

HEALTH

Seniors Confused by Medicare Drug Benefits

Many view program unfavorably

(AP) — Medicare beneficiaries are not enthused about the program's new prescription drug benefit, which begins enrolling its first participants this week. A survey of older people finds

them divided into three camps: • 37 percent view the program unfavorably. • 31 percent have a favorable opinion. • 31 percent said they just do not know enough about the benefit to have an opinion. "Seniors still are having a hard time. Seniors still aren't really prepared, and they're going to need a lot of help to make the choices they need to make under the law," said Dr. Drew Altman, president of the

Kaiser Family Foundation, which undertook the survey with the Harvard School of Public Health. Many beneficiaries already have drug coverage. That factor was listed as the No. 1 reason why people would not be enrolling in a private plan this year. "When you look at the people who say they don't plan to enroll, it's mainly because they already have coverage. They have coverage through a former employer or through a Medicare health plan,

and that's just great," said Mark McClellan, administrator for the Centers for Medicare and Medicaid Services. Among those surveyed who said they lacked drug coverage, only 28 percent said they would enroll. Twenty-three percent said they would not and 49 percent did not know. John Rother, director of policy and strategy at AARP, said he is not surprised that people have yet to warm up to the drug benefit.

"This was a program enacted as part of a very high-profile, partisan controversy," Rother said. "And the other thing is, the benefit is not what people had hoped to see." Rother said AARP, which has partnered with an insurer to provide a drug plan, believes people should view the drug coverage much like homeowner's or car insurance. "It's really peace of mind that you're buying," he said. The program has an out-of-pocket cap feature that limits the yearly amount a

particular participant would have to pay for medicines. Congress passed a prescription drug benefit in 2003 as part of the Medicare Modernization Act. Under the program, beneficiaries can voluntarily enroll in a private plan that pays for a portion of their prescription drugs. People will pay a monthly premium, an annual deductible and a portion of each prescription. Additional financial aid will be provided to those with low incomes.

Health Gap Narrows Deeper disparities persist

The health care gap between blacks and whites is closing on many simple, cheap medical treatments, but deeper disparities stubbornly persist for more complex and costly procedures, new research suggests. The findings from three large federally funded studies indicate it's possible to equalize health care between races, but it won't happen quickly or easily. Since the 1980s, many studies have documented racial gaps in the standard of health care. They are blamed on economic, cultural and even biological differences between races. Blacks have less access to better doctors, hospitals and health plans, studies indicate. Research also shows that the medical system treats whites and blacks differently, even

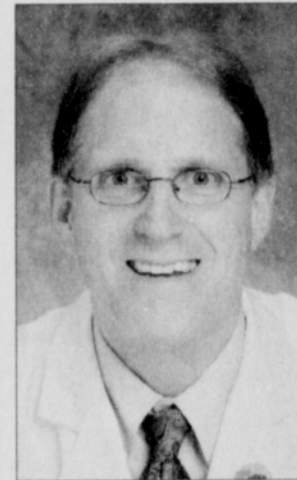
when they are the same in nearly every way. Harvard researchers found narrowed racial gaps for mammograms and diabetics' eye exams, blood-sugar tests, and testing and control of diabetics' cholesterol. Gaps were also reduced for prescribing beta-blocker heart drugs and cholesterol testing after heart attacks. Progress wasn't apparent everywhere, though. Racial disparities widened by three percentage points for both control of diabetics' blood sugar and of heart patients' cholesterol. The other two studies, led by Harvard and Emory University in Atlanta, show persistent disparities in mostly expensive and elaborate procedures like some blood vessel repairs, heart and back surgeries, and joint replacements.

Neurologist Expand Medical Services

Stroke, multiple sclerosis and Lou Gehrig's disease all are potentially devastating neurological conditions that can represent extraordinary challenges to those affected. In an effort to further enhance its services in the area of neurosciences for those in need, Portland's Providence Health System has added three neurologists to its medical staffs as part of its Brain Institute: Dr. Mark Morrow has joined the Providence Multiple Sclerosis Center based at Providence St. Vincent Medical Center. He has expertise in neuro-



Dr. Kim Goslin



Dr. Mark Morrow



Dr. Lisa Yanase

Oregon Clinic since 2000. Prior to this, she was an assistant professor of neurology and the director of general neurology at Oregon Health Sciences University. Dr. Lisa Yanase has been appointed the medical director of the acute stroke program at Providence Portland Medical Center, which recently obtained national distinction as a primary stroke center from the Joint Commission on Accreditation of Health Care Organizations. Most recently, she served as the medical director of the Cerebrovascular Center at LDS Hospital in Salt Lake City.

ophthalmology and neurology, as multiple sclerosis patients often incur problems with vision and balance. Dr. Kimberly Goslin serves as the medical director of the newly established Providence ALS Center. She has been a practicing neurologist with The

Avoid Germs with Helpful Hand Washing Hints

Preventing colds, flu

As the cold and flu season approaches, it is important that people remember to wash their hands often. Margaret Bruya, associate dean for academic health services and professor at Washington State University said the best safeguard against the flu is a flu shot, but hand washing can also help prevent becoming infected. Many people think viruses such as the cold or influenza are spread through airborne transmission, such as sneezing. How-

ever, more commonly, the germs that cause illnesses are spread by hands. When harmful bacteria are on the hands, which come into contact with mouths, noses and eyes, the bacteria can spread to these mucous membranes, allowing for the cold and flu viruses to infect people. Washing hands both before and after handling food is important in preventing the spread of disease. When cooking with raw food, wipe down all cooking surfaces and in-

struments used in the food preparation process. Always wash hands after using a public restroom, and be sure to use warm water, plenty of soap and scrub for at least 20 seconds. Wash hands after cleaning up after pets, such as after changing a cat's litter box or after clean-up while walking the dog. Scrub under fingernails and jewelry, and dry with a clean towel. Use disposable towelettes or antibacterial gel to keep hands clean when water is not accessible.

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Short Breath May Be Heart Disease

(AP) — One simple question - Do you have trouble breathing? - may reveal as much about someone's risk of dying as the most relied-upon sign, chest pain. Even people without any other cardiac symptoms were up to four times more likely to die of heart problems in the next few years if they had shortness of breath, a study of nearly 18,000 people suggests. Researchers found that patients who reported being short of breath had a higher rate of death.

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