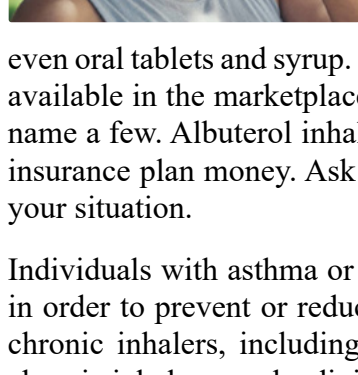


If you haven't already, consider this your reminder to schedule your annual flu vaccine, COVID-19 vaccine, and RSV vaccine (if you qualify)!

SEASONAL SHIFTS AND YOUR RESPIRATORY HEALTH

With the kids back to school and the hint of leaves changing colors, colder weather is just around the corner. While fall brings about fun such as football games and bonfires, the colder weather can also increase the risk of respiratory illness and breathing problems—especially for those with asthma and/or chronic obstructive pulmonary disease (COPD). Many of us have a need or an increased need to utilize an inhaler to help us and/or our loved ones breathe easier and participate in normal activities.



As those who suffer with chronic conditions that impact breathing are likely aware, inhalers are often differentiated as either “rescue”, “ongoing”, or “chronic” inhalers. This difference is very important, especially during times of an attack when breathing is difficult. A chronic inhaler—such as Advair—will not be helpful in the time frame needed to quickly improve breathing. Rescue inhalers will quickly open up the lungs and improve breathing on demand. The most common medication used in these situations is called albuterol and is available in many different forms, including inhalers, nebulizer solutions, and even oral tablets and syrup. Focusing on inhalers, there are a number of products containing albuterol available in the marketplace, including Ventolin HFA, Proair HFA/RespiMat, and Proventil HFA to name a few. Albuterol inhalers are also available in generic form, which can save both you and the insurance plan money. Ask your doctor and/or pharmacist if an albuterol generic is appropriate for your situation.

Individuals with asthma or COPD will often require the use of chronic inhalers that they use daily in order to prevent or reduce breathing attacks from occurring. There are many examples of these chronic inhalers, including Advair, Combivent, Spiriva, and Bevespi just to name a few. These chronic inhalers can be divided into different classes based on how they function in the body. While further break down is beyond the scope of this article, it is important to note that an inhaler in a different class may not be appropriate for your given condition or individual situation. Many of these chronic inhalers are only available as brand medications, thus their ongoing cost can be a burden. For example, a one-month supply of Advair will cost approximately seventy to ninety dollars. The good news is that the three pharmaceutical manufacturers who produce the majority of these chronic inhalers announced plans to significantly reduce the cost of their medications to improve access and affordability to patients! Many of their inhalers will lower in price to as little as thirty-five dollars per month by January of 2025.

You can read more detail [here](#) from the Allergy & Asthma Network.

If your asthma or COPD treatment is currently too expensive, ask your doctor and/or pharmacist if one of these alternatives are right for you – there may be significant cost savings available!

Source: [The Allergy & Asthma Network](#)

Your LifeLock Benefit

Norton LifeLock

NECA-IBEW Family Medical Care Plan is offering LifeLock with Norton Benefit Premier Plus to members and their families at no cost. LifeLock helps protect your personal information and finances and provides protection when you connect online.

Your plan includes these features and more:

- Identity Alerts with Credit Monitoring
- Device Security
- Norton Secure VPN
- Parental Controls
- A Million Dollars Protection Package
- Cybercrime Coverage

To learn more about this new benefit or enroll, please visit: <https://members.excelsiorenroll.com/fmcp/>

Please Note: The primary member must first enroll and then add their dependents to their account within their household.

REMINDER KEEPING COMPREHENSIVE RECORDS

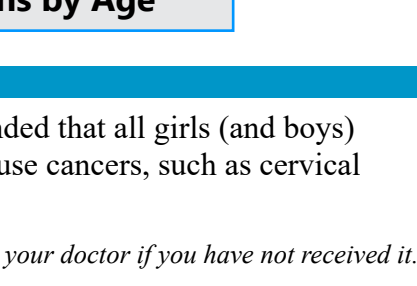
Maintaining detailed medical documentation, including after-visit summaries from all healthcare provider appointments, is crucial for every member of the family.

Why keep records?

- **To create a health snapshot:** These records, whether from routine visits or urgent care, offer a valuable snapshot of health history, treatments, and follow-up recommendations.
- **Ensure continuity of care:** By keeping organized records, you ensure continuity of care, facilitate accurate diagnoses, and streamline communication between different healthcare providers.
- **Make managing your health easier:** Record keeping not only helps in managing ongoing health conditions but also empowers you to make informed decisions about you and your family's well-being.

WOMEN'S PREVENTIVE HEALTHCARE: RECOMMENDATIONS FOR EVERY STAGE OF LIFE

Preventive care is important for women because it can help them stay healthy and detect health issues early. Preventive care can include annual visits to a doctor, screenings, and immunizations.



- **Screenings:** Regular screenings can help identify health problems like breast cancer, cervical cancer, high blood pressure, and diabetes early, making treatment easier (and cheaper) before they become serious.
- **Immunizations:** Vaccines can help protect women and those around them from diseases like tetanus, measles, chicken pox, seasonal flu, and COVID-19.
- **Annual Visits:** Annual visits to a doctor (as well as a gynecologist) can help women stay up to date on their recommended screenings and vaccinations, and get more advanced care when needed. Doctors can also help women treat their mental and behavioral health issues like depression, substance use disorder, and anxiety.

Preventive Care Recommendations by Age*

AGES 11-12

Human Papillomavirus (HPV) Vaccination: It is recommended that all girls (and boys) receive the vaccine for protection from types of HPV that can cause cancers, such as cervical cancer, and genital warts.**

**The vaccine can be administered from ages 9 through 45, so talk to your doctor if you have not received it.

AGES 18-39

Folic Acid Supplements for Pregnancy: According to the CDC, women of childbearing age in the United States who are able to get pregnant should take folic acid daily to reduce the risk of neural tube defects (NTDs) and other birth defects.

- **Before pregnancy:** Taking folic acid before conception and continuing through the first 12 weeks of pregnancy can reduce the risk of NTDs by almost 75%.
- **How to get folic acid:** Women can get folic acid from supplements, fortified foods, or a varied diet. For example, a fortified breakfast cereal that contains 100% of the recommended daily amount of folic acid is an option.

Blood Pressure Screenings: Your blood pressure should be checked at least every 3 to 5 years. The factors below may increase your risk of heart disease. Ask your provider if you need your blood pressure checked more often if:

- You have diabetes, heart disease, kidney problems, are overweight, or have certain other health conditions.
- You have a first-degree relative with high blood pressure.
- You are Black.
- Your systolic (top number) blood pressure is from 120-129mm Hg, or the diastolic (bottom number) is from 70-79mm Hg.
- You had high blood pressure during a pregnancy.

If you have any of these risk factors, it may also be recommended to have your cholesterol (lipids) measured every 5 years via blood test.

If the systolic number is 130mm Hg or greater but lower than 140mm Hg or the diastolic number is 80mm Hg or greater but lower than 90mm Hg, this is considered stage 1 hypertension. Readings above these are considered stage 2 hypertension. Schedule an appointment with your provider to learn how you can reduce your blood pressure. Record your blood pressure numbers and bring this information to share with your provider.

AGES 21-65

Cervical Cancer Screening: It is recommended to have a Pap test (also called a Pap smear) every 3 years starting at age 21 through age 65. Women ages 30-65 may substitute (or add) HPV testing every 5 years. Some women may be recommended to continue scheduled Pap tests for longer—i.e., precancerous treatment (cervical dysplasia). If you have had your uterus and cervix removed (total hysterectomy), and you have not been diagnosed with cervical cancer or precancer, this screening is not needed.

Age 35

Prediabetes And Type 2 Diabetes Screening: You should be screened for prediabetes, diabetes, and type 2 diabetes starting at age 35. Screening should be repeated every 3 years if you are overweight or have obesity. Screening may need to start earlier and be repeated more often if you have other risk factors for diabetes, such as:

- You have a first-degree relative with diabetes.
- You have high blood pressure, prediabetes, or a history of heart disease.
- You are planning to become pregnant and you are overweight and have other risk factors such as high blood pressure.

Age 40

Breast Cancer Screening: At the age of 40, start getting mammograms every 1-2 years at least until you reach age 74. Your doctor may recommend starting mammogram screenings at any point in this age range and/or may recommend screenings beyond age 74 based on your individual situation. This screening looks for signs of breast cancer at an early, treatable stage. Your provider may discuss and recommend mammograms, MRI scans, or ultrasounds if you have an increased risk for breast cancer, such as:

- A mother or sister who had breast or ovarian cancer at a young age (most often starting screening earlier than the age the close relative was diagnosed).
- You carry a high-risk genetic marker.

Age 45

Colon Cancer Screening: Screening (for example, with a colonoscopy) can detect colon cancer at an early stage, when it is easier to treat. Women can start screening at age 45 and should continue at regular intervals at least until age 75 (after which your doctor may recommend that you continue based on your individual situation). Those considered high risk—due to family history of colon cancer, or other concerns—may be recommended to start screening at earlier ages.

There are a number of methods available for colon cancer screening that differ in recommended frequency and cost that may offer specific advantages for your situation. Most experts agreed that colonoscopy is the “gold standard” and should be done every 10 years. Talk to your doctor about which screening method is best for you.

Cholesterol Screening: For women with no known risk factors for coronary heart disease—see **Blood Pressure Screenings** above—cholesterol screenings (lipid determinations) should begin at age 45. Repeat cholesterol screening should take place:

- Every 5 years for women with normal cholesterol levels.
- More often if changes occur in lifestyle (including weight gain and dietary changes).
- More often if you have diabetes, heart disease, kidney problems, stroke, other blood flow problems in the legs or feet, or certain other conditions.

Your provider may recommend testing more often if you are taking medicines to control high cholesterol.

Age 65

Osteoporosis Screening: A bone density test measures how strong your bones are. The test will tell you if you have osteoporosis (weak bones), and it can help you understand your risk of breaking a bone in the future.

Women are at higher risk for osteoporosis than men, and the risk goes up with age. If you're a woman age 65 years or older, you should schedule a bone density test. Your doctor may recommend repeating this screening whether or not you have osteoporosis, though most experts agree, repeat tests should typically not be done less than 2 years apart.

What is Osteoporosis? Osteoporosis is a bone disease. It means your bones are weak and more likely to break—sometimes even without event (e.g. falling down). People with osteoporosis most often break bones in the hip, spine, and wrist. There are no signs or symptoms of osteoporosis. You might not know you have the disease until you break a bone. That's why it's so important to get a bone density test to measure your bone strength.

What Happens During a Bone Density Test? A bone density test is like an x-ray or scan of your body. The test doesn't hurt, and you don't need to do anything to prepare for it. It usually takes less than 15 minutes.

Am I at Risk for Osteoporosis? Osteoporosis is most common in older women, but men can also get it. Your risk for osteoporosis goes up as you get older. Other things can raise your risk for osteoporosis, including:

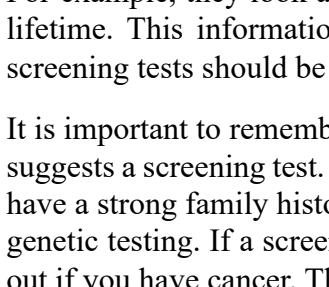
- Hormone changes (especially for women who have gone through menopause).
- Not getting enough calcium and vitamin D.
- Having certain diseases or taking certain medicines.
- Smoking cigarettes or drinking too much alcohol.
- Not getting enough physical activity.
- Having a low body weight.
- Having a parent who had osteoporosis or a hip fracture.

Age 75

Speak with your doctor about whether you still need to have mammograms and colon cancer screenings. For some women, it might make sense to stop these tests.

ALL AGES

Eye Exams: Many people think their eyesight is just fine without realizing they may need glasses or contact lenses. But, according to the CDC, about 11 million Americans over age 12 need vision correction. But that's just one reason to get your eyes examined. Regular eye exams are also an important part of finding eye diseases early to protect your vision.



Eye diseases are common and can go unnoticed for a long time. Some eye problems don't have any symptoms in their early stages. A comprehensive dilated eye exam by an eye doctor can find eye diseases in the early stages. This is when treatment to prevent vision loss is most effective.

During the exam, your eyes and vision will be tested. Your eye doctor can see behind your eyes and check for signs of health problems as well. They may even be able to spot other conditions such as high blood pressure or diabetes.

People with diabetes should have a dilated eye exam every year. Some people are at higher risk for glaucoma and should have a dilated eye exam every 2 years such as:

- Black Americans 40 years and older.
- All adults older than 60, especially Mexican American adults.
- People with a family history of glaucoma.

Though people tend to have more vision problems as they get older, children need eye exams too. But only less than half of preschool children have had their vision tested to check for common eye diseases. Children's eyes should be checked regularly by an eye doctor or pediatrician. The US Preventive Services Task Force recommends that children have at least one eye exam between age 3 and 5 years.

Dental Exams: Dental exams are important for maintaining oral health and can help prevent problems from becoming more serious. Dentists are trained to spot signs of dental issues that may not be obvious to the untrained eye. For example, tooth decay can develop without visible symptoms until it's in an advanced stage.

Dental exams can also help detect early signs of gum disease, oral cancer, and bite problems. A professional cleaning can remove stains and help keep tooth enamel strong.

Other Recommended Screenings:

- Sexually transmitted infection and HIV screening.
- Hepatitis B and C virus screening.
- Mental health screening.
- Counseling or therapy.
- Alcohol and drug use screening and/or support services.
- Domestic and interpersonal violence screening and counseling for all women throughout their lifetimes.†

For more information on preventive healthcare, please see these links:

- <https://medlineplus.gov/ency/article/007462.htm>
- <https://www.uspreventiveservicestaskforce.org/uspstf/>
- <https://www.healthcare.gov/preventive-care-women/>

* The timeline above focuses on concerns your provider would typically address, and the recommendations are based on average-risk women. If you are at higher risk for certain problems (for example, if you have had abnormal Pap tests or family history of certain cancers), your doctor may recommend that you start testing at an earlier age, or that you repeat a test more frequently. This is not an all-inclusive list. It is important to have a primary care doctor, who will discuss your care based on your needs.

† If you or a loved one is struggling with interpersonal or domestic violence, free resources are available to you. Call the National Domestic Violence Hotline at 1.800.799.SAFE (7233) or visit <https://www.thehotline.org/>.

Sources: [Center for Disease Control](#), [US Preventive Service Task Force](#), [NIH Medline Plus](#)

OCTOBER IS BREAST CANCER AWARENESS MONTH

The US Preventive Task Force now recommends that all women start getting screened for breast cancer every other year starting at age 40. Basically, it's a shift from recommending women start screening between the ages of 40 and 50 to recommending that all women start getting screened when they turn 40. Regular screenings and understanding your risk factors are essential for early detection and prevention of breast cancer.

What is Screening? Screening is looking for signs of disease, such as breast cancer, before a person has symptoms. The goal of screening tests is to find cancer at an early stage when it can be treated and may be cured. Sometimes a screening test finds cancer that is very small or very slow growing. These cancers are unlikely to cause death or illness during the person's lifetime.

Scientists are trying to better understand which people are more likely to get certain types of cancer. For example, they look at the person's age, their family history, and certain exposures during their lifetime. This information helps doctors recommend who should be screened for cancer, which screening tests should be used, and how often the tests should be done.

It is important to remember that your doctor does not necessarily think you have cancer if he or she suggests a screening test. Screening tests are done when you have no cancer symptoms. Women who have a strong family history or a personal history of cancer or other risk factors may also be offered genetic testing. If a screening test result is abnormal, you may need to have more tests done to find out if you have cancer. These are called diagnostic tests, rather than screening tests.

Breast Cancer is a Disease in Which Malignant Cells Form in the Tissues of the Breast:

The breast is made up of lobes and ducts. Each breast has 15 to 20 sections called lobes, which have many smaller sections called lobules. Lobules end in dozens of tiny bulbs that can produce milk. The lobes, lobules, and bulbs are linked by thin tubes called ducts. Each breast also has blood vessels and lymph vessels. The lymph vessels carry an almost colorless, watery fluid called lymph. Lymph vessels carry lymph between lymph nodes. Lymph nodes are small, bean-shaped structures that filter lymph and store white blood cells that help fight infection and disease. Groups of lymph nodes are found near the breast in the axilla (under the arm), above the collarbone, and in the chest.

Breast Cancer is the Second Leading Cause of Death from Cancer in American Women:

Women in the United States get breast cancer more than any other type of cancer except for skin cancer. Breast cancer is more likely to occur as a woman ages. It occurs more often in White women than in Black women, but Black women die from breast cancer more often than White women. Breast cancer rarely occurs in men. Because men with breast cancer usually have a lump that can be felt.

Different Factors Increase or Decrease the Risk of Breast Cancer:

To learn more about the risk factors and protective factors associated with breast cancer, [read the full article here](#).

Sources: [National Cancer Institute](#), [US Preventive Services Task Force](#)