

aetna health risk assessment

Aetna Health Risk Assessment: A Comprehensive Overview

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Introduction: Understanding the Importance of Aetna Health Risk Assessment

The Aetna health risk assessment is a crucial tool in proactive healthcare management. This comprehensive assessment helps individuals understand their personal health risks and empowers them to make informed decisions to improve their well-being. By identifying potential health problems early, the Aetna health risk assessment can significantly contribute to preventing chronic diseases and improving overall health outcomes. This article delves into the intricacies of the Aetna health risk assessment, examining its components, benefits, limitations, and implications for individual health and the broader healthcare system.

Components of the Aetna Health Risk Assessment

The Aetna health risk assessment typically involves a multi-faceted approach combining several components designed to create a holistic picture of an individual's health status. These components often include:

1. **Online Health Questionnaire:** The Aetna health risk assessment often begins with a detailed online questionnaire. This questionnaire gathers comprehensive data on an individual's medical history, lifestyle habits (diet, exercise, smoking, alcohol consumption), family history of diseases, and current health status. The questions are carefully designed to identify potential risk factors for various health conditions.
1. **Biometric Screenings:** In many cases, the Aetna health risk assessment includes biometric screenings. These screenings typically involve measurements such as height, weight, blood pressure, cholesterol levels, and blood glucose levels. These objective measurements provide valuable quantitative data to supplement the information gathered through the questionnaire. The results from these screenings are crucial in assessing cardiovascular risk, diabetes risk, and overall metabolic health. The integration of biometric data enhances the accuracy and comprehensiveness of the Aetna health risk assessment.
1. **Personalized Feedback and Recommendations:** Following the completion of the questionnaire and biometric screenings (where applicable), the Aetna health risk assessment provides personalized feedback tailored to the individual's specific risk profile. This feedback highlights areas of concern, identifies potential health risks, and offers personalized recommendations for improving health and reducing risk factors. These recommendations might include lifestyle changes, medical checkups, or participation in specific wellness programs. The personalized nature of this feedback is a key strength of the Aetna health risk assessment, as it empowers individuals to take targeted actions to improve their health.
1. **Integration with Wellness Programs:** The Aetna health risk assessment frequently serves as a gateway to various wellness programs offered by Aetna. These programs can range from smoking cessation support and weight management programs to stress management techniques and disease management programs. By integrating the assessment with these programs, Aetna provides a comprehensive approach to health improvement and risk reduction. This integration helps to translate the insights gained from the Aetna health risk assessment into tangible actions and support systems.

Benefits of the Aetna Health Risk Assessment

The benefits of undergoing an Aetna health risk assessment are numerous and extend beyond simply identifying potential health problems. These benefits include:

Early Detection of Health Risks: The Aetna health risk assessment enables early detection of potential health problems, allowing for timely intervention and preventative measures. This early detection can significantly improve the chances of successful treatment and management of chronic conditions.

Personalized Health Improvement Plan: The personalized feedback and recommendations provided through the Aetna health risk assessment guide individuals towards developing a tailored health improvement plan. This customized plan addresses their specific needs and risk factors, ensuring a more effective and targeted approach to improving health.

Increased Health Awareness: The process of completing the Aetna health risk assessment often raises an individual's awareness of their health status and risk factors. This increased awareness can motivate individuals to adopt healthier lifestyle choices and prioritize their well-being.

Improved Health Outcomes: Studies have shown that individuals who participate in health risk assessments, such as the Aetna health risk assessment, often experience improved health outcomes, including lower rates of chronic disease and increased longevity.

Access to Wellness Programs: The Aetna health risk assessment provides access to valuable wellness programs designed to support individuals in making positive lifestyle changes and managing their health effectively.

Limitations of the Aetna Health Risk Assessment

While the Aetna health risk assessment offers many benefits, it's crucial to acknowledge its limitations:

Self-Reported Data: The questionnaire relies heavily on self-reported data, which can be subject to inaccuracies or biases. Individuals may not accurately recall their medical history or lifestyle habits.

Limited Scope: The assessment may not capture all potential health risks. It focuses on commonly assessed factors and may not identify rare or less-common conditions.

Accessibility: Access to the assessment and subsequent wellness programs may be limited based on insurance coverage and geographic location.

Behavioral Change: The effectiveness of the Aetna health risk assessment depends on individuals' willingness to make positive changes in their lifestyle and behaviors. The assessment itself doesn't guarantee behavioral change.

The Aetna Health Risk Assessment in the Broader Healthcare Context

The Aetna health risk assessment is not just a standalone tool; it's an integral part of a broader approach to preventative healthcare and population health management. By identifying individuals at higher risk, the assessment allows healthcare providers and insurers to target interventions and resources more effectively. This targeted approach can lead to better health outcomes, improved cost-effectiveness, and a more sustainable healthcare system. The data gathered through the Aetna health risk assessment can be used for population-level analysis, enabling public health initiatives to better address prevalent health issues within specific communities.

Conclusion

The Aetna health risk assessment plays a significant role in promoting proactive healthcare and improving individual well-being. By combining detailed questionnaires, biometric screenings, and personalized feedback, it empowers individuals to gain a deeper understanding of their health risks and take steps towards a healthier future. While limitations exist, the benefits of early detection, personalized health plans, and access to wellness programs significantly outweigh the drawbacks. The Aetna health risk assessment contributes to a more proactive, personalized, and effective approach to healthcare, benefiting individuals and the broader healthcare system.

FAQs

1. How accurate is the Aetna health risk assessment? The accuracy depends on the completeness and accuracy of the self-reported information and the precision of the biometric screenings. While it provides a valuable overview, it's not a substitute for a thorough medical examination.
1. Is the Aetna health risk assessment confidential? Yes, the information provided during the Aetna health risk assessment is protected by HIPAA regulations ensuring confidentiality.
1. How often should I take the Aetna health risk assessment? It's recommended to take the assessment annually or as advised by your healthcare provider to monitor changes in your health status and risk factors.

1. What if I have pre-existing conditions? The Aetna health risk assessment will still be beneficial as it can help identify additional risks and guide you towards appropriate management strategies for your pre-existing conditions.

1. Is the Aetna health risk assessment free? The availability and cost of the Aetna health risk assessment depend on your specific health plan and employer-sponsored wellness programs.

1. What if I don't have access to biometric screenings? The Aetna health risk assessment can still be valuable, even without biometric screenings, as the questionnaire provides crucial information about lifestyle and health history.

1. How long does it take to complete the Aetna health risk assessment? The time required varies, but the online questionnaire typically takes around 15-30 minutes to complete.

1. How do I access my Aetna health risk assessment results? Your results are typically available online through your Aetna member portal.

1. What if I don't understand my results? You can contact Aetna customer service or your healthcare provider for clarification and guidance on interpreting your results.

Related Articles

1. Aetna Health Risk Assessment and Cardiovascular Disease Prevention: This article explores the role of the Aetna health risk assessment in identifying and mitigating cardiovascular risk factors.

1. **The Impact of Aetna Health Risk Assessment on Diabetes Management:** This study examines the effectiveness of the Aetna health risk assessment in improving diabetes management outcomes.
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1. **The Cost-Effectiveness of Aetna Health Risk Assessment:** This study evaluates the economic impact of the Aetna health risk assessment on healthcare costs.
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1. **Improving Adherence to Recommendations After Aetna Health Risk Assessment:** This article explores strategies to encourage behavioral change after receiving results from the Aetna health risk assessment.
1. **The Role of Technology in Delivering the Aetna Health Risk Assessment:** This article discusses the use of technology in making the Aetna health risk assessment more accessible and effective.
1. **Longitudinal Study of Health Outcomes Following Aetna Health Risk Assessment Participation:** This research examines the long-term effects of participating in the Aetna health risk assessment on health outcomes.

aetna health risk assessment: Colorectal Cancer Screening Joseph Anderson, MD, Charles Kahi, MD, 2011-04-23 Colorectal Cancer Screening provides a complete overview of colorectal cancer screening, from epidemiology and molecular abnormalities, to the latest screening techniques such as stool DNA and FIT, Computerized Tomography (CT) Colonography, High Definition Colonoscopes and Narrow Band Imaging. As the text is devoted entirely to CRC screening, it features many facts, principles, guidelines and figures related to screening in an easy access format. This volume provides a complete guide to colorectal cancer screening which will be informative to the subspecialist as well as the primary care practitioner. It represents the only text that provides this up to date information about a subject that is continually changing. For the primary practitioner, information on the guidelines for screening as well as increasing patient participation is presented. For the subspecialist, information regarding the latest imaging techniques as well as flat adenomas and chromoendoscopy are covered. The section on the molecular changes in CRC will appeal to both groups. The text includes up to date information about colorectal screening that encompasses the entire spectrum of the topic and features photographs of polyps as well as diagrams of the morphology of polyps as well as photographs of CT colonography images. Algorithms are presented for all the suggested guidelines. Chapters are devoted to patient participation in screening and risk factors as well as new imaging technology. This useful volume explains the rationale behind screening for CRC. In addition, it covers the different screening options as well as the performance characteristics, when available in the literature, for each test. This volume will be used by the sub specialists who perform screening tests as well as primary care practitioners who refer patients to be screened for colorectal cancer.

aetna health risk assessment: Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine, Institute of Medicine, Board on Health Care Services, Committee on Diagnostic Error in Health Care, 2015-12-29 Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to *Improving Diagnosis in Health Care*, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. *Improving Diagnosis in Health Care*, a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001), finds that diagnosis-and, in particular, the occurrence of diagnostic errors-has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

aetna health risk assessment: The Role of Purchasers and Payers in the Clinical Research Enterprise Institute of Medicine, Board on Health Sciences Policy, Clinical Research Roundtable, 2002-06-14 In a workshop organized by the Clinical Research roundtable,

representatives from purchaser organizations (employers), payer organizations (health plans and insurance companies), and other stakeholder organizations (voluntary health associations, clinical researchers, research organizations, and the technology community) came together to explore: What do purchasers and payers need from the Clinical Research Enterprise? How have current efforts in clinical research met their needs? What are purchasers, payers, and other stakeholders willing to contribute to the enterprise? This book documents these discussions and summarizes what employers and insurers need from and are willing to contribute to clinical research from both a business and a national health care perspective.

aetna health risk assessment: Finding What Works in Health Care Institute of Medicine, Board on Health Care Services, Committee on Standards for Systematic Reviews of Comparative Effectiveness Research, 2011-07-20 Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

aetna health risk assessment: Employment and Health Benefits Institute of Medicine, Committee on Employment-Based Health Benefits, 1993-02-01 The United States is unique among economically advanced nations in its reliance on employers to provide health benefits voluntarily for workers and their families. Although it is well known that this system fails to reach millions of these individuals as well as others who have no connection to the work place, the system has other weaknesses. It also has many advantages. Because most proposals for health care reform assume some continued role for employers, this book makes an important contribution by describing the strength and limitations of the current system of employment-based health benefits. It provides the data and analysis needed to understand the historical, social, and economic dynamics that have shaped present-day arrangements and outlines what might be done to overcome some of the access, value, and equity problems associated with current employer, insurer, and government policies and practices. Health insurance terminology is often perplexing, and this volume defines essential concepts clearly and carefully. Using an array of primary sources, it provides a store of information on who is covered for what services at what costs, on how programs vary by employer size and industry, and on what governments do—and do not do—to oversee employment-based health programs. A case study adapted from real organizations' experiences illustrates some of the practical challenges in designing, managing, and revising benefit programs. The sometimes unintended and unwanted consequences of employer practices for workers and health care providers are explored. Understanding the concepts of risk, biased risk selection, and risk segmentation is fundamental to sound health care reform. This volume thoroughly examines these key concepts and how they complicate efforts to achieve efficiency and equity in health coverage and health care. With health care reform at the forefront of public attention, this volume will be important to policymakers and regulators, employee benefit managers and other executives, trade

associations, and decisionmakers in the health insurance industry, as well as analysts, researchers, and students of health policy.

aetna health risk assessment: Healthcare Risk Adjustment and Predictive Modeling Ian G. Duncan, 2011 This text is listed on the Course of Reading for SOA Fellowship study in the Group & Health specialty track. Healthcare Risk Adjustment and Predictive Modeling provides a comprehensive guide to healthcare actuaries and other professionals interested in healthcare data analytics, risk adjustment and predictive modeling. The book first introduces the topic with discussions of health risk, available data, clinical identification algorithms for diagnostic grouping and the use of grouper models. The second part of the book presents the concept of data mining and some of the common approaches used by modelers. The third and final section covers a number of predictive modeling and risk adjustment case-studies, with examples from Medicaid, Medicare, disability, depression diagnosis and provider reimbursement, as well as the use of predictive modeling and risk adjustment outside the U.S. For readers who wish to experiment with their own models, the book also provides access to a test dataset.

aetna health risk assessment: Birth Settings in America National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Division of Behavioral and Social Sciences and Education, Board on Children, Youth, and Families, Committee on Assessing Health Outcomes by Birth Settings, 2020-05-01 The delivery of high quality and equitable care for both mothers and newborns is complex and requires efforts across many sectors. The United States spends more on childbirth than any other country in the world, yet outcomes are worse than other high-resource countries, and even worse for Black and Native American women. There are a variety of factors that influence childbirth, including social determinants such as income, educational levels, access to care, financing, transportation, structural racism and geographic variability in birth settings. It is important to reevaluate the United States' approach to maternal and newborn care through the lens of these factors across multiple disciplines. Birth Settings in America: Outcomes, Quality, Access, and Choice reviews and evaluates maternal and newborn care in the United States, the epidemiology of social and clinical risks in pregnancy and childbirth, birth settings research, and access to and choice of birth settings.

aetna health risk assessment: Informed Consent and Health Literacy Institute of Medicine, Board on Population Health and Public Health Practice, Roundtable on Health Literacy, 2015-03-04 Informed consent - the process of communication between a patient or research subject and a physician or researcher that results in the explicit agreement to undergo a specific medical intervention - is an ethical concept based on the principle that all patients and research subjects should understand and agree to the potential consequences of the clinical care they receive. Regulations that govern the attainment of informed consent for treatment and research are crucial to ensuring that medical care and research are conducted in an ethical manner and with the utmost respect for individual preferences and dignity. These regulations, however, often require - or are perceived to require - that informed consent documents and related materials contain language that is beyond the comprehension level of most patients and study participants. To explore what actions can be taken to help close the gap between what is required in the informed consent process and communicating it in a health-literate and meaningful manner to individuals, the Institute of Medicine's Roundtable on Health Literacy convened a one-day public workshop featuring presentations and discussions that examine the implications of health literacy for informed consent for both research involving human subjects and treatment of patients. Topics covered in this workshop included an overview of the ethical imperative to gain informed consent from patients and research participants, a review of the current state and best practices for informed consent in research and treatment, the connection between poor informed consent processes and minority underrepresentation in research, new approaches to informed consent that reflect principles of health literacy, and the future of informed consent in the treatment and research settings. Informed Consent and Health Literacy is the summary of the presentations and discussion of the workshop.

aetna health risk assessment: Making Eye Health a Population Health Imperative

National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health, 2017-01-15 The ability to see deeply affects how human beings perceive and interpret the world around them. For most people, eyesight is part of everyday communication, social activities, educational and professional pursuits, the care of others, and the maintenance of personal health, independence, and mobility. Functioning eyes and vision system can reduce an adult's risk of chronic health conditions, death, falls and injuries, social isolation, depression, and other psychological problems. In children, properly maintained eye and vision health contributes to a child's social development, academic achievement, and better health across the lifespan. The public generally recognizes its reliance on sight and fears its loss, but emphasis on eye and vision health, in general, has not been integrated into daily life to the same extent as other health promotion activities, such as teeth brushing; hand washing; physical and mental exercise; and various injury prevention behaviors. A larger population health approach is needed to engage a wide range of stakeholders in coordinated efforts that can sustain the scope of behavior change. The shaping of socioeconomic environments can eventually lead to new social norms that promote eye and vision health. Making Eye Health a Population Health Imperative: Vision for Tomorrow proposes a new population-centered framework to guide action and coordination among various, and sometimes competing, stakeholders in pursuit of improved eye and vision health and health equity in the United States. Building on the momentum of previous public health efforts, this report also introduces a model for action that highlights different levels of prevention activities across a range of stakeholders and provides specific examples of how population health strategies can be translated into cohesive areas for action at federal, state, and local levels.

aetna health risk assessment: The Medicare Handbook, 1988

aetna health risk assessment: Race, Ethnicity, and Language Data Institute of Medicine, Board on Health Care Services, Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, 2009-12-30 The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities and the groups at risk for those disparities to light by collecting health care quality information stratified by race, ethnicity and language data. Then attention can be focused on where interventions might be best applied, and on planning and evaluating those efforts to inform the development of policy and the application of resources. A lack of standardization of categories for race, ethnicity, and language data has been suggested as one obstacle to achieving more widespread collection and utilization of these data. Race, Ethnicity, and Language Data identifies current models for collecting and coding race, ethnicity, and language data; reviews challenges involved in obtaining these data, and makes recommendations for a nationally standardized approach for use in health care quality improvement.

aetna health risk assessment: Why Healthcare Matters Frank Hone, 2008 Why Healthcare Matters is a practical guide to help influential business executives and leaders address a major crisis of our time ? healthcare. Frank Hone, a healthcare consumerism advocate and practitioner, takes a big picture look at what's wrong with healthcare in the U.S. and provides a set of practical, market-based strategies and solutions. The core idea of Why Healthcare Matters is that the solution lies in personal responsibility and employer engagement. And the heart of the book is a seven-step plan of action to drive substantial change in healthcare in your company.

aetna health risk assessment: Humanizing Healthcare: Hardwire Humanity into the Future of Health Summer Knight, 2021-04-06 From a top healthcare futurist, frontline innovator, and Deloitte consultant comes a bold new vision for Humanizing Healthcare—hardwiring humanity at every point of care—that is good for people and good for business. Our nation's healthcare and life science industry has changed dramatically over the past few decades—and not always for the better. In addition to rising costs and access challenges, the current system has caused needless suffering for patients and clinicians alike: physically, emotionally, financially, and socially. There

have been numerous efforts to overhaul the system, but nothing has yet cured healthcare of its illnesses. In *Humanizing Healthcare*, paramedic-turned-physician executive and Deloitte Managing Director Summer Knight draws on her years of experience on the frontlines of healthcare to offer a powerful road map for real reform. Her refreshingly human approach to transforming our healthcare system provides practical strategies to: Identify core problems in the current system—and find the best workable solutions. Combine healthcare with social services—and build stronger networks of support. Use digital technology and virtual visits to provide expert care at lower costs. Empower healthcare consumers to make smarter choices in their treatment and purchasing options. Form therapeutic alliances between the clinical team (physicians and staff) and the home team (family and friends). Build a solid foundation for ongoing improvements that are truly sustainable, affordable, and humane. This is a clear, compassionate guide to how the industry can transform to embody a more human perspective and use it as a collective north star that will positively impact all stakeholders—consumers, providers, caregivers, staff, executives, shareholders, and the government—alike. Most importantly, this book will open your eyes to what’s possible when you create high-quality, deeply felt alliances that deliver consumer-driven care with value to all. *Humanizing Healthcare* is the future of health.

aetna health risk assessment: *Making Medicines Affordable* National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Care Services, Committee on Ensuring Patient Access to Affordable Drug Therapies, 2018-03-01 Thanks to remarkable advances in modern health care attributable to science, engineering, and medicine, it is now possible to cure or manage illnesses that were long deemed untreatable. At the same time, however, the United States is facing the vexing challenge of a seemingly uncontrolled rise in the cost of health care. Total medical expenditures are rapidly approaching 20 percent of the gross domestic product and are crowding out other priorities of national importance. The use of increasingly expensive prescription drugs is a significant part of this problem, making the cost of biopharmaceuticals a serious national concern with broad political implications. Especially with the highly visible and very large price increases for prescription drugs that have occurred in recent years, finding a way to make prescription medicines—and health care at large—more affordable for everyone has become a socioeconomic imperative. Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual's insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugs—coupled with the broader trends in overall health care costs—is unsustainable to society as a whole. *Making Medicines Affordable* examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care.

aetna health risk assessment: *Laboratory Tests for the Detection of Reproductive Tract Infections* WHO Regional Office for the Western Pacific, World Health Organization. Regional Office for the Western Pacific, 1999 On cover and title page: STI/HIV.

aetna health risk assessment: *Oral Health Literacy* Institute of Medicine, Board on Population Health and Public Health Practice, Roundtable on Health Literacy, 2013-02-19 The Institute of Medicine (IOM) Roundtable on Health Literacy focuses on bringing together leaders from the federal government, foundations, health plans, associations, and private companies to address challenges facing health literacy practice and research and to identify approaches to promote health literacy in both the public and private sectors. The roundtable serves to educate the public, press,

and policy makers regarding the issues of health literacy, sponsoring workshops to discuss approaches to resolve health literacy challenges. It also builds partnerships to move the field of health literacy forward by translating research findings into practical strategies for implementation. The Roundtable held a workshop March 29, 2012, to explore the field of oral health literacy. The workshop was organized by an independent planning committee in accordance with the procedures of the National Academy of Sciences. The planning group was composed of Sharon Barrett, Benard P. Dreyer, Alice M. Horowitz, Clarence Pearson, and Rima Rudd. The role of the workshop planning committee was limited to planning the workshop. Unlike a consensus committee report, a workshop summary may not contain conclusions and recommendations, except as expressed by and attributed to individual presenters and participants. Therefore, the summary has been prepared by the workshop rapporteur as a factual summary of what occurred at the workshop.

aetna health risk assessment: Attention-Deficit/Hyperactivity Disorder in Children and Adolescents Brian P. Daly, Aimee K. Hildenbrand, Shannon G. Litke, Ronald T. Brown, 2023-12-11 State-of-the-art guidance on the effective assessment and treatment of children and adolescents with ADHD New updated edition Provides guidance on multimodal care and diversity issues Includes downloadable handouts This updated new edition of this popular text integrates the latest research and practices to give practitioners concise and readable guidance on the assessment and effective treatment of children and adolescents with attention-deficit/hyperactivity disorder (ADHD). This common childhood condition can have serious consequences for academic, emotional, social, and occupational functioning. When properly identified and diagnosed, however, there are many interventions that have established benefits. This volume is both a compact how to reference, for use by professionals in their daily work, and an ideal educational reference for students. It has a similar structure to other books in the Advances in Psychotherapy series, and informs the reader of all aspects involved in the assessment and management of ADHD. Practitioners will particularly appreciate new information on the best approaches to the ideal sequencing of treatments in multimodal care, and the important diversity considerations. Suggestions for further reading, support groups, and educational organizations are also provided. A companion volume Attention-Deficit/Hyperactivity Disorder (ADHD) in Adults is also available.

aetna health risk assessment: Advances in Patient Safety Kerm Henriksen, 2005 v. 1. Research findings -- v. 2. Concepts and methodology -- v. 3. Implementation issues -- v. 4. Programs, tools and products.

aetna health risk assessment: Diversity and Cultural Competence in Health Care Janice L. Dreachslin, M. Jean Gilbert, Beverly Malone, 2012-11-05 Major changes are occurring in the United States population and the nation's health care institutions and delivery systems. Significant disparities in health status exist across population groups. But the health care enterprise, with all its integrated and disparate parts, has been slow to respond. Written by three nationally known scholars and experts, *Diversity and Cultural Competence in Health Care: A Systems Approach* is designed to provide health care students and professionals with a clear understanding of foundations, philosophies, and processes that strengthen diversity management, inclusion, and culturally competent care delivery. Focusing on current practice and health care policy, including the recently passed Patient Protection and Affordable Care Act of 2010 (ACA), this textbook integrates strategic diversity management, self-reflective leadership, and the personal change process with culturally and linguistically appropriate care into a cohesive systems-oriented approach for health care professionals. The essentials of cultural competence and diversity management covered in this text will be helpful to a wide variety of students because they encompass principles and practices that can be realistically incorporated into the ongoing work of any health care field or organization. Each chapter contains learning objectives, summary, key terms, and review questions and activities designed to allow students to understand and explore concepts and practices identified throughout the text.

aetna health risk assessment: Important Information about Medicaid , 1989

aetna health risk assessment: Drug-Induced Sleep Endoscopy Nico de Vries, Ottavio Piccin,

Olivier M. Vanderveken, 2020-11-11 The definitive resource on the innovative use of DISE for obstructive sleep apnea Obstructive sleep apnea is the most prevalent sleep-related breathing disorder, impacting an estimated 1.36 billion people worldwide. In the past, OSA was almost exclusively treated with Continuous Positive Airway Pressure (CPAP), however, dynamic assessment of upper airway obstruction with Drug-Induced Sleep Endoscopy (DISE) has been instrumental in developing efficacious alternatives. Drug-Induced Sleep Endoscopy: Diagnostic and Therapeutic Applications by Nico de Vries, Ottavio Piccin, Olivier Vanderveken, and Claudio Vicini is the first textbook on DISE written by world-renowned sleep medicine pioneers. Twenty-four chapters feature contributions from an impressive group of multidisciplinary international experts. Foundational chapters encompass indications, contraindications, informed consent, organization and logistics, patient preparation, and drugs used in DISE. Subsequent chapters focus on treatment outcomes, the role of DISE in therapeutic decision making and upper airway stimulation, pediatric sleep endoscopy, craniofacial syndromes, advanced techniques, and more. Key Highlights Comprehensive video library highlights common and rare DISE findings A full spectrum of sleep disordered breathing and OSA topics, from historic to future perspectives Insightful clinical pearls on preventing errors and managing complications including concentric and epiglottis collapse Discussion of controversial DISE applications including oral appliances and positional and combination therapies This unique book is essential reading for otolaryngology residents, fellows, and surgeons. Clinicians in other specialties involved in sleep medicine will also benefit from this reference, including pulmonologists, neurologists, neurophysiologists, maxillofacial surgeons, and anesthesiologists.

aetna health risk assessment: For-Profit Enterprise in Health Care Institute of Medicine, Committee on Implications of For-Profit Enterprise in Health Care, 1986-01-01 [This book is] the most authoritative assessment of the advantages and disadvantages of recent trends toward the commercialization of health care, says Robert Pear of The New York Times. This major study by the Institute of Medicine examines virtually all aspects of for-profit health care in the United States, including the quality and availability of health care, the cost of medical care, access to financial capital, implications for education and research, and the fiduciary role of the physician. In addition to the report, the book contains 15 papers by experts in the field of for-profit health care covering a broad range of topics—from trends in the growth of major investor-owned hospital companies to the ethical issues in for-profit health care. The report makes a lasting contribution to the health policy literature. —Journal of Health Politics, Policy and Law.

aetna health risk assessment: Males With Eating Disorders Arnold E. Andersen, 2014-06-17 First published in 1990. The subject of anorexia nervosa and, more recently, bulimia nervosa in males has been a source of interest and controversy in the fields of psychiatry and medicine for more than 300 years. These disorders, sometimes called eating disorders, raise basic questions concerning the nature of abnormalities of the motivated behaviors: Are they subsets of more widely recognized illnesses such as mood disorders? Are they understandable by reference to underlying abnormalities of biochemistry or brain function? In what ways are they similar to and in what ways do they differ from anorexia nervosa and bulimia nervosa in females? This book will be of interest to a wide variety of people—physicians, psychologists, nurses, social workers, occupational therapists, nutritionists, educators, and all others who may be interested for personal or professional reasons.

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