

RESPONSES TO QUESTION 6

Below are examples of the types of preventive services American's should receive. Have you gotten the prevention you should have? If not, how can public policy help?

- Yes, all of them. I am president of a hospital.
- Simply "bolting on" these or any other preventive services to the existing health care "non"-system is likely only to add costs as cottage industries spring up to service these preventive care measures. Preventive services by themselves are unlikely to provide either cost savings or improved quality. The determinants of health are many and varied and only marginally affected by devoting resources to "health care," whether preventive, acute or chronic care services.
- I have received the screenings mandated by age and sex. However, I am a health care provider who is well educated in the reasons why these screenings are necessary.
- It is fairly burdensome to see a physician...long waits, going through multiple providers, and extremely short visits make healthcare and screening a daunting process. It is easier and more appealing to see a CAM provider for screening. Certain medicines have their own preventive screening and diagnostic processes which are just as if not more accurate than conventional medicine (e.g. Ayurvedic, Homeopathy, Traditional Chinese Medicine).
- With regard to flu shots, there are substantial numbers of people who distrust vaccinations in general because of how they are formulated and the side effects. "
- Self-management support. Then Senator Daschle gave us (SDSU) a grant for diabetes management for Native American populations in South Dakota. We created a program with the Medicine Men and Medical School leadership, and encoded it into a web-based Health Tracker. In six months Indigenous people who had been insulin dependent for 15 years were able to get off their insulin by reversing their disease. It was when they could SEE (through a web-based tracking report) the impact of their food intake daily, they came to understand that portion size, type of food, and impact of exercise impacted their health moment by moment. The addition of the social connections through integrative/ community on line chat to clarify and support their efforts, built the cultural bias towards family and community into their self-care management. The KEY to success of this project however, was Betty Marshall, a passionate Community Health Worker....mother of 4....diabetic herself, who recruited and coached people through the program! People KNOW what to do when they understand the dynamics behind the phenomenon. Collaborative planning and design, coupled with web-based real time tools, and lay coaches is powerful way to MAKE LIVE the potential of disease management.
- Yes, I get all the appropriate screenings.
- ACUPRESSURE FOR STRESS RELIEF, AND THE MANAGEMENT OF OTHER SYMPTOMOLOGY. Acupressure has helped me, my family, and my clients stay OUT of the doctor's office on countless occasions.
- Again - it's a question of access
- most participants in this program (WIN) I assume have access
- we need a larger dialog to reveal issues at a greater level
- I have an annual mammography, pap, cholesterol, bp check, and eye exam. I have a bone scan and colonoscopy when suggested and go to the dentist twice a year. I do not get flu shots.
- I also get regular acupuncture and massage therapy for wellness. This is paid for by me, my insurance company does not pay for any care that is not provided by a western medical provider. Although I get my regular check-ups and screenings, my choice is to work with the alternative providers for wellness and prevention."

- I have not gotten a screening mammogram because I feel that this yearly exposure to radiation is not good for me. I would use less harmful screening if this became available like MRI
- I have not gotten the flu vaccine since I was a student in medical school in 1964. The Flu vaccine made me sick with a fever and I felt it was not good for me at all so I lost confidence in it. My Mother continued to get the annual flu vaccine after age 60 and died from the flu at age 90 and had several episodes of pneumonia during her 70's even though she did not smoke. I do not believe that the current way we manufacture the flu vaccine is healthy or holistic so I do not take it. I have herbs and homeopathic medicines to treat the flu as soon as I get it and can use homeopathic medicines to prevent it if I choose. If I feel healthy I do not mind spending 3 days in bed, sweating with a fever of the flu. I see this flu as a self cleaning oven of inflammation and a benefit at times.
- For public health prevention of the flu, I would take a homeopathic flu medicine made the way the Cubans have recently done their leptospirosis immunization for 5 million Cubans and showed it worked much better than the traditional leptospirosis immunization. "
- These suggestions are all disease screening and so support the current treatment system. I ran programs like this in the military. Disease screening is always risky. We need primary prevention focused on lifestyle and with metrics about health, not just disease.
- Got screenings done 2 1/2 years ago when had insurance plans to pay for it
- Public policy: a. basic services should be available nationally... yes some sort of nationalized health care plan; b. people with preexisting condition - not excluded from receiving insurance (sometimes exclusion is very high premium); c. cap on what percentage of assets can be lost due to medical expenses. Medical bills a leading cause of bankruptcy and fear of loss of work/insurance benefits decrease productivity
- I do not believe screenings should be part of this discussion. It is the health care industries response to the call for prevention. And as such it is within their province. Early diagnosis most often leads to more expensive testing, and greater use of drugs and surgery. If the recommendations that come out of screenings were first turned over to holistic practitioners where applicable, so that safe alternative methods could be attempted for a period of time. That would make screenings more a wellness issue. As it exists today it is in the medical paradigm that does not encourage natural wellness approaches. I was dismayed to have so much time spent on the discussion of screening.
- I have rarely had a discussion about prevention with a health care provider. If we had public policy that mandated that wellness initiatives are part of clinical care, and incentivized a whole body approach to health care, we could ensure that prevention principles are integrated into our health system at every level from health education to screening to treatment.
- I have received a cholesterol test, am not yet over 50 regarding the flu vaccine and am a male. While offering these services is needed, the real issue is the individual; how does one incent, remind etc., the individual; that is what I believe is lacking in the majority of proposals. People do not get things done that they "know" they need because their "life" gets in the way and so health care is low on their agenda. We at USPM have a program that focuses on the individual and that is what needs to be done. At the end of the day, build it and they will come, does not work in health care. One must help the individual whether with routine screenings, weight loss, smoking cessation, health nutrition etc. to make the changes required. Build it and they will come, does not work in this arena, need to help/push the individual.
- I have had the screenings & would encourage the age for some screenings to drop. I got advanced breast cancer at age 37 yet was not due a screening until age 40! I went annually for my pap smears etc. or the breast cancer would have gone undetected. I sat through chemo & went through a bone marrow transplant with many women under age 40 & some in their 20's.
- Prostrate blood and visual test

- Lower bowel with a probe and camera
- nutritional test to determine the baseline of nutrients that each of us has and a multi-vitamin, mineral and amino acid formula custom made for each person's needs - we developed an assessment program and with individualized nutritional solutions and it is working well with clients with PTSD, ADD, ADHD, Aggressive behavior, allergies, depression, skin conditions and long term chronic illness prevention
- These screenings are available. I do not have faith in their accuracy.
- I know of too many false mammograms - too many people who have the flu vaccine and still get the flu several times (my mother even got the flu and died after her flu vaccine) - too many people who do not have a high cholesterol level and have heart attacks. Homocystine and c-reactive protein levels may be better predictors of cardiac problems.
- Now there are questions about ADD and similar condition being linked to vaccinating our children.
- This example is early detection rather than prevention. Public policy should reward employees and community members for being healthy and returning some of the premium paid.
- There needs to be more measures which enhance public information and EDUCATION, as well as finding financial incentives for utilizing prevention screening. One suggestion would be a partnership between HHS and DoE which would establish specific prevention and health promotion education standards as requirements for the accreditation of educational institutions.
- I have received all recommended screening.
- I am well educated and health conscious. I have received appropriate preventive care.
- Screening tools (e.g., mammograms, blood cholesterol levels, etc.) and prevention are not the same things. Rather, screening tools provide an objective diagnosis about the status of a patient's biomarkers, breast health, etc. Prevention, on the other hand, is often lifestyle-based, in that one's everyday diet, stress levels, exercise habits, and social support either enhance health or prevent ailments--or it contributes to poor health. A public policy that provides a clear overview of an optimal lifestyle would provide true prevention, which would include annual screenings and/or checkups.
- I have gotten the prevention I have wanted through a lifetime of intensive lifestyle practice including regular exercise, good whole food diet, regular stress management practice, and ample social support. My biomarkers all reflect this with low levels of risk. Public policy should view screening for biomarkers, e.g., cholesterol, blood pressure as secondary markers of trouble. Primary prevention would identify the initial causes of these biomarkers such as genetics, poor diet, lack of exercise, high stress, and social support. Identifying these causes should be the first step. Addressing each of the risk factors on its full continuum with a comprehensive program for each individual is true prevention. "
- MAMMOGRAPHY is a diagnostic test and NOT PREVENTION
- PREVENTION of Breast Cancer according to research begins with a healthy lifestyle...Only 5-10% have a genetic predisposition yet younger and younger women are getting diagnosed. For example, I saw 2 women this month barely 30 years old. Something is wrong with this picture.
- PREVENTION includes good nutrition, avoiding chemicals in the environment whenever possible, especially in early years and in preparation for pregnancy.
- A new understanding based on THE PRECAUTIONARY PRINCIPLE and research is essential. Acknowledging our interaction with the environment and subsequent potential impact on health is critical as it is estimated that 80% of all illness today, whether allergies, asthma, cancer or autoimmune disease has an environmental component.
- I think that TRUE PREVENTION goes beyond vaccines and cholesterol screening. This is playing into a medical model way of seeing.
- Dedicated programs for children are essential that target lifestyle, diet, stress, and exercise.

- As a practicing physician recently downsized from a hospital, I have not had my annual preventive services and physical exam in end 2008. Furthermore, I don't believe that the doctor who was doing my testing was very competent or intuitive in addressing my medical needs, but rather was "just doing his job." Public policy needs to address preventive services as more a function of personal self-care, rather than an algorithm of clinical checkpoints.
- The preventative services I have received have been solely at my personal initiative. Public policy can support implementation of electronic notification system that would automatically alert patients and their doctors for appropriate screening needs.