

Health

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The Choctaw Sun
Friday, February 23, 2007
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Local men urged to get prostate cancer screening

GILBERTOWN — Annual prostate cancer screening rates in Alabama took a big tumble this year. Statistics from the Center for Disease Control and Prevention show men over 50 in Alabama only get screened 50 percent of the time, down from 57 percent last year. As a result, Alabama has the third highest death rate in the nation.

"There are many reasons for the lack of screenings and the high death rates but one of the biggest factors is poor access to annual screenings," National Prostate

Cancer Coalition CEO Richard N. Atkins M.D. said. "Alabama does not have a law mandating insurance companies to cover annual prostate exams. If we were grading each state in their efforts to fight prostate cancer, Alabama would easily fail."

In comparison, there is a long established law that requires insurance to cover breast cancer screenings.

"Government statistics show that when caught early, prostate cancer has a 99 percent survival rate," National Prostate Cancer Coalition

CEO Richard N. Atkins, M. D. said. "A ten minute test can save your life. The problem is that most men don't take advantage of it and many state governments aren't doing enough to protect men who are at risk."

The prostate cancer death rate in Alabama is 38 per 100,000; three over the national average while only 50 percent of men over 50 get screened for the disease annually (the national percentage is 52.3).

"Before we can remove prostate cancer from any family, we must

remove the obstacles to promising new research and provide education, screening and treatment to those who need it most," said Atkins. "To do so requires the public's support. We can beat prostate cancer. How soon is up to the people of Alabama."

Celebrating 10 years of saving lives, the National Prostate Cancer Coalition sets the standard for rapidly reducing the burden of prostate cancer on American men and their families through awareness, outreach and advocacy.

Prostate cancer in the United States

- U.S. Prostate cancer mortality is 30.3 per 100,000 and the incidence is 163.8 per 100,000.
- Hawaii has the lowest prostate cancer death rate in the country (20.5).
- Washington, DC has the highest death rate from prostate cancer, at 51.0.
- The federal government spends only \$495 million on prostate cancer research, compared to about \$850 million for breast cancer.
- African Americans are 2.5 times more likely to die from prostate cancer.
- Men with a body mass index of 32.5 or greater are 33 percent more likely to die from prostate cancer if diagnosed.

Medicare 'supplements' may cause problems with short-stay rehab costs

By Dee Ann Campbell
The Choctaw Sun

BUTLER — When 90-year-old Georgia Matthews signed up for a new supplemental health-care plan in late December, she was unaware that she would suffer a stroke within the next few weeks.

But she did. In the days that followed, she and her family would learn that their new policy would quickly place them in a difficult financial position — one that they say was not fully explained to them prior to signing up for the plan.

"My mother stayed in the hospital for 3 weeks," explains Matthews daughter Carolee Ruffin. "We were told she would need short-stay rehab, and we were trying to bring her to Butler for that."

It was then that Ruffin and her family discovered their dilemma.

"Because they were in this program," Ruffin explains, "Medicaid would not pay anything, and the plan does not pay anything either, until the 21st day."

With short-stay rehab typically lasting 20 days, Matthew's benefits would not pay anything toward her care for that time, leaving the family liable for the expenses.

Like a large number of the elderly across the country, Ruffin's parents were drawn to a plan that is billed as a Medicare 'supplemental' program, with several such programs now available nationwide.

Many of the plans cover — at least in part —

medical costs for doctor visits, inpatient hospital care, inpatient mental healthcare, nursing facilities, home health care, hospice care, certain types of chiropractic care, substance abuse care, outpatient surgery, and other procedures.

Patients who have the program pay a co-pay of for each doctor's visit, with other co-pays charged for other medical visits and procedures.

In addition, many of the plans also list benefits that include coverage for eye exams, dental cleanings, hearing aids, and glasses.

For hospital visits, with the plan currently available in the Choctaw County area, the patient pays \$265 co-pay per day for the first 11 days in a Medicare-covered facility. For longer stays — 12-90 days — the patient pays no co-pay at all.

The plan gives a \$3000 limit to annual out-of-pocket expenses, which, in some cases, may be a good option.

But for others, the out-of-pocket expense could be an insurmountable problem.

Under the Medicare replacement plans like the one that enrolled Matthews, rehabilitation patients pay \$125 per day for days 1-24, totaling \$3000 out of pocket — which means that the family pays all the expenses for the 20 days of short-stay rehabilitation.

"When you have to go into any type of short-stay rehab, it (the program) cancels other benefits out," says Ruffin. "It leaves the family paying out of their pocket for the

whole thing. Who has that kind of money?"

Contrarily, with traditional Medicare the out-of-pocket costs to patients in short-stay rehab are minimal.

According to Medicare policies, traditional Medicare pays the first 20 days of short-stay rehab, at 100%. At day 21, residents have a 20% co-pay, leaving them responsible for \$124 each day through day 100.

At the time of admission to rehab facilities, patients are often given the option to file for Medicaid, which, if awarded, will pay the co-pay costs left by Medicare. Yet for those who have enrolled in the new programs now being billed as supplements, Medicaid and Medicare will pay nothing at all.

While there are benefits to many of the 'supplemental' plans, many elderly and their family members are finding similar serious drawbacks — drawbacks that they say are not fully revealed by those who represent the programs.

"What they don't realize is that when they are doing this, they paint a picture to elderly that is confusing," Ruffin says. "My parents are 90 and 97. They painted it to look like something that would really help them, that it would supplement what they already have. But in their case, that was not true."

Ruffin says that her family has requested and received a disenrollment package that they hope will enable them to get out of the program in time for their Medicaid benefits to help defray the costs of

her rehabilitation. Because their enrollment only took effect in January, the family hopes that they will be able to get out of the program in time for Matthews to receive benefits from Medicaid.

"We got the disenrollment papers today," Ruffin told the Sun on Wednesday. "We hope we can get them out of this in time for Medicaid to start back up and pay for some of this. We don't know, as of today, if we are going to end up having to pay for the whole thing."

(ED. NOTE: Local seniors are urged to thoroughly check out any plan that they might be interested in, to ask questions, and not to agree to any plan without having someone they trust investigate it beforehand.)

'Healthy Eating with Diabetes' workshop to be held next month

By Dee Ann Campbell
The Choctaw Sun

BUTLER — The Choctaw County Health Council will be sponsoring a 'Healthy Eating with Diabetes' workshop next month at the county Cooperative Extension office in Butler.

On March 8, 15, and 22, from 10 a.m. until noon, local diabetes, and those who prepare meals for them, will be given the opportunity to learn how to prepare delicious meals that are conducive to healthy living despite their health problems. Fifteen local residents have already signed up for the sessions, which will include information and recipes, as well as opportunities to prepare those recipes during the workshop. The sessions are open to 25 attendees.

In addition to the workshop, vendors with diabetic supplies and testing materials will be present to assist the attendees. One Touch® meters and strips will be provided to all who attend, and a professional will be on hand to provide glucose testing on site. Ron Duncan will be present for at least one of the three sessions to provide information on diabetic shoes.

Attendees will be required to pay a \$12 fee to cover the costs of the sessions, but a limited number of sponsorships are available for those who may not be able to afford the fee.

For more information, call 205-459-2133.



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A benefit for Ronnie Mosley will be held at Needham/Land Fire Department this Saturday, February 24. Grilled chicken and fried fish plates will be sold beginning at 11 a.m.

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