FEATURED IN THIS ISSUE
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Irregular heartbeats, or arrhythmia, are a common health issue in our community, so I am pleased to let you know that a specialist in this field is among the latest additions to Community Hospital’s medical staff and our Montage Medical Group’s cardiology practice. You’ll meet Dr. Steven Fowler in this issue of *Pulse*, and learn about the causes and treatments of arrhythmia, especially the most common type, atrial fibrillation.

You’ll also meet Dr. Susan Swick, an innovator in children’s mental health recruited to lead Ohana, the groundbreaking program being made possible by the transformational $105.8 million gift we received last year from Bertie Bialek Elliott.

We marked some milestones this year — the fifth anniversaries of both the Inpatient Rehabilitation Unit (IRU) at Community Hospital and the formation of Aspire Health Plan, our Medicare Advantage plan. The IRU is helping people who’ve experienced a debilitating injury or illness regain skills to live as independently as possible. And Aspire is providing the first ever local comprehensive health insurance option for those covered by Medicare.

This issue also includes an introduction to MyChart, a new, free way to help manage your health. MyChart is our online patient portal, where you can view your medical information, review lab and imaging results, pay medical bills, and more. It is part of our new electronic medical record system, Epic, which is used by thousands of hospitals and other healthcare providers in the country. That means it’s now easier for you to share your information with those involved in your care, giving them a more complete picture of your history, reducing duplication, and increasing efficiency. If you haven’t signed up for MyChart already, we hope you will.

Steven Packer, MD
President/CEO

From the president
As part of our commitment to responsible environmental practices, Pulse is printed on recycled paper.
Getting your heart back in rhythm

Dr. Steven Fowler on causes, treatments of irregular heartbeat

Racing, pounding, a skipped beat, or fluttering. Many of us have experienced heart sensations like these. It’s usually not serious, often just too much caffeine or too much stress. But if the sensations persist, you should talk with your doctor, says Dr. Steven Fowler, a specialist in arrhythmia, or irregular heartbeat, at Montage Medical Group’s cardiology practice.

Fowler was recently named Community Hospital’s medical director of clinical cardiac electrophysiology, which deals with the heart’s electrical system. Before coming to Monterey, Fowler was with New York University’s Heart Rhythm Center, where he was director of Inherited Arrhythmogenic Disease and Genetics and an associate professor. In an interview, Fowler talked about symptoms, treatments, and what’s new in the world of heart arrhythmia.

PULSE: Can you help us understand what arrhythmia is?

FOWLER: Arrhythmia is a term for heart rhythms that are too fast and/or too slow. Fast is called tachycardia arrhythmia. Slow is called bradycardia arrhythmia. The most common is atrial fibrillation, or Afib, in which the upper chambers of the heart beat out of coordination with the lower chambers, so blood can’t move through the heart effectively.

PULSE: Why does an arrhythmia develop?

FOWLER: The number-one risk factor, unfortunately, is age. As people get older, the wiring sections of the heart get older and slower, a little bit like the electrical circuitry of a house. It basically needs to be updated. Lifestyle is also related to arrhythmia, with risk factors including high blood pressure, obesity, and diabetes. The cause could also be structural; fast arrhythmia often comes from a situation where one of the heart’s valves or its chamber sides might be a little bit different than they should be.
As people get older, the wiring sections of the heart get older and slower, a little bit like the electrical circuitry of a house.

— Dr. Steven Fowler, Medical Director
Clinical Cardiac Electrophysiology
**PULSE:** Are there symptoms?

**FOWLER:** One warning sign is loss of consciousness. A lot of people who pass out are going to justify it based on their life: “I didn’t eat breakfast. I stayed at the gym a little bit too long. I was excited about my grandkids coming over.” But if you lose consciousness out of nowhere, you need to see a doctor. We evaluate the brain or the heart, and oftentimes it’s actually the heart-rhythm section that’s changing, causing you to pass out. If you feel your heart racing or skipping, or if you’re getting short of breath out of nowhere, those are also warnings.

**PULSE:** How do you diagnose arrhythmia?

**FOWLER:** One of the most common tests is an electrocardiogram (EKG), which allows us to see both the fast and slow types of rhythm. For the test, electrodes attached to the chest and limbs transmit readings of the heart’s electrical impulses to a monitor. We can quickly tell whether the rhythm is normal.

**PULSE:** How do you treat arrhythmia?

**FOWLER:** Depending on the type and severity, we may prescribe medication, such as a blood thinner or beta blocker. We may do a procedure such as cardioversion, which shocks the heart back into rhythm, or ablation, in which tissue believed to be causing the irregular beat is heated and destroyed. Or we might implant a device such as a pacemaker or defibrillator.

**PULSE:** Can arrhythmia be prevented?

**FOWLER:** Lifestyle has a lot to do with it. If you’re keeping your blood pressure under control, don’t have diabetes, and are watching your diet and weight, you’re not as likely to develop an arrhythmia.

**PULSE:** Can arrhythmia lead to a heart attack or a stroke?

**FOWLER:** Heart attacks are related to plumbing issues, not electrical ones. Heart-rhythm issues can lead to sudden cardiac arrest, which can take your life. Fast rhythms that stop and start, especially atrial fibrillation, are a major cause of stroke. People say, “I was healthy. I don’t have traditional risk factors for stroke, but I had one.” It’s often in the heart-rhythm problem that’s lurking in the background. For some patients with Afib who can’t take blood thinners, a new device called Watchman™ can be implanted to help reduce the risk of stroke. The device is implanted to close the heart’s left atrial appendage. For patients with Afib, more than 90 percent of stroke-causing blood clots that develop in the heart are formed in this appendage.

**PULSE:** What else is new in the way of treatment?

**FOWLER:** We’re very much in an era of amazing growth in related technology. For a slow arrhythmia, we now have pacemakers that are literally the size of a dime that can be implanted entirely in the heart, through just one puncture in a leg vein. There are no wires. It’s a kinetic battery and the movement of the heart actually charges the battery, something like a kinetic watch. We’re typically getting more than 10 years of battery life from this amazing little device, called a Micra pacemaker. For a fast arrhythmia, we’ve really come into our own with ablation, radio-frequency heat energy that can basically short-circuit and stop dangerous types of rhythms, such as atrial fibrillation. Now, with very high precision, we can find the circuits that are causing problems and eliminate them, leaving the rest of the heart alone. We know exactly where we have to go, within millimeters, and it’s all done with a simple in-and-out kind of procedure. You stay overnight with us, and then you’re usually good for years.

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**FOR MORE INFORMATION**

chomp.org/heart  
Montage Medical Group (831) 647-1123
Your heart has a natural pacemaker, called the “sinus node,” that makes electrical signals. These signals cause the heart to contract and pump blood.

The illustrations above show normal conduction and contraction.

With atrial fibrillation, random electrical activity interrupts the normal conduction rhythm. This prevents the atria from properly contracting.

In atrial fibrillation (AFib), the heart’s two small upper chambers (atria) don’t beat the way they should. Instead of beating in a normal pattern, the atria beat irregularly and too fast, quivering like a bowl of gelatin. It’s important for the heart to pump properly so your body gets the oxygen and food it needs.

Normally, your heart contracts and relaxes to a regular beat. Certain cells in your heart make electric signals that cause the heart to contract and pump blood. These electrical signals show up on an electrocardiogram (ECG) recording. Your doctor can read your ECG to find out if the electric signals are normal.

Among the ways to treat arrhythmia are:

- Medication
- Cardiac defibrillation and implanted cardioverter defibrillators (ICDs)
- Cardiac ablation
- Surgery

What is defibrillation? It’s a way of returning an abnormal heartbeat to normal with a very brief electric shock.

An implantable cardioverter defibrillator (ICD) may be placed under the skin of the upper chest to give shocks and/or work as a pacemaker. It knows when the heartbeat isn’t normal and works 24 hours a day.

What is ablation? It’s a way to fix an arrhythmia and get your heart to beat normally.

It’s done by putting a thin tube (catheter) in your vein and guiding it to the heart muscle. The tip of the catheter delivers a burst of energy that destroys the very small areas of heart tissue that are causing the abnormal electrical signals.

Source: American Heart Association, www.heart.org
Epic system designed to make care safer, more seamless

Montage Health has implemented a new, sophisticated electronic health record (EHR) called Epic that enables healthcare providers to deliver safer, more seamless, comprehensive care for residents and visitors of Monterey County. Epic also provides patients with unprecedented access to their own health records through a system called MyChart (see related story).

The change took place in August and consolidated many of Montage Health’s electronic record systems into one.

Epic is used by the majority of top-ranked hospitals and medical schools in the nation, as well as leading healthcare organizations elsewhere in the world. More than 60 percent of Californians currently have a record in Epic, which is also used by Stanford Health Care, all of the University of California medical centers, and many others.

Because Epic is so widely used, patient treatment information can be shared easily among Epic facilities, enabling providers to collaborate more effectively to improve patient safety and reduce duplication of services. In the first week of Epic’s use at Montage Health, 17,998 records for 5,402 patients were shared with other healthcare providers and institutions, from lab results to MRIs.

John Ellison, a doctor in Community Hospital’s emergency department (ED), provided an example of the sharing capability, called Care Everywhere.

“A man who had a heart transplant at Stanford came to our ED complaining of chest pain,” Ellison says. “With the touch of a button, all of his results were right there. As I was talking on the phone with the doctor at Stanford who manages the patient’s care, we were both looking at the same results.

“Care Everywhere is a good name for it because it facilitates care for those who see specialists everywhere,” Ellison says. “It makes our job easier; but more important, it provides the patients with better, more coordinated care.”

The Epic system also improves coordination of care across different parts of the local health system. Information from laboratory, radiology, registration, pharmacy, surgery, doctors’ offices, and more can be integrated into one record. All of the Montage Health entities, including Community Hospital, Montage Medical Group, Aspire Health Plan, and Community Health Innovations, along with participating clinicians outside of Montage Health, are using Epic.

It also contributes to patient safety in countless ways. In one early example, the system alerted care providers that a patient was showing early warning signs of potential sepsis, a life-threatening response to infection. The alert prompted actions to prevent further progression.

“This significant investment in our patients’ health is transforming the way we are able to address wellness in our community,” says Dr. Steven Packer, president/CEO of Montage Health.
MyChart gives patients easy access to their medical information

For many of us, managing our medical information is about like managing our taxes: We have folders or files or boxes of paperwork that we’re always planning to organize, but never do — until we need it.

We can’t help with your taxes, but we do have a new way to make tracking your health information easier: MyChart.

MyChart is a “patient portal,” an online site that enables users to:

- View health information
- Check lab and imaging results
- Pay medical bills
- Search a medical library
- Share health information with the many other hospitals and providers that use the same system
- And more

MyChart is free, secure, and available to patients of Montage Health facilities, including Community Hospital, as well as affiliated healthcare providers.

Patients of Montage Medical Group are also able to:

- Communicate by email with healthcare team between appointments
- View medication information and request refills
- Request, view, or cancel appointments online

With greater access to health information, patients are better able to manage their own healthcare and pursue their own optimal health and wellness.

One of our first MyChart users was able to avoid a visit to the emergency department and get the help she needed with a health issue by using the patient portal. After the health issue developed, she found information she needed in her records in MyChart and then contacted her doctor’s office, which determined she needed some tests and arranged to have them done that day.

SIGN UP FOR MYCHART

VISIT: montagehealth.org/mychart.

If you need assistance, call (831) 622-8000 (24 hours a day, 7 days a week) or email mychartsupport@montagehealth.org.

Have a smart phone? Search for “MyChart” in the app store. Once in MyChart, search for “Montage Health.”
Inpatient Rehabilitation Unit: 5 years, more than 1,000 patients

The first patient to come through the doors of Community Hospital’s Inpatient Rehabilitation Unit was a young man who had lost a leg to diabetes and was learning to navigate his world in his new circumstances.

In the five years since, more than 1,000 people have received the unit’s specialized care, all geared toward helping them live as independently and fully as possible after a traumatic injury, accident, or illness.

Success is measured using a standardized tool with 18 categories that gauge functional independence in everything from the ability to dress to social interaction. The staff is able to use this tool to show the progress the patient is making, which helps the patient and family get the impact of the Inpatient Rehabilitation Unit (IRU) experience.

“It gives meaning to our lives when we’re able to help people recover from devastating injuries,” says Dr. Michael Davis, the unit’s medical director.

“And it’s a special moment for me, as medical director, whenever somebody says, ‘You have such a wonderful staff. They’re so caring, they’re so kind, they respond to our needs immediately.’ I hear those things over and over again.”

That can be particularly gratifying given the challenges of a stay in the IRU.

“Our unit is very demanding because of our philosophy: The more intense the rehab right after a catastrophic event, the better the success will be at the end,” says Mario Ruiz, IRU director. “On a typical day, a patient receives at least three hours of physical, occupational, and/or speech therapy, spread throughout the day, as well as work with and support from our rehabilitation nurses. It’s hard, very hard, work.”
It gives meaning to our lives when we’re able to help people recover from devastating injuries.

— Dr. Michael Davis, Medical Director
Inpatient Rehabilitation Unit
The most common diagnosis for IRU patients is stroke, but the unit also serves patients with brain and spinal-cord injuries; amputations; neurological issues, like Parkinson’s, multiple sclerosis, or amyotrophic lateral sclerosis (commonly known as Lou Gehrig’s disease); challenging recoveries from heart or joint surgeries; and more.

A majority of patients are transferred to the unit from within the hospital, but the IRU also gets referrals from Stanford and UC San Francisco medical centers, Salinas Valley Memorial Hospital, skilled nursing facilities, and other hospitals and treatment centers.

Before Community Hospital’s center opened, people who required intensive therapy usually went to Natividad or a Bay Area facility, or they simply didn’t get the care they needed.

Now they can find the care closer to home, provided by a specially trained staff that includes a doctor specializing in physical medicine and rehabilitation, rehabilitation nurses, physical, occupational, and speech therapists, social workers, and dietitians.

“We have regular patient-care conferences, meeting as a team, which really helps me get a better understanding of the patient, the family, and the patient in the context of the family,” Davis says.

The IRU emphasizes activities of daily living, such as sitting and standing, balance, dressing, grooming, bathing, improving gait, and negotiating stairs. Patients sometimes are taken on community outings to help them learn how to function in community settings.

“We also sometimes go with patients to their homes, evaluate the setting, and train family members in caregiving,” Ruiz says.

During their IRU stays, patients eat their meals in the IRU’s dining room whenever possible, which encourages social interaction that often provides peer support.

“Nobody understands what’s going on in a patient’s mind better than people who have experienced similar trauma,” Ruiz says. “Our patients often form very strong bonds with other patients.”

They also form bonds with staff. Each year, the unit has a “reunion” of its patients. The highlight of the well-attended events is a period when patients and their families share their stories, of both their challenges and their progress.

About 82 percent of IRU patients are able to return to their home, Davis says, while others go to other types of care facilities.

“Not everybody is going to go home,” Ruiz says, “but we want to get them back to being as independent as they can be.”

LEARN MORE ABOUT THE INPATIENT REHABILITATION UNIT AT

chomp.org/iru
ADMISSION CRITERIA
- At least 18 years of age
- Medically stable
- Requires medical monitoring and 24-hour-per-day nursing care
- Requires at least two therapy disciplines
- Has potential to tolerate 3 hours of therapy each day
- Has potential to improve function or achieve independence
- Willing and able to participate in intense therapy program

WHO WE TREAT
The IRU is here for those who have suffered a loss of function or an impairment due to:
- Stroke
- Brain injury
- Spinal-cord injury
- Degenerative neurological disorders such as Parkinson’s disease or multiple sclerosis
- Amputation
- Major multiple trauma
- Polyarthritis or rheumatoid arthritis
- Orthopedic injury (fractured hip or femur)
- Other condition that has resulted in a loss of independence and mobility
Reconstructing body, mind, and spirit in the IRU after a motorcycle crash

After spending 82 days in three hospitals, recovering from the motorcycle wreck that nearly took his life, Ken Schwan came up with an affectionate nickname for Community Hospital of the Monterey Peninsula and its Inpatient Rehabilitation Unit.

“I use the word cocoon, because there was a real warmth and a feeling of confidence and comfort,” he says.

Schwan, 61, credits staff at Community Hospital with reconstructing his body, mind, and spirit, an ongoing process since his March 16, 2018, accident near Palm Springs.

Schwan has few memories of the crash, but knows that he was on his motorcycle, returning from Major League Baseball’s spring training, when a tow truck turned into his path.

He woke up in a bed at a Palm Springs trauma center and learned that he’d spent two weeks in a drug-induced coma. Schwan and his motorcycle had been knocked off an elevated highway into a telephone pole. Emergency responders told him later that he “passed away” at least once.

His left leg, hip, and arm were crushed. He had a chest injury, a head injury, a broken pelvis, and a fractured disc in his back. A kidney was lacerated, and he had a bruise on his left lung. Schwan had also suffered a heart attack, which later resulted in two stents being placed in the arteries to his heart to improve blood flow.

His left leg was so badly mangled that it couldn’t be saved; it was amputated above the knee two weeks after the accident. Doctors counted 45 fractures in his left arm, from the elbow to the wrist, requiring two surgeries (so far) to reassemble. A metal rod was installed vertically through the length of his pelvis.

By September, he was at 11 surgeries, says his wife Kathy, who keeps a daily journal of the ordeal.

“I slept in his room and never left his side at the trauma center because I felt like I was fighting for his life,” she says.

Ken went from the trauma center to UC San Francisco and then to Community Hospital for a 40-day stay in the Inpatient Rehabilitation Unit (IRU), designed to help him regain skills for daily living.

“As soon as we got to CHOMP, I felt like I could finally breathe again,” Kathy says. “There was so much staff around. Everybody was attending to him. They were asking questions. That was the first night I felt comfortable to leave him alone.”

In the IRU, specially trained staff under the direction of Dr. Michael Davis began a regimen of physical, occupational, and speech therapy. Continual assessments measured his progress and identified his needs.

The therapists focused on daily living skills like getting out of bed, dressing, and bathing, and on mobility, fine motor skills, attention span, memory, living with a prosthetic leg, and other areas.

“It was truly amazing to help him through his rehabilitation process in such a functional and meaningful way,” says Christina Gray, a speech therapist.
One of the therapeutic activities paid off for the entire unit, when Ken, a longtime caterer, helped plan a department potluck.

“The staff’s sincere goal was to help me recover,” says Ken. “Having run my own service-oriented small business for 37 years, I understand that those things don’t happen by mistake. There has to be a conscious focus from leadership and sincere caring from the workers. It’s one thing to say it; it’s another to demonstrate it on a daily basis.

“I was assessed. They had a plan. There was a chain of command, and everybody always knew exactly what was going on. All of that was huge.”
New medical director of Ohana sees “exquisite opportunity” to serve the community’s children and youth

Dr. Susan Swick’s appointment is latest step in developing groundbreaking mental-health program

There are successful pursuits that span decades. There are lifetime passions. And, almost always, there are definable moments.

One of Susan Swick’s defining “moments” started with a middle schooler and became a four-year journey.

Swick, a child and adolescent psychiatrist, holds a deep-set pride in the work all her patients have done. But “If I have to pick one,” she says, “I would probably tell you about a girl I began treating when she was 12 years old.”

The girl had already been in treatment, battling years of depression, self-harm, and suicidal thoughts.

Swick set a new course, simplifying her medications and instilling a therapeutic approach that focused on skill-building. She wanted to help the girl learn to manage her own distress and cultivate her strengths.

There was new hope.

Then there was a setback.

The girl had to be hospitalized briefly. She was placed in an intensive therapy program that focused on something called DBT, or dialectical behavior therapy. The evidence-based approach emphasizes individual and group training to help people learn and use new skills and strategies to develop a life they experience as worth living.

“She made great use of these treatments,” Swick says. “And she also was able to engage in the work of adolescence.”

Building her identity. Fostering social agility. Developing independence.

When she reached her senior year, the girl was chosen by her fellow students to deliver the class address. She chose to spend her time on stage talking about her psychiatric challenges. She shared her address with Swick.

“She spoke with humor, authenticity, pride, and hope about topics that have been stigmatized for too long,” Swick says. “Her story crystallizes what I love about treating mental-health problems in adolescents, and the greater lessons it offers about building resilient young adults and communities.”
SUSAN SWICK is the medical director of Ohana, an in-development groundbreaking approach to child and adolescent behavioral health, made possible by a $105.8 million gift from Roberta Bialek Elliott to Montage Health.

Swick was chosen to lead Ohana after an extensive national search for an innovator in the field. Before joining Ohana in October, Swick was chief of the division of Child and Adolescent Psychiatry at Newton-Wellesley Hospital in Newton, Massachusetts. She completed her training at Columbia University and Harvard Medical School.

“Dr. Swick was a perfect combination of an extremely knowledgeable and deeply experienced specialist,” says Dr. Steven Packer, Montage Health president/CEO. “She has been working in a community setting, building bridges with schools and community entities. What also came with Susan was a passion for the field, empathy, warmth, and excellent communication skills that will allow her to relate to parents, community groups, and, most important, patients.

“We were particularly struck by her focus on providing skills for kids to develop resiliency that will prepare them for adulthood,” Packer says.

In leading Ohana, Swick will oversee everything from the construction of a bricks-and-mortar Ohana House to spearheading early intervention, comprehensive support for young people and their families, and partnerships with community organizations and individuals.

“I’m so excited and really honored,” Swick says. “When I was interviewing, I thought ‘This is the job for me.’ The hope is that we can create a system where people know where to go. A gift like this enables us to create treatment for the whole range of mental-health issues. This is an exquisite opportunity.”

FOR MORE INFORMATION, GO TO montagehealth.org/ohana
Psychiatric illnesses in children and adolescents are common; 20 percent have them. It’s twice as common as asthma. It’s always treatable, sometimes curable, and sometimes preventable. But only 20 percent of children with a psychiatric illness are seen by a mental-health professional.

Reducing stigma is about education. Think about how 50 years ago, nobody said the ‘C’ word. People were so terrified of cancer. Now it’s not like that. We should do the same for psychiatric symptoms. We should make them talk-about-able.

Happiness is wonderful, but it does not equal mental health. Mental health is probably better measured by resilience, or the capacity to adapt in the setting of adversity. Resilience is like a muscle; it must be exercised to be cultivated.

Newborns depend almost entirely on their parents to help them manage adversity. Then as they grow into children, adolescents, and young adults, they develop specific abilities that are essential to making them resilient adults. These include the ability to accurately perceive what is going on around them, the ability to put those events into perspective, and the ability to take creative, decisive action to change and sometimes correct course. Cultivating these abilities requires that children face, manage, and master challenges. Overwhelming or traumatic stress is never healthy, but managing the expected setbacks, heartbreaks, and failures of youth is essential to healthy development.

All children need to build resilience, including those who are managing psychiatric illness.

It is never too late to build resilience! And like physical fitness, it is never complete. Think of every setback, challenge, or disappointment as an opportunity to practice and strengthen the skills of resilience.
Susan Swick:

**INTERESTING INFO**

**RECENT FAVORITE READS:** “All The Light We Cannot See,” “The Light of the World,” and any Jackson Brodie mystery.

**MOM DUTY:** Susan and her husband (an emergency department pediatrician) have four kids: two boys, two girls, ages 9–15.

**TRUE CONFESSIONS:** “I’m a dork. I’m physically clumsy. I broke my right foot twice. Once I stepped in a hole walking to work. The other time, I was in a water balloon war and slipped on a grassy knoll.”

**ASPIRING ACTRESS:** “In high school, I thought I was going to go into the performing arts. It was a remarkable relief when I realized I wasn’t good enough.”

**FAVORITE ROLE:** Adelaide, the one who sang (I Love You) “A Bushel and a Peck” in “Guys and Dolls.”

**ROLE SHE ALWAYS WANTED TO PLAY:** Ruth in “Pirates of Penzance”

**JUST SAY “NO” TO:** Skiing. (See True confessions above.) Everybody in the family is a downhill skier. I stick to cross country and yoga.

**FOOD BITES:** My husband is a gifted cook. I'm a baker. He’s thinking about getting a food truck and calling it Dr. Taco. It started as a joke, but …
Aspire Health Plan marks 5th year of Medicare Advantage in Monterey County

In 2013, Aspire Health Plan was pretty much a mystery. A locally owned health plan? Medicare Advantage? No supplement needed? Do any doctors accept it? What happens if I need care when I’m out of the county, or the country?

Yes, it’s local. Yes, it’s a Medicare Advantage Plan, the advantage being that all parts — hospital, doctor, and drug benefits — are wrapped into one plan, with one card. Yes, more than 700 local doctors and all four hospitals in Monterey County accept it. And, urgent and emergency care are covered anywhere.

“Our Medicare Advantage plans were created by the leading doctors and hospitals in Monterey County who joined together to provide better healthcare options for those eligible for Medicare,” says Scott Kelly, chief operating officer of Aspire Health Plan. “Our goal was to offer plans designed to help simplify your life and keep you healthy by focusing on prevention and coordination of care.”

As it marks its fifth anniversary, Aspire is now firmly rooted in Monterey County. It offers three different plans for those who are eligible for Medicare, generally people 65 and older. More than 4,000 people are now insured through Aspire’s Medicare Advantage plans, including these residents who have been there from the beginning.
Barbara Kinney


There are lots of reasons. Aspire Health Plan is one of them.

“I feel like I’m an individual, a person, at Aspire.”

—I Barbara Kinney, member Aspire Health Plan

“Aspire is more than just doctor visits and helping you with your drugs,” say Kinney, 75. “They actively involve you in your own health. I feel like I’m an individual, a person, at Aspire. They call me to see how I’m doing. Their support has been absolutely marvelous. I don’t know how they do it. It’s amazing. Each year, they get better and better. I’m a tremendous advocate for Aspire.”

Strong words from anyone, perhaps. But especially coming from Kinney, who has been intimately connected to healthcare most of her life.

She was in her late 20s when she was diagnosed with a “strange” metabolic disorder. Kinney was hospitalized at Stanford, at one point falling into a coma for almost a week. Doctors thought she might end up in a persistent vegetative state.

She didn’t. Blessed.

When she reawakened, “The nuns had come in to pray,” Kinney recalls. “They said, ‘How can we help?’

I said, ‘Pray for me to get a baby.’ And it worked.”

At 34, Kinney and her second husband (her first husband died of cancer) adopted daughter Nina when she was two days old. Grateful.

Years later, Kinney’s husband had a stroke and eventually died. She became a single mom for Nina’s teen years, working in the Salinas School district for 34 years as a teacher, vice principal, and principal.

“It was a roller-coaster ride at times,” Kinney says. “But my daughter and I are thick as thieves.”

And Kinney is now married to her best friend, Al. Lucky.
Karen Hinton

She’s danced Fred Astaire- and Arthur Murray-style. She once drove the beer cart at Poppy Hills Golf Course. She lived the Silicon Valley married life for a couple of decades, until it ended in a painful divorce. Then she wrote a book about it, because she thought she should help other women.

She’s got a Carmel Mission Ranch piano bar repertoire of about 30 songs. “Leaving on a Jet Plane” is the go-to favorite. She’s trying pickle ball. She tended bar at the now-defunct Bodega in Campbell, when seeing Boz Skaggs and the Doobie Brothers perform was free. She’s been a travel agent. She volunteers at the Monterey Bay Aquarium.

Karen Hinton, 68, isn’t afraid to try new things. Which is why she signed up for the Aspire Health Advantage plan five years ago. She became eligible for Medicare Advantage early because of an injury.

“Every doctor I’ve seen through Aspire has been fabulous.”

— Karen Hinton, member
Aspire Health Plan

“I looked at every plan out there. I asked my friends what they had, and then I saw an ad in the paper for Aspire’s very first meeting,” says Hinton, of Monterey. “I was done looking. Their plan included everything. I was sold. And the price was amazing. Sign me up.

“Every doctor I’ve seen through Aspire has been fabulous,” Hinton says. “They have dental, vision, and hearing coverage. I even got a ride one time to one of my appointments because I didn’t want to bother my friends. And I like having them right down the street. I tell all my friends about Aspire. It’s a no-brainer.”

It’s all part of the latest iteration of Hinton, whose days are filled with friends, family, late-morning workouts, and that piano bar two or three times a week.

“I tell people I’m on my fourth life,” she says. “I had a near-perfect childhood. Then I had my young adult life — rock and roll and teaching ballroom dancing. Then I had my married life. Now, I have my starting-over life.”
Aspire is preventive, all-inclusive. It’s a one-stop shop. We don’t have to worry about anything.

— Adrienne Shimoda, member
Aspire Health Plan
Adrienne and Dwight Shimoda

Dwight Shimoda knew the minute he met her in 1969.

“I liked this gal,” he says smiling. “I thought, ‘She’s a keeper.’ She was a lot of fun.”

But Dwight was shy. Painfully. So, Adrienne (that gal) had to be introduced to him a second time. He finally found enough courage to ask her out. “I thought, ‘Well, I’ll try this,’” Adrienne says laughing.

On March 6, Dwight and Adrienne celebrated their 47th anniversary.

Their “double-income-no-kids” life has taken them on adventures and into careers big and small. They worked for years in Silicon Valley, Adrienne as a clinical microbiologist and Dwight as a software programmer for a defense contractor, before retiring in 2000 and 2003, respectively. (Surprise: They both love math.)

The self-avowed “timeshare junkies” have visited Japan, British Columbia, and Maui, and they go to Ashland, Oregon, twice a year for the Shakespeare Festival. Oh, and there has been golf for Dwight and volunteering for Adrienne since they moved to the Monterey Peninsula in 2004. Lots of golf. Lots of volunteering.

Through it all, almost five decades, there has been an ease between them. A knowing. And a laughter and joy that permeate their exchanges. Dwight, 74, and Adrienne, 72. Adrienne and Dwight.

It was no surprise, then, that they both joined Aspire Health Plan’s Medicare Advantage plan when it first began five years ago.

“Aspire is preventive, all-inclusive,” Adrienne says. “It’s a one-stop shop. We don’t have to worry about anything. And it’s in Monterey County. Our county. Where we live.”

FOR INFORMATION ABOUT ASPIRE HEALTH PLAN

Go to aspirehealthplan.org or call (831) 375-1462.
From rehabilitation to wellness: Continuing the journey after therapy ends

After a serious fall, Shalene Divine’s prescription for healing included physical therapy. Her sessions at Community Hospital’s outpatient Rehabilitation Services were pivotal to her recovery.

So was her introduction to the hospital’s Montage Wellness Center, located in the same building as her physical therapy. Once her therapy ended, Divine continued her journey to wellness by becoming a member of the center, the path envisioned when the center was planned.

“Most people finish therapy, but they are not ‘finished’ with their condition,” says Dan Limesand, director of Business Development for Montage Health, Community Hospital’s parent company. “The wellness centers were conceived to meet that need.”

Community Hospital opened the first Montage Wellness Center in Marina in 2011 and a second in Salinas in 2016. By design, the buildings are also home to outpatient hospital programs whose patients can benefit from what the wellness center offers. Rehabilitation Services has clinics at both locations. Cardiopulmonary Rehabilitation, for people with heart or lung issues, is in Marina. Nutrition Therapy provides services in Salinas. And some classes that include an exercise component are also based at the centers; the cancer survivorship series, Live Longer, Live Stronger, and the Weigh of Life nutrition course both meet in Marina.

The wellness center facilities, including exercise equipment and therapy and lap pools, may get incorporated into a patient’s therapy or the curriculum of a class. Once the therapy or class ends, ongoing membership is recommended and available at a special rate so participants can continue to improve their health and wellness.

After completing physical therapy for an injury, or cardiac therapy after a heart event, many people feel anxious and overwhelmed about exercising alone,” says Anna Marie Tefora, a physical therapist and assistant director of Rehabilitation Services. “Because of this, many people don’t follow through with recommended exercise, and the chances of a re-injury or recurring illness are high.”

A Rehabilitation to Wellness program was developed to make the transition easier and more successful. The centers provide comfortable, non-intimidating environments, where patients can safely transition from structured therapy to independent exercising.

**ELIGIBLE PATIENTS RECEIVE:**

- A free one-week pass to try Montage Wellness Center
- One-on-one time with the clinical integration coordinator, who makes sure that each patient has the tools to engage in personalized, safe, and effective exercise
- Two free, hour-long training sessions with a degreed personal trainer who guides the individual through an “exercise prescription” they receive at the time of discharge and who evaluates the patient’s current fitness levels; the trainer will also discuss other health concerns and history, create new goals, and provide an orientation to the exercise equipment
- Special rates to join the center
About half of those who make the transition from rehabilitation to membership have never belonged to a gym. They find the wellness centers appealing because of the clinical integration, the advanced training of the staff, and the atmosphere.

“Center staff members help each person find classes and workouts,” says Kellie Schoepp, clinical integration coordinator at the centers. “This helps avoid recurring or new injuries, improves health, reduces the risk of illness, and boosts confidence in continuing to live a full life.”
Shalene Divine was diagnosed with fibromyalgia, a disorder that causes widespread and intense musculoskeletal pain, fatigue and, often, depression. By her mid-20s, Divine found it difficult to function, to get out of bed, to cope.

“It got so bad,” says the Salinas resident, “that I succumbed to all my pain, gaining so much weight and sinking into major depression.”

And then she fell.

“This was a pivotal point for me because all my doctors had told me I needed to exercise to improve my fibromyalgia. But it hadn’t sunk in — until then.”

Divine began working with a physical therapist from Community Hospital’s outpatient practice. He encouraged her to join the wellness center.

“Since October 2017, I have lost 80 pounds by going to Montage Wellness Center, exercising, changing my diet, eating healthier, and believing in myself. All because I was getting therapy there,” says Divine, now 32. “Being around the wellness center gave me the inspiration to change my life.”

In December 2017, Divine hurt her shoulder while exercising, triggering an old injury to her rotator cuff. Her physical therapist suggested she get in the pool at the wellness center and do what she could, encouraging her as she healed.

In the spring, Divine underwent another health scare, suddenly becoming weak and lethargic, experiencing vertigo, and requiring a walker.

“My physical therapist was fabulous,” she says, “continuing to work with me, doing holistic therapy in the pool, and making me feel comfortable, safe. He knew I was emotional about the situation I was in and knew how to talk to me, support me. I have continued going to Montage Wellness Center three days a week and have maintained my weight loss. I am at an athletic ability now, and someone actually asked if I’d consider getting certified to teach kickboxing there.

“With all I’ve gone through in my life, and what I have with Montage Wellness, I’ve gone from not feeling like a productive person to one who has a passion to help others turn their lives around through exercise and nutrition. I now have a goal to become a health-and-wellness coach.”
Being around the wellness center gave me the inspiration to change my life.

— Shalene Divine, member Montage Wellness Center
Carol Fuessenich

The day after Carol Fuessenich retired at 61, after teaching high school for 38 years, she picked up a camera and went outside. Life had begun anew.

Six years later, in October 2014, she was diagnosed with cancer in her right breast, detected in her mammogram at the Carol Hatton Breast Care Center. After it was confirmed the cancer had spread to two lymph nodes, Fuessenich underwent a partial mastectomy, followed by four rounds of chemotherapy and 28 radiation treatments.

That was just the beginning of her wellness plan.

After completing radiation treatments, Fuessenich joined the Live Longer. Live Stronger series for cancer survivors. It partners Community Hospital’s Comprehensive Cancer Center with Montage Wellness Center for a series of interactive classes focused on nutrition, stress reduction, exercise, and fitness, to help patients take control of their survivorship journey. After the class series ended, Fuessenich joined the wellness center.

“I had belonged to another gym, but they didn’t have as much to offer. At the Wellness Center, I could take classes, work on the machines, and work out in the pool. I began with classes — Pilates and a bone-and-joint class — and started seeing changes.”

Fuessenich continued exercising, and added weight machines and aqua classes to her routine, five days a week. She has lost 26 pounds and has gained stamina and strength. In February 2018, she did the Together with Love run/walk in Pacific Grove, completing the 5K. Soon after, she ran a second 5K in Livermore with her daughter.

“It could be called walking really fast or lumbering slowly,” she says, “but I did it. Montage Wellness Center keeps me sane and strong. Thanks to them, I’m probably healthier now than I was when I retired. Life has begun, again.”
Montage Wellness Center keeps me sane and strong. Thanks to them, I’m probably healthier now than I was when I retired.

— Carol Fuessenich, member Montage Wellness Center
Rosa Melgarejo Ortega went to Community Hospital suffering from low energy and gastrointestinal distress. The doctor who examined her found her blood-sugar levels were out of control. She also detected a serious respiratory issue.

After listening to her lungs, her doctor asked if she’d been experiencing shortness of breath. At first, she said no. Then she mentioned that she actually always took shallow breaths, something she had been doing for so long it had come to feel normal.

Shallow or chest breathing involves drawing minimal breath into the lungs, using the intercostal muscles rather than filling the lungs via the diaphragm.

Had she ever smoked? the doctor asked. Never, she replied. But she did share that throughout her childhood she slept next to a heater lit with petrol, awakening each morning with soot-filled nostrils. The doctor said her lungs looked like she’d been smoking all her life.
Ortega spent nearly three weeks in Community Hospital. She has been on oxygen by day and a CPAP (continuous positive airway pressure) machine for sleep apnea by night, ever since.

She also started the hospital’s Pulmonary Rehabilitation Program, located adjacent to Montage Wellness Center in Marina. The first time she went, it took Ortega 50 minutes to walk from her Seaside home to the bus stop, and another 30 minutes to walk the short distance to the center from the bus drop-off, including moments of rest. She did the same going back. Add in her exercise time, and she was exhausted.

“I felt really bad, like I was 80 years old,” says Ortega, who is 51. “I wanted to die; it would have been easier. I didn’t know how to lose weight, I didn’t know how to get stronger, I didn’t know how to feel better.”

But Ida Corby, a pulmonary wellness specialist for Community Hospital, did. She and the cardiopulmonary team helped Ortega transition from rehabilitation to Montage Wellness Center membership.

At first, Ortega could do no more than 10 minutes on a recumbent bicycle without feeling sick. She could do just 10 squats.

“I asked my trainer if he was scared I would die if I exercised,” she says. “He said he was scared I’d die if I didn’t.”

One year later, Ortega’s walk to the bus stop and on to the wellness center takes 30 minutes each way. She checks out an oxygen tank at Pulmonary Rehabilitation and then pedals a stationary bike for 30 minutes before hitting the squat machine for 100 reps. She has lost 50 pounds and sleeps through the night.

“It’s hard work to get healthy. I fight it every day inside myself,” she says. “And then I tell myself to get up and go to the gym. Every day is a new day, and I need to take care of myself.”

For more information about transition from therapy or care to wellness at Montage Wellness Center, call Kellie Schoepp at (831) 883-5656 (Marina) or (831) 622-6900 (Salinas).

It’s hard work to get healthy. I fight it every day inside myself. And then I tell myself to get up and go to the gym.

— Rosa Melgarejo Ortega, member Montage Wellness Center
Lung-screening service takes deeper look at suspicious spots

If your doctor sees a “spot” on your lungs in a chest X-ray or scan, the first thing to do is not panic. Fewer than five percent of these are cancerous. The second thing to do is to talk with your doctor about whether more investigation is needed.

To help provide that, Montage Medical Group last year established a screening service for patients who have “lung nodules,” a broad term for a small oval or round growth in the lung. Doctors throughout the community can refer patients to the screening service for follow-up, including a CT scan if one wasn’t already done.

The size, shape, and borders of the nodules, and the health history of the patient, including family history and risk factors, help doctors determine whether to address the nodules and, if so, how.

“If the nodule is small, say 2 millimeters — a fraction of an inch — and the patient is a nonsmoker, they are considered low risk and an initial follow-up and discussion of future images with their primary doctor is sufficient,” says Dr. Shinkai Hakimi, a pulmonary and critical care doctor with Montage Medical Group.

If a patient is considered at high risk of lung cancer, Hakimi says, CT scans would be recommended every three months for at least two years to monitor for potential growth of the nodule. High risk is defined as people between the ages of 55 and 80 who are current smokers or have a history of smoking the equivalent of one pack a day for 30 years, or those with a history of cancer.

“A lot of people in the community are worried about their chest health and feel the need to be screened,” Hakimi says. “If there is no history of smoking or cancer, and images are normal, routine CT scans are not necessary. It is the high-risk patients we need to see. Just as a woman will get her annual Pap smear and mammogram, and men and women will have a colonoscopy every 10 years starting at age 50, lung screening is another tool in the high-risk patient’s life to detect cancer at an early stage.”

When a nodule is detected in a high-risk patient, testing beyond imaging is needed to rule out cancer. Hakimi says she may schedule a biopsy to identify the nature of the nodule cells. A patient receiving a diagnosis of cancer would be referred to an oncologist for treatment.

“Although 95 percent of lung nodules are likely benign, lung cancer is the leading cause of cancer death among both men and women,” says Dr. Nupur Sinha, also a pulmonary and critical care specialist at Montage Medical Group.

The good news is that early detection with a CT scan has been shown to reduce lung cancer deaths by 20 percent.

So, for high-risk patients, Hakimi says, “it is important to get serial CT scans of an identified lung nodule for lung-cancer screening.

She also notes that the lungs are the most common place for non-pulmonary cancers to spread. So if cancer is detected in the lungs, it might be a sign of cancer elsewhere, rather than a primary cancer.

“Everyone needs to have a primary care doctor,” Hakimi says, “and to stay up-to-date on all health screenings, so your doctor can follow up on any concerns. This is particularly important for those who have a family history or who are at high risk themselves for cancer. We’ve come such a long way in cancer treatment, but it’s important to identify it early.”

FOR MORE INFORMATION

Go to chomp.org/lung or call Montage Medical Group at (831) 333-3040.
LUNG-NODULE SERVICE

Any patient with a lung nodule discovered on CT imaging or chest X-ray can be referred to the lung-nodule service at Montage Medical Group, which will provide:

- Consultation with a pulmonologist with extensive knowledge of lung-nodule management
- Reviews of CT images
- Risk calculation and analysis of pulmonary nodules
- Advanced bronchoscopy with guided technology

CT SCANS

Community Hospital is designated a Lung Cancer Screening Center by the American College of Radiology, signifying that it is a top-quality provider of safe, effective diagnostic imaging for those at high risk for lung cancer.

WHO SHOULD BE SCREENED?

- Between the ages of 55 and 80
- Still smoking or quit within the last 15 years
- Smoked about one pack of cigarettes a day for 30 years, or equivalent of 30 “pack years”

MONTAGE MEDICAL GROUP PULMONOLOGISTS

DR. SHINKAI HAKIMI

DR. KENNETH JUENGER

DR. NUPUR SINHA
STRETCHING ROUTINE FOR WALKERS

STANDING QUADRICEPS STRETCH
Targets: quadriceps, hip flexors
Stand tall with feet shoulder-width apart. Using your left hand, reach back and grab your left foot or left ankle and pull it toward your butt. Tuck your tailbone under and make sure your knee is pointing straight down toward the floor. Hold for at least 30 seconds; switch legs and repeat.

STRAIGHT-LEG CALF STRETCH
Targets: calves, hip flexors
Standing tall, extend your right leg straight back, placing your heel flat on the ground. Without bending your back knee, gently push your body forward from your pelvis. Your front knee should be directly over your ankle. Hold for at least 30 seconds; switch legs and repeat.

Walk and Win
Walking is one of the cheapest and easiest forms of exercise, and it’s good for you in so many ways.

- Sharpens your brain
- Strengthens your bones
- Reduces weight
- Builds muscles
- Boosts your mood
- Enhances your circulation
- Reduces your risk of tripping and falling
- Lessens the pain of conditions like arthritis
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STANDING FIGURE-FOUR HIP STRETCH  
Targets: hips, glutes, lower back  
Stand up with your feet together and squat down as if you’re about to sit in a chair. Lift your left leg and cross that ankle over your right thigh. Sit into the stretch—your right leg should be bent—and gently push your bent knee down. Hold for at least 30 seconds; switch legs and repeat.

POSTERIOR SHOULDER STRETCH  
Targets: shoulders, upper back  
Stand tall with your feet shoulder-width apart and roll your shoulders down and back. Bring your left arm across your body, and use your right arm to gently push your left arm toward your right shoulder. Hold for at least 30 seconds; switch arms and repeat.

RESISTANCE-BAND HAMSTRING STRETCH  
Targets: hamstrings  
Sit on the ground or on an exercise mat with your legs straight out in front of you. Loop a resistance band (or a jump rope or towel) around the arch of your right foot and, grasping the ends of the band in both hands, lie back. Bend your left leg, keeping your foot flat on the ground, and extend your right leg up until it’s perpendicular with the ground or you feel a comfortable stretch. Keep your right leg as straight as possible without locking your knee, and keep your hips and lower back against the ground. Hold for at least 30 seconds; switch legs and repeat.

Source: Fitbit, www.blog.fitbit.com
Walking for health
YOUR WAY TO BETTER HEALTH

Walking 30 minutes a day is beneficial to your health.

- Boosts Endorphin
- Improves Blood Pressure
- Reduces Risk of Heart Disease
- Strengthens Bones
- Reduces Risk of Colon Cancer
- Enhances Mental Well-being
- Improves Brain Function
- Increases Muscle Strength
- Reduces Body Fat
- Helps You Breathe Easier
Walk and Win
regulars

For more than 25 years, Community Hospital has offered a class called Walk and Win, a twice-a-week gathering to do laps around the track at Monterey Peninsula College. Participants start with stretches, then head out around the track at their own pace and finish up with a cool down. Instructors Sheryl Naylor and Marta Lynch lead the class, which has attracted a devoted group of followers over the years, including the regulars on the following pages.

**DARNELL WHITT**

When did you start going to Walk and Win?
About 12 years ago

How often do you go?
Every session, unless I’m out of town or have a conflict. I recently missed two consecutive sessions for the first time in 12 years.

What prompted you to start walking for exercise?
I was a runner-jogger for 10 years in Washington, DC, and I could run up and down the National Mall. I moved here to teach at the Naval Postgraduate School and I live in Carmel Valley, which has hills and traffic. The flat track at MPC is safer. One can just completely tune out and concentrate on good form and staying in the lines. The whole package of Walk and Win works really well, with 5–10 minutes of stretching and warm up, then everyone walks at their own speed, then there’s a cooling down and stretching, and then weights and onto the mats. I can’t live without it.

Do you exercise in other ways and, if so, what are they?
I started the volunteer patrol program in Monterey Police Department 20 years ago. That requires a lot of exercise. I patrol at the Monterey Farmers Market 52 Tuesdays a year, rain or shine, and at other events. I also work out, do some stretching and weights every morning before taking my morning shower. I just feel so much better doing it.

What benefits have you gotten from walking?
I lost 30 pounds, mostly during the last two years. A lot of that has to do with the input side of the equation: no white rice, potatoes, or pasta.

If you had to describe your walking style, what would you say?
I speed walk; I walk as fast as I can. I get in 2½ to 3 miles in each of our 40-minute sessions. That means I’ve walked at least 5,000 miles — so far.

Do you have any favorite walking attire?
I wear New Balance shoes. (Instructor Marta Lynch encourages us to throw away our shoes after six months, but I’m not sure I comply with that.) I wear exercise trousers, a T-shirt, sweatshirt, ball cap, and sunglasses.
**THOMAS McCREA**

When did you start going to Walk and Win?
A few years back

How often do you go?
2 times a week

What prompted you to start walking for exercise?
To lose weight

Do you exercise in other ways and, if so, what are they?
I walk six days a week and sometimes do light weights.

Do you have a favorite walking route outside Walk and Win that you can share?
Just around my neighborhood

What benefits have you gotten from walking?
I lost 90 pounds. I did 3 or 4 laps when I started and now do more than 10.

If you had to describe your walking style, what would you say?
Slow and steady

Do you have any favorite walking attire?
Tennis shoes, sweats, a T-shirt

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**JAMES WARD KEESLING**

When did you start going to Walk and Win?
Fall 1999

How often do you go?
2 times a week

What prompted you to start walking for exercise?
I wasn’t getting any exercise and thought this would be a start. I had back pain I thought exercise would alleviate.

Do you exercise in other ways and, if so, what are they?
I do t’ai chi class once a week and sometimes practice.

Do you have a favorite walking route outside Walk and Win that you can share?
I want to make a weekly walk to Asilomar but haven’t started.

What benefits have you gotten from walking?
I think walking got my heart in condition after I had a serious blockage in 2010.

If you had to describe your walking style, what would you say?
Fast-ish. I like to keep a steady pace and listen to podcasts.

Do you have any favorite walking attire?
Sweats. It can be chilly or not and I never know until I get there.
MARY KEESLING

When did you start going to Walk and Win?
January 2000

How often do you go?
2 times a week

What prompted you to start walking for exercise?
Doctor’s advice, and my husband recommended the class.

Do you exercise in other ways and, if so, what are they?
T’ai chi once a week and other walking

Do you have a favorite walking route outside Walk and Win that you can share?
Coastal path, from Monterey Bay Aquarium to Lovers Point

What benefits have you gotten from walking?
Stronger muscles, feel healthier

If you had to describe your walking style, what would you say?
Slow and steady; I don’t stop to rest.

Do you have any favorite walking attire?
Jeans, and a loose shirt, and layers — a long-sleeve sweatshirt over a shirt

If you have been meaning to start an exercise program, just want to have fun, or have been advised by your doctor that you need to exercise, this class is for you. Strengthen your heart and your body. Learn about flexibility and how to stretch. Increase your endurance, enthusiasm, and energy. Participants walk on the track at the MPC campus.

TO LEARN MORE, GO TO
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SAVE THE DATE


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