

Noonan

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by the drugs, and 10 percent who have some problems with them. Not great odds. Compare these numbers to the Mediterranean diet. For every 61 people on the diet, there will be one less heart attack, compared to the standard American diet. Also, not one of the patients suffered any harm as a result of the diet (except for the stress of giving up whoopie pies). This one in 61 compares favorably to one in 100 for statins, and one in 67 for blood pressure meds. In fact, in my experience, pa-

tients who eat a Mediterranean diet actually experience “side benefits” rather than side effects- weight loss, more energy, better sleep, etc. If you are looking to prevent a stroke, there is nothing that comes close to living a healthy lifestyle. A Swedish study of 31,700 women compared the frequency of stroke to five lifestyle factors — a healthy diet, not smoking, limited alcohol use, exercising regularly and not being overweight. The women who had all five of these had a whopping 62 percent reduction in stroke; any one of them alone caused a 28 percent drop. And what side effects would be expected

from these lifestyle changes? None that I can think of. So to me there is just no comparison. Lifestyle changes are more effective, cheaper, and far safer than any drug to prevent the chronic diseases that are so prevalent in older people; and this is especially true of two leading causes of death and disability, heart attacks and stroke. See you at the farmers market! I hear they are having a special on organic apples. Dr. Michael Noonan practices chiropractic, chiropractic acupuncture and other wellness therapies in Old Town. He can be reached at noonanchiropractic@gmail.com.

Haskell

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Daily News. Having that coverage means we pay only a fraction of what gets billed to our insurance, so most of us don't concern ourselves with these prices any more than our providers do. Medicare, Medicaid and private insurers have a lot of financial clout, and they use it to negotiate what they'll pay to hospitals and medical providers. So, paradoxically, the billed cost of medical procedures is higher for individuals who have no health insurance. That includes the approximately 24,000 Maine adults who can't enroll in Medicaid because ours is one of the 19 states that has refused to expand the program under the provisions of the Affordable Care Act. This means that a low-income woman in her 60s who has no insurance will pay more for her mammogram than my insurer Cigna pays for mine. There are public and private programs that help some low-income women pay for screening mammograms, including the National Breast and Cervical Cancer Early Detection Program, administered here by the Maine Center for Disease Control and Prevention, and the Susan B. Komen Foundation. But

many women do not know about these programs and others do not qualify. And, as is the case with most health disparities, those most affected also are likely to experience other challenges, which could be as basic as not having access to a telephone or transportation, or as overarching as lacking the confidence or social skills to advocate for their own needs. The combination of these factors — being uninsured, being low-income, not knowing how to self-advocate and not being able to easily access price information — mean that many women my age simply won't get a mammogram when they absolutely should. Compared to the deep injustice of that reality, my flimsy cotton johnnie and the technician's cold hands are nothing but a minor inconvenience.

Meg Haskell writes for and about Maine's baby-boom generation and their elders. Email her at mhaskell@bangordailynews.com.

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