

by Ginger Porter

photos by Jason Terrell

PREVENTION

the new healthcare model

FOR WOMEN



Women's healthcare tends to be about taking care of yourself last. Healthcare reform is changing that and making wellness initiatives a driving force for everyone.

Insurance companies are now emphasizing prevention over treating sickness to make sure Americans have healthy habits. "Cigna is working to change our health care system from one that focuses on treating people after they've become sick, to one that emphasizes prevention and wellness and helping people to be vital and healthy," says Robert McLaughlin, senior medical director for Cigna in Tennessee. "Many health plans also offer the assistance of health coaches, both over the phone and online, to help people reach their health goals."

A health coach in the form of a fitness trainer is what finally got Yolanda Alexander on track with her weight loss plan. Insurance helps cover a fitness center in the City of Memphis building downtown where she works as lead accountant in the finance division. Alexander, 43, had been going and walking on the treadmill in the center, which is open to employees for \$10 a month. When the trainer came and was available from 10-6, she began taking her lunch at 11 to train there. The program and the accountability helped her. If Alexander didn't come, he would call her.

"It has been so convenient. If I had to go somewhere else after work, I probably would have been less dedicated. The trainer started adding strength training, and I started building muscle and breaking fat down," she explains.

At nearly 6 feet tall, Alexander weighed 236 pounds. Her doctor had been telling her to get some

weight off to lower her blood pressure and reduce her need for medication. After a year and a half of working out three times a week and changing her diet, she reached her goal weight of 177 pounds. She has kept it off for over two years now and has reduced her blood pressure medication. Her doctor is proud of her progress, her long-term weight maintenance and the reduction of sodium in her diet.

"A major thing for me was to limit carbs. I cut back on fried foods. Where I had been having fried food three or more times a week, I make it my treat and only had fried things once every week or two weeks. I completely eliminated sodas, and I had a history of drinking full strength Mountain Dew all day. I could drink it all day long and not eat anything—just drink in all my calories. I had bread with every meal. Then I cut it back to one meal a day, then maybe once or twice a week," she says.

Meanwhile, Alexander was walking a couple of miles 3-4 times a week. Her strength routine consisted of 15 minutes of cardio to warm up and 45 minutes of free weights three times a week. At first, her trainer coached her, but soon, she could do her routines with him nearby. When she gets off track, such as at the holidays, she is back in the gym and her workout is intensified for a while as she returns to a strict diet. In a couple of weeks, she is maintaining her goal weight again.

"I am feeling excellent. My clothes fit well. Even on those days when I don't have the energy and don't want to go back to the gym, when I get there, I feel better. It's really an energy booster," Alexander remarks. "My life has improved. That ability to go more and have more energy coupled with bringing my blood pressure down has been the thing."

Through the City of Memphis, there are other healthy offerings in the workplace such as seminars called brown bag lunches each month focusing on topics such as controlling diabetes, lowering high blood pressure and even Weight Watchers with meetings on-site. A nutritionist works at the fitness center and teaches healthy cooking classes. Once a month, there are demonstrations of healthy cooking methods and recipes are given. Healthy snacks are covered as well. Alexander is impressed with the classes, because, she says, it is hard to figure out how to cook healthy and what your family is going to like.

"Even small changes, such as exercising more or focusing on good nutrition, can make a big difference in reducing health risks for such illnesses as heart disease or diabetes," said Dr. McLaughlin. "People should learn about the programs that are available to them, for example, by asking their employer or calling their health plan, and then use them. We are at the beginning of a new year now, so what better time to start?"



THEY'RE COVERED

Get Your Screenings And Be Informed

Where women may have put off screenings before, the new healthcare model makes them accessible and covered now. Well visits to a physician are covered 100 percent.

“Many people don't realize that preventative care, such as regular periodic checkups, immunizations,

avoided entirely.”

A very important piece of information for patients to understand is they cannot take advantage of the new laws and come in for an annual checkup with a list of complaints. The visit will be coded differently and not be covered.

their doc for an annual and having complaints which will put the visit toward the deductible or make sure it is not covered like a well visit would be.”

Another issue is that some screenings may not be yearly anymore as guidelines change.



cancer screening and other kinds of wellness services are fully covered under their health insurance plan,” said Dr. McLaughlin. “People are leaving money—and more importantly, better health—on the table if they don't take advantage of these benefits. Preventive care can also help detect any potential health problems early, when they are easier to treat or can be

“I think we are seeking a peak in the number of patients coming in for annuals and preventative visits. On the other hand, if they have any complaint other than if they need a well woman check-up, particularly if any test is done, then it won't be covered. It's an insurance issue,” said Aric Giddens, MD, Memphis Obstetrical and Gynecological Association (MOGA). “A lot of people are trying to take advantage of seeing

“The increased accessibility of visits means there are going to be downsides such as the dialing back of certain tests and limits. Government bodies and organizations are looking at the cost of these things and trying to figure out how to bring the cost down,” explains Dr. Giddens.

Be sure to contact your provider about specifics.

Current recommendations:

Pap smears: The general consensus is a Pap Smear is needed every three years after age 21. Some doctors still hold to a yearly one. Check with your gynecologist. After age 30, a Pap Smear is recommended every three years in conjunction with a Human Papilloma Virus (HPV) Screening. The reason the HPV screens are not done before age 30 is nearly half the women tested would test positive. Women usually clear the virus by age 30.

“The positive HPV tests are the ones we pay attention to, as they are the ones most likely to develop cervical cancer or dysplasia,” says Dr. Giddens.

Bone Density: For people at risk or around menopause, these screenings would start. Of course, those with diagnosed osteopenia or osteoporosis would be indicated for screenings. These screenings

would be done every three to five years, depending on what is found in previous testing.

Mammography: The American Cancer Society recommends a yearly mammogram after age 40. The U.S. Preventative Services Task Force recommends a screening mammogram every two years after age 50. The differing recommendations have caused some confusion, so please check with your healthcare provider to get his or her recommendation. Of course, patients with a history of breast cancer, abnormal mammograms or a family history of breast cancer need to follow doctor's orders on screenings and tests.

Colonoscopy: For women (and men) 50 and over, every five years unless an abnormality is present and the doctor deems it necessary to check more frequently.



Gardasil®--A Preventative Immunization for Girls/Women

Gardasil® vaccine, approved a couple of years ago to reduce a woman's risk of cervical cancer and genital warts. It is a series of three shots given over a six-month course that reduces the risk of cervical cancer by 70 percent and genital warts by 80 percent. Approved for ages 9-26, it is usually recommended for girls ages 11 or 12.

“You want to target someone with the vaccine as early as possible,” explains Dr. Giddens.

Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. More than half of sexually active men and women are infected with HPV at some time in their lives.

About 20 million Americans are currently infected, and about 6 million more get infected each year. HPV is usually spread through sexual contact.

Most HPV infections don't cause any symptoms, and go away on their own. But HPV can cause cervical cancer in women. Cervical cancer is the 2nd leading cause of cancer deaths among women around the world. In the United States, about 12,000 women get cervical cancer every year and about 4,000 are expected to die from it.

HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women, and anal and oropharyngeal (back of the throat, including base of tongue and tonsils) cancers in both men and women. HPV can also cause genital warts and warts in the throat.

There is no cure for HPV infection, but some of the problems it causes can be treated.

HPV vaccine is not recommended for pregnant women. However, receiving HPV vaccine when pregnant is not a reason to consider terminating the pregnancy. Women who are breast feeding may get the vaccine.

Side Effects listed by the Centers for Disease Control are minimal:

Reactions in the arm where the shot was given

Pain (about 8 people in 10)

Redness or swelling (about 1 person in 4)

Fever

Mild (100° F) (about 1 person in 10)

Moderate (102° F) (about 1 person in 65)

Other problems

Headache (about 1 person in 3)

Fainting: Brief fainting spells and related symptoms

Severe allergic reaction in rare cases