FEATURED IN THIS ISSUE: What’s new in cardiac care at Tyler Heart Institute | Treatments evolving for enlarged prostate, accompanying urinary issues | With Montage Health funding support, CSUMB offers new physician assistant degree
Weight-loss surgery veterans share lessons learned | Under the weather? No time to go to the doctor? Try an eVisit
A bad heart valve was hardly a blip in the life of Allen Martins, thanks to his determined personality and a relatively new procedure called TAVR — transcatheter aortic valve replacement — that remedied his cardiac problem without major surgery. Allen, 89 years old, was back on his fishing boat two weeks after his TAVR procedure.

That experience illustrates the mission of Montage Health, Community Hospital’s parent company: Improving lives by delivering exceptional care and inspiring the pursuit of optimal health.

In this issue of Pulse, you’ll read more about ways we can help you on your path to optimal health, no matter where you are in that journey.

In addition to Allen’s story, you can read about other advances in care provided by our Tyler Heart Institute, including procedures in our new, state-of-the-art electrophysiology lab, where we treat heart rhythm issues like atrial fibrillation.

We also have information to share for men experiencing enlarged prostates, something that affects half of men in their 60s, and about therapy that can help with incontinence issues.

You can also learn from the experiences of others: Monica Muñoz, who’s on the cover of this issue, was committed to putting a lifetime of weight struggles behind her, and she has, with bariatric surgery and major changes in her lifestyle. She and four others who have also had weight-loss surgery share their stories. And former KSBW journalist Kate Callaghan-Green talks about how she and her husband, KSBW anchor Dan Green, successfully navigated her cancer journey.

We also invite you to take a tour inside your medicine cabinet with Rachel Badger, a Community Hospital pharmacist who answers some common questions about medications.

Finally, this is the annual issue where we take the opportunity to thank our donors, people like Kate Wolovsky, who is featured in this edition. Helping residents achieve their optimal health could not happen without philanthropy, and we are grateful for those who support our efforts.

Steven Packer, MD
President/CEO

ON THE COVER
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Dr. Steven J. Fowler, Medical Director of Clinical Cardiac Electrophysiology in Community Hospital’s state-of-the-art arrhythmia lab.
New in cardiac care at Tyler Heart Institute

The depth and breadth of Community Hospital’s Tyler Heart Institute continue to expand to meet the evolving cardiac-care needs of Monterey County and beyond. On these pages, learn about advances in our treatment of people with atrial fibrillation and other irregular heart rhythms, the state-of-the-art electrophysiology lab where we provide that treatment, and about three people who got new heart valves without open-heart surgery. The new procedure is called TAVR, transcatheter aortic valve replacement. Community Hospital was the first to offer it in Monterey County, and it’s reportedly the same minimally invasive approach Mick Jagger had during the spring so he could kick off a tour with the Rolling Stones this summer.

All of this is part of the next wave of technology in the field of heart-rhythm disorders, creating a smaller footprint in the body by doing more effective work with less material.

— Steven J. Fowler, MD
New lab, new technology for treating atrial fibrillation and other irregular heartbeat issues

Watchman™ device reduces stroke risks for people with AFib and enables many to stop taking blood thinners

Atrial fibrillation (AFib) is so common in people over the age of 65, the Journal of Geriatric Cardiology predicts an epidemic as Baby Boomers age in the next 10–20 years.

To help care for that growing group, Community Hospital of the Monterey Peninsula’s Tyler Heart Institute has added advanced technology to its electrophysiology (EP) lab, the place where irregular heartbeats, or arrhythmia, are treated.

“This is the latest and greatest,” says Dr. Steven J. Fowler, a cardiac electrophysiology specialist recruited from New York University’s Langone Medical Center to serve as medical director of clinical cardiac electrophysiology.

“The idea is to provide some of the expertise and technology that’s usually held in the academic pillars of the world,” he says. “We’re bringing those capabilities out of that ivory tower and making them available to everyone. They are really the new standard of care for taking care of people well.”

The toolbox includes more-effective, more-reliable, less-intrusive devices that reduce risk and expense for people with AFib, a quivering or irregular heartbeat that can lead to blood clots, stroke, heart failure, and other heart-related complications. The electrophysiology lab has upgraded imaging, measuring, and archiving systems, adding the latest in three-dimensional heart-mapping technology and a new jet ventilator, enabling safer, more efficient procedures.

New fluoroscopy X-ray equipment enables doctors to photograph the heart more effectively while minimizing radiation exposure to patients, doctors, and staff.

“The 3-D heart-mapping technology provides us with a great look at the heart’s rhythms in real time, while integrating the fluoroscopy equipment so we know exactly where we are inside the body at all times,” Fowler says. “And we do it all in a closed chest, through just a single vein puncture in the leg.”

Community Hospital is one of the few facilities in the United States using a new jet ventilator, a device that stops the motion of breathing, which might otherwise affect the procedure in the heart, Fowler says.

“As we’re working inside the heart, the lungs are moving as the patient breathes,” he says. “The ventilator makes the patient breathe in small puffs, which maintains oxygenation in the body while minimizing lung and heart movement so we can work in a very safe, efficient way.”

Patients can also benefit from two new devices: the Watchman™, for people with AFib, and the Micra™, for people with slow heartbeats.

People with AFib are at increased risk of stroke and usually must take blood thinners like warfarin. The Watchman, a device about the size of a quarter, is implanted to seal off part of the upper-left chamber of the heart, where 90 percent of stroke-causing blood clots are formed. This prevents clots from escaping and causing strokes.

“That also usually eliminates the ongoing need for blood thinners, which can cause bleeding in the urinary or gastrointestinal tracts, as well as in other organs,” Fowler says. “The Watchman takes that out of the equation.”

Community Hospital expects to begin implanting the Watchman this summer.
The Micra is a wireless pacemaker for people with bradycardia, or slow heart rhythms. It is about 90-percent smaller than traditional pacemakers and is inserted in the heart through a leg vein; traditional pacemakers are implanted just below the collarbone, with electrical leads traveling through a vein to the heart.

“It’s excellent for older patients because there’s no tethering to the skin or soft-tissue structures,” Fowler says. “It has no wires that might break over time.”

The device can be monitored remotely via the internet, enabling more mobility for the patient, Fowler says.

“All of this is part of the next wave of technology in the field of heart-rhythm disorders, creating a smaller footprint in the body by doing more effective work with less material.”

ABOUT WATCHMAN™

Atrial fibrillation, or AFib, affects the heart’s ability to pump blood normally. This can cause blood to pool in the left atrial appendage of the heart; then, the blood cells there can stick together and form a clot. Clots can travel to another part of the body and can cut off the blood supply to the brain, causing a stroke. The Watchman device, which is about the size of a quarter, is implanted in the appendage to close it off, preventing blood clots from escaping.

ABOUT MICRA™

Pacemakers send an electrical impulse to the heart when the heart’s rhythm is too slow or is interrupted. The electrical impulse starts a normal heartbeat. The Micra device, implanted directly into the heart through a vein in the leg, performs the same function and doesn’t require an electrical lead. The size of a large vitamin, it’s about 90 percent smaller than traditional pacemakers but with a similar battery life—about 12 years.
A fish tale that’s almost too good to be true

New TAVR procedure less-invasive way of replacing a faulty heart valve

Allen and Dennis Martins went fishing for striped bass at San Luis Reservoir on a winter Sunday. The cousins reached their fishing limit and had a great day.

It was a much different ending than the last time they’d been there, when Allen nearly died.

Before the near-fatal outing, Allen, 89, had been getting dizzy and passing out during strenuous activity. Still, not much could keep him away from a day on the water, so he ignored the warnings. But the fishing wasn’t so good, and Allen wasn’t feeling so well. Dennis retrieved his pickup truck and began backing the boat trailer down the ramp. Allen pulled the boat along the dock, preparing to ease it onto the trailer.
Then he passed out and fell into the reservoir.

Dennis slammed on the brakes, jumped out of the truck, ran into the water, and grabbed Allen, who wasn’t breathing. He called out to two other fishermen for help getting him to shore.

Allen remembers feeling his cousin pressing on his chest in his best attempt at CPR and someone yelling, “Quit pumping on him; he’s dead.”

“Dennis just kept pounding on my chest, and then I threw up,” says Allen. “So he knew I was at least a little bit alive.”

Someone called 9-1-1 and two park rangers arrived, followed by a fire engine and an ambulance ready to take Allen to the closest hospital, in Los Banos. Allen kept throwing up, was getting weaker, and hypothermia was setting in, but he pressed to be taken to Community Hospital of the Monterey Peninsula.

You won’t make it to Community Hospital, the first responders told him. Allen assured them he would.

He has always been a survivor. Raised in what’s now North Salinas, his father was a farmer and then a commercial fisherman. Allen also got into fishing, but, fascinated by taxidermy, he took a correspondence class and ultimately opened his own shop. Depending on the economy, he held other jobs — selling boats and RVs, working for Green Frog Market in Salinas — always determined to sustain himself.

So it was in character for him to refuse the ambulance ride and do things his own way, against medical advice. Dennis drove Allen to meet his daughter in Salinas. She gave him dry clothes and drove him to the Emergency department at Community Hospital.

Once there, Allen got a thorough examination, and a stern warning never to delay treatment again.

“ Turns out the main valve in my heart wasn’t opening correctly, causing a heart murmur,” he says.

Allen needed a new aortic valve. In most cases, the old valve would be replaced with a new one in open-heart surgery, with a large incision running down the chest. But Allen’s age and some health issues made the surgery risky. Fortunately, there was an alternative: a newer, less-invasive procedure called transcatheter aortic valve replacement, or TAVR.

Community Hospital’s Tyler Heart Institute was the first heart program in Monterey County to offer this alternative to open-heart surgery. With TAVR, the replacement valve, a metal scaffold with a stent sutured inside, is inserted through an artery, most commonly in the groin. It is carefully positioned under X-ray imaging by a cardiologist and a surgeon, pushing the old valve open and functioning immediately as a new valve. No opening up the chest cavity. No lengthy recovery.

Immediately after the TAVR procedure, Allen knew he was better because he could breathe well. After two days in the hospital, he was home. During a checkup two weeks later, Dr. Steven Goldberg, who performed the procedure along with cardiothoracic surgeon Dr. Gregory Spowart, said, “You’ve made my day; there’s no murmur at all.”

Allen went home to get ready for some fishing with Dennis.

“I could have gone the day after my checkup, it went so well,” he says. “But I waited three days.”

### TAVR

TAVR can be considered for people with severe aortic stenosis, a narrowing of the aortic valve opening, who are at intermediate or high risk of complications from open-heart surgery.

Prospective TAVR patients are fully evaluated by a multidisciplinary team that includes:

- Interventional cardiologist, specializing in catheter-based structural heart procedures
- Cardiothoracic surgeon, specializing in open-heart procedures
- Cardiac specialists
- Cardiac imaging specialists
- Clinical nurse coordinator
- Palliative care specialist
- Additional specialists as needed
Heart valve replacement makes everything A-OK

Marie Tonus was in her kitchen, bending toward the dishwasher, when she collapsed to the floor. Her husband Egidio immediately called their daughter, who lived across the street and had recently retired from Community Hospital after 40 years as a registered nurse.

Alene Mazzuca checked her mother’s blood pressure and found it was unstable.

“I felt a little tired,” says Marie, who is 88. “And I’d had few falls that warranted stitches in my head, but I’d attributed the falls to the loss of balance you encounter as you get older.”

This was different. Marie was diagnosed with aortic stenosis, a narrowing of the aortic valve opening. Her doctor explained it by creating an “OK” sign with his thumb and index finger, the inside of the “O” showing how the valve should look. Then he collapsed the “O,” demonstrating how hers appeared and was constricting blood flow.

Until fairly recently, the remedy would be open-heart surgery to replace the valve. But Marie learned she was a candidate for transcatheter aortic valve replacement (TAVR), a minimally invasive procedure in which a new valve is placed using a catheter threaded through a small incision in an artery.

“Cardiologist Dr. James Joye, who did the procedure, said my veins and arteries were excellent, which meant I qualified for TAVR,” Marie says. “I didn’t have to have my chest split open for open-heart surgery. Those patients take four months to recover. I was in the hospital one night, and started feeling well quite soon.”

Community Hospital’s Tyler Heart Institute began offering TAVR procedures on New Year’s Eve 2017. Marie’s team included Joye and cardiothoracic surgeon Dr. Gregory Spowart, and she worked closely with Lisa Nelson, RN, coordinator of the hospital’s structural heart program.

“It made me feel comfortable to have people who know what they’re doing,” Marie says. “This was a big deal; I felt like a movie star with all that attention. With all those doctors and nurses taking care of me, I was somebody special that day.”

After her TAVR procedure, Marie went through cardiac rehabilitation at Montage Wellness Center, twice a week for 10 weeks, without fail. The program began with a 30-minute talk on how to take care of your heart, she says, with a focus on diet and exercise. Following the lecture, she began her exercise program.

“In 2017, my kids bought me a membership at Montage Wellness Center for my birthday, and I’ve continued it ever since,” she says. “I walk every day for at least 30 minutes, something they encourage at Montage Wellness Center, and I take water aerobics twice a week. I also rest for an hour every afternoon, which is just as important as anything else I do.”

Until a year ago, Marie was a volunteer for the American Field Service cultural exchange program for foreign students, retiring after 45 years of service. She and Egidio, who have enjoyed 69 years of marriage, exercise, eat from the garden of their Castroville home, and remain grateful for “every year together, and every year of life.”
It made me feel comfortable to have people who know what they’re doing. This was a big deal; I felt like a movie star with all that attention. With all those doctors and nurses taking care of me, I was somebody special that day.

— Marie Tonus, patient
Now, I’m so glad to be on the other side of my procedure. The sun is out, and I’m feeling well. During the surgery, they also installed a pacemaker, which is wonderful and reassuring to have.

— Madeleine Kepp, patient
Valve replacement has to wait — 90th birthday celebration comes first

When Madeleine Kepp got the news that one of her heart valves wasn’t working properly, she was concerned about having open-heart surgery to replace it.

Though she is active and takes good care of herself, Kepp was nearing her 90th birthday and her age put her at risk of complications. Another concern: She is the designated driver in her household because her husband Joe has macular degeneration, and open-heart surgery would prevent her from getting behind the wheel of a car for six to eight weeks while her breastbone healed.

Her cardiologist, Dr. Harlan Grogin, suggested an alternative, a minimally invasive approach called transcatheter aortic valve replacement (TAVR). In this procedure, a new valve is put in place using a catheter that goes through an artery up to the heart. No open-chest incision is required, and the healing time is much faster, usually a couple of days versus several weeks.

Community Hospital of the Monterey Peninsula’s Tyler Heart Institute began performing TAVRs on New Year’s Eve of 2017 and did more than two dozen of the procedures in 2018.

Kepp quickly said yes, as long as it could wait until after her 90th birthday. Her family, including four children and seven grandchildren, had a celebration planned.

Various tests were performed, and Kepp’s case was reviewed by a multidisciplinary panel of doctors and other clinicians to determine whether she was a good candidate for TAVR.

“They decided I was, which was good news,” Kepp says.

She was admitted to the hospital on a Friday morning, and the procedure was performed in the hospital’s cardiac catheterization lab.

Kepp went home two days later and made plans to start going to Tyler Heart Institute for cardiac rehabilitation, and to return to her volunteer work at Community Hospital. She has been volunteering for 20 years, following a career as a high school teacher.

Kepp’s faulty valve was diagnosed after a case of bronchitis seemed to be getting worse and neighbors drove the couple to Community Hospital.

“Dr. Grogin did an EKG and, in addition to the bronchitis, diagnosed me with atrial fibrillation, a quivering or irregular heartbeat,” Kepp says. “He said this was because my heart valve was not functioning well, not allowing for sufficient blood flow. I had no idea it was my heart; I just knew I felt really bad.

“Now, I’m so glad to be on the other side of my procedure,” Kepp says. “The sun is out, and I’m feeling well. During the surgery, they also installed a pacemaker, which is wonderful and reassuring to have.”

She’s feeling so good, the couple resumed plans for a trip to Alaska.

“We were all set but had to cancel it for the TAVR procedure,” she says. “We’re definitely still going.”
Treatments evolving for enlarged prostate, accompanying urinary issues

Many men of a certain age are going about their daily lives, getting to work, hitting the gym, spending time with family, and harboring a secret. They are up throughout the night, dealing with the difficulty and discomfort of an enlarged prostate gland.

More than 40 percent of men in their 50s have benign prostatic hyperplasia (BPH), and the rate increases with age; half of men in their 60s have it, as do 70 percent of men in their 70s.

The normal prostate is a walnut-sized gland located between the bladder and the penis. With BPH, the prostate becomes enlarged and presses on the urethra, the tiny tube through which urine leaves the body. That causes uncomfortable urinary issues, including a more frequent urge to urinate, decreased urine flow, the need to get up several times a night to urinate, a burning sensation while urinating, a weak or slow urine stream, and dribbling.

“Not everyone with an enlarged prostate has trouble emptying their bladder, and not everyone with a small prostate is guaranteed healthy bladder function,” says Dr. Michael Jacobson, a urologist with Montage Medical Group. “Yet, as men age, symptoms associated with BPH tend to increase.”

To help diagnose and determine treatment options for BPH, patients fill out an International Prostate Symptom Score questionnaire that helps measure the severity of symptoms. They also undergo a physical exam, including a digital rectal exam, and their doctor may order one or more of the following:

- Urine test
- Prostate-specific antigen (PSA) screening for prostate cancer
- Urinary blood test to screen for bladder cancer
- Post-void residual volume (PVR) to measure urine left in the bladder after urinating
- Uroflowmetry to measure how fast urine flows
- Cystoscopy to look at the urethra or bladder with a scope
- Urodynamic pressure to test pressure in the bladder during urinating
- Ultrasound of the prostate

The primary treatment for BPH, aimed at creating a better quality of life, has been to prescribe medications intended to help the prostate relax or even shrink. They improve urine flow and reduce blockage and symptoms and, in some cases, reduce the size of the prostate. These medications include alfuzosin (Uroxatral®), terazosin (Hytrin®), doxazosin (Cardura®), tamsulosin (Flomax®), finasteride (Proscar®), and dutasteride (Avodart®).

If medication fails or provides inadequate relief, the standard alternative has been surgical therapy known as transurethral resection of the prostate (TURP). Using a resectoscope, which combines visual and surgical technology, the urologist trims excess prostate tissue that is blocking urine flow. TURP is generally considered an option for men with moderate-to-severe urinary problems that haven’t responded to medication.

Jacobson and the other two urologists at Montage Medical Group, Dr. Andrea Chan and Dr. Craig Stauffer, are now also using the UroLift® System, a minimally invasive in-office procedure.
“UroLift is a very promising, FDA-approved system for treating prostate glands of medium size,” says Stauffer. “Instead of destroying the tissue that’s causing obstruction, we push it aside, away from the urethra, and staple it into place, using tiny clips we implant.”

A local anesthesia is used, there is very little bleeding, and recovery time is shorter, Stauffer says. Many patients don’t require a catheter and tend to feel good about their urination within a few weeks.

Chan says the procedure can be an attractive option for men who don’t want to be dependent on medication to improve urinary symptoms and who don’t want to undergo a more-invasive surgical procedure. Because the procedure alleviates obstruction without destruction or removal of prostate tissue, it also preserves ejaculatory function, which is often affected with other treatments for enlarged prostate, according to Chan.

“What we are finding is that medications seem to improve urinary symptoms, but not the overall functioning of the bladder,” says Jacobson. “But procedures such as UroLift, TURP, and others can actually reshape the bladder muscle and make it healthier over time. Overall, the procedures we do at Montage Medical Group lead to better long-term symptom control than medications.”

Current practice for most patients, Jacobson says, is to perform UroLift as an outpatient, in-office procedure, using a local anesthesia and nitrous oxide, or “laughing gas,” to relax the patient. That’s an advantage for some, especially older patients, who may have an adverse reaction to anesthesia.

Not all men are candidates for UroLift because there are limitations based on prostate size and anatomy.

“TURP remains the gold standard for treating an enlarged prostate,” Stauffer says. “Sometimes the gland is too big to benefit from UroLift, so we turn to TURP. But technology is rapidly improving, and we are excited to bring other procedures on board, to create a more comprehensive portfolio to address BPH.”
Pelvic floor therapy doesn’t get discussed much, but it’s an effective approach to treating common conditions from urinary incontinence to lower back pain.

The pelvic floor is a group of muscles that stretch like a trampoline from the pubic bone in the front to the coccyx, or tailbone, in the back. As the bottom of “the core,” these muscles work with the deep abdominal and back muscles, as well as the diaphragm, to support the spine and pelvic girdle. They also help control the pressure in the abdomen when lifting, stretching, or straining. Pelvic floor muscles also support the bladder and bowel, helping to control continence.

“The pelvic floor is the bottom of our core; it holds everything up,” says Laurie Banks, a physical therapist with Community Hospital of the Monterey Peninsula’s Rehabilitation Services. “All of our internal organs are supported by the pelvic floor, which also supports the hips and holds the pelvis together.

“When providing physical therapy for the pelvic floor, we work to stretch and strengthen these muscles like any other in the body; it’s just in a private area,” Banks says.

Therapy begins with an evaluation to determine the cause of muscle dysfunction and how the pelvic floor is functioning with the rest of the core. Based on that, therapists formulate a plan to stretch or strengthen and support the pelvic floor.

Pelvic floor therapy may be appropriate following surgery or a medical procedure. It is also used to treat general incontinence, bladder dysfunction, pelvic pain, painful intercourse, and the pain and stiffness of neighboring muscles and joints.

“A lot of times, pelvic floor weakness is an underlying culprit for back, hip, or pelvic girdle pain, and the pelvic floor can be a source or contributor to the pain,” Banks says. “Often, the muscles are too short and tight, which means they’re weak, or too long and stretched out and, thus, also weak.”

Banks underwent training in pelvic floor therapy after treating a lot of patients for lower back pain. Unable to adequately resolve their issues, she realized the problem was the pelvic floor, which is integral to so much of what we do, she says.

Treatment begins with education: explaining what the pelvic floor is, and its roles and functions in the body. The next step, says Banks, is to figure out what the muscles need, typically by palpating or feeling the muscles, internally or externally, depending on patient comfort.
“I spend a lot of time assessing the sacroiliac joint, which connects to the pelvic floor and lower back,” says Jil Johnson, who is also a physical therapist with Community Hospital. “And I am able, through internal or external work, to reduce many symptoms of lower back pain.”

Johnson has encountered pelvic floor weakness among people who sit a lot during their day, who have created tight muscles through exercise, or who have suffered irritable bowel syndrome or constipation and learned to bear down, causing the pelvic floor muscles to relax.

“Pelvic floor therapy deals not only with incontinence, but with any abnormality or condition causing chronic pain or reduced muscle tone,” Johnson says. “We want the pelvic floor to be springy like a trampoline, not slack like a hammock.”

The biggest hesitations among patients are modesty and a fear of the unknown, particularly for men, Banks says. So, therapists work at each individual’s comfort level and pace to help them try to achieve their goals.

“I have been doing pelvic floor therapy for almost 15 years and have seen our treatment evolve from more passive interventions to a more dynamic approach involving multiple techniques,” Johnson says. “Also, we are seeing a lot more referrals for men. This has been an underserved population, and it’s great to see these guys get the attention they need and deserve.”

Common conditions that may benefit from pelvic floor therapy:

- Constipation
- Lower back pain
- Painful intercourse
- Pelvic pain
- Pelvic organ prolapse
- Pre- and postnatal care
- Tailbone pain (coccydynia)
- Testicular pain
- Sexual dysfunction
- Urinary or fecal incontinence
- Urinary frequency or urgency

Pelvic floor therapy deals not only with incontinence, but with any abnormality or condition causing chronic pain or reduced muscle tone.

— Jil Johnson, physical therapist

Photos: Laurie Banks (left page) and Jil Johnson (this page), physical therapists
HAPPY BABY
1. Position yourself as shown, grabbing onto the feet, inner ankles, or behind the knees; you should feel a gentle stretch
2. Breathe in and allow the pelvic floor muscles to relax
3. Hold this position for 30–60 seconds, repeat 3–5 times

CHILD’S POSE
1. From a hands-and-knees position, sit back on your heels with knees apart, let your chest relax toward the floor
2. Reach forward, walking your hands on the mat/ground in front of you
3. While stretching, do some deep breathing, relaxing your pelvic floor
4. Hold this for 30–60 seconds, 3–5 times

BUTTERFLY STRETCH
1. While in a sitting position with your back straight, bend your knees and place the bottoms of your feet together
2. Hold around your ankles and slowly let your knees lower toward the floor until a stretch is felt at your inner thighs
3. You may also hinge forward at your hips to provide a greater stretch, but keep the back straight
4. Hold for 30–60 seconds, 3–5 times

DEEP ABDOMINAL MUSCLES
1. Lay on your back with your knees bent
2. Place your fingertips on your stomach just inside your hip bones to feel the muscle contract
3. Activate your abdominals by trying to pull the hip bones toward each other, then gently trying to “zip” them up the middle
4. You should be able to breathe normally while performing this muscle contraction
5. Hold for 10–30 seconds, 5–10 times
6. Learn to use this muscle with daily activities such as lifting, bending, rolling

CLAMSHELL
1. While lying on your side with your knees bent and an elastic band wrapped around your knees, draw up the top knee while keeping your feet together as shown
2. Do not let your pelvis roll back during the lifting movement
3. Perform 10 repetitions, 2–3 times, using controlled motion up and down

KEGELS
1. To do a Kegel, you must first find the proper muscles. One easy way is to see if you can stop your urine flow mid-stream. Use this only to help you identify the right muscles. Do not do this as a form of exercise or you can develop more problems
2. Sometimes thinking of “lifting” those muscles instead of “squeezing” them is easier
3. Be sure you are keeping your inner thighs and buttocks relaxed, and that you are not holding your breath
4. From lying down, tighten the pelvic floor muscles and hold for 10 seconds. Be sure to completely relax for 10 seconds before you perform another repetition. Do this 10 times, 3 times a day
5. You can also perform 2-second holds, with 2-second complete relaxation for 10 repetitions, 3 times per day, to train different muscle fibers of the pelvic floor

If you are unsure if you are performing any of these exercises properly, or you develop unwanted symptoms, please see a pelvic health specialist.
Susan D. Swick, MD
Ohana Physician in Chief
Center for Child and Adolescent
Behavioral Health

Tips for helping your teens with stress

It seems that every week there is a new headline about the rising rates of anxiety in today’s adolescents. Nearly one in four children will experience a psychiatric illness by the time they reach 18. It is painful to see our children suffer. Beyond that, parents feel understandably anxious that their teen’s distress may be a symptom of a bigger, more serious psychiatric problem.

So, how do we decide what is normal — even healthy — adolescent stress and what might be a psychiatric problem that needs treatment? And how can we approach stress management with all of our adolescents? For all youth (indeed, all people) — including those with psychiatric diagnoses — learning to manage stress and anxiety is critical to their development into capable, confident, resilient adults.

What should you do if your child complains of stress, worry, or anxiety?

- Start with calm listening
- Stay curious. Don’t assume you understand what has them worried, and don’t jump in with a solution
- Ask open-ended questions, unpack their worry or sadness, have them “play you the movie”

When should you be concerned it might be something more serious?

You should arrange for a mental-health evaluation for depression or anxiety if your teen exhibits these behaviors/emotions:

- Sustained hopelessness or despair
- Total loss of interest in friendships or hobbies
- Feelings of worthlessness or guilt, along with anxiety

For the latest on Ohana news and updates, please go to montagehealth.org/ohana
Do medications really expire? Are generic drugs the same as name-brand?

Solving the mysteries in your medicine cabinet

There’s a whole lot to know and understand about your daily medications, which is why your friendly pharmacist spent four years burning the midnight oil at pharmacy school. We put some of the most common questions to Rachel Badger, a pharmacist at Community Hospital of the Monterey Peninsula.
PULSE | Do medications really expire?

RACHEL BADGER | An expiration date is the last date at which the manufacturer can still guarantee the full safety, purity, and effectiveness of the medication. Pharmacists are often asked if a medication can be used beyond the labeled expiration date. My professional answer is: Of course not! But here is a little information on the expiration date controversy: The Food and Drug Administration (FDA) has a program called the Shelf-Life Extension Program (SLEP) that checks long-term stability of federal drug stockpiles. In very specific situations, SLEP allows for extension of expiration dates on medications stored in military facilities up to 10 years beyond the original expiration date. There was also research published in Annals of Internal Medicine that is commonly cited in the expiration-date debate. It reports that a small study in 2012 on decades-old prescription medications found that 12 of 14 medications studied retained up to 90 percent of their potency. That, along with SLEP, has prompted many people to wonder if their expired medications can still be used. I’ll leave you with this: SLEP only pertains to medications stored in their original sealed containers, in a military facility, under temperature conditions specified by the manufacturer. (Most prescriptions are not dispensed in their original container. And how have you been storing that bottle?) I don’t recommend it, but if you choose to use medications beyond their expiration date, never take a chance on biologics, nitroglycerin, insulin products, and liquid antibiotics. To help ensure your medications remain potent, store them according to manufacturer recommendations. Bathroom medicine cabinets, car glove boxes, and purses are the worst locations. Pick a cool, dry place that is out of reach of children.

P | Why won’t my doctor give me antibiotics for my cough or sinus issues?

RB | Many people think antibiotics will “cure” just about anything. The truth is, they are effective for some things and, in other cases, can actually do more harm than good. Two types of germs cause most infections: viruses and bacteria. Antibiotics work by killing or stopping the growth of bacteria; they don’t do anything to treat a virus. Viruses cause colds and flu, runny noses, most coughs and bronchitis, and sore throats. Bacteria are more likely culprits in most ear infections, some sinus infections, and strep throat. There are overlapping symptoms of bacterial and viral infections that your doctor will consider in deciding how to treat you.

If your doctor won’t prescribe an antibiotic, don’t go doctor shopping for a Z-Pak (Zithromax antibiotic). Bacteria are tricky little bugs that adapt to survive when exposed over and over to antibiotics. The more unnecessary antibiotics prescribed, the more likely we are to see bacteria resistant to available antibiotics. Then, treating the infections can become difficult or even impossible. Taking antibiotics when you don’t need them can also cause side effects and increase the risk of secondary stomach infections.

The common cold typically lasts 7 to 10 days and there is no known cure. Ask your doctor what you can do to improve your symptoms, and what the game plan will be if you’re still ill in one to two weeks.

P | Why do I have to take the full course of antibiotics if I’m already feeling better?

RB | When you’re prescribed the right antibiotic, you should start to feel much better in 24 to 48 hours, but that doesn’t mean the bacteria are gone. Skipping out on the full course of antibiotics can allow resistant bacteria to survive and infection from a “stronger” bug to come back. Always take the full course of antibiotics prescribed, and never take old antibiotics you may have at home.

P | How can I avoid catching a cold?

RB | Wash your hands often with soap and water. Avoid touching your eyes, nose, and mouth with unwashed hands. And try to stay away from people who are sick.
Why can’t I take somebody else’s medications if they aren’t using them anymore?

RB | Short answer: It’s illegal, in California and federally.
Longer answer: Sharing medications can also be unsafe. Your condition may not be the same as theirs, and their medication may not only fail to cure you, it may actually cause harm. Before prescribing medication, your doctor should evaluate your symptoms as well as many patient-specific factors including your size, age, allergies, and interaction with other conditions you may have or medications you may take.

Are generics different than the name brand?

RB | The FDA requires that generic medications have the same active ingredient, dosage form, and route of administration as their brand-name counterparts. Generic manufacturers are also required to meet the same manufacturing and packing standards as brand-name products. In fact, some generics are made in the same manufacturing plants as their branded counterparts. There can be slight variation in the concentration of active ingredients and the makeup of inactive ingredients. In most cases, these differences actually make no difference. When in doubt, ask your pharmacist.

Is it OK to dispose of any medications in the trash?

RB | When you no longer need your medications, get rid of them. But do it properly. Community Hospital provides two medication disposal bins for anyone to use: one for controlled substances such as pain medication, sleep aids, and some anxiety medication; and one for non-controlled substances, including blood pressure and diabetes medication. Using designated disposal bins prevents medications from contaminating landfills and water, and it helps reduce drug misuse and abuse. (For a list of locations with drug bins, go to chomp.org/prescribesafe.)

To safely dispose of many prescription medications:

- Remove medications from their original containers and mix them with something undesirable (rubbing alcohol, coffee grounds, dirt, or cat litter). This makes the medication less appealing to children or pets and unrecognizable to someone who may be looking for discarded medications.
- Put the mixture into something sealable, like a Ziploc® bag.
- Remove or scratch out any personal health information on the labeling before throwing away the package.

Inhalers may be thrown in the trash if they are empty. If you are unsure whether the canister is empty, return it to your pharmacy or a designated bin for disposal.

How important is it to take my medications at the same time each day?

RB | Medications work best when you follow the provided directions. Developing a routine helps keep you on track and prevent missed doses. And it is best to take your medications at the same time each day to maintain consistent drug exposure. If you’re on a complex medication regimen, get a pillbox to help prevent missed doses or accidental doubling up. Or, use technology. Many apps are available to help you manage your medications: Dosecast®, MedHelper®, MyMeds®, and PillPack® to name a few. Every cell phone has an alarm on it; set reminders.

Why am I always asked about my medications during doctor visits? Isn’t everything in the computer?

RB | Electronic medical records and shared health databases are becoming more common, but information can fall through the gaps. It’s a good idea to keep a copy of your medication list and medication allergies in your wallet. Do you travel often? Do you have multiple doctors? Do you fill prescriptions at multiple pharmacies? If the answer is yes, you want to make sure you can communicate your health information to new providers (just in case you wind up in an ER while on that ski vacation) and between providers. Your list should include the name, dose, and directions for use. It’s also important to know what you can’t take. If you have allergies, list them and include the reaction you experienced. If your doctor recommended you avoid a certain type of medication, list that, too. And don’t forget to update your list when changes are made.
With Montage Health funding support, CSUMB offers new physician assistant degree

To help satisfy a glaring need for more highly skilled medical professionals, California State University Monterey Bay (CSUMB) this year became the first university in the 23-campus system to offer a master’s degree program to train physician assistants.
The Master of Science Physician Assistant (MSPA) program seeks to build a healthcare-provider workforce designed to make a significant impact in Monterey, Santa Cruz, and San Benito counties, particularly in underserved communities. Montage Health is supporting the effort with $600,000 in funding over three years. The first class started in January 2019 with 32 students enrolled in the intense, 28-month program.

“There are a lot of people, particularly in the agricultural community and in smaller towns in the southern part of Monterey County, who don’t get adequate care and don’t have good, if any, health insurance,” says Dr. Alfred Sadler, a pioneer of physician assistant (PA) training in the United States since 1969 and a cofounder of the CSUMB program. “We also wanted to better serve the large Hispanic population in the area, which is why we included a full year of conversational medical Spanish in the curriculum.”

CSUMB’s program was the brainchild of the CSU Chancellor’s Office and Julio R. Blanco, former interim provost and vice president of Academic Affairs. In 2013, Blanco solicited the expertise of Sadler and attorney Mike McMillan, an executive of Cypress Healthcare Partners in Monterey. In 2015, the university recruited Britt Rios-Ellis from CSU Long Beach to serve as dean of CSUMB’s new College of Health Sciences and Human Services.

Professor Christopher Forest, a certified PA, was recruited from the University of Southern California to serve as program director after 10 years as a faculty member in the PA program at the prestigious Keck School of Medicine. Forest hired Dr. Valerie Berry and PA Sheila Siegel from the Stanford PA program to join the CSUMB faculty.

The first class is a diverse group including Caucasian, Latino, African-American, and Asian students, many of whom understand firsthand what it is to be underserved. Interest in the program was strong, with 1,658 applicants for the 32 spots. Forest anticipates nearly twice as many applicants for the second class.

“We’re interested in well-rounded applicants with a heart for service who show potential and a strong trajectory,” Forest says.

Sadler, an internal medicine specialist, became the first president of the Association of Physician Assistant Programs in 1972, and he has been a crusader for the profession since. Sadler and his twin brother Blair, a lawyer, helped create the PA program at Yale Medical School in 1970. Today there are 238 programs in the U.S., responsible for graduating more than 125,000 PAs.

“As a physician, having a good PA is comparable to working alongside a competent physician colleague — a person who is very well-trained, who can see patients and then discuss them with you at a highly educated level,” Sadler says.

Sadler compares PA program training to a “mini-medical school.” Students in the CSUMB program, spend their first year studying clinical medicine, anatomy and physiology, pharmacology, physical examination, diagnostic evaluation, communication skills, and surgical procedures. The second year consists of clinical rotations in family and internal medicine, pediatrics, obstetrics/gynecology, mental health, emergency medicine, and general surgery. For an elective rotation, students may select from specialty areas such as cardiology, dermatology, orthopedics, neurology, and infectious disease.

A hybrid semester, the final four months, includes clinical and public health projects and professional components to ensure that graduates are prepared to pass the national board exams and to enter practice as part of a medical team, in collaboration with doctors.

Clinical rotations will take place with area hospitals, including Community Hospital of the Monterey Peninsula, Natividad, Salinas Valley Memorial Healthcare System, and Mee Memorial, and Dominican hospitals, as well as with multiple medical groups.

CSUMB students will receive on-the-job supervised training from doctors and PAs at those locations, with access to state-of-the-art technology, including simulation centers with computerized “mannequin” patients.
Students also receive instruction on mindfulness training, work-life balance, nutrition, cultural sensitivity, and patient counseling.

“I came from an amazing program at the University of Southern California, and Dr. Valerie Berry and PA Sheila Siegel bring years of experience from Stanford’s program,” Forest says. “We’re combining the best ideas from USC and Stanford to create what we consider an ideal state-of-the-art program.”

For more information about the program, go to csumb.edu/mspa

As a physician, having a good PA is comparable to working alongside a competent physician colleague — a person who is very well-trained, who can see patients and then discuss them with you at a highly educated level.

—Dr. Alfred Sadler

WHAT DO PHYSICIAN ASSISTANTS DO?

Generally, PAs can:

- Take medical histories
- Conduct physical exams
- Diagnose and treat illness
- Order and interpret tests
- Develop treatment plans
- Prescribe medication
- Counsel on preventive care
- Perform procedures
- Assist in surgery
- Make rounds in hospitals and nursing homes
- Do clinical research

The physician assistant profession was recently ranked No. 1 among the top 100 healthcare jobs by U.S. News and World Report. New graduates can expect to be hired at a salary in excess of $100,000, and the average salary in California is $125,000, second-best in the U.S.

SOURCES: U.S. News and World Report and American Academy of Physician Assistants
Monica Muñoz boarded the plane and buckled up, grateful that she didn’t need a seatbelt extender and pleased that she wasn’t taking up more than her seat. Yet the passenger in the seat beside her was not pleased. After sizing up Muñoz, he implored a flight attendant to move her.

The flight attendant encouraged him to take his seat. Although he finally did, Muñoz stood and prepared to move. When he reconfirmed that he now was willing to sit next to her, she replied, “Perhaps, but I am not willing to sit next to you.”

Muñoz had recently undergone weight-loss surgery, a procedure called bariatric vertical sleeve gastrectomy. The stomach is reduced to about 20 percent of its original size; people feel full more quickly, so they don’t eat as much and lose weight.

She had already lost some weight by the time she boarded that plane, but her seatmate couldn’t see that. More importantly, he couldn’t see that the core of who she was, at any weight, was worth getting to know.

Muñoz, who was born and raised in Salinas, was 12 years old when she developed agoraphobia, an anxiety disorder that caused her to fear and avoid places and situations that left her feeling panicked, trapped, helpless,
or embarrassed. For months, she was unable to leave her home. She also began to gain weight.

By her late 20s, Muñoz had tried every diet and exercise program she could find. A personal trainer told her she must be eating wrong. Weight Watchers® told her she must not be exercising.

“I had reached the point where I could not continue on the same road,” she says. “It was scary to watch my weight continue to climb, and to wonder how far it was going to go.”

In 2016, she met with Dr. Mark Vierra, a gastrointestinal surgeon who founded the bariatric surgery program at Community Hospital of the Monterey Peninsula. By then, she was carrying 310 pounds on her 5-foot-2-inch frame.

They discussed her history, her health, and surgical options. He explained the available procedures, their potential benefits and risks. She was apprehensive.

“I said, ‘If I were your daughter, what would you tell me to do?’ I could tell he cared about me,” she says. “The most important message he gave me was that my success would be based on my willingness to change. I could want to change, but unless I was willing to do so, it wasn’t going to happen.”

Muñoz approached her surgery and weight-loss journey the same way she had addressed her agoraphobia. “I realized, with any journey, you have to learn to be OK with being uncomfortable, pushing yourself more than you did before.”

“I know everyone’s experience is not the same,” says Muñoz, “but my recovery was very easy. When you’re in a good place, and everyone knows what they’re doing, it tends to go smoothly.”

The surgery marked the start of what Muñoz calls her journey toward health and wellness. She has modified not only the amount she eats — her stomach can accommodate only a little at a time — but also the quality of her diet.

“I create balanced meals for a balanced life. I eat natural, healthy, wholesome foods, with enough proteins, fruits, and vegetables. Instead of focusing only on what tastes good, I pay attention to what nourishes me. Before, I didn’t really taste my food. Now, when I can eat only a little at a time, I set up the perfect bite and savor it.”

Muñoz also incorporates a diverse exercise program into her daily routine. She works out at a gym. She hikes local trails. And she set up a backyard “warrior” routine at home, with a kettle bell, agility ladder, punching bag, and battle ropes, with plenty of room to run. In May she completed a spartan race, a grueling obstacle course.

“I used to fall into the trap of comparing myself to others,” Muñoz says. “Now when I work out, it’s just me against me. Or maybe for me. Every day I’m learning and trying to better myself. I’m proud of myself, but I want to keep challenging myself. It’s important to love yourself at any weight, but had I accepted myself at 300 pounds, I wouldn’t be where I am today: so much happier and healthier.”

Two years after her surgery, Muñoz had lost 108 pounds, more than a third of her weight.

“Having weight-loss surgery is a very personal decision,” she says. “I am very open about mine, and I am happy to share my story with others if it will help them in some way. But people need to make their own decisions. When you do this for the right reasons, it works better.”
Weight-loss surgery veterans share lessons learned

Pinkie Weesner approached weight-loss surgery with a clear-eyed view of what it could — and couldn’t — do.

“I knew the surgery wasn’t magic; it was a tool, a lift up into the stirrup,” Weesner says. “From there, I needed to do the work. It wasn’t easy, but I wanted it.”

That perspective and her commitment have paid off. Eight years later, she’s lost half her body weight and she’s also shed numerous medications that she no longer needs.

To help stay on track, Weesner attends a support group offered by Community Hospital of the Monterey Peninsula for people who have had weight-loss surgery. She and three other participants shared their experiences and their advice.
Procedure: Roux-en-Y gastric bypass, September 2011

Why: I’m 5-foot-1. I quit weighing myself at 260 pounds. I wasn’t comfortable sitting up or lying down, in my clothes or out of them. I’m a therapist and I had a client who was demonstrating resistance to therapy. I thought, “Why is this client so resistant to a path of change?” And then I realized I needed to ask myself the same question. I thought, “I got myself into this mess, I ought to be able to get myself out.” Then I realized that surgery was the way to get myself out of this mess.

How did the surgery change your life? I got my life back! I lost 20 pounds in preparation for the surgery, and 130 pounds total — half of me — in nine months. I no longer take blood pressure or cholesterol medication, only thyroid; and I’m religious about vitamins and supplements.

Staying on track: I’m really thoughtful about dessert choices, about which are better for me. And I never shop in the freezer section. Only the perimeter of the store, where food is fresh.

What would you tell people considering surgery? Food is not love, and love is not food. Find as many people as you can and ask about their journey. If you comply with your doctor’s orders, you will be successful.
Procedure: Vertical sleeve gastrectomy, December 2016

Why: I had the surgery mainly because of family history. My father passed away from a heart attack, and everyone on his side of the family suffers from high blood pressure or cancer, as does my mother’s side. I started gaining weight at age 7 or 8. As I got older, I’d lose 100 pounds and then gain 120. I tried every diet, but was unsuccessful and felt really deflated. I was on the fence for about five years about doing a procedure, but was gathering information.

How did the surgery change your life? It completely changed my life. I’ve lost close to 140 pounds and kept it off. I have more energy than I’ve had my entire adult life. At the beginning of my journey, I’d try to walk, but was out of breath in a couple of blocks. My most recent walk covered 23 miles. Some changes are so subtle they’re not even on your radar: sleeping better, having more mobility and the confidence that grows from that. I was on eight prescriptions; I’m now on only one for thyroid. I’m astonished.

Biggest challenges: The surgery was more emotionally than physically taxing for me. I’m an emotional eater; if I’m happy or stressed, eating is my security blanket. My stomach now has a permanent restriction, so there’s only so much I can eat. The first year, it was very important to get all my protein and to hydrate, so I was retraining myself how to eat.

Staying on track: Staying on track: I keep a health journal; I can express how I’m doing and how I feel about it. I also have a program, MyFitnessPal®, to log my nutrition. When I do feel a moment of discouragement, I walk to the grocery store, I fill two bags with groceries that weigh close to the 140 pounds I’ve lost. Then, I walk the mile home, thinking about how I used to carry that weight every day, and celebrating how far I’ve come instead of being critical.

What would you tell people considering surgery? You need to be informed and take time making your decision. You need to hear the real positive and negative.
**Procedure:** Vertical sleeve gastrectomy, January 2016

**Why:** I had my daughter and then, three years later, triplet sons. I became overwhelmed and depressed and started eating more, which became a lifestyle. Once I decided I wanted to feel better, to be more active for my kids, I started looking into bariatric procedures to determine which would be best for me. While I was losing weight and going through pre-op procedures, I had a heart attack, which required another two years to be ready.

**How did the surgery change your life?** I have lost 138 pounds and feel I have a little bit more to go. Now I have more energy and feel better about myself.

**Biggest challenges:** Getting in exercise is hard; I have an active job, but I need to develop a habit of exercise, a routine that works for me. At first, a big challenge for me was preparing my meals in advance. When I don’t, my eating is all over the place.

**Staying on track:** I threw away every article of clothing that was big, so I have to stay in the clothes I have now. After all those years of pounds creeping up, I’m trying hard not to fluctuate. It’s also good to have long-reach goals, but some of us just need to make a goal for lunch. I don’t overthink it. I keep it simple.

**What would you tell people considering surgery?** Do your homework. Make sure this is really something you want to do, to stick to. Read everything, follow everything. What your doctors tell you is key.
Elizabeth Rodriguez

Procedure: Vertical sleeve surgery, August 2017

Why: I had been having some fatty liver issues, partly due to a lot of yo-yo dieting over the years. I could lose weight, but I would gain it back. I’ve lost 72 pounds, which was my goal. I am healthier, my liver is healthier.

What held me back at first was that I didn’t want to be the person to whom everybody says, “You took the easy way out via surgery.” It isn’t easy.

How did the surgery change your life? The outcome has rejuvenated me, given me a sense of confidence on a personal and a professional level. Losing weight made me more empathic to people in their struggles; in all ways really, but with weight especially.

Biggest challenges: I was supposed to take two weeks off from work, but I took six weeks. I had a vitamin B1 deficiency and had to have shots every day. I also had an abdominal hernia, so I had surgery for that. A lot of people don’t talk about the mental health piece. I’m a therapist myself, so I thought, “I’ve got this.” But I see a therapist twice a month because there’s a lot going on within about why I got where I was. This experience actually led me to work on becoming a certified bariatric counselor.

Staying on track: My support group has become my second family; it’s where I go to be held accountable. I get together with friends who are on the same path; networking helps me. I exercise; walking works for me. I don’t like to live by the scale. People tend to fixate on numbers; I focus on my health.

What would you tell people considering surgery? Prepare for an up-and-down journey. Ask a lot of questions; even the dumb questions. I had great doctors and a great support system. You have to do it on your own terms, when you’re ready.
Is weight-loss surgery right for you?

Bariatric surgery is designed to help people lose and keep off large amounts of weight to improve health and quality of life. Being severely overweight increases the risks of heart disease, high blood pressure, diabetes, arthritis, sleep apnea, cancer, and depression.

**You may qualify for bariatric surgery at Community Hospital if you have:**
- Body mass index (BMI) between 35 and 40 and two severe, obesity-related illnesses, such as diabetes, sleep apnea, high blood pressure, joint disease requiring joint replacement, or heart disease
- Body mass index higher than 40
- Tried to lose weight without success

The first step is to attend an informational seminar, held monthly in both Monterey and Salinas. Find a schedule at [chomp.org/weightloss](http://chomp.org/weightloss)

Community Hospital offers the two minimally invasive (laproscopic) weight-loss procedures found to be the safest and most effective:
- Gastric bypass
- Vertical sleeve gastrectomy

**GASTRIC BYPASS**

In gastric bypass, the stomach is divided into two parts — an upper pouch about the size of a thumb, and the lower part, which contains well over 95 percent of the volume of the stomach. The small intestine is then divided and brought up to the small pouch so that food goes directly from the esophagus through the tiny gastric pouch and into the small intestine, bypassing the stomach. Because food does not enter the main part of the stomach, people generally can’t eat as much as quickly as they once did. There are also hormonal changes that probably help feelings of hunger go away more quickly once you start to eat. There appear to be some unique hormonal changes with a gastric bypass that may help treat type 2 diabetes, as well.

**VERTICAL SLEEVE GASTRECTOMY**

In vertical sleeve gastrectomy, approximately 80 percent of the stomach is removed. This part of the stomach generally stores food after meals. Because the storage part of the stomach is removed, sleeve gastrectomy patients cannot eat as much as quickly at one time, contributing to weight loss. Food enters the small intestine more quickly, which may help hunger go away more quickly after eating, and there are hormonal changes that may also diminish hunger.
Journalists Kate Callaghan-Green and Dan Green share a different kind of story — their own — about their cancer journey

Former KSBW news anchor Kate Callaghan-Green and her husband, KSBW news anchor Dan Green, were the featured speakers at the Montage Health-sponsored Cancer Survivors’ Day August 3. They shared a very personal journey that has brought Kate into the community of cancer survivors.

That journey started when Kate noticed a tiny lump below her right ear. Concerned but not alarmed, she contacted her ear, nose, and throat specialist. After examining the nodule, the doctor explained that it was related to one of her parotid glands, the salivary glands we all have, which can become blocked at times. In the absence of pain or discomfort, they decided to keep an eye on it.
Two years later, the lump began to grow, and Kate experienced a slight numbness along the right side of her jawline. Her doctor confirmed that the skin was changing and ordered an MRI. The diagnosis was squamous cell carcinoma growing around the parotid gland.

The malignancy was not in the gland but surrounding it. Kate underwent surgery by Dr. Kenneth C. Nowak to remove the cancer. Surgery was followed by a lengthy course of radiation therapy, five days a week for seven weeks. And then, she was cancer-free.

“My deepest thanks go out to Dr. Nowak and the entire Radiation Oncology staff at CHOMP, led by my radiation oncologist Dr. Bradley Tamler,” says Kate. “Without this amazing group, I could have had a very different experience on so many levels.”

Early in the journey, Kate and her husband picked a time to tell their sons, then 9 and 11, about “Mommy’s cancer.”

“The boys had heard the word cancer, but they really didn’t know what it entailed,” says Kate. “Still, they were on board right away, ready and willing to help. When our youngest asked if I were going to die — I still get emotional — I told him, ‘You’ll be driving me around when I’m 80; you’re not getting rid of me that fast.’”

She laughs at the memory, then her eyes fill with tears.

“Dan took me to radiation every day, brought me home, and tucked me in,” she says. “With work, two kids, and my situation, I don’t know how he did it. I slept a lot; it was tiring. And it was scary. One of the hardest things was that I couldn’t do everything I was used to doing. Dan had to take the lead on so much. But he had this, and I had to learn to let go, to let him help me.”

August, the time of the annual Cancer Survivors’ Day gathering, marks two years that Kate has been cancer-free.

“Staying positive and being in a place to motivate and encourage others is wonderful. But I normally don’t like to talk about me. That’s hard to do. My job was always to tell the stories of others. Now, I’m doing the sharing and am so grateful to be able to do so.”

—Kate Callaghan-Green, patient
Building a healthier Monterey County with Blue Zones

Just when you thought Monterey County was a pretty amazing place to call home, you can look forward to the area becoming an even healthier, happier place to live, work, and play.

Meet Blue Zones Project® Monterey County.

Blue Zones are places in the world with the highest proportion of people who reach age 100. These longevity hotspots are a varied group: Okinawa, Japan; Sardinia, Italy; Nicoya, Costa Rica; Ikaria, Greece; and Loma Linda, California. But they share nine common characteristics — the Power 9®, summarized in the accompanying graphic. Blue Zones Project is built on the idea that applying these nine principles can help you live longer and better.

Blue Zones Project is being brought to Monterey County through the collaboration of Salinas Valley Memorial Healthcare System, Taylor Farms, and Montage Health, in partnership with Sharecare, Inc. and Blue Zones, LLC. Monterey County is the first Blue Zones Project demonstration site in Northern California and joins 48 communities in 11 states in the effort to achieve visible and measurable successes.

Drawing on more than 200 evidence-based practices, Blue Zones Project helps leaders, restaurants, schools, faith-based organizations, grocery stores, and worksites make sustainable changes that encourage healthier choices. The project makes healthy choices and activities easier through permanent and semi-permanent changes to a community’s buildings and space, policy, and social network.

The project will begin its focus in Salinas before expanding to other areas of Monterey County. Although Salinas often carries the nickname “Salad Bowl of the World,” many Salinas residents suffer from food insecurity, and 3 in 7 don’t eat enough fruits and vegetables. Seven in 10 are overweight or obese, half of residents struggle with hope and purpose, and high diabetes and cancer rates are major concerns.

After a major kickoff event held in June, Blue Zones Monterey County leaders are now in the “planning and planting” phase, gathering community input and developing a comprehensive plan for making healthy choices easier.

To get involved, visit montereycounty.bluezonesproject.com

A time for growth

**SUMMER 2019**

**PLANNING AND PLANTING**

Based on successful Blue Zones Project practices and community input, key stakeholders and community leaders approve a comprehensive plan for making healthy choices easier in Salinas. Volunteer committees and ambassadors help individuals and organizations take action.

**FALL 2019–2023**

**GROWTH ACROSS SALINAS**

Action continues across neighborhoods and within worksites, schools, grocery stores, restaurants, and other groups. New and revised policies and programs support easier access to healthy food and spaces.

**FALL 2023**

**HARVESTING RESULTS**

Blue Zones Project Salinas and community partners measure and share results achieved against specific plan targets, with the goal of becoming a Certified Blue Zones Community® and celebrating our collective success.
Experience Blue Zones Project

Start creating a healthier, happier life today.

Be a part of transforming well-being so the healthy choices become easy choices for you and your community.

**Power 9 — Live longer by applying these principles from people who have lived the longest.**

1. **Move naturally.** Find ways to move more. You’ll burn calories without thinking about it.
2. **Purpose.** Wake up with purpose each day to add up to 7 years to your life.
3. **Downshift.** Reverse disease by finding stress relieving strategy that works for you.
4. **80% rule.** Eat mindfully and stop when you’re 80% full.
5. **Plant slant.** Put less meat and more plants on your plate.
6. **Wine at 5.** Enjoy a glass of wine with good friends each day.
7. **Right tribe.** Surround yourself with people who support positive behaviors.
8. **Loved ones first.** Invest time with family and add up to 6 years to your life.
9. **Belong.** Belong to a faith-based community and attend services 4 times a month to add 4–14 years to your lifespan.
Under the weather? No time to go to the doctor? Try an eVisit

Montage Health is now offering eVisits, enabling you to use your smartphone, computer, or mobile device to get an online diagnosis and treatment for common medical conditions.

The new service is part of Montage Health’s ongoing efforts to increase access to healthcare. eVisits are available to anyone 18 or older, and can be used for minor children when completed by a parent. Cost is as little as $25, similar to an office co-pay fee.

Below are answers to some frequently asked questions.

How does it work?
Users set up an account in a few steps, then sign in and answer questions about their condition. The number and type of questions will depend on your condition, but it should take less than five minutes.

When will someone get back to me?
You will get a response within one hour.

Who reviews my condition and provides the diagnosis?
Your symptoms will be reviewed by a licensed clinician — a doctor, nurse practitioner, or physician assistant — from Montage Medical Group or United Concierge Medicine. They will make a diagnosis and develop your treatment plan.

What kinds of conditions do you diagnose and treat?
eVisits are used to diagnose and treat a variety of common conditions, including colds, sinus infections, bladder infections, rashes, and acid reflux.

When are eVisits available?
eVisits are available 24 hours, 7 days a week.

What if you can’t provide a diagnosis?
If your health concern can’t be addressed through an eVisit, you may be directed to a clinic for care. If this is the case, you will not be charged for your eVisit.

How much does an eVisit cost?
Online interviews are $25. Depending on your employer or insurance, the eVisit may be provided at a reduced rate. Check with your employer to see if you qualify. You can pay with a credit card or a health savings account (HSA) card.

Is my eVisit covered by insurance?
You can submit your receipt to your insurance company, but we can’t guarantee you will be reimbursed.

Do you take Medicare?
Medicare patients are welcome to use eVisit; however, your eVisit is not currently reimbursable, so you will pay out of pocket.

Can I get a prescription?
eVisit clinicians are licensed and able to prescribe certain medications as part of your care plan, if appropriate. Your treatment plan will include a link to have your prescription filled. You select the pharmacy of your choice and send the prescription. (Note that we do not provide prescriptions for pain medications or narcotics.)

Will my prescription be covered by my insurance?
Most pharmacies accept most insurance plans. Please verify that the pharmacy you select is within your covered network before sending your prescription. If needed, you can request a pharmacy change by calling eVisit support at (831) 233-6010.

How do I get more information?
Find more information online at evisit.montagehealth.org
$171 million, 15,284 volunteer hours

That’s how much Community Hospital put back into the community in 2018 to meet healthcare needs and support local organizations. We do it through our Community Benefit Program, working with more than 250 organizations, businesses, and public agencies. The funds and the time cover the cost to care for people who have few resources; support community education on everything from diabetes to cancer survivorship; assist organizations like Gathering for Women, Boys and Girls Clubs of Monterey County, and the Alzheimer’s Association; and much more.

Find details about the Community Benefit Program and beneficiaries at chomp.org/communitybenefit

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<th>IMPROVING ACCESS TO CARE</th>
<th>HEALTH EDUCATION AND WELLNESS</th>
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<tbody>
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<td>Charity care, recruitment of community doctors, covering costs not paid by Medicare and other government programs, etc.</td>
<td>Health fairs, family and patient education and counseling, scholarships, etc.</td>
</tr>
</tbody>
</table>

| FUNDS | $166,130,701 | $3,327,720 |
| VOLUNTEER HOURS | 4,101 | 2,424 |
Community Hospital purchased 312 bicycle helmets for children around Monterey County through a partnership with Ecology Action to promote safety, physical activity, and environmental responsibility.

**BUILDING HEALTHY COMMUNITIES**
Supporting community events, donating supplies to organizations in need, etc.

- **Fund**: $1,317,156
- **Volunteer Hours**: 6,773

**SPECIAL CARE FOR SPECIAL NEEDS**
Mental health information and referrals, chemical dependency assessments, bereavement programs, etc.

- **Fund**: $779,148
- **Volunteer Hours**: 1,986

**TOTAL**

- **Fund**: $171,554,725
- **Volunteer Hours**: 15,284
Corinne Maloch — Employee of the Year

When Corinne Maloch answers the phone at the technology “help desk,” it’s not unusual for the caller to share their relief: “I’m so glad it’s you.” That’s because Maloch has a reputation for calmly and effectively helping people through countless computer challenges. And that’s one of the reasons she was named 2018 Employee of the Year at Community Hospital of the Monterey Peninsula.

Since 2012, Maloch has been a service desk operator in Health Information Technology (HIT), the nerve center of the computer software and hardware behind Community Hospital and other companies in Montage Health. She joined Community Hospital in 2006 on temporary assignment with Communication and Marketing, then moved to Human Resources in 2007.

In HIT, Maloch fields calls on everything from frozen screens to missing files to unresponsive printers, the simple to the serious.

“There can literally be life and death situations happening, so we have to ask the right questions to determine how to dispatch the most appropriate assistance,” she says.

The job has been particularly busy over the last year, as Montage Health installed a new electronic health record, Epic, that affected staff, systems, and patients enterprise-wide. It went live on August 1; and in that month, the help desk logged more than 8,000 requests for assistance.

“People are usually unhappy when they call us,” Maloch says. “I take great satisfaction in making them happy by the time we get off the phone, and I am happiest when I can resolve the issue myself.”

Charlene Webber-Schuss, chief information officer of Montage Health, called Maloch “the heart of the help desk,” when she was nominated for Employee of the Year.

Outside of work, Maloch spends time with her husband Terry and their flock, an assortment of birds that usually includes cockatiels and parakeets. The couple met at Corinne’s first job at Helen’s Donuts in Chico, where she started picking up the customer service skills that have served her, and those she helps, so well.

2018 EMPLOYEE OF THE YEAR FINALISTS

- Genghis Atalima
  Security
- Sabina Gaudoin, RN
  Cardiac Surgery
- Rose Ordonez
  Patient Business Services
- Kenneth Paine, RN
  Cardiac Catheterization Laboratory
- Mario Rimas
  Engineering
- Laurel Schrier
  Financial Services
- Aaron Trice
  Health Information Technology
- Sandra Vazquez
  Administration
- Andrew Wilson
  Laboratory Services
Health experiences and family tradition inspire giving

Kate Wolovsky is a philanthropist and disability consultant and advocate with a substantial background in supporting the well-being of her community. For 17 years she has served as codirector of two private foundations. Since moving to Carmel in 2017, she has helped direct $104,500 in charitable gifts to Montage Health, guided in part by her own experience with the healthcare system.

Kate’s gifts to Montage Health began shortly before her marriage to Aaron Wolovsky. Four years ago, Aaron was in a motorcycle accident that resulted in multiple injuries, including traumatic brain injury, broken back, fractured pelvis with a dislocated femur, and multiple internal organ injuries, to name a few.

Aaron survived, but the road he now travels is long and arduous. After surgery and intensive care, Aaron was moved to Community Hospital of the Monterey Peninsula’s William R. Lewis, MD, Inpatient Rehabilitation Unit (IRU). He spent

My dream is that others in the community interested in making a donation to the hospital will investigate what the actual needs are. It might not seem like a sexy thing to give money for updated microbiology equipment, but if a person is in the hospital waiting to see if they have MRSA, and this equipment will speed up the diagnostic process, that is amazingly important and necessary.”

— Kate Wolovsky, donor
the next two months in the unit focusing on rehabilitation. The accident left Aaron with complex regional pain syndrome (CRPS), a chronic, debilitating condition that can result after severe injury.

Kate, meanwhile, is disabled primarily as a result of multiple sclerosis (MS). Her symptoms vary, come without warning, and can be extreme at times.

Mutual friends thought Kate and Aaron should meet. Knowing each suffered from chronic and often debilitating pain, they imagined the two could forge a supportive friendship. As luck would have it, the two beat their friends to an introduction by randomly meeting beforehand. They were married in December 2017.

“So many gifts have come out of our conditions,” Kate says, “First and foremost is that Aaron and I met. We are each other’s primary caregiver. Our level of mutual understanding of our disabilities is extremely important.”

Even before her MS diagnosis, Kate’s passion was philanthropic advocacy, following in her family’s footsteps. Her great-great grandfather set up a family charitable trust, requiring subsequent generations of trustees to emulate the “loving, caring heart” of Kate’s great-great grandmother in creating a culture of public service.

“If people take care of you, he taught us, you take care of them,” says Kate. “If the community supports you, you support it. And you look for meaningful ways to do that.”

In recognition and appreciation of the care and compassion her husband received during rehabilitation in the IRU, Kate asked its director, Mario Ruiz, what kind of contribution would best benefit the unit.

“Mario said so many people with traumatic brain injuries come through the IRU that staff needs additional training to best treat those patients.” So she funded specialized training.

When Kate learned Laboratory Services at Community Hospital could benefit from additional equipment needed to automate work in microbiology, she funded that.

“My dream is that others in the community interested in making a donation to the hospital will investigate what the actual needs are,” she says. “It might not seem like a sexy thing to give money for updated microbiology equipment, but if a person is in the hospital waiting to see if they have MRSA, and this equipment will speed up the diagnostic process, that is amazingly important and necessary.”

Kate and Aaron are also working with Drs. Reb Close and Casey Grover in support of Prescribe Safe, an initiative created by Montage Health in partnership with Monterey County law enforcement, the four Monterey County hospitals, local doctors, and many others. The initiative guides, educates, and provides resources to reduce misuse and abuse of opioids, promotes the safe use of prescription medications and non-opioid methods of pain management, and suggests recovery avenues for those who are addicted. Through this work, Monterey County has seen a 32-percent drop in opioid deaths in just four years, and Prescribe Safe has become a national model for other communities.

“This kind of work doesn’t happen with just one donor, one gift, one conversation, one department,” says Kate. “It’s a big effort to involve everyone and promote understanding, from the patient side to the doctor side. We need to educate people on alternatives for managing their pain, that it’s OK to be in pain, and that pain doesn’t have to take over one’s life.”

Aaron and Kate Wolovsky are a couple in their 30s who sometimes feel much, much older because of their disabilities. But they’re actively figuring out how to live their lives and contribute to their community.

“We have the benefit of living among talented, amazing, forward-thinking, collaborative people in this hospital and this community,” says Kate. “So my goal is to offer meaningful support and in the process, inspire others to do the same.”

To learn more about the impact of philanthropy at Montage Health, go to montagehealthfoundation.org
Gifts from our community

Philanthropic contributions are crucial to our health.

They help pay for patients who can’t pay for their own care, for new technology to diagnose diseases earlier and treat them more effectively, and for state-of-the-art facilities, designed specifically to promote healing. On the following pages, you’ll see the names of those who generously contributed to Montage Health Foundation in 2018. Who gives? Patients pleased with their care. Neighbors who want to invest in the community’s well-being. Staff members who believe in Montage Health’s mission. Thank you to our donors.
Legacy Society of Montage Health Foundation

A legacy gift is the ideal opportunity to ensure that your philanthropy has meaning and impact into the future. We are grateful to these donors who are using planned giving, such as a bequest in a will, a charitable gift annuity, or endowed fund, to build legacies that are important to them and Montage Health.

If you have included Montage Health Foundation in your estate plan and are not listed here, please let us know so that we may thank you and ensure that your legacy has the impact you desire. Please call us at (831) 658-3630.

A
Judy and Mark Askew

B
Gloria and John Baldwin, MD
Kathy and Gary Bang
Leona Barnett
Betty Bass
Judith and Robert Berglass
Terri and John Brazinsky, MD
Maureen and Jim Brill
Charles Bruner

C
Bill Camille and Mary Stocker
Kevin Cartwright and Steve Eimer
Soon-Hui and Robert Cho

D
Martha and Robert Danziger
Virginia Davis
Judith Derrick
Rose Diaz
Martha Dolley
Margaret and Richard Donat
Nancy and Bill Doolittle
June Duran Stock
Marie Dykeman

E
Lyn and Kent Evans

F
Marguerite McSween Fearn
Robert Feller
Anne Fitzpatrick

G
Mary and Steven Gann
Gail Griggs

H
Doris Hart
Esther Haskins
Marjorie Higgins
Lori and Daniel Hightower, MD
Paul Hoffman
Kip and Jay Hudson
Barbara and William Hyland

J
Gerda and John Paul Johnson
Sue and Mark Johnson

K
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Phyllis Krause
Marilyn and Harold Kren

L
Edith Leach
Eleanor Leheney
Tia Gindick and Ritch Lewis
Duncan and William Lewis, MD
Gail Sheridan and Ralph Love Jr.

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Mary Jean Nieman

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Mary Ann and Richard Pirotte, MD
Shelley Post
Jan and Michael Praisner
Bernice Pratt

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William Reno
Rosemary Rhodenbaugh
Joy Rosales
Shirley and Lee Rosen
Nancy Roth
Gloria Russell

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Ken Schachter and Younghe Oak
Guido Schreiber
Bettina and Mark Schwartz, MD
Eileen and Martin Schwartz
Marv Silverman
Ele Sullivan
Mary and Jon Sutherland
Marta Szemes

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Susanne and William Tyler III

V
James Valentine

W
Maria and Wilhelm Weber
Jackie Wendland
Stephanie and Kim Wigton
Roxanne and Carroll Wilde

Z
Laura Zehm and Paula Black
Madelon Zimner
**Partners in Caring**
The following have achieved remarkable levels of generosity over the years contributing more than $365 million for our community’s healthcare needs.

### $5,000,000 OR MORE

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### $1,000,000–$499,999,999

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Giovanna and Eric Nelson
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P
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Mary Anita Zumach

$50,000–$99,999

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Esther Anderson
Violet Appert
Antone Ara Bia

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Donna Bresendine McDowell and Frank McDowell
Bertie and Mike McElroy
McElroy Family Charity Fund of the Advisors Charitable Gift Fund
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Joan and Peter McKee
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Memorial gifts provide a way for people to express their sympathy when words just don't seem adequate. Friends who have made memorial donations are listed following the names of the person whose memory they honor.

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