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Tips to Keep Your Bones and Joints Strong as You Age

It is never too early to start thinking about our bone health, since we reach our peak bone mass in our mid-30s.

Our bones are constantly undergoing a process of breaking down and rebuilding, and our bone density depends on a balance of that breaking down versus the rebuilding.

There are things we do on a daily basis that may expedite or slow down each of these processes. After reaching peak bone mass, bone remodeling continues to occur, but we start to lose slightly more bone mass than we gain.

There are many factors that contribute to bone loss, and there are many things we do earlier in life that will help reduce the risk of developing low bone-mineral density. In women, menopause causes estrogen levels to drop, and bone loss increases dramatically.

As we age, we are more susceptible to losing bone mass and developing osteopenia or osteoporosis. However, neither of these is a natural part of aging. Read below to learn what you can do to keep your bones strong and healthy!

Bone Builders

Nutrition

Our bones are made up of 12 minerals, all of which are important for maintaining strong bones. These 12 minerals include calcium, boron, magnesium, manganese, chromium, iron, potassium, sulfur, selenium, silica, phosphorus, and zinc. A diet rich in a variety of meat or animal proteins, vegetables, nuts and seeds, some fruit, little starch, and limited sugar, alcohol, soda, and processed foods is the best way to achieve a nutrient-dense diet and reduce the risk of being deficient in any of these minerals.

- Calcium
 - Eating calcium that naturally occurs in food is the best source that is most easily absorbed by our bodies. Calcium supplements are not as easily absorbed.
 - Best food sources of calcium: dark green leafy vegetables (spinach, kale, collards), broccoli, beans, sesame seeds, anchovy, soy, kimchi, and nuts.
 - Supplementation recommendations: A plant-based supplement in powder or liquid form is recommended for better absorption.
- Magnesium
 - Magnesium deficiency increases your risk for developing osteoporosis. According to recent estimates, 48% of Americans consume inadequate magnesium from food. Magnesium helps our body get calcium into our cells.
 - Best food sources of magnesium: seaweed, green leafy vegetables, pumpkin seeds, Brazil nuts, sunflower seeds, sesame seeds, almonds, cashews, chia seeds, avocados, dark chocolate, bone broth, and green herbs.
 - Supplementation recommendations: The most absorbable forms for supplementation are magnesium citrate, Asporotate, and glycinate.
 - Signs of deficiency: muscle cramps.
- Vitamin D
 - Vitamin D plays many important roles in our body. For our bone health, vitamin D helps maintain acceptable levels of calcium in the blood and transports calcium to the bones. There's even evidence suggesting that vitamin D can protect

against colon cancer, breast cancer, and prostate cancer, as well as osteoporosis! Thirty-seven percent of the population consume supplements that contain vitamin D. However, despite dietary and supplement intake, 42% of Americans are deficient, and most adults still do not meet the requirements for vitamin D.

- **Best sources:** sun (15 minutes of sun exposure around noon for maximal vitamin D synthesis and reduced skin damage risk), cod liver oil, free-range lard, cooked salmon, cooked swordfish.
- **Supplementation:** Vitamin D3 has been found to be at least three times as potent as vitamin D2. It is more stable, safe, and useful in the body.
- **Signs of deficiency:** general aches and pains, frequent infections, fatigue, mood changes.

- **Protein**

- Protein is important for maintaining our muscle mass (and strength) as we age. Our bones are also made up of collagen (protein).
- **Best sources:** meat (beef, chicken, pork, turkey), seafood (tuna, salmon, shrimp, cod, etc.), eggs, cottage cheese, Greek yogurt, whey protein powder.
- **Recommended intake:** A good goal is to shoot for 1.2-1.5g/kg of body weight each day, ideally eaten as three spaced-out meals with at least 30g of protein with each meal.
- **Signs of deficiency:** loss of muscle mass; weakness; fatigue; skin, hair, or nail problems; frequent infections.

Strength Training or Exercise

Activity and exercise can improve bone density by increasing the load placed on the skeleton. It is never too late to start exercising! Lack of strength training has been shown to precede osteoporosis, and regular strength training can improve bone mineral density in adults.

- ACSM guidelines for patients who are at risk for osteoporosis:
 - Avoid exercises that are high-impact loading, or involve twisting, bending, and compression of the spine.

- Include balance exercises.
- 30-60 minutes per day of the following exercises:
 - Weight-bearing aerobic exercise (cardio)
 - 3-5 days per week.
 - At least moderate difficulty.
 - Examples: walking, jogging, aerobics, jump rope.
 - Resistance exercise (strengthening)
 - 2-3 days per week.
 - Moderate intensity (somewhat hard; 80% one-rep max or 8-12 reps) to high intensity (hard; 80%-90% one-rep max or 5-6 reps).
 - Examples: squats, deadlifts, back extension, lat pull-downs, military press, rows, leg press, step-ups.

Maintain a Healthy Body Weight

Being underweight increases the risk of developing low bone-mineral density as well as fracture risk. Severely restricting food intake and being underweight weakens bones in both men and women.

Bone Breakers

- **Medications:** There are certain medications that, when taken long term, can deplete the nutrients that are essential for maintaining healthy bone-mineral density, eventually causing bone damage. These include statins, antacids, antibiotics, corticosteroids, diabetes drugs such as insulin and metformin, oral contraceptives, and antidepressants. If you are currently taking or have taken any of these medications in the past, it is advised that you talk with your medical provider about how these may be affecting your bone-mineral density.
- **Smoking:** Smoking has been shown to accelerate bone-density loss with aging. It is recommended to avoid it completely, due to its negative impact on your health.

- **Alcohol:** Limit your alcohol consumption to one or fewer drinks per day for women and two or fewer drinks per day for men. Heavy alcohol use has been associated with decreased bone density due to reduced bone formation, increased bone breakdown, and interference with our body's ability to absorb calcium. Alcoholism is the leading risk factor for osteoporosis in men.
- **Soda:** Those who consume large amounts of soda have reduced bone-mineral density. It is suspected that it interferes with our body's absorption of minerals.

Disclaimer: This post is for general informational purposes only. It should not be used to self-diagnose, and it is not a substitute for a medical exam, cure, treatment, diagnosis, and prescription or recommendation. You should not make any change in your health regimen or diet before first consulting a physician and obtaining a medical exam, diagnosis, and recommendation.

Courtesy of Kaiser Permanente®



Reduce Your Risk of Skin Cancer

Did you know that skin cancer is the most common cancer in the United States? One in five Americans will develop skin cancer in their lifetime. Most skin cancers are caused by damage to the skin from too much exposure to ultraviolet (UV) light from the sun or sunlamps. UV damage can add up over time and cause changes in the skin texture and sometimes skin cancer. Even if you have been careful with past sun exposure, you can still develop skin cancer.

How to Identify Skin Cancer

Changes to the skin, including new growths, sores that don't heal, or changes in moles, are the most common signs of skin cancers. The A-B-C-D-Es of melanoma is an easy way to remember the warning signs of skin cancer. Look for these changes in moles:

- “A” stands for asymmetrical—the shape of one half does not match the other.
- “B” stands for border—the edges are not even (jagged, notched, blurred).
- “C” stands for color—the color is uneven and shades of black, brown, and tan may be present.
- “D” stands for diameter—there is a change in size, often larger than a quarter-inch wide (the size of a pea).
- “E” stands for evolving—the mole has changed over the past few weeks or months.

Tips to Prevent UV Exposure

There are several ways to protect your skin from UV damage. Follow these tips to help avoid exposure to UV light:

- Stay in the shade as much as possible.
- Wear sun-protective clothing that covers your arms and legs and a wide-brimmed hat to prevent direct exposure to your head and neck.
- Apply a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher.
- Reapply sunscreen every two hours when outdoors, or after swimming or sweating.
- Perform regular skin self-exams, and look for changes in moles and new skin growths.

Questions?

Talk to your dermatologist or primary care provider (PCP) if you notice any new or changing skin growths, or if you have questions about how to prevent skin cancer.

Resources:

National Cancer Institute, Skin Cancer (including melanoma) - Health Professional Version, available from: [cancer.gov/types/skin/hp](https://www.cancer.gov/types/skin/hp).

National Cancer Institute, Moles to Melanoma: Recognizing the ABCDE Features, available from: [moles-melanoma-tool.cancer.gov/#/](https://www.moles-melanoma-tool.cancer.gov/#/).

American Academy of Dermatology Association, Prevent Skin Cancer, available from: [aad.org/public/diseases/skin-cancer/prevent/how](https://www.aad.org/public/diseases/skin-cancer/prevent/how).

Centers for Disease Control and Prevention, Skin Cancer, available from: [cdc.gov/cancer/skin/basic_info/symptoms.htm](https://www.cdc.gov/cancer/skin/basic_info/symptoms.htm).

Courtesy of Moda Health

How to Plan and Budget for Elective Surgery

Non-Medicare members may find it daunting to make the decision to undergo a nonemergency surgery. But with the right amount of planning and budgeting, you can spend less time worrying about your wallet and more time focusing on your recovery.

Any surgery that's not considered an emergency or critically urgent qualifies as an elective surgery. An elective surgery gives you the opportunity to improve the quality of your life and health, but your life won't be threatened if you don't have the surgery. Examples include a tonsillectomy, knee or hip replacement surgery, and spinal surgery.

Determining the Cost

Elective surgeries vary significantly—they run the gamut from adenoidectomies and breast augmentations to spinal fusions and angioplasties. Not surprisingly, the costs for elective surgeries can vary dramatically as well.

The amount you pay out of pocket will depend heavily on your insurance coverage, including your specific plan, annual deductible, and coinsurance. The cost may also depend on whether you've already had a related procedure.

Even if your health plan covers the procedure, it may not pay the entire cost. Here are a few ways to get a sense for how much an elective surgery will cost:

- If you're covered by a larger insurance company, have your doctor put in an estimate, like when you take your car into a mechanic for repairs. This will give you an idea of your cost share. You can even opt to pay some of your cost up front.
- Call your insurance company's member services, and ask how much of your annual deductible you've met. Whatever portion of your annual deductible is *not met* will be what you can expect to pay out of pocket for the elective surgery.
- If they're available, use your insurance plan's cost-estimator resources. UnitedHealthcare

members who are not enrolled in Medicare can visit myuhc.com. Kaiser Permanente members who are not enrolled in Medicare can go to [KP.org/costestimate](https://kp.org/costestimate).

Getting the Most Out of Your Insurance

Before you schedule your surgery, make sure you're getting as much coverage as possible from your insurance by asking these important questions:

1. **Will my insurance cover the operation?**
Some types of elective surgery may not be covered. For example, most health plans don't cover cosmetic or plastic surgery, with some common exceptions, such as breast reconstruction surgery after a mastectomy or a nose job to remedy a breathing problem.
2. **Does my plan require prior authorization (aka preauthorization) for the procedure?**
If so, the doctor has to inform the insurer that the operation is medically necessary before you have the operation. Make sure the insurer has given prior authorization before your surgery. Otherwise, you may end up paying for the whole thing.
3. **Will all the providers involved in the surgery be within my insurance plan's network?** This includes your surgeon, the hospital or other facility where you're getting the surgery, the anesthesiologist, and any other providers involved in your surgery. While it's important to know which providers are in your network, you're covered regardless of whether your surgical team is in or out of network, thanks to the recent passage of the No Surprises Act. The No Surprises Act protects you from receiving surprise medical bills for emergency or nonemergency services. Learn more about the No Surprises Act at cms.gov/nosurprises.

Scheduling Your Surgery

When is the best time of year to have an elective surgery? The fourth quarter of the year is often the best financial option, because you've likely used up most of your insurance deductible, so you'll pay less of the cost of the surgery. However, this time of year is typically a busy time for most providers.

Also, keep in mind that while you may want to schedule your surgery as far out as possible to allow more time to save up for it, some elective surgeries can't be scheduled too far in advance, since your pre-surgery blood work needs to stay valid.

UnitedHealthcare® and Kaiser Permanente® contributed to this article.



Wearable Technology—Explore What These Devices Can Do for You

Today's smart devices can do so much more than just count steps, such as recording heart rate, sleep patterns, blood pressure, body temperature, and more.

According to the National Institutes of Health (NIH), wearable technology is getting more and more popular. However, the NIH also says that older adults tend to avoid these health tools, assuming they'll be too difficult to use.

If you've steered clear of smart devices in the past, now may be a good time to reevaluate. "There are numerous potential benefits in using these devices, especially among seniors," says the NIH.

Today's smart devices can do so much more than just count steps. They can record heart rate, sleep patterns, blood pressure, body temperature, and more. And they don't only allow you to track your own health; the information that your device gathers can also be valuable to your health care team. For example, if your device shows that your blood pressure is low, you can allow certain devices to share that information with your doctor.

Talk with your doctor about the best options based on your health needs. They, or a friend or family member, can help walk you through how to use the device.

Smart, wearable technology can be any kind of device that's designed to be worn throughout the day, including:

- Fitness trackers come in the form of wristbands, belt clip-ons, jewelry, and more. They can measure steps, heart rate, sleep, blood pressure, body temperature, and even posture.

- Smartwatches are a kind of fitness tracker that can connect to a smartphone.
- Smart clothing, including shirts and running shorts, can capture motion, measure heart rate, or track how quickly you're walking. Special diabetic socks can track temperature changes on the bottoms of your feet.
- Safety wearables are designed to alert others if you've fallen. Or you can sound a loud alarm if you feel threatened. A built-in GPS will share your location with family, friends, or the police.
- Smart glasses measure vision performance and even detect concussions.
- Glucose monitors can help eliminate finger pricks for those who are managing blood sugar levels.

Source: *Renew Magazine*, March 2021.

Courtesy of *UnitedHealthcare*®

Keep Your PERS Info Up to Date

Prevent any delays or interruptions to your PERS membership by keeping your personal information up to date. If you need to add or remove a spouse or dependent, notify the PERS Health Insurance Program by emailing them at persinfo@pershealth.com or calling (800) 768-7377.

Late-Summer Salad

Ingredients

Greens:

2 medium heirloom tomatoes, stemmed and cut into wedges

1 Persian cucumber, ends trimmed

1 patty pan squash, root and stem ends trimmed

1 cup arugula

¼ cup fresh corn kernels (cut off the cob)

Vinaigrette:

1 small garlic clove, minced

1 teaspoon Dijon mustard

1 tablespoon champagne vinegar

2½ to 3 tablespoons extra-virgin olive oil

4 mint leaves

4 basil leaves

Leaves from 1 sprig tarragon

Kosher salt

Freshly ground black pepper

Directions

- Using a sharp knife or a mandoline, thinly slice the cucumber and squash lengthwise.
- Scatter half the arugula on a serving platter, then top with the tomatoes, cucumber, squash, and corn. Scatter the rest of the arugula on top.
- To make the vinaigrette, whisk together the garlic, mustard, vinegar, and olive oil. Season to taste with salt and pepper.
- Mince the mint, basil, and tarragon, and whisk into the vinaigrette.
- Spoon the vinaigrette over the salad, and serve.

Nutritional information (per serving)

Serving size: 1 plate

Number of servings: 4

Calories	130
Total fat	9 g
Saturated fat	1.5 g
Cholesterol	0 mg
Sodium	170 mg
Total carbohydrates	11 g
Dietary fiber	3 g
Sugars	6 g
Protein	3 g

Source: Courtesy of Kaiser Permanente®

Mango Burrito Bowls With Crispy Tofu and Peanut Sauce

Savory, sweet, and with a hint of spice, these burrito bowls are bound to satisfy all your tastebuds. This recipe is great for tofu-beginners and tofu-enthusiasts alike; however, tofu can easily be subbed for chicken breast or lean pork, if preferred.

Ingredients

Crispy baked tofu and rice:

1 block (12 to 15 ounces) extra-firm tofu (can use diced chicken breast or pork loin, if preferred)

1 tablespoon extra-virgin olive oil

1 tablespoon reduced-sodium soy sauce

1 tablespoon cornstarch or arrowroot starch

1¼ cups brown basmati rice or long-grain brown rice, rinsed

Peanut sauce:

½ cup peanut butter

3 tablespoons lime juice (about 1 lime)

2 tablespoons reduced-sodium soy sauce

1 tablespoon honey or maple syrup, to taste

2 teaspoons toasted sesame oil

2 garlic cloves, pressed or minced

¼ teaspoon red pepper flakes (optional)

Mango salsa and cabbage:

2 large ripe mangos, diced (can use diced pineapple, if preferred)

1 medium red bell pepper, chopped

½ cup (about 4) thinly sliced green onions

¼ cup chopped fresh cilantro

1 medium jalapeño, seeds and ribs removed, minced

2 tablespoons lime juice

¼ teaspoon salt

2 cups shredded purple or green cabbage

Handful of chopped roasted peanuts, for garnish

Directions

1. Preheat the oven to 400°, and line a large, rimmed baking sheet with parchment paper to prevent the tofu from sticking.
2. To prepare the tofu: Drain the tofu, and use your palms to gently squeeze out some of the water. Slice the tofu into thirds lengthwise, so you have 3 even slabs. Stack the slabs on top of each other, and slice through them lengthwise to make 3 even columns, then slice across to make 5 even rows.
3. Line a cutting board with paper towels, then arrange the tofu in an even layer on the towel(s). Fold the towel(s) over the cubed tofu, then place something heavy on top (like another cutting board, topped with a cast iron pan or large cans of tomatoes) to help the tofu drain. Let the tofu rest for at least 10 minutes (preferably more like 30 minutes, if you have the time).

4. Meanwhile, bring a large pot of water to boil. Add the rice and boil, uncovered, for 30 minutes. Drain off the remaining cooking water, and return the rice to the pot. Cover the pot, and let the rice rest, off the heat, for 10 minutes. Fluff with a fork, and set aside.
5. Transfer the pressed tofu to the lined baking sheet, and drizzle with the olive oil and soy sauce. Toss to combine. Sprinkle the starch over the tofu, and toss the tofu until the starch is evenly coated, so there are no powdery spots remaining.
6. Arrange the tofu in an even layer. Bake for 25 to 30 minutes, tossing the tofu halfway, until the tofu is deeply golden on the edges. Set aside.
7. Meanwhile, prepare the peanut sauce by whisking all the ingredients together in a bowl or mixing them in a blender. Taste, and if it's too bold, add another teaspoon of honey to tame it. Set aside.
8. Then, in a medium mixing bowl, combine the diced mango, bell pepper, green onion, cilantro, jalapeño, lime juice, and salt. Stir to combine, and set aside.
9. To assemble your bowls, start with a big scoop of cooked rice. Top with a handful (½ cup) shredded cabbage, then a big scoop of mango salsa, a handful of baked tofu, a hefty drizzle of peanut sauce, and a little sprinkle of chopped peanuts. Leftover bowls will keep well in the refrigerator, covered, for about four days.

Nutritional information (per serving)

Serving size: 1 bowl

Number of servings: 4

Calories	678
Total fat	23.9 g
Saturated fat	3.5 g
Cholesterol	0 mg
Sodium	717.2 mg
Total carbohydrates	90.1 g
Dietary fiber	10.9 g
Sugars	33.6 g
Protein	26.8 g

Source: *Cookie and Kate*

Courtesy of *Moda Health*



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