

Your Health

*The Magazine for
the CHAMPVA
Program*

Important
address change
information inside (pg. 2)



Department of Veterans Affairs
Health Administration Center
CHAMPVA

Volume 2, Number 2

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We Have New PO Box Numbers & Zip Codes Due to a Post Office Re-location

If you want to file a claim with CHAMPVA the **new** address is:

VA Health Administration
Center
CHAMPVA
PO Box 469064
Denver CO 80246-9064

If you have general correspondence for the CHAMPVA program the **new** address is:

VA Health Administration
Center
CHAMPVA
PO Box 469063
Denver CO 80246-9063

The address for filing an appeal **has not changed** and remains:

VA Health Administration
Center
CHAMPVA
ATTN: Appeals
PO Box 460948
Denver CO 80246-0948



Program



Information



CHAMPVA and Routine Medical Exams

Some of the inquiries we receive in the VA Health Administration Center (HAC) Customer Service Center are about routine medical exams. There can be some confusion at times in the definition of a routine medical exam between your provider and our program.

For the most part, providers view routine care as follow-up to a patient's medical condition, such as high blood pressure, review and adjustment of medications, or other diagnostic tests for monitoring high cholesterol, diabetes, and even a visit for the flu. This is because the care that is provided to the patient is routine in nature and does not require an extensive physical examination or history workup. The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) covers these.

For CHAMPVA, routine medical examinations are to assess your general health without having a specific health care related need; such as pre-employment physicals, which we do not cover.

There are however, many routine procedures and diagnostic tests that we do cover. Your covered benefits include: cancer screenings for breast, colorectal and prostate; pap smears, mammograms, as well as those immunizations that are recommended by the Center for Disease Control, just to name a few.

Of course, understanding your CHAMPVA benefits is very important when obtaining health care. If you have questions related to covered benefits, you may find many of those answers in your CHAMPVA Handbook, online at: <http://www.va.gov/hac/forbeneficiaries/forbeneficiaries.asp>, or contact the Customer Service Center:

Telephone: 1-800-733-8387

Email: To email us, go online at www.va.gov/hac/contact (select the Inquiry Routing & Information System (IRIS) link in the CHAMPVA section)



Collections, What They Mean to You

In order to ensure seamless service to you, our goal is to pay any claim received in an expeditious manner. However, we need your assistance in assuring that the payment of a claim is correct, therefore, reducing the number of overpaid claims.

When we receive a claim, the provider or you are reimbursed for the services rendered. If we determine at a later date the payment was not proper we send a notice of indebtedness. When a provider receives a notice of indebtedness often times they will reimburse us and then in turn bill you for the amount reimbursed. If the provider pays the bill on your behalf they may aggressively pursue collection of the funds owed them. This aggressive action can include forwarding outstanding bills to private collection agencies and the credit bureau network. We understand this can adversely affect you financially and emotionally.

How can you assist us and protect yourself from potential adverse collection

efforts? Most importantly, it is imperative that you notify us of any changes in your eligibility status. Such as:

- Loss of eligibility occurs when a child turns 18, unless enrolled in an accredited school as a full-time student; a child, who has been a full-time student, turns 23 or loses full-time student status; a child marries or a stepchild no longer lives in the household of the sponsor.
- Loss of eligibility occurs when a spouse and qualifying veteran divorces or annuls a marriage.
- Loss of eligibility occurs when a widow remarries prior to age 55 (Note: Prior to February 4, 2003, remarriage at any age terminated your CHAMPVA benefits. Because of a change to the law, widow(er)s who no longer qualified for CHAMPVA because of remarriage after age 55 could reinstate benefits if the application for benefits was received on or before December 31, 2004).



- Loss of CHAMPVA eligibility may occur upon eligibility of Medicare if you do not notify the HAC that you have elected Medicare parts A and B. Please refer to the CHAMPVA Handbook for eligibility requirements.
- Loss of eligibility occurs when you are entitled to TRICARE benefits.
- Eligibility for CHAMPVA benefits may be affected by entitlement to “Other Health Insurance.” Please refer to the *Eligibility Requirements* section of the CHAMPVA Handbook for eligibility requirements. The Handbook can be found online at the following link: <http://www.va.gov/hac/forbeneficiaries/champva/handbook.asp> (select the CHAMPVA Handbook link)

It’s important that you pay close attention to the Explanation of Benefits (EOB) received from CHAMPVA. If you identify any discrepancies you should contact our Customer Service Center:

Telephone: 1-800-733-8387

Email: To email us, go online at www.va.gov/hac/contact (select the Inquiry Routing & Information System (IRIS) link in the CHAMPVA section)

With your help we can reduce potential overpayments, lower your risk for potential adverse collection actions and continue to provide exceptional service!

Information

Program

Customer Service Center Improvements

The Health Administration Centers' Customer Service Center has been working on several improvements to help ensure every contact with us is as pleasant and helpful as possible.

We have been increasing our staff so that the wait time you had been experiencing to speak with a Customer Service Representative would be reduced. We've really made progress and hope that you've noticed! Our average wait time in April was nearly 20 minutes and we know some of you waited much longer than that. We appreciate your patience with us while we've been hiring additional staff. Our average hold time now is less than two minutes and we are striving to ensure your hold time will not be more than three minutes on a typical day.

To further help reduce your wait time, we have added a new feature called Virtual Hold. Virtual Hold is a new technology which allows you to request a return call instead of waiting on hold.



If we are experiencing a hold time higher than three minutes, you will be offered a choice of either continuing to hold for the next available representative or letting the system call you back when a representative is available to speak with you. It is your choice and another way we are striving to provide excellent service. People who have tried it really like it!

Another area on which we have put a great deal of focus is training for our Customer Service Representatives. We have enhanced our training program to help ensure that all calls receive the same high level of professionalism, that your responses are always complete and consistent, and that the service you receive is friendly and accurate.

You also have the option to obtain information using the Internet. Our website is located at <http://www.va.gov/hac>. From our web site, you can review all the information for our programs, print fact sheets on any topic you need or send us an email question that will be answered within 24 hours (to email us, go online at www.va.gov/hac/contact and select the Inquiry Routing & Information System (IRIS) link in the CHAMPVA section).

When you call us at 1-800-733-8387, you will speak with a knowledgeable Customer Service Representative who will handle any issue you may have.

We have several other improvements planned to provide additional ways for you to receive the information you need. We plan to offer additional information for you on the website www.mychampva.com, to include claim information. We will also be able to offer secure Chat and email by early spring 2009. For anyone who has used our Chat and email services, you know they're an extremely fast and easy way to receive information, but the amount of information we offer is limited since they're not secure and we want to be certain your information is protected and private. By Spring 2009, you will be able to receive any information you now receive when you call us with our enhanced, secure Chat and email services.

Third Party Liability Claims

What is a Third Party Liability Claim?

The Federal Medical Recovery Act (FMRA), 42 U.S.C. 2651-2653—provides for the recovery of the costs of medical care furnished by the United States to a person suffering a disease or injury caused by the action or negligence of some third person. Under this act, the United States has a right to recover the reasonable value of the care and treatment from the person(s) responsible for the injury. For you, this includes care that may be received at a Uniformed Services facility or under the CHAMPVA program.

Questions you need to ask yourself before filing a claim.

1. Were you injured as a result of an automobile accident?
2. Were you injured as a result of a work related incident (i.e., Worker's Compensation)?
3. Were your injuries the result of negligence from another person or party?

If you answer yes to any of the questions you may have a potential liability claim and need to complete the following forms and provide the requested documentation.

1. VA Form 10-7959d, CHAMPVA Potential Liability Claim.
2. VA Form 10-5345, Request for and authorization to Release Medical Records or Health Information.
3. Any applicable supporting documentation from your attorney or insurance carrier (i.e., Release of Authorization from your attorney or insurance carrier and letter explaining injuries).

The VA Form 10-7959d and VA Form 10-5345 are available on our website: www.va.gov, *Find a VA Form*. If you are unable to obtain a copy of the forms on our website, please

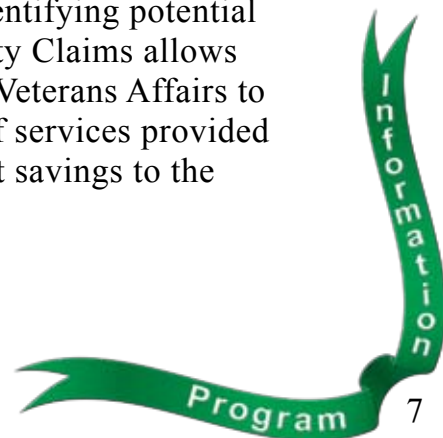
contact our Customer Service Center at 1-800-733-8387, identify you have a potential Third Party Liability Claim, and the appropriate forms will be mailed to you. Completed forms should be mailed to: Department of Veterans Affairs, Health Administration Center, PO Box 469062, Denver, CO 80246-9062.

If you receive a potential Third Party Liability Claim packet in the mail and your injuries were not caused by a third party, please return the packet to the address listed above annotated, "not applicable." This allows us to clear our Third Party Liability Claim case without further action on your part.

Why is it beneficial for you to notify us immediately of any Third Party Liability Claim?

Timely notification of a potential Third Party Liability Claim allows us to expeditiously process and provide lien information to the appropriate Department of Veterans Affairs Office of Regional Counsel. The Office of Regional Counsel works directly with all attorneys/insurance carriers involved in settling a claim and is authorized to assert or compromise the claim on behalf of the Department of Veterans Affairs. The sooner the Office of Regional Counsel receives information regarding a Third Party Liability Claim the quicker the claim will be cleared and the release of any settlement funds will be authorized.

Lastly, properly identifying potential Third Party Liability Claims allows the Department of Veterans Affairs to recover the costs of services provided which can be a cost savings to the government.





Prescription News

What has changed?

On March 31, 2008, the HAC entered into a contract with SXC Health Solutions, Inc. (SXC) to provide a retail pharmacy network for the CHAMPVA program.

What has not changed?

If you do not have another health insurance plan that includes pharmacy coverage, we encourage you to use Meds by Mail or SXC's retail network of pharmacies.

Can I still use the Meds by Mail (MbM) program?

Yes, as long as you do not have another health insurance that includes pharmacy coverage. We encourage you to use **the MbM Program** for your routine maintenance medications (such as blood pressure, asthma, or arthritis). There are no cost share or deductible requirements. Check our website for more information: <http://www.va.gov/hac/forbeneficiaries/meds/meds.asp>

If I choose not to use MbM, why should I use an SXC network pharmacy?

There are several advantages of using a network pharmacy:

- **costs** for the prescription **are often less** with the network pharmacy resulting in a lower cost share for you
- you **only pay your cost share** for the medication (after your outpatient deductible has been met)
- there are **no claims for you to file**

Where do I find an SXC pharmacy?

While most pharmacies participate in the SXC network, a list of participating pharmacies can be accessed by visiting:

- <https://vahac.rxportal.sxc.com>
- click "Preferred Pharmacy Finder" on the left side of the page
- enter your address or zip code and the distance you are willing to travel
- select your pharmacy

If you have additional questions for locating a pharmacy, please contact SXC at 1-888-546-5502 and they will help you locate a pharmacy near you.

What If I haven't received a pharmacy card?

If you do not have another health insurance plan with prescription coverage and you have not received your pharmacy identification card from SXC, a card may be obtained by calling SXC at 1-888-546-5502 or printing a temporary card from the website:

- <https://vahac.rxportal.sxc.com>
- click “Beneficiary Frequently Asked Questions” (FAQ) on the left side of the page
- under the second FAQ, select CHAMPVA
- print your card

Why is my pharmacy asking me to pay for a prescription that was previously filled?

If you are contacted by your pharmacy and they say you owe more than your cost share for the prescription you have already picked up, it is possible your pharmacy submitted your claim to the wrong pharmacy network. Please ask your pharmacy to resubmit the claim using the SXC network.

What if my pharmacy is not part of the SXC network?

You will need to pay the full cost of the prescription and file your claim on paper using CHAMPVA Claim Form 10-7959a, unless your pharmacy is willing to submit the bill to us and wait for their payment from us. Using a non-network pharmacy will likely increase your out-of-pocket costs.

Must I enroll in Medicare Part D, the prescription drug plan, to be eligible for CHAMPVA?

No, you do not need to enroll in Part D to maintain your CHAMPVA eligibility. In fact, there are some benefits of the CHAMPVA prescription programs that you would no longer be able to use if you enrolled in Part D. You would not be able to use the Meds by Mail program through which you can obtain your maintenance medications at no cost to you (no premiums, no deductible, and no copayments). You would also not be able to use our network retail pharmacies.

If you have any questions about your health benefits, contact our Customer Service Center:

Telephone: 1-800-733-8387

Email: To email us, go online at www.va.gov/hac/contact

(select the [Inquiry Routing & Information System \(IRIS\)](#) link in the CHAMPVA section)





CHAMPVA Overseas

Americans are an active and moving people. We travel all over the country by car, boat, bus and plane. We have things to do and people to see, and, as CHAMPVA beneficiaries you know that wherever life may take you, you are covered. However, did you know that includes the entire world? That's right, the CHAMPVA program and all of its benefits cover you where ever you travel in the U.S. or abroad with only the few exceptions as listed within the bullets following.

Of course, since the medical care was provided in another country there are a some differences in how the claim filing portion of the program works. Here are some handy things to know for submitting claims from an overseas provider:

- The CHAMPVA program will continue to pay the standard 75% of the bill with a 25% cost share to you. This will be paid in U.S. dollars equivalent to the exchange rate with the foreign currency on the date of service.
- Most foreign health care providers have never heard of CHAMPVA, so you will more than likely have to pay up front for your medical care and then send us the bill rather than having the provider bill on your behalf.
- In most instances, foreign bills need to be

translated by us, so it takes extra time to process your claim; in some cases up to 45 days.

- If you have Medicare, you probably already know that Medicare will not pay for a medical bill from an overseas provider. However, even though they won't pay the bill, CHAMPVA will. Simply file the claim as you normally would. However, please remember, even though you may be living overseas, to maintain your CHAMPVA eligibility you must have and maintain Medicare Part B.
- The CHAMPVA program will not pay for any drug or medical treatment that is not approved by the U.S. Food and Drug Administration.
- The CHAMPVA program will not pay for medical claims submitted from providers in the following countries: Cuba, North Korea, or Iraq.

There are no special forms to use for a foreign medical claim, simply use the standard CHAMPVA claim form 10-7959a.

Telephone: 1-800-733-8387

Email: To email us, go online at www.va.gov/hac/contact

(select the [Inquiry Routing & Information System \(IRIS\)](#) link in the CHAMPVA section)



Your Child & CHAMPVA Benefits

The following questions and answers are designed to assist your understanding of the CHAMPVA benefits afforded your child.

Question: Who is considered a child for benefits under the CHAMPVA program?

Answer: An unmarried person who:

1. Is a legitimate or illegitimate child of the sponsor.
2. Is a child legally adopted before the age of 18.
3. Is a stepchild who acquired that status before age 18 and who is a member of the veteran sponsor's household (or was at the time of death).

Question: Are children of a veteran who are born out of wedlock covered?

Answer: A child who was born out of wedlock is covered when:

1. Acknowledged in writing by the veteran sponsor as his/her child.
2. The veteran sponsor has been judicially ordered to contribute support to the child.
3. The veteran sponsor was judicially decreed to be the parent of the child.
4. Recognized by the Veterans Benefit Administration (VBA), after the submission of satisfactory evidence, to be the child of the veteran sponsor.

Question: What happens if I get divorced?

Answer: A birth or adopted child's eligibility for CHAMPVA benefits is not affected by the divorce or annulment of the veteran sponsor's marriage.

Question: I've adopted my grandson, can he be covered by CHAMPVA?

Answer: Yes, the effective date of coverage would be the date of adoption. An adopted child must be adopted before age 18 (or age 23 if a full-time student).

Question: My veteran spouse (qualifying CHAMPVA sponsor) has children from previous marriage and a child born out of wedlock. Can they be covered under

CHAMPVA even if they do not live with us?

Answer: Yes, as long as they are unmarried, under 18, or between 18 and 23 and a full-time student.

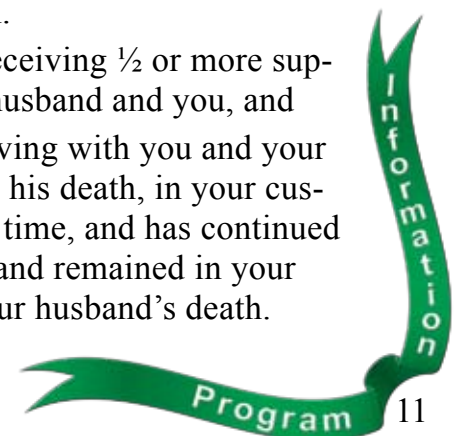
Question: I am a veteran and a qualifying CHAMPVA sponsor. I recently married and my spouse has children from a previous marriage and a child born out of wedlock. Four of the children from the previous marriage do not live with us and one does. Are they covered by CHAMPVA?

Answer: Your spouse's children that do not live with you are not covered. However, the step-child that lives with you is covered as long as the child is unmarried, under 18, or between 18 and 23 and a full-time student.

Question: My veteran spouse has died from his service-connected disability. As his surviving spouse, I'm covered by CHAMPVA. We were in the process of adopting our grandchild before my spouse passed away. Now that I've completed the adoption, can the child now be covered by CHAMPVA?

Answer: The answer depends on whether the veteran had been receiving a dependent's allowance from the VA for the child for one year prior to his death, or if all of the following conditions can be answered affirmatively:

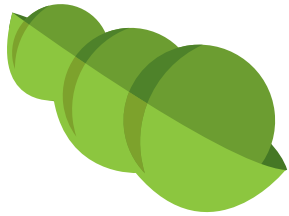
1. The adoption was finalized within two years of your husband's death.
2. The child was less than 18 years at the time of adoption.
3. The child was receiving $\frac{1}{2}$ or more support from your husband and you, and
4. The child was living with you and your husband prior to his death, in your custody during that time, and has continued living with you and remained in your custody after your husband's death.





Preventive

Medicine



Eat Your Peas

Healthier Diets Are Still Good News

A recent article has been published in a prestigious journal showing that it is, indeed, good to **eat your vegetables**. The results showed a steady improvement, with lowered risk of certain diseases, as the diet contained healthier foods.

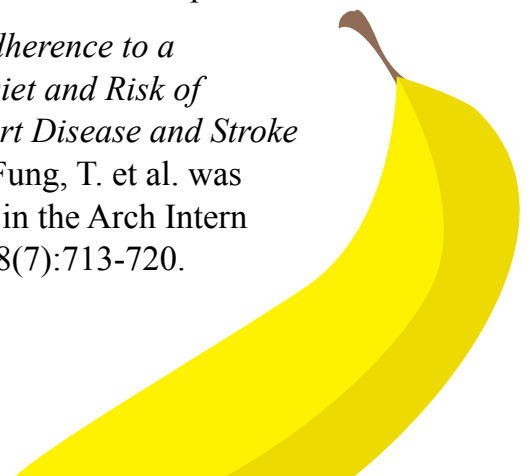
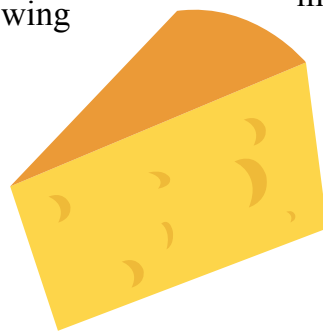
Research has already shown that following the Dietary Approaches to Stop Hypertension (DASH) diet can reduce blood pressure significantly in patients with hypertension. However, how this translated to long-term outcomes was unclear.

The data set of the classic *Nurses Health Study* population of 88,500 women (ages 34–59 at the start, 28 years ago) was evaluated. In this prospective cohort study, diet was assessed seven times during 24 years of follow-up (1980–2004) with validated food frequency questionnaires. A DASH score based on eight food and nutrient components (fruits, vegetables, whole grains, nuts and legumes, low-fat dairy, red and processed meats, sweetened beverages, and sodium) was calculated. Five groups, or “quintiles,” ranging from those with the best diets to those with the worst, were determined.

The main outcome measures were the numbers of confirmed new cases of nonfatal myocardial infarction (heart attack), coronary heart disease (CHD) deaths, and stroke. They documented 2,129 cases of incident (new) nonfatal myocardial infarction, 976 CHD deaths, and 3,105 cases of stroke. The healthiest diet group had about a quarter (24%) less risk of heart disease and about 18% fewer strokes, compared with the worse-diet quintile. This healthier group also had blood tests that showed better numbers, confirming the benefits of better diets.

The Conclusion: “Adherence to the DASH-style diet is associated with a lower risk of CHD and stroke among middle-aged women during 24 years of follow-up.”

The article, *Adherence to a DASH-Style Diet and Risk of Coronary Heart Disease and Stroke in Women* by Fung, T. et al. was just published in the *Arch Intern Med*. 2008;168(7):713-720.



Less Sleep Equals More High Blood Pressure for Women

Females with shorter sleep duration were more likely to have or develop hypertension; being overweight is an important factor.

A study of matched individuals, going forward (“prospective cohort”), looked at blood pressure and self-reported sleep time in British civil servants. Using data from 1997–9 and from 2003–4, the investigators performed analyses on several thousand men and women. The mean age of the women was 56 at the start.

37% of women who reported five hours of sleep per night had elevated blood pressure, compared with less than one quarter of women who reported six hours of sleep. (No association was seen among men for these factors.) During the mean follow-up of five years between the two periods, the risk for newly diagnosed hypertension (adjusted for age, etc.) was greater among women reporting five hours of nightly sleep than among those reporting six hours.

However, adjustment for cardiovascular risk factors reduced this association. The major contributor to hypertension risk was greater body mass index, BMI, a measure of obesity. A BMI chart is included on page 20.

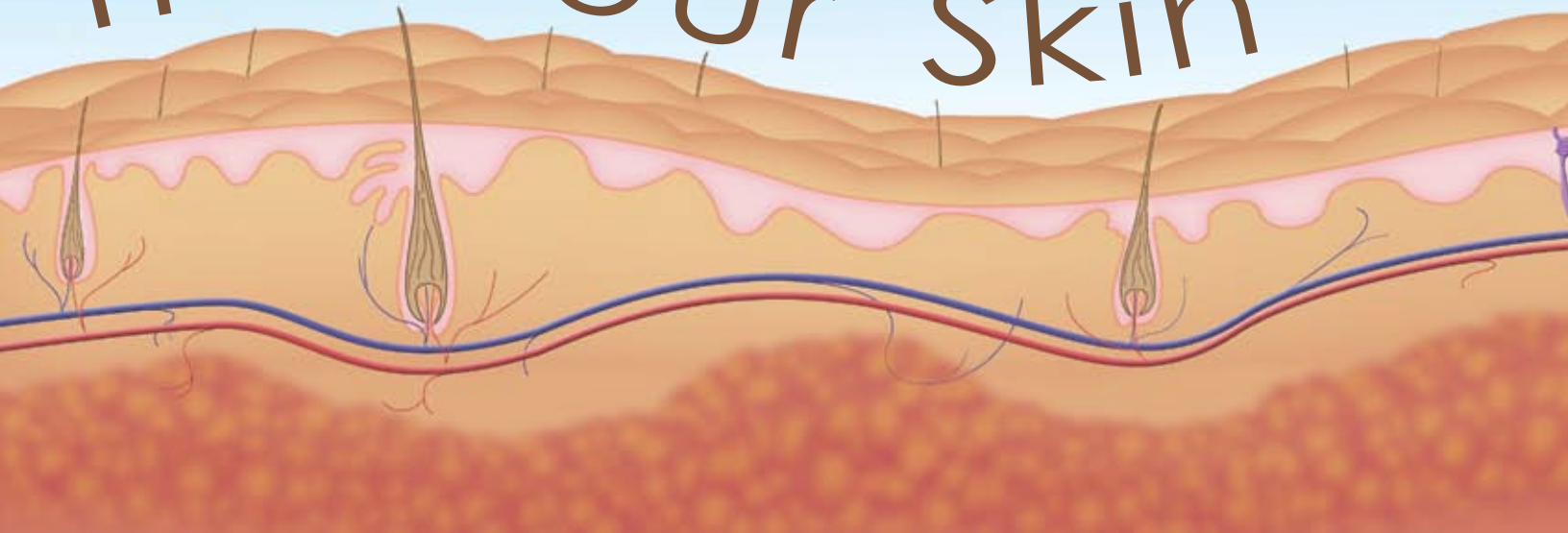
Comment: Factors that lead to high blood pressure (and then to heart disease) may also interfere with sleep, so there is some “confounding” or confusion about what causes what. “Women who sleep less might have undiagnosed sleep-related breathing disorders, which are more common among the overweight (Journal Watch Women’s Health January 4, 2007). Menopausal symptoms and depression also can impair sleep.”

Also: Of interest, other studies are showing that less sleep itself is associated with being overweight, even in children as young as three.

Bottom Line: Add getting enough sleep to your list of healthy behaviors.

This article is based on a medical study that was referenced by ePocrates and Copyrighted © 2007 from the Massachusetts Medical Society. All rights reserved. Author of original synopsis was MC Limacher MD. Citation: Cappuccio et al. Gender-specific associations of short sleep duration with prevalent and incident hypertension: The Whitehall II Study. Hypertension 2007 Oct; 50:693.

It's Your Skin



It's Not Just a Beach Thing!

Sun exposure adds up day after day. It happens whenever you're in the sun; walking outdoors at lunchtime, hiking, gardening, skiing, hunting, playing golf, boating, or simply walking to and from your car.

The skin is the body's largest organ. It protects against heat, light, injury and infection. It helps control body temperature and it stores water and fat. The skin also makes vitamin D.

The American Cancer Society advises that everyone is at risk for skin cancer, whatever their skin color, and everyone needs protection from the sun.

Skin cancer is the most common type of cancer in this country. About 80% of skin cancers could be prevented by protecting ourselves from the sun's rays.



Here are Some Sun-Smart Ideas

Wear sunscreen. Wear a sunscreen with an SPF (sun protection factor) of 15 or higher everyday, even for walking to and from your car. Choose a sunscreen product labeled "broad spectrum coverage." The higher the SPF, the

more skin protection is provided. Sunscreens with SPF of 12–29 provide moderate protection. Those with SPF of 30 or higher provide the most protection against sunburn.

Limit sun exposure between the hours of 10:00 a.m. and 4:00 p.m. when the sun's rays are strongest. Sunlight reflects off water, concrete, sand and snow and can reach below the water's surface. Ultraviolet (UV) rays are present even on cloudy days. UV radiation can go through light clothing, windshields, windows and clouds.

Cover up! When in the sun, wear clothing to protect as much skin as possible. Wear a wide brim hat that shades your face, neck and ears.

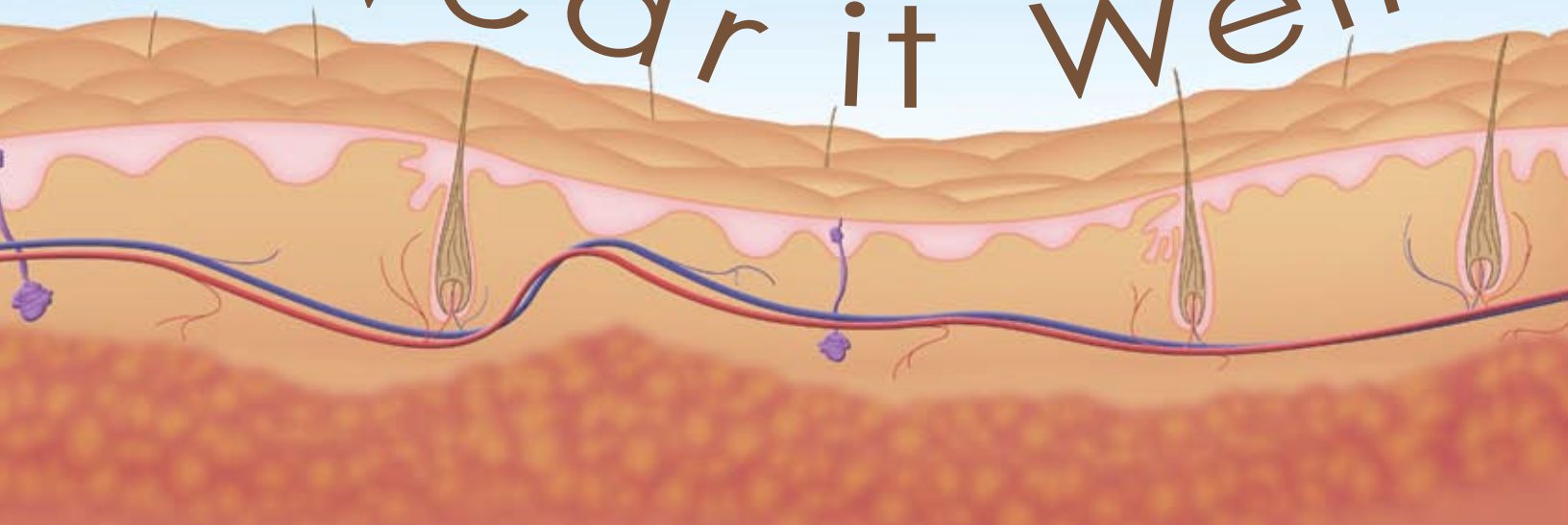
Wear sunglasses that have UV-absorbing lenses. The label should specify that the lenses block at least 99% of UVA and UVB radiation.



Do not use sunlamps or tanning booths. They are harmful to your skin.

Use more caution if you're taking prescription drugs. Some can greatly increase your skin's sensitivity to UV radiation. Check with your pharmacist.

Wear it Well



Parents: Take Note!

The American Cancer Society advises that sunscreen is not recommended for children less than six months old. Keep infants in the shade and covered up with clothing, sunglasses too.

Severe blistering sunburn as a child or teenager puts that person at increased risk for skin cancer later on. Sunburn happens at school, as well. Lips need sunburn protection, too.

Tips For Preventing Heat-Related Illness

The best defense is prevention. Here are some prevention tips:

Drink more fluids (nonalcoholic), regardless of your activity level. Don't wait until you're thirsty to drink. Warning: If your doctor generally limits the amount of fluid you drink or has you on water pills, ask him how much you should drink while the weather is hot.



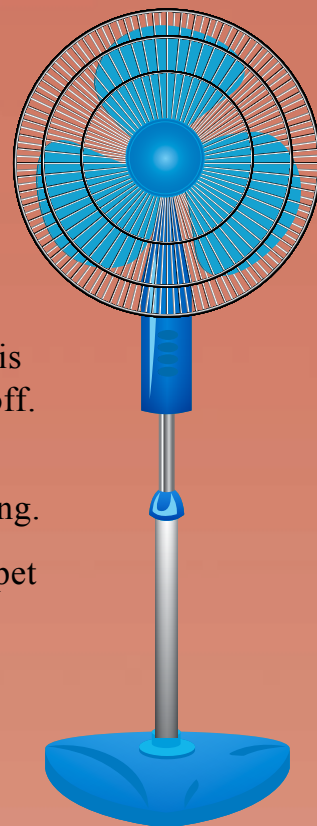
Don't drink liquids that contain alcohol or large amounts of sugar. These actually cause you to lose more body fluid. Also, avoid very cold drinks, because they can cause stomach cramps.

Electric fans may provide comfort, but when the temperature is in the high 90s, fans will not prevent heat-related illness. Taking a cool shower or bath, or moving to an air-conditioned place is a much better way to cool off.

Wear lightweight, light-colored, loose-fitting clothing.

NEVER leave anyone or a pet in a closed, parked vehicle.

Try to rest often in shady areas.



Sources

American Cancer Society

National Institute of Health

National Cancer Institute

Centers for Disease Control.





Important Vaccinations Recommended

Two relatively new immunizations are covered under CHAMPVA.

- **Gardasil®**, a vaccine for **young women** which treats genital human papilloma virus (HPV) and
- **Zostavax®**, a vaccine for **both men and women over 60** years that may help prevent shingles.

First, for the younger population, Gardasil is recommended for females age 11 years (possibly nine) to 26. This helps protect against a virus that has been associated with cervical cancer and genital warts.

What is HPV?

HPV is the most common sexually transmitted virus in the United States, with about 20 million people in the U.S. infected, and around 6.2 million more getting infected each year. Over 50% of sexually active men and women are infected with HPV at some time in their lives.

Although most HPV infections don't cause symptoms, and resolve on their own, HPV is important mainly because it can cause cervical cancer, killing 3,700 American women yearly.

Worldwide, it is the second leading cause of cancer deaths for women.

Why get Vaccinated?

HPV vaccine can prevent most genital warts and most cases of cervical cancer. This is an inactivated (killed, not live) vaccine which is long-lasting and protects against four major types of HPV, including two types that cause about 70% of cervical cancer and two types that cause about 90% of genital warts.

Protection from HPV vaccine is expected to be long-lasting.

Vaccinated women still need cervical cancer screening because the vaccine does not protect against all causes of cervical cancer.

What is the Schedule for HPV Vaccine?

HPV vaccine is given as a three-dose series, which may be given at the same time as other vaccines:

First Dose: now.

Second Dose: two months after dose one.

Third Dose: six months after dose one.

Additional (booster) doses are not recommended. There are some people who should not get the vaccine (such as during pregnancy), and there are some risks that you should talk to your doctor about, or call your local or state health department's immunization program. Also, contact the Centers for Disease Control and Prevention (CDC):

- Telephone: 1-800-232-4636 (1-800-CDC-INFO)
- Or visit the National Immunization Program's website at <http://www.cdc.gov/vaccines>

Excerpted from the HPV Vaccine Information Statement. U.S. Department of Health and Human Services/Centers for Disease Control and Prevention National Immunization Program. February 2nd, 2007.

What is Shingles?

Shingles (Herpes Zoster) is a painful skin rash, often with blisters, caused by the Varicella Zoster virus, the same virus that causes chickenpox. Only someone who has had a case of chickenpox, or gotten chickenpox vaccine, can get shingles.

The virus stays in your body and can reappear many years later to cause a case of shingles, a rash that usually appears on one side of the face or body and lasts from two to four weeks. Its main symptom is pain, which can be quite severe, but there can be other symptoms.

Shingles is far more common in people 50 years of age and older than in younger people and in those whose immune systems are weakened because of a disease such as cancer, or drugs such as steroids or chemotherapy.

At least one million people a year in the United States get shingles. For about 20% of people, severe pain can continue even

after the rash clears up. This is called post-herpetic neuralgia.

Shingles Vaccine

The vaccine for shingles was licensed in 2006 as Zostavax®. In clinical trials, the vaccine prevented shingles in about half of people 60 years of age and older. It can also reduce the pain associated with shingles.

A single dose of shingles vaccine is indicated for adults 60 years of age and older. Again, there are people who should not get the vaccine, and there are some risks. Ask your doctor or other health care provider, call your local or state health department's immunization program or contact the CDC at the numbers listed for HPV in this article.

Excerpted from the Shingles (Zoster) Vaccine Information Statement. U.S. Department of Health and Human Services/Centers for Disease Control and Prevention National Immunization Program. September 11, 2006.



Obesity

Good food and eating well does not always lead to good health. Too much of a good thing can be problematic, which is especially true of eating too much. Over-eating regularly will lead to obesity. Once obese, you are on your way to developing many other health problems.

How Much Food is too Much?

This is a good question, but, unfortunately, it does not have a simple answer. Everyone has different food requirements. Your food needs depend on your age, size, activity level, and health. For adults, if your weight tends to gradually increase, then you are probably eating too much for your daily activity level.

Why is Obesity Bad?

The medical community has linked obesity to many medical problems; however, you know that as your weight increases you experience more health problems or are less comfortable. At the very least, excess weight makes it more difficult to be active. Once your activity level decreases you are more susceptible to gaining more weight and other problems associated with inactivity.

Obesity may cause the following medical conditions or problems: hypertension, type II diabetes, sleep apnea, heart disease, skin rashes, osteoarthritis, back problems, and depression. Each of these conditions can also lead to other serious medical problems. For instance, hypertension may result in kidney damage or a cerebral vascular accident (stroke). Each body system is integrated with other body systems. When one body system or organ is damaged, it effects another which effects yet another. Being thin is not a guarantee to good health; it just reduces your chances of health problems.

How Do I Know if I am Overweight?

For some of us, our obesity is apparent. For others, identifying a weight problem may be difficult. If you have any questions about what your ideal weight should be, ask your doctor. If you don't want to wait until the next time you are sick, you can determine if you have a weight problem by calculating your BMI and comparing your BMI to the scale.

BMI	Weight Classification
Less than 18.5	Underweight
18.5 to 24.9	Normal
25 to 29.9	Overweight
30 to 39.9	Obesity
40 and above	Extreme Obesity

What is a BMI?

BMI stands for Body Mass Index (see the back page of this *Your Health* magazine for a BMI chart). The BMI is a number that factors your height and weight together to better identify your weight classification. To determine your BMI, use the following formula:

1. Your Weight (pounds) times 705
2. Divided by height in inches squared or height multiplied by itself

The National Institute of Health, website <http://www.nhlbisupport.com/bmi/bmi-m.htm> has a BMI calculator. This website also provides information in determining your risk factors for other obesity related diseases. By measuring your waist circumference, which provides an estimate of your body fat, along with your BMI you can evaluate your risk factors for type II diabetes, hypertension and cardiovascular diseases. Additionally, the site allows for visualization of portion size.

What Should I Do if I Think I am Overweight?

Some diseases and/or genetics may cause or predispose you to a weight problem. If you think you have a problem, you should see your physician who can determine if you have other health issues causing your weight problem. Additionally, before you choose a diet, talk to your physician, especially if you have any chronic disease such as diabetes, elevated cholesterol, heart disease, or any other health problem that a specific diet could affect. If you need to lose weight, select a diet that promotes a slow steady weight loss by decreasing calorie intake while including adequate nutrients that come primarily through the food we eat. Make sure it allows for a variety of foods from each of the food groups (grains, vegetables, fruits, dairy, meats and beans, and oils).

Before deciding on a diet, consider the USDA's (U.S. Department of Agriculture) dietary guidelines, which recommend the following:

- Eat a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt and alcohol.
- Food intake should be determined by energy needs.
- Adopt a balanced eating pattern.
- Eat a variety of fruits and vegetables each day.
- Select from all five vegetable subgroups (dark green, orange, legumes, starchy vegetables and other vegetables several times a week).
- Consume three or more ounce-equivalents of whole-grain food per day, with the rest of the grains coming from enriched or whole-grain products.
- Drink or eat three cups of fat-free or low-fat milk or equivalent milk products per day.

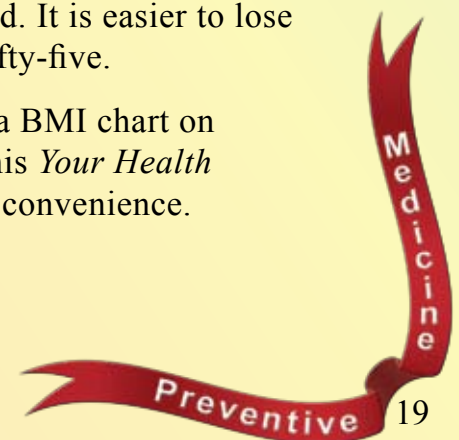
- If you drink alcohol, limit your intake to one drink per day for women and two drinks per day for men.
- Most of your fat sources should come from fish, nuts, and vegetable oils.
- Limit solid fats like butter, margarine, shortening and lard.
- Limit your calories from saturated fats to 10%/day, cholesterol to 300mg/day and trans fatty acid (margarine, hydrogenated vegetable shortening) to as low as possible.

If you are battling a weight problem, don't lose confidence. You can lose weight. Every pound you lose helps your health. Visualization or other concrete examples may help. Weigh a pound of something, add it to your pocket or purse. Just as you feel the difference in just that one pound, so can your body feel one pound of additional weight. If other people have lost and kept the weight off, so can you. You face problems every day. Your resolve in overcoming those problems is proof that you have the right stuff needed to successfully manage your weight.

Is There Anything I Should Do If I am not Overweight?

If you are not overweight, the best thing you can do is to prevent obesity. Exercise and eat a variety of foods in moderation as listed in the dietary recommendations from the USDA. Since more than half of the American adult population is considered overweight, prevention is essential. Recognize your weight problems before they get out of hand. It is easier to lose five pounds than fifty-five.

We have included a BMI chart on the back page of this *Your Health* magazine for your convenience.



Body Mass Index (weight lbs.)

Height (ft/in)

	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4' 5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4' 6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4' 7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4' 8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4' 9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4' 10"	25	27	29	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67	69
4' 11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65	67
5' 0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5' 1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61	62
5' 2"	22	24	26	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5' 3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5' 4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5' 5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5' 6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5' 7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5' 8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5' 9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5' 10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5' 11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6' 0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6' 1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6' 2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
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6' 9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6' 10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35



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Source: National Obesity Educational Institute