

A Legacy *of Good Health*

SPRING 2017

START THE YEAR OFF RIGHT

Find ways to cut back on added sugars



If you pay attention to dietary headlines, you've probably heard the fuss over foods with added sugars. And you might wonder: How could something so deliciously sweet be so potentially bad for your health?

First, it's important to remember that sugars occur naturally in many foods, from milk to fruit. But that's not the issue here.

Instead, we're talking sugars, syrups and caloric sweeteners that are added to foods when they're processed or prepared. And if their calories make up too much of your diet, you may not have enough room for other nutritious choices. Diets that limit added sugars are linked to a reduced risk of obesity and certain chronic diseases.

Where's the extra sugar?

Everyone knows that candy, cookies, cakes and regular sodas have added sugars. But added sugars are also listed on packaged food labels under dozens of different names. Among them: cane sugar, syrup, brown sugar and many words ending in *ose* (like *fructose* or *dextrose*).

Added sugars can be part of a nutritious diet—you don't have to shun them all. However, you should limit them to less than 10 percent of your daily calories. To help cut back:

1 Choose naturally sweet fruits for desserts or snacks. Add fruit (instead of sugar) to cereal. Make a peanut butter sandwich with bananas or berries instead of jelly or jam.

2 Shop for foods with less or no added sugar. For instance, choose plain (instead of flavored) yogurt and add your favorite fruit. Try unsweetened applesauce and fruit canned in water or natural juices rather than heavy syrup.

3 Swap your sweetened soda, punch or energy drink for water or milk.

4 When baking, try using only half the recommended sugar. Chances are, nobody will notice.

5 Make candy, cookies and other sweets an occasional treat.

Limiting added sugars is just one of many smart things you can do to help ensure a healthy eating plan. For more ideas, check out choosemyplate.gov.

Sources: American Academy of Nutrition and Dietetics; American Heart Association; U.S. Department of Agriculture



**What's the plan?
Know your insurance**

3



**Shake tobacco
and alcohol**

4



**New service:
Meds-to-Beds**

5

URINARY INCONTINENCE

The bladder blues for women

PREGNANCY. Vaginal deliveries. Menopause. The female anatomy itself.

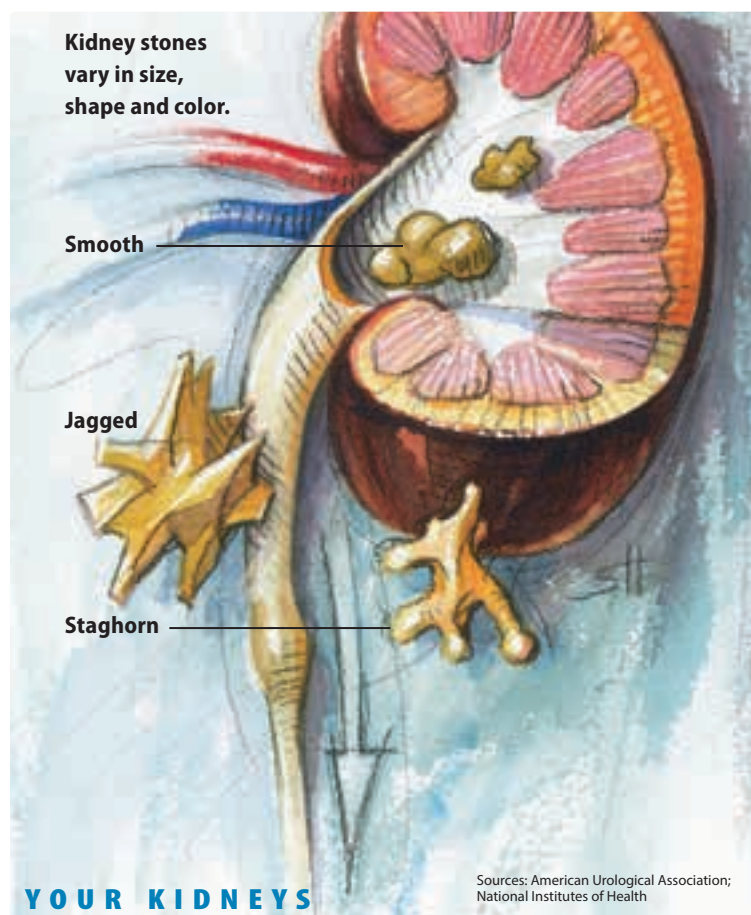
All of these make women vulnerable to a common and bothersome condition: urinary incontinence (UI). In fact, women are twice as likely as men to experience the involuntary passing of urine—the main symptom of UI.

There are many types of UI. How do you know if you have one? This chart can help.

You might have:	If you:
Stress incontinence	► Leak urine when you cough, exercise, laugh or do other physical activities.
Urge incontinence	► Leak large amounts of urine (for example, before you can reach the toilet or during sleep).
Mixed incontinence	► Have a combination of symptoms, most often of stress and urge incontinence.
Overactive bladder	► Have a sudden, pressing need to urinate. ► Make eight or more trips to the restroom in 24 hours. ► Wake up two or more times per night because you need to urinate. ► Have urge incontinence.
Overflow incontinence (more common in men)	► Leak small amounts of urine unexpectedly (for example, when your bladder is full or after you've voided).
Functional incontinence	► Have a physical disability or a medical problem that interferes with thinking (such as Alzheimer's disease) that keeps you from reaching the toilet in time.
Transient incontinence	► Have leakage caused by temporary changes (a new medicine, a urinary tract infection or a cough from a cold).

So if you leak when you laugh or frequently lose your race to the restroom, don't despair—every type of UI is treatable. Share your symptoms with your doctor. Depending on your diagnosis, solutions such as bladder retraining, Kegel exercises or medications might work. Surgery is another option—but many women improve without it.

Sources: American College of Obstetricians and Gynecologists; American Urogynecologic Society; National Institutes of Health



YOUR KIDNEYS

Sources: American Urological Association; National Institutes of Health

The trouble with stones

KIDNEY STONES are lots of things at once: prevalent, painful and prone to recur. But they're also treatable.

Kidney stones form when substances in the urinary tract combine into solid particles. Some stones, which can be as small as a grain of sand, are flushed from the body unnoticed during urination. Larger stones can cause significant pain, but most of those pass on their own too.

But sometimes, stones get stuck. Symptoms include pain while urinating; bloody urine; and a sharp, persistent

pain in your back or side. You may also vomit.

If your doctor determines your kidney stones are unlikely to pass on their own, he or she may recommend:

- Using a special machine to crush the stones with shock waves, allowing the smaller fragments to pass.
- Removing stones with a thin instrument inserted through the urethra.
- Surgery.

To learn more about kidney stones, visit morehealth.org/kidneystones.

Sources: National Institutes of Health; Urology Care Foundation

KERN LEGACY

KNOWING YOUR PLAN

YOU may assume that your doctor knows the ins and outs of your health insurance, but knowing your health plan is not the responsibility of your doctor. As a member of a health insurance plan, it is important that you understand where you are covered and what services are included in your benefits so that you do not get stuck with an unexpected bill.

Here are answers to questions that many Kern Legacy Health Plan members have asked:

1 My doctor gave me a lab slip; where can I go?

If your doctor does not do labs in his or her office, you can take your lab order to any laboratory listed on the EPO provider listing. You do not have a co-pay for EPO lab services; however, if you choose to use a PPO laboratory, the PPO deductible and co-insurance will apply.

2 If my doctor orders an x-ray, mammogram or other radiology procedure, what are my choices?

Radiology procedures must be performed at a network contracted facility. To reduce any out-of-pocket charges that may apply, you can choose a facility from the EPO provider list, or you can use a PPO facility.

3 Do I need authorization to see a therapist?

No, you do not need prior plan approval for outpatient mental health services unless it has been determined that you need services through an intensive outpatient program. Select a contracted provider from the EPO provider list.

4 How long should I wait for an approval to see a specialist or to have a procedure?

Clinix HealthCare does the clinical review for all requests for authorization submitted to the health plan. For routine requests, there is a maximum turnaround time of five business days. You should call Kern Legacy if you have not heard from the plan within that time frame to be sure that the request was submitted.

5 Does the inpatient EPO co-pay apply to inpatient rehabilitation?

Yes, even if you are transferred from Kern Medical (an EPO hospital where there is no inpatient co-pay) to Health South for rehabilitation after an orthopedic surgery, the EPO non-Kern Medical inpatient co-pay applies. This is because you are being transferred to a rehab facility for a different type of care not provided by an acute care hospital facility.

Visit kernlegacyhp.com to view the EPO and PPO provider lists.

You can get your medication at any retail pharmacy, but to maximize your savings, use a Kern Medical pharmacy.

Make sure you know if you are using an EPO provider or a PPO provider.

The most current list of providers can be found on the plan website at kernlegacyhp.com under "Provider Lists." There are separate lists for EPO and PPO providers.

Call Kern Legacy to:

- Find a doctor or facility that meets your needs.
- Ask about a referral or authorization.
- Get help with scheduling an appointment.
- Ask questions about a bill.
- Get help with a pharmacy issue.

Customer service with a personal touch

Navigating through the insurance world is not easy, but Kern Legacy is here to help you. The care and attention we provide to our members exceeds what is expected from any insurance company because we are not just an insurance company—we are family. We are here for you whenever you need us.

Health plan services

Available Monday through Friday, from 8 a.m. to 5 p.m.
Closed for all county holidays.
Call 661-868-3280 or 855-308-5547.



TOO MUCH, TOO FAST

How binge drinking hurts



HAVE you ever seen someone guzzle beer after beer at a party? That's one example of binge drinking, a form of alcohol abuse. Typically, it's defined as four or more drinks for women or five or more for men in about two hours. This type of excessive drinking can happen anywhere.

A dicey drinking pattern

Excessive drinking may increase the risk of many alcohol-related problems that can affect safety and well-being, such as: ► Alcohol-related injuries. ► Car crashes. ► Drunk-driving arrests. ► Trouble at work or school.

Frequent benders can damage the liver and other organs. This may lead to chronic health problems.

And while a person who binge drinks may feel in control now, alcohol addiction is also possible.

Toxic overload

One of the most serious consequences of binge drinking is alcohol poisoning, or alcohol overdose. The condition can happen if the alcohol amount in your bloodstream reaches dangerous levels. Such a high blood alcohol concentration can dampen the body's vital nervous and respiratory systems to the point of passing out.

A person with alcohol poisoning may lose consciousness or appear half-asleep. The person may also: ► Have slow or irregular breathing. ► Vomit. ► Have cold or pale skin.

Alcohol poisoning is potentially fatal. Some people end up with permanent brain damage. So if you see someone with any of these signs, seek medical help right away.

How tobacco affects your body

Smoking affects nearly every part of your body, including your:

Airways. When you smoke, the soft tissues in your lungs are inflamed. This can lead to serious disorders. One is chronic obstructive pulmonary disease. Smoking can also bring on cancer in your lungs, throat and mouth.

Heart. Smoking harms the cells lining the blood vessels and heart. And it can raise the risk of clots that cause heart attacks.

Smoking can also play a part in causing an abdominal aortic aneurysm. This is when the large artery near the stomach grows weak.

Other blood vessels. Damage to vessel linings can cause them to narrow. This means not enough blood flows to the:

- Kidneys.
- Stomach.
- Arms, legs and feet.

This can lead to problems like pain and gangrene.

Brain. Blood clots that form in damaged arteries can travel to your brain. This can cause a stroke that may be deadly.

Bones and tendons. Smoking raises the risk for osteoporosis in both men and women. This is when bones grow weak and are more likely to break.

Smokers are also at higher risk of overuse injuries, like tendonitis, and traumatic injuries, such as sprains.

Immune system. Smokers have smaller amounts than non-smokers of some types of cells that destroy germs. That leaves you more vulnerable to infections.

In addition, smoking can cause cancer of the pancreas, kidneys, cervix, stomach and blood (leukemia).

Smoking also raises your risk for eye disease and dental problems.

Women who smoke tend to have more problems with pregnancy, including:

- Premature births.
- Stillbirths.

- Low-birth-weight babies.

And their babies are more likely to die of SIDS (sudden infant death syndrome).

Turn your risks around

There are many benefits to giving up smoking. They are listed at morehealth.org/quit4good. There you'll also find a guide to help you quit. A tobacco quitline can also help you quit for good. Call **800-QUIT-NOW (800-784-8669)**.

Sources: Centers for Disease Control and Prevention; American Academy of Orthopaedic Surgeons

When a loved one has a drinking problem

- Don't make excuses or ignore it—the sooner you talk about it, the better. Prepare by reading up on alcohol abuse.
- Pick a time to talk when your loved one isn't drinking. Try not to lecture or threaten.
- Offer to take your loved one to treatments or support meetings.
- Ask family and friends for help. And ask them to support you too.

For more ideas on how to start a conversation, visit ncadd.org.



Staying well

5 WAYS TO PREVENT A RETURN TRIP TO THE HOSPITAL

Having to stay in the hospital is probably not your idea of a good time. And when you're discharged, chances are you don't want to return. It's nice to have skilled, compassionate care you can depend on when you need it. But staying healthy—and avoiding a return trip to the hospital—is everyone's preference, and it's what we want for you too.

Unfortunately, a significant percentage of people discharged from hospitals nationwide are readmitted within 30 days, which is why reducing readmission rates is a goal of the Affordable Care Act. It's a goal we take seriously at our hospital. But it's one that we need your help to achieve.

When you leave the hospital, we'll strive to make it a smooth transition. We ask that you help us by doing the following:

1 Make sure you understand your condition. Ask: ►What you should do to help yourself get better. ►What—if any—limitations you now have. ►What potential problems you should watch for. ►What to do if problems occur.

If you'll be handling certain medical tasks on your own or with the help of a family caregiver—things like changing a dressing, for instance—ask a member of the hospital staff to go over the procedure with you until you're comfortable with it.

2 Review your medications. Ask if you should continue taking everything you were taking before you were admitted and

if any new medications have been prescribed. If you do need to take some new ones, be sure you know when and how to take them, how much to take, and for how long. Also be sure you understand why you're taking the new medicines.

It's a good idea to keep a list of all your medications. That list—or other tools ranging from simple pillboxes to more high-tech gadgets—can help ensure that you take your medicines correctly.

3 Keep your medical appointments.

Often follow-up tests or doctor visits are scheduled before you leave the hospital. It's essential that you keep them. They're necessary for monitoring your progress and keeping you well.

4 Speak up if you need help. Can you bathe and dress yourself and cook your meals? If you have concerns about your ability to handle these and other tasks, don't hesitate to say so. We can arrange to get you some help.

If you're worried about things like paying for your medications or getting transportation to your doctor visits, mention that as well.

5 Get a name and number. You may have questions after leaving the hospital. Know who to call for answers.

We're confident that by working together, we can help keep you healthy and out of the hospital as much as possible, which will help lower health care costs for everyone.

Kern Medical is now offering Meds-to-Beds

Meds-to-Beds (MtB) is a free service available to patients who are admitted to Kern Medical for inpatient care.

This service allows the Kern Medical pharmacy to deliver your medications to your room, complete with a consultation, before you leave the hospital. This service allows patients to:

- Get prescribed medications conveniently while in the hospital rather than waiting at a pharmacy after discharge.
- Be educated on how to take the medication and ask questions.
- Prevent delay in starting necessary medications.

A LEGACY OF GOOD HEALTH is published as a community service for the friends and members of KERN LEGACY HEALTH PLAN, 1115 Truxtun Ave., First Floor, Bakersfield, CA 93301, telephone 661-868-3280 or 855-308-5547.

Information in A LEGACY OF GOOD HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.

2017 © Coffey Communications, Inc. All rights reserved.

AT-WORK WORKOUTS

to ward off strain

Do you work at a desk all day? It's not easy on your body. Ease tension with these quick exercises.



Neck and shoulders

- Stretch your neck by tilting your head to one side and holding. Repeat on the other side.
- Shrug your shoulders by bringing them up to your ears. Hold; then rotate them back and down.



Hands

- While sitting, drop your hands to your sides. Shake them gently toward the ground.
- Stretch your wrists by holding your hand in front of you, palm facing forward. Gently pull your fingers back with the other hand. Then point your fingers down and gently pull your fingers toward you again. Hold and repeat.



Eyes

- Blink and yawn to produce tears.
- With your elbows on the edge of your desk, cup your hands over your closed eyes. Breathe deeply.
- Follow the 20-20-20 rule. Every 20 minutes, shift your gaze to look at something at least 20 feet away for at least 20 seconds.

Contact lenses can irritate your eyes. Give your eyes a break by wearing glasses every so often.



Feet

- While sitting, slowly rotate each foot from the ankle—first in one direction, then the other.



Torso

- Breathe deeply. Inhale and exhale slowly, with one hand on your abdomen and the other on your chest.