

HEALTH

A Publication for Teachers Health Trust Participants



TRAXX

Spring 2011 ☼ Volume 10, Issue 1
For Teachers by Teachers



2010 Trust Financials

2010 Statement & Report

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Allergic Reactions

Food Allergies



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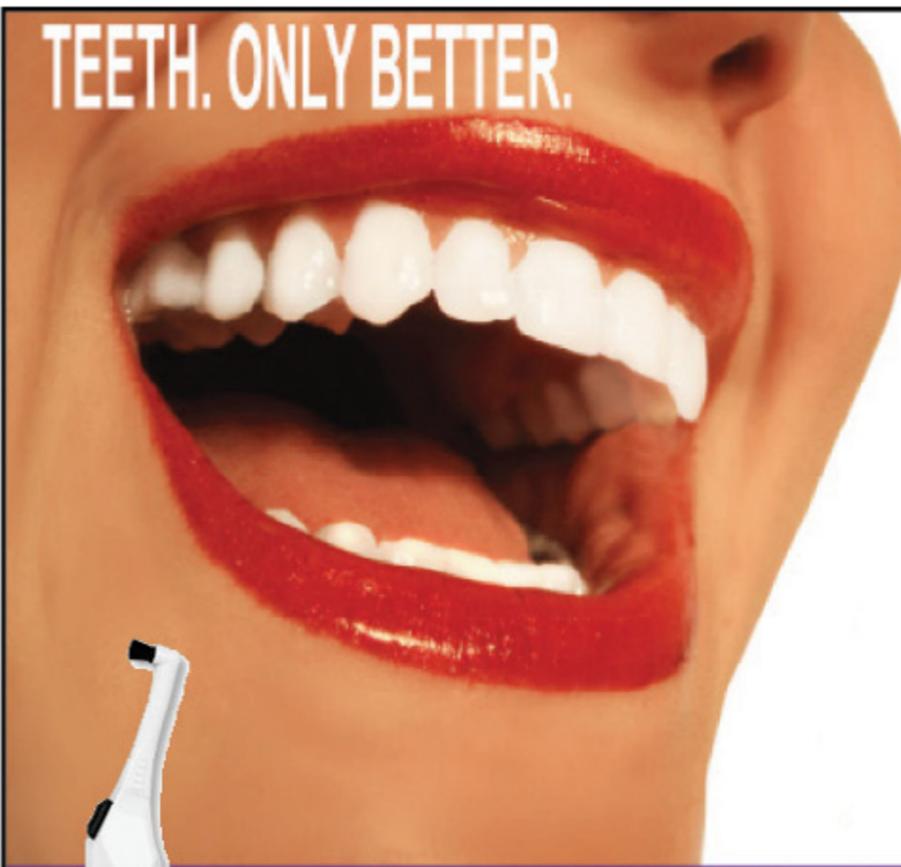


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*The Teachers Health Trust
Quarterly News Publication*

Health Traxx is published quarterly by the Teachers Health Trust to help participants make life-saving decisions about health care. Although editorial content is based on sound medical information, we ask that you consult a health care professional regarding all medical concerns. We encourage you to keep copies of this news publication for the purpose of building a handy home medical reference guide or to recycle issues to friends and family.

Any opinions expressed by an author/source whose article appears in this publication are solely the opinions of the author/source and do not necessarily reflect the views of the Trust. If you have questions or comments regarding this issue, e-mail the Trust at wellness@teachershealthtrust.org or write to:

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A MESSAGE FROM THE CEO

Spring is around the corner and the air is teeming with allergens, wind and budgetary uncertainties. It is enough to make one sniffle and cry at the same time. While there is information in this edition dealing with allergic reactions (and other maladies), there is no silver bullet available to solve the financial situation as it pertains to public employees in general and specifically with regard to teachers. There are many ways to deal with our sniffing and sneezing and for those of you who are suffering, take advantage of the information available to deal with those issues. For those who are perplexed and/or upset with the current budgetary shortfall, perhaps a good dose of realism, the willingness to recognize what it will take to deal with the fiscal uncertainty that fills the air and the spirit of compromise will enable reasonable minds to achieve solutions that all of us can live with. That may be asking a lot, but unless we get serious and are willing to participate in the process, success is not an option.

In this edition of *Health Traxx* are the Trust's audited financial statements for the fiscal year ended June 30, 2010. It has been a long and strenuous journey to achieve the excellent results that are reflected in these financial statements, but I can also plainly see what lies ahead and know that these stellar results are not going to continue in the foreseeable future. It is indeed reassuring to have adequate reserves to be able to deal with the fiscal uncertainties that are present, at least for the short term. As previously reported to the Association Representative Council at their monthly meetings, the increasing cost of medical care and the Trust's stagnant revenues are currently resulting in a negative cash flow which will likely continue into the future. The public outcry in Wisconsin and other states regarding retirement and health benefits has not bypassed Nevada. The existing methodology of funding health care is inadequate to sustain employee benefits at their present levels and all parties, including the Legislature, School District and employees must come to some resolution if we are going to be able to provide teachers with the level of health benefits which the Trust has been able to provide for many years.

The Trust is committed to continue providing you with quality health care benefits within the framework of the funding available to it. Will adjustments to the Trust's plans be made in the future to address the ever-changing health care umbrella under which we all find ourselves? The short answer is "yes". The longer and more realistic answer is the Trust Board and staff will take whatever actions are necessary to maintain the integrity of the Trust, while at the same time always keeping in mind the needs and concerns of teachers.

Sincerely,
Peter Albert
Chief Executive Officer
March 2011

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 A Publication for Teachers Health Trust Participants
 Spring 2011 • Volume 10, Issue 1
 For Teachers' Health Trust

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Allergic Reactions Food Allergies p. 18

Normal Deliveries vs. Cesarean Section, Page 14

Parents-to-be will often find themselves debating whether natural delivery or c-section is best for their baby when the time comes. Often, the c-section may seem like the most convenient way to go, but turn to page 14 to learn a little more before determining the best way to bring your newest family member into the world.

Trust Tidbits

Find Your Subscriber ID#, Win \$25.00

We will continue to offer one lucky reader the chance to win \$25.00 each issue. For your chance to win, find the *Health Traxx* \$25 bill (sample shown above). If your subscriber number is on the bill, you win! To collect your prize, e-mail the Wellness Division at wellness@teachershealthtrust.org. All prizes must be claimed within 90 days of the issue's mail date.



Preventative/Routine Care

One of the keys to maintaining good health is periodic preventive examinations. The Diamond and Platinum medical plans assist you in the payment of expenses incurred for preventive/routine care services by covering a maximum of \$600 per person per calendar year after you have paid all applicable copayment(s). To learn more about the preventive and routine care benefit, be sure to review your Plan Document online at www.teachershealthtrust.org.

Safely Taking Off Pounds Medical Weight Management Program

The S.T.O.P. Program is now open to all participants and eligible dependents. S.T.O.P. has been specifically designed with our participants in mind. A selection of providers utilizing different methodologies, tools and resources have been chosen in order to allow our participants to approach weight loss in a manner optimal to their goals and needs. This program is open to all participants and/or their eligible dependents enrolled in a Diamond, Platinum or Retiree medical plan. Online enrollment at www.teachershealthtrust.org is required prior to scheduling an appointment. For more information, visit www.teachershealthtrust.org today or contact the Wellness Division via phone at 702-866-6192 or e-mail at wellness@teachershealthtrust.org. Also, be sure to turn to page 22 to learn about important changes and updates to the program.

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Get Involved...

The 2011 Nevada Legislature convened February 7. Education is under heavy attack. There are many bill drafts that, if enacted, will adversely impact public education and our livelihood. We are facing a difficult fight to prevent the decimation of education funding, the push for so-called education reform by “reformers” who want you to do more with less resources, and fend off attacks on our collective bargaining rights under NRS 288.

We need you to get involved in the fight to protect public education and our livelihood. Join our rapid-communication system. Go to www.ccea-nv.org and sign up to receive e-mail communications by clicking on the  icon. Don't delay; your active participation is critical. *Sign up today!*



Stay Connected.

Important Dates to Mark on Your Calendar

March

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5 - Gold's Gym WellFit Classes: Visit www.teachershealthtrust.org for locations and times.
6	7	8	9	10	11	12 - Gold's Gym WellFit Classes.
13 - Daylight Savings.	14 - RSVP opens for 2011 Hope, Cope & Healing Seminar	15	16	17	18	19 - Gold's Gym WellFit Classes.
20 - First day of Spring.	21	22	23	24	25	26 - Gold's Gym WellFit Classes.
27	28 - Educational Seminar: Hope, Cope & Healing (see page 22)	29	30	31		

April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2 - 2011 WellFit for Life & Best Weigh to Go Weigh Out
3	4 - RSVP opens for 2011 Diabetes Fair	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22 - Spring Break: Trust closed.	23
24	25	26	27	28	29	30 - 2011 Diabetes Fair at Spring Valley Hospital.

May

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8 - Mothers Day.	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 - Memorial Day: Trust closed.	31				

June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

THE TEACHERS HEALTH TRUST WOULD LIKE TO SAY THANK YOU AND

HAPPY MEMORIAL DAY

TO ALL THOSE WHO SERVE, WHO HAVE SERVED AND THE FAMILIES WHO SUPPORT THEM!

Vision for Food: Eat Healthy

Food is taking center stage in health. Not that food choices weren't always important – your mom told you to eat those veggies for a reason. It's just that there's been an explosion of food-related research that shows the strong connection between food and health.

When it comes to vision and food, growing evidence supports the idea that various vitamins and minerals protect vision for the long haul. And that's more important today than ever before, as the well-publicized "graying of America" marches on.

We talked to an expert to get the scoop on these vision-protecting nutrients. Leland Carr, OD, is a VSP network doctor and professor of optometry at Northeastern State University in Oklahoma. Dr. Carr also sees patients regularly at several university-run eye clinics.

"Eating carrots won't make you see better than you already do, but there is a lot of truth in the idea that they can help protect vision," says Dr. Carr. "Carrots contain a lot of vitamin A, and there have been several studies recently showing that this vitamin – along with vitamins C and E – helps to reduce the impact of both cataracts and age-related macular degeneration (AMD).

The menu ticket? Eat lots of carrots and green, leafy veggies like spinach and kale, says the doctor. These in particular pack a hefty punch of the key vitamins, and a vision protecting-substance called lutein too.

Vitamins A, C, and E form a fitting acronym (ACE) when it comes to vision. A major federal study showed that the combo, plus zinc, is a winner when it comes to lowering risk of advanced AMD. Just another reason
Dr. Carr

touts the importance of "developing good eating habits and taking in the right nutrients" for healthy vision.

"One of the best things you can do for your eyes is to eat a balanced diet high in fruits and vegetables, but also low in saturated fats and sugar," he adds. "Along with the vitamins, you should be sure to take in adequate amounts of the minerals zinc and selenium, both of which help protect the retina – the light sensitive part of the back of the eye. You also need some fatty acids – usually from fish – to ensure adequate moisture in your eyes. Ask your family doctor if taking food supplements containing these substances is right for you."



Here's a rundown from Dr. Carr on health choices you should be getting at least three servings per week of – from each group.

- Vitamin A:** Carrots, kale, spinach, dairy products, egg yolks
- Vitamin C:** Citrus fruits (especially kiwi fruit) and juices, green peppers, broccoli, potatoes
- Vitamin E:** Eggs, whole grains, vegetable oils, sunflower seeds
- Lutein:** Spinach, corn, kale, broccoli, Brussels sprouts
- Fatty acids:** Cold water fish, such as salmon, mackerel, and rainbow trout; sunflower oil, corn oil
- Zinc:** Meat, poultry, fish, whole grains, dairy products



2010 Trust Financial Reports



KAFOURY, ARMSTRONG & CO.
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Teachers Health Trust

We have audited the accompanying statements of net assets available for plan benefits and benefit obligations of the Teachers Health Trust (the "Trust") as of June 30, 2010 and 2009, and the related statements of changes in net assets available for plan benefits and of changes in benefit obligations for the years then ended. The financial statements are the responsibility of the Trust's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Teachers Health Trust as of June 30, 2010 and 2009, and the changes in its financial status for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules for the years ended June 30, 2010 and 2009, listed in the table of contents are presented for the purpose of additional analysis and are not a required part of the basic financial statements. These schedules are the responsibility of the Trust's management. Such schedules have been subjected to the auditing procedures applied in our audits of the basic financial statements and, in our opinion, are fairly stated in all material respects when considered in relation to the basic financial statements taken as a whole.

Kafoury, Armstrong & Co.

Reno, Nevada
December 15, 2010

TEACHERS HEALTH TRUSTSTATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF JUNE 30, 2010 AND 2009

	2010	2009
ASSETS		
INVESTMENTS, at fair value	\$ 33,515,202	\$ 27,291,170
RECEIVABLES, related party	590	23,371
CASH AND CASH EQUIVALENTS	7,277,326	7,963,355
FIXED ASSETS (net of accumulated depreciation of \$3,259,759 and \$2,635,089, respectively)	7,173,960	7,055,367
OTHER ASSET	32,095	27,505
PREPAID EXPENSES	114,093	115,026
	<u>48,113,266</u>	<u>42,475,794</u>
Total assets		
LIABILITIES AND NET ASSETS		
LIABILITIES:		
Accounts payable for administrative expenses	666,657	990,099
Due to related party	17,791	17,705
Deferred insurance contribution	64,804	58,737
Capital lease payable	71,638	-
	<u>820,890</u>	<u>1,066,541</u>
Total liabilities		
TOTAL NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 47,292,376</u>	<u>41,409,253</u>

TEACHERS HEALTH TRUSTSTATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
ADDITIONS		
Contributions		
Clark County School District / Charter Schools	\$ 119,181,119	\$ 119,925,775
Employee deduction	23,049,968	\$22,250,797
Retiree participation	-	389,258
Self-pay, COBRA, staff participants	1,701,357	144,647,418
	<u>149,226,441</u>	<u>(692,936)</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	1,633,443	(1,925,208)
Interest and dividends	1,351,490	1,315,630
	<u>2,984,933</u>	<u>(609,578)</u>
Less: Investment management fees	82,244	83,358
	<u>149,226,441</u>	<u>(692,936)</u>
Total additions		
DEDUCTIONS		
Insurance Premiums	2,236,823	2,284,334
Benefits paid for participants		
Medical	87,678,510	88,371,169
Prescription drugs	31,649,197	27,693,653
Dental	11,378,488	12,082,161
Vision	2,115,554	2,236,608
	<u>132,821,749</u>	<u>130,383,608</u>
Administrative expenses	8,284,746	8,397,775
	<u>143,343,318</u>	<u>141,520,056</u>
Total deductions		
NET INCREASE	5,883,123	4,718,760
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	<u>41,409,253</u>	<u>36,690,493</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS END OF YEAR	<u>\$ 47,292,376</u>	<u>41,409,253</u>

TEACHERS HEALTH TRUSTSTATEMENTS OF BENEFIT OBLIGATIONS
AS OF JUNE 30, 2010 AND 2009

	2010	2009
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS:		
Insurance premiums	\$ 209,434	\$ 216,527
Benefits claims	2,736,266	1,916,672
Prescription drugs	1,349,116	1,048,665
Total currently payable	<u>4,294,816</u>	<u>3,181,864</u>
OTHER CURRENT BENEFIT COVERAGE OBLIGATIONS:		
Claims incurred but not reported, at present value of estimated amounts	<u>6,963,734</u>	<u>7,783,328</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 11,258,550</u></u>	<u><u>\$ 10,965,192</u></u>

TEACHERS HEALTH TRUSTSTATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED JUNE 30, 2010 AND 2009

	2010	2009
AMOUNTS CURRENTLY PAYABLE TO OR FOR PARTICIPANTS, BENEFICIARIES AND DEPENDENTS:		
Balance at beginning of year	\$ 3,181,864	\$6,269,779
Claims reported and approved for payment	136,171,524	130,034,366
Claims paid	(135,058,572)	(133,122,281)
Balance at end of year	<u>4,294,816</u>	<u>3,181,864</u>
OTHER OBLIGATIONS FOR CURRENT BENEFIT COVERAGE, at estimated amounts:		
Balance at beginning of year	7,783,328	8,527,585
Net change during year	(819,594)	(744,257)
Balance at end of year	<u>6,963,734</u>	<u>7,783,328</u>
TOTAL OBLIGATIONS OTHER THAN POSTRETIREMENT BENEFIT OBLIGATIONS	<u>11,258,550</u>	<u>10,965,192</u>
POSTRETIREMENT BENEFIT OBLIGATIONS		
Balance at beginning of year	-	19,286
Plan amendments	-	(19,286)
	<u>-</u>	<u>-</u>
TOTAL BENEFIT OBLIGATIONS, END OF YEAR	<u><u>\$ 11,258,550</u></u>	<u><u>\$ 10,965,192</u></u>

Standard Delivery vs. Cesarean Section

It seems that having a C-section delivery has become all the rage. Cesarean delivery is by far the most common major open surgery in America today. Now, about a third of U.S. births are done by cesarean section, one of the highest of any developed country. In 1998, the average rate for all the U.S. was about 21%.

In a report from Rome in 2009, between 26% and 89% (average 44%) of births were by C-section in the various regions of Rome. In 2010 in Las Vegas, between less than 28% (North Vista, UMC Hospitals) and more than 40% (Southern Hills, Summerlin, Siena and Spring Valley Hospitals) of births were by C-section (average 37%). Three Las Vegas obstetricians (Drs. Kirsten Rojas, John Nowins and Patricia Pierce) delivered more than 66% of their deliveries by C-section while another three (Drs. Leslie Zak, Noel Harrison, and Kenneth Turner) delivered less than 24% of their deliveries by C-section. Most of these C-section deliveries were classified as minor severity. Out of 139 pregnancies managed by nurse midwife Rita Morrero in the same period, only 9% were delivered by C-section, mostly due to prior C-section. In Utah, New Mexico, Idaho and Alaska, less than 25% of all births are by C-section.

What gives?

"There is no question we're doing a lot more c-sections than necessary,"

says Bruce Meyer, executive vice president for health system affairs and professor in the department of obstetrics and gynecology at UT Southwestern Medical Center in Dallas. The World Health Organization has said that when c-section rates go above 15% of total births, that usually indicates too many are being done. Most of the variation in c-section rates occurs among women in their first pregnancy, at full



term, with one baby, with head first position, a normal pregnancy.

Pregnancy has become a medical event instead of a natural event. When labor is induced with medication before the woman goes into labor on her own, the pregnancy is more likely to end up with a c-section. These early inductions may be scheduled for convenience- for example, to allow

parents to organize work and child-care schedules or to allow providers to be on call when their patients deliver.

But there are serious consequences associated with unnecessary c-sections. Apart from the immediate risks of anesthesia, infection, bleeding, organ damage, dangerous blood clots and pain associated with this major surgery, the mother's future pregnancies are associated with higher risks of miscarriage and life-threatening risk from pregnancy in the abdomen, outside the womb or early separation of the placenta. In most cases, future deliveries will be by c-section. (Many are worried about the risk of a uterus rupturing, which happens about 1% of the time.) If those repeat c-sections are scheduled before 39 weeks of gestation, the newborns experience significantly higher rates of lung problems, mechanical ventilation, blood stream infection and extended hospitalization.

Watching c-section surgeries on the web often gives a mother pause regarding how benign this surgery might be. "The rise in cesarean sections hasn't resulted in fewer delivery complications or healthier moms and babies," says George

"The rise in cesarean sections hasn't resulted in fewer delivery complications or healthier moms and babies...It's got to be for good solid medical reasons, not because of pressure from the patients or out of fear of liability."

**George Macones, chairman of obstetrics and gynecology
Washington University, St. Louis**

Macones, chairman of obstetrics and gynecology at Washington University in St. Louis and a spokesman for the American College of Obstetricians and Gynecologists. "It's got to be for good solid medical reasons, not because of pressure from the patients or out of fear of liability."

Vaginal deliveries, of course, carry their own risks. The most common are pain and damage to tissues in the pelvis that can sometimes result in incontinence. But they are generally safer than c-sections, Dr. Meyer says. And there are also health benefits for babies: Passing through the birth canal helps prepare the lungs for breathing air.

There are legitimate reasons that a c-section may be necessary. Women having two or more babies may need to have a cesarean delivery. The baby may be too large to go through the birth canal or may not present head first. Older moms, those with diabetes or obesity, and women undergoing fertility treatments can have higher rates of complications during childbirth. There may be a serious infection in the mother or some serious health problem of the baby. Performing cesarean delivery for an emergency can save lives and avoid serious complications. The decision by the doctor and patient must focus on doing more good than harm.

So?

Questions are the answer. Ask your obstetrician whether there are safe settings where you could deliver your baby naturally? Decide together the best option for you and your baby.

*Jerry Reeves, M.D.
Principal, Health Innovations LLC*

Pregnancy Resources



Pregnancy and Preterm Delivery Support Groups

March of Dimes: www.marchofdimes.com

Sidelines National Support Network: www.sidelines.org

Mothers of Supertwins: www.mostonline.org

Center for the Study of Multiple Birth: www.multiplebirth.com

American Pregnancy Association: www.americanpregnancy.org

Mommy Cast: www.mommymcast.com

The Teachers Health Trust provides Case Management Services for Diamond and Platinum plan participants who may experience a difficult pregnancy. Services are provided at no charge and are coordinated by a registered nurse (RN) who is also a certified case manager (CCM).

The Case Management Department is available to assist you during those challenging times and to help you achieve the best possible outcome for you and your new family member(s). For more information, please contact the Trust at (866) 585-2273 between 7:00 a.m. and 5:45 p.m. Monday through Thursday and 8:00 a.m. to 11:45 a.m. on Friday or e-mail the Case Management Department at casemanager@teachershealthtrust.org.

THE TRUST WANTS YOU TO BE A: WELLNESS TEAM LEADER

The Teachers Health Trust relies greatly upon the input and participation of our Wellness Team Leaders to help us provide quality service, programs and benefits.

One of our primary sources for the development, coordination and improvement of wellness programs and benefits are our Wellness Team Leaders.

The Wellness Team Leaders serve as on-site liaisons to the Trust and help to ensure that our programs and activities meet the needs of participants. The inclusion of a Wellness Team Leader from each school and worksite is vital to the success of the Trust and its programs.

The Trust is continuously in need of and recruiting new Wellness Team Leaders. To learn more about the Wellness Team Leaders, to find out if your worksite has a delegate or to volunteer, contact the Wellness Division via phone at (702) 794-0272 or e-mail at wellness@teachershealthtrust.org.



Hormone Therapy: The Pieces of the Puzzle

From a Pharmacist's Perspective

Women's health topics are certainly common in today's popular magazines and TV talk shows. Every day, pharmacists have the opportunity to talk with women who have a broad range of understanding about hormone therapy (HT), from the well informed to the misinformed.

There are many areas or "pieces of the puzzle" to consider when it comes to deciding what is the best approach to managing the symptoms of menopause. So from a pharmacist's perspective, just what are some pieces of the hormone therapy puzzle that every woman should know?

There is not a "one therapy for all" approach to hormone therapy.

When a woman is prescribed Hormone Therapy, her physician must take into account many different things. The age she went through menopause, the symptoms she experiences and her past medical history all play a role in determining appropriate therapy.

Some of the benefits that have been attributed to use of hormone therapy include diminishing night sweats and hot flashes as well as osteoporosis prevention. Nonetheless, there are still many conflicting studies and opinions regarding the benefits and risks of hormone therapy. Quite simply, each woman must be evaluated and treated individually.¹



Consider the various forms of Hormone Therapy.

There are two main forms of hormone therapy available today – local and systemic. When systemic forms of hormone therapy are used, such as oral tablets or skin patches, estrogen is distributed via the bloodstream to all parts of the body. These forms of hormone therapy are most effective in treating vasomotor symptoms of menopause such as hot flashes. When local, or non-systemic forms are used however, only very small amounts of estrogen circulate throughout the body. In women who have only vaginal symptoms, non-systemic forms of hormone therapy (vaginal creams, tablets, rings) may be preferable and potentially safer.²

"Bioidentical" is not better, and may not be safe.

Many women are interested in using "bioidentical hormones" for treatment of their menopausal symptoms. "Bioidentical" generally refers to hormones that are structurally identical to the "natural" hormones made by the ovary. Many women do not realize that there are commercially available, bioidentical hormone therapy products that have been tested and approved by the US Food and Drug Administration (FDA). Conversely, there is no scientific evidence that non-FDA approved bioidentical HT products are safe and effective. Therefore, there is a potentially significant risk associated with the use of custom-compounded bioidentical HT formulations or preparations that are custom-mixed and packaged by a pharmacist based on a physician's

specifications. The purity, dose consistency, safety, and efficacy of these products have not been tested to prove that the active ingredients are absorbed appropriately or provide predictable levels in blood and tissue. In addition, safety information is often not provided when these prescriptions are dispensed.²

Hormone Therapy should be re-evaluated on a regular basis.

Many women remember how they went through a great deal of discomfort while they tried to find the right dose or combination of medications to effectively treat their symptoms. As a result many women remain on the same dose for years. The risks associated with hormone therapy - which include breast cancer, cardiovascular disease, and stroke - can increase with increasing age and duration of hormone therapy use; therefore, it is important that women continue to work with their physician to be certain that the lowest effective dose is used and for the shortest duration of time.²

There are alternatives to hormone therapy.

For those women who are unable to take hormone therapy or prefer not to take hormone therapy, other options are available. Women who experience hot flashes can try wearing light, layered clothing and

using portable fans. Weight loss can help overweight women because an increased body mass index can increase the risk for hot flashes.³ There are non-hormonal prescription alternatives that women may consider for the management of menopausal symptoms. For example, women who are primarily affected by night sweats and sleep disruption may benefit from talking to their physician about short term use of a sleep medication.² The incidence of thyroid disease also increases as women age; therefore,

women should talk to their doctor about having their thyroid checked.

Long story short, hormone therapy has its place in therapy primarily for the alleviation of postmenopausal symptoms like hot flashes and night sweats. Pharmacists can help even the most "savvy" patient on some piece of the "hormone therapy puzzle". Use of the lowest dose for the shortest time frame is considered the foundation of hormone therapy.¹

Want to learn more?

Here are some additional resources that you may find helpful:

North American Menopause Society: www.menopause.org/.

The National Women's Health Information Center: www.womenshealth.gov



MENTAL MUSCLE EXPRESS



Boost your brain power by solving these puzzles. See if you can uncover the meaning in these words, letters, symbols and positions. Each puzzle represents a common word, phrase, expression, person or place.

The example below is "safety."

**SAFE S SAFE
A
F
E**

(1)

JUXMASLY

(2)

**MAN
CAMPUS**

(3)

**E
N
F
O
R
T**

(4)

**W
O
O
R
I
V
E
R
D
S**

(5)

**SALE O
SALE W
SALE N
SALE E
SALE R**

See answers on page 24.

References:

1. Estrogen and progesterone use in postmenopausal women: 2010 position statement of The North American Menopause Society
2. Shifren J, and Schiff I. Role of Hormone Therapy in the Management of Menopause. *Obstet Gynecol* 2010;115:839-55
3. Gold EB, Sternfeld B, Kelsey JL, Brown C, Mouton C, Reame N, et al. Relation of demographic and lifestyle factors to symptoms in a multi-racial/ethnic population of women 40-55 years of age. *Am J Epidemiol* 2000;152:463-73.

Allergic Reactions to Food



General surveys report that as many as 30% of households consider at least one family member to have a food allergy.

A recent report from the Centers for Disease Control and Prevention (CDC) indicated an 18% rise in food allergy among children in the past decade with most implicating a rise in peanut allergy as the cause. Any food protein can trigger an allergic response, and allergic reactions to a large number of foods have been documented; however, only a small group of foods account for most of these reactions. Eggs, milk, peanuts, soy, fish, shellfish, tree nuts and wheat are the foods most often implicated in allergic reactions that have confirmed in well-controlled blinded food challenges. Sesame appears to be an emerging allergen. Allergic reactions to non-protein food additives are uncommon such as fruits and vegetables.

Severe anaphylactic reactions, including death can occur following the ingestion of food. Frequently observed symptoms include itching and swelling of the mouth and throat, problems breathing including wheezing, as well as nausea, vomiting, diarrhea, flushing and hives. Fatalities result from severe swelling of the throat, irreversible closing of the airway or unresponsive reduction in blood pressure.

Risk factors for fatal food-induced anaphylaxis include:

1. The presence of asthma, especially if poorly controlled;
2. Previous episodes of anaphylaxis with the incriminated food;
3. A failure to recognize early symptoms of anaphylaxis; and
4. A delay or lack of immediate use of epinephrine to treat the allergic reaction.



Teenagers and young adults appear to be over represented in registries of food allergy fatalities and present a special risk group.

Testing for food allergies can be done by laboratory studies or skin testing. Results from these tests support but do not confirm the diagnosis of food allergy, likewise, normal values do not exclude diagnosis. Other tests such as a Diet Diary consist of keeping a chronological record of all foods eaten and any associated adverse symptoms. The Elimination Diet is used for diagnosis as well as treatment purposes. When used as a diagnostic tool, the elimination diet requires complete avoidance of suspected foods or groups of foods for a given time period (usually 7-14 days) while monitoring for an associated decrease in symptoms. The trial elimination diet may be most useful to evaluate chronic symptoms. When the elimination diet is used as treatment, identified food allergens are removed from the diet indefinitely unless evidence exists that the food allergen has resolved.

Restriction and complete avoidance of the relevant food allergen is the only current effective therapy. Once a food allergy is diagnosed, strict elimination of the offending food allergen from the diet and avoidance of any contact with the food by ingestion, skin contact, inhalation, or injection is necessary. Recognize the early signs and symptoms of an allergic reaction. Keep

in mind that skin, gastrointestinal, and respiratory symptoms are the most common clinical manifestations of food allergy. Patients should always carry an epinephrine self-injectable device that has been properly stored and is current (ie, not expired).

Consultation with an allergist should be considered when food allergy is suspected or confirmed. Consultation with a nutritionist or nutrition service is invaluable in the overall management. The elimination diet can be reviewed and appropriate substitutions can be recommended. Dietary deficiencies can be anticipated and prevented. US labeling laws now require major allergens (ie, egg, milk, wheat, soy, peanut, tree nuts, fish, crustacean shellfish) to be identified as ingredients on manufactured food products using plain English terms.

Education is of paramount importance for patients with food allergies. Patients can obtain useful resource information by contacting the Food Allergy and Anaphylaxis Network (Toll-Free 800-929-4040) or go on line to www.foodallergy.org. Be sure to provide a written emergency treatment plan for the patient. Have copies of this plan available in appropriate places (eg, day care, schools, work locations, college dormitory advisors). Patients with food allergies should be advised to obtain and wear medical identification jewelry indicating their food allergies. In general, most infants and young children outgrow or become clinically tolerant of their food hypersensitivities, and continue to lose their allergy into adolescent years. Strict avoidance of allergen is generally required to prevent allergic reactions, whether strict avoidance or accidental exposures alters the natural course of food allergy remains unclear.

Scott Manthei, D.O., F.O.C.O.O.
Medical Director, Nevada Eye & Ear
Department of Oto-laryngic Allergy

Naming Life Insurance Beneficiaries

Frequently Asked Questions

The primary purpose of life insurance is to provide financial support to a beneficiary when he or she needs it most – at the loss of a loved one. Therefore, it is very important your beneficiary designations be kept up to date. The following are a few instances when you should consider changing beneficiary designation(s) on your life insurance policy:

- When you get married.
- When you have or adopt a child.
- When you get divorced.
- When a spouse or loved one passes away.

1. **What does “Primary Beneficiary” mean?** The primary beneficiary is the person or persons the insured names to receive the life insurance proceeds upon his or her death.
2. **What does “Contingent Beneficiary” mean?** The contingent beneficiary is the person or persons the insured names to receive the life insurance proceeds in the event the primary beneficiary passes away before, or at the same time as, the insured.
3. **What if I am married, live in a Community Property state and want to name someone other than my spouse as primary beneficiary?** (Community Property states: CA, NV, AZ, ID, LA, NM, TX, WA, and WI.) Community Property states may require spousal consent if the spouse is not named as the primary beneficiary. Typically, the spouse must sign the beneficiary designation form indicating he or she agrees to not be named as primary beneficiary. Carriers often ask that this form be notarized.
4. **Can minor children be named as beneficiaries?** Naming minor children as beneficiaries is not recommended. Generally, insurance companies will not pay death benefits directly to minors. The benefits would likely be held until a court-approved guardian is named, which can take several months and usually requires hiring a lawyer. However, you may consider naming a trustee of a trust for a minor as beneficiary to help ensure competent management of the proceeds. By naming a trustee of a children’s trust as beneficiary the proceeds would be managed by the trustee (person or institution) you choose.
5. **Can the insured name his or her estate as beneficiary?** Naming an estate as beneficiary is sometimes done to help pay estate taxes and other estate settlement costs. After taxes and settlement costs, any remaining proceeds are then distributed to heirs according to the terms of your will. If you don’t have a will, state laws dictate distribution of life insurance proceeds. The disadvantage of naming an estate as the beneficiary is the life insurance proceeds may increase the amount of estate taxes payable and may be subject to probate costs and creditor claims. (Note: When no beneficiary is named, proceeds are generally paid to the estate automatically unless otherwise provided in the insurance policy.)
6. **Can a will be named as the beneficiary?** If a will is named as the beneficiary, the will needs to specifically state the carrier’s named group life policy and how proceeds should be distributed. This is not advisable as your employer may switch group life carriers from time to time. A will also may need to go through probate prior to being validated.
7. **Can an irrevocable trust be named as beneficiary?** When an irrevocable trust is the named beneficiary, proceeds are paid into the trust rather than your estate. If all applicable estate tax rules are met, this can result in significant estate tax savings for larger estates since the proceeds are not included in the taxable estate. Plus, when you establish the trust, you determine how proceeds are to be used. The disadvantage is that you surrender control over the trust and the policy, including the right to change the beneficiary. Since the trust is irrevocable, once established it cannot be altered.
8. **Can you name your employer as the beneficiary?** Most states do not allow an employee to name their employer as the beneficiary of group life insurance proceeds.
9. **Are group term life insurance proceeds taxable?** Group life insurance proceeds are generally not taxable to the recipient, regardless of the amount.

Additional information on naming beneficiaries:

- Be aware the decisions you make will have consequences. When naming your life insurance beneficiaries remember to: Be as clear and specific as possible to avoid ambiguity and potential conflicts.
- Review and, if necessary, revise your choices regularly; especially at times in your life when circumstances change such as marriage, childbirth, divorce, career change, economic change, etc.
- Talk to your attorney and/or tax advisor to discuss the consequences of your decisions.

For additional information or to speak with a representative: Visit Lincoln National Life Insurance Company at www.LFG.com or call (800) 423-2765.

2011 Teachers Health Trust
Diabetes Fair
 brought to you by the
Teachers Health Trust and Valley Health Systems
Saturday, April 30, 2011, 10:00 a.m. - 12:00 p.m.
Spring Valley Hospital
5400 South Rainbow Blvd., Las Vegas, NV 89118
RSVP at www.teachershealthtrust.org beginning Monday, April 4.

2011 Diabetes Fair

The Teachers Health Trust is proud to announce our partnership with Valley Health Systems continues in 2011. Together, we will once again be hosting a diabetic health fair this spring. The 2011 Diabetes Fair will be held at Spring Valley Hospital on April 30, 2011 from 10:00 a.m. - 12:00 p.m.

Join us at this year's fair to visit with a wide array of organizations that are dedicated to helping Trust participants to better understand how they can live a long and healthy life with diabetes. In addition, numerous vendors will be on hand to demonstrate services and products targeted at improving the lives of individuals with diabetes and their families.

If you would like to join us for this important event, be sure to visit www.teachershealthtrust.org to complete an online RSVP beginning Monday, April 4, 2011. RSVP is mandatory for family and friends as well.

Lifestyle Decisions

The Teachers Health Trust encourages all participants diagnosed with diabetes to join the Trust's free program, *Lifestyle Decisions*[®], a disease management program focused on helping you learn to self-manage your condition through a variety of educational resources.

Lifestyle Decisions[®] allows you to partake in a variety of different health activities and offers valuable information and resources for learning more about chronic conditions. Through the program, you can learn how to live a healthy lifestyle and manage your condition effectively.

To join, visit the Wellness page at www.teachershealthtrust.org and select *Lifestyle Decisions*[®]. You will then be able to access diabetes-specific articles, links, tips and free educational seminars provided by a variety of specialists who are all part of the Trust Network.

Being diagnosed with a chronic condition is a difficult and life-changing event. The Trust would like to help ease the difficulty by arming you with as much knowledge as possible regarding your condition. *Lifestyle Decisions*[®] is focused on helping you make the right decisions according to your specific needs. For more information or to schedule an appointment to obtain your free glucose meter, contact Mary M. White, Health Programs Coordinator, at 702-866-6162 or via e-mail at wellness@teachershealthtrust.org.

For Your Benefit

The Teachers Health Trust offers a variety of benefits designed to aid participants and their eligible dependents diagnosed with diabetes to effectively manage their health. The following are just a few benefits to assist you. Be sure to review your complete Plan Document at www.teachershealthtrust.org to learn more about the many benefits available to you and your family.

Diabetic Education Classes

Participants on either the DIAMOND or PLATINUM medical plans are entitled to Diabetic Education through any In-Network Diabetic Educator as specified by the Trust. Contact the Trust Service Team for a list of Diabetic Educators within the Trust Network. Educational classes are not limited by the Preventive/Routine Care Maximums. No prior authorization is required.

Diabetic Education Classes (In-Network Providers)	DIAMOND Plan	PLATINUM Plan
Prior Authorization	Not Required	Not Required
AMOUNT YOU PAY	\$0 per visit	\$0 per visit

Nutritional Consultations

Participants on either the DIAMOND or PLATINUM medical plans are entitled to six (6) outpatient visits per Calendar Year for Nutritional Consultations with an In-Network Registered Dietician. This benefit is not limited by diagnosis or Preventive/Routine Care Maximums. No prior authorization is required.

Nutritional Consultations (In-Network Providers)	DIAMOND Plan	PLATINUM Plan
Prior Authorization	Not Required	Not Required
AMOUNT YOU PAY	\$20 per visit	\$30 per visit

Diagnostic Testing	DIAMOND Plan	PLATINUM Plan
Prior Authorization	Not Required	Not Required
AMOUNT YOU PAY	\$10	\$20 per visit

Watch out! If you use an Out-of-Network Dietician or Diabetic Educator, you are subject to the Out-of-Network deductible and payment will be limited to the In-Network rates. Nutritional counseling is a covered benefit under the plan only when a registered dietician provides the services. Services provided by a nutritionist are not a covered benefit under the plan.



YOU MUST FILE A REPORT ON ALL INJURIES AND/OR ILLNESSES INCURRED AT WORK WITHIN SEVEN DAYS!

Claims resulting from work-related injuries must be filed through your Workers' Compensation carrier, not the Teachers Health Trust. This includes, but is not limited to, coaching injuries, environmental illnesses, etc.

If you are injured on the job, the Clark County School District (CCSD) and the State of Nevada require that you submit a written Notice of Injury or Occupational Disease (Form C-1) within seven (7) days of the incident.

If a timely-filed claim and all permissible appeals (including court reviews) are denied as not being work-related, the Trust will review your claims for payment. The Trust will not consider claims if Workers' Compensation denied them because you failed to file your claims in a timely manner.

Regardless of the severity or type, any injury or illness sustained on the job should be submitted to Workers' Compensation. Notify your administrator immediately and then call the School District's Risk Management office at 702-799-2967.



Teachers Health Trust Seminar Series presents **Hope, Cope and Healing**

Monday, March 28, 2011 - 5:00 - 6:30 p.m.

Teachers Health Trust, Sedway Room

2950 E. Rochelle Ave., Las Vegas, NV 89121

The Trust would like to invite all our participants and eligible dependents to join us for the Hope, Cope and Healing seminar on Monday, March 28, 2011.

This seminar will be conducted at the Teachers Health Trust by the Human Behavior Institute and shall focus on understanding, managing and recovering from depression and stress.

RSVP is mandatory for all participants and their dependents. Be sure to visit the Trust online at www.teachershealthtrust.org to RSVP beginning March 14.

Important Changes and Updates to the S.T.O.P. Medical Weight Management Program

Effective May 1, 2011

There will be an annual maximum benefit of \$600 per eligible participant. In order to participate in the S.T.O.P. program, your **Body Mass Index (BMI) must be assessed at 25 or higher** by a physician.

There will be a \$20 co-pay for each weight loss medication.

Those participants who are currently enrolled in the S.T.O.P. program will be grandfathered into the program. The \$600 annual maximum will begin accumulating on or after May 1, 2011.

The Trust will be enforcing the plan exclusion of nutritional supplementations. Please remember that these are not included as covered expenses of the S.T.O.P. Program. An example of excluded items include any over the counter or injectable vitamins and/or minerals as well as those infused by a physician.

The Trust strongly advises all program participants notify their primary care physician(s) of their participation in the S.T.O.P. program. Prior to implementing any cardiovascular or dietary weight loss program, it is advised that you notify your primary care physician and/or OB Gynecologist.



H.E.R.O.S. Healthy Employees Representing Our Schools

Wayne & Mara Whitmore



Durango High School

As we roll into the closing days of the WellFit for Life and Best Weigh to Go programs, many of you have seen the ups and downs inherent to adopting and/or maintaining a healthy lifestyle. In all likelihood, many have found that the easiest way to attack the challenges and obstacles is with the aid and support of colleagues, friends and family. Time and again, the Trust finds this to be the case as well, which is why this issue's H.E.R.O.S. segment focuses on a couple in the CCSD who are conquering their health and fitness as a team!

Wayne and Mara Whitmore of Durango High School have been aggressively taking on the challenge of weight loss for the past few years. Their current trek towards a healthier lifestyle began not too long ago when Wayne paid a visit to his doctor. During this visit, he was diagnosed with diabetes and warned that he needed to address his weight immediately. According to Wayne, "I realized we were overweight and out of shape and that we had to do something!"

Wayne returned home to find that his wife of 25 years, Mara, was ready to

join him in the endeavor. For Mara, the call to arms was immediate and urgent. Years before, Mara lost her first husband to a heart attack and was afraid that history might be repeating itself. As Mara puts it, with a genuine humor that one quickly notices easily expressed within this couple, "I had been with this one too long and decided that I gotta keep him around for a while."

Thus began the manner in which the Whitmore's journey towards a healthy lifestyle took shape. They candidly admit, though, that the beginning was rocky. Early on, they employed various methods that yielded little or no positive results. After failed attempts with low-carb diets, home fitness equipment and DVD aerobic programs,

the couple found a fitness and diet regimen that fit their needs and lifestyles. They began the Weight Watchers program to address their dietary needs and coupled it with a more practical approach to exercise, including biking to and from work. Each person and team is different, but for the Whitmore's, this appears to be the winning combination. To date, Wayne and Mara have lost 110 and 40 pounds, respectively.

**(A)s we learned, just don't give up.
You just have to find what works for you.**

Mara Whitmore

Another component of their continued success is found in the support group that has developed at work. Having seen their progress, they have received encouragement as well as been sought out for advice from both colleagues and students. They point out that they had never noticed how many of their peers were in the same predicament until they

were actively trying to improve their health. Since then, they have found that the encouragement as well as the ability to assist others with their own challenges has helped to keep them motivated.

Of course, the other key aspect of staying motivated is rooted in the goals and objectives they have established. As far as goals go, the Whitmore's have set one of epic proportions. In addition to the remaining goal of losing weight (Wayne states he has 90 to go) and the always motivating preparation to be swimsuit-ready, the duo are training together so that Wayne can take on the challenge of cycling from Las Vegas to Roswell, New Mexico. They are currently planning to undertake the journey during the summer of 2012.

You might wonder what words of wisdom they would impart upon others who are facing obstacles and setbacks while attempting to tackle weight issues. For Mara, it was simply to note that "as we learned, just don't give up. You just have to find what works for you." Wayne would remind everyone to maintain their humor about their trials and setbacks because "if you can't laugh at yourself or the world around you, you will be a miserable human being." He also stresses how incredible you will feel once you begin to lose the weight.

The Trust is happy to see two of our teachers working so hard towards the goal of living healthier, happier lives and we promise to update you when the trek to New Mexico begins. In the meantime, we wish them luck as they continue their journey and hope that their story will motivate others to do the same.

*Philip A. DiGiacomo, Contributor
Teachers Health Trust*

H.E.R.O.S. highlights outstanding CCSD-licensed employees or employee groups who have achieved excellence by being healthy educators. Healthy educator(s) can be a person or group who has won a competition; led a non-profit local or national health organization; developed a healthy policy, curriculum, program or wellness initiative at a worksite or in the community; achieved a drug-free nutrition or weight loss goal with before-and-after results; or made health-related strides in spite of a health condition. To nominate a licensed employee or group for H.E.R.O.S., contact Brenda Kelley at bkelly@teachershealthtrust.org.

Health Traxx: Spring 2011

Content Sources

Vision for Food: Eat Healthy, Submitted by Vision Service Plan

2010 Trust Financial Report, Submitted by Kafoury, Armstrong and Company

Standard Deliveries vs. Cesarean Section, by Jerry Reeves, M.D. of Principal, Health Innovations LLC

Hormone Therapy: The Pieces of the Puzzle, Submitted by Medco Health Solutions

1. Estrogen and progesterone use in postmenopausal women: 2010 position statement of The North American Menopause Society
2. Shifren J, and Schiff I. Role of Hormone Therapy in the Management of Menopause. *Obstet Gynecol* 2010;115:839–55
3. Gold EB, Sternfeld B, Kelsey JL, Brown C, Mouton C, Reame N, et al. Relation of demographic and lifestyle factors to symptoms in a multi-racial/ethnic population of women 40–55 years of age. *Am J Epidemiol* 2000;152:463–73.

Allergic Reactions to Food, by Scott Manthei, D.O., F.O.C.O.O. Medical Director, Nevada Eye & Ear

Naming Life Insurance Beneficiaries: Frequently Asked Questions, Submitted by Lincoln National Life Insurance Co.

H.E.R.O.S.: Wayne and Mara Whitmore, by Philip DiGiacomo

1. Mara and Wayne Whitmore (Personal Interview conducted March 1, 2011).
2. Image courtesy of Wayne Whitmore

MENTAL MUSCLE ANSWERS
 1. Christmas in July 2. Big man on campus
 3. Wheel of Fortune 4. Over the river and through
 the woods 5. For sale by owner

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