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Health Wise Editor
Tiffany Meyer

Living with diabetes:

A personal account

A year ago, Karen was looking forward to retirement. She'd been making plans to travel with her husband Bill and to finally play tennis again. She was particularly pleased when she started losing weight, because the pounds had really crept on during her last few working years. No exercise. Lots of stress.

Bill wasn't so convinced that her weight loss was a good sign. He pointed out her frequent trips to the bathroom and constant thirst. "I think you've got diabetes, Karen," he said as he made her an appointment to see the doctor. A couple of blood tests later, Karen had her diagnosis.

A year later, Karen, 66, is doing terrific. "After years of listening to my friends complain about their diabetes, I was so afraid this meant all my retirement plans were ruined. But, thank goodness, it's not true. I'm doing everything I'd planned and more. And I feel

great."

A good result like that is no accident. It's taken work and it even meant going "back to school." Karen has learned how to take care of her diabetes and the payoff speaks for itself.

"I have to think about my diabetes every day, that's for sure,"

Turn to **Diabetes**, page 8





PHARMACY Corner

Robin Richardson, *Director of Pharmaceutical Programs, ODS Health Plans*

Medicine & food:

Sometimes a harmful combination

As a consumer of prescription and over-the-counter medications, it's important to be aware of the potential danger of mixing drugs with certain foods.

With assistance from the Food and Drug Administration, the National Consumers League published an informative booklet in 1999 entitled, "Food and Drug Interactions." Though this booklet provides helpful information about food and drug interaction (excerpted here) it's best to direct your specific questions about the drugs you take to your doctor or pharmacist.

Take with Food:

Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), such as Relafen, Motrin, Aleve and Naprosyn, can irritate the stomach. Take them during or immediately after a meal to reduce irritation and nausea.

Take on an Empty Stomach:

Other classes of medicines should be taken on an empty stomach, allowing the drug to reach the blood stream faster, increasing their effectiveness. Antihistamines like Claritin and Allegra are one such class.

caffeine consumption.

Caffeine is also a stomach irritant and can reduce the effects of medications such as Zantac or Tagamet, used to treat ulcers, heartburn and acid indigestion. Eating or drinking large amounts of caffeinated products should be avoided with these classes of medications.

Vitamin K:

Vitamin K is an essential element in the blood clotting process. Some examples of foods high in vitamin K are broccoli, spinach, turnip greens, cauliflower and brussel sprouts. For patients who are taking blood thinners, such as Coumadin, to prolong the blood clotting time, eating large quantities of food high in vitamin K can reduce or negate the effectiveness of these medicines.

In addition, taking blood thinners such as Coumadin with high doses of Vitamin E (also a natural blood thinner) can be very dangerous.

Caffeine and Medication:

Some classes of medicine increase the level of caffeine in the body, producing excess excitability and nervousness. Quinolone antibiotics, such as Cipro, are an example of such classes. When taking these, be cautious of your level of



Now hear this!

Living with hearing loss

While one of the most common side effects of aging, hearing loss can often make one feel alone, isolated and misunderstood. But, be assured, help is available. From closed caption television to the Internet, more Oregonians are able to compensate for their hearing loss by improving their hearing ability, or finding other ways to communicate.

About a quarter of adults between 65 and 74 and one-third of seniors 75 and older experience two common types of auditory impairment: conductive loss, or sensorineural loss.

Conductive loss stems from problems of the outer or middle ear.

Sensorineural loss, also known as "nerve deafness," involves the cochlea, inner ear and auditory nerve. Ninety percent of hearing loss is categorized as sensorineural loss and includes symptoms such as:

- An inability to hear high frequency sounds and some spoken words.
- Diminishment and distortion of many sounds.
- Ability to hear low frequency sounds, such as vowels, more clearly.

Prevention

Our best defense to prevent hearing loss is to become aware of the noises around you. Suggestion #1: Stop turning the volume up. Turning the volume up on the TV to drown out other noise around you can really damage your ears over time.

Suggestion #2: Wear ear protection. Certain noise sources may be loud enough to permanently damage your hearing. Noise levels exceeding 85 decibels are considered harmful. The louder the noise, the faster damage can occur. Consider wearing hearing protection when encountering these decibel levels:

Snowmobile — 85-110
Lawn mower — 90-105
Table, chain saws — 100
Snowblower — 110
Live rock music — 90-130
Gun — 140

Getting Help

Assess the problem. If you've experienced hearing loss and would like help, ask your primary care physician to check your hearing at your next physical. After diagnosis s(he) may choose to refer you to an audiologist.

The hearing aid. Hearing aid devices increase noises heard around you. Ranging in price from \$500 to \$2500, hearing aids are an investment and seldom are covered by insurance. Before purchasing a hearing aid, conduct some research through some of these resources:

- Oregon Lions Sight & Hearing Foundation, 503-827-6952
- Research Consumer Reports or the AARP (www.aarp.org)
- The Oregon Hearing Society, 503-228-2639. A list of member dispensers is available and professionals are licensed by the Oregon State Health Division.
- Ask your PCP for advice. (S)he is the most familiar with your type of hearing loss and serves as a great resource.

Consider community

resources. Self Help for Hard of Hearing People of Oregon (SHHH Oregon) has chapters throughout the state and takes the fear out of slowly losing one's hearing. For more information visit their web site at www.shhhor.org, or call the organization's president in Vancouver, at 360-896-8117.

Consider close captioning. A great way to fully enjoy your show. Close captioning is more available and easy to use than ever before. For more information, see the summer 2000 issue of HealthWise.

The face of cancer is changing . . .

Let's take a look

In past decades, men in their 50s with a family history of prostate cancer came to accept it as their fate. If Dad or Uncle Tom had it, their chances of having it were higher. To them, an embarrassing few minutes with the doctor would not change that fact. Or would it?

Thanks to technological breakthroughs and medical advancements, the number of men surviving prostate cancer has grown in part due to early detection. Newer tests, such as the Prostate-Specific Antigen (PSA) test, is resulting in 25 percent more men beating the disease than in the mid-'60s.

With the Federal Drug Administration's acceptance of PSA test in 1994, men are learning about their disease early enough to begin life-saving treatments. The blood test samples levels of a specific protein in the blood, which at a higher level causes greater cause for concern.

With the help of public figures battling the disease publicly, like Joe Torre of the New York Yankees, it helps make the subject not as taboo as in the past.

An estimated 180,400 new cases of prostate cancer will be diagnosed in 2000; of those, it is estimated that about 32,000 men

will lose their life.

Although there is no definitive cure, detecting prostate cancer early through PSA tests has helped the number of men surviving the disease rise from 67 to 92 percent over the last 20 years.



Treatment

There are various treatments for men diagnosed with prostate cancer depending on the stage of the disease. Staging of the disease involves determining the site and location of the cancer.

There are three primary treatments for prostate cancer with much depending on the stage of the cancer, age and health of the patient and an individual's choice.

Radical Prostatectomy: A surgical procedure, this is recommended in earlier stages of prostate cancer. The operation removes the entire prostate gland and surrounding tissues. These tissues are then checked to see if the cancer has spread to other areas of the body. This treatment is found among younger, healthier patients whose tumors believe to be confined to the prostate.

Radiation therapy: This procedure delivers radiation energy to the prostate. The energy is usually delivered in an outpatient setting using an external beam of radiation. Men between 70-79 were likely to choose this option, according to the National Cancer Institute

Surveillance: This option is recommended by doctors for some patients, mostly older or

Continued, next page

whom have other medical conditions that may compromise their health. Often dubbed "watchful waiting," patients are followed with regular exams and if evidence appears of further cancer growth, treatment may be recommended. These are patients who, from the physician's observation, would be better off not engaging in more intrusive treatments such as surgery or radia-

Facts to live by

In 1994, the FDA approved the PSA tests in conjunction with a digital rectum exam.

Prostate cancer rates are now declining; they peaked among white men in 1992 and 1993 for black men.

79 percent of all prostate cancers are discovered in the local and regional stages; the 5-year relative survival rate for these patients with diagnoses at these stages is 100 percent (the American Cancer Society).

67 percent of men diagnosed with prostate cancer survive 10 years and 52 percent survive 15 years.

Native Americans have the lowest incidence rate of prostate cancer.

tion. Factors in this decision can be based on age, beliefs and health history.

Doctors can also recommend hormonal therapy, primarily used to treat patients who have prostate cancer not confined to the prostate. Although not curative, it is used to delay the progression of the cancer and to increase the patient's survival and quality of life.

Catch it early

The following are some common symptoms of prostate trouble:

A need to urinate frequently, especially at night

Difficulty starting urination or holding back urine

Inability to urinate

Weak or interrupted flow of urine

Painful or burning urination

Painful ejaculation

Blood in urine or semen

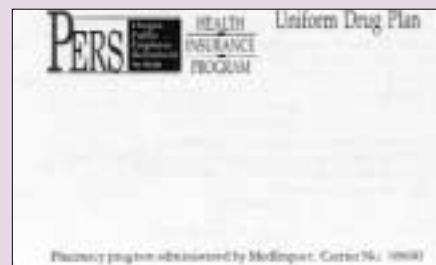
Frequent pain or stiffness in the lower back, hips, or upper thighs

If you experience any of these symptoms, do not panic, but contact your physician right away.

Your Prescription Drug Card can save you bucks!

ODS Health Plan & Providence Members:

Alert your pharmacist of your drug benefit by showing your prescription drug card EVERY time you order. Remember that the PERS Health Insurance Program offers a greater drug benefit when you use preferred or generic equivalent drugs. By showing your drug card each time, your pharmacist is reminded to give you these options.



Kaiser Permanente Members:

If you're a Kaiser Permanente member, you use your regular plastic identification card for all medical, dental and prescription drug benefits.

PERS Reminders . . .

The PERS Health Insurance Program office will be closed on:

May 29, 2000
Memorial Day

Save the date!

As a reminder, each fall the PERS Health Insurance Program offers members the chance to hear about changes made to plan benefits and to voice questions or concerns. The fall Plan Change Meetings will be held throughout Oregon in October and early November of 2000.



Do you have a general health or nutrition question you'd like to ask our PERS physicians? Send your questions to:

PERS Health Insurance Program
Attn: Tiffany Meyer
601 S.W. Second Avenue
Portland, OR 97204-3156

Or e-mail us at:
comments@odshp.com

Be sure to specify that your question is for the PERS Ask the Doctor program.

Not all submitted questions can be answered in the HealthWise newsletter.

Coping with grief:

Common questions

"When will this grieving be 'over'?" While you never get "over" your loss, the acute pain will end. Everyone's feelings are different, just as everyone's relationship was different. These differences mean that we all grieve differently and on different time lines. In general, it is believed that it takes two to four years to accommodate your life to the death of your spouse.

"When will I stop crying?" Although it may not seem like it at times, eventually the tears will end. There may always be times when hearing a favorite song or smelling a remembered fragrance will bring a moment of sadness. These tears can be thought of as your loved one living on in your heart.

"The holidays (or anniversaries) are coming. How can I cope with them?"

The holidays can be an especially painful time of the year when we are grieving. Here are some suggestions which have proven helpful to others:

- Plan ahead. It helps to ease the strain.
- Set priorities. This can make it easier to phase out elements less pleasing to you.
- Make new traditions. This

new phase in your life deserves some new traditions.

- Include your spouse's name in conversation. It helps others talk about him/her.
- Express your feelings. Most people understand and accept your need to cry.
- Find someone you can help. Giving assistance to others is very satisfying.
- Buy yourself something special. You've suffered a great loss. Be good to yourself.
- Cherish your memories. These are yours to keep; they grow more precious over time.
- Be patient with yourself. Allow yourself extra time to accomplish tasks.
- Take time out for rest and relaxation. This will ease the stress of grief.

"Should children attend the wake, funeral, or memorial service?"

If children wish to attend, let them. Prepare them by explaining what they will see and what will happen. If you will be overwhelmed yourself, ask someone close to the child to shepherd the child through the experience. Do not force children to attend if they do not wish to go.

Continued, next page

"Why do I keep thinking and talking about how she/he died?" Talking about the way our loved one died helps us grasp the reality of the experience. This was a life-changing experience so it is natural that it will be a vivid memory -- just as memories about your wedding and the birth of your children are easily recalled. As you work through your grief, you will not find the need to talk about the death in as much detail.

"Why am I so angry at my deceased spouse?" It is natural to feel abandoned and angry at the person who "left you alone" -- even if they did not

do so willingly. You are feeling angry at your circumstance. Deal with the anger by feeling it. Work it off by cleaning house, walking or exercising.

"What do I do with my wedding ring?" Some people keep wearing their rings; others put them away in a special place. Some give them to their children. Some move them from their left hand to their right. There is no right or wrong answer. Do what makes you feel best.

This information provided by the American Association of Retired Persons. For more information, contact the AARP web site at www.aarp.org.

Free Book Offer!

Tell us your stories! When met with a chronic illness, the best resources are often those individuals who have lived through it themselves.

We'd like to hear your personal account of living with a chronic illness. If you'd like to be interviewed (anonymously, if you choose) for the next issue of HealthWise, please call us directly at 1-800-768-7377. Ask for the HealthWise Editor, Tiffany Meyer.

For your participation, all interviewees will be sent the following book:

Healthwise for Life: A Medical Self-Care for Healthy Aging, written by Molly Mettler, MSW, and Donal W. Kemper, MPH. This is a user-friendly guide targeting self-care for health problems from back pain to mental health. Quantities are limited to stock on hand.

Questions?

Do you have questions about the new **Long Term Care benefit**? Call UNUM directly, at **1-800-227-4165**. They will be happy to assist you.

HAVE YOU MOVED?

Submit an address change form today!

Fill out the form below, sign, date, and return to:
PERS Health Insurance Program, Attn: Address Change
P.O. Box 40187, Portland, OR 97240-0187

FIRST NAME

LAST NAME

PREVIOUS ADDRESS

CITY

ZIP CODE

NEW ADDRESS

CITY

ZIP CODE

PHONE NUMBER

SIGNATURE

DATE

Diabetes Matters

Volume II of IV

Spring 2000

Welcome to the volume II of Diabetes Matters, the four-part PERS Health Insurance Diabetes Education Series.

Watch for valuable information in this and the next two issues of HealthWise. Also, look on your Diabetes Resources page each issue for new resources within your community, on the Internet and from your health plan to receive even more helpful diabetes education.

Each of the articles in this series were provided by Betty Brackenridge, MS, RD, CDE. Ms. Brackenridge is a former President of the American Association of Diabetes Educators, a founding member of the Advanced Studies Institute for Diabetes Education and the recipient of several national awards for her work in diabetes education.

Diabetes, *continued from page 1*

Karen explained. "I have to take my pills and insulin. I test my blood. I've gotten off the couch and am walking five or six times a week. And, boy, have I learned a lot about food. But it's no burden. I haven't eliminated anything from my life except feeling bad."

The first thing that Karen does each morning is check her

than 45 grams of carbohydrate at breakfast (such as 2 pieces of toast), it's nearly always there."

A two-mile walk or a tennis game or two occupies most mornings. Another blood test before, and sometimes after, her evening meal fills out Karen's "Day with Diabetes."

"My blood sugars after dinner were running kind of high

"I have to think about my diabetes every day, that's for sure. But it's no burden. I haven't eliminated anything from my life except feeling bad."

blood sugar. "My goal is to keep it between 80 and 120 and it's been there nearly every day since the last increase in my metformin dose."

Breakfast is around 7 a.m. most days but may be as late as 9 a.m. on the weekends. "I test after breakfast a couple of times a week to make sure my blood sugar is staying under 180. As long as I don't eat any more

so my doctor had me start taking rapid-acting insulin just at that meal. My friends acted like that was going to be a big deal, but it isn't. The needle is so tiny I can't even feel it. And it really straightened out those problem blood sugars after dinner."

Karen and her doctor are both delighted. Her last HbA1c test was actually in the normal range at 6.1%.

Five more myths about diabetes

Continued from
Diabetes Matters,
Volume I

Myth #6: People with diabetes can't eat sugar.

Sugar is a form of carbohydrate just like starch and is no more difficult to manage than starch. Both starches and sugars must be counted to keep blood sugars under control. People with diabetes can enjoy sweet foods as long as they learn how to count the carbohydrate they contain. (See related story, "How to manage carbohydrates for better BG control.")

Myth #7: Healthy foods don't raise blood sugar.

The balance between insulin and carbohydrate is what determines blood sugar control. Even nutrient-rich foods, like whole wheat bread, carrots and oatmeal, can raise your blood sugar to an unhealthy level if you don't have the right amount of insulin around to handle them. Test your blood sugar after eating. This is the best way to tell if your food choices are working for you.

Myth #8: No matter what I do, I will get complications. The complications of

diabetes are varied and serious but NOT inevitable. Excellent blood glucose control - at the level described in your last Health Wise newsletter - is a powerful tool to cut complication risk. Every 1% drop in HbA1c reduces the risk for nerve, eye and kidney damage by between 20 and 30%.

Even greater protection is possible by also maintaining excellent blood pressure control of lower than 135/80. Control of blood pressure and blood fats (lipids, including total and LDL cholesterol and triglycerides) is particularly important to decrease your risk for heart problems that are the major cause of death among diabetics.

Know your numbers for blood pressure, lipid and blood glucose control. See your doctor regularly for recommended lab tests. Together, you and your team can greatly reduce your risk for the health problems related to uncontrolled diabetes.

Myth #9: I need special diabetic and dietetic foods to control my blood sugar. The most important feature of a food package for you is not the large print claim to be diabetic, dietetic or sugar-free. It's the small print on the Nutrition Facts panel that really counts.

Many "special" foods, have just as much carbohydrate as the foods they replace. These "special" foods are often more expensive and less tasty than the "real thing." And because of their carbohydrate content, they are just as capable of raising your blood sugar.

There is no food that can't be part of your approach to controlling your diabetes. Learn to count the carbohydrate in the foods you prefer. Don't be fooled by the promise of a fancy label.

Myth #10: I have to get down to "normal weight" to control my blood sugar.

Most people with type 2 diabetes are overweight at the time they're diagnosed. And most are advised to "lose weight" in order to get their blood sugar under control.

Extra weight is a problem in type 2 diabetes because it contributes to "insulin resistance." This is a condition in which it takes more and more insulin to keep your blood sugar under control. Losing extra body fat and getting more physical activity can help lower resistance.

It's not necessary to get down to a "normal" or "ideal" weight to see an improvement in your blood sugar because most of the improvement in insulin resistance comes with the first 10-15 lbs. of weight loss. In fact, if your blood sugar doesn't improve noticeably with a 20-lb. weight loss, losing more weight probably won't help. This is a sign that your pancreas is worn out and that adjustments in your medicines are needed. See your doctor.

If you find it difficult to reduce your weight, remember that the right medicines, exercise and nutrition management can control your blood sugar at any weight.

Tips for controlling your portions

Visualize the size of the following items to help you estimate your carbohydrate intake:

Tennis ball or a closed fist = 1 cup (about 30 grams of carbohydrate from potatoes, fruit, pasta, rolls, corn. A good point of reference when eating out in restaurants.)

Deck of cards =

3 oz. cooked portion of meat

Tip of thumb = 1 teaspoon

Whole thumb = 1 tablespoon

Weighing and measuring foods is certainly one way to control portions, but here are some strategies that may give you a similar benefit with much less effort.

Use the same bowl or spoon to serve. Find a serving spoon that serves up about a half-cup and a cereal bowl that holds about a cup. You can also mark the inside of a container to show the fill level that provides the portion you want.

Use pre-portioned foods. You know exactly how much you're getting and there are no leftovers calling your name when it's gone.

Divided plates. Simplify portion control with divided picnic-type plastic or paper plates. Fill the largest compartment with vegetables and salad. Use one of the smaller compartments for carbohydrate foods and the other smaller one for protein.

Manage carbohydrates for better BG control

The major source of sugar in the blood -- especially for several hours after each meal -- is the food we eat. Although all foods raise blood sugar to some extent, starches and sugars have the biggest effect. Starches and sugars are both "carbohydrates."

By keeping track of all the carbohydrates you eat, you can manage the balance between food and insulin. This balancing act is equally important for every person with diabetes. Some are balancing food with the insulin they take. And the rest are balancing food with insulin they make.

Here's how you can get started:

1. Learn where carbohydrates come from. Starches and sugars are found in: fruits and fruit juices, vegetables, breads and other grain foods, rice, potatoes, beans, peas, corn, cereals, milk and other dairy products, desserts, baked goods, and candies. All of these foods can be part of a healthy diet. Look at an exchange food list or a Food Guide Pyramid to identify the food groups that provide carbohydrates.

2. Identify the carbohydrate foods you eat. If you haven't done so lately, keep records of everything you eat for a few days. Then sit down with

a marker and review the list. Highlight all the carbohydrate foods you normally eat.

3. Manage portions so you know how much carbohydrate you're getting. Using food labels or an exchange list, find out the carbohydrate value for the portions of carbohydrate foods you normally eat. On the Nutrition Facts label, use the "Total Carbohydrate" value. Add up the total for each meal. Do you eat about the same amount of carbohydrate at the same meal each day? Unless you adjust your insulin based on your blood sugar level, eating about the same amount is very helpful to maintaining blood sugar control. Most women need about 45-60 grams of carbohydrate, on average, per meal. Most men need about 60-75 grams per meal.

4. Check your blood sugars. By testing before and after meals, you can see whether the insulin you TAKE or MAKE is covering the amount of food you eat. If your blood sugars are above 180 after meals, it shows that there was too much carbohydrate in the meal for the available insulin. This can be solved by eating less carbohydrate or by adjusting your medicine. Talk to your health team learn to which approach is best for you.

Diabetes Resources

Volume II of IV

The information contained in these resources is not intended to be a substitute for professional medical advice or medical care. Always seek the advice of a physician or other qualified health professional with any questions you may have regarding a medical condition or prior to starting any new treatment.

CLASSES

Diabetes Education Classes

Ask your physician about diabetes education classes available through your health plan. Classes are available on general information about diabetes, nutrition, exercise, foot care and information about using insulin. Some plans require that you be referred by your physician. Check with your health plan and your physician before registering for a class.

All Members

Kaiser Permanente Diabetes Education classes are open to both members and the general public. Call the numbers below for the next available group appointment. You will reach a recording offering you choices. Select "1" for the Appointments Menu. Select "1" again for Medical Appointments which include Diabetes Education.

Portland area (503) 813-2000
All other areas 1-800-813-2000

Providence Members

To locate a plan diabetes education program near you, contact the Providence Resource Line at (800) 562-8964.

BOOKS / COOK BOOKS

16 Myths of a Diabetic Diet

Karen Hanson Chalmers, MS, RD, CDE; Amy E. Peterson, MS, RD, CDE

The Great Chicken Cookbook for People with Diabetes

Beryl M. Marton

The New Soul Food Cookbook for People with Diabetes

Fabiola Demps Gaines, RD, LD and Roniece Weaver, RD, LD

Quick & Easy Diabetic Recipes for One

Kathleen Stanley, CDE, RD, MSER and Connie Crawley, MS, RD, LD

The Complete Quick & Hearty Diabetic Cookbook

American Diabetes Association

The Diabetes Snack, Munch, Nibble and Nosh Book

Ruth Glick

Diabetic Meals In 30 Minutes-Or Less!

Robyn Webb, MS

101 Foot Care Tips for People with Diabetes

Jessie H. Ahroni, PhD, ARNP, CDE

BOOKS / COOK BOOKS

The Diabetes Problem Solver

Nancy Touchette, PhD

Managing Diabetes on a Budget

Leslie Y. Dawson

American Diabetes Association 2000 Resource Guide

American Diabetes Association

The Fitness Book: For People with Diabetes

American Diabetes Association

SUPPORT GROUPS

Joslin Diabetes Center Discussion Groups on managing diabetes

www.joslin.harvard.edu/managing/help.html

Mediconsult Health Network

www.mediconsult.com

WebMD Online Diabetes Support Group

my.webmd.com/roundtable_topic/8

Numbers You Should Know



PERS Pension Office

Mailing Address

P.O. Box 23700
Tigard, OR 97281-3700

Street Address

11410 S.W. 68th Parkway
Tigard, OR
(503) 603-7777
1-888-320-7377

PERS Health

Insurance Program

General Correspondence

P.O. Box 40187
Portland, OR 97240-0187
(503) 224-7377
1-800-768-7377

Providence Health Plan

NEW!!

3601 S.W. Murray Blvd. #10
Beaverton, OR 97005
(503) 574-8000 • 1-800-603-2340

Mailing Address

P.O. Box 4327
Portland, OR 97208-4327

Ask A Nurse

1-800-365-7010

Claims

P.O. Box 3125
Portland, OR 97208-3125

Providence RN

(503) 230-6520 • 1-800-700-0481

ODS Health Plans

NEW!!

601 S.W. Second Avenue
Portland, OR 97204-3156

Medical

(503) 243-3880
1-800-962-1533 (Oregon)
1-800-852-5195 (National)

Dental

(503) 228-6554
1-800-452-1058 (Oregon)
1-800-852-5195 (National)

Claims

P.O. Box 4030
Portland, OR 97208-4030

Kaiser Permanente

500 N.E. Multnomah, Suite #100
Portland, OR 97232-2099
(503) 813-2000 • 1-800-813-2000

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