

EXCLUSIVELY FOR MEDICA DUAL SOLUTION® (HMO-SNP) MEMBERS

# MEDICA® MAGAZINE

SUMMER 2019

**WHAT  
YOU NEED  
TO KNOW  
ABOUT  
CANCER AND  
GENETICS**

Page 10

**10 REASONS TO QUIT  
SMOKING TODAY**

Page 13

**MAKING DECISIONS ABOUT  
CANCER TREATMENT**

Page 19

**ONE OF US  
MEET  
CHARLES  
HENDRICKS**

Page 8

**FOUR WAYS  
TO SUPPORT  
A FRIEND  
WITH CANCER**

Page 20

**8 SUPERFOODS  
THAT MAY  
HELP REDUCE  
YOUR RISK OF  
CANCER**

Page 24

# CONTENTS

SUMMER 2019



pg. 8

## FEATURE STORY

### LIVING WITH CANCER

- 4 Cancer Death Rate in Decline
- 5 Six Steps You Can Take to Prevent Cancer
- 6 Breast and Colorectal Cancer Screenings Could Save Your Life
- 7 Your Personal Cancer Screening Program

### ONE OF US

- 8 Meet Charles Hendricks
- 9 Eat More Fiber for Colorectal Health

## Roasted Broccoli with Olive Oil and Garlic



pg. 25

## DEPARTMENTS

### WHAT'S UP DOC?

- 10 What You Need to Know About Cancer and Genetics

### TO YOUR BENEFIT

- 12 Your Coverage for Recommended Cancer Screenings
- 13 10 Reasons to Quit Smoking Today
- 14 Do You Take Eight or More Medications Regularly?
- 15 Your Medical Care Coordinator

### THE WHOLE YOU

- 16 You're Not Alone
- 18 Cancer Resources

### THE WHOLE YOU (continued)

- 19 Making Decisions About Cancer Treatment
- 20 Four Ways to Support a Friend with Cancer
- 22 Volunteering Brings Sense of Purpose to Cancer Survivor

### KNIFE & FORK

- 24 Eight Superfoods That May Reduce Your Risk of Cancer
- 25 Roasted Broccoli with Olive Oil and Garlic

### PERK-WISE\*

- 26 How Exercise Relates to Cancer
- 27 SilverSneakers Can Help You Stay Active



# LIVING WITH CANCER

As scientists make great strides in cancer prevention, early detection and treatment, more and more people are living long, happy, healthy lives after a cancer diagnosis. In this issue of *Medica Magazine*, you'll learn about advances in cancer research along with important steps you can take to prevent cancer or detect it early when it's easiest to treat. And if you or a loved one is diagnosed with cancer, this issue provides information on cancer resources, decision making and ways you can receive or provide support.



“

What lies behind us and what lies before us are tiny matters compared to what lies within us.

– Ralph Waldo Emerson



# CANCER DEATH RATE IN DECLINE

The cancer death rate in the U.S. has seen a drastic decline over the past 25 years. The death rate fell 27 percent between 1991 and 2016, which translates to about 2.6 million lives saved. This decline is due to advances in prevention, detection and treatment.

## In particular, death rates declined for these most common cancer types:

- **Lung cancer** still has the highest death rate of all types of cancer, but the death rate has declined significantly due in large part to a reduction in smoking. Because men have traditionally smoked more than women, the death rate from lung cancer has fallen more sharply for men — 45 percent for men from 1990 to 2015, and 19 percent for women from 2002 to 2015.
- **Breast cancer** death rates for women declined by 39 percent from 1989 to 2015, due largely to advances in early detection.
- **Prostate cancer** death rates for men declined 52 percent from 1993 to 2015.
- **Colorectal cancer** death rates declined 52 percent from 1970 to 2015 due to advances in screening and treatment.

Despite these significant declines in the cancer death rate, cancer is still the second leading cause of death in the U.S. after heart disease. In 2019, the U.S. is projected to see about 1.7 million cancer diagnoses and more than 600,000 cancer deaths.

There are some key steps you can take to dramatically reduce your risk of cancer. And early detection can improve your likelihood of a successful outcome if you are diagnosed. Read on for what you need to know about cancer prevention, diagnosis and treatment.

**Sources:** American Cancer Society, Health in Aging





## 6

## STEPS

## SIX STEPS YOU CAN TAKE TO PREVENT CANCER

While some cancers are the result of genetics, age, and other factors beyond your control, more than half of cancers can likely be prevented by lifestyle changes. In fact, Harvard public health experts estimate that up to 75 percent of American cancer deaths can be prevented. Those are some good odds! To decrease your likelihood of getting cancer, here are key steps you can take:

**1 Quit smoking.**

This advice likely won't surprise you, but it can't be overstated. Tobacco is responsible for about 30 percent of deaths from all types of cancer, and about 90 percent of all lung cancers. If you stop smoking today, your risk of getting cancer decreases immediately, eventually becoming about the same as the risk for non-smokers. In addition to lung cancer, quitting smoking also reduces your risk for many other types of cancers — not just for you but for the people in your life exposed to your second-hand smoke.

See *10 Reasons to Quit Smoking Today*, page 13.

**2 Maintain a healthy weight through diet and exercise.**

No big surprise here either, but obesity and an unhealthy diet are likely responsible for another 30 percent of cancer deaths. So eat your fruits and veggies, limit sugar, processed foods and saturated fat, exercise for about 30 minutes most days of the week, and work with your doctor to make sure you're maintaining a healthy weight.

See *8 Superfoods That May Reduce Your Risk of Cancer*, page 24, and *How Exercise Relates to Cancer*, page 26.

**3 If you drink, do so in moderation.**

Limit alcohol consumption to one drink per day for women, two drinks per day for men.

**4 Avoid excessive sun exposure.**

Ultraviolet (UV) rays from the sun can increase your risk of skin cancer. Limit your sun exposure by staying in the shade, wearing hats, sunglasses and protective clothing, and applying sunscreen with an SPF of at least 30. Avoid other sources of UV radiation, such as tanning beds.

**5 Avoid exposure to high levels of radon, radiation and environmental toxins.**

Test your home for radon using an inexpensive kit available at most hardware stores. Get medical x-rays only when necessary. And avoid exposure to asbestos and similar toxins at home and work.

**6 Get screening exams.**

Make sure you get regular screenings for colorectal and breast cancers, and talk to your doctor about other screenings you should get based on family history and other personal risk factors. While screenings won't prevent cancer, they can catch it early when it's much easier to treat.

See *Breast and Colorectal Cancer Screenings Could Save Your Life*, page 6.



# BREAST AND COLORECTAL CANCER SCREENINGS COULD SAVE YOUR LIFE



## BREAST CANCER SCREENING

Screening mammograms are recommended every 1-2 years for women 50-74. If you have a family history of breast cancer or other factors putting you at higher risk for breast cancer, talk to your doctor about whether you need screening earlier or more frequently.

## COLORECTAL CANCER SCREENING

Recommended at prescribed intervals for men and women age 50-75. Your doctor can help you choose the screening test best for you. Talk to your doctor about having testing earlier or more frequently if you have a family history of colorectal cancer or other conditions that put you at higher risk. Examples of conditions that may predispose you to colorectal cancer include a personal history of colorectal polyps, a personal history of inflammatory bowel disease, and a personal or family history of certain genetic disorders.

*See Your Coverage for Recommended Cancer Screenings, page 12.*

**The earlier cancer is diagnosed, the easier it is to treat before it spreads. Here are two important cancer screenings that could save your life.**

**Source:** U.S. Preventive Services Task Force



# YOUR PERSONAL CANCER SCREENING PROGRAM

**Breast and colorectal cancer screenings are the only cancer screenings that are universally recommended for adults 65 and over. Be sure to work with your doctor to determine if additional screenings are right for you based on your family history, lifestyle or other factors.**

## A FEW EXAMPLES:

- About 5 percent of cancers are due to an inherited condition. If you have a **family history of cancer**, be sure to talk to your doctor about whether you should undergo genetic testing or have more frequent cancer screenings. For information about genetic testing, see *What's Up Doc*, page 10.
- **Cervical cancer screening** is generally only recommended for women 21-65, but your doctor may recommend screening after 65 if you have a history of abnormal screenings.
- Most people don't need routine lung cancer screening. If you're age 55 to 80 and you currently smoke or have smoked in the last 15 years, your doctor will likely recommend **lung cancer screening** for you.

- Routine visual **skin cancer screening** isn't universally recommended, but you should show your doctor if you notice any skin lesions that are large, look unusual or have changed over time. If your doctor is concerned about any lesions or if you have a history of non-invasive skin cancer, you may need regular visual skin-cancer screening.

- Routine **prostate cancer screening** with the blood test PSA is controversial. Men need to make informed decisions about screening that reflect their personal preferences and values. Up until about a decade ago, PSA screening was recommended for all men age 55-69. But based on current research, prostate cancer screening for men is not generally recommended because of the risk of false positives and because many men with prostate cancer never experience adverse effects from the cancer itself. And prostate cancer treatment can lead to negative side effects such as impotence and urinary incontinence. However, more than 30,000 men die from prostate cancer each year. If you're a man 55-69 years old, you should talk to your doctor about whether prostate cancer screening is right for you, especially if you are African American or you have a family history of prostate cancer.

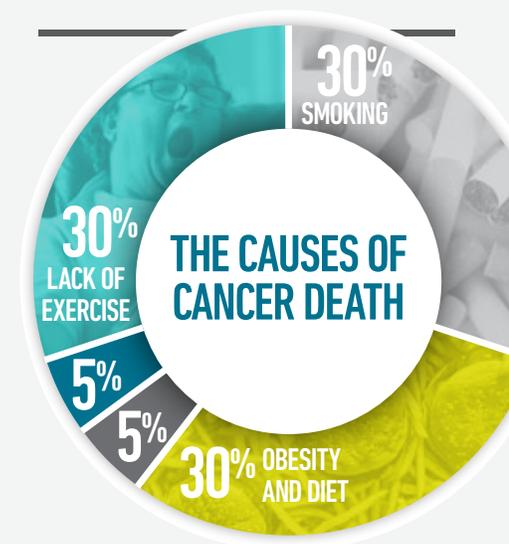
**Sources:** American Cancer Society, U.S. Centers for Disease Control and Prevention, U.S. Preventive Services Task Force

## SIGNS AND SYMPTOMS OF CANCER

Of course, the signs and symptoms below don't necessarily mean you have cancer. They could be related to another condition, or they could be completely benign. But if any of the following apply to you, talk to your doctor:

<b>C</b>	change in bowel or bladder habits
<b>A</b>	a sore that does not heal
<b>U</b>	unusual bleeding or discharge
<b>T</b>	thickening or lump in the breast or elsewhere
<b>I</b>	indigestion or difficulty in swallowing
<b>O</b>	obvious change in a wart or mole
<b>N</b>	nagging cough or hoarseness

**Source:** The American Cancer Society



SMOKING AND TOBACCO USE – 30%

LACK OF EXERCISE – 30%

OBESITY AND DIET – 30%

FAMILY HISTORY OF CANCER – 5%

ALL OTHER FACTORS COMBINED – 5%



# MEET CHARLES HENDRICKS



## One of Us

Age 67

Lives in Hayward, Wisconsin

Five years in remission  
from colon cancer

Medica member for two years

Medica Prime Solution Focus

## Cancer Survivor Maintains Independent Spirit

After more than 40 years as a logger, Charles Hendricks retired five years ago at age 62. He liked the work and he was used to long days of strenuous activity. So he didn't understand why soon after he retired, he was so exhausted he could barely walk to the mailbox. He knew something was wrong.

After a visit to his doctor and some tests, Charles found out he had colon cancer and needed extensive surgery to remove a large tumor. The surgery was followed by two months of physical therapy in an inpatient setting — at St. Mary's in Duluth, MN, about an hour from his home in Hayward, WI. But luckily there were no complications, the surgery removed all of the cancer and he didn't need radiation or chemotherapy.



While in the hospital, Charles had physical therapy every day. He enjoyed visits from his brothers and sister-in-law who live locally, and cards from family who live further away. He appreciated the nurses who doted on him, one of whom brought him a radio so he could listen to music and news on the local station.

Five years after surgery, Charles' cancer is in remission and he's doing well. When

“ I don't know what I would have done without my insurance when I was diagnosed. I'm glad I have it to fall back on in case something ever does happen again.

he needs to walk longer distances, he uses a walker. But otherwise his health is good, and he doesn't take any prescription medications. He gets a blood test every six months to check for cancer recurrence, but since the surgery they've all been clear.

Charles doesn't drive, so he takes a bus or rides his bike when he needs to do errands. He's an independent soul who prefers his own company — and describes himself as “happily single.”

One of his favorite pastimes is feeding the squirrels, and watching the squirrels, rabbits and other animals playing in the woods outside his apartment window.

He buys a lottery ticket every week, and he thinks of his health insurance as kind of like a reverse lottery ticket.

“I'll probably never win the lottery, but I hope I win it, so I keep buying tickets,” Charles says. “I hope I never get sick and need my insurance again, but I'm sure glad I had it when I needed it. I don't know what I would have done without my insurance when I was diagnosed. I'm glad I have it to fall back on in case something ever does happen again.”

## EAT MORE FIBER FOR COLORECTAL HEALTH

Eating a high-fiber diet of between 25 to 35 grams of fiber a day is good for your colorectal health. A high-fiber diet can reduce your risk of colorectal cancer. And if you've already had cancer, it can reduce your risk of a recurrence. Some of the best sources of dietary fiber include:

- Legumes such as split peas, lentils, black beans and lima beans
- Almonds
- Apples with the skin
- Artichokes
- Bananas
- Broccoli
- Brussel sprouts
- Green peas
- Oranges
- Pears with the skin
- Pecans
- Pistachios
- Raspberries
- Strawberries
- Sweet corn
- Whole grains

In addition to a high-fiber diet, be sure to get regular screenings and follow other cancer-prevention best practices. See *Breast and Colorectal Cancer Screenings Could Save Your Life*, page 6, and *Six Steps You Can Take to Prevent Cancer*, page 5.

**Source:** WebMD



# What You Need to Know About Cancer and Genetics



## Stacy Ballard MD, MBA

Senior Medica Medical Director

22-year career as an OB/GYN

Lives in Minneapolis with her husband, four children and fearless dog Zeus

**Q:** Do I need routine cancer screenings even if cancer doesn't run in my family?

**A:** Yes! All of us need to get routine cancer screenings for breast cancer and colorectal cancer. (See *Breast and Colorectal Cancer Screenings Could Save Your Life*, page 6.) Only about five percent of all cancers are genetically linked, which means that about 95 percent of cancers are caused by factors other than genetics — such as smoking or obesity. In my medical practice, I saw many people who didn't think they needed a colonoscopy or mammogram because no one in their family had breast or colon cancer.



**Everyone should get routine cancer screenings whether or not cancer runs in their family.**

Everyone should get routine cancer screenings whether or not cancer runs in their family. And everyone needs to be aware of lifestyle factors that can contribute to cancer. The recommendations for avoiding cancer are similar to those for avoiding heart disease and other preventable health conditions.

Don't smoke, eat a rainbow of fruits and vegetables, walk or do other forms of exercise most days of the week and keep your weight in a healthy range.



**Q:** **If cancer runs in my family, what do I need to know?**

**A:** Sometimes cancer can run in families just because family members often have similar health habits. For instance, when parents smoke, their kids are more likely to smoke as well. And most lung cancers are caused by smoking. So if your parent was a smoker who developed lung cancer, let that be an impetus for you to quit smoking yourself.

Other cancers run in families because of an inherited genetic abnormality. If you have a family history of cancer, your doctor can help you determine if you have a strong likelihood of a genetic abnormality that could cause cancer, and whether genetic testing might be right for you. For instance, women with a strong family history of breast cancer or ovarian cancer may want to have genetic testing for a mutation of one of the BRCA (shorthand for Breast Cancer) genes. If genetic testing shows you have that mutation, you can consider stepping up cancer prevention and screening efforts. Genetic testing may not be right for everyone, so talk to your doctor about whether it's right for you.

One important point to keep in mind: Just because someone has genetic testing and learns they don't have an inherited genetic mutation, that doesn't mean they won't get cancer. For instance, if a woman with a family history of breast cancer doesn't have the BRCA gene mutation, she could still get a different type of breast cancer. Not every type of breast cancer is related to a gene mutation, so she still needs to maintain good health and get regular cancer screenings.

This is a very exciting time because of the advances in medical science — including cancer prevention, diagnosis and treatment. But it takes time to find out how these discoveries will apply to our personal health. Some types of cancer testing and treatment are still in the research phase. Since we don't yet know whether they'll be determined safe and effective in the future, they're still considered investigational and may not be covered by Medicare.

**Q:** **If I've already been diagnosed with cancer, should I get genetic testing?**

**A:** If you have cancer, talk to your doctor about whether you should get genetic testing. If you have a strong family history of cancer or your cancer was diagnosed at a young age, genetic testing might show if you have a higher risk of some other cancers. And in some cases, genetic testing can also help determine what type of treatment is most appropriate for your particular cancer.

# YOUR COVERAGE FOR RECOMMENDED CANCER SCREENINGS

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One of the most important things you can do for your health is make sure you get recommended cancer screenings. The following screenings are covered at no cost to you:

## Breast Cancer Screening

You're covered for:

- One screening mammogram every 12 months.
- Clinical breast exams once every 24 months.

## Colorectal Cancer Screening

You're covered for certain colorectal cancer screening tests at age 40 and older. Coverage for these tests depends on your risk for colorectal cancer, when you had your last test, and whether something is found that needs to be removed during the test.

For members age 50 and older who are at average risk for colorectal cancer, any one of the listed tests is covered without a copay:

- Flexible sigmoidoscopy (or screening barium enema) every 48 months.
- Fecal occult blood test every 12 months.
- Guaiac-based fecal occult blood test or fecal immunochemical test every 12 months.
- DNA-based colorectal screening every three years.
- For those at high risk of colorectal cancer, one screening colonoscopy (or screening barium enema) every 24 months.
- For those not at high risk of colorectal cancer, one screening colonoscopy every 10 years (but not within 48 months of a screening sigmoidoscopy).

You may be covered for additional breast or colorectal cancer screenings if they are believed to be medically necessary and prescribed by your physician. For more information, see *Breast and Colorectal Cancer Screenings Could Save Your Life*, page 6. For information about other cancer screenings, see *Your Personal Cancer Screening Program*, page 7.





# 10 Reasons to Quit Smoking Today



- 1 Smoking causes cancer.** In addition to causing 90 percent of lung cancer, smoking causes about 30 percent of deaths from all cancers, including breast, cervical, skin and pancreatic cancers.
- 2 Smoking causes heart disease,** with about 20 percent of deaths from heart disease linked to smoking.
- 3 Smoking causes lung diseases** such as emphysema, with 90 percent of lung disease deaths linked to smoking.
- 4 Smoking can lead to osteoporosis** and risk of bone fractures.
- 5 Smoking increases the rate of mental decline** up to five times faster than for non-smokers.
- 6 Smoking can cause impotence.** Research shows that men who smoke more than a pack a day are 60 percent more likely to suffer erectile dysfunction than non-smokers.
- 7 Smoking can cause blindness.** Smokers are four times more likely to become blind due to macular degeneration.
- 8 Second-hand smoke is harmful for those who spend time around you when you smoke.** All of the health risks that apply to you such as cancer, stroke, heart disease, lung disease and blindness also apply to those exposed to your second-hand smoke.
- 9 Smoking is expensive.** If you smoke 10 cigarettes per day and pay \$6.28 per pack (the U.S. average), you spend about \$1,200 every year on cigarettes. To learn how much you spend, visit [smokefree.gov/how-much-will-you-save](http://smokefree.gov/how-much-will-you-save).
- 10 Smoking affects your appearance,** causing yellow teeth, yellow fingers and nails, and premature wrinkles. On average, in fact, smokers look more than 1.4 years older than non-smokers.

**Sources:** Health.com, U.S. Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, WebMD

## Want to Quit Using Tobacco? Medica Will Help.

Since 30 percent of all cancers are caused by smoking, quitting tobacco is the #1 step you can take to avoid cancer.

Tobacco is addictive and quitting is hard, but with the right help, it's possible. If you're ready to quit, we're here for you with personalized support from a specially trained health coach. You'll receive telephone coaching and nicotine replacement therapy (patch, gum or lozenge) — at no extra cost to you! Even better, you can choose the level of support you need to make the program work for you.

### Here's what you get with the Tobacco Cessation Program:

- Unlimited access to the coaching plans, with each plan lasting about 10 weeks
- Help with the psychological and physical aspects of nicotine dependence
- A personalized coaching plan and support materials you use at your convenience
- Home-delivered, over-the-counter nicotine replacement therapy (patch, gum, lozenge) for 8-10 weeks, if medically appropriate, at no additional cost

**Questions about Medica's tobacco cessation programs? Ready to quit tobacco today?** Call the Member Service number on the back of your ID card or visit [medica.com/wellness/medicaid-tobacco-cessation](http://medica.com/wellness/medicaid-tobacco-cessation).

We're ready when **you** are.

**Sources:** Medica Evidence of Coverage, National Institutes of Health

# Do You Take Eight or More Medications Regularly?

## You May Get a Call from Medica

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If you take multiple medications for multiple health conditions, it can be hard to keep everything straight. And the more medications you take, the greater the risk of those medications working against each other or causing side effects.

If you have three or more chronic conditions and regularly take eight or more Part D drugs that cost at least \$337 per month between you and Medica, you will be automatically enrolled in the free Medication Therapy Management program (MTM). Through MTM, you'll be able to take part in an annual comprehensive medication review with a pharmacist to help you understand why you are taking each drug, how drugs may affect each other, review opportunities to help you reduce costs, and get the most overall benefit from your medications. You also will receive a complete listing of your medications, including why and how to take them, following your review.

If you're eligible for this program, here's what you can expect:

- You'll receive a welcome letter from Medica letting you know you are eligible, outlining the program and how to reach a provider.
- Following the letter, you'll receive a phone call from Medica or a local retail pharmacist. Your caller ID may or may not indicate "Medica."
- Even if you've already reviewed your medications with a pharmacist or health provider, another review can catch issues that may have been missed during your last review, or any changes in your health since then. This service is free to you, and no medication changes will take place without your doctor's authorization.

**Questions about MTM?** Call the Member Service phone number on the back of your ID card.



# Your Medica Care Coordinator

## Helping You Schedule Routine Cancer Screenings and More

Your Medica Care Coordinator helps you create a personalized care plan that includes a broad range of services and support. Your Care Coordinator will:

- Offer to visit you in your home at least once a year — more often if your health changes
- Help you make appointments and schedule rides to visit health care providers
- Explain the benefits and covered services of your Medica health insurance
- Provide education on your health conditions and on health topics, such as nutrition, exercise and preventing falls
- Manage your health care paperwork
- Arrange for services, such as cooking and cleaning, to help you stay independent according to the Elderly Waiver (EW) Home and Community Based Services (HCBS) — if applicable to your situation
- Provide information on resources available in your community
- Help you access transportation at no additional cost to you to medical and dental appointments, pharmacies and SilverSneakers® facilities through Medica's Provide-A-Ride<sup>SM</sup> program
- Help you access interpreters in more than 150 languages, including American Sign Language



As a Medica DUAL Solution member, you have an assigned Care Coordinator. You can call your Medica Care Coordinator any time for help. If you don't know the name and phone number of your Care Coordinator, call the number on the back of your Medica ID card for help.

# YOU'RE NOT ALONE



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Today more than 14 million Americans are cancer survivors, with the majority of them still living five or more years after their diagnosis.



**I**t hits you like a ton of bricks. When you receive a cancer diagnosis, you'll cycle through a wide variety of often conflicted feelings. You may experience anger and fear about the diagnosis, anxiety about possible side effects of treatment, confusion about your treatment options and hesitancy about how much information to share with others. And you may feel some positive emotions as well — a sense of strength to overcome your diagnosis, joy for the people supporting you and activities you still enjoy, or gratitude for the treatment options modern medicine provides.

Whatever your experience with cancer, you're not alone. About 1.7 million Americans will be diagnosed with cancer in 2019. And today more than 14 million Americans are cancer survivors, with the majority of them still living five or more years after their diagnosis.

If you or someone in your life has been diagnosed with cancer, this section of *Medica Magazine* is for you — featuring resources available after a cancer diagnosis, help for making treatment decisions, tips for supporting a loved one with cancer, and the story of a cancer survivor who is thriving today.

# Cancer Resources

If you or a friend or family member have been diagnosed with cancer, these two national organizations with local branches across the U.S. can offer you a wealth of information and support.

## American Cancer Society

In addition to funding research and educating about cancer prevention, the American Cancer Society (ACS) provides many resources for people with cancer:

- **24/7 Cancer Helpline 1-800-227-2345** for information about treatments, support groups and other resources, or just a supportive ear.
- **Online cancer resources at [cancer.org/about-us/what-we-do/providing-support.html](https://www.cancer.org/about-us/what-we-do/providing-support.html)**
- Book store at [cancer.org/american-cancer-society-books.html](https://www.cancer.org/american-cancer-society-books.html)
- **Rides to appointments for cancer treatment.** For help with transportation or to volunteer for the Road to Recovery program, call **1-800-227-2345** or visit [cancer.org/treatment/support-programs-and-services/road-to-recovery.html](https://www.cancer.org/treatment/support-programs-and-services/road-to-recovery.html).
- **Lodging while receiving treatment far from home at more than 30 ACS Hope Lodge** locations — including Minneapolis/St. Paul and Rochester, MN — and hotel partners across the country. For help with lodging during treatment or to volunteer, visit [cancer.org/patientlodging](https://www.cancer.org/patientlodging), or call **1-800-227-2345**. To read about a Hope Lodge volunteer, see *Volunteering Brings Sense of Purpose to Cancer Survivor*, page 22.

## Cancer Support Community

Cancer Support Community offers support, hope and community to people with cancer and their loved ones. CSC has 175 locations, with 54 free Gilda's Club clubhouses, including one in the Twin Cities, to ensure that "no one faces cancer alone." Offerings include personalized screening and care planning, support groups, lectures and classes on everything from exercise and yoga to nutrition to art.

**For information visit [cancersupportcommunity.org/find-support](https://cancersupportcommunity.org/find-support) or call 1-888-793-9355.**





# Making Decisions About Cancer Treatment

**M**aking decisions about cancer treatment can be confusing and overwhelming. You may need to make important decisions about treatment now, treatment for a recurrence, or even for ending your treatment. Here are a few things to consider as you make treatment decisions and communicate with your doctors and loved ones:

## Create and communicate with your support community.

At a minimum your support community will consist of your doctors, nurses and other members of your treatment team, as well as your family and friends. You may find it helpful to talk to a Medica representative such as a Care Coordinator or a Health Advocate, others who have had the same kind of cancer, a therapist or counselor, and a minister or other person from your faith community. Remember that you can always seek a second opinion or change doctors.

Make sure your community knows what is important to you and what you want and need. All of these people can help you talk through your options and make treatment decisions, but ultimately you will know best what is important to you and right for you.

## Make a list of questions.

Before you meet with your doctor to talk about treatment options, prepare a list of written questions. If you need help coming up with questions, consider using the Cancer Support Community's Open to Options program. Through this program, a specialist can help you develop a list of questions and concerns to bring up with your doctor.

For information about the program, visit [cancersupportcommunity.org/OpenToOptions](https://cancersupportcommunity.org/OpenToOptions).



## Break it down.

It may be easier if you think of breaking it down into smaller decisions to make at various points in the treatment process. A great tool to help you understand the decisions you need to make from diagnosis through the end of treatment is the Cancer Support Community's document, *Frankly Speaking About Cancer: Making Treatment Decisions*. You can find this document at [cancersupportcommunity.org/sites/default/files/fields/resource/file/2018-03/making\\_treatment\\_decisions\\_2018.pdf](https://cancersupportcommunity.org/sites/default/files/fields/resource/file/2018-03/making_treatment_decisions_2018.pdf).

## Plan for the future.

As you age and circumstances change, your goals and values related to health care and quality of life may change. Whether you have cancer or another health condition now or just want to plan for future needs, consider Advance Care Planning. For information, visit Honoring Choices Minnesota Advance Care Planning at [honoringchoices.org/tools-resources/how-to-start](https://honoringchoices.org/tools-resources/how-to-start).

**Source:** Cancer Support Community, Honoring Choices Minnesota

# 4 Ways to Support a Friend with Cancer



**R**esearch shows that support from friends helps people with cancer have a more positive outlook and a better quality of life. If you have a friend with cancer, here are four ways you can support him or her.

## 1 Keep in touch through notes, calls and texts.

When your friend is diagnosed with cancer, you may feel unsure about what to say. But ignoring her can make her feel isolated and alone. Let her know you're there for her – and willing to discuss the cancer or help her forget about it for a while, whatever she needs. Even a card or text with the simple message, "I'm thinking of you," can remind your friend that she's not alone.

Joe of Eden Prairie, MN, was diagnosed with brain cancer in late 2018. While he was going through treatment, he especially appreciated when friends let him know they were offering prayers and positive energy for healing and health for him and his family.

"Prayer and positive energy and attitude really do matter," he says.

## 2 Visit or offer activities.

Call before you stop by, and be understanding if your friend can't see you right then. Keep visits short, and follow her lead about how much she wants to talk and whether she wants to talk about her cancer or treatment. In addition to being willing to listen to your friend, bring up other topics of shared interest like sports, movies or uplifting things happening in your own life to allow your friend to get her mind off cancer and treatment for a while.

Also follow your friend's lead about whether she wants to get out and do things. She may enjoy a movie, a lunch date or a short walk, or she may prefer to stick close to home.

Before Joe's diagnosis, he was an avid exerciser — running, walking and biking frequently, as well as playing pickle ball for hours on the weekends. During cancer treatment he wasn't able to work out as much as before, but he appreciated the support of friends and family who took him to the indoor track or nearby mall for walks, or offered a short pickle ball game.

## 3 Give little gifts.

Think of little things that might make your friend's life easier or brighten her day. If you don't live nearby, sending gifts can be an especially nice way to let your friend know you care. Consider soft socks, a fun hat or scarf if she's losing her hair during treatment, favorite snacks (make sure it's something she will enjoy and can eat during treatment), lighthearted books, a subscription to a streaming service like Netflix, or nice lotions or soaps (some people may prefer unscented items while going through treatment).



#### 4 Help with errands, chores and projects.

You may be tempted to say, “If there’s anything I can do, just let me know.” But many people have a hard time asking for help. And even thinking of things for you to do can feel like an additional burden on your friend.

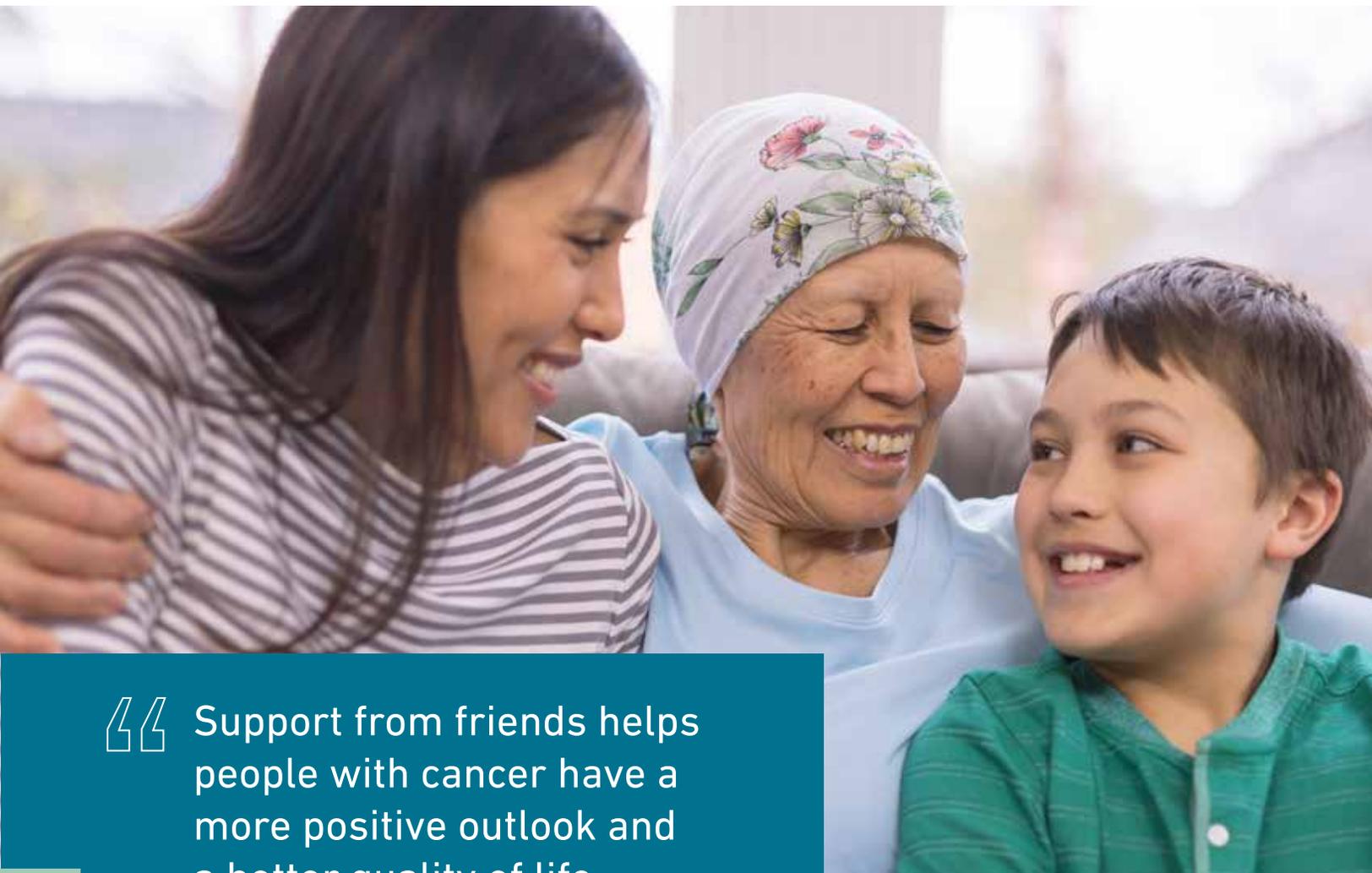
Instead, think of specific tasks like cooking, cleaning, grocery shopping, pet care or yard work that you think would be helpful to your friend, and offer to do them. Tailor your offer to your friend’s needs and interests. If she’s a gardener, for instance, offer to plant the garden this year and then help weed and water throughout the season.

Consider getting a group of friends together to help complete tasks on a regular basis. When Joe was going through treatment, his sister-in-

law coordinated friends and family to bring dinner three times a week. And a pickle ball friend put together a schedule for friends and family to give him rides to treatments.

“If you know someone in this situation, they might be too proud to ask for help,” Joe says. “Just bring by a meal, or shovel or mow before they can, then ask for forgiveness later. I’m one of those people who would rather give than receive and it’s not easy to ask for help. But it’s been a relief not to have to worry about those things. And with less stress, I can focus on the healing and recovery process.”

**Sources:** American Cancer Society, Prevention



“ Support from friends helps people with cancer have a more positive outlook and a better quality of life.

# Volunteering Brings Sense of Purpose to Cancer Survivor

When Dean Pollock retired eight years ago at age 61, he realized pretty quickly that sitting around the house wasn't for him. So he returned to pottery – a hobby he dabbled in before he and his wife had children, and enjoys again now that he's retired and their three kids are grown. He also started volunteering with several organizations in Rochester, MN, where he lives – a middle school, a food bank, a homeless shelter and a senior center.

Then two years ago, Pollock was diagnosed with advanced nasopharyngeal carcinoma, a rare type of head and neck cancer that had metastasized to his liver and lungs. Once he was diagnosed, fighting cancer became a full-time job, so his volunteer work and pottery were put on hold. Over the course of a year he had surgery, more than 40 combined treatments of a couple types of radiation, and two rounds of chemotherapy. At the height of treatment, he had up to 17 medical appointments in a single week.

But Pollock is now happy to report that his cancer is in remission, with two clean PET scans in a row over the last year. He takes immunotherapy drugs and will take them indefinitely; he

credits those drugs with wiping out a couple spots that had shown up on previous scans before the last two clean scans.

Although he gets tired more easily now than he did before treatment, he's feeling well enough that he joined a gym where he walks on the treadmill and does a weight-machine circuit.

He also has started volunteering again, adding Hope Lodge to his slate of volunteer commitments. Hope Lodge



When you've had advanced cancer like I did, you don't want to waste time. You want to do something useful. If you can walk away from volunteering thinking you might have helped someone or given them a little support, it feels like a good day.

is run by the American Cancer Society, offering overnight accommodations to people traveling to Rochester's Mayo Clinic for cancer treatment.

"When I was laid up during treatment I was pretty miserable both physically and mentally," Pollock says. "If I just sit around worrying, it's not helping me a





## 6 Health Benefits of Volunteering

In addition to helping organizations you care about and the people they serve, volunteering can also have key health benefits for you. Here are six ways volunteering can improve your health:

1. Decreased risk of depression, especially for people 65 and older
2. Increased sense of life purpose and meaning
3. Reduced isolation through meeting others and developing new relationships
4. Better overall health, especially for people 60 and older
5. Decreased pain intensity
6. Increased life expectancy

**Source:** Mayo Clinic



bit. Volunteering gives me a purpose in life. So as soon as I started feeling better I knew it was time to get back out there with a regular routine, interacting with people and finding a way to give back.

"I started volunteering at Hope Lodge because I figured it would benefit both me and the guests," he continues. "I'm a success story and I can help people at the beginning of their treatment to have some hope. When the guests find

out I'm a recovering cancer patient, they're happy to see that I look healthy now. I tell them, 'I feel good and you can too.'

"When you've had advanced cancer like I did, you don't want to waste time. You want to do something useful. If you can walk away from volunteering thinking you might have helped someone or given them a little support, it feels like a good day."



**Note:** For information about Hope Lodge and other resources, see *Cancer Resources*, page 18.

# 8 Superfoods that May Help Reduce Your Risk of Cancer

While no one food can protect you against cancer, research shows that a diet high in colorful fruits and veggies — and low in sugary, salty processed foods and saturated fat — may help prevent certain cancers. In particular, research shows that these eight superfoods are especially likely to help prevent particular types of cancer, so be sure to make them a regular part of your daily diet.

## 1 Beans



## 2 Berries, particularly strawberries



## 3 Broccoli, whether eaten raw or cooked — see recipe for Roasted Broccoli with Olive Oil and Garlic, next page.



## 4 Carrots, particularly when cooked





**5 Garlic**

**6 Olive Oil**

**7 Spinach**

**8 Tomatoes,**  
particularly in tomato  
sauce, paste and juice

Sources: Health in Aging, Healthline, WebMD

## Roasted Broccoli with Olive Oil and Garlic

The broccoli, olive oil and garlic in this recipe are all cancer-fighting superstars!

Serves 4

### Ingredients:

1-1/2 pounds fresh or frozen  
broccoli heads

3 cloves garlic, peeled and sliced

2-3 tablespoons olive oil

Salt to taste

Pepper to taste

### Recipe

Preheat oven to 425 degrees. Combine the broccoli, garlic and olive oil, spread evenly on a baking pan, and season with salt and pepper to taste. Roast for about 20 minutes until the broccoli is tender and the edges are crispy.



# HOW EXERCISE RELATES TO CANCER



## CANCER PREVENTION

You know exercise is one of the most important ways to keep healthy. Exercise is good for your heart, muscles, bones, lungs, brain and pretty much every part of your body. And research suggests that exercise may help prevent some forms of cancer.

**In particular, research shows that exercise leads to:**

- 24 percent lower risk of colon cancer
- 20 percent lower risk of endometrial (uterine) cancer
- 12 percent lower risk of breast cancer

**To achieve health benefits such as reducing your risk of cancer, you should engage in:**

- 150 minutes of moderate-intensity aerobic **activity per week OR**
- 75 minutes of vigorous-intensity aerobic **activity per week OR**
- An equivalent combination of moderate and vigorous aerobic activity





## CANCER TREATMENT

If you do get cancer, you should still keep up your exercise routine to the extent that you're able. Decades ago, you were discouraged from being physically active if you were undergoing cancer treatments. That's no longer the case.

Research shows that exercise can help during and after cancer treatment in the following ways:

- Improve your likelihood of remission and long-term survival
- Improve physical and mental symptoms from both the cancer itself and from side effects of treatment, such as radiotherapy and chemotherapy
- Improve quality of life both before, during and after treatment
- For cancer survivors, decrease the likelihood of the cancer returning

To determine the best exercise routine for you during and after cancer treatment, talk to your doctor.

**Sources:** National Cancer Institute, National Institutes of Health



# SILVERSNEAKERS CAN HELP YOU STAY ACTIVE!

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- No cost membership at more than 16,000 fitness locations nationwide
- FLEX® classes tailored specifically to seniors, offered in locations such as parks, community centers and senior-living centers
- On-demand video workouts
- A mobile app to help you find classes, access workout videos and track your fitness progress (download **SilverSneakers Go™** from the App Store or wherever you get your apps).



### To access SilverSneakers:

You will need your SilverSneakers card (or SilverSneakers member number) to use your SilverSneakers benefits. If you don't already have a card, you can order one on the SilverSneakers website. Visit [silversneakers.com](https://silversneakers.com) to order a card or find a SilverSneakers gym near you.

**Call toll free:**  
1-877-871-7053  
(TTY: 711)

**Phone hours:**  
7 a.m. to 7 p.m. Central Time,  
Monday-Friday

**Medica Customer Service**  
1-888-347-3630 (toll free) TTY:711

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بسم تدرًا أنلاحظ: إمداعة جمانية لتجرمة هه الوثيذقصة، ال علاعاه مقرى ال

သတိ။ ကျွန်ုပ်တို့၏စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း  
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កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ  
សូមហៅទូរសព្ទតាមលេខខាងលើ ។

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no.

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ຈົ່ງໂທໂປສໂປທ໌ໝາຍເລກຂ້າງເທິງນີ້.

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**Discrimination is against the law.** Medica does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services:** Medica provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs.

**Contact** Medica at 1-888-347-3630 (toll free); TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

**Language Assistance Services:** Medica provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** Medica at 1-888-347-3630 (toll free); TTY: 711 or at [medica.com/contactmedicaid](http://medica.com/contactmedicaid).

## Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Medica. You may contact any of the following four agencies directly to file a discrimination complaint.

### **U.S. Department of Health and Human Services' Office for Civil Rights (OCR)**

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director  
U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (voice)  
800-537-7697 (TDD)  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

### **Minnesota Department of Human Rights (MDHR)**

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (fax)  
[Info.MDHR@state.mn.us](mailto:Info.MDHR@state.mn.us) (email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **Medica Complaint Notice**

You have the right to file a complaint with Medica if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Medica Civil Rights Coordinator  
Medica Health Plans  
PO Box 9310, Mail Route CP250  
Minneapolis, MN 55443-9310  
952-992-3422 (voice and fax) TTY: 711  
Email: [civilrightscoordinator@medica.com](mailto:civilrightscoordinator@medica.com)

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American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.



Mail Route CW104  
PO Box 9310  
Minneapolis, MN 55440-9310

Health and wellness or prevention information.



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- 2 Click on the "Register Now" button and follow the steps
- 3 Call toll free 1-877-844-4999 if you need registration support (TTY: 711)

## Medica. The first word in Medicare.



## Helpful Numbers

### Medica Member Service

Toll free 1-888-347-3630 (TTY: 711)  
Metro Twin Cities: 952-992-2580  
8 a.m. to 8 p.m. Central, seven days a week.  
Access to representatives may be limited at times.

### Medica's 24-hour Fraud Hotline

English/Spanish fraud hotline: 952-992-2237  
Russian fraud hotline: 952-992-3893  
Somali fraud hotline: 952-992-3214  
or toll free 1-866-821-1331 (TTY: 711)

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Visit us at [medica.com](http://medica.com)



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