



Retiree Monthly Newsletter

FEBRUARY 2015

MANY OF OUR MEMBERS LOOK FORWARD TO RETIREMENT THIS NEW YEAR TIME FRAME

LET US START THE NEW YEAR!!

February is American Heart Month

Learn about your risks for heart disease and stroke and stay "heart healthy" for yourself and your loved ones

Are You at Risk for Heart Disease?

During the month of February, Americans see the human heart as the symbol of love. February is American Heart Month, a time to show yourself the love. Learn about your risks for heart disease and stroke and stay "heart healthy" for yourself and your loved ones.

Cardiovascular disease (CVD)—including heart disease, stroke, and high blood pressure—is the number 1 killer of women and men in the United States. It is a leading cause of disability, preventing Americans from working and enjoying family activities.¹ CVD costs the United States over \$300 billion each year, including the cost of health care services, medications, and lost productivity.



Understanding the Burden of CVD

CVD does not affect all groups of people in the same way. Although the number of preventable deaths has declined in people aged 65 to 74 years, it has remained unchanged in people under age 65. Men are more than twice as likely as women to die from preventable CVD.²

Having a close relative who has heart disease puts you at higher risk for CVD. Health disparities based on geography also exist. During 2007–2009, death rates due to heart disease were the highest in the South and lowest in the West.

Race and ethnicity also affect your risk. Nearly 44% of African American men and 48% of African American women have some form of CVD. And African Americans are

more likely than any other racial or ethnic group to have high blood pressure and to develop the condition earlier in life. About 2 in 5 African American adults have high blood pressure, yet fewer than half of them have the condition under control.

Many CVD deaths could have been prevented through healthier habits, healthier living spaces, and better management of conditions like high blood pressure and diabetes.

Take It One Step at a Time

You can control a number of risk factors for CVD, including:

- Diet
- Physical activity
- Tobacco use
- Obesity
- High blood pressure
- High blood cholesterol
- Diabetes

As you begin your journey to better heart health that can last a lifetime, keep these things in mind:

- Try not to become overwhelmed. Every step brings you closer to a healthier heart, and

every healthy choice makes a difference!

- Partner up. The journey is more fun—and often more successful—when you have company. Ask friends and family to join you.
- Don't get discouraged. You may not be able to take all of the steps at one time. Get a good night's sleep—also important for a healthy heart—and do what you can tomorrow.
- Reward yourself. Find fun things to do to decrease your stress. Round up some colleagues for a lunchtime walk, join a singing group, or have a healthy dinner with your family or friends.

Plan for Prevention

Try out these strategies for better heart health. You'll be surprised how many of them can become lifelong habits!

Work with your health care team. Get a checkup at least once each year, even if you feel healthy. A doctor, nurse, or other health care professional can check for conditions that put you at risk for CVD, such as high blood pressure and diabetes—conditions that can go unnoticed for too long.

Monitor your blood pressure. High blood pressure often has no symptoms, so be sure to have it checked on a regular basis. You can check your blood pressure at home, at a pharmacy, or at a doctor's office. Find more information at CDC's [High Blood Pressure Web site](#).

Get your cholesterol checked. Your health care team should test your cholesterol levels at least once every 5 years. Talk with your health care professional about this simple blood test. You can find out more from CDC's [High Cholesterol Web site](#).

Eat a healthy diet. Choosing healthful meal and snack options can help you avoid CVD and its complications. Limiting sodium in your diet can lower your blood

pressure. Be sure to eat plenty of fresh fruits and vegetables—adults should have at least five servings each day. Eating foods low in saturated fat, trans fat, and cholesterol and high in fiber. For more information on eating a healthy diet, visit CDC's [Nutrition page](#) and [ChooseMyPlate.gov](#).

Maintain a healthy weight. Being overweight or obese can increase your risk for CVD. To determine whether your weight is in a healthy range, health care professionals often calculate a number called body mass index (BMI). Doctors sometimes also use waist and hip measurements to measure a person's body fat. If you know your weight and height, you can calculate your BMI at CDC's [Assessing Your Weight Web site](#).

Exercise regularly. Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends that adults should engage in moderate-intensity activity for at least 150 minutes per week. Remember to incorporate exercise into your day in different ways: take the stairs instead of the elevator, or rake the yard instead of using the leaf blower. Exercising with friends and family can be a great way to stay healthy and have fun. For more information, visit CDC's [page on physical activity](#).

Don't smoke. Cigarette smoking greatly increases your risk for CVD. If you don't smoke, don't start. If you do smoke, quit as soon as possible. Your health care team can suggest ways to help you quit. For more information about tobacco use and quitting, see CDC's [Smoking & Tobacco Use Web site](#) and [Smokefree.gov](#).

Limit alcohol use. Avoid drinking too much alcohol, which can increase your blood pressure. Men should stick to no more than two drinks per day, and women to no more than one. For more information, visit CDC's [Alcohol and Public Health Web site](#).

Manage your diabetes. If you have diabetes, monitor your blood sugar levels closely, and talk with your health care team about treatment options. Visit CDC's [Diabetes Public Health Resource](#) for more information.

Take your medicine. If you're taking medication to treat high blood pressure, high cholesterol, diabetes, or another condition, follow the instructions carefully. Always ask questions if you don't understand something. If you have side effects, talk with your health care team about your options.

Need more inspiration? The "28 Days to a Healthier Heart" tips can inspire you throughout February and all year long. Follow [Million Hearts®](#) on Facebook and Twitter for even more ways to protect your heart and live a longer, healthier life. Million Hearts® is a national initiative to prevent 1 million heart attacks and strokes by 2017.

Together, we all can prevent and manage heart disease, one step at a time.

References

1. Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Blaha MJ, et al. Heart disease and stroke statistics—2014 update: a report from the American Heart Association. *Circulation*. 2013 [Epub ahead of print].
2. CDC. Vital Signs: avoidable deaths from heart disease, stroke, and hypertensive disease—United States, 2001–2010. *MMWR*. 2013;62(35):721–7.

The History of Black History

Origins of Black History Month

The story of Black History Month begins in 1915, half a century after the Thirteenth Amendment abolished

slavery in the United States. That September, the Harvard-trained historian Carter G. Woodson and the prominent minister Jesse E. Moorland founded the Association for the Study of Negro Life and History (ASNLH), an organization dedicated to researching and promoting achievements by black Americans and other peoples of African descent. Known today as the Association for the Study of African American Life and History (ASALH), the group sponsored a national Negro History week in 1926, choosing the second week of February to coincide with the birthdays of Abraham Lincoln and Frederick Douglass. The event inspired schools and communities nationwide to organize local celebrations, establish history clubs and host performances and lectures.

Did You Know?

The NAACP was founded on February 12, 1909, the centennial anniversary of the birth of Abraham Lincoln.

In the decades that followed, mayors of cities across the country began issuing yearly proclamations recognizing Negro History Week. By the late 1960s, thanks in part to the Civil Rights Movement and a growing awareness of black identity, Negro History Week had evolved into Black History Month on many college campuses. President Gerald R. Ford officially recognized Black History Month in 1976, calling upon the public to “seize the opportunity to honor the too-often neglected accomplishments of black Americans in every area of endeavor throughout our history.”

Since then, every American president has designated February as Black History Month and endorsed a specific theme. The 2013 theme, At the Crossroads of Freedom and Equality: The Emancipation Proclamation and the March on Washington, marks the 150th and

50th anniversaries of two pivotal events in African-American history.



The Selma, Alabama March



March 8th, 2015: If you live near or around Selma, Alabama we would like to inform you of the Sunday march, March 8, 2015. This will be the 50th anniversary walk across the Edmund Pettus Bridge which was held on March 7, 1965 for Civil Rights and the Voting Rights.

DISASTER RELIEF TRAINING BY THE RED CROSS:

What a way to start the year with a full class of retirees and active IAM members. The training is in partnership with the American Red Cross and the IAMAW. It trains our members to help others in times of a natural disaster. Our folks trained all week and received many great compliments about the material used during the training as well as the Red

Cross trainers, Pam Evans, Leslie Fries, Sharon Jefferson and Megan Otto. Big thanks to them for providing an excellent course for our members.

Retirees were recognized during this training as attendees.



During the same training our Veterans were also recognized for their sacrifice and service to our nation.



This is the second class the American Red Cross has trained at our William W. Wimpisinger Education & Technology Center. We are pleased to be working with the Red Cross and hope that we have training in the year so we can prepare our members and have key personnel on site when the need arises.

Our sincere thanks to our retirees who are very active in all our programs, and who are still working to assist their communities and their members.

To our Veterans who are still on the front lines helping their fellow brothers and sisters and leaving “No One Behind.” I am very proud of our servicemen and servicewomen. Thanks for all that you do.

PLEASE READ IMAIL DATED FEBRUARY 3, 2015 FOR THE FULL STORY:



The IAM will join labor, the AFL-CIO and other allied organizations in a Stop Fast Track Lobby Day on March 4, 2015 in Washington, DC.

A briefing will begin at 8 a.m. at a location on Capitol Hill. Details to be announced later.

“The Obama Administration is in the final stages of negotiating the most significant corporate-driven free trade agreement since NAFTA – the Trans Pacific Partnership (TPP),” said IAM International President Tom Buffenbarger. “Passage of the TPP will lead to the loss of American jobs to human rights violators like Vietnam, continued downward pressure on wages and benefits, and the importation of unsafe food. The TPP must be stopped and re-negotiated to benefit all Americans.”

The Obama administration is moving full steam ahead to complete secret TPP negotiations with 11 Pacific-Rim countries, while working to win “Fast Track” trade authority from Congress. Fast Track means that Congress relinquishes its responsibility to determine trade policy to the administration and will be subjected to limited debate and a straight up or down vote with no amendments when the trade bill comes before them. The process is necessary to close the deal.

It’s also historically been used to pass the most damaging free trade agreements.

MAJOR MEDICARE REFORMS ANNOUNCED BY OBAMA ADMINISTRATION: ARTICLE PROVIDED BY BROTHER TONY PADILLA:

Major Medicare reforms announced by Obama administration

By Elise Viebeck

Health and Human Services (HHS) Secretary Sylvia Mathews Burwell on Monday announced an ambitious new effort to reward quality medical care and phase out payments based solely on the volume of services provided in the Medicare program.

For the first time, the agency is setting an explicit timetable for transitioning Medicare away from its dominant fee-for-service model.

The department is aiming to tie 30 percent of traditional Medicare payments to care quality through Accountable Care Organizations (ACOs) or bundled payment arrangements by the end of 2016. Fifty percent would be tied to care quality by the end of 2018.

Altogether, the targets represent a 50-percent increase in value-based payments by 2016, HHS said.

In addition, Burwell announced the creation of a new Health Care Payment Learning and Action Network, which will work with stakeholders across the healthcare world to increase the use of alternative payment models.

“Whether you are a patient, a provider, a business, a health plan, or a taxpayer, it is in our common interest to build a healthcare system that delivers better care, spends health care dollars more wisely and results in healthier people,” Burwell said in a statement Monday. “Today’s announcement is about improving the quality of care we receive when we are sick, while at the same time

spending our health care dollars more wisely.”

The move was roundly praised by industry leaders, medical executives and consumer advocates who met with Burwell Monday to discuss the new policy.

Health insurance companies’ lead advocate in Washington, D.C., Karen Ignagni, called the announcement a “major step forward” in encouraging wiser spending and better outcomes in the U.S. healthcare system.

“Advancing a patient-centered health system requires a fundamental transformation in how we pay for and deliver care,” said Ignagni, president and CEO of America’s Health Insurance Plans, in a statement. “Health plans have been on the forefront of implementing payment reforms in Medicare Advantage, Medicaid Managed Care, and in the commercial marketplace,” she said. “We are excited to bring these experiences and innovations to this new collaboration.”

The timetable for quality-based payments will become part of Burwell’s legacy at HHS. Apart from focusing on the successful implementation of ObamaCare, the former White House budget director has called phasing out fee-for-service payments a major priority of her tenure.

The fee-for-service model works by reimbursing medical providers for each office visit, test, procedure or other service rendered. Critics say this approach is flawed because it incentivizes higher volumes of care than might be necessary, resulting in excess healthcare costs.

Alternative payment models aim to fix this problem by tying payments to the quality of care provided. In an ACO, for example, doctors, hospitals and other healthcare providers are

responsible for coordinating a patient's care, and the quality of their efforts factors into the payments they receive.

Medicare will aim to tie 85 percent of all traditional payments to quality or value in some form by 2016 and 90 percent by 2018, HHS said Monday.

Senior healthcare officials said the new initiative will help "lead and support ... robust interest" in alternative payment models within the healthcare industry.

"We really believe that this is the direction the marketplace is headed," said one senior HHS official on a call with reporters.

"[Stakeholders] want a clear message from HHS and CMS around our goals and where the system is moving."

Though the department generally won praise for its efforts to phase out fee-for-service, not all policy experts were convinced of their methods.

Douglas Holtz-Eakin, a former Congressional Budget Office director and president of the right-leaning American Action Forum, was skeptical that HHS can actually meet the goals that it announced.

"The first step towards recovery is admitting there is a problem ... The second step, however, is choosing the right therapy," Holtz-Eakin said in a statement. "In its desire to trump Congress with executive action, [Medicare] has set ambitious goals with no evidence that these particular alternatives will be effective at reducing costs or improving care."

Holtz-Eakin specifically singled out the Medicare Shared Savings Program, calling it "largely a failure."

HHS responded that ACOs have been shown to lower costs and improve patients' experience, and that new

models can help further decelerate the growth in health spending.

2015 RETIREE, COMMUNITY AND MEMBERSHIP COURSES

EAP III	04/12-17/15
EAP IV	09/20-25/15
RESP	08/02-07/15
RAP	08/02-07/15
Veteran's Service Program	03/29-04/03/2015
Community Services	09/27/-10/02/15

RAFFLE TICKETS:

The drawing took place December 8, 2014. The following individuals were selected and as indicated, the prize and amount won.

1st Prize \$1,500 Ray Persaud

2nd Prize \$1,000 William Runkel

3rd Prize \$700 Jake Merkel

4th Prize \$500 Brad Baum

5th Prize \$250 Brian Wickwire

A hardy thanks to our top raffle ticket sellers

1st Billy Cox

2nd Bennie Segars

3rd Charlie Micallef

Thanks to all of you for assisting in the sale of our retiree tickets. It's a pleasure to work with professionals like you every day.

RETIREE AND CENTRAL LABOR COUNCIL MEETINGS INVITATIONS:

I look forward to the coming year to be invited once again to your meetings and to have the opportunity to attend.

GUIDES AND FORMS COMING TO THE RETIREE WEBPAGE:

Retiree Coordinators Guide
Disaster Relief Guide
Retiree Club Forms

NEXT MONTH ISSUE:

Please have your articles and pictures in by February 24, 2015.

Next month's issue will focus on Women's History and Saving Your Vision.

Do you have a sister in your location that you wish to acknowledge for her contributions to our union? If so, please forward your article and a picture. Please provide detail information for any of the pictures you forward.

RETIREE CONTACT INFORMATION:

Retiree, Community & Membership Service Department
9000 Machinists Place
Upper Marlboro, MD 20772
Office: 301-967-3433
Fax: 301-967-3427
Director Carlos H. San Miguel, Jr.
Administrative Secretary Kimberly Hill

Thank you for all the hard work you do and please keep up the great work.