



- Important Reminders -

Section 125/ American Fidelity Open Enrollment in May

Watch for notice of the annual open enrollment for Section 125 medical and dependent care reimbursement accounts along with other American Fidelity Products such as cancer and accident insurance. Enrollment will take place in May (dates and locations will be sent out to all employees within the next few weeks) for the fiscal year which runs from July 1, 2008 through June 30, 2009. **This will be the only open enrollment for American Fidelity products this year. They will no longer have any fall open enrollments for any of their products.** If you have questions about American Fidelity's products, please call your American Fidelity Representative Jim Regan at 1.800.365.9180, ext 364.

Address Changes

Have you recently changed your address? You must notify Donna Crosby in Human Resources (donna.crosby@sduhsd.net) so that your address can be corrected on our human resources and payroll systems. You must also contact Kathleen Margiotta, HR Benefits Analyst (kathleen.margiotta@sduhsd.net) so that she can send you forms needed to update your address with your medical and dental insurers.

Changes in Dependent Coverage:

In most cases, you may only add or drop dependents from your medical/dental plans at open enrollment, which takes place in late October for the following calendar year. There are certain "Qualifying Events" that may occur during the year and allow you to make changes outside of open enrollment. Qualifying Events include birth of a child, marriage, divorce, or addition/loss of other **group** insurance coverage through your spouse's employer. If you wish to make changes due to one of these events, you must contact Kathleen Margiotta, HR Benefits Analyst, ext 5626, and complete the necessary forms within 30 days of the qualifying event. If more than thirty days have lapsed since the qualifying event took place, you will need to wait until open enrollment to make the change.

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Important Reminders *continued*

Are your dependents age 19 or over?

Our medical and dental insurance policies cover dependents who are between the ages of 19 and 25 if they are full time students taking at least 12 units of courses. From time to time you may receive student certification requests from your insurer to determine continued eligibility. You must complete and return the forms in order for your dependent to remain covered.

If you have a dependent who no longer qualifies for coverage, you **MUST** notify Kathleen Margiotta, HR Benefits Analyst, and complete a "Notice of Qualifying Event" so that the dependent may be offered Cobra continuation coverage. This coverage provides the dependent with the opportunity to continue on the group plan at his/her own expense for up to 36 months. Contact Kathleen Margiotta on ext. 5626 with questions.

**Do You Need a New Medical/Dental I.D. Card?
Do You Want to Change Your Primary Care Physician?**

You can request a new medical/dental i.d. card or change your primary care physician by calling your insurer directly. Their customer service number is listed under "important phone numbers" at the end of this newsletter.

VEBA Online

All classified medical plans are administered by VEBA, the Voluntary Employee Benefits Association. VEBA has provided information for covered employees at www.vebaonline.com. On this website, you can find out details of the plans you are on, submit student certification forms, and utilize their resources for health tools, such as Web MD and Best Docs, and information on exercise, nutrition, stress management, time management, smoking cessation, and other important health issues. The site also includes contact information for your insurance carriers.

WORK OUT YOUR ANXIETY

Feeling anxious? A workout on the treadmill may be just what the doctor ordered, according to a study in the *American Journal of Psychiatry*. Researchers injected an amino acid that induces panic attacks into 15 volunteers after they either quietly rested or walked on a treadmill for 30 minutes. After resting, 12 out of the 15 experienced panic attacks, but only six out of 15 did after exercising.

ANOTHER WEIGHTY PROBLEM

Just a few pounds can increase the risk of heartburn and acid reflux or make it worse, the Nurses' Health Study says. It's well known that being overweight can bring on reflux disease. But this study found that even for women in the normal weight range, a gain of just five or 10 pounds increases the risk. Once they get into the overweight category, the risk more than doubles. However, when people lose weight, the symptoms decrease.

Health Facts

Many families have asked for information regarding staph infections, particularly the strain known as MRSA. The San Diego County Office of Education has posted a great list of resources from respected sources on the subject. If you would like to visit the site, the address is <http://www.sdcoe.net/news/08-02-04-mrsa.asp>.



SECONDHAND SMOKE

There is no safe level of secondhand smoke, says the most recent report by the U.S. surgeon general, who calls it a "serious health hazard." Nearly half of all nonsmoking Americans are regularly exposed to tobacco smoke, which increases their risk of lung cancer and heart disease by about 30 percent. Even brief exposure can endanger young children (asthma and infections) or adults who have heart disease or are at high risk for it.

- COMPILED BY R.J. IGNEZI



Awareness of Heart Attack Signs Lags in U.S.

But most people surveyed know to call 911 when one happens, CDC says

By Ed Edelson, HealthDay Reporter

THURSDAY, Feb. 21 (HealthDay News) — Too many Americans are not aware of all the warning signs of a heart attack, and the percentage who know what to do when one is suspected is not as high as it could be, a survey by the U.S. Centers for Disease Control and Prevention finds. ...[more](#)



FOOD FACTOR: MUSHROOMS

Some fungi a day might keep the doctor away. Researchers at Penn State University found that portobello and cremini mushrooms rank with carrots, green beans and broccoli as great dietary sources of antioxidants, disease fighters found in plant foods.

PERSPECTIVES ON HEALTH CARE

How to Talk to a Doctor

Know What to Ask -- and how and when to ask it

You are an empowered, assertive and knowledgeable patient. You can Google like nobody's business.

But if you lack one crucial skill, you still may get lousy medical care.

That skill: talking to doctors.

"The old technique of having a conversation is 99% of what a successful doctor's visit is about," says Peter Salgo, a professor of medicine and anesthesiology at Columbia University in New York and host of the PBS medical series *Second Opinion*.

We hear a lot, of course, about doctors who don't listen, don't answer questions, or don't remember their manners.

But communication is a two-way endeavor. And sometimes it's patients who fail Communication 101.

That's why growing numbers of patient advocates -- including physicians who coach people on how to say it and when to listen during those precious few minutes in a doctor's office.

Among the do's and don'ts:

⇒ **Do** think ahead about what you will say, especially if this is an important appointment about a serious condition. Type up a list of questions, suggests Marisa Weiss, a cancer specialist in Philadelphia and the author of *7 Minutes: How to Get the Most From Your Doctor Visit* (it's available at breastcancer.org).

⇒ **Do** start with some pleasantries, but **don't** get caught up in small talk. "You can waste time talking about your grandchildren, but you may not realize that is going to come out of your main appointment time," Weiss says.

⇒ **Do** tell the doctor about your most pressing concerns as early in the visit as possible. "**Don't** wait until the doctor is on the way out to say, 'By the way, I'm having chest pain,' or 'My husband is beating me,' or 'I'm crying all the time,'" says Delia Chiaramonte, a Baltimore family physician who works as a private patient adviser.

continued

How to Talk to a Doctor *continued*

⇒ **Don't** lecture the doctor about everything you've learned on the Internet or from your brother-in-law. "Patients don't like to be lectured to by doctors, and doctors don't like to be lectured to by patients," Salgo says.

⇒ **Do** ask your doctor to help you understand what you've learned elsewhere. "You do want to show respect for his expertise," Weiss says. Ask "how this information applies to me," she says.

⇒ **Don't** let the doctor do all the talking. Sometimes people "just let doctors keep talking and talking," even though they don't understand a thing, Chiaramonte says. "You have to stop them and say, 'I'm sorry, doctor, I didn't understand you. Can you repeat that?'" Weiss suggests paraphrasing the doctor and then asking, "Do I have that right?"

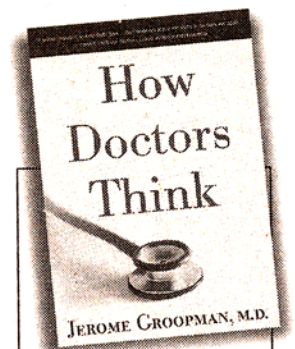
⇒ **Do** take notes or ask to use a tape recorder. Most doctors won't mind if you explain that you want to remember the conversation or share it with loved ones, Weiss says.

⇒ **Do** consider bringing a friend or loved one as a second listener. But get ground rules, Weiss warns: For example, you might ask your spouse to jump into the conversation only if he gets a cue from you.

⇒ **Don't** give up if all your questions aren't answered during one appointment. Instead, ask the doctor if you can make another appointment, follow up by phone or email, or seek help from another member of your medical team.

⇒ **Do** say "thank you" from time to time.

Keep in mind that the patient/doctor relationship is just that, a relationship. "It needs to be nurtured and coddled," Weiss says. "It's a business relationship, but it's emotional and personal and intimate as well."



Look inside the medical mind

To understand the person in the white coat a bit better, read:

► *How Doctors Think*, a book by Jerome Groopman. The Boston physician and *New Yorker* writer explains how doctors decide on diagnoses and treatments and how errors in thinking can sometimes lead them astray. He suggests specific questions patients can ask to help their doctors think effectively.

► Blogs by doctors. Start with Kevin, M.D. (www.kevinmd.com), a daily roundup of medical news from a physician's point of view (the physician is Kevin Pho, an internist in Nashua, N.H.). Follow the links there to other top blogs.

~ USA Today

Did you ever get caught in your doctor's office sneaking a peek at your medical records?

IF YOU EVER TRIED to sneak a peek at what the doctor wrote about you the last time you visited, RELAX.

The medical records you have been stealing glances from should be available to you at *any time and for any reason*.

The Federal Health Insurance Portability and Accountability Act, which took effect a few years ago, guarantees your right to access your medical records.

That means you are free to view, correct, or ask questions about your records. So go ahead! Take a look at your records, and even take away copies of pertinent sections the next time you're in the doctor's office. No sneaking required.





Spies, Swabs, and Sanitizers

Hospitals arm themselves to wipe out superbug MRSA

A recent federal report on the growth of “superbugs” -- deadly bacteria resistant against most antibiotics -- has renewed public attention to how hospitals are faring in their decades-long war.

Hospitals across the USA have been stepping up their fight against all types of infections, especially superbugs that have been found to be more common and more deadly than previously believed.

Among the methods some hospitals are employing:

- * Using secret observers to check on whether doctors and nurses are washing their hands.
- * Swabbing the nose of every patient to check for the presence of certain bugs.
- * Installing alcohol sanitizer dispensers in hallways and outside patient rooms to make it easier for staff and visitors to clean their hands.
- * Testing the surfaces of bed rails, countertops, and health equipment for bacteria.

In October, a federal report estimated that nearly 19,000 people died in the USA in 2005 after being infected with a virulent drug-resistant bacterium called *methicillin-resistant staphylococcus aureus*, or MRSA -- more than the number killed by HIV/AIDS. A study released on Thursday in the journal *Emerging Infectious Diseases* found that hospitalizations related to MRSA nearly doubled between 1999 and 2005, from 127,000 to almost 280,000.

“It’s a battle for us, a big battle,” says Nina Shik, infection control manager at the University of Kansas Medical Center in Kansas City.

The hospital had an MRSA outbreak in its burn unit in 2005. The culprit was found to be pillows, which had small holes in them that enabled the bacteria to pass from patient to patient. When the hospital changed the type of pillow, the infection rate dropped.

Secret observers mobilized

While MRSA, labeled a superbug because it is resistant to so many antibiotics, affects healthy people in the community, about 85% of cases are in health care settings, such as hospitals. Hospitals have long been known as breeding grounds for MRSA because bacteria can be transported from patient to patient by doctors, nurses, and unsteril equipment. The bugs also gain an edge because patients’ immune systems are often compromised.

Numerous studies have documented that on average, doctors, nurses, and other health care workers fail to clean their hands properly more than half the time.

continued



MRSA *continued*

To fix that problem, hospitals such as University of Kansas are using secret observers to spy on their co-workers to make sure they are washing up. “They may look like they are just looking at a chart, but they are observing whether employees wash before touching a patient,” Shik says. The hospital talks to staffers who are not washing their hands and shares the data with each department.

The hospital is also focusing attention on cleaning surfaces to rid them of invisible germs. The organisms can live on common surfaces for days, including tabletops and the TV remote control.

To improve cleaning, the University of Kansas hospital uses Glo-Germ to help identify germs. The chemical is dabbed on a surface, and an ultraviolet light is held over it to identify the germs. “We found our rooms looked clean but were not as clean as we thought,” Shik says.

At the University of Texas Medical branch in Galveston, the main battle strategy against MRSA is what it calls the “search and destroy” method. The hospital screens all adult intensive-care-unit patients each week for MRSA and places those testing positive in isolation. About 10% to 20% have tested positive through a nasal swab. In isolation, patients are placed in a private room, and staff must wear gloves and protective gowns whenever entering, says C. Glen Mayhall, director of infectious diseases at UTMB.

The high cost of testing

Infection-control experts differ on whether hospitals should test all patients for MRSA or just focus on those at highest risk, such as those in intensive care. About 2% of the U.S. population is estimated to harbor the MRSA bacteria, but because most are healthy enough to resist infection, they have no idea they are carrying something that can expose and harm others. When these “colonized” individuals enter the hospital (typically for an unrelated reason), they bring MRSA with them.

“I’m not sure it’s cost-effective to test everybody,” says Keith Kaye, medical director of infection control at Duke University Hospital in Durham, N.C. His hospital tests only ICU patients.

Pitt County Memorial Hospital in Greenville, N.C., this year began testing all patients for MRSA. About one in 12 patients tested positive, higher than administrators expected. While each test costs \$60 -- the fee is tacked on to the patient’s bill -- the hospital had to invest another \$1 million in labor costs and equipment.

Keith Ramsey, director of infection control, says the hospital’s MRSA-caused pneumonia rate dropped 65% this year, and MRSA-caused urinary tract infections were down 60%.

“We decided this would be the best return for our investment,” Ramsey says.

Q&A

Lloyd Kolbe, Ph.D.

PROFESSOR OF APPLIED HEALTH SCIENCE



Drug-resistant staph infections (MRSA) can be a real killer in schools, panicking parents and educators.

But Kolbe, of Indiana University, a leading expert on school health programs, has answers to help keep everybody safer.

Also, the NEA Health Information Network has information, especially for education support professionals, available at www.neahin.org.

How can teachers and students protect themselves?

MRSA is usually transmitted by direct skin-to-skin contact, or contact with shared items or surfaces (like towels, used bandages, or sports equipment). School employees and students can protect themselves with frequent hand-washing with soap and water or using an alcohol-based hand sanitizer; showering immediately after exercise; covering skin abrasions or cuts with a clean, dry bandage; avoiding shared personal items that touch bare skin; using a barrier (like a towel) between your skin and shared equipment, such as weight-training equipment; and by regularly cleaning frequently touched surfaces or surfaces that come into direct contact with people's skin. (For EPA-approved, anti-MRSA products, go to <http://epa.gov/oppad001/chemregindex.htm>.)

What are the implications for public schools?

It generally will not be necessary to close schools to "disinfect" them when MRSA infections occur. Much can be done to prevent and limit school outbreaks, and that information should be widely distributed. School employees who observe students with open wounds or infections should refer them to the school nurse. Schools should enforce hand hygiene with soap and water, or alcohol-based sanitizers, before eating and after using the bathroom. Unless directed by a physician, students with MRSA infections should be excluded from school.

Who should be notified if students become infected?

Schools should notify their local health department if MRSA is diagnosed or suspected. When an infection occurs, the school nurse and physician should determine whether some or all students, parents, and staff should be notified.



EASE FOR SCHOOL EMPLOYEES WHEN?

WHY?

We all experience personal problems at one time or another. Sometimes, we also encounter a job-related problem. These problems, large or small, can affect both our personal lives and our performance at work.

This is why your school district provides the EASE service for you free of charge. EASE is a professional, confidential service to help you resolve your personal or job-related problems.

WHO?

All full- and part-time employees of contracting school districts are eligible for EASE services. Family members of employees are also eligible to use the program.

The EASE Specialists are licensed, trained therapists who will assess the nature of your problem(s) during one or several meetings with you, and assist you with brief problem-solving if appropriate.

If ongoing assistance is necessary, your referral options will be discussed with you. Any referral may involve charges which will be your responsibility.

WHAT?

Our team of EASE specialists can help you and/or refer you to the appropriate resources for the following kinds of problems: Personal, Family and Marital, Job-Related, Emotional, Alcohol, and Drugs.

WHEN?
You will schedule an appointment with an EASE specialist at a mutually convenient time.

WHERE?
The EASE specialists are located in several offices throughout the county for your convenience. When you call to initiate an appointment, you will be directed to the most suitable location.

CONFIDENTIALITY

One of the most important questions that employees and supervisors ask the EASE specialists is, **“Is what I tell you confidential?”**

The answer to that question is a resounding **“Yes.”** By law and ethical practice, the licensed EASE specialist cannot divulge any information provided by an employee (the client) without specific written consent from that client.

The only exceptions to confidentiality arise in the case of court-mandated reporting such as child abuse, elder abuse, and/or danger to self or others. The EASE specialist is bound by California laws regarding these exceptions.

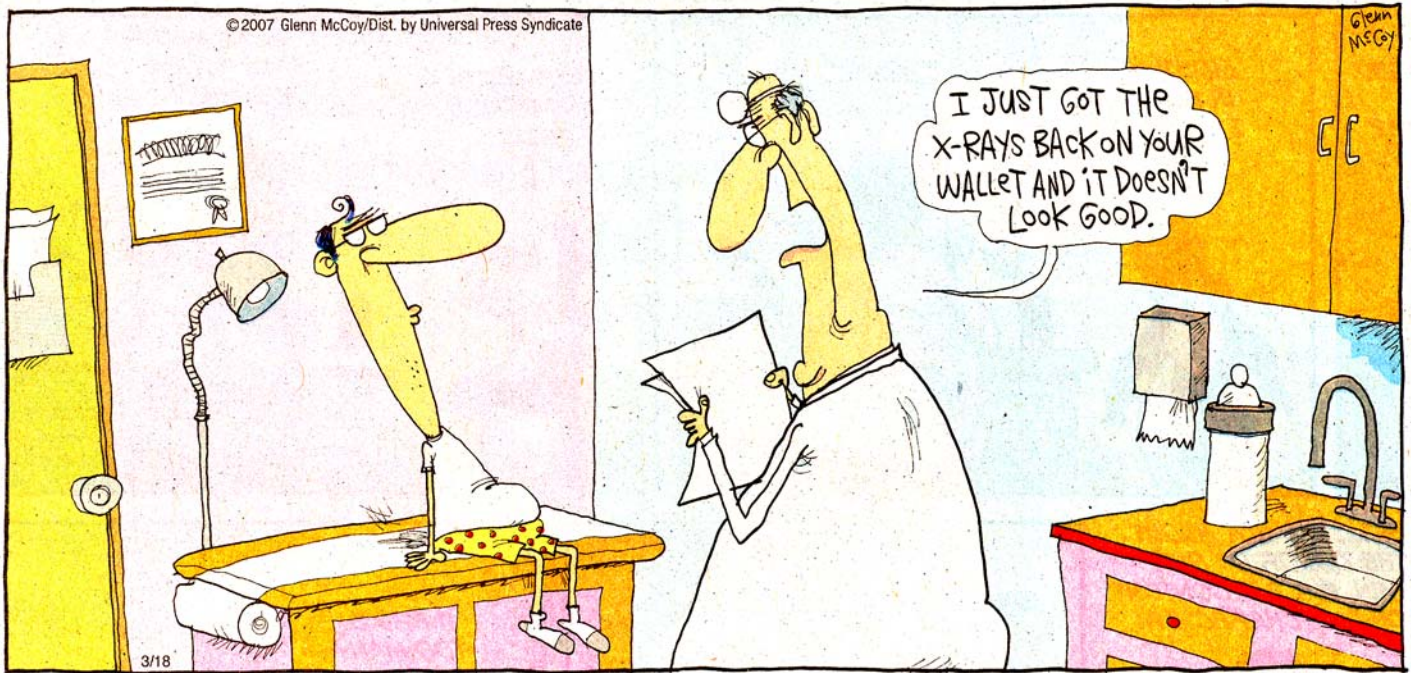
The role of the EASE specialist is to facilitate problem resolution. Confidentiality, therefore, plays a critical role.

If the EASE specialist feels that it is in the best interest of the client that information be shared, the EASE specialist will request a written release of information. However, should the client elect not to provide a release, no information will be forthcoming.

THE CLIENT HAS THE FINAL CHOICE.



THE DUPLEX/ by Glenn McCoy



IMPORTANT PHONE NUMBERS



American Fidelity Assurance Company

Section 125 Plan 866.523.1857

American Speciality (CHIRO) 800.678.9133

PacifiCare POS 800.913.9133

PacifiCare HMO 800.624.8822

www.pacificare.com

Delta Dental

PPO 888.335.8227

DMO 800.422.4234

Kaiser Permanente

Member Services 800.464.4000

Appointment Center for Primary Care, Pediatrics and OB/Gyn 800.290.5000

Select a Personal Physician 800.777.5131

Chiropractic Services call 800.678.9133

American Speciality Health Plan

www.kaiserpermanente.org

District Health Insurance Contact

Kathleen Margiotta ext. 5626