

HEALTH MATTERS



SENIOR HEALTH

ISSUE

INSIDE:

How Pets Help Us Live Longer

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Find the Right Assisted Living
Transportation for Seniors
& Much More...



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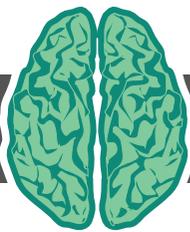
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The Path to BETTER BALANCE

Steps You Can Take to Prevent a Fall

MAKE YOUR HOME SAFE

Remove tripping hazards, install bright light bulbs and grab bars in bathrooms, bedrooms and hallways, and keep a bell on your pet's collar to signal that they are nearby.

GET CONNECTED

Find a community-based program designed to help senior adults increase physical activity and change their environment to reduce all risk factors.

TALK WITH YOUR DOCTOR

Ask your doctor for a fall risk assessment and share your history of any recent falls. Be sure to review your medication list as some prescriptions may cause dizziness. Also, have your vision and hearing checked – these senses are vital to balance.

ASSIGN A FAMILY ADVOCATE

Enlist family support in assessing your home for safety. And remember to always stop, look and listen to your surroundings.

KEEP MOVING

Activities that strengthen the muscles in your legs, such as walking or tai chi, can improve your balance and help prevent falls.



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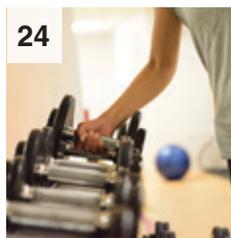
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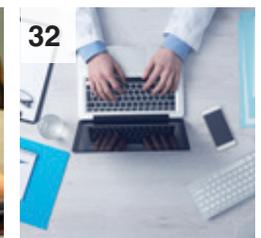
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Important Statistic

DID YOU KNOW?

- > Of the older adults living outside nursing homes or hospitals surveyed in 2010, nearly one-third (11.3 million) lived alone. Older women are twice as likely as older men to live alone, and among women age 75 and older, almost half (47 percent) lived alone.

Reference: Institute on Aging, www.ioaging.org

SENIOR HEALTH ISSUE

Devoted dog owners Barbara and Steve Brooks of Carmel Valley with Baxter, a Cavalier King Charles spaniel.
Cover Photo by Randy Tunnell





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Editor's Note



Photo by Susan Gerbic

As I write this, I'm about to celebrate my 59th birthday. I remember being a kid and unable to comprehend how anyone could be older than age 40. Well, here I am, and all things considered, it's not such a bad place to be.

By some people's measures, I am a senior—after all, some businesses give discounts to folks who are 55 and older. You only have to be 50 for membership in AARP. Now, to me, 50 sounds young.

It's part of the miracle of modern medicine and our greater understanding of how our bodies work when you realize that many of us are living longer, healthier lives. We are benefitting from research that has been done over many decades to figure out what it takes to maintain good health into our golden years. It's not so unusual anymore for people to be active and fit at age 80, 90 or beyond.

Living longer does bring its own set of complications. We start to outlive our friends and family. We may outlive our retirement savings. Age does have its limitations, despite our best efforts.

But we can hope and trust that solutions will be found, as in the transportation options for seniors that you'll read about in this issue. Other stories share the simple joy of having a dog in your life, recommendations for optimum nutrition, and how to better manage medications.

Here's to your health!

Kathryn McKenzie

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Canine COMPANIONS

**Dog ownership reduces stress,
associated with longevity**

BY LISA CRAWFORD WATSON

THE STUDIES AGREE: Owning a dog is good for your health.

A 2017 study in Sweden confirmed that owning a dog not only fosters well-being, but also leads to a longer life. In study subjects with coronary artery disease, dog ownership is associated with improved survival.

Other studies have revealed that the companionship of canines tends to reduce blood pressure levels, anxiety, stress and depression.

Dogs—when not stealing cookies off the counter—can be a source of mental stimulation, exercise, social engagement and affection.

Our dogged companions can create a calming presence, which reduces cortisol, a hormone linked to stress, and elevating serotonin, the hormone associated with promoting happiness and well-being. For seniors, dogs can help them feel safe and secure, while providing a prominent presence in an otherwise quiet home.

Dogs can give older people a responsibility, connection, and a source of exercise on daily walks. They can help their person stay in the moment, and also look forward to the future with their furry friend.

“In my nine years’ working with senior dogs and senior people, I’ve heard over and over again, about how valuable dogs are to the senior citizens we serve,” says Carie Broecker, executive director and co-founder of Peace of Mind Dog Rescue in Pacific Grove. “We are often told it is their dog that gets a person out of bed each day and gives them something to live for.”

POMDR, which serves as a resource and an advocate for dogs and people on the Central Coast, recently arranged a “volunteer walking brigade” for a 90-year-old woman who could not walk her dog but didn’t want to give him up.



"She says she wouldn't have anything to live for without him," Broecker says.

The following stories illustrate the unique bond between people and their pets, and the benefits among senior citizens of sharing their lives with a canine companion.

STEVE AND BARBARA BROOKS & BAXTER

When Steve and Barbara Brooks arise and open the bedroom door in their Carmel Valley Manor condo, they are greeted every morning by their Cavalier King Charles Spaniel, Baxter.

"There is nothing like that tail wag and those bright eyes to show to show us how Baxter feels about us," says Barbara, 84. "Nothing dissuades his love and affection."

The couple brought home Baxter, now 12, when he was 4, hoping he'd bond with their other Cavalier, Blossom, now gone. The pair were instantly close companions, and his moping indicated how he lamented her passing as much as his people did.

"Losing Blossom reminded us how much heart our dogs bring into the home," says Steve, 88. "When you get older, your children have grown, and if you don't have grandchildren or a job to occupy your heart and mind, you can lose that sense of feeling useful. This little dog needs us for our care and concern."

The Brookses realize they also need Baxter.

"Baxter gets us up and out every day," Barbara says. "We feed him his dinner and then take him out for a walk, which we otherwise might not do."

Those who live in a condo or apartment, as many seniors do, says Steve, need a reason to get up and move, if only to take the dog out for a walk. It's good for both pet and person.

Barbara is most moved by Baxter's companionship and unconditional love for his people which, she says, is mutual. She recalled sharing her sentiments with a friend, who said, "People tend to personify their dogs, as if they're human," to which Barbara responded, "We're actually hoping to become a little more dog."

BEE EPSTEIN-SHEPHERD & DAFFODIL



Photo by Philip M. Geiger

When Bee Epstein-Shepherd first saw the tiny toy poodle online, the 81-year-old thought she looked like a little spring flower. She named her Daffodil.

"My cats are Marigold and Lily," she says, "so I wanted another flower, but I wasn't interested in Daisy or Rosy—they're too common. I'd never met a dog named Daffodil—until now."

Epstein-Shepherd takes Daffodil, not yet 2, out for a walk twice a day, particularly in the late afternoon, when several Carmel Valley Ranch neighbors are out with their dogs.

"It's a very social time," she says.

"We make connections with each other through our dogs."

Epstein-Shepherd also enjoys Daffodil's presence in the home. "I appreciate the companionship she brings me, as well as amusement," she says. "She plays with my cats, so there's constant levity in the house."

Epstein-Shepherd recognizes the benefit in being responsible for Daffodil's care. Yet she's also clear about the little dog's contribution to her life.

BAXTER GETS US UP AND OUT EVERY DAY. WE FEED HIM HIS DINNER AND THEN TAKE HIM OUT FOR A WALK, WHICH WE OTHERWISE MIGHT NOT DO."

BARBARA BROOKS

"I don't know which of us has the better deal," she says.

Epstein-Shepherd, a psychologist with a doctorate, has started training Daffodil, who recently received her SPCA and AKC good-citizen certifications, to serve as a certified therapy dog. "This will give me the opportunity to volunteer in various ways with Daffodil, which will keep us engaged and involved in our community," she says. "Together, we can make a difference. She certainly has made a difference in my life."

JUDY METZ & LAZLO



Photo by Philip M. Geiger

After Danny Boy, her 15-year-old Spitz-mix died, Judy Metz wondered if she was done with dogs. In all her adult years, the 89-year-old Carmel resident had never been without a canine companion. But she just wasn't sure she had it in her.

As the months passed in the silence of her home, Metz and her cats sensed something was missing; their household had lost heart.

At the urging of a friend, Metz adopted Lazlo, a 7-year-old "maybe miniature pinscher-chihuahua mix" from Animal

Friends Rescue Project in Pacific Grove. "You're older, he's older; he suits you," said her friend.

As Metz looked at the little black dog, with his white muzzle, long legs, and whiskey eyes, her first thought was, "What a funny-looking dog." For the first month, she wondered if Lazlo would work out. Her cats were a little leery as well.

But soon, everyone settled in.

"Lazlo provides wonderful companionship," Metz says. "He depends on me for care, and gives me someone to care for. When I want to talk out loud, I talk to Lazlo. He's affectionate and sits on my lap." And, Lazlo, unlike the cats, minds her.

Metz is happy to join in on neighborhood dog walks, and Lazlo has made friends with the other dogs.

"We walk three times a day," she says, "which is really good for both of us. It was strange not having a dog in my home, in my life. I'm just so glad I got Lazlo." ■

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.

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MEDICAL HISTORY ON VIEW

Salinas hospital museum offers look at the past

BY KATHRYN MCKENZIE



SVMHS Chief Operating Officer, Henry Ornelas speaking with Dr. June Dunbar, the creator of the Museum who flew from out of state to celebrate the museum's 20th anniversary this year.

IN THE BASEMENT of the Sam Downing Resource Center on the Salinas Valley Memorial Hospital campus is a unique portal to the past.

The SVMHS Museum of Medical History, now observing its 20th anniversary year, stands as a monument to the ever-evolving nature of medical technology. Inside the volunteer-run museum are displays of medical and surgical equipment dating back to the Civil War in the 1860s.

Dr. June Dunbar, a former chief of medicine at SVMHS, leads the museum effort as its curator.

Over the years Dunbar, who is now retired, has picked up several objects for the museum—sometimes in the strangest of places.

For instance she said she found one object, a silver plated human skull, in a Tibetan marketplace while on vacation.

“You never know what might turn up. The Steinbeck operating table was found under a tarp in the back of a barn,” Dunbar says.

The displays are experienced via informative, easy-to-read text and recorded narration.

The museum includes six main interactive stations featuring such historical objects such as Civil War-era field amputation and surgery kits, pathology slides with tissue samples for ailments like bronze liver from malaria and arsenic poisoning, 18th-century ceramic medicine jars, a spring-loaded scalpel, plungers and syringes.

Also on display are sutures made from silkworm gut, horsehair and ostrich tendons, and glass bottles for prescriptions. The museum also offers a display of memorabilia spanning the 60-year-plus history of the Salinas Valley Memorial Hospital Service League and of the nursing profession in general.

Arguably the museum's crown jewels are two rare artifacts—one, an operating table owned by John Steinbeck's family physician, and the second an “iron lung,” an early respiratory therapy device built to help polio victims breathe.

The patient would be placed inside the central chamber of the iron lung, and pumps that control airflow would increase and decrease air pressure within the chamber, helping the patient take in and expel air.

Hospitals in the 1940s and 1950s were commonly home to rows of the machines, used to treat children and adults with bulbar polio and bulbospinal polio. Polio vaccination programs have since virtually eradicated new cases of poliomyelitis in the United States. Because of this and the development of modern ventilators and the use of tracheal intubation and tracheotomies, the iron lung has mostly disappeared from modern medicine.

But at the height of the epidemic, the machines were all that stood between polio patients suffering from paralysis of the lungs and suffocation.

“I found our iron lung on eBay. We bought it for \$600 but ended up spending about \$1,500 for the shipping,” Dunbar laughs. “I'm glad we have one in our collection. It really demonstrates how modern medicine has evolved.”

The facility gives a breathtaking panorama of how medicine has advanced, according to long-time museum volunteer Jannon Quintero, who estimates that about 300 local school children tour the museum each year.

“The rewarding part is working with the kids,” Quintero says. “Getting them engaged is the key. I'm sure that the museum has inspired some to pursue careers in the medical field.”

The programs and the museum are sponsored by Salinas Valley Memorial Hospital Service League, Foundation Volunteer Services Department and Medical Staff.

Self-guided tours are available 9 a.m.-4 p.m. Monday through Friday. As always, free valet parking is available in the parking structure on Wilgart Way. Guided tours or Children's Educational Interactive Tours are led by volunteer docents. Currently, school tours are designed for second- and third-grade students.

For more details, contact the Volunteer Services Department at (831) 755-0772 or volunteer@svmh.com. ■

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For many seniors, a little help goes a long way

A series of pivotal experiences influenced the direction of Richard Kuehn's life and led to his launching Family inHome Caregiving of Monterey in January 2010. Now certified as both a companion aide and hospice companion aide, he knows his life has come full circle.

When he was 18 and living near Portland Oregon, Kuehn took a position in a nursing home where he helped care for an elderly bed-ridden woman. "Her family was concerned about falls and thought it was safer for her to stay in bed," he remembers. "One day she asked me to help her into her rocking chair. She was sitting in it when her son came in and was surprised. She told him, 'I want to be up and that's final!'"

"Later she was able to go on a transport in her wheelchair and tour around Portland. When she passed away, her children gave me her rocking chair. I still have it."

After a stint in the Army and stationed at Fort Ord, Kuehn earned a degree in finance and accounting, and went to work for several Fortune 500 companies. While he was successful, he continued to be drawn to caring for seniors as well as the idea of entrepreneurship. After his grandmother became ill, he moved her into his home. "One day I told her I was considering a career move and wanted to form my own business," he recalls. "Her advice was, 'You should take care of seniors like you take care of me. You're darn good at it.' She lived with me for five years, until she passed away just one month before her 98th birthday. Her words changed my life."

The concept of Family inHome Caregiving speaks to needs that go beyond medical care — those that preserve and enhance quality of life. "Sometimes people just want companionship or help with activities of daily living," says Kuehn. Their home care aides assist with everything from housekeeping and taking clients to appointments and events or on shopping trips to dressing, grooming, meal preparation and companionship. "We provide anything they need to help them remain independent in their home," he says.

It's easy to forget that sometimes seniors who live alone or are homebound feel isolated, removed from the life they once knew. Sometimes what they need most is someone to listen to them, spend time with them. "So many people have great life stories to tell but no one to tell them to," Kuehn says.

They also provide similar services for people in hospice care, working in tandem with hospice care staff. "We offer respite for family members and help with needs like turning the patient in bed and bathing. Little things that ease the transition at the end of life."

While the majority of their clients are seniors, including those with dementia, Alzheimer's, Parkinson's and other debilitating conditions, they also serve younger people who have had a heart attack or stroke. Services are available for a few hours a day or week, or on a 24/7 basis with caregivers working in shifts.

Kuehn personally does an assessment of each client and checks in on each periodically. He has a small staff and a group of 30 to 40 caregivers who are licensed, bonded and insured, and have passed Department of Justice and FBI clearance checks. The State of California has a registry for home care aides and Kuehn recommends that people check it when hiring a caregiver. "It's important to know that people who are coming into your home are fully vetted and experienced."

His commitment to serving the senior community goes way beyond his business enterprise. In 2011, Kuehn formed the nonprofit Hands to Help Seniors. Through active fundraising, the organization has addressed a wide range of needs, such as helping homeless women with first month's rent and security deposit, removing black mold from a woman's roof, and helping fund other peoples' bridges and dentures. "We find resources who give us great discounts so the money we raise goes even farther to help seniors," Kuehn says. A five-member board, including Kuehn, oversees disbursement of funds.

He represents District 5 of the Area Agency on Aging Advisory Council, is the council chairperson, and was appointed by the Monterey County Board of Supervisors, advising the board on aging issues. He's also on the advisory council for In Home Support Services, currently serving as vice chair. His main role is to help translate and communicate governmental policy and procedure changes.

"I feel like I've come full circle," says Kuehn. "My first job was in a nursing home. I gained experience in the world of finance, operations, legal, international diplomacy, and sales and marketing and came back to run a business doing this. My life is about helping seniors." ■



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"SOMETIMES PEOPLE JUST WANT COMPANIONSHIP OR HELP WITH ACTIVITIES OF DAILY LIVING"

- RICHARD KUEHN



JUGGLING ACT

Staying healthy means actively managing your medications

BY MELANIE BRETZ



MAINTAINING THE BEST POSSIBLE level of health as we age often involves medications, which may include prescription and over-the-counter drugs, supplements, vitamins, nutraceuticals and herbal remedies. And it's not uncommon for the number of medications to increase along with our collection of birthdays.

"More than half of people over age 60 take five or more medications, including over-the-counter drugs and supplements," says Dr. Walter Mills, director of medical education at Natividad, a UC San Francisco-affiliated teaching hospital in Salinas. "While we derive wonderful benefits from modern medications, the more of these substances we take, the greater the chances of a harmful interaction."

"If a senior is on five or more medications, there is an 80 to 90 percent chance of an interaction," Dr. Mills says. "In fact, ten to 20 percent of hospital admissions for seniors are related to adverse drug reactions."

Dr. Mills is well qualified to speak on the topic. He is board-certified by the American Board of Family Physicians; earned special qualifications in geriatrics with the American College of Physicians; is a diplomate of the American Board of Integrative Holistic Medicine; and is a clinical professor in family medicine and geriatrics at UCSF.

Dr. Mills stresses that older adults in particular should keep an accurate, complete and up-to-date list of medications and take it with them, along with the actual medications in their containers, when they see their doctors.

"Be sure to include medications prescribed by all specialists and your primary care physician, as well as supplements and vitamins," he says. "A cardiologist may prescribe a medication and your family doctor another. Some drugs have both a brand and generic name and people may think they're different drugs."

"Patients have been admitted to the hospital with 'accidental' overdoses of blood

II
RATHER THAN ASSUMING THAT TAKING VITAMINS AND SUPPLEMENTS IS 'HEALTHY,' TALK WITH YOUR DOCTOR ABOUT HOW TO GET NUTRIENTS NATURALLY FROM FOOD."

pressure medications, for example, as they were not aware they were taking a double dose of the same medication."

Today, there are apps that can store the list and help manage medications, and even provide reminders, such as Medisafe Medication Reminder, Med Minder, PillPack and E-Pill.

As another important tool, Dr. Mills points to The Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, also known as the Beers List. Named after the physician who created it in 1991 and updated by the American Geriatric Society, it helps doctors, pharmacists and patients make the best possible treatment decisions. (See below.)

"Rather than assuming that taking vitamins and supplements is 'healthy,' talk with your doctor about how to get nutrients naturally from food," Dr. Mills says. "There is lots of evidence that a plant-based or Mediterranean diet, along with exercise, sleep and emotional well-being, are much stronger influences on good health than most supplements."

"When I do an integrative medicine consultation, I frequently end up suggesting not taking certain supplements because of potential adverse effects and interactions," he continues. "And, frankly, it can be a waste of money."

"It's important to talk with your doctor to know which supplements are backed by scientific evidence. We know that calcium and vitamin D are helpful in preventing and managing osteoporosis, for example. Certain vitamins and supplements are also useful for preventing and treating certain types of macular degeneration."

Some foods can interfere with medications as well. A common example is grapefruit, which can disrupt the metabolism of statins like Lipitor, blood pressure medications or antibiotics, producing toxic side effects like inflammation of the muscles or liver, which can be serious.

"The key to managing medications, supplements and vitamins safely and effectively is to talk with your doctors and pharmacist to make sure you understand what you're taking and why," Dr. Mills says. "Medications may be life-savers and help you maintain a good quality of life, but only if you partner with your health care team to manage them wisely." ■

THE BEERS LIST

According to the American Geriatric Society, one tricky part of aging well is that medications we need may affect older bodies and minds differently. There are so many medications that may cause or worsen problems in seniors that AGS keeps and regularly updates the list.

The complete Beers List is intended for use by doctors and pharmacists, but patients and caregivers can also use it to double-check their prescriptions and over-the-counter meds for possible problems. If you are concerned about your or a loved one's medications, you can download a copy for your reference.

They recommend that all medications you or your loved one take—and especially for any that are on the Beers List—it's a good idea to follow some best practices recommended by geriatricians.

First, keep a written and up-to-date list of all prescriptions and over-the-counter medications and supplements you take, and carry it with you in case you need to go to the emergency room. Next, the AGS recommends that you ask your doctor these questions about each medicine in your regimen:

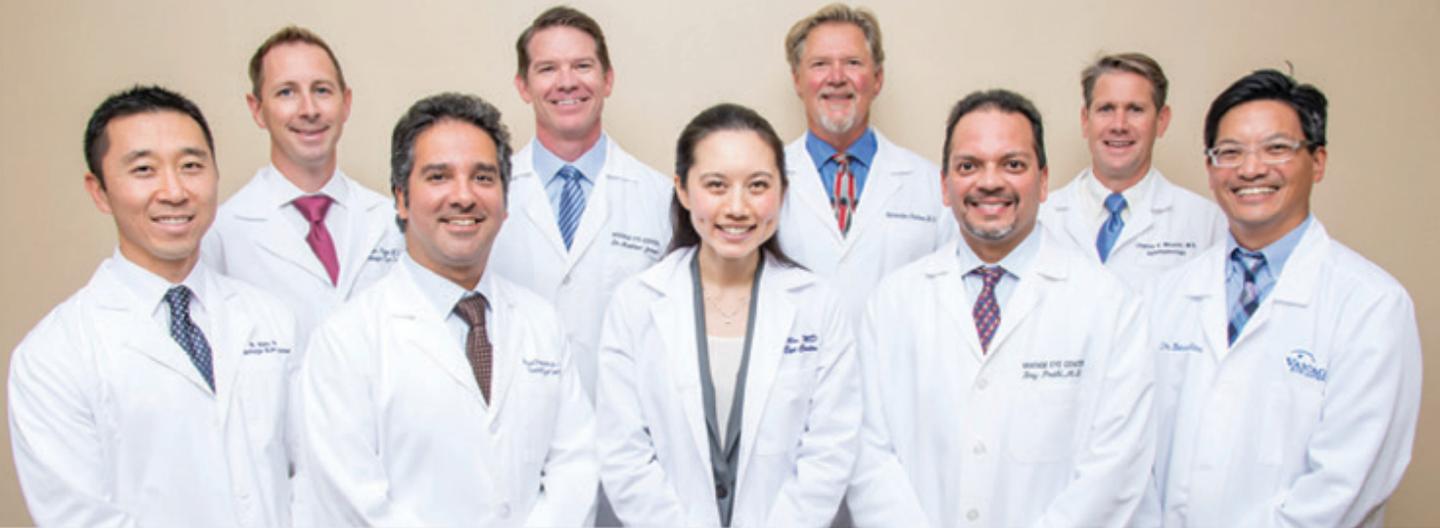
- What's this medication for?
- How will I know if it's working properly?
- When and how should I take the medication and what if I miss a dose?
- Will the drug have an effect on other medical conditions I have?
- Will it interact with any other medications or supplements I take?

The Beers List is a tool you and your doctors can use to start a discussion and protect your health or the health of someone you care for. Ask questions and communicate your concerns so your health care providers can prescribe the safest possible options.

The full document runs more than 600 pages, but there's a printable pocket card that can be helpful. It can be viewed at www.geriatricscareonline.org/ProductAbstract/beers-criteria-pocketcard/PC001.



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WHEN HELP IS NEEDED

Palliative care plans can ease course of life-limiting illness

BY KATHRYN MCKENZIE



THERE ARE A LOT of misconceptions about what palliative care is and who it is for, but palliative care organizations and doctors in Monterey County are now working diligently to get the word out about what they do.

One common problem, says Jane Russo, chief operating officer of the VNA & Hospice, is that people sometimes confuse palliative care with hospice care. In fact, palliative care is much broader and covers many more situations than hospice care does, since hospice is more comprehensive and involves a terminal diagnosis.

Palliative care, on the other hand, is not just for patients at the end of life, but anyone who has a serious condition who may have to live with it for many years. It can be used at any age or at any stage in the condition or illness.

“Hospice is a small subset of palliative care,” notes Dr. Wendell Harry, a hospice and palliative medicine specialist with Salinas Valley Memorial Healthcare System and VNA Home Health.

Palliative care is anything that improves the quality of life for patients with a life-limiting illness, says VNA & Hospice palliative care director Lennis M. Orozco, whether it’s managing physical, emotional, psychosocial and spiritual symptoms, or any of these in combination. It doesn’t replace primary treatment but adds another layer of support.

Typically palliative care providers also seek to coordinate the patient’s overall medical treatment and to make sure doctors and other health care providers are all on the same page. Providers also work to improve communication with the patient so he or she fully understands treatment choices and options.

Currently, palliative care is provided by the VNA Home Health palliative care division, and on both an inpatient and outpatient basis by SVMHS and Community Hospital of the Monterey Peninsula. Natividad also offers inpatient palliative care.

Some of the conditions that benefit from palliative care are chronic obstructive pulmonary disease (COPD), cardiac issues such as congestive heart failure, amyotrophic lateral sclerosis (ALS), advanced renal failure and liver failure, and cancer. Dr. Harry also notes that dementia and Alzheimer’s patients can also benefit from palliative care.

Ideally, Russo says, a palliative care plan is developed as soon as a patient is diagnosed with a life-limiting condition, but can begin at any stage of the disease or diagnosis. The care plan can be modified at any time according to the needs of the patient, and can be either continuous or intermittent.

Part of the intent of palliative care, aside from easing the medical condition, is that it can actually keep patients out of the hospital—which in turn will probably lengthen their lives.

A big part of palliative care is providers communicating with patients and developing an individually tailored plan to improve their quality of life, Russo says. “It involves really spending time, and listening,” she says. Dr. Harry adds, “It’s a kind of intensive care in its own right. It does take a lot of time.”

Also part of the palliative care equation is encouraging patients to complete an advance medical directive, and to select a trusted family member or friend who will make medical decisions on their behalf if patients are unable to do so.

In a perfect world, physicians who diagnose a patient with a life-changing or serious disease would automatically refer him or her to a palliative care specialist. However, says Dr. Harry, some doctors don’t know about what palliative care, or they may be so focused on treating the condition that they might overlook the benefits of palliative care.

Palliative care providers are now attempting to educate medical professionals and the public as to how palliative care can help and what it means.

Palliative care is a fairly new concept—the term only came into use in the mid-1970s—and so there is some catching up to do in informing people about it. But its holistic approach has the capability of transforming medical care.

“It’s a revolution,” says Orozco. ■

Information:

ccvna.com

www.svmh.com/Services/Palliative-Care

www.chomp.org/services/palliative-care

www.natividad.com/services/support-services

Definition of Palliative Care

Palliative care is an approach that improves the quality of life of patients and their families facing life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. According to the World Health Organization, palliative care:

- provides relief from pain and other distressing symptoms
- affirms life and regards dying as a normal process
- intends neither to hasten or postpone death
- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death
- offers a support system to help the family cope during the patient’s illness and in their own bereavement
- uses a team approach to address the needs of patients and their families, including bereavement counseling, if indicated
- will enhance quality of life, and may also positively influence the course of illness
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.



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A PLACE FOR MOM

Finding your way in assisted living and skilled nursing communities

BY LISA CRAWFORD WATSON



YOUR BELOVED, VIBRANT, strong, accomplished mother, who raised the five of you and has always held the helm of your lives, has just been diagnosed with dementia.

It's early in her journey, and medication seems to be aiding her memory and clarity, enabling all of you to ignore the inevitable, and continue as if the keeper of wisdom and tradition can soldier on in the family home, as always. Yet eventually comes the day when she can't.

You and your siblings make a collective decision that it's time to let go of the family house in which you were raised, and secure an assisted living arrangement for Mom. You are aware of most of the assisted living facilities in town, and have heard of "continuum-care retirement communities" that offer three levels of housing—independent living, assisted living and skilled nursing—as things progress, but you aren't sure what your mom needs.

You really don't even know where to start.

"The first step in seeking assisted living is to be proactive. People often wait for a crisis to look for placement, so options become limited, or they make a choice when they're not in the most rational state of mind," says Meggie Pina, ombudsman program manager for Alliance on Aging.

Questions family members may ask include, "Do I like the mission statement? Do we align with their values? Am I comfortable with the staff? What does my mother need right now, and what will she need down the road? What is the culture for LGBT residents or other personal profiles, such as religion? How do the residents identify; are they political activists, artists, writers, retired business people, physicians, or golfers? Do they have a church, gym, library, social hour?"

Ombudsmen are state-certified individuals who seek to resolve the problems of residents of nursing homes and residential care facilities. In addition to providing conflict-resolution resources, they work to safeguard the dignity, choices, and quality of life for individuals in assisted living and long-term care, which includes providing information regarding assisted living and long-term care placement.

"The second step," says Pina, "involves asking questions. You are interviewing the facility as much as they are interviewing you, to determine if this placement will be appropriate."

In choosing among assisted-living facilities, it's also important to give yourself time to make informed decisions. Just as when making other big decisions, such as buying a house or a car, it's important to learn as much

as you can, interpret information relative to your circumstances, and pause before signing a contract.

Financial Barriers

While there are many "beds" or rooms available among assisted-living facilities in Monterey County, says Pina, the biggest barrier is cost. If someone can afford it—the range is between \$3,500 and \$12,000 a month—there are many options available. Skilled nursing care is more expensive.

"In Monterey County, assisted living is not covered by Medicare or Medi-Cal," says Pina. "It's all private pay. On the Peninsula, Carmel Valley Manor, Forest Hill and Canterbury Woods are all continuum-care retirement communities with a buy-in or set monthly rate."

It's important to understand, says Pina, that Medicare also does not pay for a long-term stay in skilled nursing—at most, 100 days. Usually, the first 20 days is covered 100 percent. After that, residents or their families must share the cost up to 100 days, and will then need to explore private-pay options or explore Medi-Cal coverage.

"Having a financial plan in place is really important," Pina says. "Find out if your loved one, in need of assisted living, has long-term care insurance, or if they have supplemental insurance plans that will cover long-term care or even home health care. Some families can't afford to place Mom in assisted living but can afford private-pay home care, even if only to help her a couple of hours a day."

Assisted Living vs. Skilled Nursing

It's important to understand the difference between assisted living and skilled nursing. Assisted living is for seniors who are generally able to function in their day but may need assistance with dressing, bathing, taking medicine, walking, or transferring from a sofa to a walker, a walker into the shower. Skilled nursing is for people who have require specialized nursing for medical issues, such as wound care, injections, or rehabilitation following surgery, such as a hip replacement.

"The typical skilled nursing resident is someone who is chronically ill," says Pena. "Perhaps they need regular nursing care, or assistance with diabetes management. If the issue is dementia, a facility typically has a specialized unit for care."

Due to the high cost of skilled nursing, people often try to have their loved ones in assisted living for as long as possible. Some pay for an addition-

al caregiver to provide more supervision. The important consideration, says Pena, is whether the resident is the safest situation, not what's more cost effective.

For both assisted living and skilled nursing, it's imperative to read the admissions agreements, to understand what you're signing, what care is provided, and the costs of such care. A standard agreement for skilled-nursing facilities in California outlines resident rights and facility responsibilities.

"Regardless of who's actually paying, the resident is responsible for payment, not the family, and can be evicted for nonpayment," Pena says. "If someone can't pay, they should apply for Medi-Cal to see if they are eligible for support."

Needs and Expectations

In determining the best assisted-living facility for a loved one, it is important to be clear and honest about what he or she really needs. In the interest of saving money or securing placement, people often want to present their person as more capable than they really are.

Yet once the facility, which prepared an initial cost estimate for services, realizes the resident actually needs more support in daily living activities, the monthly bill skyrockets, Pena says. Over time, as care needs develop, care costs continue to increase.

It's important to prepare for additional financial outlay over time. It's also important to prepare Mom for her transition from her family home to an apartment or suite in assisted living.

Make sure she sees the facility before she moves in. Surround her with her belongings, with familiar objects and things she loves and uses regularly. Introduce her to other residents and staff. Join her, there, for lunch. Help her to know she's not being exiled; if her family doesn't live nearby, make sure she knows how to reach you and who is there for her.

"What breaks my heart is when I go to facilities," says Pena, "and, in speaking with residents, I ask them who they'd call if they needed help, and they say, 'Jesus or God.' They can't name a person. Faith is important to many, but residents also need a community they can call on. Isolation puts someone at risk of depression, self-neglect, or even abuse."

In seeking assisted living or skilled nursing, the best place to start is by calling the Ombudsman Program, which has a list of all facilities, their phone numbers, and information. Study facility websites, make the initial call to schedule a tour, or arrive unannounced for a visit. Ask to see the entire community, says Pena, not just the attractively decorated model unit.

"Ask yourself how you feel when you're there, how the residents appear and what they say," Pena says. "See if you're comfortable speaking with the administrator, and whether Mom would be comfortable there. If any questions or concerns arise, contact your ombudsman to get resources and resolutions." ■

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MIND OVER MATTER

Nutrition helps us function as our bodies get older

BY BARBARA QUINN, MS, RDN, CDE



I ONCE READ a bumper sticker that read, “Of all the things I’ve lost, I miss my mind the most.” Funny or not, our mature years have plenty of challenges. But we’ve still got plenty of living to do. And what often matters most is how to maintain our vigor for life in the coming years. Here are some ideas based on current research:

Mind your memory.

What we eat can and does affect brain function, say experts. One brain-boosting eating pattern known as the MIND diet incorporates two well-studied eating styles, the Mediterranean diet and the DASH diet. Both emphasize plant-based foods, fish and low-fat dairy foods and limit high fat meats and sweets. Older men and women who adhered most closely to this way of eating were less likely to develop Alzheimer’s disease, according to one large study.

Make a point to eat meals with others as much as possible.

It may improve our mental as well as physical health, say researchers. Studies that look at the habits of people from various cultures around the world find that those who routinely eat in groups are less likely to suffer from depression. And families who sit down together for meals—without cellphones or television—tend to have healthier diets and more healthful body weights.

Choose wise snacks.

That means the nutrients in the foods we grab between meals should contribute more to our well-being than just filling us up with sugar, fat and calories. One good choice: nuts of all types.

Snacking on a small handful of almonds, peanuts, pecans, walnuts, pistachios or other mixtures of these nutrient-dense finger foods can help bring down blood pressure and cholesterol levels, say researchers. Nut consumption has also been linked to a lower risk for Type 2 diabetes.

One word of caution:

Although nuts are a good source of healthful fats, they can still pack a lot of calories in a small amount. That means—unless you need to gain weight—you should abide by the recommended intake of about 1 ounce of nuts a few times a week.

Eat an orange every day.

An Australian study followed people over the age of 50 for 15 years. Those who ate at least one serving of oranges daily had a 60 percent reduced risk of developing age-related macular degeneration. Experts credit flavonoid antioxidant substances in oranges for this protective effect.

Eat slowly.

We tend to do daily tasks a little slower as we age. And that’s a good thing when it comes to eating, say experts. Data from more than 60,000 people found that those who take at least 20 minutes to eat a meal are less likely to be obese compared to those who wolf down their food.

Spice up your life.

We tend to lose taste receptors as we age. So unless your gut says “no,” adding extra kick to our food is one way to stay interested in the foods that promote health. Sprinkle cinnamon on oatmeal or toast. Add chili sauce to scrambled eggs. Rub meats with paprika or blend it into hummus dips.

Spices—called “mini-vegetables” by some—also pack generous health benefits, according to some scientists. For example, people who choose pepper instead of salt to flavor food have lower blood pressures which can lessen the risk for stroke and other diseases of the heart.

Plant-based spices are also rich in antioxidant substances that help protect us from inflammatory conditions such as cancer, diabetes and heart disease. Maintain those muscles! Strength, balance and energy are directly tied to well-maintained muscles, which we tend to lose with age. It doesn’t have to be that way, though.

Current research has found that the body can continue to build muscle with exercise (both strength training and aerobic exercises) and the right nutrients, mainly protein. Healthy individuals need approximately 20 to 30 grams of protein at each meal to maintain well-functioning muscles, say experts. ■

Barbara Quinn 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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SHOULDERING ON

How to maintain or improve shoulder health as we age

BY LISA CRAWFORD WATSON



THE SHOULDER IS an important joint in facilitating our everyday lives. Imagine reaching up to retrieve a bowl from a cupboard, or stretching out your arms to hold a grandchild. The overhead serve in tennis, the lateral toss of a fishing line, even getting dressed in the morning—all made possible by the shoulder's flexibility and range of motion.

Compared to other joints, the shoulder is unique in its mobility. Consider the hip joint, structured with a large socket and a ball that fits into it, making it very strong and stable. Yet it has a limited range of motion. The leg can swing only so far to the left, right, up and down. It cannot achieve the mobility of the shoulder's 360-degree range.

Shoulder Sacrifice

"What the shoulder sacrifices in order to get mobility is stability," says Dr. Nic Nicodemus, an osteopathic physician who retired his Monterey practice in 2016 and returned to Michigan State University to join the faculty in clinical and research work. "The shoulder's ball and socket is sometimes described as a golf ball sitting on a tea cup. This is what enables it to roll from one side to the other and go so far, as opposed to the limited range of the deep hip socket. This is also what makes the shoulder susceptible to injury."

The shoulder joint can be pulled or dislocated, its soft tissues torn, strained, sprained, particularly if overloaded. As we age, shoulder injuries become more common, even from doing ordinary tasks of daily living.

What protects and holds the shoulder together is the rotator cuff, a system of four muscles, with tendons that attach to the ball of the humerus or upper-arm bone. In addition to holding the spherical head of the humerus in the socket of the shoulder blade, they enable the arm to lift and rotate.

"It's the rotator cuff which often gets injured, particularly in older people, for three reasons," Nicodemus says. "One is a loss of strength in the muscles whose tendons make up the rotator cuff. Another is a lack of use, and the third is overuse with time."

Sustaining the Shoulder

"Maintaining shoulder use lies in how you use it. If you don't keep it strong," Nicodemus says, "the ball will roll around in the socket, and the rotator cuff won't

be able to hold it in place. If you overuse it, with repetitive use or heavy loads over the years, the soft tissues can only take so much and will become injured, with tears at the cellular level, and weaken."

The way to protect the shoulder throughout one's life is to keep it strong and flexible through exercise. To maintain a certain level of mobility simply for general use, apart from athletics, keep it moving in a full range of motion. It really is a move-it-or-lose-it situation.

"For the older, more mature person, we focus on injury prevention," says Nicodemus. "The key is strength and mobility. The best way to keep shoulders functional is to gently stretch and exercise them, using a low or moderate level of force. This will keep the joint strong and flexible."

The shoulder is predominantly a soft-tissue joint, stabilized by musculature, but its function is compounded by the shoulder blade and where it sits on the spine, says physical therapist Amy Altshuler, who works with Performance Sports & Physical Therapy in Monterey and Carmel.

"If an older person is not standing up straight, she won't be able to raise her arms over her head. It could be a shoulder joint issue, or it could be because her thoracic or middle spine is inflexible," says Altshuler.

Shoulder Injuries

The first thing to do when a shoulder joint becomes painful or injured, says Nicodemus, is seek professional knowledge about what actually is injured and the extent or degree of injury. The pain or stiffness could be age-related arthritis, in which the bone has become rough, causing pain when moved. Or, it could be a strain or tear in the soft tissue—a tendon or ligament.

Part of the injury dynamic is pain, which may indicate a shoulder problem, or it may be referred pain coming from another source, most often around the cervical spine or neck. It also could be a pinched nerve in the lower part of the spine, or a rib injury, which also can refer pain. The key is an accurate diagnosis.

"Medical evaluation to determine the cause of discomfort and, in the case of injury, the extent of the tear, is essential," says Nicodemus. "You want to know if the injury can be treated conservatively through exercise, or if there should be surgical intervention. Surgery should always be a last resort."

Typically, the younger the patient, the more successful the surgery, he says. It also depends on the magnitude of the tear and where it is.

Another condition which can compromise shoulder function is called “frozen shoulder.” This is a case of extreme stiffness, enabling very little range of motion. Although its cause is not well understood, it seems to result from an inflammatory process in which multiple overlying tissues—ligaments, tendons and fascia—literally get stuck together.

“If treated early, a frozen shoulder can be completely resolved over months of treatment, involving gently working tissues through deep massage,” says Nicodemus. “If left over time, treatment is more difficult and may require manipulation under anesthesia, where the joint is literally forced to move. Physical therapy can help patients recover.”

Perhaps most important for people to understand about the body as it ages is that tissue loses strength over time. After age 40, even muscles and joints receiving the right nutrition, stretching, exercise, and rest will weaken.

“It’s easy to fall into a pattern of not protecting our joints by thinking we can just keep doing the same things we’ve done all our lives,” says Nicodemus. “But as we age, it’s not enough. We have to up our game a little.”

FOR THE OLDER, MORE MATURE PERSON, WE FOCUS ON INJURY PREVENTION. THE KEY IS STRENGTH AND MOBILITY.”

Shoulder Exercises

The goal in exercising senior shoulders is to put a mild amount of stress on the tissues in order to stimulate lubrication, blood flow, and new cell growth, which can help maintain or increase strength and flexibility.

The key, Nicodemus says, is not to overload the joint with too much weight. Start small, and increase weight over time and strength development. Resistance bands can accomplish the same thing as weights by changing the length and stiffness of the band to increase the force necessary to stretch muscles.

Nicodemus observed a study through the University of Galveston, involving a group of people living in an assisted-living facility. Half the group, randomly chosen, began a program of simple exercises with weights, while the others abstained. Within six months, participants who exercised had reduced pharmaceutical use, made fewer trips to the doctor, and experienced less insomnia.

To maintain shoulder health and function, Altshuler focuses on four areas: range of motion, stability and strength, overhead reach, and flexibility.

To foster a good range of motion in the shoulder, she says, lie on the floor, with arms stretched overhead. “It’s good when you’re lying flat on the floor, and gravity is helping you. There is no push, no lift, just a nice stretch. As long as you’re not too aggressive about it, you can stretch your back on a foam roller. Make sure the head and neck are supported by the roller, and the lower back is in contact with it, not arched.”

To promote stability and strength, pull the shoulder blades toward the center of the back, which straightens the spine and improves posture as well.

Elevate arms to foster overhead extension, but avoid added weight or pressure in exercising or daily routines. “Put heavy objects, plates and glasses on shelves where you don’t have to reach overhead to get them,” Altshuler says.

Introduce swimming to your daily routine, a comprehensive exercise which works on range of motion, stability and strength, overhead reach, and flexibility, all within buoyant, forgiving water, which won’t overtax the shoulder joint. ■



Shoulder exercises to try at home

- Gently move your arms in every direction—swinging out in front, back as far as possible, from side to side and then up and over, or simply straight up and back down.
- Bend your elbows, and drive your hands gently forward and backwards.
- Grab one upper arm with the opposite hand, and pull it gently across the body, stretching in that direction and then push it out in the opposite direction. Switch sides.
- Shrug your shoulders forward, and then rotate them back.
- With one hand, grab a doorframe at shoulder height and rotate your body away from the frame, gently allowing your arm to stretch backwards.

Stand a little less than an arm's length from the wall, facing the wall. Extend your hands to the wall, and walk your fingers straight up the wall until you can't reach any farther. Walk your fingers back down the wall. Every time you do this exercise, try to reach just a little higher. If you are willing to make a mark on the wall, you can endeavor to push past that mark.

The next step after working on range of motion and flexibility is to increase strength. Introduce light hand weights to your routine. Do the same moves designed for range of motion but with a bit of weight or resistance to develop strength.

GO WHERE YOU WANT TO GO

Local transportation services support independence for seniors

BY MELANIE BRETZ



FOR MOST OF US, nothing says independence like the ability to get in the car and go wherever, whenever we want.

But the reality for many older people is the loss of the ability to drive safely. Thankfully, in our county, this doesn't mean loss of independence. There's a wealth of resources available—some free, some with a fee, all designed to be affordable.

"Transportation is so often a barrier to seniors being able to get out into the community to shop, get to medical appointments and social activities and to access vital services," says Teresa Sullivan, executive director of Alliance on Aging. "Our Transportation Access Program provides one-on-one training and support to help seniors understand and access all of the transportation options available to them."

The Alliance on Aging publishes an annual resource guide that includes transportation options for seniors. It's available at senior centers and other locations throughout the county and on the website at allianceonaging.org.

"Those of us fortunate to have the financial and personal capacity to own and operate a vehicle sometimes take for granted the freedom it affords," says Carl Sedoryk, chief executive officer for Monterey-Salinas Transit. "There's a gap between access and the things seniors need and want to do, like getting to doctor and other appointments, visiting with friends, shopping and social events."

"Lack of access can create a sense of isolation, and force people to be dependent on family and friends. Some people don't have anyone close by. We are dedicated to bridging that gap."

MST was established by California law in July 2010 as a special district. A ballot measure passed with nearly 73 percent of the vote in 2014 to help fund transportation programs for seniors, veterans and people with disabilities.

"This was the first countywide sales tax of any kind for these types of services," says Sedoryk. "The funds were used to create special routes that serve senior living residences, establish a taxi voucher program and a variety of other affordable transportation options, and offer discounted fares so that lower income seniors can participate."

Their services range from travel training, taxi vouchers and senior shuttle routes to special medical trips to the San Jose, Palo Alto and San Francisco areas. For a complete list and all the details, visit MSTmobility.org.

One of the most common transportation needs for seniors is to get to medical appointments and health care facilities. Freedom Medical Transportation, based in Sand City and serving Monterey, Santa Cruz and San Benito counties, is a privately owned company founded by Eric and Karen Sonne in April 2012 that provides specialized non-emergency medical transportation.

"We frequently provide non-emergency medical transportation to and from regional hospitals and skilled nursing facilities, or to anyone who needs special assistance to attend a wedding, private function or just a simple outing to view waves crashing on the shore," says Karen Sonne.

Their vehicles are ADA-approved late model ambulettes, equipped with gurneys and wheelchair lifts.

"We transport seniors and others who may be paralyzed, are in hospice care or going to dialysis appointments," Sonne says. "We're often called to take people home from an emergency room or health care facility after a medical procedure. Our goal is to eliminate the stress and worry associated with getting to and from medical appointments with compassion, extra care and assistance."

They operate throughout Monterey, San Benito, Santa Cruz and Santa Clara counties, providing transportation including trips to UC San Francisco and Stanford medical centers and Bay Area airports. On call around-the-clock, every day, all of their staff are certified in CPR and first aid.

Whether it's for you or a loved one, there's an abundance of transportation options that can get you where you need to go. Where there's a will or need, there's a way.

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.

RESOURCES



Alliance on Aging

(831) 655-1334

www.allianceonaging.org

Resource Guide (also available in Spanish): allianceonaging.org/wp-content/uploads/2011/12/2016-AAA-Resource-Guide-ENGLISH.pdf



Monterey Salinas Transit

(888) MST-BUS1 (888) 678-2871

www.MSTMobility.org



Freedom Medical Transport

(800) 606-4836

www.fmt-nemt.com

Additional transportation services abbreviated from the Alliance on Aging's annual Resource Guide. Please visit the websites or call for details on services, hours and fees.



American Cancer Society

(831) 442-2992, (800) 227-2345

www.cancer.org

Volunteer drivers donate time and use of their car to transport patients to and from treatments. Services in English and Spanish.



Independent Transportation Network Monterey County

Monterey (831) 233-3447, Salinas (831) 240-0850

www.itnmontereycounty.org

Volunteer-based transportation service for seniors and people with visual impairments to medical appointments, social outings, shopping, hair and other personal appointments. Serving the Monterey Peninsula, Castroville and Salinas.



Monterey-Salinas Transit RIDES Program

Monterey (831) 373-1393, Salinas (831) 754-2804

www.mstmobility.org

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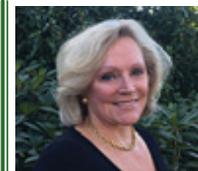
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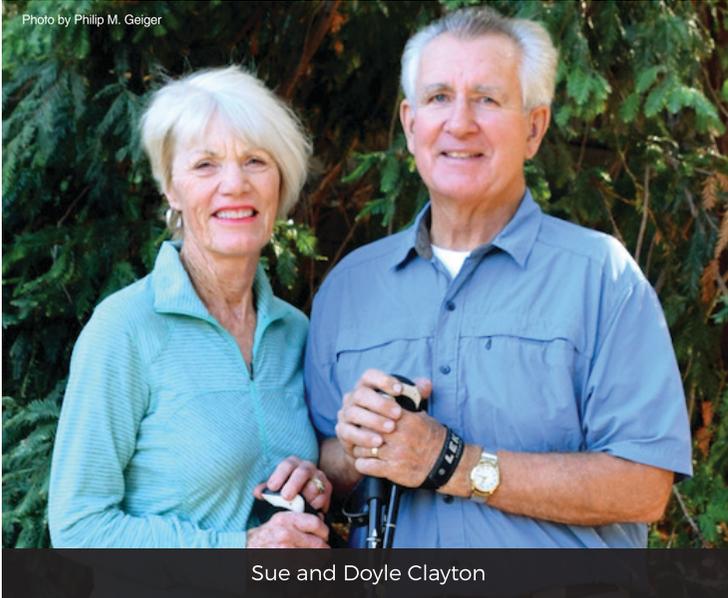
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READ MY LIPS

Hearing aids help him hear; lip-reading helps him understand

BY LISA CRAWFORD WATSON



Sue and Doyle Clayton

DOYLE CLAYTON RISES early each day to get in some vigorous exercise at the gym. Yet the active outdoorsman prefers to be outside, where he and Sue, his wife of 52 years, enjoy hiking, bike riding, cross-country skiing—just about anything that involves physical activity—all over the world.

At 75, Doyle is happy, healthy, active and engaged in life. He can do just about anything he sets his mind to, except hear.

Clayton didn't start out deaf. Yet little by little, over time, the tiny hair-like cells or stereocilia in his ears became damaged by loud, prolonged noise, which impaired his hearing.

Clayton heard the cacophony of machinery running throughout the day, over the course of 10 years he spent teaching woodshop at Monterey High School. He wondered, on occasion, if the constant roar could damage his ears. By year nine, the devoted teacher, who also coached football for the school, had noticed that the noise was causing increasing discomfort, and he had suffered some hearing loss.

"I was fitted with special earplugs," says Clayton, "which prevented me from hearing the machines. That sounds like a good solution, except I had developed a keen sense of the sound of those machines and could tell when a student was getting into trouble. With the earplugs, I could no longer discern that, which wasn't safe."

Clayton left the woodshop and went into counseling for the high school. Eventually, he followed a passion for vocational education and took the helm of the Adult Education and Regional Occupation Program on campus.

"At first, I was reluctant to accept the reality of my hearing loss," he says. "I was 36 when I received my first hearing aid. Within a few years, I needed hearing aids in both ears. I was embarrassed and didn't want people to know about my hearing problem. That was a huge mistake."

The first time he turned on his hearing aids, he quickly removed them and slipped them into his desk drawer for six months. His aided hearing was so clear, he couldn't tolerate the wadding of paper, the crunch of gravel, the tapping of a pen.

He retrieved his hearing aids when he realized not hearing anything was worse. During the ensuing 38 years, Clayton realized the best way for him to help other

people communicate with him was to openly and honestly acknowledge his hearing loss. Today, he clearly explains what others can do to help him hear and understand them better.

Plenty of people miss that Clayton is hearing impaired. His hearing aids are subtle, his articulation is clear, and he seems to hear what is said to him. What others often fail to notice is that Clayton converses face to face, so he can lip-read. With hearing aids in place, Clayton can hear, but he can't necessarily understand what someone is saying, so he watches their lips.

"There is a difference between hearing and understanding," he says, "which is often a difficult concept for people with normal hearing to grasp. With hearing aids, I hear quite well. Understanding what I'm hearing is the problem."

"For me, the background noise in a restaurant or crowded room is louder than the voice of the person with whom I'm trying to communicate. And I can't discern the difference."

Without his hearing aids, the world is a silent place.

"I take my hearing aids out at night, to sleep," he says. "I would never hear a phone ring or a smoke alarm. The last thing I say to my wife is, 'Is there anything else you want to tell me?'"

Hearing aids are not like prescription eyeglasses, which often can perfect vision. Without glasses, his eyesight is compromised. With glasses, it's 20/20. Without hearing aids, he can't hear. With hearing aids, he can hear but not understand the message.

Sometimes, when he and Sue are chatting while she cooks dinner, she'll step into the pantry for a moment, and the conversation dies until she returns to face her husband, so he can interpret what she's saying.

Moreover, sounds compete for his attention. People with healthy hearing can listen to a conversation while the radio is playing, the dishwasher is going, and the dog is barking at the cat. For Clayton, all background noises compete with the voice he's trying to understand.

His family and friends have become competent at conversing with him. For everyone else, he's happy to help. ■

Sound Advice

Doyle Clayton's helpful hints when conversing with the hearing impaired

- Get my attention before you start speaking to me.
- Face me when you are talking, and don't cover your mouth.
- I'm lip-reading.
- Don't talk fast. Speak clearly. The most difficult people to understand are young people, women, people with accents, and people who mumble.
- Turn down background noise to reduce competition for sound.
- In a group setting, have only one person speak at a time.



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ALMOST LIKE REAL LIFE

Natividad simulation lab mimics emergency situations



Photos by Natividad

NATIVIDAD PHYSICIANS and nurses are now getting state-of-the-art training in the hospital's simulation lab, where lifelike computerized manikins are used to mimic emergency room scenarios, everything from multiple-injury car crashes to heart attacks.

The simulation lab, only the second one of its kind in California to receive provisional accreditation by the Society for Simulation in Healthcare, features state-of-the-art technology that gives physicians and nurses real-world experience in a controlled environment.

And the experience is making a difference in helping medical staff handle actual ER situations of life and death.

Using three computer-driven manikins—an adult male, a pregnant adult female and an infant—the lab can simulate a wide variety of medical scenarios. The manikins, which are programmed to respond to physical care and medications, can mimic human breathing, bodily fluids, convulsions, and blinking.

The manikins are operated in a simulated-reality hospital room with two beds and patient monitors, a video monitoring system, and an observation and debriefing area. Participants gain hands-on experience through simulation training and video playback.

“Simulation is about providing Natividad’s health care providers with the skill level and application knowledge to prepare for low-frequency but highly complex medical events,” says registered nurse Susan Saunders, the director of nursing education at Natividad. “As the only teaching hospital in Monterey County, the simulation program is also a valuable training tool for educating future doctors and nurses.”

Nationwide, simulation programs similar to Natividad’s demonstrate improved patient outcomes and lower incidence of adverse events, Saunders says. In granting provisional accreditation, the Society for Simulation in Healthcare examined Natividad’s processes and outcomes in assessment, research, teaching, education and systems integration.

“We are extremely proud of the Society for Simulation in Healthcare designation, and we look forward to bringing this valuable training technology to not only

Natividad’s staff but community health care providers throughout the county,” says Tom McKay, Natividad education and simulation coordinator.

Natividad is currently coordinating with local emergency medical response personnel to run simulation scenarios for the pre-hospital treatment of patients, McKay said.

The medical center will receive a framed certificate at the International Meeting on Simulation in Healthcare on Jan. 26, 2019.

For more information about the Natividad Simulation program, please contact director of nursing education Susan Saunders at SaundersSC@natividad.com or Education and Simulation Coordinator Tom McKay at MckayTA@natividad.com.

Natividad is an acute care hospital and trauma center dedicated to providing high-quality health care to everyone in Monterey County, regardless of ability to pay.

Located in Salinas, Natividad is a public health care system offering a wide range of inpatient, outpatient, emergency, diagnostic and specialty medical care. Home to the area’s only trauma center, the hospital treats an average of 1,300 critically or severely injured patients each year.

Natividad’s Baby-Friendly facility delivered more than 2,200 babies last year and is ranked No. 1 in newborn deliveries in Monterey County. It also operates an accredited Level III Neonatal Intensive Care Unit, giving the tiniest and most fragile babies—some as small as one pound—the best chance for a healthy start.

Founded in 1886, the 172-bed medical center sees more than 52,000 emergency visits annually. Through its UC San Francisco-accredited Family Medicine Residency Training Program, Natividad is the only teaching hospital on the Central Coast.

For information, call (831) 755-4111 or visit www.natividad.com. ■

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- Care program remains until palliative needs and/or skilled needs are met



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- Desire for end of life support/education, symptom management, comfort measures
- Care program remains until end of life, patient graduates or program is no longer desired

- Provided at home and assisted living facilities
- Intermittent care to support patient and family



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DOCTOR'S NOTES

NURSE ARTIST'S PAINTINGS ON DISPLAY



"Anesthesiologist" by Edi Matsumoto

Edi Matsumoto, a painter who specializes in dramatic scenes of hospitals and medical care, is showing her paintings in a solo show called "Lives in Our Hands" at the Annand Gallery of the Pacific Grove Art Center. The exhibit can be seen through Dec. 13.

"I portray the joys and stresses, some intense and dramatic moments of health care professionals," says Matsumoto, a family nurse practitioner with Montage Medical Group. "The models are real-life physicians, nurses and others performing their duties at the hospital and clinics.

"There are great rewards in saving lives and healing the sick and wounded. There are also dilemmas, struggles and frustrations which accompany these responsibilities. These are their stories as well as mine, with associated anguish and gratification."

Born and raised in Japan, Matsumoto came to the United States and earned her nurse practitioner and master's degree in nursing from San Jose State.



Encouraged by her family, Matsumoto started taking art classes at Monterey Peninsula College in 2005, then at Academy of Art University in San Francisco, where she took one class per semester until earning her master's degree in fine art.

Her work has been shown at the Palace of

Fine Arts, San Francisco, the Triton Museum of Santa Clara, Monterey County Government Building and the Monterey County Health Department, among others.

Pacific Grove Art Center is at 598 Lighthouse Ave., Pacific Grove. Matsumoto's works can also be viewed at her website, www.edimatsumoto.com, and in an exhibit at the Triton Museum of Art through Jan. 20.

PARTNERSHIP FOR CHILDREN SEEKS GIFTS FOR KIDS

The nonprofit organization Partnership for Children is now seeking donations of gifts, books, pajamas, and other items that can help make the holidays brighter for children and teens living with a serious illness.

Every year, Partnership for Children, based in Salinas, delivers gifts to children and their siblings. Needed are toys and gifts, pajamas, warm gloves and hats, books, gift cards, diapers and wipes, and car seats.

Partnership for Children is also seeking a few good elves to help with holiday gift-giving. Partnership for Children is dedicated to increasing access to medical care for children with life-threatening conditions and supporting their families in Monterey, Santa Cruz and San Benito counties.

For information, call (831) 422-3002 or email services@partnershipforkids.org.

NATIVIDAD DIABETES EDUCATOR IS HONORED

Lupe Bravo, a registered nurse and certified diabetes educator at Natividad's Diabetes Education Center, has been named the California-American Association of Diabetes Educators 2018 Kim Higgins Diabetes Educator of the Year.

The award acknowledges and supports a diabetes educator who demonstrates exemplary commitment and service to diabetes education. Bravo was recently presented with the award at the annual California-American Association of Diabetes Educators' conference in Anaheim.

The Diabetes Education Center at Natividad offers education for people of all ages with diabetes and pre-diabetes and is one of its most successful programs.

Diabetes education is especially important in Monterey County, which has unfavorable diabetes rates and high pre-diabetes rates in people ages 18 to 39. Many in Monterey County, especially low-income residents and migrant workers, aren't aware of what people can do to reduce their risk of diabetes.

Contact the Natividad Diabetes Education Center at (831) 755-6292.

DR. TUNZI NAMED PHYSICIAN OF THE YEAR

Dr. Marc Tunzi is Natividad's 2018 Physician of the Year. Nominated and selected by medical staff peers and residents in training, the award honors an exceptional physician who inspires healthy lives.

As chair for the hospital's Bioethics Committee, Dr. Tunzi is a trusted consultant for all hospital services and part of the decision-making team when Natividad is presented with challenging medical cases.

"Dr. Tunzi is a compassionate person with a heart for the poor and vulnerable," says Natividad CEO Dr. Gary Gray. "He's committed to the highest ethics in life and in medicine."

Affiliated with UC San Francisco, Natividad is Monterey County's only teaching hospital. Tunzi plays a vital role in the development of future physicians through the Natividad Family Medicine Residency Program serving as faculty and two terms as director, and is currently associate director of the program. As one of more than 350 physicians at Natividad, he is recognized as a sought-after mentor and adviser for Natividad family medicine residents.

"Salinas is a working person's community, and people here work hard. I remain fully committed to public service medicine and taking care of our very special population of patients and families," says Dr. Tunzi. "And I love being just a small part of the education of the next generation of family doctors teaching."

For the last 20 years, Tunzi has worked with Salinas' homeless population and is a co-medical director for Dorothy's Place. He received the Jefferson Award—a national honor for public service—for his work.

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