

HEALTH

Parades, Holidays and Healthcare?

With Veterans day, Thanksgiving and black Friday in the past, and Christmas and New Year's on the horizon, some folks may have lost track of Open Enrollment for Marketplace Health Insurance. The enrollment period began the first of November and ends on December 15, so if you're wanting to see if the plans are a good fit for you, unlike some of the past Christmas gifts we've gotten, you'll need to act fast.

As the parade of changes to the Marketplace continues, this year there has been the introduction of a new to Oklahoma insurer,



LEE HILLIARD

Medica. This now gives Oklahomans a choice of two insurers, Blue Cross/Blue Shield and Medica, which also means there are several plans to look at compared to last year where some people were only offered a choice of

three plans. This means you may need to be prepared to spend a little extra time looking at how these plans may work best for you. Be certain to look at all the "metal" levels as you carefully compare levels of coverage, especially if you qualify for a subsidy. Bronze plans, for example, come with lower premiums but higher deductibles and other out-of-pocket costs. And, as in years past, check the provider network to see that your clinician, specialists, hospital, etc. are in network. This applies even when comparing plans from the same insurer as the "premium" network

may have different providers than the "advantage" network. It's also good to check to see if your prescriptions will be covered in these plans.

I've had people mention plans they have looked at from other insurers, if you are looking at a plan offered by an insurer other than these two, then you will need to look closely at the coverage they are offering as they are most likely not Marketplace plans. A certified assister may be able to help you look at the differences in the programs to help you better understand your choices. I've also received several phone

calls from marketing centers who are not part of the Oklahoma Marketplace offering plans from several companies, so again be careful to see if these plans are right for you.

If you're already enrolled in a Marketplace plan, be sure that all your information is current, especially income. I've seen cases where a drop in income has opened new plan options as well as lowering premiums. If your income is below the Federal Poverty Guidelines, you may want to see if Insure Oklahoma or SoonerCare are viable options.

Our website <https://chcneo.com/>

enrollment-help has links to important information on all these plans. For free, in-person enrollment assistance with these programs, contact Lee Hilliard (918) 219-4486.

Locally, Community Health Center of Northeast Oklahoma, Inc., dba Afton, Grove and Welch Community Health Centers continue to serve the area with the finest in personalized health care. For details or to schedule an appointment contact (918) 257-8029, (918) 801-7504 or (918) 788-3918 or check us out on the web at www.chcneo.com, like us on Facebook or follow us on Twitter. A sliding payment scale is available for patients based on family size and income.

COPD in rural America

November is National COPD Awareness Month, and according to the National Heart, Lung, and Blood Institute (NHLBI), it is estimated that 16 million Americans currently have been diagnosed with COPD, while there are also millions more likely to have COPD and have not been diagnosed.

Early diagnosis, guideline-based treatment and management, and access to quality preventative and chronic services are keys to improving the quality of life to people with COPD.

Chronic obstructive pulmonary disease (COPD) is a group of respiratory conditions, including chronic bronchitis and emphysema, that makes breathing difficult for millions of Americans. COPD comprises the majority of deaths from chronic lower respiratory diseases, which was the fourth leading cause of death in the United States in 2016.

The percentage of adults in rural areas who have been diagnosed with COPD is nearly double the percentage in large metropolitan areas, according to data released in CDC's

Morbidity and Mortality Weekly Report (MMWR). The study reported in MMWR examined how many people have COPD in urban and rural areas using data from the 2015 Behavioral Risk Factor Surveillance System (BRFSS). CDC also examined Medicare hospital records and death certificate data from the National Vital Statistics System. In 2015, rural US residents experienced higher rates of Medicare-covered hospitalizations for and deaths from COPD than residents living in more urban areas (those with populations of at least 10,000 people).

The percentage with diagnosed COPD was greater among adults living in rural areas (about 8 percent) than among adults living in large metropolitan centers (about 5 percent). In line with that, hospitalizations among Medicare enrollees were about 14 per 1,000 enrollees in rural areas compared with about 11 per 1,000 enrollees in large metropolitan centers.

Death rates from COPD

were also greater among people living in rural areas (about 55 per 100,000 people) versus people living in large metropolitan centers (32 per 100,000 people).

County-level estimates of COPD prevalence in 2015 ranged from 3.2 percent to 15.6 percent. The U.S. counties with the highest COPD prevalence tended to be located in non-metropolitan areas of West Virginia, Kentucky, Tennessee, Alabama, Arkansas, Georgia, Missouri, Ohio, Maine, Michigan, Oklahoma and Arizona.

Rural populations may have more COPD-related issues due to more people smoking, increased exposure to secondhand smoke,

and less access to smoking cessation programs compared with people living in more urban areas. Rural residents are also more likely to be uninsured and have higher poverty levels, which may lead to less access to early diagnosis and treatment. Remember that Community Health Center of North East Oklahoma has a certified application counselor on staff to help people enroll in Marketplace, Insure Oklahoma and SoonerCare.

Additional efforts are needed to prevent and reduce risk factors and overcome barriers to early diagnosis and appropriate treatment and management of COPD in rural areas. Improving access

to such health care may improve quality of life and reduce hospital re-admissions among COPD patients and reduce COPD-related deaths. This study highlights the need for continued tobacco cessation programs, such as TSET, and policies to prevent COPD and improve pulmonary function among adults with COPD in rural areas in particular.

We as health care providers and community partners that serve rural residents help adults with COPD by giving them insight into the health care interventions available for COPD in our area.

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