

Summer 2018

health+care

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A warm welcome

MERCY EXPANDS FOOT & ANKLE CENTER



Lauren Clewley, PA-C

In May, Lauren Clewley, PA-C, joined Mercy Orthopedic Associates' Foot & Ankle Center. Lauren will assist Dr. Doug Lucas, fellowship-trained foot and ankle surgeon, and podiatrist Dan Stilwell, DPM, in providing comprehensive foot and ankle care to the Four Corners. The Foot & Ankle Center is a leader in the treatment of all types of foot and ankle ailments and injuries that cause pain, instability, or weakness.

Lauren earned her Master of Science degree in physician assistant studies from the Medical University of South Carolina, Charleston.

Contact us

+ **Mercy Foot and Ankle Center**
1 Mercado St., Ste 202
Durango, CO 81301
970-764-9450



On the Cover:

73-year-old Missy Rodey climbs Mt. Kilimanjaro with her sons.

Read more on page 6.

THE 47TH ANNUAL IRON HORSE BICYCLE CLASSIC

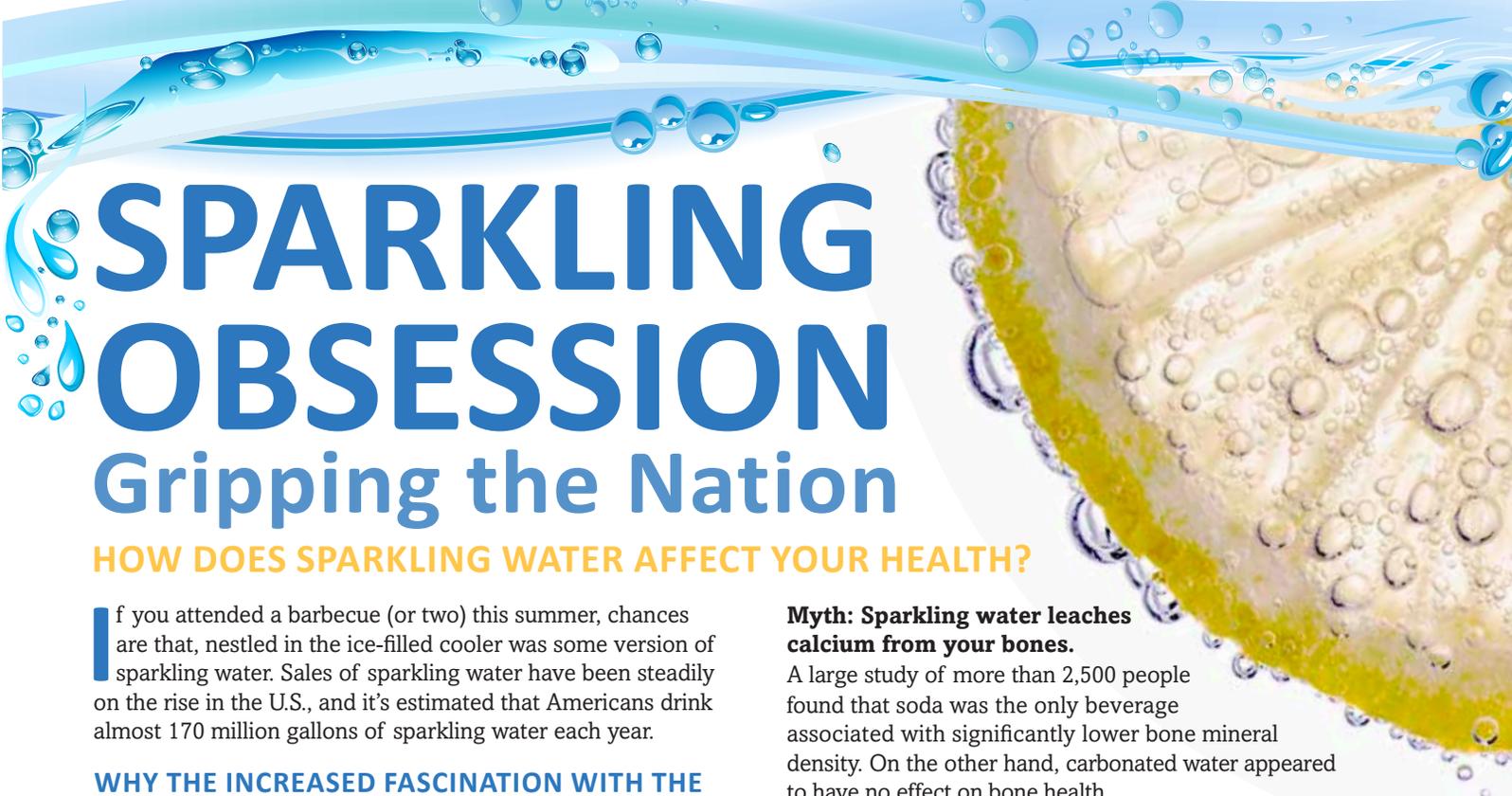
Mercy was proud to sponsor the 47th annual Iron Horse Bicycle Classic, which took place over Memorial Day weekend. Thousands of participants, including Mercy associates and providers, tested their skill and endurance in various Iron Horse events ranging from the Narrow Horse Swim to the McDonald's Citizens Tour to Silverton. This marked the inaugural year of the **Mercy Medical Staff** team, which was easily identified by the turquoise and white jerseys sporting the Mercy logo. The Iron Horse proudly supports Mercy Health Foundation with proceeds from the race going to "The Incredible Dream" campaign to advance cardiovascular care at Mercy.



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John Peel is a contributing writer for Health+Care.



SPARKLING OBSESSION

Gripping the Nation

HOW DOES SPARKLING WATER AFFECT YOUR HEALTH?

If you attended a barbecue (or two) this summer, chances are that, nestled in the ice-filled cooler was some version of sparkling water. Sales of sparkling water have been steadily on the rise in the U.S., and it's estimated that Americans drink almost 170 million gallons of sparkling water each year.

WHY THE INCREASED FASCINATION WITH THE FIZZY DRINK?

The bubbly beverage's popularity may be attributed to the growing desire to choose healthier options when it comes to what we eat and drink. Sparkling water allows people who enjoy carbonated soft drinks a healthier alternative, as it provides the fizz without added calories, sweeteners or artificial ingredients.

WHAT IS SPARKLING WATER?

Sparkling or carbonated water is water that has been infused with carbon dioxide gas under pressure. The bubbly drink is also known as club soda, soda water or seltzer water. The most natural form of sparkling water is sparkling mineral water, which naturally contains minerals and carbonation.

IS SPARKLING WATER GOOD FOR YOU?

Well, it depends. Sparkling water can be a healthy option if you consume the right kind, avoiding varieties that contain artificial flavors, sugar, colors or additives.

Compared to sugary soft drinks, sparkling water is the clear winner. Sugary drinks like soda have been shown to increase the risk of heart disease, diabetes, and other serious chronic health conditions, while plain carbonated water has been found to be harmless.

Let's dive in and take a closer look at the most common sparkling water myths.

Myth: Sparkling water ruins tooth enamel.

A study published in the *Journal of the American Dental Association* found that the pH level of sparkling water is not low enough to erode tooth enamel. But it's important to choose water without added flavoring, sugar or citric acid, as these ingredients have the most potential to erode tooth enamel. Another study on sparkling mineral water found that it damaged enamel only slightly more than tap water, and was 100 times less damaging than a soft drink.

Myth: Sparkling water leaches calcium from your bones.

A large study of more than 2,500 people found that soda was the only beverage associated with significantly lower bone mineral density. On the other hand, carbonated water appeared to have no effect on bone health.

Myth: Sparkling water is not as hydrating as water.

Sparkling water has been found to be just as hydrating as plain water.

Myth: Sparkling water can have a negative effect on digestion.

In most people, carbonated water may benefit digestive health. Studies suggest that sparkling water may improve the swallowing ability by stimulating the nerves responsible for swallowing function. Carbonated water may also help you feel full longer by triggering a sensation of fullness.

It may also relieve constipation. One study found that the average bowel movement frequency of participants nearly doubled in the group that drank carbonated water, compared to the group that drank tap water.

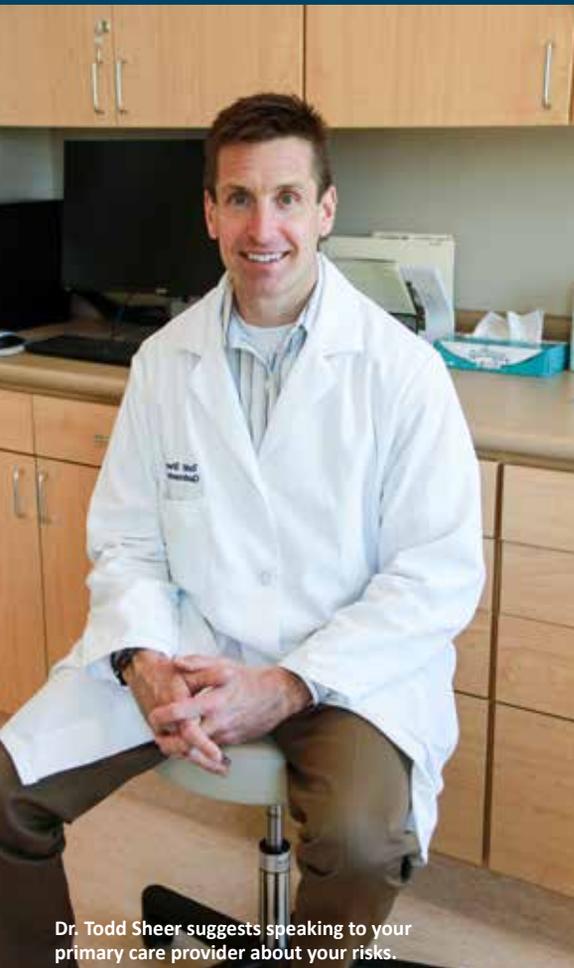
Water is as important as the oxygen we breathe, and while it's advisable to drink water rather than soda, there seems to be no harm in grabbing a can of unflavored, unsweetened and additive-free sparkling water at the next summer barbecue.



If you have questions about food and diet, call **Mercy Nutrition Therapy** at 970-764-3415.



STILL THE
Magic
Number
FOR
COLORECTAL
SCREENING



Dr. Todd Sheer suggests speaking to your primary care provider about your risks.

Adults at average risk for colorectal cancer should stick with recommendations to get tested starting at age 50, at least for now, said Todd Sheer, M.D., gastroenterologist and internal medicine doctor with Centura Health Physician Group-Southwest Gastroenterology.

The American Cancer Society's recently issued guidelines — which made national headlines — recommended that colorectal screening should begin at age 45. However, the combined recommendations from three professional gastroenterological associations and a related task force maintain that average-risk adults should get screened starting at age 50.

Dr. Sheer recommends people to wait for a consensus before following the guidelines released by the American Cancer Society last May.

“I’m not opposed to lowering the recommendations,” Dr. Sheer said. “But although it sounds good to lower the age, we haven’t really fully vetted the recommendations. It’s just too early to jump on this as the standard of care.”

Sheer and many other doctors rely on guidelines from the U.S. Multi-Society Task Force of Colorectal Cancer, which represents the American College of Gastroenterology, the American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy. These groups have already advised African-Americans, who are at higher risk for colorectal cancer, to begin screening at age 45. Also, those who have known risk factors, such as family history of colorectal cancer, can begin screening before age 50.

Dr. Sheer listed several reasons for sticking with the age 50 guideline:

- Most important, will testing earlier actually save lives? The research is not yet conclusive, Dr. Sheer said. There’s a demarcation right around age 50 in the incidence of colon cancer. The prevalence for the 45-49 age group is just about half of that in the 50-54 age group, according to statistics from the Centers for Disease Control and Prevention.
- There is always a risk when undergoing a colonoscopy, the standard method of colorectal cancer screening. For instance, in about one in every 2,000 cases, the colon is perforated. (A more non-invasive fecal test is a possibility, but keep in mind that a positive fecal test must then be confirmed by a colonoscopy.)
- Will insurance companies pay for screening those 45-49? Right now, most major insurers won’t cover colonoscopy screening for colorectal cancer until age 50 for average-risk patients, Dr. Sheer noted.
- And lastly, the cost-to-benefit ratio has not been weighed into the American Cancer Society recommendations. For example, there is a financial cost to both the patient and the health system. Also, a patient may lose time from work to get a test. And, it’s possible that scheduling 45-49-year-olds will force physicians to delay screening of those who are at higher risk.

The risk of colorectal cancer should be taken seriously. Among cancers that aren’t gender-specific, colorectal cancer is the second-deadliest cancer in the United States. Yet, only about two-thirds of Americans 50 and older are being tested.

“We have a hard enough time getting people to come in at age 50,” Dr. Sheer said.

Starting at age 50, people at normal risk should be screened for colorectal cancer every 10 years, unless advised to be tested more often. Those found to have precancerous lesions, which are removed during the colonoscopy procedure, are advised to be re-tested every five years. People who are up to date with screening and have negative prior colonoscopy results can consider stopping screening at age 75 or when life expectancy is less than 10 years.

If you have questions about the types of colorectal screening, your risk factors, when and how frequently to get screened, talk to your doctor.



If you don't have a primary care provider, call
Mercy Family Medicine at 970-385-9850.

Rethinking Baby Food Pouches

THESE CONVENIENT MEALS COULD HAVE UNEXPECTED CONSEQUENCES

Take a stroll down the baby food aisle in any supermarket and you'll likely be overwhelmed by a multitude of baby food pouches. If you're a parent of very young children, it's hard not to be drawn in by their colorful labels, organic ingredients, and undeniable convenience. However, a June 19 New York Times story, "Rethinking Baby Food Pouches," suggests that the baby food pouches many view as a godsend can in fact be a gateway to bad eating habits.

How can something that seems the perfect solution to getting your child to consume fruits and vegetables be detrimental? To gain a better understanding, we sat down with Registered Dietitian Lori Yenser of Mercy Nutrition Therapy.

"The base of most baby food pouches is usually apple or pear puree, which is sweet," says Yenser, who has been a registered dietitian for 25 years. "By feeding children a food with a fruit base, they may start to develop a sweet tooth and refuse or spit out vegetables. Children need to experience the different flavors of food, especially the bitters of vegetables, in order for them to learn to like them."

Lori explained that you need to develop your child's palate early to encourage healthy eating habits later in life. But battling your child to eat their broccoli time and time again can be frustrating, to say the least.

In addition to potentially stunting a child's palate, feeding from pouches can also affect how they develop and learn the motor skills of chewing and swallowing.

"Children go through certain stages of development and it's important that a child experience each of those stages and doesn't miss those windows of opportunity," Yenser says.

At around six months, most children begin to move their food from side to side with chewing, and from front to back when swallowing. Since eating from pouches involves a sucking action similar to drinking from a bottle, children aren't challenged to experience this important stage.

"Eating should be a multi-sensory experience," Yenser explains. "The process of learning to eat whole foods is similar to the stages of learning to walk. Each stage is important."

Being able to feed themselves with a spoon, fork or little fingers also helps them to develop their motor skills, and experiencing foods with different textures helps with speech development.



Additionally, offering your child a food pouch to soothe them when they're cranky or irritable could contribute to bad eating habits down the road.

"This practice can lead a child to think, 'If I eat something I'll feel better,'" says Yenser. "They'll start to mix up those behavior cues which can lead to emotional eating and possible weight gain."

Feeding children pouches throughout the day can cause them to not be hungry at meal times. Trying to force them to eat when they aren't hungry can create a struggle, leading children to view meal time as an unenjoyable experience.

So, what are some good practices to incorporate into snacks and meals that will help set your child up for success?

Yenser suggests offering baby food pouches very sparingly.

"At most I would give a child one or two pouches a day and only when you are traveling. At home try and give children whole foods as much as possible, and offer vegetables before fruits."

Instead of turning to a pouch at snack time, Lori encourages offering healthy alternatives such as Greek yogurt with a few berries, string cheese, or nut butter and a fruit or vegetable, or a small amount of cottage cheese and fruit.

Next time you're tempted by the convenience of a baby food pouch, instead take a minute to prepare a healthy snack. It may mean dirtying a spoon and bowl, but in the long run, it will be better for your little one.

Interested in discovering more? Lori recommends the book, "How to Get Your Kid to Eat: But Not Too Much," by Ellyn Satter.



Want to learn more? Call **Mercy Nutrition Therapy** at **970-764-3415**.

When are you ‘too old’? Well, it depends...



The view from the top of Mt. Kilimanjaro.

Missy Rodey only found out after she began the climb up Mount Kilimanjaro that she was considered too old to even be making the attempt.

At age 73, the Durango woman was three years past the guide company's cutoff — a detail that had gotten lost as her two sons planned the January trip up Africa's highest mountain.

But she wasn't too old. After a week that started in rain forest heat and ended in sub-zero cold, Rodey succeeded in reaching the 19,341-foot summit.

Age limitations become blurred when you hear about the 101-year-old D-Day veteran who went skydiving last year. Or the 80-year-old who climbed Mount Everest.

When are you “too old” to do something, whether it's climbing a peak, riding a mountain bike, or simply walking around the block? When will your back start chronically aching? When will your memory fade?

What is “normal aging”?

The answer is that we all hit age barriers, but we hit them in different degrees at different times. And although there's no one secret answer to hold off the aging process, Rodey provided a shining example and Mercy Family Medicine physician Dr. Krista Ault offered expert advice on how to slow down the effects of getting older.

‘MAGICAL PLACE’

Rodey's feat was certainly exceptional—for anyone, not to mention a 73-year-old. The former competitive runner, now a member of the Mercy Regional Medical Center Board of Directors, moved to Southwest Colorado with her husband, Glenn, in 2000. Over the years she ran about 20 marathons, a couple of 50-kilometer races, and had logged 50,000 running miles (that's twice



The climb to the top required no technical climbing but was still very challenging.

around the world) before she stopped keeping track.

Ultra-runners are always asking, “What's the next challenge?” Climbing Kilimanjaro had been in the back of her mind for decades. When she and Glenn traveled to Kenya and Tanzania 10 years ago, she fell in love with the land and people. And she saw the volcanic cone of Kilimanjaro rising above the plain, looming and beckoning.

“I think it's a magical, magical place,” Rodey says.

She shared that thought with her two sons, Kevin Kahn, a 48-year-old orthopedic trauma surgeon in Portland, Ore., and Derek Kahn, a 46-year-old chief financial officer for an Atlanta real estate developer. Kevin and Derek began plotting. Just after Rodey returned from another trip to Africa in June 2017, Kevin called and asked:

“How long is it going to take for you to get on a plane if Kilimanjaro were part of it?”

“I'd go tomorrow!”

Rodey runs a business — DeNovo Health Advocacy, which helps people navigate the health-care system—but still found plenty of time to train. Coming from Durango's 6,500-foot altitude also aided her acclimatization. At first, the guides seemed to treat her gently, thinking she was going to need constant help.

Gradually, they came to worry more about the other, sea-level-dwelling hikers or climbers. The climb was physically demanding but never over her abilities.

“It's hard for me to go several days without exercise, so it's just a conditioning that I've kept.”

They hiked up the Western Breach Route, the most challenging and dangerous path, but the most scenic. Minimal technical skills are required, but it's cold (minus-15 or so) at night near

the top, and altitude sickness or rockfall can kill. The climb was perhaps her most physically challenging feat yet.

After more than a week on the trek, Rodey and her sons successfully reached the summit. It was a beautiful, blue-sky day, and she soaked in the fulfillment of a decades-long dream.

“Exhilarating, magical, humbling.”

‘SOME KEYS’

Rodey is practical. Not everyone can scale a huge summit, or ride the Iron Horse Bicycle Classic, at age 70 or 80.

“Don’t be daunted by the level of activity of other people. Do what you’re capable of,” Rodey advises.

Dr. Ault says that diet and exercise are the two pillars of aging well, and that your exercise goals are greatly dependent on your starting point. For some, just walking to the mailbox and back is a start.

“The first thing is, it’s never too late to start doing the right things,” she says. “That being said, the sooner in life you start having good habits, the better returns you’re going to get.”

There’s no getting around the fact that as you age, there is a natural decline in muscle mass, balance, flexibility, and memory, for starters. But the last thing you want to do is stop trying, Dr. Ault emphasizes.

Medical experts typically recommend 150 minutes of exercise per week, split into five days of 30 minutes each. Start with small goals, then gradually take it to the next level, Dr. Ault says.

She offered several points of exercise advice:

- Simply walking briskly to the point where you’re just getting winded is fine exercise, even though it may not win you a race medal.
- Weight-bearing exercises are good for bone strength.
- Cycling is good, particularly for those with joint issues.
- Swimming is also fine, with the caveat that it doesn’t provide the benefits of weight-bearing exercise.

Diet is crucial. Veggies, fruits, lean meats, fish and nuts build the foundation of healthy eating. Avoid the middle of the grocery store, where you’ll find all the processed foods, Dr. Ault advises.

Some aspects of aging are often overlooked, she points out.

One is hearing loss. Often, older folks with hearing problems get depressed and feel isolated as they lose touch with conversations around them. Get your hearing checked, and get hearing aids if needed, Dr. Ault says. “That’s as important as diet and exercise, interestingly enough.”

Keeping a positive outlook is also key, and it can be challenging after someone retires or loses a spouse.

“You can’t underestimate the importance of having a good attitude and staying engaged in whatever’s important to you,” Dr. Ault says, whether that’s connecting with family or community, taking up a new hobby, reading— “any way you’re

engaging your brain.” (Sorry, television doesn’t count.)

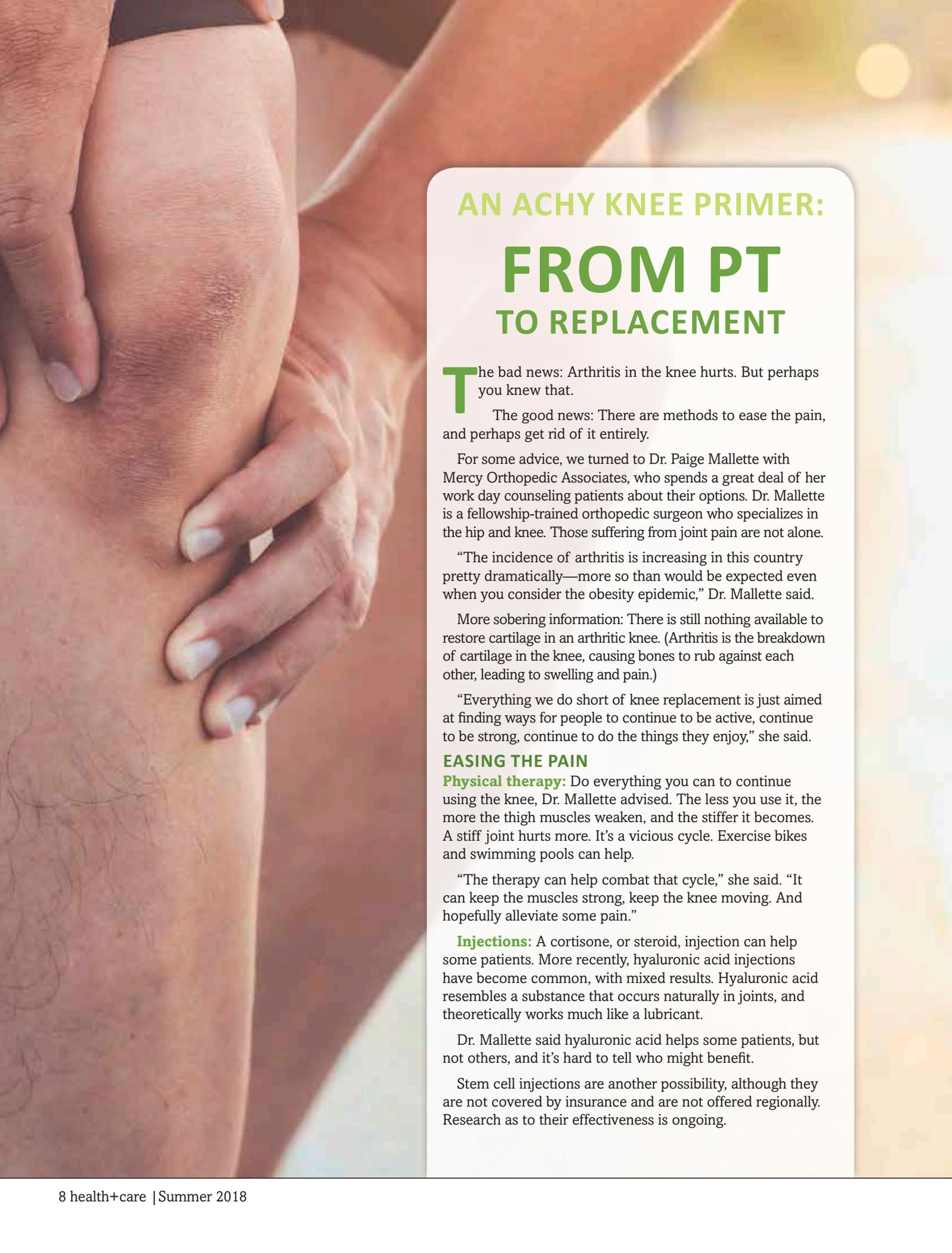
Rodey says she has always found the medical community to be very encouraging. She never hears anyone say, “You oughta slow down,” as her parents might have heard a generation ago.

Being open to opportunities and taking risks may become more difficult as one ages. But everyone has a Kilimanjaro in their life, and Rodey’s advice is to take aim and go for it.

Remember, before starting a new exercise regimen, make sure to consult your physician to make sure you’re healthy enough for physical activity.



Missy and her sons arrive at Kilimanjaro National Park to begin their journey.



AN ACHY KNEE PRIMER:

FROM PT TO REPLACEMENT

The bad news: Arthritis in the knee hurts. But perhaps you knew that.

The good news: There are methods to ease the pain, and perhaps get rid of it entirely.

For some advice, we turned to Dr. Paige Mallette with Mercy Orthopedic Associates, who spends a great deal of her work day counseling patients about their options. Dr. Mallette is a fellowship-trained orthopedic surgeon who specializes in the hip and knee. Those suffering from joint pain are not alone.

“The incidence of arthritis is increasing in this country pretty dramatically—more so than would be expected even when you consider the obesity epidemic,” Dr. Mallette said.

More sobering information: There is still nothing available to restore cartilage in an arthritic knee. (Arthritis is the breakdown of cartilage in the knee, causing bones to rub against each other, leading to swelling and pain.)

“Everything we do short of knee replacement is just aimed at finding ways for people to continue to be active, continue to be strong, continue to do the things they enjoy,” she said.

EASING THE PAIN

Physical therapy: Do everything you can to continue using the knee, Dr. Mallette advised. The less you use it, the more the thigh muscles weaken, and the stiffer it becomes. A stiff joint hurts more. It’s a vicious cycle. Exercise bikes and swimming pools can help.

“The therapy can help combat that cycle,” she said. “It can keep the muscles strong, keep the knee moving. And hopefully alleviate some pain.”

Injections: A cortisone, or steroid, injection can help some patients. More recently, hyaluronic acid injections have become common, with mixed results. Hyaluronic acid resembles a substance that occurs naturally in joints, and theoretically works much like a lubricant.

Dr. Mallette said hyaluronic acid helps some patients, but not others, and it’s hard to tell who might benefit.

Stem cell injections are another possibility, although they are not covered by insurance and are not offered regionally. Research as to their effectiveness is ongoing.



Dr. Paige Mallette, M.D.

Weight loss: Small changes in weight can have a huge effect on your joints, Dr. Mallette said.

“I’ve had patients who have been signed up for a knee replacement who...lost some weight in order to get healthy for the surgery, and ended up not needing the knee replacement.”

Exercising to lose weight may be difficult with a bad knee, although again, a bike or pool might be an answer. Diet changes—with help from a nutritionist, or even a weight-loss surgeon—can also help.

Braces, canes, walkers: Braces can be helpful, but can be cumbersome. Canes and walkers are handy, but not a solution if you’re wanting to be, say, a runner or skier again.

THE ULTIMATE SOLUTION

OK, we’ve basically reached the end of the line. Nothing else has worked satisfactorily. You and your doctor agree: It’s time

for a new knee. Dr. Mallette noted that there’s only one chance for knee replacement surgery, so she wants patients to exhaust every other possibility first.

To reduce the risk of complications, it’s best to deal with a few health issues prior to surgery. Those include nicotine use, obesity, cardiac issues, and diabetes. Timing of the surgery is also important: For the best result, patients should be in the best social and psychological situation possible.

The surgery: Basically, the femur and tibia are reshaped to accommodate metal components that fit on the ends of both bones. A dish-shaped plastic piece goes atop the tibia for the femur to glide on.

“Knee replacement is a pretty successful surgery,” Dr. Mallette said. “Obviously it isn’t restoring the normal knee that people had when they were young, but it’s really good for pain relief and maintaining activity and mobility.”

Knee replacements are often said to last from 10 to 15 years, but with the more durable materials used now, that time could increase, Dr. Mallette said. Of course, mechanical components will break down faster with increased use.

It’s also a very popular surgery, and with a generation of achy-kneed Baby Boomers hitting older age, the number of knee replacements is going to increase exponentially, Dr. Mallette said.

For more information

Mercy Orthopedic Associates

1 Mercado St., Suite 202

Durango, CO 81301

970-764-9400

Mercy Integrated Physical Therapy

Three convenient locations – visit mercydurango.org



After surgery, Mercy's physical therapy team will work to get you back on your feet.



Growing older alone **LONELINESS AFFECTS PEOPLE OF ALL AGES, BUT ESPECIALLY SENIORS.**

Of the many factors that contribute to health, loneliness is perhaps the most often overlooked. There's no argument that isolation is detrimental at any age, but it is particularly prevalent in seniors.

Health professionals around the area are busy addressing this issue, and Mercy Regional Medical Center is at the forefront of one major effort to bolster social connections among the 50-plus age group.

"The thing with older adults, with any kind of social isolation or loneliness, it seems to have a snowballing effect," says Sheila Casey, Director of La Plata County Senior Services.

When seniors become lonely or depressed, they tend to not eat, and they isolate themselves even further, Casey says. This affects their physical health, and there are mental risk factors as well.

Loneliness is a worldwide health issue that is getting more attention. Earlier this year, Great Britain appointed a "Minister for Loneliness" to tackle the problem. Former U.S. Surgeon General Vivek Murthy talks about loneliness and isolation as a health epidemic, citing studies that show that loneliness can reduce life span more than obesity, and the negative health effects it causes are equal to smoking 15 cigarettes per day.

MAKING CONNECTIONS

The Durango/La Plata Senior Center is among the places where people go to thaw the chill of loneliness with the warmth of activity and camaraderie. The center offers myriad activities, ranging from tai chi, Zumba, line dancing, computer classes, bridge and other games.

Regionally, there are also senior centers in Bayfield, Ignacio, Cortez, Pagosa Springs, Aztec, and Farmington. Many offer transportation, meals on wheels, Medicare counseling, support groups, and more.

"It really makes a huge difference," Casey says of the Senior Center. "I've seen tremendous turnarounds with people who are really isolated."

Joanna "J.J." Jennings is among those who thinks the Durango/La Plata Senior Center deserves high praise. She's a regular attendee at various meals and classes, and has received counseling as well.

"There's all this help," says Jennings, who just turned 80 and has been a Senior Center regular for a couple of decades. "There's no excuse not to go find the help that's available in this town."

Having experienced first-hand some life events that precipitate loneliness, she tries to step in and help others when timely. When a lady friend begins to isolate herself after losing a spouse, for instance, she'll tell them, "OK, we're getting you out."

Winter, with cold, snow and ice, and short days, can be another isolating factor leading to loneliness. Seniors may be less inclined to drive to town or across town—if in fact they are still driving. Casey notes that seniors living outside the city have that extra buffer of isolation. The Durango/La Plata Senior Center has two full-time drivers to shuttle those needing transportation.

Isolation and loneliness can quickly exacerbate medical problems. If someone is sick, or falls down and is injured, they may not seek medical attention or may not be able to. Jennings says she keeps a friend or two in a daily loop, with each checking in on the others.

“You always want to have a friend like that, and you always want to call them every day,” Jennings says. “And if you don’t hear from them, you call or go visit.”

WHERE ARE THE LONELY?

Many seniors, however, can slip through the cracks. The Behavioral Health Team of the La Plata County Community Health Action Coalition is focusing on the loneliness “epidemic” and is applying for a grant to study how to reach those in need and to get a gauge on the size and scope of the issue. The Behavioral Health Team—a subcommittee of the Community Health Action Coalition—meets regularly. Although the problem of loneliness and depression crosses the age spectrum, the grant, through the NextFifty Initiative, would focus on the 50-plus age group.

The goal is to study the problem and develop an outreach system, says Elsa Inman, Program Manager of Mercy Regional Medical Center’s Life Interruptions Need Kindness (LINK) program. Inman is part of the Mercy Family Medicine Behavioral Health Team.

“We don’t have a good sense of loneliness,” Inman says. “Where is it? What does it look like here? Where are these seniors? How do we reach them?”

The loneliness problem goes hand-in-hand with the LINK program, which was created in 2016 to aid people who overutilize the hospital and its emergency room for any number

of reasons. Some have addictions, or suffer from mental illness, or are homeless. Many LINK patients—Mercy selects 20 to 28 to work with at a time—suffer from loneliness or depression.

The NextFifty Initiative is a Colorado-based nonprofit “dedicated to funding mission-driven initiatives that improve community services for the elderly population and caregivers.”

“We want to approach a solution by addressing social connectedness,” says Pattie Adler, director of the Community Health Action Coalition. The Behavioral Health Team includes a spectrum of members ranging from law enforcement to churches to social service providers and more.

Data clearly show the role of loneliness in affecting physical and mental health.

“Our rates of suicide are sky high and it’s not just among youth,” Adler says. “It’s among a broad age range.”

Connecting people is a big part of the initiative’s mission, and it’s something that senior centers can do well if people know how to utilize them and want to do so, Casey says. Some people don’t want to label themselves as a “senior” by coming to the center, and never get to know “what a vital place this is.” She says it’s a very welcoming place where regulars are eager to assist newcomers.

“I’m proud of what we have here in this little town, because it really does help people reduce those mental health risk factors, and their social isolation.”

+ Contact info

Visit the Durango/La Plata Senior Center at 2424 Main Avenue, or call **970-382-6445**.



Keeping your HEAD in the GAME

MERCY AND DURANGO YOUTH SOCCER ASSOCIATION WORK TO PROTECT KIDS FROM CONCUSSIONS.



According to a 2017 Gallup poll, the popularity of soccer is on the rise in the U.S. now ranking fourth among all sports in popularity. This will not be of surprise to anyone involved with the Durango Youth Soccer Association (DYSA) and their popular program.

Along with the rise of the sport's popularity has also come an increase in reported concussions in sport participants. A study examining data on high school players from 2005 to 2014 found concussions increased in both male and female players.

"This increase could be because parents, coaches and kids are becoming more aware and educated on the signs of concussion," said Kolin Tomlinson, supervisor of athletic trainers at Mercy Sports Medicine (MSM).

DYSA and MSM's athletic trainers work together to prevent injury—including concussion—among DYSA's many members. MSM provides ImPACT concussion testing—a concussion assessment tool that measures visual and verbal memory, reaction time, and processing speed, on a computer—to all DYSA players at the start of every season. MSM also supports the program by providing athletic trainers during DYSA's annual spring tournament and providing education to coaches

"We work on training coaches and parents to recognize the signs of a concussion," said Jimmy Hall, director of coaching for U-13 to U-19 age groups at DYSA. "If there is belief that a member is suffering from a concussion, coaches are required to pull them from participation immediately. They cannot return to any club-related physical activity until they are seen and medically cleared by a physician or qualified health provider."

In 2016, U.S. Youth Soccer, the organization that oversees most of the country's leagues for teenagers and children, placed a ban on heading the ball in games and practices by participants younger than 11, stating that it may contribute to concussions.

"The idea is to limit the number of exposures younger players have to possible concussion," Tomlinson, explained. "The younger the players, the less experience and resources they have. The idea is to wait to have kids head the ball until they are physically more apt, have better neck strength, and have learned advanced techniques."

Tomlinson estimates that of the injuries seen by MSM athletic trainers, who also provide services to the soccer teams of Durango, Bayfield, Cortez and Ignacio high schools, concussions make up about 18 percent.

Heading, though, cannot be solely to blame for concussions in soccer.

"Concussions also occur from contact with other players or with the ground," Tomlinson said.

"We take concussions very seriously," Hall added. "Creating a safe environment can and does eliminate many of the causes of concussions. Head-to-ground contact, head-to-opponent contact and head-to-goalpost contact can all be minimized with appropriate practice, game and facility management."

What should you watch for if you suspect you or your child has experienced a concussion?

"Concussions can happen anytime," Tomlinson said. "People think it will be really obvious when it happens, but that's not always the case. Concussions are most likely to happen during practice and symptoms can show up hours after the initial incident."

Tomlinson says to be on the lookout for grogginess, headache, dizziness or difficulty with normal activity.

"No matter how small the signs are, it's important to get checked out," Tomlinson encouraged.

If you have access to an athletic trainer, ask them to perform a post-injury ImPACT test. Otherwise, if there are obvious signs of concussion or you are concerned, see your primary care provider immediately.

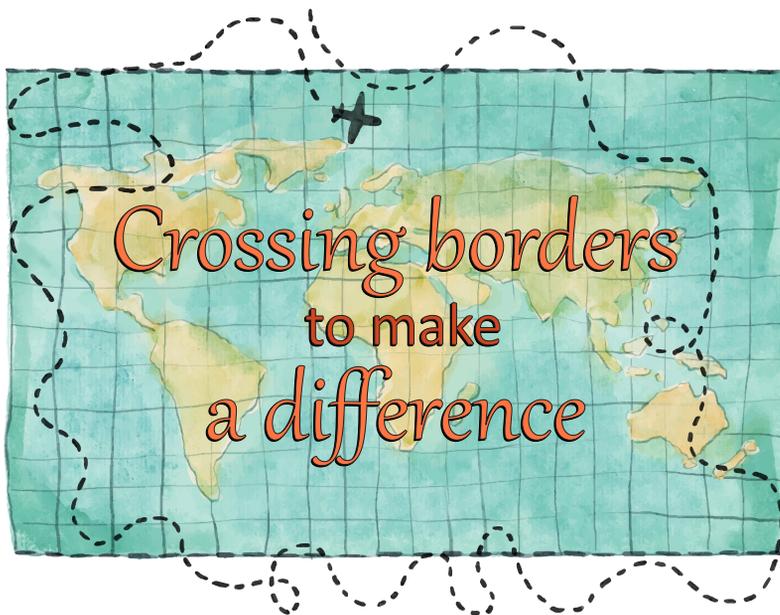
"It's important to appropriately recover from the first concussion," Tomlinson said. "Many times, student athletes don't report concussion because they are scared they will be held out of play. However, the earlier they report, the quicker they can get necessary care to help them recover and can return to the game."

Would your student athlete benefit from a pre-concussion ImPACT assessment?

- + The Concussion Center at Mercy Sports Medicine offers ImPACT testing, concussion assessments, and concussion rehabilitation services. Call **Mercy Sports Medicine** today at **970-259-9530**.



Local youth player Evan Wilczek chases the ball during a game.



Craig, Jill Nelson and Jason Fry, as they performed patient examinations. In addition, Sister Asha had the opportunity to spend time in Mercy's Intensive Care Unit with Dr. Gus Hallin, critical care physician, and round on Mercy's floors with Dr. McKinnis.

"Dareda Hospital is a 250-bed hospital with limited resources and a lack of modern lab equipment serving a very poor population," explained Dr. McKinnis.

To enhance the long distance clinical connection between Dareda Hospital and Mercy, the hope is to install telemedicine capabilities, but until then, Dr. McKinnis and other volunteer physicians will provide consultations by phone or email as needed.

Mercy looks forward to continuing its support of capacity building at Dareda Hospital.

"This isn't just a mission trip where you visit once and never go back," Dr. McKinnis said. "In partnership with the capable staff at Dareda Hospital, we hope to help equip and train their local experts to improve the care of their patients in a sustainable manner."

The Mission Team's next trip will focus on "Helping Babies Breathe," a program which teaches the initial steps of neonatal resuscitation to be accomplished in the "golden minute" to save lives and give a better start to many babies who struggle to breathe at birth. The team will also work on the development of a functional Intensive Care Unit and hospital laboratory.

"Mercy's partnership with Dareda furthers Mercy's mission by serving those among us who are the most in need," Dr. McKinnis said. "It also allows us to share information and learn from each other."

Interested in learning more or donating to Mercy's Tanzania Mission? **Visit <https://www.mhffnd.org>**

Since 2004, Mercy Regional Medical Center and Mercy Health Foundation (MHF) have supported mission work in Mbulu, Tanzania, through a variety of giving initiatives. In addition to providing scholarships for girls and small business loans for women, Mercy and MHF work on capacity building efforts to support Dareda Hospital. Located over 9,000 miles from Durango, the hospital is tucked away in the mountains of northern Tanzania.

In January, Mercy's Tanzania travel team visited the regional hospital bringing with them a special gift purchased through donations to MHF: a much needed portable ultrasound with echocardiogram capability. An echocardiogram is a test of the action of the heart using ultrasound waves to produce a visual display. This technology is used for diagnosis and monitoring of this vital organ.

During the January visit, it was determined that Sister Asha, an internal medicine physician at the hospital, would need advanced training to operate and understand the new piece of equipment.

Sister Asha is the first internal medicine and residency-trained physician to serve at Dareda Hospital, and she is anxious to advance her knowledge to better serve the hospital's many patients.

"The hospital has never had a residency-trained physician before, and her expertise in internal medicine is invaluable," said Dr. Valerie McKinnis, Mercy hospitalist, who has been part of Mercy's Tanzania Mission for about four years.

As luck would have it, Sister Asha already had plans to visit and train with a New York-area physician in April. The decision was made to extend her visit to the U.S. by two weeks, allowing her time to travel to Durango.

At Mercy, Sister Asha received training from Dr. Eugenia Miller, board-certified cardiologist, who retired from Mercy Cardiology Associates in November 2017. Dr. Miller volunteered her time to supervise Sister Asha, sometimes putting in 10-hour days to generously share her knowledge with the young nun. During her time at Mercy, Sister Asha was able to practice echocardiogram exams on Mercy physician and nurse volunteers. She also shadowed Mercy echocardiogram technicians Ginny



Sister Asha checks out the Mercy Flight For Life helicopter during her visit.



The 2017 Journey of Hope had over 300 participants.

JOURNEY of HOPE

5K FAMILY RUN/WALK

The 24th annual Journey of Hope is coming to Mercy Regional Medical Center on Saturday, Oct. 6. It will bring tears, laughter and celebration to Mercy Regional Breast Care Center, the start of the perennial event's 5K.

The Journey of Hope honors women and their families who have been touched by cancer. Proceeds from the Journey of Hope 5K Family Run/Walk go to a fund administered by Mercy Health Foundation that provides free mammograms to women who cannot otherwise afford them.

Share your stories, prayers, and messages of hope before and during the event, and then enjoy music, food, prizes, and activities for the kids at the post-race gathering at the Three Springs pavilion on Mercado Street.

DETAILS: October 6: 5K starts at 9 a.m. Race start is located in the parking lot just north of the Mercy Regional Breast Care Center, 1010 Three Springs Blvd. in Durango. Entry for adults: \$25. The event is **free** for children under 12 (or \$25 if race gift is desired).

TO ENTER: To register online visit www.mhffnd.org or for more information, call **970-764-2800**. You can also register on the morning of the event near the start, or during packet pickup **Friday evening, Oct. 5**, in the main lobby of Mercy.



MERCY STAFF RALLY'S TO SUPPORT COMMUNITY

The impacts of the 416 Fire have been felt by many, including our neighbors in Silverton. Lost sales because of the discontinued runs of the Durango & Silverton Narrow Gauge Railroad and HWY 550 road closures hit the Silverton economy hard.

Searching for a way to help Silverton residents, in June the local Wells Group real estate brokerage began a donation drive to benefit the small mountain community. Kaylin Miller, RN patient navigator at Southwest Oncology, learned of the Wells Group drive and shared the idea with her husband Andrew Miller, director of facilities and security at Mercy Regional Medical Center. Andrew solicited the aid of Mercy's Management Council, who helped to gather donations from Mercy associates.

In two days, Mercy had collected so many donations that the collective contribution was too large to combine with the Wells Group delivery. So, a group of Mercy associates took it upon themselves to deliver a truckload of food, pet food, cleaning supplies, toiletries, and more to the community of Silverton.

"The response from the Mercy Family was overwhelming," said Stephanie Clements, Mercy's chief nursing officer.

Mercy associates Paul Gibson, Andrew Miller, Jennifer Hyson, and Stephanie Clements deliver donations to Silverton.

Improving Mobility INTERESTED IN FINDING RELIEF FROM TIGHTNESS, TENSION, AND REDUCED MOVEMENT?

Try one of the classes in Mercy Sports Medicine's RAD Mobility Series. Using RAD Rollers and other tools, the classes in the series use self-myofascial release (SMR) techniques to facilitate mobility.

CLASSES FEATURING RAD ROLLER TOOLS INCLUDE:

- ❖ Yoga Mobility, 5:15 p.m. Mondays
- ❖ LITE (Low Intensity Interval Training) Core & Mobility, 4:30 p.m. Tuesdays
- ❖ HIIT (High Intensity Interval Training) Core & Mobility, 5:15 p.m. Tuesdays
- ❖ RAD Mobility, 5:15 p.m. Thursdays
- ❖ Barre Mobility, 5:15 p.m. Thursdays

USING RAD ROLLERS CAN:

- ❖ Release restrictions
- ❖ Flush out built-up toxins
- ❖ May relieve muscular pain
- ❖ Benefit blood and lymph flow
- ❖ Promote relaxation
- ❖ Create a healing response
- ❖ Relieve trigger points
- ❖ Help mobilize joints



Instructor Jolie Ensign teaches people of all levels how to use the RAD Roller tools.

People of all abilities are encouraged to give Mercy Sports Medicine's RAD Mobility Series a try and experience increased mobility and relief of stress, tightness, and tension.

+ **Mercy Sports Medicine**
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spine care team. If you suffer from chronic back or neck pain, look no further than the Mercy Spine Center of Excellence. We'll get you back to the things you love.

+ Want to learn more about Mercy's Spine Center of Excellence? Visit www.mercydurango.org/spine



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More than a gut feeling: Why fiber aids your health

Your microbiome needs your attention. It's not going to scream at you from way deep in your gut. But just be aware, it could really use your help. If it could pass along a simple message, it would probably be: "Feed me fiber."

This is a cute way of repeating the mantra to eat lots of fruits and vegetables. But as the science develops, it's becoming more clear why unprocessed foods straight from nature are so valuable to your health.

A quick explanation, courtesy of Dr. Sarah Goodpastor with Mercy Internal Medicine:

Just as you are born, bacteria inhabit your gastrointestinal tract. This is a good thing. These bacteria—all 100 trillion that live in your body—take on a bunch of tasks for you. For instance, they maintain a protective layer in the gut that fights harmful bacteria and regulates the immune system.

By eating foods with fiber—fruits and veggies are the most basic—you are feeding this microbial factory. The bacteria break down the fiber and create something called Short Chain Fatty Acids (SCFAs). These SCFAs are valuable in many ways—for gut health, for energy metabolism, and as anti-inflammatories, to name a few.

The science behind this is evolving, and has moved forward leaps and bounds in just the last decade. Dr. Goodpastor, who specializes in Internal Medicine and Obesity Medicine, lectures on the topic: "The Gut Microbiome and Its Impact on Our Metabolic Health."

"Unfortunately, in our current Western diet, we don't necessarily get enough fiber," Dr. Goodpastor said. The minimum recommendation is 25 grams per day for women, 38 for men. "It's quite difficult to obtain that if people aren't focusing on it."



Dr. Sarah Goodpastor

OK, where best to get fiber? It's not that hard, and it can be delicious.

- * Popcorn and dark chocolate are not No. 1 on the list, but they do have fiber. Just don't douse the popcorn with butter, and look for dark chocolate with high concentrations of cocoa—not extra sugar.
- * Fruits such as strawberries, bananas, apples, pears, and avocados have 3 to 10 grams of fiber per serving.

- * Root vegetables such as carrots and beets are highly nutritious and supply a good quantity of fiber.
- * Leafy green vegetables, broccoli, and artichokes all have high fiber content.
- * Legumes such as lentils, kidney beans, and split peas.

This is a partial list.

Meanwhile, processed foods that contain chemicals and emulsifiers appear to have a detrimental effect on the gut bacteria.

Having this scientific knowledge of how the gut works is beneficial to a health expert who wants to be able to answer the "why" when she advises a patient to eat more fruits and vegetables.

"I kind of feel it's a garden you're trying to grow," Dr. Goodpastor said of the microbiome. "If you feed it the right nutrients, then you'll grow the right organisms."

The recommended five to nine helpings per day of fruits and vegetables are beneficial for those helpful but needy bacteria in your gut.

"Add more fiber to your diet," Dr. Goodpastor said. "Make sure you're feeding your microbiome."

Mercy Internal Medicine

3235 N Main Ave, Suite 2
Durango, CO 81301

970-764-9300