

Cardiovascular Wellness Program Newsletter

> Issue 22 December 2023

Comments from Linda

The end of the year is always a good time to reflect on the past 12 months and acknowledge the good and the bad things that have happened. This past semester has been especially fun and it is so nice to end the year with such good thoughts.

We celebrated our 10-year anniversary at the beginning of the month (pictures on last page). We continue to forge new collaborations. We have become a bit of an extension for the UC Davis cardiac rehab program and it is always great to get their graduates into our fold. The PT department is doing more and more with us, first taking individual clients on for balance assessments, now coming up to lead group balance sessions, and we will have more interaction with them in the coming semester. Be sure to read my page about all our ongoing projects.

Our "hydrid" program will continue --we offer all of our sessions, both exercise & education, as Zoom meetings and joining us either from home or in-person in the gym are the options. Our program will continue to be all about choices.

2024 will be the start of a new chapter for us. I personally will have some changes in my life when I become a grandmother for the first time in March. I am very excited also that Sharon Myers, a dear friend, a wonderful colleague, and a really capable nurse, will be starting the next chapter in our program with us – she will be joining us hopefully on Tuesdays this coming semester. Woo hoo!

Best wishes for a warm and wonderful holiday. I do hope to see you soon!

CWP Newsletter

This newsletter is created quarterly with a primary intent of reaching those we have not seen lately. If you would like to receive a hard copy in the mail, please let me know. Call and leave a message (916-278-4402) or send an email: csuscywellness@gmail.com

Prior issues are archived on our webpage https://cardiovascularwellnessprogram.org/newsletter

Included in this issue:

Program Coordinator Notes, Linda Paumer, MA PreventionForward, Javier Lopez, MD Dean's Note, Dianne Hyson, PhD CWP Projects Exercise Reminders, Wendy Shelton Nutrition Notes, Debbie Lucus, RD Recipe Corner Universe in Rose Petal, Linda Larsen, RN



As this newsletter is being put together, our Medical Director, Radhika Nandur Bukkapatnam is away on a family trip to Machu Pichu. Kudos to them! This explains one reason why we haven't seen much of him lately!

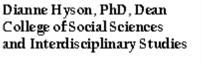
Dr. Lopez has shared with us some announcements about mobile

clinics he is now involved with that are part of a DHE Project which focuses on preventive health screenings for blood pressure and depression. The primary goal is to identify individuals who may benefit from remote patient monitoring. They have been holding mobile clinics for the past 2 months. The launch event happened in partnership with Ampla Health's Binational Health Fair on October 8th and you can read about that event <u>here</u>.

Partners for this project include Dr. Sergio Aguilar-Gaxiola (Center for Reducing Health Disparities), Dr. Javier Lopez (UCDH Cardiology), and Dr. Miriam Nuno (UCD Public Health Sciences) and they are also partnering with three UCD Student Run Clinics (Imani, Clinica Tepati, and Knights Landing). In addition, another collaborator is the <u>Ventanillas de Salud</u> program at the Mexican Consulate for coordination of services

and resources for patients needing mental health services and crisis counseling.

To date they have held <u>18 clinics</u> and screened over <u>130 patients</u> for blood pressure and depression! Pictured are the mobile clinic and some of our team members. They will be creating a data dashboard where you will be able to keep track of their progress. Please visit their <u>website</u> to learn more and see a list of our upcoming mobile clinics.



A decade has unfolded since the inception of our campusbased Cardiovascular Wellness Program at Sacramento State. Ten years ago, as we gathered to discuss this concept,

it was just a "proof of concept." I can still recall the excitement in the room that morning, guided by Dr. Kappagoda's animated discussion and planning. Approaching the campus administration at that time was met with many questions and some understandable concerns. Engaging community members in cardiovascular risk reduction activities on a campus was uncharted territory. However, fueled by the spirit of "let's try it," we received the green light. Fast forward to today, and we're still bringing this vision to life, thanks to the capable leadership of Linda Paumer and the continued support of dedicated volunteers, students, faculty, and participants.

Through challenges, personnel changes, relocations, the death of our founder, and both local and global happenings, we've not only persevered but thrived. Reflecting on the program's expansion, encompassing new partnerships, curriculum enhancements, research endeavors, teaching initiatives, and internships, I am filled with inspiration and reminded of the endless possibilities.

My sincere thanks to everyone contributing to this important work and community. I look forward to continuing to work together as we start the next decade!









Javier López, MD Medical Director, UC Davis Cardiac Rehabilitation Program

CWP Projects

Those of you attending sessions in Folsom Hall are aware of the excellent job we do fulfilling our mission of serving students and everyone's involvement participating in these interactions is a cornerstone of our success. Of course, spring semester will bring new and returning students into our domain and your continued involvement with them is again requested and greatly appreciated.

Highlights of the Fall 2023 semester:

1) Gero 101 Interactions. I have now taught this course three semesters and have the honor of being asked back for the upcoming semester. The students in this course need to fulfill 20 hours of service learning and it is pure joy to watch them come in so fearful day one and be happy and interactive after hanging out with us just a short while later.

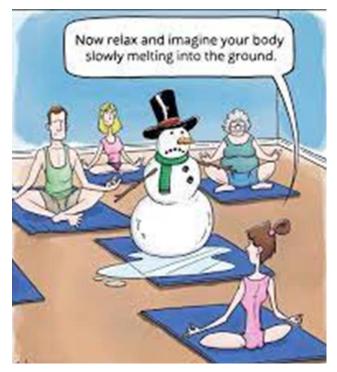
2) Part of our involvement with gero classes had us participating in several outreach events this past semester. We provided health-education activities three times to a senior living complex in West Sacramento – these events proved to be fun, eye-opening for the students involved, and a very good use of all of our skills. Likely we will be doing more of this next semester.

3) The balance activities class set up by PT students continues once/week, on Fridays. I do expect this to grow in popularity. We will have more involvement with PT students in the upcoming semester.

4) We had two gero 131 students who completed capstone projects with us this past semester, Naaz and Angel. Both these students hosted activity sessions. This coming semester we have three returning gero students, Billal, Noah and Wendy and they each have interesting, interactive projects getting lined up.

4) We had and will continue to have student involvement with research students (ID201) and well as community nutrition and psychology students.

5) Nursing and pre-nursing students are finding us more and more and the experiences we are giving them are proving very helpful in their coursework.





6) The last research project we completed was our Maturity, Memory and Music project and thinking back to how long ago that was makes me think spring might be a good time for a new similar project. Stay tuned!

Exercise Reminders from Linda Paumer

This edition I am blessed to have had help. This information was put together by our gero intern, Wendy. Thank you!

Kyphosis is an exaggerated forward rounding of the upper back. This condition is sometimes known as a round back and can cause back pain. This is mostly common in older women with osteoporosis. There are several types of kyphosis but the most common type in older adults is degenerative kyphosis.

Types of Kyphosis

Congenital Kyphosis: This is usually present at birth when the spine does not fully form before birth. The front edge of one or more of the bones in the upper back does not develop properly. This bone is often formed in the shape of a wedge. This type of kyphosis may not require treatment, but if the forward curve becomes severe it can lead to pain and deformity that can compress the lungs and interfere with breathing.

Postural Kyphosis is due to poor posture and is mostly common in adolescent girls. Postural kyphosis is caused by slouching, leaning back in a chair, and carrying heavy back packs. This stretches the supporting muscles and ligaments, which causes spinal curvature. This can be corrected by improving your posture using bracing, exercises and in most severe cases surgery is required.

Scheuermann's Kyphosis occurs when the spine bones grow in abnormal, wedged fashion of the vertebrae during adolescence and resulting in more severe curvature of the upper back.

Neuromuscular Kyphosis is usually due to conditions like cerebral palsy, muscular dystrophy or spinal code injuries. This can be treated with surgery like spinal fusion just to stabilize the spinal cord. Treatment is based on the severity of the injury to the spine.

Degenerative Kyphosis is mostly common in older adults over the age of 40. As we age, the intervertebral discs and cartilage that help preserve the integrity of the spine begin to lose their supportive quality. These cushioning discs/lubricating cartilage naturally and slowly succumb to years of use. They dry out, wear down, and lose their buoyant qualities. This can lead to a loss of fluid mobility in the spine and the collapse of vertebrae. When this collapse occurs, the head and spine can bow forward,.







Managing Degenerative Kyphosis and Importance of Exercise

Daily exercise may help improve your round upper back. It is very important to keep your spine healthy if you have kyphosis. Strengthening the muscles of your spine will help maintain an upright posture. Daily exercising may help you improve your rounded upper back and also help maintain a healthy amount of the curve while making it easier to maintain an upright posture.

Exercises that are good for the upper body to improve posture

- Thoracic rotation
- Bird dog
- Bilateral shoulder external rotation.

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Holiday Eating Tips and Swaps

By Debbie Lucus

The holiday season is in full swing. Those of you who have worked hard in 2023 to change your lifestyle to one that is health-promoting may be wondering how to handle the 'eating season'. We have discussed this in our classes, and there are a number of things you have told me you want to deal with it:



"I'm going to eat whatever I want – it's the holidays" As

Dr. Kappagoda always said, "our bodies don't know it is the holidays" Don't forget that there are only specific days that are holidays – not an entire season."

"I'm only going to splurge on the specific holiday day" – Not a bad way to handle things, but beware of the longer holidays (i.e. 8 days of Hanukkah). All those leftovers may extend into more days!

"I'm going to modify my dishes to incorporate my new lifestyle" – Of course, I love this one!

OR a combination of all of the above.

I'm with you about enjoying the holidays, but what if we could still do that AND keep it healthy? Here are some easy recipe tips and swaps to help you stay on track.

Tip #1 Make a plan, write it down and stick with it:

- 'I will modify all my recipes to make them healthier'
- 'I will modify most of my recipes and only splurge on _____
- 'I will talk with my family to get them on board with my lifestyle changes.'
- 'I will have 'thank you' bites of the foods that aren't on my plan.'
- 'I will make fun, healthy food to bring to get-togethers so that I will have something I can indulge in.'
- 'I will keep up with my exercise during this season.'
- 'I will swap my 'I can't eat anything fun' attitude for an 'I choose to eat healthy foods this season to help reach my goals' attitude.'
- 'I will fill half or more of my plate at meals with vegetables (and not the smothered in butter or gravy ones)'.

Tip #2 Remember your 'why'. Your WHY is the reason you are changing your lifestyle--why you are doing all of this?

- To get off medications?
- To prevent a heart attack?
- To lower your risk of having a stroke?
- To avoid getting diabetes or to take care of your diabetes?
- To maintain or lose weight?

Think of your why when you are making your food and lifestyle decisions. And remember that a whole food plant-based diet is the only eating style to reverse the above conditions.

Tip #3 Utilize simple recipe swaps:

Eggs	Baked goods can use any of the following to equal one egg:
	¹ / ₄ cup applesauce or mashed banana
	1 Tablespoons + 3 Tablespoons ground flaxseeds or chia seeds – mixed and let sit for 5- 10 minutes
	3 Tablespoons aquafaba (the juice from the garbanzo bean can) whisked (can also use this to dredge your French toast)
	¹ / ₄ cup blended tofu, prune puree or pumpkin
Butter & Oil	Sauté with water, vegetable broth, wine instead of fats
	For baked recipes, use applesauce, mashed banana, prune puree, aquafaba or blended tofu instead of oil and butter
	To 'butter' your toast, try fruit jams, nut butter, avocado or hummus
	Try air fryer to turn your foods crispy (this is something I hope to find under the Christmas tree!)
Milk & Yogurt	Most any plant milk will easily swap for traditional cow's milk in recipes.
	Since soy milk has the most protein, it is a great one for baked goods, but I often use my almond milk without a problem.
Need buttermilk?	Just add 1 tablespoon vinegar or lemon juice to 1 cup plant milk. Let sit 5 minutes and voila – you've got buttermilk!
Meat	Beans, lentils, split peas are high protein and fiber, low in fat and will help to lower your cholesterol!
	Tofu or Tempeh
	Faux meats – these are not always healthy, so check your labels
Prime Rib	To be perfectly honest, there isn't a great substitute may be better to just do without BUT, there are some recipes using seitan (wheat meat) that are fairly 'meaty'
Cheese	Nutritional yeast can give a cheezy flavor
	You can purchase nut or plant-based cheeses, but like the faux meats, they aren't always healthy – so check your labels
	Make your own cheese sauces using cashews or tofu – we've shown many of these recipes at CWP
Whipped Cream	Blend up the aquafaba with a little sugar, as we did in our last cooking demonstration
Ice Cream	Try making Nice Cream – just blend up some frozen bananas with a little plant milk, add any flavors you like (i.e., strawberries, cocoa powder, peppermint)

Tip #4 Enjoy your food, have fun, practice your relaxation techniques!

I hope to see you at the cooking demonstration on 12/19. If you have any favorite holiday recipes you'd like to ask about, we can fill our cooking time with answering those questions!

Wishing you all an amazing, happy and healthy holiday season.

Zucchini Beany Salad

From Main Street Academy Cookbook

This is the cold version. You can use the exact same ingredients and make a hot version also.

Ingredients

1 large zucchini, spiralized or cut into bite-sized pieces 1 medium tomato, diced ¹/₄ cup finely chopped white or red onion ¹/₄ cup finely minced fresh parsley ¹/₂ cup cooked or canned chickpeas, rinsed and drained 20 kalamata olives, pitted and finely chopped 2 tablespoons capers, drained 2 tablespoons pumpkin seeds 1 tsp red pepper flakes 2 tablespoons lemon juice 1 tablespoon olive oil (optional – if not using, add 1 tablespoon red wine vinegar) 1 tablespoon Dijon mustard 1 garlic clove, minced Salt & pepper to taste

Directions

In a large bowl, combine the zucchini, tomato, onion, parsley, chickpeas, olives, capers, pumpkin seeds and red pepper flakes.

In a small bowl, whisk together the lemon juice, olive oil or vinegar, mustard, garlic and salt & pepper. Pour the dressing over the salad and toss to combine. Cover and refrigerate for at least 1 hour before serving.





On Halloween, Debbie & John put on an amazing cooking demonstration. If missed the recipe for that pumpkin gingerbread roasted fruit trifle, look back in your emails or ask Linda to send it again please.







Makes 2-4 servings

Mindfulness and Seasonal Loneliness

By Linda M, Larsen, RN-BC, RYT

For many, the holiday season is not the "most wonderful time of the year." A report from the National Academies of Sciences, Engineering, and Medicine (link below) points out that more than one-third of American adults aged 45 and older feel lonely, and nearly one-fourth of



adults aged 65 and older are socially isolated. Social isolation and loneliness are increasingly being recognized worldwide as a significant public health problem because it can put health at risk and even has been associated with increased risk of premature mortality from all causes.

I can recall an episode of Seasonal Loneliness when I was in my early twenties and living about a 3-hour drive from the nearest family. We didn't have enough money to travel "Home" for the holidays, so it was a pretty bleak time for me. This was not the only time I've felt isolated or lonely in my life; I can relate to how overwhelming loneliness can feel.

There are many factors and causes for social isolation. Loneliness affects not just those who live alone; in addition, those who are low-income, underserved, and vulnerable "at-risk" populations, as well those who have a limited social network or family ties; mental health issues such as depression, anxiety, and stress, and physical health issues are the most significantly susceptible groups. Everyone has times in their life when they feel isolated or lonely; the key is to plan ahead on how to alleviate this stress. Training our brain to accept things as they are; without judging them, may help correct some of the cognitive distortions associated with loneliness, which on its own makes it seem worse than it actually is.

Research has shown that mindfulness can reduce loneliness. As renowned meditation teacher Sharon Salzberg says; "Mindfulness helps us get better at seeing the difference between what's happening and the stories we tell ourselves about what's happening." In my own experience when I was younger, accepting the situation instead of comparing it to the past or creating unreasonable expectations led to gratitude and appreciation for what I did have in my life - new, enjoyable traditions with a loving husband, plenty to eat, a local Church family to celebrate the season with, and a peaceful home. In addition to mindfulness practices, set intentions to maintain self-care activities which can help lessen holiday stress. Try to get enough sleep, schedule downtime, avoid or reduce alcohol, and avoid known sources of sadness or loss. Be extra kind to yourself.

Keep in mind that you can, as Natalie Kerr Ph.D. says, "learn how to welcome these experiences with an attitude of acceptance, even when they're unpleasant." It is important to note that sometimes, we need more than we alone can provide ourselves, so if your practices of mindfulness, acceptance and gratitude do not ease your pain, please give yourself permission to seek psychological help.

"My dear loneliness, I know you are there. I hope to take care of you." - Thich Nhat Hanh

For more in depth on social isolation, loneliness, and suggestions for management:

www.psychologytoday.com/us/blog/social-influence/202202/the-practice-can-ease-loneliness www.psychologytoday.com/us/blog/social-influence/202109/the-key-to-overcoming-loneliness mbsrtraining.com/attitudes-of-mindfulness-by-jon-kabat-zinn/mindful-attitude-of-acceptance-jon-kabat-zinn/ www.nextavenue.org/how-to-be-less-lonely-this-holiday-season/ nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the https://www.webmd.com/mental-health/what-to-know-about-loneliness-during-the-holidays www.nia.nih.gov/health/loneliness-and-social-isolation/loneliness-and-social-isolation-tips-staying-connected {This has great even further resources about loneliness and social isolation} https://www.cdc.gov/aging/publications/features/lonely-older-adults.html





December 1st we celebrated our 10-year anniversary, hallmarking our first potluck since the pandemic. It went very well and the thanks we have for everyone, especially those attending, were indeed very heartfelt. Here's to 10 more years!











