



Healthy Aging in Neighborhoods of Diversity across the Life Span

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The Healthy Journey

handls.nih.gov
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • NATIONAL INSTITUTES OF HEALTH • NATIONAL INSTITUTE ON AGING

HANDLS report packet

Following your MRV visit we will send you information about your health status. First, we send you a letter with your laboratory results about 10 days after your visit. Our study clinician, Dr. Ejiogu, will review your clinical findings. She will call you to discuss the results including any abnormal findings. She will answer any of your questions and provide guidance about follow up care. We may refer you to a social worker if you would like help but you do not have a regular doctor or health insurance. They will help you find a primary care provider or aid you to enroll for health insurance through the affordable care act.

About 9-12 weeks after your MRV visit you will receive a Participant Report Packet in the mail including valuable information about your health. It is a snapshot of the results from your day of testing and can be helpful to your regular doctor, especially if you have an ongoing medical problem. The packet will include findings that Dr. Ejiogu discussed with you during the follow up call you received after your visit.

The flag in column A tells you whether the result in column B is Higher or Lower than the normal range in column C. If the result requires follow-up with a physician, you will see NE which stands for needs evaluation, in column D.

Although we do not diagnose medical conditions we do, at times, identify abnormal laboratory findings or other

medical problems that require follow up by a physician. If this is the case, you will also receive a telephone call and a separate letter explaining the specific finding and recommended follow up.

Here is an example of how this information can be helpful to you. You may be told you have high cholesterol and that you should follow up with a physician. You can take the results we send you to your physician, who will use this information to determine if your cholesterol needs to be monitored more closely or if there are medications or health behaviors (like exercise or healthier food choices) you can choose to prevent further medical problems. With your permission, Dr. Ejiogu is available to discuss your results and any other important information we have regarding your health status with your regular physician to be sure your health care provider has all the information they need for your follow up care.

It is also an opportunity for you to have a better understanding of your health over time and the potential risks based on your family and medical history. If you know your family has a history of high cholesterol and you recently discovered yours to be elevated, this is a sign that it should be monitored closely (or some other medical problem that can be passed down). Your health care provider can help you to learn more about how you can prevent (or delay) further medical problems.

If you have any questions or concerns about the results you receive from your study visits, you can always call the HANDLS staff who will be happy to assist you.

	Columns	A	B		C	D
Lipids	Test	Flag	Result	Units	Ref. Range	Eval.
	Cholesterol - Total	H	275	mg/dL	125-200	NE
	LDL (calc)	H	144	mg/dL	<130	NE
	VLDL (calc)		26	mg/dL	8-32	
	HDL Cholesterol		105	mg/dL	>=46	
	Cholesterol/HDL ratio		2.6		<=5.0	
	Triglycerides, Serum		128	mg/dL	<150	



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Affordable Care Act

Get Covered: The Affordable Care Act for 2017 and 2018

There are still opportunities for you to obtain health insurance coverage for 2017 (if you meet eligibility requirements) and further opportunities to register for 2018.

The information below comes directly from the Maryland Health Connection website.

For complete information and to see more details please visit the following web links:

<https://www.healthcare.gov/quick-guide/dates-and-deadlines/>

<https://www.marylandhealthconnection.gov/next-open-enrollment-nov-1-dec-15/>

2017 coverage

Open Enrollment for 2017 health coverage ended January 31, 2017. You can still get 2017 health insurance 2 ways:

- If you qualify for a Special Enrollment Period due to a life event like losing other coverage, getting married, or having a baby.
- If you qualify for Medicaid or the Children's Health Insurance Program (CHIP). You can apply any time.

2018 coverage

Next open enrollment for healthcare coverage through the Affordable Care Act is November 1 to December 15 2017

Mark your calendar: Open enrollment for 2018 health and dental plans is November 1 to December 15, 2017. Coverage starts January 1, 2018

The six-week enrollment period (in past years, enrollment was 90 days or more) is designed to simplify coverage-effective dates and better align with enrollment for other programs like Medicare.

The annual open enrollment period is your chance to enroll in a health or dental plan, or to change plans if you're already enrolled. Plans and prices change every year, so you should shop to find the best one for you and your family.

The Opioid Crisis

In 2015, the most recent year for which the Centers for Disease Control have issued official data, 52,404 Americans died from drug overdoses, an all-time high. A recent CDC study suggests official statistics underestimate the number of opioid-related fatalities.

Overdose deaths now outnumber deaths from auto accidents and guns; only heart disease, stroke and cancer account for more deaths. Eight of every 10 drug-related deaths are due to opioids. The opioid category includes heroin and synthetic fentanyl but also legal pain medications. In fact, some reports suggest prescription drugs now account for more deaths than illicit ones.

The serious impact of the opioid epidemic is no stranger to Maryland. Between 2015 and 2016 the number of heroin related deaths in Maryland increased by 62% (from 748 to 1212), and the number of fentanyl-related deaths more than tripled (from 340 to 1119). The number of prescription-opioid related deaths increased by 19% (from 351 to 418); many of these deaths occurred in combination with heroin and/or fentanyl. Opioids account for an average of four deaths per day in the state. The rise in the number of heroin and fentanyl related deaths were largely responsible for the overall rise in opioid-related deaths.

You may have noticed that the opioid crisis is being addressed nationwide as a public health epidemic. Many news outlets have increased coverage to provide education about the highly addictive nature of opioids, including prescription medications, and to underscore the importance of prevention and getting access treatment. Maryland public schools recently updated curriculum to help educate our children not only about the dangers of using illicit drugs, but also the specific risks of opioid abuse, including prescriptions, with the goal of prevention through education.

In 2015, Baltimore's Health Commissioner, Leana Wen, developed and implemented an Overdose Prevention and Response Plan for Baltimore city. The plan includes educating the public about naloxone (also known as Narcan), a life-saving drug that can reverse an opioid related overdose and an overdose response program that teaches individuals to recognize and respond to overdoses and certifies them to safely administer naloxone. The education programs are designed for health care workers and community members, with the goal of

training as many people as possible in how to respond to an overdose and potentially save a life. She has made preventing overdose deaths in Baltimore a top public health priority that literally will save hundreds of our citizens every year.

Overdose deaths in Maryland have been on the increase for the past six years, some predict it will continue despite the increased attention and efforts to combat it. This is probably not surprising information, in fact, it is quite likely you have been personally affected by this devastating epidemic that does not discriminate and is taking our friends, family, co-workers and members of the community at an alarming rate.

The number of individuals living with untreated drug and alcohol dependence is concerning. As many of you know, it is a devastating and complicated medical issue that requires individualized and coordinated financial, social, medical and spiritual resources. It is particularly difficult when circumstances do not support a recovery environment or when faced with negative or stigmatizing responses from the medical community and loved ones.

Many experts hypothesize about the causes of addiction whether from a medical or societal perspective; they look at genetics, medical and mental health history, poverty, lack of services, and the availability and mis-handling of highly addictive prescription medications, just to name a few. It is likely all these factors impact the crisis and continue to contribute to the epidemic that it is today, however, there is something we as a community can do. We can listen, with an open mind, when faced with an opportunity to assist someone looking for help with an addiction and we can provide assistance with finding treatment. We can also obtain the training to recognize and respond to an overdose by becoming certified to safely administer naloxone. It is like getting trained in Basic Life Support (BLS), it takes very little time and effort to learn and it could save lives instantly. It is a way for the community to be involved in saving the

lives of our family, friends and neighbors and improve the overall health and well-being of our community.

Sources

<https://health.baltimorecity.gov/opioid-overdose/baltimore-city-overdose-prevention-and-response-information>

<https://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>

<http://www.baltimoresun.com/news/opinion/oped/bs-ed-op-0615-opioid-home-20170612-story.html>

Local resources

Baltimore City Crisis Response 410-433-5175

Baltimore County Crisis Response 410-931-2214

Maryland Crisis Hotline 1-800-422-0009

First Call for Help 410-685-0525

National resources

Hope/Suicide Prevention 1-800-273-8255

Substance Abuse and Mental Health Services Administration's National Helpline (SAMSA)

1-800-622-HELP (1-800-622-4375) [<https://www.samhsa.gov/find-help/national-helpline>]

Website resources

<http://www.narconon.org/blog/drug-addiction/18-signs-you-are-addicted-to-opiates/>

<https://fivethirtyeight.com/features/what-science-says-to-do-if-your-loved-one-has-an-opioid-addiction/>

<http://drugabuse.com/library/drug-addiction-facts-myths/>

If you or someone close to you needs more information or help you can start by getting more information here:

Baltimore Area: Crisis, Information & Referral Line: 24 Hour Mental Health & Substance Use Disorder Help Line - Information & Referral Line: (410) 433 5175

HANDLS

National Institute on Aging
Biomedical Research Center
251 Bayview Blvd
Baltimore MD 21224-2816



Get flu shot

Call Baltimore City Health Department (immunizations) 410-396-4454 to find a date and location for a free flu shot.

If you have health insurance including medical assistance or Medicare you can find a store (check your local Giant grocery store or Walgreens pharmacy) in your neighborhood where you can get a flu shot without a co-pay.

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The Quarterly Newsletter for the HANDLS Community Healthy Aging in Neighborhoods of Diversity across the Life Span

The purpose of this study is to learn about changes in health over time. Using our medical research vehicles, we want to study as many people with different backgrounds as we can. We want this study to help us understand healthy aging by examining the effects of different backgrounds on changes in health over time. The information that we gather will help improve health and prevent disabilities. We want to do this for people from all backgrounds, particularly those in poor and minority communities.

**For information about our study call 1-877-677-9538
or visit our website hands.nih.gov**

