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for Retired Americans*

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Industry Labor
Management Association*

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*New England Association of
Labor Retirees*

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Federal Funding for HealthLink Wellness

Dr. Joseph Boffa - Director HealthLink Wellness

The Office of Congressman Patrick J. Kennedy has announced the availability of funds for St. Joseph's Hospital that includes specific funding for HealthLink Wellness. We are very thankful for Congressman Kennedy's on-going support. The new funding gives us an opportunity to introduce some new features that will maintain Rhode Island's leadership in both wellness and chronic disease management.

In this issue we discuss some of those new initiatives. Dr. Mark Schwager, Medical Director, describes our proposal to include your primary care physician as part of the wellness team and Dr. Ana Karina Macarenhas from Boston University reports on the status of our new oral health program that was started during last June's health fair. Later this spring John Pernorio and RI-ARA will unveil our vision care program. Our goal is to create a comprehensive program that builds a culture of prevention where home, community and medical office work as a team in a new healthcare system.

"We spend plenty of resources on our healthcare system. The problem is it is not allocated efficiently. Approximately 80% of our health care expenditures go to treat 20% of the population with advanced chronic conditions involving expensive tests and hospitalizations. We need to spend more resources to prevent disease or minimize its impact once it occurs"

Congressman Patrick J. Kennedy

HealthLink Regional Health Fair—June 2008



**HealthLink Wellness Rally
April 7, 2009 • 12:00 noon
Teamsters Local 251 Union Hall
121 Brightbridge Avenue
East Providence, RI 02914
Don't Forget To Mark Your Calendars**

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Rally Planned for April 7, 2009 • 12:00 Noon

Rhode Island Alliance for Retired Americans

John Pernorio—President RI-ARA

To all the participants of HealthLink Wellness, on April 7, 2009, at 12:00 PM, the Rhode Island Alliance for Retired Americans will hold a rally to thank Congressman Kennedy for his ongoing support for the HealthLink Wellness program. The rally will be held at the Teamsters Local 251 Union Hall, 121 Brightridge Ave., East Providence, RI.

From the very beginning, Congressman Kennedy has championed our pioneering wellness project. We would like to show our appreciation and support for Congressman Kennedy with a strong showing at this rally. I'm asking that you attend not only to show support for what the congressman has done for us, but for the efforts put forth by Dr. Boffa, Dr. Schwager, all the people that volunteer from UNAP and other community organizations. It's you, the members that make this project what it is and what it could be in the future.

Bridging the Gap in your Healthcare

Dr. Mark Schwager

Medical Director HealthLink Wellness

With new resources from Congress, HealthLink Wellness can now help bridge the gap between today's medical practice which focuses on the treatment of disease once it occurs to a full realization of the wellness agenda. It has long been our view that there should not be two separate systems, one at your doctor's office and another at our community based screening sessions. The two systems should work in concert with each other because wellness is a personal journey that requires making difficult lifestyle changes (i.e., physical exercise, nutrition, smoking cessation, etc.) that took years to develop. HealthLink members who must make those difficult choices deserve the coordination of all key players in their personal health care system.

The role HealthLink can provide is to integrate its screenings with the care and monitoring you receive from your primary care provider. HealthLink members currently bring HealthLink screening and educational materials to their primary care providers who often endorse and encourage them to continue with the program. Up to now, HealthLink has not sought any formal association with your primary care providers, but in light of the movement toward coordination of care in managing chronic diseases, having HealthLink coordinated with your doctor's office would move medical practice and HealthLink's goals closer together.

*Blood Screening Station
Blood Glucose and Lipids are Monitored*



Schwager (cont.).....

From those of you who have participated in HealthLink over the years, we have collected screening values such as total cholesterol, HDL, blood pressure, blood glucose and smoking history. From those screening results plus age and gender we calculated a "Risk Profile Index" (RPI) which is a mathematical calculation of heart disease risk developed by the Framingham Heart Study. Your personal RPI score can fall into one of three categories: normal, above average risk, and elevated risk. At the end of each screening session I and other professionals review the status of your risk profile during a counseling session and outline actions you can take toward improvement of your health. During those counseling sessions almost all of you would invariably report your intention to share screening results with your primary care provider. What you have been doing all along and on your own is build a bridge between HealthLink and your doctor.

This Informal approach has worked well for us over the years. Though screening results have demonstrated measurable overall improvement in health status among our members, there are still too many individuals, due to various reasons, are classified as high risk of developing chronic disease or are not controlling current diagnosed conditions. For those individuals HealthLink Wellness needs to establish a more formal dialog between medical office and community. Only your doctor can alter treatment and medications to better suit any changes in your current medical status. Involvement with your primary care provider would also build on the inherent trust factor of the doctor patient relationship you both have built up over the years.

Our new initiative for integrating HealthLink Wellness with primary care practice would start by you bringing information about HealthLink Wellness to your office visits. Your doctor could access the HealthLink website to obtain further information. With this link in place your doctor could also have access to RPI and other clinical decision support tools that are currently only available through HealthLink's community program. Your doctor would benefit by having access to the latest evaluation tools derived from the medical literature. The HealthLink website will also provide your doctor with up to date information on health promotion activities, schedules, screening tests and ways to change unhealthy behaviors. Your doctor's office would also benefit financially if it provides an in-office screening to monitor your progress between regular community screening cycles. The office reimbursement from HealthLink would be equivalent to an office visit. Your physician would also receive HealthLink Wellness team support so there is no gap in communication between community and medical office.

Modern healthcare will require that patients, physicians, insurers, and community groups work together to develop new models of delivering healthcare. Preventive care programs, such as HealthLink, can help bring our community based screenings and expertise in preventive medicine into your doctor's office. Through this team approach, HealthLink can continue to improve the health of its members. Ultimately this brings two separate systems together as one team to greatly enhance your ability to take control of your health.

Oral Health Screening

Dr. Ana Karina Mascarenhas
Director, Division of Dental Public Health
Boston University Goldman School of Dental Medicine

Faculty and graduate students from the graduate program in Dental Public Health at Boston University School of Dental Medicine assessed the oral health among HealthLink Wellness participants during a health Screening session sponsored through The Rhode Island Alliance for Retired Americans, held at the Teamsters Local 251 Union Hall in East Providence, RI in November, 2008. Screenings were performed by 11 Boston University postdoctoral students. Data collected included oral hygiene, oral cancer screening, number of teeth present, cavitated, missing and filled teeth, the presence of root tips, cavitated and filled roots, gingival recession, and the presence, status and condition of dentures.

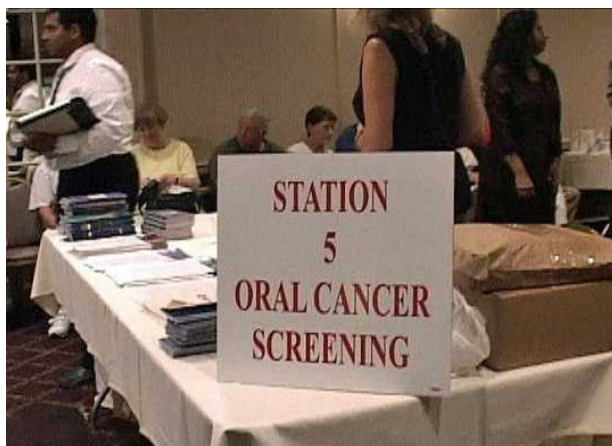
We found that 87% of participants had natural teeth. Of these, 19.7% had untreated cavities, 95.1% had filled teeth, 100% had at least one missing tooth, 50.8% had cavities on the roots of their teeth and 77.1% had gum recession. The average number of teeth present was 19.7 out of a possible 32. The average number of teeth with untreated cavities was 0.2 and the average number of missing teeth was 12.3. The 13% of participants who did not have teeth, all did have dentures. Twenty percent of participants had good oral hygiene. Women participants had higher number of teeth with more root cavities and gum recession than men. The prevalence of untreated cavities in the participants was lower than that seen in other studies of similar aged adults. However, there was enough recorded dental disease and the number of participants we sampled was large enough to suggest that preventive measures such as regular fluoride varnish applications may be very useful in reducing the amount of the dental disease we observed among the participants. I am currently exploring possible funding sources so that we can make oral health screening and prevention a regular part of the HealthLink Wellness program.

During the June 2008 Regional Health Fair we also conducted oral cancer screenings. Fortunately, none of those that were screened were diagnosed with a suspicious lesion. A recent CDC report* indicates that approximately 30,000 American are diagnosed with oral and pharyngeal cancer each year. Ninety-five percent of cases of oral cancer occur among persons aged greater than 40 years, and the average age at diagnosis is 60 years. In 1950 approximately six times as many men were diagnosed with oral cancer as compared to women. In 1997 only two times as many males as compared to females were diagnosed with oral cancer, the change likely due to the result of an increase in smoking among women and simultaneous decrease in smoking in men over the past few decades.

Health related behaviors such as tobacco smoking especially when combined with heavy alcohol consumption has been identified as the primary risk factor for approximately 75% of oral cancers. The use of tobacco in other forms such as chew and snuff has also been identified as a risk factor and other factors such as diet and occupation exposures to a much lesser extent. Despite aggressive combinations of surgery, radiation therapy, and chemotherapy, the 5-year survival rate for oral cancer is poor, 35% among blacks and 55% among whites.

Prevention and early detection are therefore essential.

***Oral Health/Cancer Screening Station
Graduate Students and Faculty from the Boston University
Goldman School of Dental Medicine prepare for the screening***



* *Center for Disease Control—Morbidity and Mortality Report, March 2009, vol. 58 #8*

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