



How to Communicate Better With Your Health Care Provider

As an individual with a disability, you may have a harder time accessing health care than your non-disabled peers. The following tips will help you build a positive partnership with your health care provider and promote your health.

Know your health: Get regular check-ups when you are healthy because preventive health care greatly increases your chances of staying healthy. Monitor your own health and visit your provider when you know something is not normal for you.

Get referrals: When choosing a health care provider, ask for referrals from friends, disability agencies, and family support groups to learn which providers adequately address the needs of individuals with certain disabilities.

Ask questions: When choosing a new health care provider or when you have concerns regarding an upcoming exam, consider scheduling a pre-appointment or phone call to ask questions and help put yourself at ease. This appointment may not be covered by your health care insurance and you may have to pay for it yourself.

Check accessibility: When you schedule your medical appointment, ask about physical accessibility. Ask about accessible parking and what you should do if all these parking spaces are filled. Ask if the examining room and bathroom are wheelchair accessible. You may want to ask if you can bring your own urine sample if one is needed.

Think through concerns: Always think through what you want to discuss with your provider before you meet with him or her. Create a list of your concerns and take it with you to your appointment.

Take health records: Be knowledgeable about your specific health conditions. Keep complete, thorough records of your medical history so that you can help educate your provider. Take these records with you to your appointments.

Know your health plan: Be knowledgeable about your specific health care insurance plan and what it will and will not pay for.

Take a friend: Consider bringing a friend or caregiver with you to the examining room. This person can listen, help take notes, ask questions, or just make you feel more comfortable. If necessary, remind your health care provider to speak to you rather than your friend. You may want to ask your companion to leave the room for a few minutes if you have something private to discuss with your health care provider.

Write down info: Take notes during your health care visit, if this will help you to remember details. At the end of the visit, check and make sure you correctly understood your provider's information and recommendations.



Going to the Doctor

Getting the most out of health care services requires you to be an active and vocal consumer. If you feel intimidated, uncomfortable, or forget to ask questions when you visit a provider, you are not alone. Visiting a provider can be highly stressful. Being prepared and having faith in your life experience and common sense will help you avoid feeling intimidated by places and providers who may appear cold and distant.

Expect that providers will not know everything they need to about your condition or disability. The information explosion in health care makes it difficult to keep current. Providers cannot be experts on everything. Plus, the fact that your condition or disability often represents a small percentage of a provider's practice means it is important that you educate yourself and then your providers. Be informed about the health conditions that are of most concern to you. This helps you participate as a partner in your health care. It will also improve the quality of your decision-making.

Anticipate that some health care providers may not be free of the common negative stereotypes of disability. Unfortunately, people working in medical settings may reinforce these stereotypes because they are exposed to only people with disabilities who are indeed sick. Medical students report that little is taught about disability during their four years in medical school.

Consider taking an advocate/friend who can listen, take notes and help ask questions. This is especially important if you tend to forget your questions, freeze, or become less effective as a self-advocate when dealing with health issues. If you take an advocate or friend:

Choose a support person who has the skill to think objectively, is able to listen and remember accurately, and who can offer you emotional support.

Ask her or him to be there for you and assist you but not take over.

During an appointment, take notes on important information. At the end of a visit, always check your understanding by briefly repeating what you heard the provider say. Consider taking a tape recorder if you don't want to worry about taking notes.

Ask open-ended questions. Avoid leading questions. Leading questions can force providers to give the answer you want even if it's not true.

Leading question: "I'm going to be OK, aren't I?"

Open-ended questions:

"What are the chances of my recovery?"

"What is the outlook?"

"What are the implications of the treatment?"

Never be afraid to say, "I'm having trouble understanding. Could you describe the problem in plain terms?" Don't pretend you understand if you don't.

Sometimes what you hear may surprise, shock, or upset you. Don't hesitate to ask for more time to make a decision that could affect your life. Ask if delaying your decision will affect the outcome of your treatment. Speaking up is the most powerful tool you have for protecting yourself, and protecting how you want to live your life.



People often hesitate to get a second opinion. It's your health; get one if you think you need one, particularly if:

- You feel uncomfortable with your provider or the treatment recommendations.
- You feel what you are being told doesn't make sense or isn't right for you.
- You are concerned about a procedure (especially a surgical one).
- Your provider isn't sure or doesn't seem to know what the appropriate course of action should be.
- You are dealing with a life-threatening condition or risk of increased disability.

When the second opinion differs from the first, you may feel justifiably confused and decide you want a third opinion. Get one or use a trusted provider to review the differing recommendations.

When you visit any specialist, make sure the physician goes over all your options and answers all your questions to your satisfaction. Since it may be difficult for you to sort these issues out alone, having a primary care provider can be beneficial.

If your care is not coordinated through a primary care provider, it may be more difficult to sort out recommendations that are given to you by specialists about complex medical problems.

An additional consideration is that the advice and opinions people with disabilities get for everyday conditions are often not put through a disability filter. For example, at times the provider may attribute a symptom to your disability when the two are unrelated. Conversely, a symptom that may in fact be an early warning sign for another condition could be a typical characteristic of your disability.

Selecting a provider

You can increase your chances for quality care by establishing a long-term relationship. In fact, research confirms that people who are more active in their relationships with their physician have more positive results. As providers get to know you, they're able to see you as an individual rather than a textbook or theoretical case.

Talk to your friends, especially those who have disabilities similar to your own, to see if they are familiar with any of the physicians that participate in your health plan. Call the offices of different practitioners about the types of patients they see. This will help you pick a primary care provider that will have at least some familiarity with disability-related issues.

Providers practicing in rehabilitation settings tend to have a stronger knowledge base related to health needs of people with disabilities; therefore, they may be a good source for recommendations on the selection of a primary care provider. They often know providers who offer primary health care for people with disabilities. Primary care providers can coordinate the referrals to sub-specialists who may be able to address your more complex problems.

Experienced primary care providers are usually familiar with specialists from many different disciplines and they have knowledge regarding the competence and expertise of such physicians. This awareness comes from having referred patients to these specialists on previous occasions and from having evaluated the quality of their consultations.

The experience and familiarity of the primary care provider with various experts will help to lessen concerns you might have about biased or inappropriate recommendations. Recommendations are usually



sent to the primary care provider for review. If the recommendations do not seem appropriate to you and your primary care provider, get further advice and consultation.

Being a savvy health consumer does take time and planning. Follow some of these visit strategies and remember - you have the right and responsibility to ask: Why? Why not? What? How? When?

Editor's note: June Isaacson Kailes, contributor for this article is a disability policy consultant based in Playa del Rey, Los Angeles, CA. Material for these articles was excerpted from her book, [Be a Savvy Health Care Consumer: Your Life May Depend On It](#). To learn more about her other publications or to order this book, visit <http://www.jik.com>.



Making the Most of Your 15 Minutes

According to the American Society of Internal Medicine, 70 percent of a correct diagnosis depends solely on what the patient tells the provider. Giving providers as much information as possible about your health can help them make faster, more accurate decisions about your conditions and treatment.

If providers don't ask, tell them things about your disability they should know. Give them relevant information about how your disability affects your health care. If you prefer that certain information not go beyond your provider, request that it not be written down. Once information becomes a part of your medical records, it may become available to insurance companies and others.

A provider has limited time. Become an effective self-reporter. For example:

Poor report: "I have a pain that bothers me sometimes; what do you think it is?"

Better report: "I get a stabbing pain on the left side of my right knee when I walk fast. What do you think that means?"

Connecting your providers with one another is also important so they can easily communicate with one another when necessary. Good communication may help you get the best possible advice and treatment. Maximize your 15 minutes

Seventy-five percent of all office visits last less than 15 minutes. How to get the most out of yours:

Provide good information.

Ask for an appointment when the provider is less likely to be rushed.

Be clear about your priorities and what you want to discuss by creating a questions-and-concerns list, placing the most important topics first.

Mail, fax or email a copy of the questions-and-concerns list to the provider before the visit or give a copy to the receptionist when you arrive.

Keep your own records.

Keep your own records

Get and read your medical records to help you become a more involved and informed health care consumer, more attentive to your health, and more in control of your own care.

Providers and facilities are permitted to and often charge you for copies of your records. The cost can be well worth it. If you have had long hospitalizations or are aware that your medical records could fill volumes, then consider asking only for summaries.

Keep complete and thorough records of your health history, the onset of conditions and/or disability, surgeries, etc. in your medical records file. Give copies to a new or potentially under-informed provider, or present summaries of the following information when visiting new providers:

Information on medications, including nutritional supplements, vitamins, herbs and minerals. If you take medication that cannot be interrupted without serious consequences, make sure this is stated clearly and include: prescriptions, dosages, times taken when first prescribed and how long you have been on the drug.

Surgeries, including dates

Allergies and sensitivities

Record of tests and shots with results or reports; include dates

Your personal baseline for existing conditions, such as headaches, abdominal pain, patterns for bowel and bladder function and the like - Track changes

Once you have organized your information, consider storing a copy with a trusted friend or in a safe deposit box.



By June Isaacson Kailes, Disability Policy Consultant

Material from this article was excerpted from her book, Be a Savvy Health Care Consumer: Your Life May Depend On It. To learn more about her other publications or to order this book visit <http://www.jik.com>



Insurance: Do You Know What You Need to Know?

People with disabilities often have health care needs that vary in type and intensity over time. The challenge for you, as a consumer, is to find a health care plan that best meets your needs. This requires understanding how the health insurance that you choose will work for you and your family members.

Medicare, Medicaid, Worker's Comp, an HMO, PPO, or traditional health plans all come with a policy. Some plans are traditional fee-for-service programs with few restrictions on choice of doctors, while some are preferred provider organizations (PPOs) that require the equipment or treatment to come from specified providers. Others are health maintenance organizations (HMOs) that restrict your choice of providers.

With the various insurance plans, some rules you're likely to encounter may include:

Required letters of medical necessity

Required pre-approval, exclusion of certain equipment

Yearly deductibles (the amount of money you have to pay before insurance will cover costs)

Limits on care provided out-of-state

It's important to know the rules ahead of time in order to choose the best plan for you. And as one savvy consumer put it, "Don't expect Cadillac coverage from a Chevy policy." Do your homework and know what your policy covers.

One claims representative emphasized that policies have rules. "We don't buy sports chairs; we don't buy multiple chairs; we don't buy hearing aides; we don't buy vans; we're not liable for quality of life things. Our guidelines clearly state that equipment must address functional capacity and activity of daily living."

When choosing a health insurance plan, consider the following questions:

Are pre-existing conditions covered?

Do I need to choose a primary provider to coordinate my care, or can I obtain care from any provider?

How will the health plan treat my health condition? What are the plan's clinical protocols regarding the treatment of my particular condition?

Can I go outside of the health plan network to seek care from a non-network provider?

Will I have to pay a co-payment or deductible for visits to my provider? For tests? How much?

Will the plan pay for the prescription drugs I need?

If I need care in a hospital, which one does the plan use? How much of the cost is covered?

Can I see a specialist when needed? How do I do that?

Does the plan cover allied services like therapies?

Does the plan cover medical equipment, medical supplies, orthotics, prosthetics and assistive technology?

If I have a problem with the plan, what is the process for handling my complaint?

To get more information about selecting a health plan:

Talk to others with a similar disability or health condition for advice.

Check the NC Institute of Medicine web site at <http://www.nciom.org/hmoconguide/backh.html>

Call the NC Department of Insurance at 800-622-7777 or 800-546-5664.

Appeal denials

Richard Holicky, writing in the March 2000 issue of *New Mobility*, said, "Medical insurance, regardless of who provides it, can be a source of stress. Most of us have been there, trying to deal with the logic of being denied a shower/commode chair because it's not 'medically necessary.' It's a jungle out there, and what once was the domain of medically trained and knowledgeable personnel is now the dominion of bean counters entrusted with cost containment."



Annette Lauber with the NC Assistive Technology Program offered these survival tips:

Policies are different. Know your policy, its limits, inclusion, and exclusions. Make sure you know if you have a fee-for-service or HMO plan.

Justify and document the medical necessity of all requests.

Be polite and businesslike, and don't take denials personally. If your claim is denied, find out why it was denied; then appeal it. Include letters of medical necessity from your provider. It is not unlikely for things out of the ordinary to be denied after the first claim. Refer to your insurance benefits materials which will outline the appeal process. Many decision-makers are far more focused on dollars and cents and medical necessity than on active living or quality of life. That replacement chair or backup ventilator that's a top priority to you may seem like a frivolous convenience to a case manager holding the bottom line.

"Form letters just don't work anymore," according to a hospital counselor who advocates for patients. What gets funded is dependent on the wording of the policy and the wording of the requests. People are usually more successful if they use medical terms to justify their requests. When "getting out of bed" becomes "skilled transfer or posture positioning," when a " bowel program" becomes "administering of medications (suppositories)," when "bathing" becomes "monitoring for skin integrity," case managers tend to be more receptive, the counselor said.

Another valuable tactic is to point out the long-term prevention aspects of both care and equipment. For example, explain the cost of skin-flap surgery when requesting a replacement cushion. Work with your provider to write a letter of medical necessity for what you need.

Once you understand that a denial is simply a business transaction, you won't let it discourage you. Keep a key statistic in mind: 70% of denials are never appealed. And it's likely for things out of the ordinary to be denied after the first claim.

No matter who you talk to, one piece of advice always comes through loud and clear: always appeal denials. And if you feel you're on sound footing, don't stop with simple appeals to the insurance company. You have other options. Write letters; make phone calls; put your tax dollars, public employees, and elected representatives to work. Write your state insurance commissioner. Exhaust all avenues.

Say it with me: "Always appeal denials."

This article includes excerpts from NC Institute of Medicine web site, "Questions to Ask Your Plan: People with Special Health Needs <<http://www.nciom.org/hmoconguide/backh.html>> and "Insurance Tips" from New Mobility magazine, March 2000, by Richard Holicky, health counselor and free lance writer.



The Better Body: Eating for health

In trying to stay as healthy as possible, it is easy to fall for gimmicks, promises and false claims. Diet powders and supplements, liquid meals and mega-vitamins are not what healthful eating is all about.

Healthful eating is not hard; it's a matter of choice. So, how do we get started? The first step is to become an educated consumer. This means knowing how to use the Food Guide Pyramid, how to read product labels to determine -what to buy, and how to avoid fat traps at home and when eating out. Educated consumers also know that "diet" is not a dirty word. It simply refers to the pattern of food choices that people make.

Eating healthy foods isn't just about changing your diet—it's about changing your lifestyle. It's changing your focus to improving your overall health. What we eat has been connected to many diseases, including cancer and heart disease. And for persons with disabilities, eating well can help reduce or prevent chronic diseases that all people are at risk for as well as complications of disability.

A healthy diet

One very good pattern that we can follow for health is the Food Guide Pyramid. The Food Pyramid reflects current thinking about a healthy diet, one with fewer fatty foods and more vegetables and fruits. For each food group, a range of servings is recommended. Most women, children, and some older adults need the lowest number of servings shown for each food group. Teen girls, active women and most men need servings somewhere in the middle of those shown. Teen boys, active men and very active women need the highest number of servings shown.

Eating the suggested number of servings in each group will provide the right amount of protein, starches, and fats and will provide a healthy balance to the diet. It can also ensure that you get the nutrients you need daily and can help you control your weight. A good rule of thumb is to eat five servings of fruits or vegetables daily. Remember: Five a Day, The Easy Way.

Try three meals and two snacks a day. Studies show that the body handles food better when it comes in smaller, regular amounts than in one or two huge meals. Most people should try to make dinner a lighter meal because they don't need as many calories for energy in the evening. You might consider eating four to six small meals during the day.

A disability may result in special dietary needs as well. The nature of the disability can affect the number of calories a person needs in his or her diet. Persons with disabilities that increase muscle activity and/or muscle tone may need more calories to maintain healthy weight. Persons with disabilities that decrease muscle activity and/or lower muscle tone may need fewer than average. One way to tell your calorie needs is to look at your weight. If you are underweight, you might need more calories; if you are overweight, you might need fewer calories.

A guide to daily food choices

The Food Guide Pyramid helps you eat better every day. Start with 6-11 servings of breads, cereals, rice, and pasta. Add 3-5 servings of vegetables and 2-4 servings of fruits. Add 2-3 servings from the milk group and 2-3 servings from the meat group. Each food group provides some, but not all, of the nutrients you need. No one food group is more important than another; for good health you need them all. The pyramid was designed by the U.S. Department of Agriculture.

Are you label conscious?



The healthiest diets use more fresh foods than packaged foods. But the convenience and ease of preparation of packaged foods is often a boon for the busy individual and even more so for the individual with a disability. When you understand what you're getting, you can be sure of making the best choices.

Food labeling has improved in recent years. Certain information such as total calories, total fat, protein and carbohydrate is required on the nutrient label. The percent of daily values must also be included so that the numbers associated with each nutrient are not misleading. For example, if a food item has 140 mg of sodium, that may sound high. But that is actually only six percent of the daily recommended amount (2400 mg of sodium).

Another good source of information about packaged foods is the list of ingredients. Ingredients are always listed in order of prominence by weight. So check what you're paying for. Do you really want the packaged product whose first ingredient is food starch, sugar or salt?

Some other terms on packages that can be confusing are words like "reduced," "light," "less" and "low." The Food and Drug Administration has specific definitions for each of these.

"Reduced," "less" and "light" are used when comparing a nutritionally altered product to a regular product. For example, you can have reduced-fat potato chips when compared to regular potato chips. The term "low" can be used on any product that can be eaten frequently without exceeding dietary guidelines for one or more of the following components: fat, saturated fat, cholesterol, sodium and calories. While it's often a good choice to choose "low" or "reduced" foods, the benefits will diminish if you double the portion size.

Tips for a healthy diet

"Even in today's world of convenience foods, fast foods and dining out, it's possible to choose foods that fit into your healthy diet," says Casey Czaplinski, registered dietician. She advises:

Keep healthful snack foods like graham crackers, pretzels, fruit, carrot sticks, and pudding on hand.

Limit foods that you can't resist. Instead of baking a batch of cookies that you'll overindulge on, treat yourself to a fresh bakery cookie every so often.

Separate eating from other activities. Don't graze while doing other things like watching TV or reading a book.

Plan your meals and snacks. If there are times when you're likely to overeat, plan an activity for those times.

Before going to parties, eat a light, healthy snack and drink plenty of water. At the party, select vegetables and fruits, and limit cheeses, nuts, and sausages. Socialize away from the snack table.

Choose entrees that are prepared without gravy, glazes, breading, cream sauce or au gratin.

Look for items that have been baked, steamed, roasted or charbroiled. Entrees served in marinara or tomato sauce are also good choices.

Choose meats and vegetables that have not been fried. Ask for a baked potato instead of french fries.

Watch out for those fat-laden salad dressings. Regular salad dressing is the source of most of the fat in the diets of many women. Order fat-free dressing, or have your dressing served on the side and use sparingly.

Choose fruit for dessert.

You may want to order a la carte instead of a multi-course dinner to keep amounts of food smaller.

Following these tips, however, doesn't mean you have to give up your favorite foods. Just remember to eat them in moderation. Have smaller servings, or choose them less often. And if you choose to splurge every once and a while, enjoy! When you build your diet on the Food Pyramid, an occasional indulgence is not a problem.

A nutritious, healthy diet promotes health and can help prevent diseases like osteoporosis, heart disease and cancer for all people.



Building bones

Everyone needs strong bones to prevent osteoporosis. Key bone-builders include diet, exercise and hormones. For persons who can't do weight-bearing exercise and for those on certain medications, diet is doubly important to prevent osteoporosis. Diets rich in calcium and vitamin D help build bone mass and slow bone loss that occurs with aging. Dairy foods have the highest amounts of calcium. Lower-fat dairy foods such as skim milk, lower-fat yogurt and cheeses are the best choices. Other foods that are good sources of calcium include sardines, canned salmon with bones, dried beans, almonds, broccoli, kale, collards, mustard greens, and fortified fruit juices.

Protect your heart

An important factor in preventing heart disease is your diet. Using the Food Pyramid helps you tailor a diet that protects you from heart disease. Saturated fat and cholesterol are the two biggest threats to your heart. Choosing lean meats, low-fat dairy foods and small amounts of spreads, fats and oils helps reduce these threats. Sodium, which is found in salt, can lead to high blood pressure in some people.

Meals with plenty of vegetables and limited packaged foods usually are lower in sodium and provide fiber that can help lower high blood cholesterol. According to several studies, the B-vitamin folic acid may help fight heart disease and can protect against birth defects in infants when taken before and during pregnancy. Women should get .4 mg folic acid daily and a total of .8 mg a day during pregnancy. The FDA recommends no more than one mg of folic acid a day.

Reduce cancer risk

Diet is also linked to cancer. According to the Massachusetts Medical Society, diet is responsible for about 30 percent of all cancers. Many studies have shown that diets high in fruits and vegetables can help reduce the risk of almost all cancers. High-fat diets, long associated with heart disease, may also increase the risk of developing certain cancers including colon and breast cancer. Again, the Food Pyramid can come to the rescue in helping to reduce the risk of cancer.

Up with fiber

Getting enough fiber can help prevent constipation that may occur with limited mobility or decreased muscle tone. To increase fiber, choose mainly whole-grain bread products and cereals, emphasize fresh fruits over juices and eat more vegetables. Fiber intake should be at least 20-25 grams per day. Fiber amount should be listed on the labels of packaged foods.

Getting started

So take a look at what you eat every day and compare it to the recommended servings in the Food Pyramid. It might be helpful to keep a food journal of what and when you eat. You don't have to radically change your diet overnight. Start by making small changes that you're comfortable with. Drink an extra glass of water in the morning. Take an apple to eat during your work break. Try leaving the mayonnaise off your deli sandwich. You'll find that eating a healthy diet is easier than you think; and you'll feel better for it, too!

Adapted from an article in Orchid By Casey Czaplinski, registered dietician, NC Division of Public Health, and Sally McCormick, writer, Woodward Communications

Making Life Easier in the Kitchen



There are lots of gadgets and tricks for making it easier and safer in the kitchen for people with disabilities. While you are your own best problem solver, it's good to learn from the experiences of others. We polled our advisors and combed the catalogues, and here's a few of our favorites:

- If you use a wheelchair or need to sit while cooking, hang an unbreakable mirror (toy or auto supply stores) at an angle above the stove so that you can see into the pots on the stovetop.
- Dysom, a foam-like product which is commonly placed under rugs to keep them from slipping, is a great jar opener. It can be purchased from home improvement stores. Paint can openers and bottle openers can also be used to pry apart the lid and jar so the jar can be opened with less hand strength.
- Place a piece of non-slip plastic shelf lining under a dish to keep it from sliding on the table.
- Choose pots, pans and utensils that have flat handles. They are much easier to grip. For larger pots and pans, choose ones with handles on each side so that you can lift them without gripping.
- If you use a wheelchair, have the doors and shelves removed from cabinets under your sink.
- Put a lazy Susan on a refrigerator shelf or cabinet shelf. This will make it easier to reach items that tend to disappear in the back.
- If you use a wheelchair, set a flat board on your lap to help carry things around the kitchen. You might want to use one of those bean-filled lap desks or a metal cookie sheet for a base. Make sure the surface is heat-proof to avoid burns.
- To stabilize a mixing bowl, set it in a drawer and shut the drawer against the bowl's sides, lean against the drawer to keep pressure on the bowl's sides, which prevents it from rotating as you stir or beat the ingredients in it.
- Choose knives that are lightweight and balanced so that the handle is about as heavy as the blade. If you cannot easily grip the knife, balance it in the crook of your hand to guide it and let the weight and sharpness do the cutting.
- Keep an extended reacher handy to make it easier to reach things on higher shelves.
- Keep items that you use the most near the front of the cabinets and in places you can reach. Consider having pullout shelves installed in your cabinets.
- To make the refrigerator door or cabinet doors easier to open, tie a loop of ribbon or rope around the door handle. Slip your forearm through the loop and pull the door open.
- Put a towel or fabric mat under appliances on your counter. This makes it easier to pull the appliance to the front of the counter.
- Use a long-handled spoon to help lift pot lids. This helps balance the weight of the lid.

For more information:

ABLEDATA, 8630 Fenton Street, Suite 930, Silver Spring, MD 20910. 800-227-0216
<<http://www.abledata.com/text2/default.htm>>

Ableware, 973-628-7600 <<http://www.maddak.com>>

Easy Things to Make... To Make Things Easy, by Doreen Greenstein. Brookline Books: MA. 1997.

Maxi-Aids Products catalog, 800-522-6294 <<http://www.maxiaids.com/>>

Mealtime Manual for People with Disabilities and the Aging: Meal preparation and training by Judith Lannefeld Klinger and the Howard Rusk Institute of Rehabilitation Medicine
856-848-1000 Email: <orders@slackinc.com>

Oxo Good Grips by General Housewares, 800-545-4411 <<http://worldkitchen.com/brands/oxo/index.asp>>



Don't Forget Your Smile

There's increasing evidence that healthy teeth and gums could help keep your heart healthy.

One recent study suggests that serious gum disease may be a factor in heart disease. That's probably because the bacteria found in dental plaque that cause gum disease also seem to play a role in heart disease, said researchers.

Also, patients who saw their dentist at least once a year for routine cleaning had a risk for stroke four times smaller than patients who didn't see the dentist. The worse the condition of your mouth, including receding gums and number of teeth affected by diseased gums, the greater the risk for stroke.

Keeping teeth healthy

- Brush twice a day with a fluoride toothpaste. Use a soft bristle toothbrush. Take your time and brush carefully along the gum line. Also brush your tongue.
- Use dental floss, waxed or unwaxed daily. Curve it in a C-shape around each tooth.
- Your dentist may recommend an antibacterial mouth rinse daily.
- Eat a balanced diet.
- Get a dental checkup every six months.
- If you have diabetes, you may be at greater risk of gingivitis or periodontitis. Keeping your diabetes in check will help lower that risk.

For more information:

National Oral Health INformation Clearinghouse
301-402-7364
<http://www.nohic.nidcr.nih.gov/>

American Dental Association
800-402-7364
<http://www.ada.org/>



Depression and Disability: What You Should Know

Depression is not just feeling sad, blue or discouraged; and it is much more than the normal downs that can be a part of everyday living. It is an illness that affects the whole person—their thoughts, feelings, behavior and physical health. When people are depressed, they have symptoms nearly all day, everyday, that last at least two weeks. It is when many of these symptoms occur together, cause difficulties in day-to-day functioning, and last longer than a few weeks that they may be signs of a depressive illness.

Depression affects more than 17 million Americans each year. Many are people with disabilities. Not everyone with a disability becomes depressed, and those who do become depressed may not be depressed because of their disability. However, people with disabilities face unique challenges and stresses which place them at increased risk for depression.

Studies have shown that symptoms of depression may be 2 to 10 times more common in individuals with disabilities or chronic illnesses, and depression is one of the most common secondary conditions associated with disability and chronic illness. But the good news is that effective treatments for depression are available.

Symptoms of depression:

Feelings of sadness, anxiety, hopelessness, or emptiness

Loss of interest in activities that used to be enjoyable

Sleep problems, such as sleeping too much, having trouble falling or staying asleep, or waking very early in the morning

Changes in appetite with weight loss or weight gain

Feelings of restlessness, increased irritability, or frustration

Decreased energy or becoming tired after normal activities

Difficulties with memory, concentration, decision making, or mental slowing

Feelings of excessive guilt, worthlessness, or helplessness

Decreased interest in interacting with others

Crying more often than usual

Recurring thoughts of death or dying

Thoughts of suicide or suicide attempts

Treating depression

There are many effective treatments available. With appropriate treatment, the majority of people with depression can improve significantly, often within a matter of weeks. Counseling or talk therapy, medications, or a combination of the two are the most common and effective treatments.

If you think that you or someone you care about may be depressed, get help. Have yourself evaluated for depression so that you can get treatment if you need it. People and places you can contact for help include your family doctor and your local hospital, mental health center, or public health clinic.

When blue is your primary color

Everyone has days when they'd rather stay at home than face the world. While finding strategies that work best for you may be trial and error, there are tried and true actions you can do to help feel less alone, discouraged or blue. The following are things that will not only help you feel better on a bad day, but also will help reduce your risk for developing a serious depression.

Talk to friends or family about what you are feeling. Feeling sad or disappointed in life is nothing to be ashamed of, and sometimes just letting people know that you are feeling down can help you begin to feel



better. The people who care about you can't help you if they don't know what you're going through. If you can't get out of the house to see friends and family, write a letter or talk with them on the telephone.

Get in touch with other people with disabilities. As much as they may try, non-disabled people can't always understand what it's like to live with a disability. If you are feeling alone or misunderstood, talking with someone who has a similar disability can make all the difference in the world. Your health care provider may be able to give you information about local support groups or provide the names of other individuals who have had similar experiences. Many public libraries have computers that can be used to search the Internet for groups and agencies that provide education and support for individuals with disabilities.

Become an advocate for yourself and others. If you think that environmental and social barriers are contributing to you feeling discouraged, down, angry, or bad about yourself, find out what you can do to make a difference. Become involved in local advocacy groups. Talk to store managers who make aisles too narrow for wheelchairs. Write your congressman about the problems with health care and insurance often faced by people with disabling conditions.

Volunteer. Volunteering can be a meaningful and rewarding way to spend your time. It can get you out of the house and provide opportunities for interacting with others. If you can't get out of the house, make phone calls, write letters, or do other kinds of volunteer activities from your home. Spending time and energy helping others can help take your mind off your own troubles and make you feel appreciated by others.

Exercise. Physical activity can be one of the most effective ways to combat depression. Even if you have significant physical limitations, increasing your level of physical activity even just a little bit will help improve your mood.

Manage Stress. Although stress doesn't always cause depression, stress tends to make depression symptoms worse. Finding stress management techniques that work for you -- relaxing, meditating, praying, watching funny movies, doing crafts, keeping a journal, or any other activities that make you feel less stressed -- can make you less vulnerable to depression.

Mental health resources

Depression and Disability A Practical Guide by Dr. Karla Thompson. NC Office on Disability & Health, UNC-CH, CB#8185, Chapel Hill, NC 27599-8185. For a free copy, call 919-966-2932. Copies may be downloaded from the NCODH web site in pdf or html formats: <<http://www.fpg.unc.edu/~ncodh>>

National Depressive and Manic Depressive Assn., 730 N. Franklin St., Suite 501, Chicago, IL 60610
800-826-3632 <<http://www.ndmda.org>>

National Foundation for Depressive Illness Inc., P.O. Box 2257, New York, NY 10116-2257
800-248-4344 <<http://www.depression.org/>>

National Mental Health Assn. Center, 1021 Prince St., Alexandria, VA 22314-2971. 800-969-6642
<<http://www.nmha.org/>>

By Karla Thompson, PhDm Departments of Physical Medicine and Rehabilitation and of Psychiatry at UNC-Chapel Hill School of Medicine



Health Through the Ages

As women, we can expect our bodies to change over time. Each decade offers opportunities for us to be as healthy as possible. During the 20s, 30s, 40s, 50s, 60s, and beyond, you'll be making choices about how to take care of yourself. The healthier you are, the better you'll feel, and the more you'll enjoy all that life has to offer. We offer suggestions for healthy living across the decades. Look backward, look forward and remember this really is the first day of the rest of your life.

20s and 30s

You're young now with the rest of your life ahead of you. However, what you do now not only affects the quality of your life in your 20s and 30s but also as you age.

Healthy habits

Now's the time to establish—if you haven't already—healthy habits. If you smoke, seek support to stop; and avoid second hand smoke as well. For tips on quitting, see "Clear the Air" at the end of this section. Drink alcohol in moderation, and never drive after drinking. Don't drink any alcohol if you are or might be pregnant. Eat a healthy diet to reduce your risk for many cancers and heart disease and to help with weight management. Incorporate physical activity in your daily routine, making it a lifelong habit. Use sunscreens to protect against ultraviolet rays that can age your skin and cause cancer. Preventive health care, including regular physicals and monthly breast self-examinations, may add years to your life.

Going to the doctor

Starting at age 18, or younger if you're sexually active, you should be getting pap tests for cervical cancer. If you're at high risk for breast cancer, your doctor may recommend a baseline mammogram in your late 30s.

Reproductive health

It's important to discuss birth control options and how to protect yourself from sexually transmitted diseases with your doctor. And if you want to become pregnant, talk with your doctor about any additional risks, precautions and proactive care associated with your disability and being pregnant. Half of all pregnancies are unplanned. If you are sexually active and fertile, adopt healthy habits in case you become pregnant.

Nutrition

Reducing the amount of fat you eat and increasing your intake of fruits, vegetables and whole grains can help reduce your risk of heart disease, stroke and cancer. The amount of bone you build and strengthen now through diet and exercise will directly affect your risk for osteoporosis later. Include calcium-rich foods, such as dairy products, salmon and leafy green vegetables in your diet. Boost your intake of folic acid before becoming pregnant; it helps reduce the risk of some birth defects.

40s

Your 40s are a transitional time. You're moving out of your child-bearing years towards menopause; and in the meantime, you may be juggling families, aging parents and work. This can be an exciting but challenging decade!

Healthy habits

You're now "officially" aging. You're no longer building bone mass—you're slowing losing it. Your metabolism—in case you haven't noticed—has also probably slowed down so it's harder to keep the weight off. A low-fat diet, weight-bearing exercise and physical activity can help with both of these; it's never too late to start! Also, those suntans of your youth may start catching up with you as the cumulative



effect of ultraviolet rays increases your chance of skin cancer. Carefully check your skin on a regular basis for signs of skin cancer. Read more about what signs to look for in the "Special Health Concerns" section.

Going to the doctor

At age 40, you should begin annual fecal occult tests to detect blood in your stool, an indication of possible colon cancer. Also, talk to your doctor about being tested for diabetes if you have any risk factors for it. Type II diabetes occurs most often after 40. Because it rarely causes symptoms in the early stages, millions of people have type II diabetes and do not know it. Your doctor may recommend that you have a mammogram every one to two years in your 40s. You might also want to have a bone density test before menopause to use as a baseline to measure how rapidly you lose bone.

Reproductive health

Your 40s can be like going through puberty in reverse as your reproductive organs begin to slow down. The years when menopause-related changes begin are called perimenopause. During perimenopause, you may have irregular periods, hot flashes, fatigue, mood swings and sleep disturbances for a few months to six years—or longer.

Nutrition

Continue a diet high in fruits, vegetables, and whole grains including sources of folic acid and calcium. Reduce the fat you eat to protect against heart disease, stroke and cancer. You might consider adding soy to your diet; it may help decrease hot flashes and other menopausal symptoms. It's also been linked to preventing osteoporosis.

50s

By the time you're in your 50s, you've gone through the "change of life" and are moving into what many consider the "prime of life." Enjoy those things that you may have put on hold while you've built your career and/or reared your children.

Healthy habits

As you age, your skin becomes thinner, drier and more fragile. Take good care of your skin by using sunscreens, washing with mild soaps and using a moisturizer if your skin is dry. Don't smoke, and drink plenty of water. Also, perform a skin self-examination once a month; skin cancer accounts for half of all malignancies in the U.S. Continue your monthly breast self-examinations. Most women check their breasts shortly after their period, so once you stop menstruating choose a date each month to help you remember to check your breasts.

Going to the doctor

Regular checkups and tests become even more important as you grow older as they allow you to catch problems at earlier, more treatable stages. Colon cancer tests (in addition to the fecal occult) should begin at age 50. Your risk of breast cancer increases as you age; having annual mammograms is crucial.

Reproductive health

The average age of menopause—when your periods stop completely—is 51, but it can happen between the ages of 40 and 55. For smokers, menopause may occur at an earlier age than average. You are past menopause when you have stopped having periods for 12 consecutive months. Talk to your doctor about the possibility of hormone replacement therapy (HRT) to replace the hormones your body no longer produces. There are benefits and risks of HRT that each woman needs to consider.



Nutrition

As you age and your risk for heart disease and cancer increases, a low-fat diet rich in vegetables, fruits and whole grains becomes even more important. Also, because your body has less muscle, it burns calories more slowly. Eat in moderation to help control your weight.

60s and beyond

In your 60s, you still have many good years ahead of you, so make the best of them. If you've had a healthy lifestyle, you're more likely to continue to enjoy good health and your independence.

Healthy habits

Because of longer life expectancies, most women can expect to spend some of their latter years alone. However, women who become socially isolated are three times more likely to die from various cancers. It's important to continue pursuing your current interests and to look for some new ones as well. Keep up with your friends and family and enjoy an active social life. Don't forget to continue to exercise and eat a calcium-rich diet to slow down bone loss.

Going to the doctor

At age 65, you should get a pneumonia shot and begin having flu shots every year. You may want to talk with your doctor about common problems—often resulting from hormone losses—such as urinary incontinence, sleep problems and memory loss. If you're feeling depressed as a result of the changes in your life or of coping with losses, don't be afraid to talk with your doctor as there are treatments available that may help you. Be sure to include regular visits to the eye doctor for a vision test and screening for glaucoma and cataracts.

Nutrition

As you age, you may lose some of your appetite and not eat as well. This can result in a number of health problems, so be sure to continue to eat a complete, healthy diet. Talk to your doctor about taking a multivitamin/mineral supplement to ensure you're getting all the necessary nutrients.

Reproductive Health

While birth control is no longer an issue, remember to continue to protect yourself against sexually transmitted diseases. Continue to consult your doctor about the benefits and risks of hormone replacement therapy.

Excerpted from *Orchid*



Aging With a Disability: What's Been Learned

"Aging with a disability is something we have no record of, and it's like facing the unknown; and doctors don't know or have a lot of experience either."

Focus group participant, NC Office on Disability and Health

For the first time in history, people who have experienced spinal-cord injuries, polio, cerebral palsy, strokes and rheumatoid arthritis are living nearly normal life spans. Like their peers without disabilities, they go through both the positive and negative aspects of aging. Some of the positive aspects include retirement, participation in leisure activities and visits with grandchildren.

However, research centers such as those at Rancho Los Amigos Medical Center in Downey, California, have accumulated evidence indicating that for a great many people, aging with a disability is accompanied by numerous problems that usually do not occur until 10 to 15 years later in nondisabled persons. Here's some of what has been discovered and what can be done about it.

Medical problems: For reasons that are still not well understood, individuals with disabling conditions are at heightened risk of new medical problems as they age.

Compared to the national average for nondisabled persons, people with disabling conditions have three to four times as many additional health problems. The most common problems are high blood pressure, diabetes, high cholesterol, obesity, respiratory conditions, loss of bone mineral, and thyroid disorders. Many people do not know they have these problems because they don't have a primary care doctor to monitor their health.

Some impairments appear to be strongly linked to certain medical conditions. People with spinal cord injuries develop diabetes at nearly four times the rate of nondisabled persons. Those with cerebral palsy have many times the number of fractures per year compared to their nondisabled counterparts. The most important precaution consumers can take is to have yearly examinations by a primary care doctor—an internist or family physician—who is committed to their care.

Functional problems: The most common complaint of people aging with disabilities is a complex of fatigue, new weakness and pain. There is no single explanation for these problems. This complex occurs across all impairments in anywhere from 25-80% of people studied. These symptoms often progress and become severe enough to affect work, social activities and the ability to do household or self-care activities. It is important to seek medical/therapy intervention to treat or accommodate these changes. The recommended treatment for these symptoms is to do less, not to try to work through them. Use of additional assistive equipment or devices can also help. For changes that affect work, job accommodations are usually helpful; and many employers and coworkers are willing to make changes.

Psychological changes: The biggest psychosocial issues are maintenance of quality of life and the impact of changes in health on the person's family. For many people, changes in health or functioning lead to episodes of depression. Depression affects 15-40% of people aging with disability, compared with 5-10% of people without disabilities. Depression is a very treatable disorder. Prolonged changes in mood, outlook, sleeping or behavior should be brought to the attention of a doctor. Family members and other care providers need to anticipate these multiple changes and plan for them. Increasing needs for help will take additional time and resources.



For most people aging with a disability, the longer they live with it, the more satisfying life becomes. High life satisfaction appears to relate to being able to maintain valued activities as one ages.

The author of this article is Bryan Kemp, Ph.D., Director of the Rehabilitation Research and Training Center on Aging with Spinal Cord Injury at Rancho Los Amigos Medical Center, Downey, California. Article is reprinted courtesy of New Mobility magazine at <<http://www.newmobility.com>>.

Women's Health

Today's modern woman has many roles and responsibilities: caregiver, wife, mother, employee, friend, and volunteer, among others. Twenty-six million of these American women are living with disabilities, varying conditions that can make these roles even more challenging.

Within our women's initiative the NCODH is focusing on the following areas:

Health Care - Women with disabilities often experience barriers to health care services.

They may lack awareness and information about the importance of preventive care and health promotion. Health care facilities or service agencies and medical equipment may be inaccessible or their providers may lack knowledge or experience in working with women with disabilities.

The NCODH is working to promote access to health care by providing training and technical assistance to providers and self care and self advocacy information to consumers.

Breast and Cervical Cancer Screening - Women with disabilities face the same or elevated risks for disease as women in general, including the risk for breast and cervical cancer. Women with disabilities may experience some of the risk factors for breast cancer, such as obesity and chest radiation, more often than women without disabilities. This is despite the fact that, according to the National Women's Health Information Center, women with disabilities often have less access to breast health services than any other group of women. Both National and N.C. data suggest that many women with disabilities are less likely to have a mammogram or Pap smear compared with women without disabilities.

NCODH is working to promote breast and cervical cancer screening for women with disabilities by:

- Assisting healthcare providers and mammography technologists to provide inclusive, sensitive, accessible reproductive health services for women with disabilities
- Educating women with developmental disabilities about reproductive health and breast and cervical cancer screening utilizing the Women Be Healthy curriculum. NCODH provides training to service providers to acquaint them with the curriculum and the free kit of supplies. (Can you link here to expanded information about women be healthy that is in the publication section?)

Violence - Another important health issue for women with disabilities is domestic violence and sexual assault. Studies report that women with disabilities are experiencing violence four to ten times higher than the general public, yet this problem is largely invisible and unaddressed. In addition, services may not be accessible and inclusive for women with disabilities. The NCODH recognizes the need for women with disabilities to have the same access to domestic violence and sexual assault services as all women and is currently working with North Carolina domestic violence and/or sexual assault service agencies to assist their efforts to become more inclusive and accessible.



Recreation in Special Education

Often in the past, special education programs have focused their efforts in teaching academic skills such as reading and arithmetic to children with special needs. However, special education programs now realize the importance of teaching students functional skills of daily living in addition to academic knowledge. To teach these skills, different types of services, known as related services, are incorporated into a child's Individual Education Plan, (IEP). One such service is recreation and it can play a very important role in your child's education and development.

What is a related service?

According to Public Law 94-142, (The Individuals with Disabilities Education Act, 1990,) a related service is "any developmental, corrective, and other supportive services as may be required to assist a child with a disability to benefit from special education. . . ." A related service may include physical therapy, occupational therapy, transportation, counseling, or recreation.

Why recreation?

Recreation and leisure experiences play a necessary role in anyone's life. Besides providing the chance to have fun, recreational pursuits offer cognitive, physical, emotional, social, and behavioral benefits. For example, a recreation activity can increase balance, physical strength and endurance, long-term and short-term memory, and teach social skills, all at the same time.

For these and other reasons, recreation is a related service that is often purposely used as part of the school curriculum of a child with special needs. You will also hear it referred to as Therapeutic Recreation or Recreation Therapy.

So, how does this work?

At the family's request, recreation can be included in the Individual Education Plan, (IEP), of a child receiving Special Education services. If the need for recreation services needs to be determined, this should be noted in the child's IEP. The person who determines the need for recreation services for a student is a Therapeutic Recreation Specialist. This professional has special training in using recreation to promote positive changes in behavior and overall health. He or she can also teach your child the importance of recreation and how to make adaptations so that your child can participate in it.

The Therapeutic Recreation Specialist, upon determining that there is a need for recreation in your child's curriculum, will set Leisure Goals for the student and insert them into the IEP. These goals may include demonstrating the ability to attend to a recreation activity for 30 minutes, choosing a recreation activity and participating for 15 minutes, and communicating assertively during recreation.

Recreation as a related service can benefit your child in a myriad of ways. Not only does it serve a therapeutic purpose, it develops skills that can be used throughout the life span. Of course the most important thing, (especially for your child), to remember is that it's fun!!

This material was adapted from Learning to Play, Playing to Learn: Instructors Guide. Center for Recreation and Disability Studies, Curriculum in Leisure Studies and Recreation Administration, University of North Carolina at Chapel Hill.



Sexuality and Persons with Disabilities

The idea that persons with disabilities cannot have a significant social and intimate relationship with someone is still a very pervasive one in our society. People with disabilities at any age are often portrayed as asexual and incapable of forming meaningful relationships with their peers and those of the opposite sex. This idea is, of course, not true. The need to be social, to be loved, and to show love to someone else does not diminish with disability. Youth and young adults with disabilities face the same obstacles regarding sexuality and relationship building as those who are not disabled. It is important to realize, though, that having a disability may add more issues for both parents and teens/young adults to think about.

What is Sexuality?

Although most people associate physical sexual relationships with sexuality, it is actually a more complex aspect of our lives. Being accepted and liked, displaying and giving affection, and feeling that we are worthwhile are all necessary aspects of life and of our sexuality. In addition, our self-esteem, culture, social experiences, and morals all play a part in shaping us as sexual beings.

Sex Education

Sex education should involve the same kind of content for all children and it should be an ongoing occurrence throughout a child's life. Since sexuality involves more than just reproduction, it is important that sex education be comprehensive. This means that:

At an age appropriate level children and teens should be provided accurate information regarding reproduction, contraception, STDs, parenting, and other issues surrounding sexuality.

Values and attitudes of the family, society, and culture towards sex should be explored. A young person should be given the opportunity to develop his or her own values towards sex and develop insights about relationships with both genders.

Interpersonal skills should be allowed to grow and develop.

Young persons should be taught, at an age appropriate level, about sexual responsibility. This includes talking about issues such as resisting pressures to become sexually active at an early age, considering abstinence, proper use of contraception, and other issues.

Often it is difficult to decide at what age you should teach your child about sexual issues. Here are a few suggestions:

Preschool Years: Teach your child appropriate names for body parts. Include the sexual organs.

Age 5-8: Teach your child about correct names and functions of body parts, difference between boys and girls, elements of reproduction and pregnancy, qualities of a good relationship, decision making skills and consequences, beginnings of social responsibility, values and morals, avoiding and reporting sexual abuse.

Age 8-11: Teach your child that sexuality is part of the total self, any more information on reproduction, importance of values in decision making, communication with family about sex, STDs, abstinence, and masturbation.

Age 12-18: Teach your teen about health care and health promotion, communication, dating, and love, the importance of values guiding behavior, other ways to express sexuality, how alcohol and drugs can affect decisions, birth control and responsibilities of child-bearing.



Sex Ed and Disability

Tailoring the pace and presentation of sexual information to each young person with a disability is very important. Parents and professionals should consider:

How the young person's disability may affect his or her social-sexual development.

How the disability affects the young person's ability to learn information about sex

What extra information may need to be provided to address any specific characteristics of a particular disability.

Importance of Teaching Social Skills

Although it has already been mentioned, encouraging socialization is very important for young people with disabilities because many of them often find themselves isolated from peers. Socialization, of course, also plays a vital role in sexual development. So what can a parent do to promote socialization for their child?

Here are a few suggestions:

Help your child pursue hobbies or special interests

Encourage your child to pursue recreation and leisure activities in the community

Encourage your child to participate in extracurricular activities in school

Help your teenager find employment or volunteer opportunities in the community

Try not to overprotect your child

Fostering Relationships: Advice for Young Adults

Here is a brief list of suggestions for young adults with disabilities when trying to foster relationships:

Don't ever believe that no one will love you because you have a disability

Don't build your life only in search of romance

Be a friend to someone first

Be patient in your search for connections with others

Keep up on current events and happenings—this will make discussions and socialization a lot easier

Be open with others about your disability, especially with someone who is not disabled

Remember, regardless of your disability, lovemaking is possible

This material was adapted from: NICHCY News Digest, Sexuality Education for Children and Youth with Disabilities, Volume 1, Number 2, 1992.



Get Ready to Manage Your Health Care

As you get older, your health care will be a vital component of your transition to adulthood. It's never too late to learn how to be a good manager of your own health care needs. You can begin by learning health care skills. Ask your parents to provide opportunities for you to learn and practice these skills. This will enable you to play a more active role in your health care, while your parents will do less.

Health Care Skills Checklist

Read over the following skills. Do you already do some of these? If not, make a plan to learn and practice!

Skills	Yes	Need Practice
I have a good understanding of my disability		
I keep records about my medical history		
I understand and practice healthy habits (ie: not smoking or drugs, healthy diet, exercise)		
I manage my own medications		
I know how to obtain/refill prescriptions		
I make my own medical appointments		
I order my own medical supplies		
I understand my medical insurance coverage		
I am able to obtain/arrange transportation to medical appointments		
I communicate my health needs to my doctor		

Some resources to explore include:

Speak Up for Health resources, PACER Center, Inc., 4826 Chicago Ave. S., Minneapolis, MN 55417.
(612) 827-7770. www.pacer.org

Removing Barriers to Health Care, North Carolina Office on Disability and Health, UNC-CH, Campus Box 8185, Chapel Hill, NC 27599-8185. (919) 966-0871. www.fpg.unc.edu/~ncodh

Adolescent Health Transition Project, CHDD, Box 357920, University of Washington, Seattle, WA, 98195-7920. (206) 685-1364. <http://depts.washington.edu/healthtr/>