

SPRING 2024

HealthSmarts

A SHARED VISION

Patients and providers work together to make health care decisions

CARE WITH COMPASSION

New unit at Banner-University Medical Center Phoenix provides specialized care for older patients

Welcome



This is the first issue of Health Smarts for 2024. To our current readers, we thank you for your continued support and we welcome our new readers as we look forward to providing you with valuable

health information in the coming months.

It's NEVER too late to take charge of your health and that's why Health Smarts focuses on you. You'll find information about living a healthier lifestyle and practical tips to manage the issues we all face as we age. We invite you to explore our crossword puzzle that is not only fun but can help keep your brain sharp!

In this issue, we'll introduce you to Robert and Anne Malinski who celebrated 70 years of marriage! All of this was made possible with their family's love and support and the help of the new Acute Care for Elders unit at Banner – University Medical Center in Phoenix. The unit focuses on preventing hospital stay complications that can be more serious for those 65 or better. Their daughter, Susan Dimpfel, is grateful for the care they received.

Also, in this latest issue:

- Learn why it's important to have good communication with your doctor and the important questions and topics to cover during your annual wellness visit. We've even included an Annual Care Checklist that you can take with you as a reference.
- Get some great tips on how to prevent pickleball injuries.
- We'll explore the latest in diabetes medications and some of the potential side effects. We've added a delicious diabetes friendly recipe to tempt your taste buds, too.

- Read about the RSV vaccine and who is recommended to get one.
- You'll learn about how to receive the right level of care at the right time when you are sick or injured, saving both time and money.
- You'll also learn how important it is to follow up with your primary care doctor, following a hospitalization.

We're proud that we can offer this publication to our Medicare beneficiaries whose doctor participates in the Medicare Shared Savings Program Accountable Care Organization through Banner Health Network. The Medicare Shared Savings Program does not require a sign up and does not change your Medicare benefits. This *Health Smarts* magazine is an added bonus, providing you with valuable information on the latest health care news, trends, and how to achieve your best personal health.

Of course, we are also here to provide you support so you can achieve your health goals! If you have any health-related questions, you have access to our 24-hour Banner Health Nurse On Call hotline. Our nurses can answer questions about medications or make recommendations about where to get care. You can call us 602-747-7990 or toll free at 888-747-7990.

To your health,



Ed Clarke, MD
Chief Medical Officer
Banner Plans & Networks



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Tips for injury-free pickleball

By Brian Sodoma



It's official - pickleball is no longer a fad!

"Picklers," as they are now known, are in the millions. There are thousands of community courts, with more in the works. If you're an active older adult, pickleball can be an alluring sport.

Pickleball is a scaled-down version of tennis with elements of ping pong and badminton added in,

along with the appeal of an inclusive culture that makes it fantastic for exercise and socializing. So, if the pickleball fuss has piqued your interest, you're not alone. That's why we asked an expert to share a few tips to prevent pickleball injuries.

Check with your doctor first

"While the average player age is 35-years-old, there are still millions between the ages of 55 and 75 who play. Injuries could occur and the most common ones include Achilles tendon strains and ankle sprains because of quick reactionary movements during play," said Todd Ellenbecker, a physical therapist with the Banner Sports Medicine Institute.

Other injuries could include tennis elbow, or pain from overuse of the joint's muscles and tendons, along with the potential for falls.

"With older populations, these multi-directional movements and the possible loss of balance can lead to falls and fractures," Ellenbecker noted. "I recommend checking with your doctor before playing to make sure you are in condition to perform this activity safely so you can maximize your enjoyment."

Warm up, enjoy other activities

Stretching and warming up before play is important, but Ellenbecker also recommends other activities such as yoga, fitness training and even gardening, to vary up your movements.

"In pickleball, overuse of joints like the elbow, may sideline you.

That's why it's important to vary your activities. Too much of a good thing can lead to injury," he said.

Address aches and pains

Don't ignore aches or pains, especially if you feel them during other daily activities. A medical professional can guide you through simple treatments to help, Ellenbecker added. In addition, people often ask when to use ice or heat for aches and pains. He also recommends ice for aches right after playing. Apply for 20 to 30 minutes to the area as a first-line treatment. If the pain persists, then see a physician.

Take a lesson

A credentialed instructor may offer tips on proper form for striking the ball and positioning your body, which can also help to prevent injury. "There are certain techniques like using your legs more to take the pressure off the arms that can help. Someone who can effectively teach the sport can help you learn those essential techniques," Ellenbecker added.



Visit the ER, see your doctor

Following up with a primary care physician after hospitalization improves outcomes

By Elise Riley

Many thoughts enter your mind when you're discharged from the hospital – returning to a familiar bed, taking a relaxing shower, or cuddling with a pet.

Calling a doctor might not be one of those yearnings, but it should be.

Following up with your primary care physician, otherwise known as a PCP, is one of the most important first steps you can take after a hospital visit. Not only does it ensure your health care team is up-to-date and managing your care effectively, but it also may keep you from returning to the hospital.

"We regularly hear from folks who've been discharged from the hospital that they didn't know what they needed to do," said Ed Clarke, MD, chief medical officer for Banner Plans & Networks. "This can be overwhelming for a patient. We encourage patients to follow up with their primary care within two weeks – hopefully seven days. When you see your doctor during that timeframe, it lowers your risk of going back to the hospital in the next month."

While a hospital visit can



address an emergency issue, that team isn't fully engaged in someone's overall health care in the same manner as a PCP. Knowing the details of someone's history with prescription drugs, surgeries and illnesses, as well as concurrent care with specialists, underscores the "primary" in "primary care."

"Nobody knows your medical history as well as your PCP," Dr. Clarke said. "When you're in the hospital there's a lot going on. You need your primary care physician, and their team, to sit down and decide if they need to change or

augment what happened when you went home from the hospital. It takes a team in this case."

Hospitalization can end with a new diagnosis, a change in status of an existing diagnosis, new medications or changes to existing medications. An ER visit also can come as the result of a traumatic event. All these things should involve a primary care doctor for follow-up and coordination after discharge.

"Your doctor needs to know when something's happened with your health," Dr. Clarke said.

Primary, Urgent, or Emergency Care?

From the Banner Health Blog: bannerhealth.com/healthcareblog

The importance isn't just for information sharing; it's also for patient safety. Changes in medication like starting a new prescription, or temporarily stopping one, might make sense during an emergency but should be re-viewed after discharge.

"When you're admitted to the hospital, you're sick, you're tired, you're at your worst," Dr. Clarke said. "You might not be able to ask a question. You might not understand why you're on a new med. Visiting with your primary care team dramatically reduces your risk of having to go back to the hospital."

In fact, Dr. Clarke said, studies show that when someone follows up with their primary care physician within 8 days of hospital discharge, they are less likely to be readmitted to the hospital.

No matter the reason for an ER visit – whether to stitch up a nasty cut or address an imminent heart issue – follow up with a primary care doctor is always the best course of action. Depending on the seriousness of the issue, a follow-up via telemedicine might be sufficient.

"There are some very complex and serious reasons why someone would be seen in the emergency room, and then soon go home," Dr. Clarke said. "It's always a good idea to call your doctor's office and let them know you were in the emergency room. Always let them know you were seen by the ER and would like to be seen by them."

What is the average out-of-pocket cost?

Primary Care

\$
Lowest co-pay on average

Urgent Care

\$\$
Higher co-pay than Primary Care, lower co-pay than Emergency Care

Emergency Care

\$\$\$\$
Highest co-pay on average

Note: Co-pays vary based on insurance plan. Does not include potential transportation costs.

What is the average wait time?

Primary Care

🕒
Shortest wait on average, with an appointment

Urgent Care

🕒
Wait times vary but are typically much shorter than ER wait times

Emergency Care

🕒
Wait times can vary but are typically longer than urgent care, especially during flu season

Reserve your spot online and wait in the comfort of home at urgentcare.bannerhealth.com

Shortest wait times for life threatening conditions

What are the hours of operation?

Primary Care

8 a.m. to 5 p.m.
Monday through Friday

Select locations offering extended hours on Saturday

Urgent Care

What are the hours of operation?
8 a.m. to 9 p.m.
7 Days a week

Select locations open until midnight

Open all holidays with modified hours

Emergency Care

What are the hours of operation?
24 hours a day
7 days a week

Open all holidays

What conditions are treated?

Primary Care

Treats most conditions listed under urgent care
Annual physical exams
Non-urgent specialist referrals
Overall wellness
Management of chronic diseases, such as: diabetes, arthritis, hypertension, etc.
Vaccinations

Urgent Care

Abdominal pain
Allergies
Animal bites
Asthma
Cold
Coughs
Conjunctivitis (Pink eye)
Cuts
Dehydration
Diarrhea
Ear infections
Fever
Flu
Headaches
Minor burns
Minor head injuries
Minor infections
Nose bleeds
Rash & skin irritations
Respiratory Infections
Shortness of breath
Simple fractures & sprains
Sinus Infections
Sore throat
Sports injuries
Sports physicals
Urinary Tract Infections
Vomiting
Work injuries

Emergency Care

Any severe/life threatening conditions
Acute changes in vision
Chest pain
Confusion/disorientation
Coughing blood
Loss of consciousness
Overdoses
Seizures
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Stroke
Trauma
Uncontrolled bleeding

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Looking beyond the disease



New unit at Banner-University Medical Center Phoenix providing specialized care for older patients

By Brian Sodoma

It was a stressful situation, but Susan Dimpfel knew exactly what to do. Her father, Robert Malinski – in his 90s and living in a memory care facility – broke his hip in the spring of 2023. He was taken to Banner - University Medical Center Phoenix, where Dimpfel quickly initiated the process to relocate him from the emergency room to the eighth-floor Acute Care for Elders (ACE) unit.

Dimpfel is a nurse navigator on the unit and understood what made ACE unique. She knew the approach to care would be essential to her father's physical and mental recovery.

Here's a closer look at how the ACE unit is focusing on care for older patients.

Care that matters

Started in November 2022, the ACE unit is the brainchild of Dr. Nimit Agarwal, medical director for Banner's UMC Center for Healthy Aging at the University of Arizona College of Medicine –Phoenix. Dr. Agarwal saw a need for specialized treatment for his most vulnerable patients, many of whom he felt were unnecessarily discharged to skilled nursing facilities after hospitalization.

"Hospitals are very disease-focused. We're looking at pneumonia, heart failure and other things, so we forget that older adults are also at a higher risk of losing their functional abilities while in the hospital, too," Dr. Agarwal said.

That's why the geriatrician

(medical doctor who is trained to meet the unique health care needs of older adults) assesses the patient's functional status before care begins in the ACE unit. A patient may want to maintain their ability to drive a car or walk to the mailbox. Others may have more modest goals of being able to move around their home independently with a cane or walker. In order to maintain these functions, a patient will need to get out of bed as much as possible to keep muscles, joints and mental faculties engaged.

"The team talks to the patient and asks what matters the most to them. For my dad, it was mostly that he just wanted to get back and be with my mom," Dimpfel recalled. "It sounds crazy, but with usual hospital care, the team doesn't ask 'what do you want?' before initiating treatment. With a geriatric focus, the starting point of treatment is to determine what is most important to that patient, then proceeding while keeping that wish in mind."

Once the team understands the patient's wishes for the level of function they hope to maintain, the physician can create a treatment plan. The plan involves both treating the disease or injury while maintaining function.

"The doctor's job is not to just figure out the disease, but to also work with the rest of the team to prevent functional losses," Dr. Agarwal added.

Partnering with the family

Family involvement is also a critical part of care in the ACE unit.



“This really is a partnership between the staff and family,” Dimpfel emphasized. “We need that family member, especially if the patient lives with them, to speak up and advocate for what the patient needs; otherwise we may not know. It could be as simple as remembering to get them to sit in a chair to eat, remembering their glasses, their hearing aids, all these small details that are a part of their life that can be overlooked in these situations.”

The ACE unit experience had a profound impact on the nurse’s 90-something parents. Her father, who used a walker before breaking his hip, has maintained that level of mobility. Her mother Anne, who

was wheelchair-bound before a hospitalization last summer for a pulmonary embolism, has improved to using a walker. Most importantly, Robert and Anne reunited after their hospital visits to celebrate their 70th wedding anniversary last August.

“This really is a refreshing way to look at geriatric care, and everyone should have access to it,” Dimpfel added.

Editor’s Note:

It is with sadness that we acknowledge Anne’s passing before the article was published. We send our heartfelt condolences to Robert, Susan and their families. The family asked that we publish the story in tribute to Anne.

KNOWLEDGE IS POWER



For more information about the Center for Healthy Aging, visit: <https://www.bannerhealth.com/institutes/center-for-healthy-aging>

One shot at preventing RSV this year

New vaccine reduces risk for severe complications

By Julie Maurer

The fall, winter and early spring months are often called the “cold and flu season,” as these viruses tend to peak during the colder months. However, that doesn’t negate the impact of another respiratory illness that strikes this time of year.

Respiratory Syncytial Virus, or RSV, can cause some problems including difficulty breathing as it impacts the lungs and sinuses. Fortunately, vaccines for RSV became available in 2023.

“RSV is a common respiratory virus that usually causes mild cold-like symptoms. If higher risk populations (adults 60 and older and newborn infants) are not appropriately vaccinated, it can lead to hospitalizations for severe infections, such as bronchiolitis and pneumonia,” said Caophi Nguyen, PharmD, a PGY2 Ambulatory Care Pharmacy Resident with Banner Pharmacy Services.

Those 60 years or older, as well as those who are between 32 and 36 weeks pregnant during September through January, are eligible to receive this new vaccine.

“Patients who are older than 60 have more vulnerable immune systems. Similarly, having pregnant patients receive this vaccine will help protect their newborns as their immune systems are still developing,” Dr. Nguyen said.

According to the Centers for Disease Control, those with underlying medical conditions who are at more risk of developing severe RSV, are recommended to get the vaccine. These conditions include:

- Cardiopulmonary/heart disease
- Kidney and liver disorders
- Neurologic or neuromuscular conditions (ie: Lou Gehrig’s Disease, multiple sclerosis, etc.)
- Blood disorders
- Diabetes
- Moderate or severe immune disorders

Dr. Nguyen said the FDA recently approved two RSV vaccines – one for seniors over 60 and another for both seniors and pregnant women.

“Patients will only need a one dose series of either vaccine,” Dr. Nguyen said.

He noted the most common side effects of the vaccine are:

- Pain at the injection site
- Fatigue
- Headache
- Diarrhea
- Muscle aches

Patients shouldn’t worry though because these side effects are not severe and do not last long.

“Many of these are comparable to other vaccinations,” Dr. Nguyen said.

Preventing the risk of severe RSV outweighs the mild side effects. According to the American Lung Association, between 60,000 and 120,000 older adults are hospitalized and 6,000 to 10,000 die every year from RSV.

According to Dr. Nguyen, the



vaccine is convenient to receive.

“The RSV vaccines should be available at any local community retail pharmacy or local primary care clinic. You can call or check online to see if the vaccines are available at a location near you,” he said.

The advent of this new vaccine doesn’t negate the need to keep up with other annual immunizations, especially the flu shot, Dr. Nguyen noted.

“It is important that you get your yearly flu shot regardless of whether you get the RSV vaccine because the influenza virus mutates yearly,” he said. “Although the symptoms are similar, getting your annual shot will ensure that you are protected against the most current flu strain.”

One appointment to the pharmacy for immunizations can contribute to keeping seniors out of the hospital this cold, flu and RSV season.

Breaking ground

Unveiling the latest medications in diabetes care

By Michelle Jacoby



In the realm of diabetes management, a new generation of medications has emerged with promising results. According to Jacqueline Hagarty, PharmD, BCGP, CDCES—ambulatory clinical pharmacist with Banner Health—these newest class of medications to treat diabetes include:

- **SLGT-2** – Works in the kidneys to eliminate more glucose through urine. Examples: Jardiance,

Farxiga, Invokana, Steglatro.

- **DPP4** – Helps boost insulin after meals while decreasing sugar production. Examples: Januvia, Tradjenta, Onglyza, Alogliptin.

- **GLP-1** – Slows down digestion, increases satiety and tells the body to produce more insulin. Examples: Victoza, Rybelsus, Ozempic, Trulicity, Bydureon.

According to Hagarty, some of these newer agents are also

associated with reduced risk of major cardiovascular events, such as heart attack and stroke. “This is a new benefit compared to older diabetes medications,” she said, adding that they also have a lower risk of causing hypoglycemia and have a positive effect on weight.

“In older patients, if your glucose drops too low, you may feel disoriented, dizzy, shaky. If it drops severely low, you may become unresponsive,” she explained. “The American Diabetes Association

guidelines specifically recommend medications with lower risk of low blood sugar as preferred treatment choices in older adults. As for weight gain, this can be associated with other health complications, such as joint pain, risk of heart disease, etc."

While the advantages are promising, these medications can also cause side effects, some of which can be significant for seniors.

"If someone takes an SGLT-2, they may have to urinate more frequently. I usually advise my patients to increase their fluid intake to avoid getting dehydrated or feeling dizzy," said Hagarty. "This class of medication has also been associated with higher risk of urinary tract infections, and older adults may be more prone to experience complications. I would usually monitor them more closely after starting this type of medication."

Hagarty adds that DPP4s are usually well tolerated but may cause gastrointestinal (GI) upset – nausea, vomiting, heartburn, diarrhea, or constipation. She said that GLP-1s may also cause GI upset. "For most patients, it's worse when first starting on the medication. Then the side effects usually improve or resolve as your body adjusts," she explained.

Often managing an array of health conditions, seniors face the challenge of medication interactions. Medical experts emphasize the importance of a comprehensive review of a patient's medication list to avoid potential clashes.

"These newer medications have very few interactions, which is helpful," said Hagarty. "Since SGLT-2s work in your kidneys, they can affect how some other medications are eliminated. If someone is on another diuretic, we usually monitor their labs closely to make sure the electrolytes remain stable."

It's important to recognize that medications are just one brick in the foundation of diabetes care. Healthy lifestyle choices, such as a nutrient-rich diet and regular physical activity, can help solidify that foundation. By combining these valuable resources, seniors can manage their diabetes and enhance their overall well-being.



MAKE THIS RECIPE?

Send us a photo! Send it to BHMSSPSupport@bannerhealth.com along with your name and email address.



Avocado Egg Salad

This quick recipe takes classic egg salad to the next level with the addition of creamy avocado. Serve it on a piece of toasted whole-grain bread or inside a tender lettuce leaf. Avocados brown quickly, so plan on making it no more than two hours before you plan to serve it.

Prep time: 10 min
Total Time: 10 min
Servings: 4

1 tablespoon mayonnaise
½ teaspoon salt
¼ teaspoon ground pepper
⅓ cup finely chopped celery
2 tablespoons chopped fresh chives, plus more for garnish

Ingredients

6 hard-boiled eggs, coarsely chopped
1 medium avocado
2 tablespoons lemon juice

Directions

Mash eggs, avocado, lemon juice, mayonnaise, salt and pepper together in a medium bowl until coarsely mashed and creamy. Fold in celery and chives. Garnish with additional chives, if desired.

Source: <https://www.eatingwell.com/recipe/278014/avocado-egg-salad/>



By Debra Gelbart

Imagine having an actual conversation with your health care provider about taking steps to get healthier. Picture telling your provider what YOU would like to do to protect your health, rather than just absorbing their advice. It's not wishful thinking. It's a movement that nearly all of health care is encouraging.

Shared decision making is a concept that ensures you will be more engaged in your health care decisions during your Medicare Annual Wellness Visit. It will allow you to work with your health care provider to find ways to help you get healthier. "It really is helping patients understand that you're not a passive participant in your health care," explained Mary Wicker, senior director of member experience for Banner Plans & Networks.

Mutual respect

Shared decision making operates under two basic ideas, Wicker said.

First, consumers armed with good information can and will participate in the medical decision-making process by asking informed questions and expressing personal opinions about their conditions and treatment options.

Second, health care providers will respect patients' goals and preferences and use them to guide recommendations and treatments.

A shared vision

Concept of collaboration between patient and provider, driving more health care decisions

What to expect at your Annual Wellness Visit

At your Annual Wellness Visit, which typically lasts for about 40 minutes, you'll be asked when you got your last flu shot, your most recent mammogram and your most recent colonoscopy. You'll be asked health risk assessment questions concerning depression, anxiety and physical hazards in your home. At that time, you can bring up to your provider concerns you have about staying healthy. This discussion is a natural extension of what's called the 2024 Annual Care Checklist from Banner Health Network, which is enclosed in this magazine. It helps you focus on necessary vaccinations, your list of prescriptions and general health concerns, such as falling episodes, tobacco and alcohol use and bladder health.

"The Annual Wellness Visit creates a space for a patient to discuss preventive care options," Wicker said. "Patients will be well-served by asking their provider to explain anything they might not understand."

Sharing necessary information

Patients "are encouraged to share complete and accurate information about their health so that can become part of their personalized care plan," Wicker said. "This includes aspects of your emotional, mental and social health. Patients are urged to jot down a list of things they'd like to talk about and have a two-way conversation with their provider regarding options for their care. This can mean asking any question that comes to mind, regardless of how 'silly' they think the question might be."

It's important for patients and their providers to discuss medically sound preventive care solutions and collaborate on health decisions. "Annual Wellness Visits are a great opportunity for these conversations with your provider, as they serve to create a complete picture of your health and what to do to be healthier," Wicker said.

ACROSS

- 1. Database management system
- 5. Medical procedures
- 11. __ Clapton, musician
- 12. Defender
- 16. Exert oneself
- 17. Indicates position
- 18. Quay
- 19. Atrocities
- 24. A way to address an adult man
- 25. Ends
- 26. Unable
- 27. Taxi
- 28. Gratuities
- 29. A famous train station
- 30. Japanese persimmon
- 31. Sours
- 33. Beneficiary
- 34. Baseball official
- 38. Confused situation
- 39. Unworldly
- 40. Yemen capital
- 43. Type of soil
- 44. Beloved beverage __-Cola
- 45. Lying down
- 49. __ Angeles
- 50. Fail to amuse
- 51. Collapsible shelter
- 53. Commercial
- 54. Taste property
- 56. Lordship's jurisdictions
- 58. It cools your home
- 59. Dismounted
- 60. Charge in a court of law
- 63. One less than one
- 64. Spoke
- 65. Famed garden

DOWN

- 1. Show a picture of
- 2. Small sultanate
- 3. Unfortunate incident
- 4. A way to ski
- 5. Abba __, Israeli politician

1	2	3	4			5	6	7	8	9	10				
11						12						13	14	15	
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60						61	62						63		
					64										65

- 6. Observed
- 7. "Westworld" actor Harris
- 8. Belonging to me
- 9. Shoelace tube
- 10. Takes to civil court
- 13. Early multimedia
- 14. Produces anew
- 15. Horse races
- 20. Of I
- 21. Equally
- 22. Changes color
- 23. A place to stay
- 27. Town in Galilee
- 29. Mathematical figure
- 30. Klingon character
- 31. They __
- 32. Atomic #58
- 33. Showed up extinct
- 34. Loosen grip
- 35. Unpleasant smell
- 36. Innermost membranes enveloping the brain
- 37. Esteemed college "league"
- 38. Partner to Pa
- 40. Small American rail
- 41. A salt or ester of acetic acid
- 42. Sodium
- 44. Military figure (abbr.)
- 45. Lighted
- 46. Paid to get out of jail
- 47. All of something
- 48. Ohio city
- 50. More abject
- 51. A radio band
- 52. Scientific development (abbr.)
- 54. Monetary unit
- 55. Scored perfectly
- 57. A punch to end a fight
- 61. The Golden State (abbr.)
- 62. The Beehive State (abbr.)

HEALTHY LIVING CALENDAR

Banner Health to offer free Brain Health Expo

Experts in medicine, research and well-being will discuss ways to support brain health for various ages and health conditions. Experts will discuss new and existing treatments for movement and cognitive issues, and patients will share their experiences. The theme of the event is "brain health matters."

Brain Health Check-Ins are available by reservation for individuals without a diagnosis of a memory or thinking disorder (MCI/mild cognitive impairment or dementia).

Call (602) 230-CARE to

Date & time:
9 a.m. – 1 p.m.
Wednesday,
Apr. 10
Banner Sun
Health Research
Institute, Morin
Auditorium
10515
W. Santa Fe
Drive.

register, or visit <http://tinyurl.com/BrainHealthExpo2024>.

Understanding Grief and Mourning - Virtual

Hospice of the Valley collaborates with Banner Sun Health Research Institute speak on the topic of Understanding Grief and Mourning, Grief and loss can be overwhelming experiences, but the more you know about what to expect, the less frightening it is.

Registration is FREE but required to obtain the Zoom login information and phone number.

Visit www.bannerhealth.com/calendar and search BAIAlz Understanding

Date & time:
10 – 11 a.m.
Wednesday,
May 29, 2024
On Zoom

Grief and Mourning or call 602-230-CARE to register.

Behaviors & Communication: The Language of Dementia - Virtual

The communication changes that accompany dementia can present a host of challenges. As verbal language fades, nonverbal and behavior becomes a method to express thoughts, wants and needs. Review common changes that occur and learn strategies to reduce challenges.

Registration is FREE but required to obtain the Zoom login information and phone number. To register, call 602-230-CARE (2273) or <https://tinyurl.com/yjz96vy4>

Date & time:
11 a.m. – Noon
Tuesday,
March 19
On Zoom

For life's potential emergencies

Have you ever wondered, is this an emergency? If you aren't sure, or you need a nurse's advice about where to get care, call us. We are here to help. 24 hours a day.

Banner Health Nurse On-Call: (602) 747-7990 or (888) 747-7990

 **Banner Health Network.**