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Celebrating Our 40th Year
Talking with Your Doctor
Taking a Load Off Your Knees
Five Keys to Resilience



Dustin Lewis, P02, USCG and Anya Lewis with Lunabelle and Aubrielle



U winter calendar

DECEMBER

21
Winter begins

25
Christmas Day

31
New Year's Eve

JANUARY

1
New Year's Day

17
Dr. Martin Luther King, Jr., Holiday

★
Our online Member Handbook at usfamilyhealth.org is always up to date!

FEBRUARY

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What did the groundhog see?

★
February is American Heart Month. Find heart-healthy tips at heart.org.

MARCH

13
Daylight Saving Time begins (set clocks ahead)

17
St. Patrick's Day

20
Spring begins

FITNESS



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WELLNESS



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COMMUNITY



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US Family Health Plan members choose from a network of over 2,000 civilian primary care providers and thousands of specialists, plus a large network of civilian hospitals.

Who We Are

US Family Health Plan of Southern New England is a Department of Defense TRICARE Prime option, and one of six regional US Family Health Plan programs across the nation. Our large network of civilian doctors, hospitals, and other health providers serves Plan members who live in Massachusetts, Rhode Island, and parts of southern New Hampshire and northern Connecticut.

We pride ourselves on friendly, personal service. If you have questions, call us at **1.800.818.8589**. You can also get to know us better at usfamilyhealth.org or at facebook.com/USFHP.SouthernNewEngland.



a message from Gail Schlesinger,
our Senior Vice President and Plan CEO



Celebrating our 40th Year

As I write this article, we are marking the 40th anniversary of the founding of US Family Health Plan. Unfortunately, due to the COVID pandemic, we couldn't celebrate this milestone as we might have in the past. So I thought it would be appropriate to let everyone know how our great program came to be.

You might be surprised to learn that the roots of US Family Health Plan date to the earliest days of our nation. In 1798, President John Adams signed legislation to provide care for "sick and disabled seamen," regardless of their ability to pay. As a result, the US Marine Hospitals were created in the busy ports of Boston, New York, and Baltimore. Over the next 114 years, Congress expanded the description of who could get care at these facilities to include all military beneficiaries and changed the name to Public Health and Marine Hospital Services. In 1912, these facilities were made part of the newly formed US Public Health Service. The facilities provided excellent care to our nation's military.

In 1981, however, all the US Public Health Service hospitals were scheduled to be closed. Thanks to the vision and tireless work of a group of retired military beneficiaries, led by our founder, Colonel Robert E. Hawes, and the support of many in Congress, including Tip O'Neill, the House Speaker from Massachusetts, ten of the facilities were saved from closure and were transferred to private nonprofit organizations.

The legislation required that these facilities remain open to provide care to any Uniformed Services beneficiary who was eligible to receive health benefits at a military hospital. The facilities then became known as Uniformed Services Treatment Facilities. In our case, this was the Brighton Marine Health Center. This model, however, required those needing care to travel to the site in Brighton, Massachusetts.

In 1989, Congress directed the Department of Defense to transform the Uniformed Services Treatment Facilities program into a new managed care delivery system. As a result, in 1993 our program was created – the Uniformed Services Family Health Plan, now known US Family Health Plan. We became the first DOD-sponsored managed care plan.

The goal was to provide a simple-to-use, low-cost, high-quality health plan with providers and hospitals in the communities where the patients lived. The new model was a success. In 1997, the United States Congress recognized the program's achievements and made US Family Health Plan a part of the military health system under the TRICARE umbrella.

Although we have all seen a lot of change over the last 40 years, we have always remained true to our core mission: to provide high-quality, comprehensive, patient-centered health care to our Uniformed Services families. You all deserve no less for the sacrifices you have made for your country. And I pledge to you that this commitment, made some 40 years ago, will continue. ■



Naval Station Newport

Late summer and fall saw an increase in MWR events at Naval Station Newport and, as usual, US Family Health Plan was honored to be among the sponsors.

Events included the spectacular August **Salute to Summer Concert and Fireworks** and a September **Remembrance Run**.

Sponsorships earlier in the year included the **Summer Fun Run**, which brought out 40 runners, and the perfectly chaotic end-of-summer **Bubble Mayhem**, where kids created and had fun with bubbles of all shapes and sizes, followed by snacks and even more fun! ■



Air National Guard Yellow Ribbon Program Arlington/Crystal City, Virginia

At the end of the summer, our field rep Dave Mendoza, Maj, USAF (Ret.), participated in the busy Air National Guard Yellow Ribbon Program at Arlington/Crystal City, Virginia. Dave briefed activated military members and their families during the regional pre-deployment event, which drew service members and their families from National Guard wings in Massachusetts all the way to Florida.



Field rep Dave Mendoza presents Plan overview to Colleen Nunez, USAF MSgt (Ret.) Frank Nunez, and USAF MSgt (Ret.) Ted Adams at Pioneer Valley USO Military Appreciation Dinner.

Pioneer Valley USO Military Appreciation Dinner

On November 8, US Family Health Plan sponsored the Pioneer Valley USO Military Appreciation Dinner at the Armed Forces Reserve Center dining facility at Westover Air Reserve Base.





FOCUS ON
SERVING **YOU**

When You’re Happy, We’re Happy!

The CAHPS® 99th percentile

Once again, our members rated US Family Health Plan in the 99th percentile for member satisfaction among health plans in the United States, according to the 2021 CAHPS® survey of adult commercial health plans.

We’re honored to have your confidence. Sincere thanks to those of you who responded to the CAHPS® survey, which was mailed to a portion of our membership. Your responses let us know what we’re doing well and where we can improve. And that’s important to us. ■

What If? What If?

If you lose your US Family Health Plan member ID card: call Member Services at **800.818.8589** and we’ll send you a new one.

If you change your primary care provider (PCP): call **800.818.8589** and we’ll send you a new card with your updated PCP information.

If you update your DEERS information (at your local military ID office): call **800.818.8589** and we’ll send you an updated member ID card. ■

Some Changes for 2022

As a result of federal legislation, pharmacy copayments, some medical copayments, and annual premium fees (including the TRICARE Young Adult program annual premium), will increase starting January 1, 2022. There continues to be no deductible amount.

To see the full Summary of Benefits, which describes the amounts, go to **usfamilyhealth.org** and click on “About the Plan,” and then on “Summary of Benefits.”

Please call Member Services at **800.818.8589** if you have any questions. ■

Mental-Health and Substance-Abuse Self-Referrals

As a US Family Health Plan member, you don’t need a referral from your primary care provider to see a mental-health or substance-abuse provider.

Call **800.208.9565** for a current list of authorized network providers before you access the services. This is to make sure that claims will be paid. When you call, be sure to identify yourself as a US Family Health Plan member. You’re covered for the first eight outpatient visits in a Plan year (January 1 through December 31). ■



Do You Have Dry Eyes?

At one time, dry-eye problems were mainly a concern for people over 50. But they're increasing among younger adults, possibly because so many stare at screens on computers and phones for long periods and don't blink their eyes enough to keep them lubricated.

No matter what your age, if dry eyes are bothering you, the American Optometric Association recommends that you:

- Make a point of blinking regularly when you read or stare at a computer screen for long periods
- Use a humidifier when the air is dry
- Wear sunglasses outdoors to reduce your exposure to drying winds
- Avoid becoming dehydrated by drinking eight glasses of water a day
- Aim car heaters away from your face
- Use over-the-counter liquid tears

If these steps don't help, be sure to seek advice from your health care provider. ■

A Home Delivery Refresher

We're always happy to hear that members are pleased with our Home Delivery pharmacy program. And we work hard to make sure that you have up-to-date information about using it. Here are the basics.

Maintenance medications in the mail

Maintenance medications are medications that you take long-term for ongoing conditions, such as hypertension or diabetes. We mail these medications directly to you through our Home Delivery mail-order pharmacy.

In most situations, you'll receive your maintenance medication within 10 business days after we receive your prescription, regardless of whether it's a new prescription or a refill. So it's important to keep track of how much medication you have left and plan accordingly.

Urgent and one-time prescriptions

Sometimes you may need to start a medication right away. For example,

you may need an antibiotic for a urinary tract infection. You may fill urgent and one-time prescriptions like these at a retail pharmacy.

Have questions?

You can find answers to questions about pharmacy services by:

- Calling our Home Delivery pharmacy at **877.880.7007**.
- Going to the US Family Health Plan website at **usfamilyhealth.org** and clicking on "For Members" at the top right menu, then on "Pharmacies & Medications."
- Going to **usfamilyhealth.org** and clicking on "For Members" at the top right menu, then on "Member Handbook." Prescription information starts at page 24. ■



Keeping Acid Reflux at Bay

Acid reflux, with its unpleasant symptoms of bloating, burping, a burning feeling in the chest (heartburn), and regurgitation into the mouth of acidic, partly digested food, is a frequent health complaint among adults.

The condition is more than just annoying. Left untreated, it can develop into GERD (gastroesophageal reflux disease), a potentially serious condition. And if it continues without treatment, acid reflux can erode the lining of the esophagus and increase the risk of developing a cancer called esophageal adenocarcinoma.

A recent study identified five behaviors that can reduce the risk of developing GERD significantly:

- Maintain a healthy body weight
- Don't smoke
- Be physically active
- Cut down on coffee, tea, and soda
- Follow a heart-healthy diet, like the DASH diet (learn more at **nhlbi.nih.gov**)

There are also medications that can help curb acid reflux. Your health care provider can help you understand whether medication, together with changes in your lifestyle, is right for you. ■

Source: R. Mehta, et al., Association of Diet and Lifestyle with the Risk of GERD Symptoms in US Women, *JAMA Internal Medicine*, April 1, 2021.



February Is Teen Dating Violence Awareness and Prevention Month

Respect for both oneself and others is a key characteristic of healthy relationships. In unhealthy relationships, one partner tries to exert control and power over the other physically, sexually, and/or emotionally.

If you're the parent of a teenager, boy or girl, just starting to explore the dating world, it's important to help

them understand what goes into a healthy relationship and when something is out of balance and unhealthy. You and your teenager can learn about risk factors, types of aggression (including cyberbullying), and where to find help at **youth.gov**. Just click on "Dating Violence Prevention" on the home page. ■



Charles Rollinger, MD, is our Vice President of Medical Management and Quality

Talking with Your Doctor

If you're like a lot of people, you may walk out of a medical appointment, get in your car, and suddenly remember a question you forgot to ask. Or you may feel confused later on that evening. "Did the specialist say I should call back if this rash doesn't go away in three or four days? Or did they say to call back if it doesn't go away in a week?"

I'm happy to tell you that there are some easy things you can do to help you use the time you have with your doctor in a way that won't leave you with unasked questions.

Organize your information

Set up a file folder or a binder for your medical papers and bring it with you to the appointment.

It should contain at least:

- Contact information for all your health care providers.
- A list of any medications you take and any allergies you have to medications. The *Home Delivery Medication Tracker* from US Family Health Plan that you received in the mail makes it easy to keep medication information organized. Be sure to list vitamins, over-the-counter medications, and herbal supplements. Also put any medications that you take, including vitamins, over-the counter medications, and herbal supplements, into a bag or other container and bring them to the appointment.
- Any recent lab test results and correspondence from medical providers.

Write down questions and what you want the doctor to know

Make a list of questions you want to ask your doctor and bring it to the appointment along with a pen.

Make sure you write down:

- Any symptoms that you're having. (Headaches? Joint pain?)
- Information about changes or stresses in your life. (Is a family member sick? Are you taking care of your grandchildren? Are you planning to move?)
- Any questions you have about your medications. (Should you take them with food? Before bed?)
- Any side effects you have from your medications.

Speak up

Review your list of questions several times during the appointment to make sure you've asked everything you wanted to.

It's important to let your doctor know if you don't understand something. If you don't ask questions, your doctor will think you understand everything they've said. Say something like, "I don't understand what the word you just said means. What is an 'anti-inflammatory?'"

Take notes

Don't worry that you're taking up the doctor's time by making notes. The doctor realizes that this is important to you and to your health.

If you don't feel comfortable taking notes yourself, bring a trusted relative or friend with you to do the writing. ■



Ease Your Knees

With Weight Loss

You skinned them on the sidewalk, danced with them, punished them with sports and workouts, and climbed up and down the stairs with them again, and again, and again.

As we age, all this activity takes a toll on our knees, especially if we've put on weight. Knee joints are marvels of engineering, but they're vulnerable to osteoarthritis, the joint disorder that can result from wear and tear on the joint.

When deterioration of the knee's bone and cartilage is severe, knee-replacement surgery may be appropriate. But if you've been diagnosed with osteoarthritis or you're hoping to reduce your risk of developing osteoarthritis, it's important to know about the effect your body weight can have on your knee joints.

By the numbers

Studies show that when you walk on level ground, the weight on your knees is equal to one and a half times your body weight. For example, a 200-pound man puts 300 pounds of pressure on his knees with every step. Even more concerning, when that same 200-pound man takes the stairs, he puts between 600 and 800 pounds of pressure on his knees.

One study of overweight adults with knee osteoarthritis found that losing one pound of weight removed four pounds of pressure from the knees. Losing 15 pounds would eliminate 60 pounds of pressure from the knee joint.

The ten percent difference

By losing weight, you're likely to feel an improvement in your knees. In one study, overweight participants who lost just 10 percent of their total weight had less knee pain and faster walking speed after the weight loss.

Participants in the study who lost that 10 percent of their body weight through a combination of diet and exercise experienced the greatest pain reduction. Participants who lost the weight through exercise alone reported less of a reduction in pain than the diet-and-exercise group did.

The takeaway

If you have osteoarthritis and want to reduce your pain and increase your walking speed, try taking off 10 percent of your body weight through a combination of diet and exercise. Be sure to talk with your doctor first about what exercise and weight-loss plans will work best for you. ■

Sources: H Bliddal, AR Leeds, R Christensen, Osteoarthritis, Obesity, and Weight Loss, *Obesity Review*, 2014 Jul; 15(7): 578-586; The Arthritis Foundation at arthritis.org



Building Resilience

If you're extra lucky, you'll face a limited number of difficult experiences as you navigate through life. But most people find that although life brings much joy and calm, there are plenty of rough patches too. Loss of a loved one, illness in the family, the end of a cherished relationship — there can be many hardships along the path to the future.

Although sometimes it can seem that certain kinds of sadness will never stop, it's important to know that it's possible to endure a life-changing experience. It's also possible to emerge from the experience stronger and better able to help others with their own difficulties.

Psychologists say that a quality called "resilience" is key to adapting to life after stresses and trauma. Although some people have temperaments that may help them be more resilient than others, it's possible to learn to be more resilient.

Five keys

According to the American Psychological Association, working on five strategies can increase your resilience. It helps to:

- **Nurture connections.** Intentionally build relationships with kind, understanding friends and relatives. Even if you can't get together regularly, have regular phone calls or email check-ins.
- **Take care of yourself.** Physical activity, healthful eating, staying hydrated, and getting plenty of sleep can help you combat anxiety and depression. Avoiding alcohol can help you feel healthy and in control of your body and mind.
- **Find purpose.** Giving clothes to a homeless shelter, sorting groceries for a food pantry, or just talking with someone going through a hard time can fill you with a sense of purpose that can help override your own difficulty.
- **Embrace healthy thoughts.** You can't undo a stressful event, but you can change how you respond to it. Try to recognize areas where you might be thinking irrationally. For example, notice if you tend to "catastrophize," which means assuming that no matter what is happening it will end poorly, or if you tend to blame others for things that are going wrong. Accept that change is an inevitable part of life.
- **Seek help.** If you're having continuing problems with a life-changing experience, it's important to find help. Remember that US Family Health Plan members can self-refer to a US Family Health Plan network mental-health provider for the first eight visits in a Plan Year (January 1 through December 31). Be sure to call **800.208.9565** for a network provider list before you access services. ■

Source: D. Palmiter, PhD, et al., American Psychological Association online, Raising Your Resilience, 2012.

The Classic Bran Muffin



Once upon a time, and really not that long ago, coffee shops carried bran muffins. They were usually split and toasted, and they came with cream cheese on the side.

With the upsizing of American food, classic bran muffins have largely been replaced by muffins that are bigger, sweeter, and more cakelike than bran muffins ever were. Although these outsized treats (blueberry, pumpkin, chocolate chip) can be tasty, they lack the dense heftiness and nutrients of their bran ancestors.

The recipe below, adapted from the recipe on the Bob's Red Mill wheat-bran bag, will bring you back. Note, please, that their only sweetness comes from applesauce, raisins, and molasses, a winning, healthful combination.

Makes 12 muffins

- 1 cup wheat bran
- 1½ cups whole wheat flour
- ½ cup raisins (yellow or dark)
- ¼ cup chopped walnuts
- 1 teaspoon baking powder
- 1 teaspoon baking soda
- 1 cup milk
- ½ cup molasses
- ¾ cup applesauce
- 2 tablespoons olive oil
- 2 beaten eggs

Preheat oven to 400° and grease a 12-muffin baking pan.

In a medium bowl, combine the bran, flour, baking powder, and baking soda, then stir in the raisins and nuts. In a separate bowl, mix the milk, molasses, applesauce, oil, and eggs. Add the wet ingredients to the dry ones and stir gently until just blended.

Scoop into the greased muffin pan and bake for 15 to 20 minutes, or until a knife pushed into the center of a muffin comes out dry.

Serve them up

With peanut butter, apple butter, cream cheese, jam, or any combination. ■

at ease



How many lessons of faith and beauty should we lose if there were no winter in our year...

— Thomas Wentworth Higginson



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The Big Slowdown

It's hard to find a silver lining in the COVID-19 cloud that has brought so much loss to the world. But many of us have found that the slowing down — less travel, fewer errands, more social engagement by video instead of in person — has brought a healthier pace to our lives.

For the first time, I've been able to keep my houseplants alive. I've spent more time talking with my dad on the phone, not always in a rush to make dinner. I've reconnected with old friends across the country, sometimes by video with a Saturday-night glass of wine. And I've replaced shopping for new things with sorting through the old, donating what's useful to a thrift store.

What about you? Has the big slowdown brought any benefits to your life? Please let me know.

All the best, Kerry.Tucker@usfamilyhealth.org.

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