Texas and Telehealth: New Bill Would Remove Toughest Hurdle for Practitioners

By: Theresa E. Thompson
Epstein Becker & Green, P.C.

In recent years, Texas has served as ground zero for a number of the most contentious legal battles surrounding telehealth. In early March, Texas State Senator Charles Schwertner, the chairman of the Committee on Health and Human Services and an orthopedic surgeon, submitted a bill signifying progress for telemedicine and telehealth providers looking to practice in the Lone Star State. The bill, S.B. 1107, would remove one of the toughest hurdles for telemedicine and telehealth practitioners – the face-to-face meeting requirement. Providers would be able to provide services to, and establish practitioner-patient relationships with, Texas residents through either a synchronous audio-visual interaction or via store-and-forward technology and a synchronous audio-only interaction, without ever having to meet the patient in real life. Although it would prohibit agencies from creating any higher standard of care for telemedicine or telehealth services than is required in an in-person setting, the bill would require the practitioner to use the relevant clinical information required to meet the same standard of care with the standard of care. The bill would also mean changes for the policies of the Texas Medical Board. The legislation would mean that the “telepresenter” requirement, mandating the presence of a healthcare professional when a patient initiates a video consultation, would be eliminated. In addition, the Texas Medical Board, along with the Texas Board of Nursing, the Texas Physician Assistant Board, and the Texas State Board of Pharmacy, would be required to adopt rules defining “valid” prescriptions for telemedicine visits. These rules would be required to reflect that a practitioner-patient relationship could be established by the provision of a telemedicine service. This would supersede the current, and defunct, policy against telemedicine prescribing, although prescribing abortion drugs would still be prohibited. In conjunction with these rules, the Boards would be required to jointly develop and publish responses to frequently asked questions relating to the determination of a valid prescription issued in the course of the provision of telemedicine medical services on each respective Board's website. Although the bill would expand opportunities in telehealth in many ways, some limitations would persist. Physicians establishing physician-patient relationships via telemedicine would be required to provide the patient with guidance on appropriate follow-up care and to provide the patient’s primary care physician with an explanation of the treatment provided to the patient and the practitioner’s evaluation, analysis, or diagnosis of the patient’s condition in a medical record or other report within 72 hours of the provision of services. The bill also makes clear that the prescription of an abortifacient or any other drug or device that terminates a pregnancy would not create a practitioner-patient relationship. Further, the bill would not require insurers to provide coverage for telemedicine medical services or telehealth services provided by only synchronous or asynchronous audio interaction or faxes, nor would it apply to mental health services. S.B. 1107 follows the stay recently placed on the litigation between the Texas Medical Board and telehealth company Teladoc. The dispute arose in 2015 when the Texas Medical
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Mental Health

BAKER INSTITUTE EXPERT: OVERHAUL OF US DRUG POLICY IS LONG OVERDUE

By Jeff Falk

A new report from the Office of the Surgeon General, “Facing Addiction in America,” suggests that an overhaul of U.S. drug policy is long overdue, according to a new issue brief from a drug policy expert at Rice University’s Baker Institute for Public Policy.

The surgeon general’s report is meant to be a call to action against the public health crisis of addiction, according to the brief’s author, Katharine Neill, the Baker Institute’s Alfred C. Glassell III Postdoctoral Fellow in Drug Policy. It brings an authoritative voice to the current national debate over how to confront addiction in the face of rising rates of opioid-related overdoses and confirms what many observers have claimed — that addiction requires compassion and treatment, not punishment, she said.

“The strong endorsement from the surgeon general’s office for integrated substance use care, expanded use of medication-assisted treatment and an overall public-health-based approach to addiction should send a clear message to policymakers and the public that an overhaul of U.S. drug policy is long overdue,” Neill wrote.

The report is densely packed with troubling statistics that highlight the prevalence of alcohol and substance misuse in the United States, Neill said. In 2015, 20.8 million people — nearly 8 percent of the U.S. population — met the criteria for a substance use disorder (SUD) involving alcohol or illicit substances. As the report states, roughly 88,000 deaths per year are alcohol-related. In 2015, more than 52,000 deaths were attributed to drug overdose, which has claimed more lives in recent years largely due to a rise in opioid misuse. Substance misuse and SUDs cost the United States roughly $400 billion annually in health care and criminal justice expenses and lost worker productivity.

Despite the heavy toll of substance misuse on individuals, families and society, only about 10 percent of people who need help with an SUD actually receive it, Neill said. “In the face of this crisis and based on a growing body of neurobiological evidence, the report argues that addiction is a chronic disease of the brain that should be treated more like diabetes and less like an act of criminal misconduct,” she said.


“For all its admirable qualities, there are other areas in which the report falls short,” Neill wrote. “It misses an opportunity to bring heroin-assisted treatment into the discussion of effective medication-assisted therapies for opioid use disorders. While it argues that addiction should not be criminalized, it stops short of supporting decriminalization of drug possession and maintains that legal sanctions can be an effective incentive for drug treatment, not dealing with the reality of how these sanctions might be used in practice and the collateral consequences that an individual faces if sanctions are enforced.”

Neill said future efforts to address drug addiction should frame neurobiological explanations of addiction more squarely within the context of environmental risk factors and should emphasize the need for social policies that address the underlying external causes of addiction.

“It is indeed time to change how we view drug addiction,” Neill wrote. “Let’s get it right this time — by acknowledging the many complexities of addiction and the need for a holistic policy response.”

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Geriatric Health
By Deborah Y. Liggan, M.D.

Geriatric medicine is an approach to the general care of the elderly, concerned with the clinical, preventive, remedial, and social aspects of illness in the elderly. This article will discuss how aging processes affect the pattern and presentation of disease. Included are health screenings that our elderly should never forget.

Cholesterol Screening.
High cholesterol is a major risk factor for heart disease or a heart attack. In general, adult women over 20 years should try to keep their total blood cholesterol level below 200 mg per deciliter. LDL (bad cholesterol) ranges below 100 and HDL (good cholesterol) at 60 or higher. High cholesterol can run in families, but the majority of the risk factors for developing high blood cholesterol and heart disease are due to lifestyle factors such as smoking, poor diet, and lack of exercise.

Blood Pressure Screening.
Get your blood pressure measured once every year. Most doctors check it during regular visits. For a healthy person these pressures are typically 120 and 75mmHg, in contrast hypertension is a chronic high blood pressure 140/90mmHg. High blood pressure means that you are at high risk for heart attack, heart failure, or stroke. It is most common among black, people and people over the age of 45.

Mammograms.
Mammograms are the most useful tool used to detect breast cancer. The American Cancer society recommends that women between ages 40 thru 50, receive a mammogram each year. The U.S. Preventive services task force recommends women over the age 50, start receiving a mammogram every 2 years. Women should discuss with their doctors, the pros and cons of mammograms, and how often to get these x-rays of breast tissue; especially if hereditary.

Bone Density Test.
Osteoporosis or thinning bones makes your bones break easily. Half of all women past menopause will break a bone sometime during their life. Getting a bone density test will help determine whether your bones are prone to breaking easily. If they are prone to breaking your doctor may suggest that you take a medicine to reduce your risk for fractures. You should begin to be tested at age 60; women who are 65 or over should be tested regularly for osteoporosis.

Pap Test.
The Pap smear is the most common method to find the abnormal cells that lead to cervical cancer. According to the American College Obstetricians and Gynecologist, screening should begin screening at the age of 21, regardless of sexual activity. For some women, cervical cancer screening can also include testing for a virus called Human Papilloma Virus (HPV).

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Oncology Research
THE PROMISES TO TREAT OVARIAN CANCER PATIENTS.

By: Jorge Augusto
Borin Scutti, PhD
Houston Medical Times

According to National Cancer Institute (NCI) ovarian cancer represents the sixth most commonly diagnosed and 3% off all cancer among women in the world. An estimated 204,000 new cases are diagnosed and 125,000 women die of ovarian cancer annually worldwide. In 2017 the American Cancer Society estimates for ovarian cancer in the United States about 22,440 will receive a new diagnosis of ovarian cancer and about 14,080 will die from ovarian cancer.

This type of cancer mainly develops in older women (63 years or older). This type of cancer represents the second leading gynecologic cancer, following cancer of the female reproductive system.

Most of women have more than one risk factor for ovarian cancer. Among the risk factors we can cite: Age, obesity, reproductive history, using birth control pills, gynecology surgery, fertility drugs, androgens and hormone therapy, family history of ovarian cancer and the presence of certain genetic mutations such as mutations in MLH1 or MSH2 (related with a disorder called lymph syndrome), BRCA1 and BRCA2. Between 10 and 15 percent of ovarian cancer contains MLH1 or MSH2 mutation while between 65 and 85 percent of these mutations are in the BRCA1 or BRCA2. After the diagnosis tests are done the doctors will recommend one or more treatment options: surgery, hormone therapy, chemotherapy, targeted therapy and radiotherapy.

On December 19th the Food and Drug Administration (FDA) granted accelerated approval for Rucaparib (RubracaTM) to treat some women with advanced ovarian cancer, a PARP inhibitor (Poly ADP ribose polymerase). PARP are important for the regulation of much cellular process such as DNA repair, chromatin functions and genomic stability. Blocking PARP inhibits PARP, an enzyme that normally aids cells repair damage DNA – when a cell accumulates enough DNA damage it dies. The rational to this particular approach lies on cancer cells with BRCA mutations have defective DNA repair mechanisms, which studies have shown, make them especially sensitive to PARP inhibitors. The first PARP inhibitor for ovarian cancer was approved in 2014 by FDA – Olaparib (Lynparza®). A third PARP inhibitor (Niraparib) has show encouraging results and is under review by the FDA for approval.

Ovarian cancer is often diagnosed at late stages and unfortunately patients face resistance to chemotherapy. In order to overcome this issue and treat ovarian cancer patient's immunotherapy could be a good strategy. An article published in 2016 “Effector T cells abrogate stroma-mediated chemoresistance in ovarian cancer” suggests a different way of thinking about chemotherapy resistant to treat ovarian cancer. In this article the authors demonstrated that blocking PARP inhibits PARP, an enzyme that normally aids cells repair damage DNA – when a cell accumulates enough DNA damage it dies. The rational to this particular approach lies on cancer cells with BRCA mutations have defective DNA repair mechanisms, which studies have shown, make them especially sensitive to PARP inhibitors. The first PARP inhibitor for ovarian cancer was approved in 2014 by FDA – Olaparib (Lynparza®). A third PARP inhibitor (Niraparib) has show encouraging results and is under review by the FDA for approval.

In another hand altering glutathione and cysteine metabolism in fibroblasts could stimulate T CD8+ (cytotoxic lymphocytes) to abolish the tumor resistance. The cancer immune microenvironment is the key to understand the nature of immunity in response to cancer development and cancer immunotherapy. Boosting the immune system now the researchers are able to overcome the chemotherapy resistance in animal models improving the response against cancer progression. In the past our understanding about chemotherapy resistance was caused by genetic changes in tumor cells but now our knowledge allow us to try to modulate the microenvironment in order to kill tumor cells.
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Thank you!
Catching Diabetes Early: You Can’t Treat What You Don’t Know You Have

How one program in south Texas has found an unusual venue to screen for diabetes

By Christina Sumners
Texas A&M Health Science Center

Perhaps the last thing you would expect to find in a south Texas flea market—among the produce, old clothes and high-end cowboy boots—is a booth where you can find out if you have diabetes. But that’s exactly what professors and master’s degree students at the Texas A&M School of Public Health in McAllen have set up in the town of Alamo, chosen because the clients are least likely to have medical coverage and delay detection and treatment of diabetes.

To date, the program, called Prevention Organized against Diabetes through Education and Resources or Prevención Organizada contra la Diabetes y Diálisis con Educación y Recursos, has screened 2,480 people for diabetes and reached 8,000 more—mostly family members—with some basic information about a healthy diet and the importance of physical activity.

“Waiting until the disease has developed and interferes with daily life means a potential future of kidney dialysis, amputation or blindness,” said Ann V. Millard, PhD, associate professor at the School of Public Health. “Early prevention requires changes in daily routines of eating and physical activity; later treatment requires these elements plus medication.”

The lower Rio Grande Valley has a type 2 diabetes prevalence of 30.7 percent among adults, compared with 9.3 percent nationwide. “The clinics in our region are flooded with diabetes,” Millard said. “The high valley prevalence means that an upstream focus is necessary to prevent the development of symptoms of diabetes, and we know that with this program, we’re catching people and getting them into care earlier.”

Public health students and other volunteers will give each person who comes into the booth some basic health information—if they’re 25 older—and ask if they’d like a free HbA1c test for diabetes. “People often ask how long the test will take,” Millard said. “The beauty of it is that the test only takes six minutes and doesn’t require fasting or any other special preparation.” When someone tests positive for diabetes, the public health volunteers refer them for a medical appointment the following week at a community clinic. Those with prediabetes are encouraged to improve their eating patterns and get more physically active. Then, in the following weeks, the team follows up with each person who tested positive for diabetes (about 25.3 percent of those tested) or pre-diabetes (28.5 of those tested).

The results have been encouraging. Among people who were shown to have pre-diabetes, more than half had increased the number of vegetables in their diets, decreased the number of sodas they drank or both after three months. Also, those referred for medical care had a statistically significant decline in blood sugar levels.

“We’ve been pleasantly surprised,” Millard said. “Something about the person-to-person contact with the students really helps and is hopefully setting the participants on a course for many more years of healthy life.”

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S.T.E.M. Grows at University of St. Thomas: Center for Science and Health Professions
Debuts as Lynchpin for Academic Pursuits Across Multiple Disciplines

The University of St. Thomas (UST) will launch its new Center for Science and Health Professions building on Thursday, April 6 with a grand opening ceremony in conjunction with its annual Research Symposium, which promotes undergraduate and graduate research. The stunning new center honors the legacy that legendary architect Philip Johnson lent to UST when he designed its academic mall and iconic Chapel of St. Basil.

Funding for the Center for Science and Health Professions was accomplished through the University’s ongoing comprehensive campaign, Faith in Our Future: The Campaign for the University of St. Thomas. To date, the campaign has raised over $143 million, $47 million of which went toward the construction of the CSHP.

The 103,000-square-foot CSHP will house the disciplines of Nursing, Biology and Chemistry. It represents a unique indoor gathering space unlike any other on campus and features a Grand Atrium; Student Commons areas on each floor with table seating, coffee bar, and Wi-Fi access; student seminar rooms; state-of-the-art classrooms; and discipline-specific teaching and research laboratories for Nursing, Chemistry and Biology, including an Advanced Simulation Lab for Nursing, Cell Biology Lab, Genetics Lab, Microbiology Lab, Molecular Lab, Organic Chemistry Lab and many others. The CSHP will additionally house faculty offices, conference rooms, and a Nursing Success Center.

In 2015, UST became the 55th member of the Texas Medical Center, furthering its ability to meet the region’s demand for well-educated, skilled professionals in the science and health disciplines. Biology and Nursing are currently the top two majors pursued by undergraduate students at UST, and the Center for Science and Health Professions will serve a major portion of the student body while helping to educate future leaders for the STEM workforce.

According to the Texas Nursing Workforce Shortage Coalition, the state of Texas will face a deficit of approximately 70,000 nurses in just three years’ time, and UST has pledged to help mitigate this shortage with the educational and research opportunities available to students who study at the CSHP.

Students in the STEM disciplines will be infused not only with unbridled academic opportunity inside the classrooms and laboratories of the CSHP but will also be instilled with the Catholic principles that are a primary component of every student’s growth from the moment they set foot at UST.

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American Heart Association Encourages People to Move More and Get Healthy For Good™

Recently countless Houstonians took a step towards being Healthy For Good and walked to commemorate the American Heart Association’s National Walking Day on April 5. The Healthy For Good movement is designed to inspire all Americans to live healthier lives and create lasting change. It focuses on the simple idea that making small changes today can create a difference for generations to come. Sunshine, longer days and warmer temperatures: It’s the perfect season to get active and establish a get-fit routine.

Why Be Active?
Everyone can benefit from more physical activity. As a nation, we’re not getting enough—and that inactivity is contributing to many diseases, including heart disease and stroke. Among other things, getting more physical activity into your day helps you:

• Stay healthier, feel stronger and live longer.
• Have more energy to do the things you love.
• Manage stress.
• Be a great role model for those in your life.
• Get in shape for the season of shorts and tank tops.

How Much Physical Activity Should I Get?
AHA recommends at least 150 minutes of moderate intensity physical activity a week. That breaks down to at least 30 minutes per day, five times a week. You can shorten that time by exercising more vigorously: The alternate recommendation is at least 75 minutes of vigorous exercise per week. But, whether you’re aiming for the 150 minutes of moderate or the 75 of vigorous, you can break either down into as little as 10-minute sessions sprinkled throughout your day. Research has found that this amount of physical activity cuts your risk for heart disease and stroke; in addition to other health benefits.

What Counts as Exercise? Moderate vs. Vigorous
Any activity is better than no activity, but movement that raises your heart rate and challenges your muscles affords the most benefits. Every minute counts, but in general, every one minute of vigorous activity is worth two minutes of moderate activity. Moderate activity means that your heart is beating faster. You can still carry on a conversation, but you’ll be breathing heavier. And you’ll notice that you’re starting to sweat.

Vigorous activity is higher intensity and it feels more taxing: Your heart is beating much faster. Although you can carry on a conversation, you will find yourself pausing to take a breath.

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You can start walking today! It’s free and requires no equipment other than a sturdy pair of walking shoes. As for when to walk, there is only one key: Choose a time that you can stick with. There’s no “right” time to walk; it’s about figuring out what works with your schedule.

By: Suzie Flores
American Heart Association

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see American Heart Association page 18
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Senior Living Spotlight

Senior Well Being, Mental engagement, and Wellness is an ongoing topic in the Houston Medical Times, we were interested in asking Retirement Center Management (RCM) President James D. Gray about his passion for developing Luxury Communities for seniors.

**Houston Medical Times (HMT):** How did your career evolve?

**James Gray:** After receiving a Masters in Business Administration (MBA) from the University of Texas, I was fortunate enough to get a job in the 80’s with Trammel Crow Company leasing warehouses in Houston. I loved Trammel Crow and eventually became a partner over the Houston industrial real estate division. However I departed from the company in the 90’s when the development markets became tough and Trammel Crow was forced to adjusted accordingly as a response. I joined another Trammell Crow partner who was forming a real estate investment fund, through from this union and fund, we decided to explore the senior living industry. It occurred to us that the industry was still in its infancy and with the demographic bubble headed in the right direction as the baby boomers aged; it would be a good time to enter this unique market.

We talked to dozens of industry providers and toured hundreds of facilities until we finally determined that the best opportunity for us would be based on our skill set and limited senior living experience was in the independent living sector. We formed Cypress Senior Living in 1997 and proceeded to develop and manage a portfolio of 2250 units in 9 markets, primarily in the Midwest and Southeast.

That portfolio was sold in 2006 when I started Bridgewood Property Company as an investment vehicle to continue developing senior living communities. Through Bridgewood, the emphasis shifted to include assisted living and memory care along with independent living focus of the past. Bridgewood’s management company, Retirement Center Management, and current portfolio includes 16 communities representing nearly 2500 units of independent, assisted and memory care.

**HMT:** What's currently under development?

**James Gray:** I would have to say River Oaks, Triangle and Southampton.

**HMT:** What makes you different from the other developers?

**James Gray:** A lot of things distinguish us from other senior living developers. Some of the items to mention include:

- Bridgewood's ability to customize each development to fit the particular needs and desires of the senior population in and around the site. No two buildings are alike.
- We own and manage our own communities so there is not a separation between ownership and operations. Thus, we can be imminently more responsive to residents' requests and needs.
- Bridgewood has been developing senior living communities in excess of 20 years and is not “new” to the industry. Thus, we have two decades of experience that has taught us what is right and not right for our residents in our developments.
- Bridgewood has a primary focus on quality. We desire to customize each development to fit the particular needs and desires of the senior population in and around the site. No two buildings are alike.

**HMT:** Would you describe RCM Senior living housing as Luxury?

**James Gray:** Many of our communities are luxurious and considered to be the finest in the respective market, but we also have plenty of properties that are still of the highest quality but not in price. Regardless, all RCM properties actively seek to provide luxury care and service to each resident.

**HMT:** What would people be surprised to learn about you?

**James Gray:** I’m pretty predictable; no major surprises. I actually love to work and consider it a blessing to be able to everyday. My family would tell you I’m a neat freak.

**HMT:** How do you know when an elderly loved one is ready for assisted living?

**James Gray:** One obvious answer is when you observe that they are encountering “struggles” with some of the everyday components of living such as dressing, walking, driving, etc. However, for independent living, it is often based on a change of life event such as a temporary illness or death of a spouse.

**HMT:** Once someone has identified that long-term care is necessary for a parent, what is the best way to approach having that initial, difficult conversation?

**James Gray:** It is best to have a discussion about the benefits of a change and how this will enhance their lives. It is important to speak in terms of positives such as a move will eliminate the daily hassles of cooking, cleaning and driving and replace them with a care free living arrangement with everything that is needed within a short distance of their home. The benefits that can be observed include being around an abundance of friends for socialization as well as having the solitude of one’s home at the same spot. In addition, having the peace of mind of knowing that if one does need any help, then it is right there when needed. Life will be fun and engaging again. This allows one the opportunity to live life well.

**HMT:** How can someone be confident that they are placing an elderly loved one into a good retirement community?

**James Gray:** Always visit and stay for lunch or dinner. Watch the residents and visit with some if possible to see if they are happy. If so, then it is a good spot. If not, leave quickly.

**HMT:** For families currently considering assisted living, do you have any recommendations for people they could talk to about the process?

**James Gray:** The best informed person is generally someone who has just gone through the process themselves such as a friend or neighbor. Visit several communities and discuss with the Marketing or Executive Director. For the most part, the industry is very compassionate and all want to help a family find the right spot for their family member. We often refer potential clients to other communities, if we feel the prospect is best served elsewhere for various reasons. Also, we generally receive referrals as well.

**HMT:** Personal?

I am married to my wife, Franny. We have 4 boys with one being out of school and working fulltime in Atlanta, two are in College at the University of Georgia and University of Virginia, respectively, and the last is currently in middle school.
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April 2017
Farmers’ markets are great places to purchase fresh, healthy food directly from the farmer. You will find that this time of year has farms bustling with activity and thus a perfect time to check out a local market. Items you can find in a market include organic and conventionally grown fruits and vegetables, prepared foods, fresh meats and cheeses, free-range chicken eggs, seafood, and other products. Shopping locally has many benefits.

First of all, fresh produce is essential for a healthy lifestyle. Hopefully the recommendation of getting at least five to seven servings of fruits and vegetables per day has not eluded you. Since harvests are usually sold within 24 to 48 hours, fruits and vegetables produced locally are fresher. Some produce at supermarkets may have been shipped from distances of around 1,300 miles, not to mention a time span of one to two weeks. The more color on your plate, the greater your health benefits. The farmers’ market is packed with brightly colored fruits and vegetables that change with the season.

If you are considering jumping on this trend of the “locavore” movement, knowing the ins and outs of farmer’s markets is important. Here are three reasons why you should consider shopping at your local farmers market.

SUSTAINABLE
Shopping locally is healthy, as well as more sustainable and therefore helps protect the environment. Eating food grown in your area reduces the amount of money, energy, and resources needed to ship the food to you. This reduces carbon dioxide emissions and packing materials. It allows you to buy recently harvested produce with more nutrients since it cuts down the time between the harvest and consumption.

GET ANSWERS TO YOUR QUESTIONS
Farmers’ markets also give you the opportunity to try something new and ask questions directly to the farmer. Most farmers and growers welcome your inquiries since they have a passion for the food they produce. You can find out if the food you are eating is organic. If it isn’t, you can ask if they use chemicals or pesticides on their produce. Asking questions allows you to generate new ideas and tips for enjoying healthy food.

EVENTS
Here in Houston, the Urban Harvest Farmers Market was named one of the 50 best markets in the United States by Cooking Light, a national health-conscious magazine. It has activities and produce for everyone. Every year, Urban Harvest conducts more than 100 classes on a variety of subjects such as canning vegetables and living sustainably. Urban Harvest also offers gardening and nutrition education for youth, in addition to gardening classes for adults.
By Nicole Bender

Did you know the word “salary” stems from salt and its storied use throughout human history, dating as far back as 6050 BC? It has also been a part of the American diet since, well, the beginning of America. Pre-industrial revolution, before refrigeration was available, salt was used to preserve meats and other foods for longer periods of time. Today, it still serves as a preservative, particularly in processed canned and boxed goods, but it is also often used for additional flavor. It is commonplace to add salt to virtually everything—meat, potatoes, vegetables and even watermelon.

In small doses, there is nothing wrong with a little salt. “The body does need sodium,” said Claudia Perkins, registered dietician for the Diabetes Education Program at the Texas A&M Coastal Bend Health Education Center. “It helps to maintain fluids balance within the body, transmits nerve impulses and controls the contraction and relaxation of the muscles.”

Still, on the whole, we eat too much of it. The average American consumes about 3,400 milligrams (mg) of sodium each day. To put that into perspective, a teaspoon of table salt, which consists of sodium and chloride, has about 2,325 mg of sodium. The Dietary Guidelines for Americans recommends a maximum of 2,300 mg per day, which most of us are clearly exceeding. An appeals court recently sided with New York City’s mandate for restaurants to use salt-shaker-like emblems to designate menu items that contain more than a day’s recommended amount of sodium.

“To avoid excessive sodium intake, avoid cooking with salt,” Perkins said. “Use herbs and spices to incorporate more flavor into the dishes you are preparing.” Still, for most of us, it is not the salt we add ourselves that is the primary problem. Processed foods satisfy many of our cravings and often seem like the most convenient meal option, but they also are the primary source of sodium consumption. Avoid overindulging on breads, cold cut meats, pizzas, broths, frozen entrees, fried foods, chips, snack foods and canned soups, meats and vegetables.

What happens when you overindulge may be surprising. “When the kidneys are unable to excrete excess sodium, it can build up,” Perkins said. “It is too much builds up, our body reacts.” So what happens when we go overboard with the saltshaker?

Kidneys won’t filter

The kidneys serve to filter blood. This filtration process involves regulating the amount of water to retain within the blood stream or release as urine. Too much sodium could make it difficult for the kidneys to effectively expel fluid waste, thus causing the body to retain more water. High-sodium diets can also increase the amount of urinary calcium, which is the main cause of kidney stones.

You bloat

When the kidneys retain water, your body is likely to bloat. Such swelling is called edema, and it can occur in your face, hands, ankles or legs. It is not a serious condition; however, it can be uncomfortable and make clothes feel too tight. Drinking water and not eating high-sodium foods can help the swelling subside.

You become dehydrated

When too much sodium throws the body and the kidneys out of whack, the body becomes dehydrated. During this period, the body will pull water from your cells. Drinking more water will help neutralize the sodium and rehydrate the cells throughout your body. If you are feeling thirsty or nauseated or have diarrhea or stomach cramps, too much sodium could be the culprit. Drink more water!

Blood pressure increases

When the body retains water, it will cause an increase in blood volume. More blood volume will make it more difficult for the blood to move through the arteries, ultimately increasing blood pressure and affecting the heart. Increased blood pressure can lead to elevated risk of heart disease, stroke, congestive heart failure and kidney disease.

Sodium is important for bodily functions, but too much for too long can lead to chronic issues. It is important to be cognizant of your sodium intake and to not regularly exceed the 2,300 mg per day. By tracking your meals’ nutrients and working with your health care provider, you can take steps limit your sodium consumption and improve your health.

References:
Jahnigen DW, Schrier RW (eds), Geriatric Medicine, 2nd ed. Cambridge: Blackwell Science, 1996.

Geriatric Health
Continued from page 4

How can you tell if you have a hearing problem? Here are some signs:

• You may have to strain to hear a conversation
• You may find yourself turning up the volume of the t.v. and radio so loud that others complain

In Summary, there are shots to prevent diseases. Ask your doctor or nurse, which shots are right for me? And when should I get them?

• Tetanus-Diphtheria Shot (Most people need this shot every ten years)
• Flu Shot. (Most people fifty or older need a flu shot every year)
• Pneumonia (Everyone needs a pneumonia shot once after the age of 65). If you have heart, lung, or kidney diseases, diabetes; HIV; or cancer, may need this shot sooner.

References:
Age Well Live Well
Texercise Helps Older Texans Stay Active, Connected

By: Jeff Carmack
Texas Health and Human Service Commission

Two aging-related risk factors that can pose problems for older people are isolation and lack of exercise. Texercise, a program offered by the Texas Health and Human Services Commission, can help seniors keep active while they stay engaged in their communities.

Chelsea Couch, HHSC Texercise program specialist, said that the exercises offered by the program—which are led by trained instructors—help older Texans stay strong and flexible. And the companionship offered by classes can help seniors battle the effects of isolation.

Austinite Betty Ussery, 81, is a cancer survivor and a five-month veteran of Texercise. Four days a week she walks the four blocks from her home on the East Side to the Alamo Recreation Center, where she works out for four hours before getting a ride home.

“This is a good thing that will get you back in shape and give you more energy,” she said.

“And that’s what we need because sitting around takes all your energy.”

In addition to boosting energy, research has shown that regular physical activity can reduce the risk of obesity, cardiovascular diseases (hypertension and high blood pressure), arthritis, diabetes and osteoporosis. Everyone—no matter how old—can benefit from physical activity.

“I had a problem with my legs being stiff before I started,” Ussery said. “But the exercises where we do our legs, that really helps me with my stiffness.”

Not only does Texercise offer seniors a good workout to help them physically fit, the companionship at the classes provides a healthy dose of socialization, which is vital to mental and physical health. “It's not good to be by yourself. You can get yourself into a bad case of depression,” Ussery said.

Couch said Ussery's observation is supported by science, and cites research from Brigham Young University that suggests that the health risk associated with loneliness or social isolation is comparable to well-established risk factors such as substance abuse, injury and violence, and environmental quality.

Research also suggests that loneliness can increase the risk for early death by 45 percent and the chance of developing dementia in later life by 64 percent. But people with strong ties to family and friends are as much as 50 percent less at risk of dying over any given period of time than those with fewer social connections.

Despite her illness, Ussery doesn’t like being idle. “I told my doctor, ‘I’m not an indoor person and I’m not going to start now,’” she said. “I don’t like sitting. Most elderly people like me want to stay in the house, but not me — no, no no.”

Ussery even exercises when she’s not Texercising. “I do a lot of walking,” she said. “And I walk from my house to the Alamo center four blocks away.”

But after walking to her workout and exercising for four hours, “somebody gives me a ride home.”

Exercise paired with good nutrition can help prevent or minimize a variety of chronic conditions. Even if you have been inactive most of your life, making these changes now can make a difference.

Most people find getting started the hardest part. There are a variety of factors that motivate people to begin and stick with a fitness program. Identify which ones motivate you, and get moving.

• Reduce the risk of developing chronic diseases
• Improve cardiovascular system
• Reduce stress
• Burn calories, increases weight loss
• Improve energy levels
• Help with sleep
• Provide social engagement
• Improve your sense of well-being

To find out more about Texercise, go to www.texercise.com.

American Heart Association
Continued from page 12

Walking Day and Move More in April

The American Heart Association will kick off the month-long campaign on National Walking Day, April 5, to encourage people to move more by increasing their physical activity. The campaign is broken down into weekly themes. Week one focuses on walking and the basic tools you need to get started. Walking is one of the safest, least expensive, and most sustainable forms of exercise. Weeks two and three focus on recreational sports and outdoor activities the whole family can do together, and week four focuses on mindful movement and reducing stress by doing activities such as yoga, Pilates and tai chi.

Be part of the movement and register for your free toolkit at www.heart.org/movemoretoolkit. For tips, tools and hacks you can actually use to get Healthy For Good, visit www.heart.org/movemore. ◆
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