



## Doctors Support the Prevention Fund

The physicians and medical students of Doctors for America recognize prevention as a priority for the nation. We strongly support the Prevention Fund created by the Affordable Care Act as an indispensable investment in the health of our nation and our patients. The following quotes were collected from Doctors for America member across the country on March 30, 2011.

### PREVENTION MAKING A DIFFERENCE

**Dr. Rebecca Jones (Vermont):** Vermont has Fit and Healthy Vermont, a program sponsored in part by the ACA – but it needs more funds to actually make a difference.

**Dr. Charles Mayer (Washington):** King County has received grants for obesity and smoking prevention. The prevention funds of the ACA will be key to continuing their work.

**Dr. Sharon Smith (Alaska):** We have started doing group visits, particularly for our pregnant patients. This allows us to spend much more time educating the women about diet, exercise, normal experiences in pregnancy and other preparation for their delivery. It is great! The program is called "Centering Pregnancy". We run one group in Spanish too.

**Dr. Ann Barnes (Texas):** I direct a weight management clinic in the public healthcare system in Harris County, TX (Houston). I have two patients who have participated in the behaviorally based clinic and with the information they were provided, they each lost over 40 pounds of weight. One of the patients lost over 100 pounds and is now off her diabetes and blood pressure medications. She also feels so much better about herself that she was going for a job interview on the same day of her last appointment with me. Health promotion does not just improve health, but also self-esteem and productivity.

**Dr. Steve Albrecht (Washington):** The Stanford Chronic Disease management program run in my community, Olympia, WA, by Choice Regional Health Network is helping my sickest patients with chronic conditions self manage, use less narcotics for pain management, deal better with their depression and become more active

**Dr. Joia Creer-Perry (Louisiana):** We ask patients to lose weight every day. However, we do not give them the tools to accomplish this goal. When my own mother was allowed to visit with a dietician once per month on her insurance plan, she lost 50 pounds and decreased her insulin requirements. We have to give the patients the tools to be healthy. She has been a pharmacist for 40 years. But, did not have the information she needed to become healthier.

Birthing Project USA and a Healthy Baby Begins with You are two vital programs that work and need support to help decrease the rates of infant mortality in our communities.

**Dr. Lisa Plymate (Washington):** The tobacco cessation initiative has been fantastic in Washington state, where we've lowered our smoking rate to about 18% at this time. We need to keep this up and follow this model for improvement in diets and exercise.

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**Dr. Tera Stefanek (Oregon):** V. is a 52 year-old woman whose high blood pressure qualified her as hypertensive 5 years ago. Upon the advice of her doctor, V. increased her physical activity. She gradually built up to 3 mile walks with her dog almost every day. It worked so well that she avoided the need for medication to lower her blood pressure because her readings fell to within a healthy range. V. felt so much benefit from her lifestyle change that when her dog became too arthritic to continue the walks, she borrowed the younger dog of a friend to accompany her and the walks continued.

**Dr. David Collymore (New York):** There is a woman at our health center who has several medical problems including diabetes, hypertension, and asthma. She was also obese. Our nutritionist provided counseling and a supervised exercise program and in less than one year she was able to lose over 100 pounds. She was able to decrease her medication regimen from 15 medications to 5 medications daily. The cost savings to the health care system was great, but we will probably lose money because we will not need to see this patient as often. In fact, due to the poor reimbursement for nutritional services, we are lucky if we break even on providing these services.

**Dr. Nancy Hardt (Florida):** There is a project in Memphis called the Blues Project which is reducing premature birth rates and infant mortality through clinic based mentoring of the mothers with continuous care through pregnancy and into the child's first 2-3 years.

**Dr. M. Sandra Copley (West Virginia):** I have seen a few people empowered by taking responsibility for their own health by starting and sticking to a weight loss program. I am very proud of these few – decreased medications, increased health and spiritual growth. I am humbled by these folks – few as they are.

### **A PLEA FOR MORE FOCUS ON PREVENTION**

**Dr. Mary Boegel (California):** I saw an obese 9 year old child for a well child exam yesterday. I asked him what he had eaten for lunch. He's had an Icee and Doritos, which he had purchased at school. Parents don't know what food to provide their kids. Schools don't know what to sell in their cafeterias. Children are bombarded with advertising for junk food. We need comprehensive prenatal education programs top teach expectant parents what to feed their baby throughout childhood. We need restriction of sale of unhealthy foods and beverages in school. We need elimination of advertising unhealthy foods to children.

**Carol Duh (Tennessee):** I work with cervical cancer prevention in Nashville. Every year we organize a woman's health day where we bus local displaced women to receive pap smears. The problem is that after the pap smear, these women disappear! We need to impact societal factors that will allow women to have a more stable lifestyle in order to follow through and empower themselves with taking charge of their care.

**Dr. Jonathan Slaughter (Ohio):** I am a neonatologist. Working on prevention of prematurity will improve patient outcomes as well as be extremely cost-effective.

**Michael Goodwin (Oregon):** A 10-year-old boy I saw on my pediatrics rotation comes to mind. He was already obese, on the road to the metabolic syndrome, diabetes, social/emotional problems and premature

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death. His pediatrician felt frustrated by how little he could offer to the family to help address these issues in a 15-minute visit. So much of what caused him to be obese needed to be addressed outside of the clinic, in the schools, in our industrial food system, in the built environment, public safety and so on.

**Dr. Robert Abramovitz (New York):** I work on early identification of young parents and their children under five exposed to violence. Insuring that these families receive early intervention using evidence based trauma treatment can prevent learning, behavioral and health problems

**Dr. Alexis Beatty (California / North Carolina):** I am a Cardiology Fellow at UCSF. As part of our experience, we spend time at San Francisco General Hospital, which is the City/County hospital. With the advent of Healthy San Francisco, a city-funded program to expand access to health care to citizens of San Francisco, we see larger numbers of patients who otherwise wouldn't present for care. I see many patients who are deeply interested in improving their health and prevention, but previously didn't have access to healthcare providers. They are now getting the care that they need/desire, including treatment for hyperlipidemia, assistance with smoking cessation, and counseling on healthy living.

**Dr. Alan Fishman (California):** My patient had a third premature delivery without adequate prenatal care. Because she only qualified for emergency pregnancy benefits she was unable to access ongoing care after her second premature birth. That child is severely affected with cerebral palsy and developmental delay, as a complication of extreme prematurity. The patient has underlying renal disease for which she has had no ongoing care, and she will likely die from renal failure unless she is able to get coverage for dialysis. The saddest fact, however, is that she did not wish to become pregnant and desired a tubal ligation after her last pregnancy but was unable to get access to care for contraception or sterilization when her pregnancy benefits ran out. Preventing this pregnancy in this patient would likely have prevented further renal damage to her and would have prevented her second extremely premature, special needs child.

**Dr. Megan Ranney (Rhode Island):** In my emergency department, over 1/3 of patients have alcohol or substance abuse issues and 25% are in the ED because of an injury. Having increased resources to address these huge issues (both of which have big, long-term costs and which result in high ED and hospital recidivism) is crucial in reducing health care costs.

**Dr. Mia Layne (Tennessee):** There is one particular patient that comes to mind. This patient was a 17-year-old Hispanic female who came to the family medicine clinic. When we arrived back in the room after asking the family to leave the room so we may perform our exam on the patient, we were greeted by a very scared teen who was crying on the examination table. She began telling us that the current pregnancy was unintended, and she was interested in learning more information about terminating the pregnancy. She first got pregnant at the age of 14 and gave that child up for adoption. She then became pregnant at the age of 15 and decided to keep that child, which was the one she brought to the clinic that day. She was very distraught about the current pregnancy and felt that she would not be able to provide for that child. We asked her about her birth control methods and she stated that she believed OCP gave women blood clots and were very dangerous. This very small misconception has caused a lot of distress in this patient's life. Just imagine how different this patient's life would have been if she had received proper education about family planning and birth control options. Health promotion programs would have made a positive impact on this patient's life.

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Knowledge about how meth-amphetamine use, and chronic untreated hypertension, hyperlipidemia, and obesity ALL increase the risk of stroke could have allowed one of my 38-year old patients to make lifestyle changes that could have prevented her stroke. She could still be working and living independently, instead of being disabled.

**Dr. Persharon Dixon (Mississippi):** I am a pediatrician in Mississippi. This past week, I had a patient who is now 8 years old with a probable diagnosis of some level of autism. He has not been to a doctor in a while and was failing in school and labeled "a difficult child". The grandmother reports him always being different from her other grandchildren. He has not been to a doctor since he was little because "he's never sick". He received his shots at the health department, but hasn't seen a doctor in awhile. Now he is being worked up for this disorder, but the point is with good preventative health (yearly exams as recommended by the AAP), I am sure these distinctive behaviors would have been recognized earlier and a different educational process pursued. Preventative medicine is a major part of what I need to do for children. I am hoping policymakers will allow me a better opportunity to intervene early.

**Dr. Denard Fobbs (California):** There are two patients in my gynecology practice who are dying of cervical cancer. Neither had health insurance and waited until late stage for diagnosis. What would have cost \$500-600 to treat and CURE will now cost over \$150,000+ for these women to die and for their children to be motherless

**Dr. Vikki Stefans (Arkansas):** My husband has received no direction or support from his PCP other than vague instruction to exercise more. His mobility is deteriorating at age 62, with hip and knee pain, and he was only told he might have "a little arthritis" - no specific treatment, and not even an x-ray done! NO ONE except me seems to care about where this is heading and how our future dreams of travel and other mutual enjoyment when we eventually both retire are essentially over before they even start. I can understand why my mom was not told 30 years ago that she could reverse her type II diabetes with exercise and diet. They did not know anything better than to try a sulfonylurea and then go to insulin when that failed. Now she has paid the price, losing her home and her independence at age 76 due to vascular dementia, strokes, arthritis, fractures due to osteoporosis, hearing and vision impairment and most recently had her second MI. She will turn 80 this summer if she lives that long. Things could be different for the baby boomers, but unless practice and public awareness changes, it won't.

**Dr. Linda Burke-Galloway (Florida):** Would love to see the use of telemedicine in rural communities to treat high risk pregnancies via consultations with Maternal Fetal Medicine specialists.

**Dr. Julia Frank (Maryland):** As a psychiatrist, I deal mostly in secondary prevention-preventing recurrences after a first episode of illness. There are great opportunities to do this, especially in women at high risk of perinatal depression. One patient I recall had developed such severe anxiety during a first pregnancy, she had an abortion. Now she was pregnant again and also in great distress, despite desperately wanting the baby. I treated her for anxiety during her pregnancy, and she was able to carry the baby to term and did not have a postpartum episode. The nurses commented that they had never seen such an easily soothed newborn. Mental health parity is a form of prevention and health promotion!

**Dr. Scott Krugman (Maryland):** In Baltimore County we have 6-8 healthy newborns dying in unsafe sleep positions annually. A more concerted prevention effort at all hospitals could reduce our infant mortality rate significantly.

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**Dr. Donald Medd (Maine):** I have several patients who arrived too late in the course of their diseases for my medications to work. I speak particularly of vascular disease in a heavy smoker and end stage renal disease in an uncontrolled diabetic. Both of these individuals needed intensive preventive efforts prior to becoming ill. Access to health care (i.e. low-income individuals who lacked insurance) has cost my particular system perhaps millions of dollars on two patients.

**Dr. Jeff Oster (Ohio):** As a podiatrist, patients with diabetes make up a larger percentage of my practice. The disconnect between their disease and their understanding of their disease is sometimes frightening. This can only be the result of a lack of understanding due to lack of education. We need to raise their level of health care literacy so that they can become more involved in their own care.

**Dr. Katherine Scheirman (Oklahoma):** Since I work for Social Security disability, I see a lot of lives destroyed by completely unnecessary injuries, which end up costing taxpayers a lot of money in disability payments, especially for younger individuals.

**Dr. Esther Choo (Rhode Island):** Preventing violence could improve the medical and psychological health and productivity of millions of U.S. women.

**Dr. Sonali Kulkarni (California):** My patients need built environments that will allow them to successfully use public transportation and exercise safely in their neighborhoods and buy affordable healthy foods.