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At Manatee Your Choice Health Plan, we're dedicated to finding ways to help our members live healthier lives. Our Nurse Advocate team of experienced and highly trained nurses and our additional Employee Health Benefits team (including behavioral health, pharmacy, nutrition, fitness and certified diabetes educator) are here when you need someone to guide you.

CAN THE TLC DIET HELP LOWER CHOLESTEROL LEVELS?

(From [Healthline](#))

The TLC diet is one of the few diet plans that is consistently ranked as one of the best diets by health experts around the globe. It's designed to help promote better heart health and reduce cholesterol levels by coupling healthy eating patterns with lifestyle modifications and strategies for weight control. Plus, it may also be effective at treating other conditions by lowering blood sugar, managing blood pressure levels and keeping your waistline in check.

What Is the TLC Diet?

The TLC diet, or Therapeutic Lifestyle Changes diet, is a healthy eating plan designed to improve heart health. It was developed by the [National Institutes of Health](#) to help lessen the risk of heart disease and stroke.

The goal of the diet is to minimize blood levels of total and "bad" LDL cholesterol to keep the arteries clear and optimize heart health. It works by combining components of diet, exercise and weight control to help protect against heart disease. In addition to lowering cholesterol levels, the TLC diet has been associated with a range of other health benefits, from enhanced immune function to reduced oxidative stress and more.

Unlike other diet programs, the TLC diet is intended to be followed in the long term and should be considered more of a lifestyle change rather than a diet.

How It Works

The TLC diet involves a mix of both diet and lifestyle modifications that have been shown to help improve heart health. It involves switching up the types of fat you eat and increasing your intake of health-promoting compounds like soluble fiber and plant sterols that can help lower cholesterol levels.

It also pairs dietary changes with increased physical activity to aid weight control and strengthen the heart muscle.

The main guidelines for following the TLC diet include:

- Eat only enough calories to maintain a healthy weight.
- 25–35% of your daily calories should come from fat.
- Less than 7% of your daily calories should come from saturated fat.
- Dietary cholesterol intake should be limited to less than 200 mg per day.
- Aim for 10–25 grams of soluble fiber daily.
- Consume at least 2 grams of plant sterols or stanols each day.
- Get at least 30 minutes of moderate-intensity physical activity every day.

Following the TLC diet typically involves increasing your consumption of fruits, vegetables, whole grains, legumes, nuts and seeds to bump up your fiber intake. Adding 30 minutes of physical activity per day to your routine is also recommended, which can involve activities like walking, running, cycling or swimming.

Meanwhile, you should limit high-fat and cholesterol-rich foods like fatty cuts of meat, dairy products, egg yolks and processed foods to stick within the recommended daily amount, which helps maximize results.





HEALTH DISPARITIES AMONG AFRICAN-AMERICANS

(From [Pfizer](#))

While the spotlight right now may be on the disadvantages African Americans face while fighting the novel coronavirus (COVID-19), they are also disadvantaged throughout the health care system when combating other diseases.

Compared to their white counterparts, **African Americans are generally at higher risk for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, and HIV/AIDS**, according to the Office of Minority Health, part of the Department for Health and Human Services.

One possible contributing factor: The Centers for Disease Control and Prevention (CDC) says African Americans are more likely to die at early ages for all causes, as young African Americans are living with diseases that are typically more common at older ages for other races. For example:

- **High blood pressure** is common in 12% vs. 10% of blacks vs. whites aged 18-34 years, respectively. It is common in 33% vs. 22% of those aged 35-49 years, respectively.
- **Diabetes** is common in 10% of blacks aged 35-49 compared to 6% of whites.
- **Stroke** is present in 0.7% of blacks aged 18-34 compared to 0.4% of whites the same age. Stroke is common in 2% of African Americans compared to 1% of whites aged 35-49 and 7% vs. 4%, respectively, in those aged 50-64.

The CDC said that social factors compared to others in the U.S., specifically whites, affect African Americans at younger ages: unemployment, living in poverty, not owning a home, cost-prohibitive effects of trying to see an MD, smoking, inactive lifestyle, or obesity.

A white paper from Cigna went further, acknowledging **mental health disparities** between African Americans and white patients. They noted blacks are 20% more likely to report psychological distress and 50% less likely to receive counseling or mental health treatment due to the aforementioned underlying socioeconomic factors.

Another area of health care there is a disparity is among **renal disease**. Blacks and African Americans can suffer from kidney failure at as much as 3 times the rate of Caucasians, according to the National Kidney Foundation. Black patients represent as much of a third of all patients in the U.S. receiving dialysis for kidney failure, though they don't represent anywhere near that proportion of the U.S. population, they added. Individuals who are black alone, the Office of Minority Health says, make up 12.7% of the U.S. population.

Cancer is another avenue for the differences in health outcomes between white and black Americans. The American Cancer Society said that for most cancers, African Americans have the highest death rate and shortest survival. However, the overall cancer death rate has dropped faster in African American men and women compared to whites since 1990. They believe this has been driven by more rapid declines among black patients

for lung, colorectal, and prostate cancers. This progress has narrowed the black/white disparity for cancer mortality and they estimate almost half a million cancer deaths for black patients were avoided over the previous 25 years.

As noted, the emergence of **COVID-19** has added another spotlight on the health care disparities for black Americans. African Americans are experiencing more serious illness and death from COVID-19 compared to white people, according to data from Johns Hopkins.

Some minorities are being disproportionately affected by COVID-19, the CDC said, stemming from inequalities in health care access and poverty. African Americans are experiencing 2.6 times higher cases, 4.7 times higher hospitalization rates, and 2.1 times more death from COVID-19 compared to white counterparts, the CDC said. But to combat this harmful trend, Johns Hopkins suggested targeted messaging promoting social distancing and discouraging the stigma associated with COVID-19. Making testing available for those without primary care physicians or access to one is another important way to mitigate racial disparities in health care particularly in the context of COVID-19.

Notably, in 2017, 89% of African Americans had health care coverage compared to 93% of white Americans; 44% of African Americans had government health insurance

that year. Additionally, 12% of African Americans under the age of 65 reported having no health care coverage that year.

Health care providers can also look at the race gap through the lens of mortality rates. The leading causes of deaths for African Americans have not changed from 1999 to 2015, the CDC said, but the rates have decreased. Heart disease deaths dropped 43% in that time period, cancer deaths dropped 29%, and stroke deaths were down 41%.

The American Heart Association said getting checked regularly and working with doctors to decrease risk factors can help take care of African Americans' heart health. A 2017 statement from the American Heart Association said that disease management is less effective among this population which can contribute to higher mortality. Clinicians and researchers from multiple disciplines can help promote equity in the cardiovascular health of African Americans, they said.

In order to help mitigate these health care disparities, a 2010 American College of Physicians position paper recommended, among other things, strengthening health literacy among racial and ethnic minorities and creating cultural competency initiatives beginning in medical school for physicians and health care professionals.

WHAT IS NURSE ADVOCACY?

OUR NURSE ADVOCATES MAY CALL YOU ON THE PHONE AND HELP YOU:

- Understand your diagnosis and treatment options
- Coordinate your care with your Primary Care Physician, Specialist and other providers
- Understand your medications and how to take them as prescribed
- Address barriers you may have with obtaining your medications
- Understand your plan of care
- Get support for you/your family/caregivers to keep you safe at home
- Understand your benefits
- Link with community resources
- Understand health issues related to aging

WHEN AND WHY WE CALL OUR MEMBERS:

If you've been in the hospital with a serious health condition or experienced complications, are living with multiple health conditions and finding it difficult to manage your daily activities, a NURSE ADVOCATE may call to help:

- Identify what's important to you, to manage your health condition such as asthma, cancer, COPD, diabetes, heart disease.
- Guide you to appropriate resources
- Keep you on the road to recovery by assisting you with your discharge instructions

FOR MORE INFORMATION:

Nurse Advocates are provided as part of your plan benefits at no additional cost. If you or a family member could benefit from the Nurse Advocacy program, please call us Monday – Friday, 8 a.m. - 5 p.m. at **(941) 741-2963 option 3.**



19 EVERYDAY THINGS THAT COULD IMPACT YOUR HEART HEALTH (and What Your Heart Has to Say About It)

(From [The Society for Cardiovascular Angiography and Interventions](#))

It's American Heart Month! To mark this awareness month, we're sharing our list of 19 common things in our lives that impact our heart's health. Read below for interesting bits and bites of information.

1. Anxiety

It can affect us all, to some degree. It can be that hard to nail down uneasy feeling or it can seriously affect how we lead our daily lives. To combat these feelings, figure out what's causing the anxiety in the first place. Find a few minutes every day to block out the rest of the world and take inventory of what's worrying you these days.

2. Type A personalities

You know who you are. You probably have a to-do list that starts with "write to-do list" just so you can cross it off the list. But beware – some studies have suggested "Type A" conduct is right up there with smoking, high cholesterol and blood pressure as risk factors for heart attacks and coronary events.

3. The Daily Grind

In the stress of your day-to-day responsibilities, laughter can be the best medicine. In between doing the laundry, driving kids to their activities, getting the groceries, taking your pet to the vet, and checking your smartphone for emails, each day can easily become a never-ending to-do list. Take time to appreciate the lighter side of life with your family and friends.

4. Biking

Working out those big leg muscles while riding your bike raises your heart rate and enhances cardiovascular fitness and stamina. Biking is a great form of aerobic conditioning, which means it makes the heart muscle

stronger, enabling it to pump more efficiently. But as with any physical activity, be sure to talk to your doctor before you start any new exercise program, especially if you have a previous heart event or condition.

5. Marathonng

Running 26.2 miles is the cultural ideal of a healthy body, but before embarking on this endeavor, it's important to do your homework, and involve your doctor if you're thinking about training for a marathon. Especially if you have a history of heart disease, the doctor might want you to have a stress test to record your heart's electrical activity during exercise to determine its effects on your heart's rate and rhythm. Recent studies suggest repeated marathon training could be harmful for heart health, and can leave scarring.

6. Walking

Put simply – walking works. It seems so easy, but it is such a good way to reduce the risk of heart disease, improve blood pressure and blood sugar, improve cholesterol and maintain body weight. Walking can also be the first step in getting into other kinds of exercise and active hobbies.

7. Yoga

Studies have shown a variety of cardiovascular benefits from yoga – lower blood pressure, cholesterol and resting heart rate. So keep practicing your downward dog and sun salutations.

8. Marriage

Do you have a spouse in your house? We know married men live longer. Thanks to researchers in Canada we may have an idea why. In a 2011 study of heart attack patients, they found married men or men with common 4

law partners made it to the hospital a full half-hour earlier than their single counterparts. The same benefit wasn't found for married women, however. People in happy relationships produce less of the stress hormone cortisol when under duress. Excess cortisol may promote fat storage around abdominal organs, setting the stage for heart disease.

9. Sex

This is of course the question new heart disease patients ask their doctor the most, and it's really good they do. Fear of straining the heart can really get in the way of intimacy. There's some evidence sexually active people live longer, but sex is a physical activity. That means, as with good diet and not smoking, for most people, it's good for the heart.

10. Medicines for ED

Along these same lines, medications for erectile dysfunction are generally safe for men with stable ischemic heart disease, high blood pressure or diabetes. There's an important list of contraindications and precautions, so be sure to talk to your doctor about all your medications, especially if you have heart disease.

11. Man's best friend

Pets and unconditional love go hand in paw. They can lower stress and improve our health with the companionship they provide. A lot of them can help us get active by getting us outside.

12. Popping the question

Thinking of proposing? There's good evidence being married or in a committed relationship reduces the response to stress. So if you have marriage on your mind, we offer best wishes to you and your beloved! Being in love is good for your heart.

13. Riding the rails

For thrill seekers, there is nothing like the rush of that first drop on a roller-coaster. You've seen the sign just before getting on that says people with heart problems shouldn't ride. But what does that mean? If you've ever fainted while exercising or you have a known heart condition where excessive stress should be avoided, ask your doctor before going to the amusement park.

14. Scary movies

For some, there's nothing better than getting good and scared in front of the screen. Gets the juices flowing and the heart racing. But if you happen to have long QT syndrome, a rare genetic disorder, a sudden spike in your heart rate could trigger a life-threatening, abnormal heart rhythm. If you've had an immediate family member die suddenly, especially without explanation, QT syndrome might run in your family and you should see your doctor.

15. Coffee

For the vast majority of us, our daily cup is fine. But what about that triple shot mochalicious buzz bomb? Though recommendations vary, caffeine is generally considered safe up to 400 milligrams a day for healthy adults. A typical 8-ounce cup of coffee has about 100–200 mg of caffeine.

16. Tea

Green tea usually wears the white hat as the "healthy tea" because it has been associated with improved blood vessel function and a lower risk of dying from heart disease. Some think that's because it has more catechins, a type of flavonoid, than black tea does. However, recent research has suggested black tea and even coffee may also protect against heart disease. It's not known if the benefits apply to people who already have heart disease, so don't self-prescribe tea if you're one of those.

17. Energy drinks

Doctors don't recommend them for children, even though an estimated half of children and young adults consume them. Why not for kids? They have three to five times the amount of caffeine than in a can of soda, for one thing. If you have an underlying heart problem, you should definitely avoid these drinks. According to one study, one out of five college students who used energy drinks had experienced heart palpitations.

18. Nicotine. Cigars. Cigarettes

Not a news flash- it's bad. Don't light up either with fire or with batteries. You know it's harming your health, you need to quit. It may be one of the hardest things that you'll do this year, but do your heart a favor and kick the habit today.

19. Crushing that Candy

The joke is in calling these mobile video games. There's nothing mobile about them, except the device on which they're often played. Players? They're rooted in their seats, often for hours. These games are headed for the Sedentary Hall of Fame. As the saying goes, "Sitting is the new smoking." Set a time limit on how long you play Candy Crush, Words with Friends, Minecraft, and all the others. Be sure you spend as much time walking or doing a physical activity that gets the heart pumping as you do in front of a screen.

Do you want help creating an exercise plan, reducing stress, or want to quit smoking? YourChoice Advocates are here to help you with your health goals. Contact us at manateeyourchoice.com/contact

COVID-19 & YOUR HEART: RISKS AND LONG-TERM EFFECTS

(From [Harvard Health](#) and the [American Heart Association](#))

February is National Heart Health month. During the COVID-19 pandemic, heart health has become an important topic of conversation because even **while COVID-19 death rates are dropping, people with cardiovascular disease are still at a higher risk of contracting a severe form of the virus.**

Pre-existing heart conditions weaken the body's ability to survive the stress of the illness. Though the risk is higher in people with underlying heart conditions, even healthy people have reported heart damage after beating COVID-19.

How COVID-19 Damages the Heart

The majority of people with COVID-19 will have mild symptoms and recover fully. However, about 20% will develop pneumonia, and about 5% will develop severe disease.

- In the severe form of COVID-19, the body's immune system overreacts to the infection and can damage multiple organs, including the heart, and lead to myocarditis. With myocarditis, the heart may become enlarged and weakened, leading to low blood pressure and fluid in the lungs.
- Fever and infection cause the heart rate to speed up, increasing the work of the heart in COVID-19 patients who develop pneumonia.
- COVID-19-related inflammation also raises the risk of heart attack and can lead to blood clots in the lungs.
- High blood pressure might raise your risk of experiencing severe complications from the coronavirus.

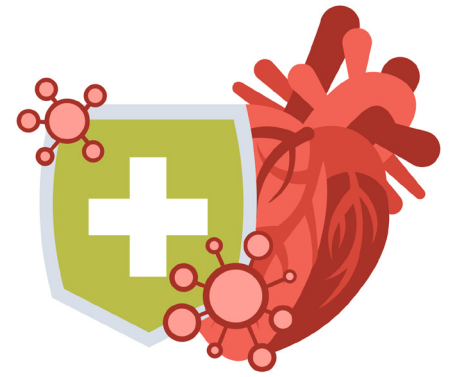
Long-Term Effects

While long-term effects are still unclear, there is some evidence that patients recovering from COVID-19 may experience ongoing heart issues.

Additionally, some of the unhealthy habits picked up during the pandemic can adversely impact a person's risk for cardiovascular health, such as:

- poor eating habits,
- increased consumption of alcohol,
- lack of physical activity,
- the mental toll of quarantine isolation,
- and increased fear and anxiety

Watch for the following symptoms – and consult your



physician or a cardiologist if you experience them: increasing or extreme shortness of breath with exertion, chest pain, swelling of the ankles, heart palpitations or an irregular heartbeat, not being able to lie flat without shortness of breath, waking up at night short of breath, lightheadedness or dizzy spells.

Lower Your Risk Through Healthy Lifestyle

Adopting healthy behaviors can strengthen your defenses against COVID-19 while also reducing the long-term risk from cardiovascular disease itself.

- Engage in regular physical activity, such as bike riding, walking your dog, etc. The American Heart Association recommends at least 150 minutes a week.
- Follow a healthy diet like the Mediterranean diet, which focuses on fruits, vegetables, poultry, seafood, and whole grains.
- Purchase an inexpensive and easy-to-use monitor to measure your blood pressure at home.
- Continue to follow the CDC's safety guidelines to wear masks, physically distance, and avoid large gatherings.

You should also try to avoid high blood pressure hazards. Use extra caution with:

- Over-the-counter medications. Decongestants and painkillers called NSAIDs, such as naproxen and ibuprofen, can increase blood pressure. People with heart concerns should limit or avoid them.
- Some prescription drugs. People taking corticosteroids, oral birth control, immunosuppressants, mental health drugs and some cancer medications should monitor their blood pressure.
- Alcohol and caffeine. Limit these to no more than three cups of caffeinated beverages a day.
- Herbs and food combinations. Some herbal supplements such as licorice can raise blood pressure, and foods such as cured meats can interact with some antidepressants.

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