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MEDICINE TODAY - William Baker, MD

## Women's Health



This month is dedicated to Women's Heart Health but this year I would also like to discuss Women's Health in general. The best place to start is with a general listing of the leading causes of death for women in the United States. Half of the deaths among women 18 and older are the results of heart disease (25.5%) and cancer (22.4%). The next 2 leading causes of death are stroke and chronic lung disease followed in order by Alzheimer's disease, accidents, diabetes mellitus, influenza and pneumonia, kidney disease and sepsis (blood poisoning). This list is a little different when viewed from the standpoint of the World Health Organization (WHO). The WHO points out that the causes of death vary in women throughout the course of life. In childhood most deaths are due to infectious diseases such as HIV, diarrheal illness, pneumonia, malaria, and infections or complications of pregnancy and delivery. At older ages, in all regions except Africa, the leading causes of death and disability are heart disease, stroke and cancer. Interestingly, among females worldwide, including the United States, death due to heart disease, long thought to be

a "disease of affluence" is actually twice as common in low- and middle-income groups as in high-income groups.

A recent summary of the "Top ten issues for women's health" include cancer (breast and cervical), reproductive health (unsafe sex is a major factor), maternal health (in 2013, 300,000 women died from complications of pregnancy and childbirth, HIV, sexually transmitted disease (untreated syphilis leads to over 200,000 stillbirths and early fetal deaths in over 90,000 newborns worldwide), violence against women (1 in 3 women has experienced violence, especially physical and sexual abuse), mental health (especially depression, which is more common in women than men), accidents and drug-abuse, being young (sexually transmitted diseases, pregnancy; 13 million adolescents girls give birth yearly), getting older (for women who have only worked in the home, fewer pension benefits and less access to health care, poverty and higher risk of abuse).

Having displayed the broad picture, let's focus on specific conditions which women in the

US experience and for which research has given us guidelines for prevention, early identification and treatment. Of course, the discussion begins with heart disease. This is a topic we have covered well in other issues. A larger number of women than men die of cardiovascular disease than men! Women who have a heart attack are more likely to die. Consequently, health care must continue to focus on prevention and early detection in women just as men by identifying and treating risk factors such as high blood pressure, high cholesterol, diabetes mellitus, cigarette smoking, obesity and sedentary lifestyle. Early detection may include liberal use of the coronary calcium score as a screening tool and both physicians and female patients must be aware of the differences in presenting symptoms of heart disease in women compared to men. Early and aggressive treatment saves lives!

Much has been written about the approach to prevention and early detection of the leading cancers in women: breast, cervical and ovarian. Current screening guidelines are well published. Breast cancer screening with mammography is recommended every 1-2 years starting at either 40 or 50 (depending on the organization setting the guidelines) and continuing every 1 to 2 years with or without a breast physical exam until age 74. In high risk women annual screening and older age screening may be recommended. Pap smears and human papilloma virus (HPV) testing are recommended every 2-5 years starting when women are sexually active and continuing until age 65. If an HPV test is negative and the Pap smear is negative, US Preventive Service Task Force (USPSTF) Guidelines recommend every 5-year screening. Pap smears are not needed after a hysterectomy.

There is no true screening test for ovarian cancer. New research concerning breast cancer indicates: 1) Post-menopausal estrogen with or without progesterone increases the risk of breast cancer (Lancet 8-29-19); 2) It is cost-effective to test for genetic predisposition for breast cancer (BRCA-1, BRCA-2, PALB2) in women with breast cancer to help them make decisions about future prevention such as certain medications or double mastectomy (JAMA Oncology 10-3-19); 3) Women at high risk might benefit from taking medication to prevent breast cancer such as tamoxifen, raloxifene and aromatase inhibitors as data suggests the benefit of breast cancer prevention outweighs the serious risks such as blood clots and non-breast cancers (USPSTF). Other women's health issues not so lethal but have a major impact on women's lives and need for high-quality health care. Below are a few pearls.

1) Osteoporosis is currently estimated to be present in 12.3 million individuals. 71% of osteoporotic fractures occur in women and 21-30% die within 1 year. Screening is recommended in all women 65 and older and in high risk women less than 65 (parental history of hip fracture, smoking, excessive alcohol consumption, low body weight) and post-menopausal women with at least one of the other risk factors. A variety of medical treatments are available and "THEY WORK". Also essential is regular aerobic exercise (120-300 minutes per week) and muscle strengthening activities (discussed by Kelsey Reason in this issue).

2) Bladder infections are common in women (1 in 2 will have a urinary tract infection in their lifetime) and coupled with frequent urination and urine leakage are a major source of irritation, embarrassment, social inhibition and serious

medical illness. Drug-resistant infections are becoming much more common and difficult to treat (2.8 million antibiotic resistant infections in the US in 2019 and many are urinary). Several management strategies may help. First is bladder training. A recent study noted that bladder training in women 55 and over reduced urinary leakage by half! This involves urinating on a schedule rather than when the urge to urinate is felt and gradually increasing the period between urination. Other important strategies include Kegel exercises and drinking plenty of water. Bladder training and Kegel exercise details are available online or by checking with your physician or mid-level provider.

3) Hair thinning is a problem for a third of women at some point in their lives. There are many causes including hormonal, medical and psychological. The most common is female pattern baldness in which hair thinning radiates outward from the part line. This is due to increase in androgenic (male) hormones. Any acute severe medical or psychological stress or illness can affect the growth of new hair and the hair may thin temporarily a few months after the event passes. Many medications can cause hair thinning as well as autoimmune disease and medical problems such as iron deficiency anemia. Treatment with medications such as minoxidil (Rogaine), spironolactone and estrogen-containing compounds may be effective, so see your doctor for help.

In this "Red-Dress" month we think especially of women's heart disease but also of the many unique challenges women face. With progress in scientific research, the provision of health-care, social and economic progress we all hope that the health of our neighbors and of women worldwide will continue to improve.

## New Year, New Exercise Regime - By Kelsey Reason, CEP



You may have heard the saying “Middle age is that time when you finally get your head together and then your body starts to fall apart.” The good news is that this doesn’t have to be true. There are steps you can take now to keep that body holding together awhile longer, no matter your age. Aerobic exercise can seem like the easy part of a workout program – all you have to do is go for a brisk 30 minute walk five days a week, ride a stationary bike at a moderate intensity while you watch the news, or swim laps in the community pool during the summer. But when it comes to other forms of exercise like Pilates, circuit training, or classes at a gym, some people tend to shy away. Perhaps they don’t see the benefit of this type of exercise, or are too fearful to try something unfamiliar, or think that they just can’t do it. These forms of exercise are incredibly accommodating to various ability levels and are worth a try for just about anybody.

Pilates because a popular form of exercise post World War I, having been invented to rehab the strength and flexibility of prisoners of war. Today, it is practiced to help

one’s posture, alignment, and core conditioning through controlled movements, resulting in improved coordination, balance, and whole body endurance. Whereas yoga focuses on flexibility, Pilates seeks to strengthen the “powerhouse” of the body (the abdomen, lower back, and hips). Pilates utilizes proper breathing techniques to increase the oxygen circulating throughout the body (breath out with the part of the exercise that takes effort and breath in as you return to the starting position), concentration and extensive muscle control as one flows through the workout, exercise to exercise. As one masters the Pilates movements, they achieve greater stamina, correct muscle imbalances, and improve coordination. Pilates can utilize only body weight and a mat or incorporate equipment such as the “Reformer” as one progresses through a Pilates program.

Another form of exercise to consider is circuit training, where you can work the major muscle groups through a rotation of strength training, cardiovascular endurance training, and stretching in a shorter amount of time. With less rest between

exercises, circuit training keeps your heart rate elevated for a more intense exercise program, however intensity levels can be adjusted to accommodate any ability level. Many local gyms have either instructor led classes or self-guided circuit training programs available. You can even meet with a personal trainer for a few sessions and have them help you develop an exercise plan that suits your goals, ability, and desired exercise type. Curves is one such gym for ladies, offering a multitude of different classes to enroll in, while also offering the self-led program in the same facility. There are a multitude of gyms all over Bakersfield that offer these services for men and women, young and old. Be sure to check with your insurance company and/or local gym to see if you are eligible for a free or discounted membership.

Make 2020 the year you step outside of your comfort zone and try something new! Grab a friend and join together or make some new friends while you work to meet your fitness goals this year. Always consult with your doctor before beginning a new exercise regime to ensure you are safe to do so.

## Is Your Heart Older Than You? - By Bakersfield Heart Hospital



Did you know your heart can age faster than the rest of your body? You might be 53 years old, but your heart is 75 years old if you smoke and have uncontrolled high blood pressure.

If this is you, you're not alone because most American adults have a heart that is older than their actual age. One way to understand your risk for a heart attack or stroke is to learn your "heart age." Heart age is the age of your heart and blood vessels as a result of your risk factors for heart attack and stroke. There are some things that put you at risk for a heart attack or stroke that you cannot change such as getting older or your family history; yet there are many others that you can change.

### Here are the statistics

- 1 in 2 men have a heart age 5 or more years older than their actual age.
- 2 in 5 women have a heart age 5 or more years older than their actual age.

- About 3 in 4 heart attacks and strokes are due to risk factors that increase heart age.

- On average, US adults have hearts 7 years older than they should be.

### What causes a higher heart age?

The most common reasons are:

- high blood pressure
- high cholesterol
- smoking
- obesity
- unhealthy diet
- physical inactivity
- diabetes

Even if you haven't had a heart attack or stroke, when you have a heart age older than your actual age it places you at greater risk of having one.

### The Good News

You can actually REVERSE your heart age by making changes that reduce your risk. There are two ways to accomplish this.

You can:

- Start by choosing a risk factor or

two that you're ready to change, like smoking or high blood pressure, and focus on improving them first.

- Keep moving – being physically active is a major step toward good heart health. The heart is a muscle – exercise helps it become more efficient and better able to pump blood throughout your body.
- Work with your doctor to make heart healthy choices for a lower heart age.

Or you can make an appointment in Bakersfield Heart Hospital's Women's Heart Center by calling 661-852-6200 and find out the exact age of your heart. For just \$25, you will meet with a Cardiac Nurse who will provide: blood pressure test, cholesterol screening, cardiac risk assessment, one-on-one consultation, a personalized report and education on how to lower your risk factors. The Women's Heart Center can help both women and men determine their heart age and get them on the path to a younger, healthier heart.



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# Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in a rapidly changing health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and services designed to meet the many needs of patients.

The Physicians and healthcare professionals at Centric Health Medical Offices offer an array of services ranging from Cardiology, Vascular, Primary Care, Endocrinology, Pulmonology, Infusion Services, Neurology, General Surgery, Neurosurgical Spine Surgery, Urgent Care, and Diagnostic Imaging.

- **Central Cardiology Medical Center**
- **Preferred Family Care**
- **Sillect Medical Centers**
- **Kern Endocrine Center**
- **WF Baker MD and Associates**
- **J. Foster Campbell, MD**
- **Golden Valley Medical Associates**
- **Dr. Viridi - Neurology**
- **Dr. Ian Armstrong - Spine Specialist**
- **Dr. Fontaine and Dr. Borst - Radiology**
- **Dr. Ashraf - Pulmonology**
- **Dr. Nisim - General Surgery**
- **Southwest Internal Medicine**
- **Clinica Del Valle**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**
- **Centric Infusion Center**
- **Centric Priority Care Clinic**

## What's new at Centric?

Centric Health is pleased to welcome Golden Valley Medical Associates to its growing family. Golden Valley Medical Associates is located at 4813 Coffee Rd, Bakersfield, CA 93308 and provides comprehensive primary care services at this location. Our quality healthcare providers at this office include Dr. Calvin Kubo, Dr. Ashok Ghadia, Kristen Calciano, FNP, Deanna Salyards, FNP, Miriam Hernandez, PA-C and Vanesa Cheng, NP. Call (661) 664-0252 to make appointments.

## From the Editor - William Baker, MD

### The "Gift of the Season" – (Coronavirus)



Unfortunately, this is not a Holiday greeting, rather an ominous warning of just how quickly the health of us all can be affected. Just in the middle of a major influenza season, we are faced with another virus. This one from China - 2019-nCoV. If you watch the news, or surf the web you probably know about this new bug. The virus was first detected in the city of Wuhan, Hubei Province of China. It is a virus causing respiratory illness similar to influenza. It is in the same family as 2 other viruses which caused SARS and MERS (similar respiratory illnesses). The origin of the virus is from bats and spontaneously mutated to become a human infection, transmissible from person to person.

The illness causes fever and symptoms such as cough or shortness of breath. The severity is variable with some patients experiencing few symptoms and others severely ill, requiring hospitalization and deaths have occurred in China. In the US, 6 patients have tested positive for

the virus and 114 negative with cases noted in California, Arizona, Washington and Indiana (as of January 31, 2020). All patients had traveled from China. The incubation period (time from exposure to illness) is thought to be 14 days. "A Public Health Emergency of International Concern" has been declared and international travel restrictions have been put in place. There is currently a test to determine infection but no treatment and no vaccination.

Putting this in perspective – this flu season, Influenza A and B have caused illnesses in from 19,000,000 to 26,000,000 Americans, resulting in 180,000 to 310,000 hospitalizations, requiring 8,600,000 to 12,000,000 office visits and caused 10,000 to 25,000 deaths! In the last flu season there were 35,000 deaths in the United States. Currently less than half of the US population has had a flu shot.

Here is the bottom - GET YOUR FLU SHOT!!!!!!! It still amazes me after over 40 years of practice how many folks need to be talked

into receiving an immunization which may save their life or that of a loved one or neighbor. As I have said before in this publication – there are 2 reasons to get a flu shot. The first is not to protect you but to those around you. The second is to protect yourself. When we first become ill with an infectious disease we may not feel all that bad. So, we go to work and play with the kids and go to the movie. All the while everyone within 3-6 feet of our breathing or cough or more by sharing the same door handle may be infected. If we are exposed and have been vaccinated we improve our chances of avoiding infection and thus protecting others as well as ourselves. If you need more information go online to the CDC website or look up "herd immunity".

Hopefully, this new "gift" of the coronavirus will be contained and the suffering limited. More importantly for us as Americans is to do our part to protect ourselves and our community by getting vaccinated for influenza as soon as possible!

## Nutrition Nuggets - Michele Chynoweth, RD, CDE

### LEAP into 2020

Keep your New Year's resolution for a healthy weight. Here are some approaches to weight loss and maintenance.

More than 60% are above a healthy weight range. Most know the numbers but we struggle with habit changes for long term successful weight loss. How can we maintain our weight loss? Remember even very small increments of weight loss have great benefits. Think of losing weight like adding money to your retirement plan. Save a little on a regular basis over time and you'll reach your goal.

Is weight loss needed for a healthier life? As little as 5-10% weight loss over a period of 6-12 months, imparts incredible reduction in risk for type 2 diabetes (T2D) as shown by the results of the CDC Diabetes Prevention Program.

What does 5-10 % look like? If your weight is 200—a mere 10-20 pounds reduction in 6-12 months seems like a do-able goal. That's only 1 ½ - 2 ½ pounds per month or ½ pound per week.

Continue working on small goals over short time intervals. In 1-2 years, you'll have positive results. Rome wasn't built in a day.

Each pound of weight loss will feel like four (4) pounds of pressure off our knees and back.

Use clothes as an indicator of weight loss not just the scale especially for encouragement. Snug-fitting clothes often loosen up before the scale moves. It's usually around the middle where most of us can afford a little reduction! We often miss the cues of small weight gains and then the

accumulative weight appears.

To lose weight the math-magic of less in and more out isn't always an exact process. Being aware of what we eat, how much, how prepared and accounting for our intake helps to cut excess calories. Physical activity helps spend some of our calories so that we can maintain losses, build muscle and bone, and improve cardiovascular, mental and neurological health. Embrace our differences, but realize the challenges for weight loss and maintenance.

Do you have a multidisciplinary team & multiple tools to help you with weight management success? WIN registry reports success comes with consistent recording of a diary (hand or an APP) and frequent monitoring with feedback from health professionals and support groups. Genetics has something to do with how easily we put on weight and how difficult it is to lose. More research is needed to recommend the best plan for each genetic type. We know some of us are apples; others are pear-shaped. Researchers are looking into our gut biome on how bacteria in our gastrointestinal tract may contribute to weight loss efforts. Grandma was right—eat our vegetables, daily.

Behaviors, especially using food as a coping or calming tool, can make a long-term challenge even greater. Use mental health resources in your community or health plan.

Medications and medical conditions can affect how we save and store calories or use/lose it. Our social network can be supportive or sadly, sabotage our

every move toward our goals.

Finances—whether money or time or both—can make things easier or harder to grab that brass ring for successful weight management.

It's ok to dream big, but realistic short-term goals get us to the end of the rainbow for that pot of gold. Let's work together to be a successful, healthy community.

### Be an example

- Walk the talk. Move more; sit less.

Physical activity helps our cognition, mood, cardiac, bone and weight metabolism. Get away from your desk, computer, phone, I pad or television recliner at least hourly. If you have physical limitations, seek advice from your occupational and physical therapist for the best 'chair' exercises for you. When caring for children, engage in their activities (Duck Duck Goose, Hide'n'Seek, shoot some hoops, create relay games with balloons or summertime water play in supervised aquatic facilities).

Make a sample small goal: walk / move 10 minutes after each meal at least 5 of 7 days this next week

- Find social activities that are not food-centered.

Check out a Tai Chi, Pilates, or yoga class. Invite a friend so you can laugh at your (or lack of) coordination. Sign up for a dance class—Salsa, Zumba, country line, ballroom, tap, hip hop, ballet... short term. See what you like. Adults aren't adventuresome when it comes to new activities.

Sample small goal: check out The Levan Institute at Bakersfield College short term offerings. Select one and sign up with a friend. [Bakersfieldcollege.edu/](http://Bakersfieldcollege.edu/)



levaninstitute or call (661) 395-4431

- Drink more water. Use fewer beverages with calories. Drinking calories from beverages is a quick way to increase intake, but not a healthy way. Commercially blended drinks can offer as much as 500 calories per 8 ounces. Pretty pricey way to spend money and calories. The sweetened beverages also keep teeth bathed in sugar making us at risk for dental decay. Your smile is precious. Fruit is a better choice than fruit juice. Chewing gives us more satisfaction. Chewing will also start the digestion process and trigger responses of fullness that liquids do not provide.

Consider a simple, small goal: Drink 8 ounces of water before eating. Wait 15-20 minutes. Try this at least 1 meal per day for 3 days. See if you eat less. Water doesn't have to be boring—add a slice of lemon, lime or peeled cucumber. Even a washed mint or basil leaf will perk up a plain glass of water.

- Sleep more...and better sleep. Quantity and quality of sleep affect you and your household. Get screened for sleep apnea. Not enough sleep—weight, blood pressure and blood glucose elevate. Poor sleep also affects our heart and diabetes risk. If you eat in the middle of the night, let your provider know.

- Be part of the First Bite Club®. The first bite is the best bite. Slowly enjoy before taking the second.

- Learn how to end a meal... stop eating signals aren't easy to "hear". Try dental hygiene habits to help. Rinse after each meal. Brush at least twice a day. Floss daily. If you brush after the last

meal of the day, that can cue you are finished eating! Think about what signals you that a meal is over or you are comfortably fed.

- Provide utensils that support smaller portions—muffin papers, salad plates, smaller mugs/bowls, cups, forks, spoons and chopsticks.

## Rather than counting calories ... make your calories count

Confused about the best weight loss plan? Isn't everyone. Researchers tell us to select the plan that is sustainable for your personal goals, medical issues and lifestyle. Consult with a nutrition professional, registered dietitian nutritionist (RDN), who can assess your previous successes, challenges, lab values, health issues, family finances, stressors, time management and ease of goal setting. Find an RDN with your health plan or [www.eatrightpro.org/find-an-expert](http://www.eatrightpro.org/find-an-expert)

Some of us do best with 3 meals ...Others do better with little bits throughout the day. Some with more protein, less fat and carbohydrate.. Others do well with plant-based choices.

Avoiding one or more food groups is probably not a safe, long term plan for successful weight loss or more importantly, maintaining that loss. The highly rated plans are those that are personalized and include a great variety of foods. Mediterranean and DASH patterned plans make our calories count rather than just counting calories.

Recently, hormones been identified that affect our appetite control. Lacking a feedback system that says you're full enough, slow down and stop, causes us to eat beyond satisfying our hunger

and appetite. Practicing mindful eating and new medications have been developed to help recognize fullness.

Emphasize more color for February. Try more red vegetables and fruits. Include at least 1 each day of February.

- Radishes—sliced for salad or as edible garnish

- Tomatoes—sliced, tear-drop, cherry

- Red leaf lettuce—salad, sandwich topping, wrap for chicken or tuna salad or 'cup' for 3-bean salad

- Radicchio (use a few leaves in salad or as replacement for tortilla wrap)

- Red/purple onion (great flavor to salads or tossed & grilled)

- Rhubarb (cooked with fresh or frozen strawberries makes great dessert)

- Strawberries (fresh or frozen) for Valentine's Day you can dip tip in dark chocolate

- Red swiss chard—steamed or chopped into a salad

- Purple Cabbage—in salads, soups or cabbage rolls

- Red kale—stir fry or include with apples & cranberries or grapes in a fun salad with balsamic vinaigrette.

- Chiles

- Beets—boil, grill, slice or blend

- Bell peppers—red ones are sweet whether raw, stir fried, grilled or chopped

- Apples—sliced, sauce, or baked with cinnamon

- Red Flame Grapes—1/2 the long way and toss into salad. Adds touch of sweetness.

- Red kidney beans—great fiber, iron, protein source. Serve hot or cold. In soups, salads or mixed

- Cranberries

- Raspberries

- Plums

# Healthy Eating

## Kale, Onion & Black Bean Arepas



An arepa is gluten-free corn bread that is crunchy on the outside and tender on the inside. This vegetarian version is filled with beans and vegetables. Adaptable to open-face and/or substitute or mix lean poultry or meat.

SERVINGS: 8

SERVING SIZE: 1 arepa with  $\frac{1}{3}$  cup filling

PREP TIME: 10 minutes

COOKING TIME: 25 minutes

### Ingredients

- 2 cups pre-cooked white cornmeal flour
- 3 tablespoons canola or olive oil, divided (may reduce with use of nonstick spray)
- $\frac{1}{4}$  cup diced onions
- 1 cup drained canned black beans, low sodium
- 3 cups chopped kale (red or green), stems removed
- 1 teaspoon garlic powder
- $\frac{1}{2}$  teaspoon black pepper
- $\frac{1}{3}$  cup crumbled low fat feta or gorgonzola cheese

### Instructions

1. Pour flour into a medium bowl. Make a well in the center. Add  $2\frac{1}{2}$  cups warm water.
2. Using a wooden spoon, gradually stir until no dry lumps remain. Let rest 5 minutes.
3. Knead dough a few times in bowl, then divide into 8 pieces.
4. On a clean surface, roll each piece into a ball, then gently flatten to  $\frac{1}{2}$ -inch thick.
5. In a large nonstick skillet, heat 1 tablespoon oil or nonstick spray over medium heat.

6. Add 4 pieces of dough, cover and cook until golden brown, about 6 to 8 minutes.

7. Uncover, flip and cook uncovered 6 to 8 minutes, until other side is golden brown.

8. Transfer arepas to a wire rack.

9. Repeat with 1 tablespoon oil and remaining dough.

10. Cut cooked arepas in half.

11. To make the filling, heat 1 tablespoon oil or use nonstick spray in a large nonstick skillet over medium heat.

12. Add onions and cook about 3 minutes or until translucent.

13. Add black beans and kale and cook for 5 to 7 minutes, stirring frequently, until kale is tender.

14. Season with garlic powder and black pepper and toss to ensure seasonings are evenly distributed.

15. Stuff each arepa with  $\frac{1}{3}$  cup filling and top with 1 teaspoon cheese.

NUTRITION PER SERVING: 204 calories, 6g total fat, 1g saturated fat, 2mg cholesterol, 204mg sodium, 32g carbohydrate, 4g fiber, 1g sugar, 5g protein, 196mg potassium, 279mg phosphorus

Recipe courtesy of Andrea Mathis, MA, RDN, LD

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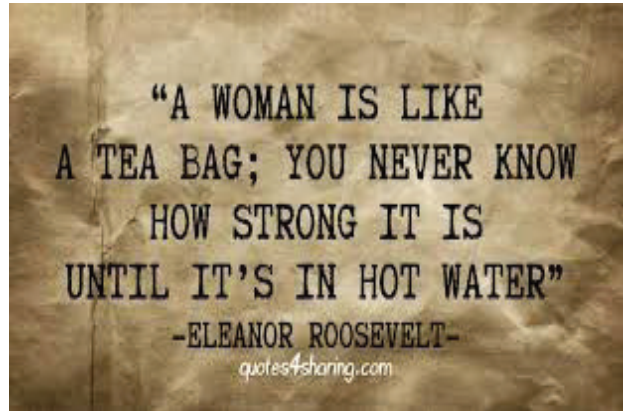
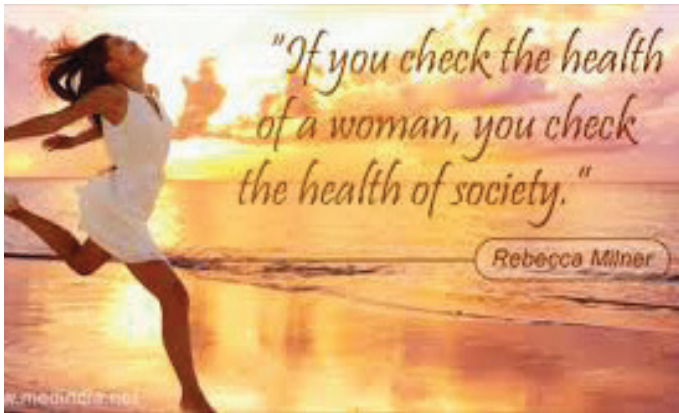


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