

HEALTH MATTERS

A photograph of two men standing in a room with shelves of red delivery bags in the background. The man on the left is Black, wearing a black jacket with a 'U' logo and a baseball cap. The man on the right is white with a beard, wearing a brown jacket over a plaid shirt and a lanyard that says 'Meals on Wheels'. They are both holding large red delivery bags with black straps.

Senior Health

INSIDE:

Delivering Meals During a Pandemic

Who's Zooming Who?
Anti-Fall Program Available
What to Ask Your Doctor
The COVID Conversation
& Much, Much More...



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Dr. Steven Fowler
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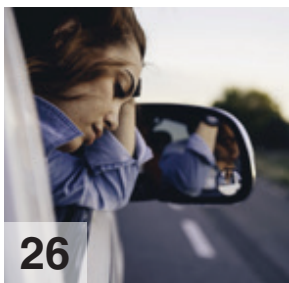
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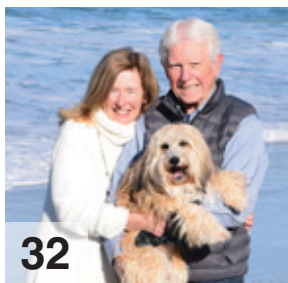
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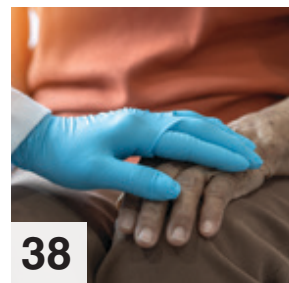
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IMPORTANT STATISTIC

Did you know?

- > There are about 52 million Americans who are age 65 or older, projected to almost double by 2060, to 95 million people. Seniors are also predicted to outnumber children in the next 10 years.

Reference: U.S. Census Bureau

Senior Health

ISSUE

Meals on Wheels Salinas Valley volunteers Mike Ross, left, and John Gianelli pack up meals for delivery to clients.
Photo by Randy Tunnell



Meet Emilia and Camilla

Our NICU helped get them ready for home.

When these twins made an early appearance, our NICU helped get them ready for home. Emilia and Camilla were born at 34 weeks and had some trouble eating. Our skilled and compassionate NICU staff made sure the twins had the tests and constant care they needed and kept their mom, Brenda, involved every step of the way. Our specialized services for extra-special deliveries include:

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- Lactation Support
- Vaginal Birth After Cesarean (VBAC)
- Childbirth Classes

Watch Emilia and Camilla's story at svmh.com/healthmatters



COVID-19 SAFETY: All patients are carefully screened prior to being admitted to the hospital for care. In addition, we have put many other steps in place to ensure that you and your baby will be safe at all times.



Editor's Desk



Photo by Susan Gerbic

Things are definitely looking up when it comes to the COVID-19 pandemic. It has been an incredibly difficult year for so many of us, but as more vaccine becomes available, we're all feeling a new sense of hope as we look toward the future.

As millions of people get their COVID shots each day, the evidence is clear that the vaccines work beautifully.

It's true that they were developed and produced in a blazingly fast time frame. For that, you can say thanks to medical science, genetic analysis of the virus, and thousands of people working together around the world to stop COVID in its tracks. It was an amazing effort by so many, and I feel a deep sense of gratitude to all those who worked to find solutions.

Getting one of the vaccines now available is key to keeping yourself healthy, as well as those you love. Studies are showing that vaccinated people are far less likely to spread COVID to others. And the more of us that get that shot in the arm, the more quickly we'll have a sense of ease and normalcy that we've all been missing.

Stay strong —

Kathryn McKenzie

HEALTH+ MATTERS

Monterey County's Health Magazine

April 2021, Volume 8, No. 83

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published by The Monterey Herald.*

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Meals on Wheels SV finds ways to increase capacity during COVID

Meals on Wheels of the Salinas Valley reflects the history of a community that looks after its own.

Rarely has their mission been more urgent than now, as seniors shelter in place during the pandemic, with many fearful of leaving their homes. The need for home-delivered meals has doubled in the Salinas Valley, says executive director Regina Gage.

MOW SV responded quickly to the increased need by establishing Meals on Wheels And Salinas Valley Community Partners in Action, or MASA. That program has since merged with the state-funded Great Plates program and has been renamed MOW CARES, and is providing fresh meals prepared by locally-owned partner restaurants.

Now, Cork & Plough in King City and Linda Taqueria in Gonzales are preparing meals for some 70 housebound seniors, which are being delivered to South County residents via Monterey Salinas Transit and the Independent Transportation Network. The freshly made and delivered meals have become so important to South County communities that MOW CARES is working to add a third restaurant.

"This is a perfect example of creativity in action to address a pressing need," says Gage, "and having the right partners—a nonprofit, public entities, community members, and businesses—with the right intention at the right time."

Dining Out, At Home

Salinas Valley Meals on Wheels began in 1972 when a group of volunteers established a meal-delivery program for the elderly in Salinas, delivering meals to the homes of 12 clients. The same year, Congress passed the Nutrition Program for the Elderly Act, authorizing funding for a permanent national nutrition services program for the elderly.

As the Salinas program grew, it was incorporated in 1985 as nonprofit Meals on Wheels of Salinas, Inc. Nine years later, the program began delivering meals to the rural areas of Salinas, which prompted a name change to Meals on Wheels of the Salinas Valley to reflect the expanded service area and foster a nimble response to need.

Meals on Wheels
volunteer Mike Ross

FEEDING THE MOST VULNERABLE

BY LISA CRAWFORD WATSON



MOWSV volunteers load vans

More recently, in response to the pandemic, the increased need for delivered meals was addressed through temporary state funding which initiated the Great Plates program to benefit both restaurants and seniors. This program provides meals for qualified adults based on age, income level, health status, and inability to acquire or prepare food. Meals are prepared by local restaurants, many of which are suffering from business loss during the pandemic.

Although Meals on Wheels of the Salinas Valley was not initially involved in the Great Plates program, after their MASA funding ran out in June, Monterey County officials asked if MOW SV would take over the Great Plates program for South County. The program was renamed MOW CARES, and confirmed partnership with Cork & Plough and Linda Taqueria to provide two meals a day, five days a week to seniors committed to sheltering in place due to COVID. Other similar Great Plates programs are under way in the rest of the county as well and managed by other entities.

This program is separate from the frozen-food delivery program provided by Meals on Wheels Monterey Peninsula and is delivering meals to seniors in Gonzales, Soledad, Greenfield and King City, says program administrator Brenda Rivas, "and we're trying to expand into San Ardo and San Lucas. This will continue through June, unless we can secure additional funding."

MOW SV and MOW MP are similar but distinct organizations, according to program manager Claudia Aguilar. "MOW of the Monterey Peninsula has a kitchen, and we do not, so we are grateful that they prepare the food for our frozen-food delivery program, as well as their own," she says. "We have the same mission, so we have a very close working relationship with them."

Through the frozen-meal delivery program, people who are homebound and unable to shop or cook for themselves may request long-term or short-term service. Meal delivery is accompanied by fresh fruits and vegetables, provided by the Food Bank for Monterey County.



Regina Gage, Claudia Aguilar and Brenda Rivas of MOWSV

Feeding the Soul

"Monterey County is an extraordinarily expensive place to live," says Gage, "with a huge aging population, many of whom live on fixed or inadequate income. No one could have planned for a pandemic. Those who are older and vulnerable, who don't have a family network of support, who live in the rural reaches of the county or cannot drive, are counting on Meals on Wheels to come through for them."

In addition to providing nutritious meals, Meals on Wheels of the Salinas Valley also provided sustenance of a different type with its "Art and About" program through the Arts Council for Monterey County. Local musicians accompanied volunteers making deliveries, to play music for clients as they received their food.

"The first person, visited by a ukulele player, was so moved by having live music performed for him, he started crying," says Gage. "People may not realize how lonely many of our clients are. We were delighted to implement this program, and look forward to bringing musicians back to play and sing for our clients after COVID is over."

Typically, Meals on Wheels volunteers bring food into the home and linger for a chat with the recipient, which is almost as important as the meal. Due to COVID, drivers must provide contactless delivery and call to let people know their food is being dropped off. For now, no music, no conversation but still, nutritious meals.

For clients who are too elderly or infirm to retrieve their meals, volunteers wearing personal protective equipment, can bring the food inside, mindful of maintaining social distance.

"It is encouraging to help senior citizens do their part to stay home, remaining safe and well, and know we are enabling them to do so by providing fresh, hot meals," says Aguilar. "This is making a really big impact on the well-being of South County, which is such a vulnerable area. But we are here for them."

For information on Meals on Wheels of the Salinas Valley, go to mowsalinas.org or call (831) 758-6325. ■

Lisa Crawford Watson lives with her family on the Monterey Peninsula. She specializes in writing about art and architecture, health and lifestyle, and food and wine.

CONTINUE TO PAGE 10

PETS ALSO FED BY MEALS ON WHEELS



It isn't just people who benefit from Meals on Wheels—their pets do as well, through a program called AniMEALS.

Recognizing that seniors depend on their pets for much-needed companionship, last year Meals on Wheels of the Monterey Peninsula distributed 7,160 pounds of pet food donated by the SPCA Monterey County. Additional support for the program is provided annually by the Doris Day Animal Foundation.

MOWMP recently announced it received an emergency pet food grant through a partnership between Meals on Wheels America and PetSmart Charities to help keep seniors on the Monterey Peninsula and their pets together. This funding supports MOWMP's AniMEALS program, which provides meal and bulk pet food delivery to homebound seniors and their animals.

"In the wake of COVID-19, many local seniors became homebound practically overnight, finding themselves isolated from vital social connections," says Christine Winge, MOWMP's executive director. "Our staff and volunteers have been working tirelessly to serve an influx of older adults in need, which includes preserving the indispensable relationships they have with their pets. This generous funding from Meals on Wheels America and PetSmart Charities helps make that possible."

Amid stay-at-home guidance and other health and safety measures in place to protect against COVID-19, homebound seniors are experiencing the impacts of diminished social connection. While pet ownership is known to lower instances of illness and feelings of isolation, many clients on the program face difficulties procuring pet food and supplies.

More information on AniMEALS is available at mowmp.org or by calling (831) 375-4454. ■



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SHELTERING SAFELY IN PLACE

Alliance on Aging fosters fall prevention program

BY LISA CRAWFORD WATSON



Teresa Sullivan and
Tamara McKee of
Alliance on Aging



Alliance on Aging was established in 1970 by a group of concerned local citizens who wanted to help seniors remain safely in their own homes for as long as possible. And that's still the main mission of this volunteer-driven organization, now a multi-purpose senior-service agency which is continuing to add vital programs for older Monterey County residents.

"All of our programs are a way to serve a particular person with services that often lead to further support in the future," says executive director Teresa Sullivan. "Often, our relationship starts with a Medicare program. Once the client becomes familiar with what we do, they may ask for help getting their taxes done, or for ombudsman services if they or loved ones need to go into a facility."

Alliance on Aging, headquartered in Salinas, is the largest nonprofit provider of senior services in the county, providing services to more than 7,000 people every year with the support of 200-plus volunteers.

An important issue for seniors is being able to stay safe in their homes as aging causes more concerns for mobility and balance. To answer this, Alliance on Aging recently received a grant through the Monterey County Area Agency on Aging in support of their Home Fall Prevention Program. These funds enable the agency to provide home assessments for grab bar installation, repairs to stairs or banisters, lighting upgrades and other improvements for home safety.

"The Fall Prevention Program is one more way for us to reach out to our clients, to let them become familiar with us, and realize they can call us for help," Sullivan says. "We do a lot of referrals to other service providers they may need; we want to promote a practice of asking for support and help when seniors need it. The earlier they ask for it, the sooner we can intervene with help."

To be eligible for the Fall Prevention Program, applicants must be 60 and older with an annual household income under \$50,600, and have concerns about falling. The process typically starts with a phone call. Alliance on Aging created a preliminary list of seniors they contacted about having an assessment done to point out potential safety issues. This is

followed by creating a budget and hiring a contractor to implement upgrades and safety features.

"Once we're in the home and doing the assessment," says Sullivan, "this gives us an opportunity to meet with the resident and share information about our other resources and services. It enables us to observe their living conditions, and build a rapport, which hopefully gives us an inroad to provide other helpful services."

The Fall Prevention Program is just one way to address issues and keep seniors as safe and healthy as possible. In partnership with the Visiting Nurse Association, Alliance on Aging is scheduling COVID vaccinations for seniors who have had a hard time getting them elsewhere, and will do so as long as VNA continues to offer vaccination clinics.

Another way to empower seniors, says Sullivan, is to provide them with information and resources, particularly now. Throughout the pandemic, staff has researched COVID-related services available in the county and has devoted the homepage on the Alliance on Aging website to information on shelter-in-place orders, food service, drugs, taxes, stimulus checks, potential scams, testing, and vaccinations.

Alliance on Aging also has an established peer counseling program, which has become an important service for people who have been isolated in their homes for a year due to the pandemic.

"Short-term and long-term isolation can be a scary thing for all of us, and it's important to understand the potential short- and long-term effects among seniors," Sullivan says. "During this time, we are working to reduce isolation, help provide financial relief, and encourage people to connect with their community, their family, their friends, and their church to the extent they can during COVID."

"Our great concern, particularly during COVID, is older adults and isolation. Our program is driven by volunteers, who are reaching out to offer peer support to help people feel less lonely or alone. We also realize that age brings perspective, wisdom and the ability to endure challenges. Seniors have lived through a lot and are pretty darn resilient." ■



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WHO'S ZOOMING WHO?

Seniors adapt to online platforms for exercise, appointments and socializing

BY MELANIE BRETZ



Dr. Jon-Peter Meckel

When the pandemic first made an appearance more than a year ago, many of us struggled with a sense of isolation, the disruption of our routines, the inability to get together with friends and family, feeling safe just going to the grocery store or the doctor's office.

Being an innovative species, it didn't take long before we found alternative ways to commune, communicate, worship, talk with our doctors, join in our favorite activities, take classes to learn something new and explore other ways to enrich our homebound lives. Curtailing the up-close-and-personal version of our former existence wasn't easy. Fortunately, necessity is the mother of invention.

Once accustomed to the changes, many seniors find online, FaceTime and other virtual options to be easier, more convenient, safer and less intimidating.

Telemedicine, for instance, has become more common than in-person appointments. Dr. Jon-Peter Meckel of Montage Medical Group says about 10 percent of his telemedicine patients opt for a phone call, and the other 90 percent have been able to get on some sort of video platform.

"There are instances where a patient needs to seek in-person care," he says. "The first step is to call your doctor's office and they'll walk you through the most appropriate options."

"We encourage our patients, especially seniors, to try telemedicine via phone or online platform when it's appropriate for their situation," says Melissa Branch, practice manager at Montage Medical Group. "When patients

Dr. Meckel offers a few tips for preparing for a telemedicine visit, whether by phone or online:

- Pick a quiet, private spot.
- Test your audio and video capabilities. Make sure your headset and computer, tablet or phone are charged.
- Log in for your appointment 15 to 20 minutes early to make sure everything is working.
- Make a list of your concerns and share that at the beginning of the appointment.
- Have prescription and over-the-counter medications, vitamins and supplements in their containers in front of you.

call, we talk with them about options like online video platforms, e-visits or phone visits. It often depends on whether they have access to the internet and if their computer, phone or tablet has a camera feature. We also help them get set up and prepare for their visit."

But medical appointments aren't the only thing that's gone online. When restrictions became reality, Pacific Grove resident Stephanie Herrick dove headfirst into the pool of virtual platforms as a way to stay connected and engaged. Drawing, painting, Spanish, meditation and other classes, Zoom coffee, dinner and happy hours with friends, book group meetings, birthday parties and other celebrations and staying in touch with family, especially those at a distance, have become part of her routine.

"Virtual classes created opportunities to try things I wouldn't have before," Herrick says. "For me, art classes in person would be intimidating. The anonymity made me braver."

She also invested in her internal life with a four-week mindfulness meditation class led by Marianne Rowe of Monterey Bay Meditation Studio.

"The virtual environment was welcoming and comfortable," says Herrick. "When doing guided meditation, we turned off video and audio for privacy. It was nice to do all of these things in the comfort of home. It was a gift to have time for these enriching activities and I'm grateful for it."

Group exercise is a biggie when it comes to the use of online platforms. Janet Light, who has been teaching exercise classes for 40 years and at Sally Griffin Senior Center for the last 20, has a loyal group that followed her to the online environment. When her in-person classes through Pacific Grove Adult School were discontinued, she turned to Google Meet (more info and registration is available at pgadulted.pgusd.org).

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Lesli Wang's mother inspired the necessity of her invention

By Lisa Crawford Watson

Her elderly mother has arthritis and a degenerative muscle disease, so mom started using a cane to get around, and then progressed to using a rollator – a rolling walker with a seat. One time, her mother got stuck in the stall of a public restroom. It was devastating. The more upset she got, the weaker she became.

After that, her mother started turning down invitations, and refusing to consume liquids if she knew she had to leave the house. Her world was getting smaller.

At home, her mother used a commode placed on the toilet, so she didn't have to lower and lift herself so far. When traveling, she took the commode along. Her daughter didn't particularly like to claim it as it came around the luggage carousel.

There had to be a better way to accommodate her mother.

"The toilet is not a subject people want to talk about," says daughter Lesli Wang. "I was raised that you don't engage in bathroom talk. Perhaps this is why many have overlooked the importance of bathroom safety, of making things portable and discreet for the disabled. Plus, there is an assumption that ADA-compliant restrooms address the needs of all people with reduced mobility."

Wang has done her homework. Which is what led her, along with her determination to help her mom, to invent the Free2Go™ Rollator, the first product that combines bathroom safety and mobility. It makes so much sense, it seems obvious. But it wasn't necessary until it became

essential. Necessity really is the mother of invention.

Wang, a commercial property manager in the Bay Area, left her job last fall to work full-time on the product she invented to protect her mother.

Certainly people can go into a handicap stall, says Wang, which is basically designed for people transferring from a seated position, such as a wheelchair. But if they use a walking aid, it can be hard to negotiate the space, or maybe the toilet is not at the right height, or the grab bars are awkwardly placed and may create more hazard than help.

"The risk of a debilitating accident increases when there is no support close to the body to assist with sitting, lifting and preventing a fall," says Wang. "It is reported that those who survive a fall spend more than \$19 billion in directly related medical costs."

"The Free2Go™ Rollator incorporates the benefits of a raised toilet seat and toilet safety frame into a rolling walker or rollator," says Wang. "So mobility-challenged individuals can safely, confidently and discreetly use a toilet in any restroom – at home, in the homes of others, and in public restrooms. The Free2Go™ Rollator's three-in-one benefits also make it ideal for travel."

Here's how it works. The device looks and operates like a conventional rollator, except Wang has incorporated a commode under the seat.

Simply roll it into a bathroom or public

restroom, and position it right over the standard toilet. Set the brake, lift the seat, and sit down, at the right height, between the safety bars of the rollator. There's even a pouch under the seat to hold cleaning wipes to wipe down the seat. Then rise, with the help of the rollator, lower the seat, release the brake, and walk on out.

"So much of what we do to prolong seniors' independence – installing monitoring devices, ramps and chair lifts, increasing lighting and removing throw rugs – is to prevent falls. Toilet safety is part of this. But to truly promote independence," says Wang, "toilet safety must extend beyond the home."

Toilet safety also extends beyond the elderly population. Wang recently sold a Free2Go™ Rollator to a 54-year-old woman in Australia who suffers from a degenerative muscle disease. The Australian woman had largely become housebound because she couldn't carry her commode with her. She loved to travel, but that, she assumed, was over. Until she discovered the Free2Go™, which has completely changed her life.

"This woman may live till she's in her 90s," says Wang. "Was she really going to be housebound for another 40 years? Not if I can help it. This situation is real. We're just real people, like so many others, with a real need, and we want to make things easier."

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SOMETHING FOR THE TOOTH FAIRY

Extraction process is easier than it might sound

The only time I've ever been proud of losing a tooth was when I was 6 years old and a quarter showed up under my pillow. My twin sister knocked out her two front teeth when we were 3; it's how people could tell us apart.

But my story really starts in high school, when our dad bought braces for all five kids—in my case, bringing my thumb-induced buck teeth into alignment. From then on, I vowed to honor his investment and take care of my teeth.

Now that I'm older than our father was when he finally paid off those orthodontist bills, I still brush, floss, gum stimulate, rinse with mouthwash, and wear my retainers. Every night.

BY LISA CRAWFORD WATSON



Dr. Philip B. Bhaskar

For the most part, my persistence has paid off. My teeth have stood the test of time. So, last fall, when the tip of my tongue discovered a tiny bump on my gums below my lower back molar, I assumed I'd scraped the tissue with a piece of toast. I gave it time to heal, to disappear as stealthily as it had shown up. But it didn't.

My dentist, Dr. Sunderpal Dail, referred me to Monterey endodontist Dr. Jeffrey Meckler, who had performed a root canal on that tooth three years before. A root canal is an outpatient procedure where the inflamed or infected pulp is removed from the root canal to prevent further infection and save the natural tooth. At the time, I judged myself harshly, believing I had failed to protect my tooth.

Considered painful or traumatic for many, a root canal is also the source of bad jokes: "I'd rather have a root canal than work for him, date you, change that diaper." It wasn't that bad.

CONTINUE TO PAGE 28

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CONTINUED FROM PAGE 14

WHO'S ZOOMING WHO?



Angela Holm

"Practically everyone in both of my classes participated when exercise was in person," says Light. "Once students get used to the online option, they especially like the convenience and privacy it affords."

"It touches me when people say the classes keep them connected. About 15 minutes before the class, I open the platform so people can come in to visit and reconnect."

Once the class starts, everyone except Light is off audio and video. "In live class, people would try to keep up, but now they say they feel comfortable since they can modify without being intimidated. And everyone can sleep in a little, not have to travel and still get meaningful exercise."

Pacific Grove resident Angela Holm, who works for Meals on Wheels of the Monterey Peninsula from home, uses FaceTime to keep in touch with her daughter and grandchildren in Oregon.

"My 8- and 10-year-old grandkids initiate the calls," she says. "When they share their enjoyment of activities we once did together, I feel like I'm there. It brings such a warm feeling of connection and shows that they really know me."

Virtual options are the next best thing to being there ... for now. Explore the online possibilities offered by area hospitals, gyms, schools and other educational institutions. Visit countries, museums and libraries. And stay connected with family, friends and enrich your life with new experiences. ■

Melanie Bretz lives in Monterey and has written on a wide range of topics, including health care, during a writing career spanning more than 30 years.

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NUTRITION FOR LIFE

Diet and aging: What's the connection?

BY BARBARA INTERMILL, MS, RDN, CDE



Time marches on. And each day we grow older. In our youth, we celebrate our development with each increasing year. Later in life ... not so much.

Why do some people seem to age faster than others? We can blame or thank our parents for some of that. We inherit some of our aging characteristics in our genes. Yet other choices over which we have more control also influence how well we march into old age. For example, we unknowingly speed up our individual aging process when we smoke or don't protect our skin from sun exposure.

Where does diet come in? Believe it or not, what we choose to eat and drink over a lifetime has a profound effect on how young (or old) we look in relation to our actual age.

Here's a disclaimer though: No food or pill can stop the natural progression of our accumulated years. Yet research is beginning to uncover the "why's" of aging, specifically as it relates to our food and other health habits. Here are some ways we may slow the trajectory of how quickly we age:

Ease up on sweets and sugar-loaded beverages. Dermatologists explain that gulping down highly processed sugary foods causes blood sugar levels to spike. When this load of sugar (glucose) hits the bloodstream, it attaches to proteins and fats—a process called glycation. Two important skin proteins to which sugar attaches itself are collagen, which gives structure to the skin and elastin, which makes skin supple and pliant. Excess sugar (glucose) can break down these proteins and contribute to saggy, wrinkled skin, say experts.

Get regular physical exercise. Physical activity is a proven way to keep blood sugars in check and reduce the process of glycation. Exercise also pumps oxygen and nutrients to body cells to keep them functioning at their best.

Eat foods to reduce internal inflammation.

Several chronic diseases often seen with advancing age are heart disease, diabetes and Alzheimer's disease. All these conditions are now linked to processes in the body called oxidative stress and inflammation. Over time, oxidative stress and inflammation can damage the cells and tissues in our bodies, which some researchers believe is the cause of premature aging.

We can't avoid oxidative stress and inflammation, say experts. They are part of normal living. But we can keep these processes to a minimum with antioxidants—natural substances found in many foods. Foods known for their anti-inflammatory effects include: red grapes, berries, cherries, strawberries and other fruit, fish, vegetables, especially green leafy varieties, nuts and olive oil. Coffee and tea are also good sources of antioxidant nutrients. (Skip the added sugar, please.)

Choose a Mediterranean way of eating. That means a diet that includes traditional foods of cultures around the Mediterranean Sea, including Italy, Greece and Spain. This eating pattern is rich in vegetables, fruit, nuts, fish, poultry, whole grains and olive oil. It also includes moderate amounts of yogurt, cheese and wine with meals. Meats and sweets are eaten in smaller amounts.

A recent study reported that a Mediterranean style of eating in older individuals was associated with better brain function, longer life span and an improved mood when compared to older people who ate a more processed and unbalanced diet.

Furthermore, scientists recently identified at least nine "hallmarks of aging" that can help predict how quickly or how well we age. They note that the Mediterranean eating pattern contributes a beneficial effect on each of these hallmarks. In other words, the Mediterranean diet may help us resist premature aging and its associated diseases.

Keep your telomeres healthy. Never heard of telomeres? They are teeny-tiny structures at the end of our chromosomes that help protect the information in our DNA. Scientists tell us that, over time, telomeres get too short to do their job, causing our cells to age.

Researchers have found that certain antioxidant nutrients—vitamins C and E and selenium—can help keep telomeres longer and more functional ... and perhaps prevent accelerating the aging clock. Where do you find these nutrients in food? Fruits, vegetables, whole grains and vegetable oils. ■

Barbara Intermill is a registered dietitian nutritionist and certified diabetes educator. She is the author of "Quinn-Essential Nutrition: The Uncomplicated Science of Eating." Email her at barbara@quinessentialnutrition.com.

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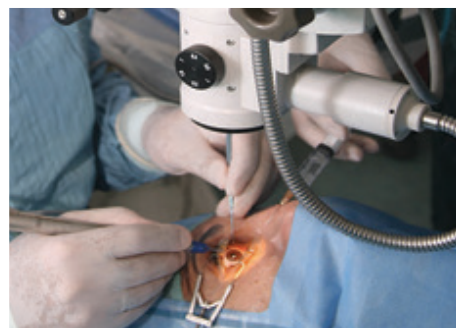
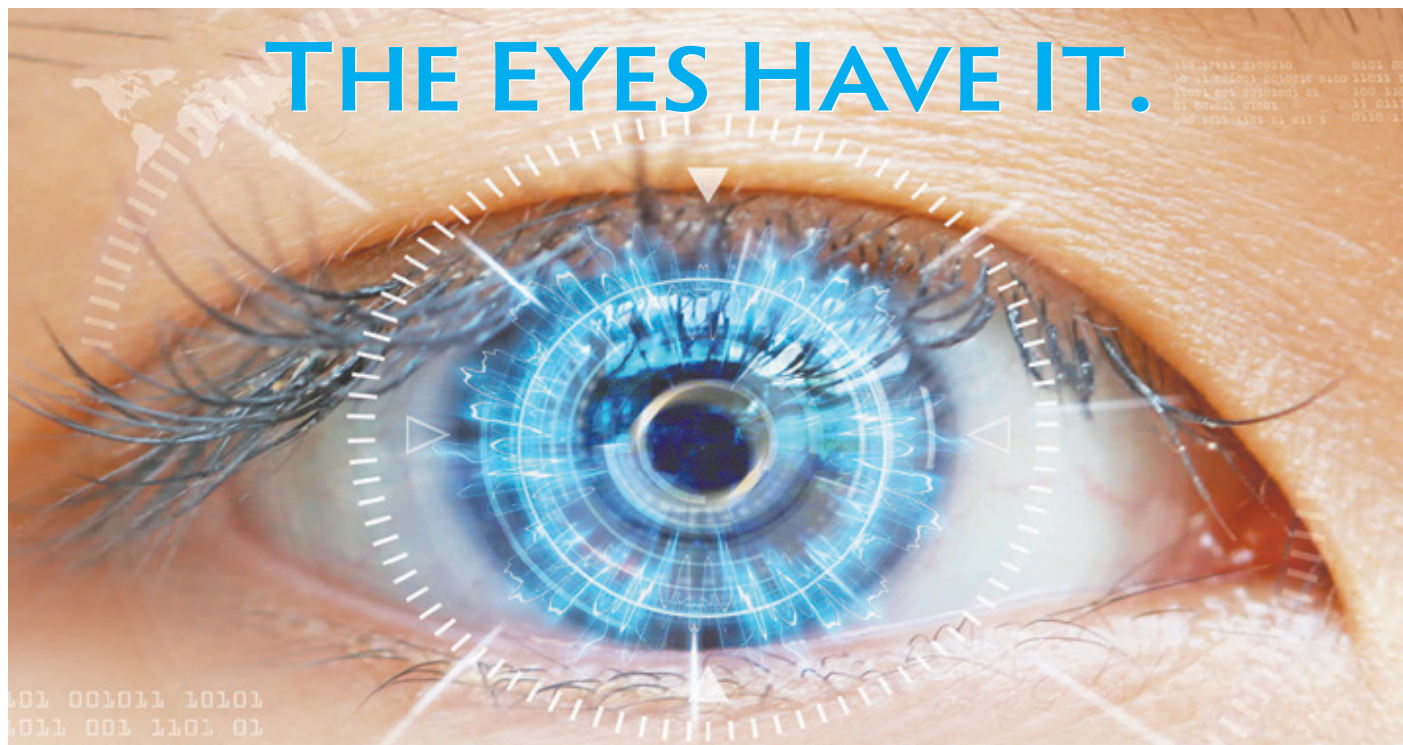
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Owner, Richard Kuehn, is the current chair of the Monterey County Area Agency on Aging (AAA). He was appointed in January to the Triple A Council of California (TACC), established by The Older Californians Act. TACC represents the 33 Area Agencies on Aging Advisory Councils. Richard represents Monterey County.



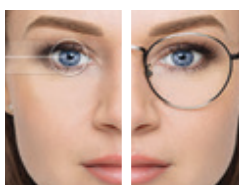
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A COVID CONVERSATION

Hospice Giving Foundation helps loved ones cope with pandemic death

Nurse educator Joy Smith was wandering along a lineup of senior citizens at Community Hospital of the Monterey Peninsula, directing, reassuring, encouraging them as they anxiously awaited the COVID vaccination that would guard their health. Directly in her line of sight were flags posted at half-staff, in memory of the 500,000 Americans who did not live long enough to receive the vaccine.

"It was a lot to absorb as I simultaneously saw the two realities of welcoming in these older people, who were so relieved to have their shots," says Smith, "and the recognition of why it's essential that we are vaccinated."

Smith is one of four medical practitioners who recently participated in "A Conversation About COVID and the End-of-Life Experience," a 90-minute program presented by Hospice Giving Foundation. The focus of the discussion is how serious illness and end-of-life are approached during the pandemic.

During the presentation, Smith is joined by Ed Horsley, hospice chaplain and bereavement coordinator for Central Coast VNA and Hospice, as well as illustrator and teacher José Ortiz of Hijos del Sol Arts Productions, and Dr. Wendell Harry with Natividad Medical Center.

Dr. Harry distinguishes between the assumptions and expectations of curative medical care versus palliative medical care, which focuses on optimizing quality of life by mitigating pain and suffering, rather than curing the life-limiting illness.

"The assumptions behind inpatient medicine," he says, "are that we can fix anything, and the most important thing is not to die. The assumptions behind palliative care are that we can't fix everything, but we can support anyone."

COVID-19, he notes, is the quintessential illness, where curative care must be intersected with palliative care, to create a personalization of medical care.

Creating Connections

During the conversation, registered nurse Joy Smith discusses the goals and the challenges in fostering a comfortable passing, when end-of-life experiences are complicated by pandemic

BY LISA CRAWFORD WATSON

protocols, including visitor restrictions necessitated by the highly contagious coronavirus.

"To ease the suffering of family members who can't be with their loved one during this significant transition," she says, "we create strategies to help bridge the gap, based on acceptable levels of visitation."

The first level, she says, is from a distance. Family members are encouraged to bring in personal items that convey culture, traditions, characteristics, and relationships, to help personalize the hospital room. Another level relies on technology to enable family members to see and speak to one another. Community Hospital sets up iPads so people can talk to their patient near the end of life.

"Technology is the gateway," says Smith, "to be with our loved ones in the hospital. Those who are inexperienced should ask for help from the tech-savvy neighbor working from home or the kid down the block."

It's about finding ways to personalize the experience, says Smith. All staff who cared for the patient sign a card, which is included in a special box bearing the items that were with the patient at the time of transition, which is presented to the family.

In the Aftermath

People grieving the loss of a loved one due to COVID often layer grief with guilt, regret or isolation, says chaplain Horsley, who has been making more home visits than usual throughout this last year.

"Everyone is feeling isolated, stressed or scared at this time," he says. "When we add in grief or guilt, we need someone to talk to who can help us work through it."

It helps to access our strengths and sensibilities, he says, which may include hiking or praying or helping others, meditating, engaging in meaningful rituals, or keeping in contact with people who matter to us. This leaning into life can move us forward and help us feel better.

A ritual which illustrator and teacher José Ortiz practices is the creating of an ofrenda or offering, a tradition which enables him to honor and celebrate those who have died. By placing personal mementos of remembrance that represent the sun, water, wind, and earth, he is able to shift from grief to acceptance.

"Life gives life and then wants it back," says Ortiz. "The ofrenda is a way to process joy and pain, the sweet and sour moments of life, as we love and remember those who were a part of it. This is our passage."

"A Conversation About COVID and the End-of-Life Experience" is available for viewing at hospicegiving.org/workshops. ■

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CONTINUED FROM PAGE 18

SOMETHING FOR THE TOOTH FAIRY

Three years later, Dr. Meckler confirmed that my root, unable to feel the insult of a wayward raspberry seed, had taken a direct hit. It had cracked.

A cracked root warrants tooth extraction. Despite all my efforts, I was going to lose this tooth, and no one, not even the Tooth Fairy, could sooth my sense that I had failed. The little lump on my gum, Dr. Meckler explained, was a fistula through which the infection was draining. I felt a lump in my throat.

One week later, I met with oral surgeon Dr. Philip B. Bhaskar, to go over my tooth-extraction procedure. Our meeting began with a short film, designed to empower me with information. It actually scared me—not the tooth extraction, but the implant surgery, which would take place after three months of healing. Ultimately, Dr. Dail would make me a crown and attach it to the implant. And my teeth would, once again, look like those my parents gave me.

"Oral surgery is something a lot of people fear," says Dr. Bhaskar, "which is why about a third of my patients opt to have a tooth extraction under general anesthesia over nitrous oxide (laughing gas) or a local anesthesia. A product of modern pharmacology is that in-office anesthesia can be done safely and efficiently, and recovery's generally pretty quick."

I could wait six weeks until Dr. Bhaskar's calendar was open, or step into a cancellation two days before Christmas. I decided I'd rather sacrifice a hearty holiday meal than delay the inevitable and prolong the three-month healing period before I was ready for my implant.

Because I was losing my very back tooth, Dr. Bhaskar mentioned that I didn't have to have an implant. I could just let it heal. Not an option for me. I needed to restore my tooth as if it had never happened.

"People tend to think of losing a tooth as failure," says Dr. Bhaskar. "In many cases, it's just wear and tear. It's nice that we have such good options to replace natural teeth. When it's all done, you won't even be able to tell which tooth is the implant. I did one for my wife 25 years ago, and she can't tell me which one it was."

On the morning of Dec. 22, I opted for general anesthesia and gratefully missed the entire event. One moment we were talking about Christmas during COVID, and then I was being handed prescription pain meds, an oral rinse, and Tylenol. Once home, I tucked into my couch, turned on a Hallmark movie, and settled into the lingering bliss of my anesthesia. Once it wore off, I never needed more than Tylenol and Aleve.

As I await the promise of spring and my implant surgery, the only one aware of my missing tooth is the tip of my tongue. ■

RANDY TUNNELL

PHOTOGRAPHER

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DEGREES OF FLEXIBILITY

Healing old wounds with a knee replacement

BY LISA CRAWFORD WATSON



Annee, Gracee & David Martin

Architect David Martin laced on his walking boots and headed out to tromp around a hilly building site in the interest of designing a new home for clients who'd lost theirs in the Carmel Valley Fire last summer. He was looking forward to surveying the site. Yet having had total knee-replacement surgery last fall, he was even more excited to see if he could handle the hike.

Each day is a little better, which is fine with the 80-year-

old Marina resident, as long as he's moving in the right direction. His surgery was last Veterans Day, which he finds appropriate since he's a Vietnam vet and accesses the Veterans Administration for most of his medical needs.

Medically, Martin's surgery went very well. The actual procedure, he says, took little more than 30 minutes. The procedure was painfully traumatic for the patient. He could have come home that day, but he chose to stay overnight.

It wasn't the joint or its replacement that caused extreme pain, says Martin, but the extent to which scar tissue and surrounding muscles had to be torn in order to bend the knee joint 120 degrees to perform the surgery.

"Before my surgery," says Martin, "I noticed how everyone in the waiting room was sitting with their knees bent at 90 degrees. Mine was at 40 degrees, and I hadn't bent it any farther for 50 years. I left a note on my knee that said, 'Please don't bend it so much that my quadricep muscles tear.'"

Battle Scars

Part of the difficulty during Martin's recovery was that by the time he was 26, he'd undergone two significant surgeries to his left knee. The first was at 17, after he dislocated his knee playing football as a high school senior. Six weeks later, his cast was removed, and he tried to run track as a low hurdler, but found he needed surgery to remove his damaged medial meniscus.

"I didn't have a stable knee through college and my first tour of duty in the Navy on an ROTC scholarship at USC. I couldn't pass a flight physical because, due to my left knee, I couldn't do a squat."

After Martin received his orders to go to Vietnam, he was offered a brand-new surgical procedure at the Naval Hospital in Newport Beach, to stabilize his knee and give him mobility. Once healed, he

still couldn't bend his knee more than 95 degrees, but it was good enough to get him to Vietnam.

"I have a seven-inch scar that wraps around the back of my knee," he says, "which looks like the stitching on a baseball. I was thinking I'd be a good candidate for the ugly knee contest if anyone ever had one."

After his recent knee-replacement surgery, Martin couldn't even touch his hamstrings or quads due to pain; his upper leg and calf were torn. For the next three weeks he worked get to a 120-degree bend, but he couldn't get past 80 degrees. A month later, he returned to Fremont for a five-minute follow-up procedure that involved manipulating his knee under anesthesia.

"I was first up to bat at 7:30 that morning. By 7:39," says Martin, "I opened my eyes in recovery; it was over. I thought my leg had been amputated because of the extreme pain. It had been bent to 120 degrees; I think I screamed when I woke up. Fortunately, the doctor prescribed pain meds."

Turning Point

David Martin realized his recovery had hit a turning point when, three weeks after his knee-replacement surgery, he went to Montage Wellness Center a block from his home, and began working with outpatient physical therapist Crista Osio.

His physical therapy goals, she says, included achieving improved knee range of motion, muscle strength, endurance, and proprioception—awareness of the position and movement of the body—and to enable him to perform not only basic daily activities but also, to be able to walk durations and have the ability to go up and down stairs with good control.

"It was difficult to determine what range of knee flexion or knee bend David would be able to achieve," says Osio, "after a more than 50-year history of very limited knee flexibility associated with past knee surgeries. These goals were adjusted after he achieved the initial goals set while still showing room for further improvement."

During Martin's final physical therapy appointment in February, he reached a 120-degree flexion with his new titanium knee.

"It's actually a little emotional," he says. "Crista was my physical therapist and my motivational coach. I feel fortunate to have had someone who continued to push me a little further and encourage me to keep going. I'm glad to be coming out on the other side of this, walking up and down stairs, and wandering the beach with my wife and our little dog—simple things I don't take for granted."

Osio credits Martin's recovery to the effort he put in, diligently following his prescribed therapy plan, and pushing himself daily to ensure success. And yes, he handled the hike through the building site, no problem. ■



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NEW CHIEF EXECUTIVE OFFICER FOR VNA & HOSPICE



Jane Russo

The Central Coast VNA & Hospice, Inc. Board of Directors has announced the appointment of Jane Russo as Chief Executive Officer.

Since 2011, Russo has served in a variety of positions with the VNA, including Chief Strategic Officer, Chief Operating Officer, and Hospice Administrator/Director of Business Development. Russo, a graduate of the University of Denver, has more than 25 years' experience in health care.

The VNA provides community health services, home health and hospice care throughout Monterey, San Benito, and southern Santa Cruz and Santa Clara Counties. As CEO, Russo will oversee 220 VNA employees.

"Jane is a tremendous talent, great leader, and a strong and relentless advocate for the health care needs of our Central Coast communities," said board chair Bryan McGirr. "She has unmatched experience at delivering exceptional, quality health care to our clients."

"I have such respect for this organization and the mission it brings to our communities," says Russo. She has also served on the board of

the local Arthritis Foundation, the California Association of Health Services at Home, and was instrumental in securing a VNA's Associate Membership of the United Veterans Council. Russo continues "I am honored to focus on supporting our team, improving patient outcomes through the equitable delivery of services, and integrating with our health care systems.

"Jane advocates for compassion and optimizing the transition from hospital to home," says VNA board member Dr. Allen B. Radner of Salinas Valley Memorial Healthcare System. "On behalf of the board we look forward to working with Jane to improve quality clinical outcomes," says VNA board member Debbie Sober, a registered nurse with Community Hospital of Monterey Peninsula.

In its 70th year, VNA is dedicated to providing the highest quality health care to residents of the Central Coast by meeting their individual needs in a caring, effective, honorable and accessible manner. For more information, visit www.ccvna.com or call (831) 372-6668. ■

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MKT-P0108

THE RIGHT QUESTIONS

What to ask at your next doctor's appointment

BY TOM LEYDE

Good communication is extremely important in any relationship. But in doctor-patient relationships it can be critical.

If a patient, for instance, doesn't fully understand how and when to take medication, the results could be devastating. And if a doctor doesn't fully comprehend a patient's ailment, it could lead to additional doctor appointments or the wrong treatment.

Communication, says Dr. Kathleen Chase, D.O., "is the mainstay of how we practice medicine. If the patients don't understand what's going on or what's happening, then they can't participate in their care."

Dr. Chase is a chief medical officer at Montage Health (Community Hospital of the Monterey Peninsula). She is a doctor of osteopathy. Osteopaths are fully licensed physicians who practice in all areas of medicine, and emphasize a whole-person approach to treatment and care. They are trained to listen and partner with their patients to help them get healthy and stay well.

To accomplish that goal, communication is important.

"I want my patients to make important decisions on what they want and don't want," Dr. Chase says. "A patient's experience (with their physician) has become a big deal. It definitely has become more of a focus for us. I believe it is focused on more in (medical) school and in residency especially."

How patients and doctors interact, Dr. Chase says, has become a more important part of a doctor's medical practice.

In the past, she says, patients pretty much did what their doctors told them and rarely asked questions about their treatment. But with the advent of the Internet, patients can easily inform themselves about medical issues and treatments. However, it's not the end-all and be-all in treating a health issue.

Dr. Chase, who came to Community Hospital of the Monterey Peninsula from Colorado in December, says she has done some online conversations with her patients. But one-on-one conversations and examination of the patient remains critical for her.

"You still need human interaction, and I try to do that first without first jumping into what's going on and how I can help you with that?" she says. "I try to ask, 'What are you feeling? Do you feel like something is broken?'"

Starting out having those conversations, she says, is incredibly important.

Among the questions, Dr. Chase expects her patients to ask are:

- What should I expect?
- What side effects might I have from medications prescribed?
- What outcomes should I expect from medical tests?
- What can I expect down the road? How will treatments/medications affect my lifestyle?
- Asking for a clearer explanation of a medical term or treatment if the patient doesn't understand.

"I think one of the most important things when you first meet is setting down expectations," Dr. Chase says. "Having a conversation about how you like to be communicated with: calls, emails, texts. You need to find a physician you can mesh with. If not, you're not going to fit. We can feel it if styles don't fit."

A graduate of the Touro University College of Osteopathic Medicine in Vallejo, Chase points out that there are possible dangers when patient-doctor communication is poor. It can result in unnecessary testing, increased medical costs and a feeling that you're not getting things answered or figured out.

"If you're having a problem with medication or you just don't need to take it, you need to let the doctor know," she says. "If they (patients) don't tell you that they're not taking it, sometimes you can find an alternative."

What's the bottom line in patient-doctor communications?

"I think just making sure that you're honest on both sides and having those conversations up front about expectations," Chase says.

And keep in mind that doctors aren't mind readers.

Here are some general questions patients should consider asking during visits to the doctor.

- Do my vital signs look OK?
- Should I be concerned about my weight?
- Should I be taking any supplements?
- Am I due for any vaccines?
- I am not getting enough sleep. Should I be worried about anything?
- Should I be screened for anything based on my family history?
- Could I benefit from chiropractic, acupuncture, osteopathic medicine or physical therapy?
- What should I know about my medication(s)?
- What are different treatment options?
- Are there any side effects with this medication?

- Do we have to do this now, or can we revisit it later?
- Should I get a second opinion?
- How much will this cost me? Can I get help paying for this?
- How can I improve my health on my own?
- What questions haven't I asked that I should have?
- When should I schedule my next appointment?

Before getting a medical test, medical experts suggest asking:

- Why is the test being done?
- What steps does the test involve? How should I get ready?
- Are there any dangers or side effects?
- How will I find out the results? How long will it take to get the results?
- What will we know after the test? ■

Tom Leyde is a freelance writer and a veteran print journalist who lived for many years in Salinas, and now makes his home in Arizona.



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