thoroughly before and after handling food, especially when handling raw meat, fish and poultry. Regular soap and water are fine; antibacterial soaps are not necessary.



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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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