

# MAGAZINE

OCTOBER 2023

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**GREATEST  
SCIENTISTS**  
*Rosalind Franklin*

# WELCOME

## to the Floridacare Family

Prevention rather than cure should be the watchword of each person for their health care, in order to avoid risk factors that can lead us to suffer from a disease. We must promote a healthy physical and mental lifestyle, and that is the objective of this magazine, that whoever reads it, can know the importance of preventive health.

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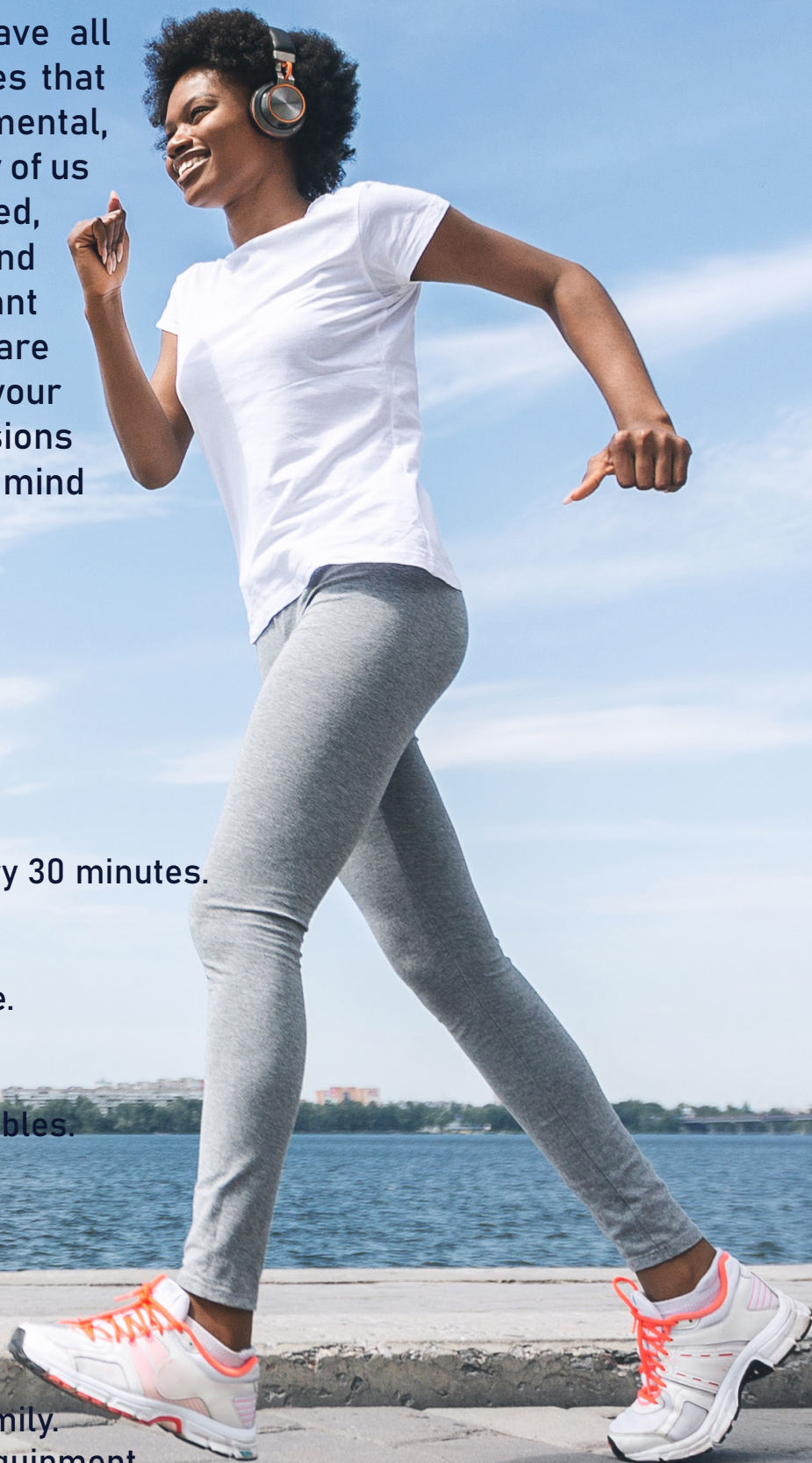




# Why is wellness important?

Over the past year, we have all experienced new challenges that have affected our physical, mental, and social well-being. Many of us have felt tired and stressed, which is why wellness and self-care are more important than ever. Below, we share some new ideas to achieve your well-being in all its dimensions and you can nourish your mind and body.

1. Do exercises
2. Drink water regularly.
3. Track your fitness.
4. Take multivitamins.
5. At the office, stand up every 30 minutes.
6. Go outside
7. Get enough sleep.
8. Eat organic food if possible.
9. Practice gratitude.
10. Read books
11. Eat more fruits and vegetables.
12. Correct your posture.
13. Take a daily probiotic.
14. Get vaccinated.
15. Minimize sugar intake.
16. Meditate.
17. Listen to music.
18. Share with friends and family.
19. Do not abuse electronic equipment
20. Organize your days.





# VACCINES FOR CANCER?

## SCIENTISTS ARE MAKING PROGRESS

What once seemed like a far-fetched idea could be a reality in the next five to 10 years

**J**im Furneaux, 79, was diagnosed with stage 4 melanoma in 2021 after a scan showed the cancer was in his lungs.

Although stage 4 melanoma is the deadliest form of skin cancer, Furneaux is optimistic because his doctors are using a new weapon to fight his disease: a personalized cancer vaccine formulated to attack his specific cancer cells.

"I was really taken by the technology," says Furneaux, of Newburyport, Massachusetts. "You have a weapon that is going against your known enemy. It can go right directly to your cells and kill them." The vaccine, part of a clinical trial at the Dana-Farber Cancer Institute in Boston, is one of dozens being developed and tested across the country to fight different types of cancer.



### **Not just prevention: Vaccines may help with cancer treatment**

When most people think about vaccines, they think about shots that can prevent a disease from developing in the first place, as is the case with the measles vaccine or the flu shot. And already there are two preventive cancer vaccines: the HPV vaccine, which targets a virus linked to cervical cancer, and the hepatitis B vaccine, which helps guard against liver cancer caused by a hepatitis B infection. But researchers are also studying vaccines as a way to treat cancer once it has already occurred or to prevent it from coming back. Just as vaccines train the body's

immune system to recognize and attack a virus or other foreign invader, scientists have figured out a way to teach it to do the same with cancer cells. And that's a big deal, because tumor cells are derived from human cells, which makes it difficult for the body to distinguish the good guys from the bad.

After decades of setbacks, researchers say this idea is at a watershed moment. Scientists have discovered new ways to target certain proteins, called antigens, on the surface of tumor cells, and some experts predict that at least some cancer vaccines will be commercially available in the next five to 10

years.

"It's exciting, because people in the field have thought about this since the 1980s, and nobody could make it happen," says Patrick Ott, M.D., clinical director of the Melanoma Disease Center at the Dana-Farber Cancer Institute.

One thing to note, however: The cancer vaccines being developed aren't mass-produced shots for everyone like the COVID-19 vaccine or flu vaccine. Instead, they are formulated for specific patients or groups of patients — either those who have already been diagnosed with cancer, cancer survivors or those who are at high genetic risk.



# A vaccine tailored for one patient at a time

The cancer vaccines that have gotten the most attention recently are personalized vaccines, like the one Furneaux received. They are created for a specific person based on the genetic mutations in their tumor cells.

“Every patient has a different tumor with different mutations,” Ott says. To create a personalized vaccine, those mutations are programmed into a vaccine made specifically for that person. The whole process can take six to eight weeks, and experts say it likely comes with a high price tag.

In Furneaux’s case, researchers biopsied the tumors in his lungs and genetically sequenced his cancer cells. Then they formulated a vaccine that targeted his unique tumor protein mutations.

Furneaux got two injections at each of four appointments in fall 2021. He also received immunotherapy — the standard treatment for his type

of melanoma that helps the immune system fight it.

Now, almost two years later, Furneaux says his cancer has not only not progressed, it has actually receded.

Data from another vaccine being tested for the treatment of melanoma produced similarly promising results.

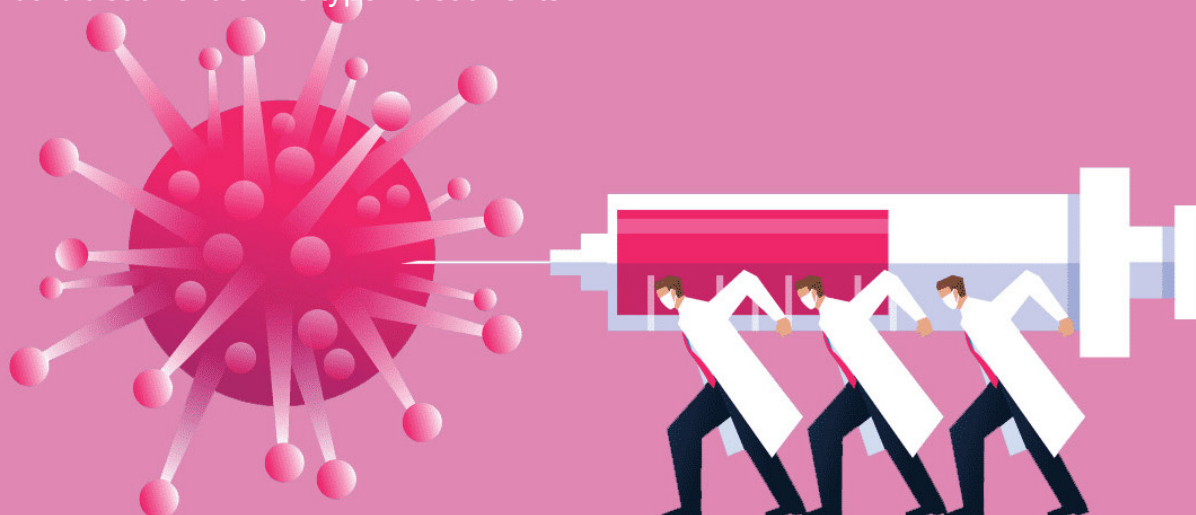
In an intermediate-stage study, Moderna and Merck released data showing that their mRNA melanoma cancer vaccine, when paired with Merck’s immunotherapy treatment, reduced the risk of cancer recurrence or death by more than 44 percent compared to immunotherapy alone.

It was the first randomized study showing that a cancer vaccine added to typical treatment could substantially increase survival. Based on those results, the Food and Drug Administration granted breakthrough designation, a sign that the agency believes the therapy is a significant improvement over existing treatments.

Another promising personalized vaccine that recently made headlines targets pancreatic cancer. In May, researchers at Memorial Sloan Kettering Cancer Center published a study in the journal *Nature* that showed an mRNA vaccine they had developed with BioNTech prevented a deadly form of pancreatic cancer from returning in about half of trial participants.

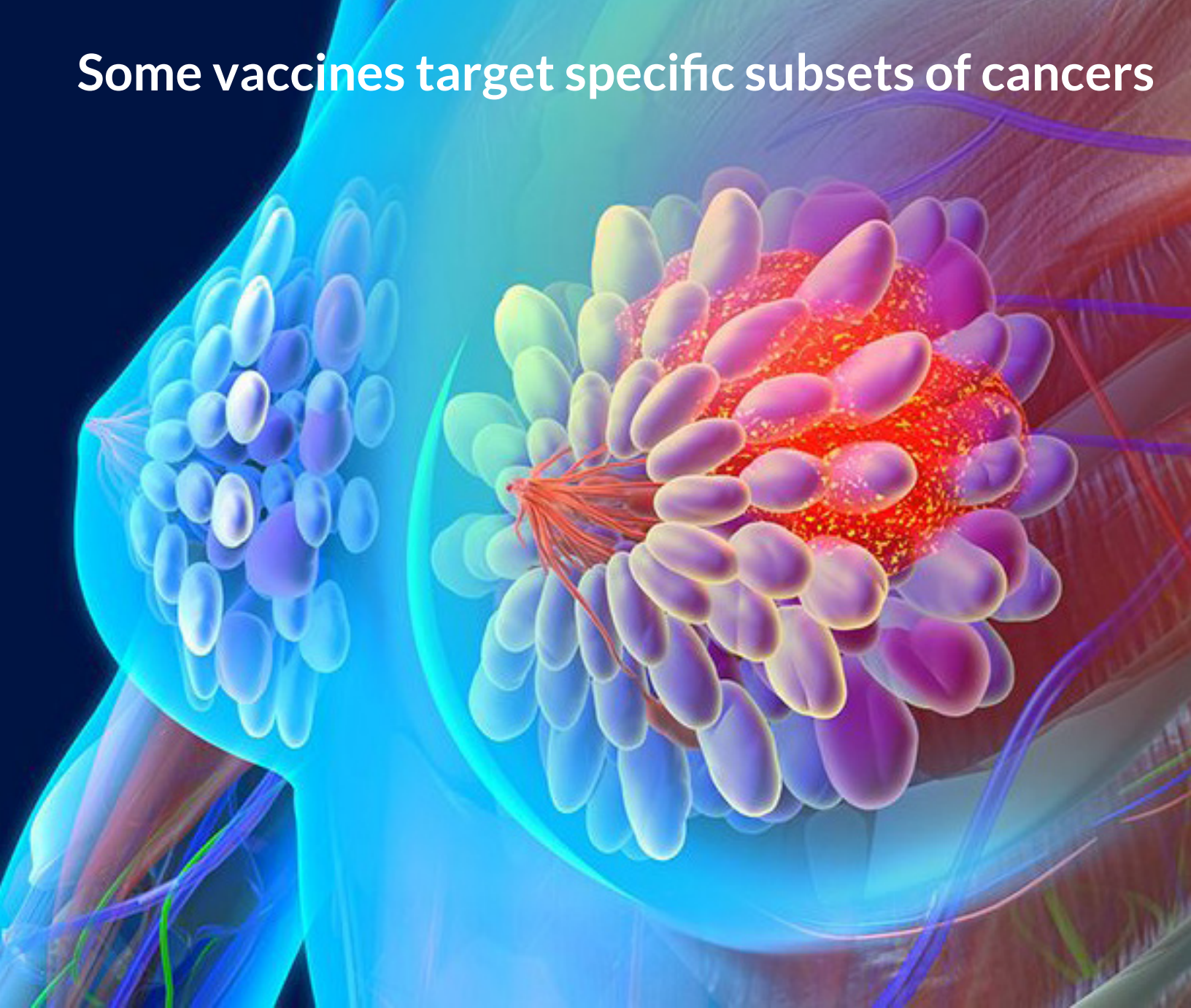
Other personalized vaccines in development target different types of cancer including cervical, colorectal, prostate and lung.

“This is all very exciting,” says William Dahut, M.D., chief scientific officer for the American Cancer Society. “The small trials are being transformed into big trials, and if they have positive results, at least in those cancers, I think this could be just a couple of years away.”





# Some vaccines target specific subsets of cancers



Other cancer vaccines in the pipeline are designed to work for more than just one patient.

At the University of Washington School of Medicine, for example, researchers are testing a vaccine that targets a protein, called HER2, that is expressed at abnormally high levels in some 30 percent of breast cancers, causing the cancer to grow rapidly.

In a phase 1 study of 66 women with advanced-stage

HER2-positive breast cancer, the vaccine elicited a strong immune response, according to published results. And although the study was not designed to test the vaccine's effectiveness, the researchers noted that the participants did better than would be expected for having such an advanced stage of the disease.

"If you look at patients at that stage, you would have expected that only half would be alive in

five years. But 80 percent of our participants are still alive today," says Kiran Dhillon, executive director of the UW Cancer Vaccine Institute. "That's pretty powerful."

The vaccine institute is now testing new vaccine formulations that target multiple proteins instead of just one, Dhillon says, as well as vaccines for ovarian cancer, lung cancer, prostate cancer, bladder cancer and colon cancer.



# The holy grail: More preventive cancer vaccines



While much of the momentum has been on vaccines for people who have already have cancer, scientists are still working to develop more vaccines that can effectively prevent cancer.

Take, for instance, New York's Weill Cornell Medicine, which received a \$5.7 million federal grant to work on preventive cancer vaccines in 2022.

w, a medical geneticist who is leading the effort, says the team is focusing first on developing vaccines for at-risk groups, such as people with inherited genetic mutations that predispose them to certain cancers.

The vaccines target common mutations shared by individuals in those groups who develop cancer. For example, his center is

developing a vaccine for people with Lynch syndrome, a genetic condition that greatly increases the risk of developing colon and other cancers before the age of 50. The vaccine targets common proteins that often appear on tumors in patients who have the syndrome.

The center is also working to develop preventive vaccines for children who have a rare genetic condition that predisposes them to cancer and for patients who develop precancerous lung lesions that increase their risk of lung cancer.

Focusing on those high-risk groups will allow the team to know sooner how effective a vaccine is at preventing a tumor, he says.

"It's a practical thing — we want to run trials and be able to do it quickly, within a few years," Lipkin says. "It gives us a chance to see if the vaccine can intervene and slow it down or get rid of it."

The good news, he says, is that the risk of dying from cancer in the United States is down about 27 percent in the last 20 years, but "the next thing to really move the needle in a meaningful way is vaccines.

"We're hopeful that this is really going to make meaningful progress against cancer in the next decade or so," Lipkin says. "Prevention is really the best cure for cancer."







# 6 Types of Drugs that could cause **DEPRESSION**

Is your medication messing with your mood? More than 200 medications are linked to depression. Here are some of the most common.

Medications are supposed to help you feel better, but they also have risks, including depression.

In fact, about a third of Americans are taking a prescription medication that could potentially cause depression or increase suicide risk, according to a study published in the journal JAMA.

Asim Shah, M.D., executive vice chair of psychiatry and behavioral sciences at the Baylor College of Medicine in Texas, says he sees it often in the emergency room where he works:

"We have had multiple times when someone comes to us and says, 'Mr. So-and-so was perfectly fine, and then all of a sudden he or she has changed behavior, is acting isolated and withdrawn, isn't the same as he used to be.' When we ask what has happened, we

come to find out nothing changed except he started on a specific medicine."

In general, older adults are more vulnerable to medication side effects, including depression, says Michael Ziffra, M.D., associate professor in the department of psychiatry at Northwestern Feinberg University School of Medicine.

That's because as you get older, your body is "slower in eliminating medication from your system, so it can build up and cause problems," Ziffra explains.

Older adults are also more likely than younger people to be taking multiple medications — and the same JAMA study found that your risk of depression increases for each drug linked to depression.

It can take weeks or months after you start a new medication for a psychological side effect such as depression to emerge, Shah says.



# More than 200 drugs are linked to depression. Here are some of the most common:

## Steroids (corticosteroids)



These medications, which ease inflammation, can treat short-term flare-ups like allergies, eczema and poison ivy as well as chronic conditions such as rheumatoid arthritis, lupus and multiple sclerosis. Steroids have a “strong reputation” for causing mood changes, Ziffra says. Prednisone is one of the best-known medications in this class.

One review study in Mayo Clinic Proceedings noted that adverse psychiatric events occurred in about a third of patients who were taking corticosteroids. In the short term, euphoria and hypomania were the most common issues, but the authors said long-term therapy “tends to induce depressive symptoms.”

## Parkinson's Disease Medications

Drugs such as carbidopa and levodopa (Sinemet, Rytary, Duopa) that treat Parkinson's disease affect the brain's level of dopamine, which is one of the key chemicals involved in regulation of mood, Ziffra says.

Parkinson's disease is also linked with depression, due to the biological processes associated with the disease, according to the Parkinson's Foundation. For some patients, antidepressants can help alleviate symptoms. The foundation recommends discussing treatment options with your doctor.





## Hormone Replacement Therapy



The estrogen and progestin used in birth control methods such as the pill or patch have long been linked to a higher risk of depression.

Some newer research indicates the same association may exist with hormonal replacement therapy, which is prescribed to help with side effects of menopause, including depression.

A 2022 study published in JAMA Network Open of more than 825,000 Danish women who started hormone replacement therapy found they had a higher risk of developing depression, especially if they started the therapy before age 50. The study found that administering hormone replacement therapy locally – through a vaginal cream, for example – had a lower risk of depression.

Ziffra notes that some patients find that hormone replacement therapy helps with their depression.

## Benzodiazepines such as Xanax, Valium and Ativan

Benzodiazepines are sedating medications widely prescribed for anxiety and sleep problems. They are also used for seizures or muscle spasms. You may know them by some of their brand names: Xanax, Valium, Ativan, Klonopin or Restoril.

Because they depress your central nervous system, benzodiazepines can make you feel sleepy and tired, and they tend to reduce cognitive function – factors that may contribute to depression, Ziffra says. “If you’re sleeping most of the day and you’re not engaging in many activities, that can influence mood,” he says.

In addition to the risk of depression, benzodiazepines can be dangerous for older adults for other reasons, according to the National Institutes of Health. They can impair cognition, mobility and driving skills in older people, and they increase the risk of falls. They are also habit-forming, and long-term use can lead to withdrawal symptoms if they’re discontinued.





## Anti-Seizure Medications

Drugs such as Keppra (levetiracetam), Topamax (topiramate) and Dilantin (phenytoin) help control seizures caused by epilepsy and other conditions, but they may also be prescribed for conditions such as anxiety, migraines, bipolar disorder, nerve pain, fibromyalgia and restless leg syndrome.

In 2008, the FDA issued a warning for all types of anti-seizure drugs after a meta-analysis found that they increased the risk of suicidal behavior.

In the years since, questions have been raised about whether all anti-seizure drugs carry an increased risk, and at least one analysis of studies of newer anti-seizure medications did not find a link.

Ziffra says anti-seizure medications are “very diverse,” and different drugs may either elevate or depress your mood. While no one can predict with certainty how a medicine will affect an individual, the Epilepsy Foundation lists some of the drugs most commonly associated with improved mood, and those linked to worse depression.



## Opioids and Some Other Pain Medications

Even though opioids are highly addictive, physicians still prescribe them to help patients get through pain from surgery or a traumatic injury, or for painful conditions such as back ailments, sickle cell disease, cancer or rheumatoid arthritis. If you use them for too long, research indicates you may be at an increased risk of depression.

One study of more than 100,000 patients published in the Annals of Family Medicine found that 1 out of 10 who used the medication for more than a month developed new-onset depression. The researchers speculated that opioids cause changes in the brain regions associated with reward and pleasure, leading to depression.

Other pain medicines – including over-the-counter drugs such as acetaminophen (Tylenol) and ibuprofen (sold as Advil, Motrin, and Aleve) – also have been linked to depressive side effects with long-term use.





# How to Get **FREE COVID TESTS** In The Mail - Again



**B**eginning Sept. 25, each household can order another round of free tests from the government

Americans will once again be able to receive free at-home COVID-19 tests through the U.S. mail. Beginning Sept. 25, households can order four tests on the website [covidtests.gov](https://covidtests.gov).

The news comes amid a steady increase in COVID-19 infections and hospitalizations, which topped 20,000 the week of Sept. 9, and it coincides

with the emergence of new coronavirus variants that have gotten better at evading immunity from vaccines or previous infections.

The COVID-19 tests being distributed by the federal government are capable of detecting the variants currently circulating, the U.S. Department of Health and Human Services confirmed, and they are expected to remain effective through the end of the year.



# Testing is especially important for older adults



Experts say rapid, easy-to-use tests are key to avoiding a wave of illness this winter. For one, testing can help to cut down on virus transmission. “We know how to avoid spreading [COVID-19] to people,” David Montefiori, director of the Laboratory for AIDS Vaccine Research and Development at Duke University Medical Center, said in a recent news briefing. “You still want to avoid being in public and being around other people so that they don’t get it.”

The Centers for Disease Control and Prevention (CDC) recommends isolating from others for at least five days if you have COVID-19.

A positive test is also the first step to accessing treatments like Paxlovid that can prevent a mild infection from turning severe. And, says William Schaffner, M.D., with the National Foundation for Infectious Diseases,

“the sooner you initiate the treatment, the greater the benefit to you.”

Older adults are among those at highest risk for a serious case of COVID-19. Hospital admission rates for people 65 and older continue to tower over those for younger age groups, federal data shows, and death rates for those age 75-plus remain the highest.

From the beginning of 2022 through the spring of 2023, the federal government distributed more than 755 million free COVID-19 tests to more than two-thirds of American households. In addition, Medicare covered over-the-counter tests for enrollees, as did many private insurance plans. Those benefits expired, however, with the end of the public health emergency in May, forcing many who have since wanted COVID tests to pay for them out of pocket.

At-home COVID tests cost around \$10 each, or about \$20 for a pack of two. The government still offers free testing for people without insurance; you can find testing locations on the CDC’s website.

Along with a new batch of free tests, Americans also have access to new COVID-19 vaccines that better target the latest versions of the coronavirus. The vaccines, approved Sept. 11, are available in many doctor’s offices and pharmacies throughout the country.

For the first time, the shots are not universally covered by the federal government. However, they will remain free for many people with Medicare, Medicaid and private insurance plans. A bridge program, launched by the CDC, will make the vaccines free for the uninsured and underinsured. You can find vaccine locations on [vaccines.gov](https://www.vaccines.gov).



# Understanding secondary hypertension

Sometimes high blood pressure results from an underlying condition. Should you be checked for these problems?

High blood pressure (hypertension) usually results from a combination of factors, including age, genetics, obesity, a high-salt diet, and lack of exercise. But up to 10% of people with high blood pressure have secondary hypertension, which is a byproduct of another condition or disease.

Most of the time, secondary hypertension is caused by problems with the adrenal glands or the arteries supplying the kidneys (see illustration). Diagnosing and treating the underlying condition often improves or even resolves a person's elevated blood pressure. But how can you tell if you might have one of these uncommon issues?

"There are four main groups of people in whom you might suspect secondary hypertension as a possibility," says Dr. Randall Zusman, director of the Division of Hypertension at Harvard-affiliated Massachusetts General Hospital. Specifically:

1. People who develop high blood pressure before age 30
2. People who have never had high blood pressure but then develop it "out of the blue," usually after age 70
3. People who experience a sudden rise in blood pressure following many years of stable hypertension that's been well controlled with medication
4. People who have blood pressure above 130/80 mm Hg despite taking four or more medications.





## Aldosterone overload

The most common cause of secondary hypertension is hyperaldosteronism, in which one or both adrenal glands make too much aldosterone. This hormone raises blood pressure by telling the kidney to hold on to sodium and water and sending it back into the bloodstream, boosting blood volume. One common cause is a benign (noncancerous) growth in one adrenal gland. Another is bilateral adrenal hyperplasia, in which both adrenal glands are working overtime, for unknown reasons.

Hyperaldosteronism is uncommon in younger people (group 1) and more likely in those who are middle-aged with poorly controlled blood pressure (group 4). A low potassium level can be a red flag, but most people with hyperaldosteronism have normal potassium levels, says Dr. Zusman.

## Narrowed kidney arteries

Renal artery stenosis, a narrowing of the arteries that supply the kidneys with blood, is another common cause of secondary hypertension. This condition typically stems from a buildup of fatty plaque in artery walls, a problem usually seen in older people. But it can also occur in young women with an inherited condition called fibromuscular dysplasia, which is marked by an overgrowth of muscular tissue in artery walls. As a result, doctors are more likely to suspect renal artery stenosis among people in groups 1, 3, and 4.

Less-common causes of secondary hypertension include Cushing's syndrome (which results from over-production of the stress hormone cortisol by the adrenal glands or from long-term use of steroid drugs) and thyroid disorders (diseases or growths that affect the thyroid gland's production of its hormone). Sleep apnea, a disorder in which you stop breathing for short periods during sleep, can also trigger rises in hormones that raise blood pressure. (For group 2, any of the problems mentioned so far can lead to secondary hypertension).

## Resistant hypertension

Secondary hypertension is common among people with so-called resistant hypertension, which includes people in the fourth group, as well as people who take three different blood pressure drugs at their maximum tolerated doses but still have high blood pressure. Over all, about one in four people with resistant hypertension ends up having an identifiable secondary cause.

However, in many people with stubbornly high blood pressure, the contributing cause isn't a disorder or condition but lifestyle habits, says Dr. Zusman. Often, these people are not taking their medications as prescribed, or they're consuming too much sodium (which counteracts the effects of many blood pressure drugs). Some are taking other medications or dietary supplements that elevate blood pressure.

But when those habits aren't to blame, doctors will look for clues to the other secondary causes, which can be revealed by a physical exam and specialized blood or imaging tests.

Remember: high blood pressure has no symptoms, and secondary causes can strike anyone. So have your blood pressure checked at every health care visit, Dr. Zusman says.

# STRUGGLING WITH ALCOHOL?

## Medication May be Able to Help

Pills can help some people quit — or curb — their drinking

During the first year of the COVID-19 pandemic, adults 50 and older led the way as most likely to increase their alcohol consumption, according to a 2022 study from researchers in California. “And for many individuals, that spike has been maintained,” says Lara Ray, a professor of psychology and psychiatry at the University of California, Los Angeles and a coauthor on the study.

That’s bad news when it comes to the health of older adults. The latest research indicates that alcohol consumption

increases risks for more than 200 health problems, including heart disease, liver disease, depression, anxiety, stroke and cancer. And experts stress that those increased risks are incurred at every level of consumption — from a drink or two a day to heavier habits.

Scaling back alcohol use, however, can be difficult for many, including the more than 14 million U.S. adults with alcohol use disorder (AUD), which is defined as an impaired ability to stop or control alcohol use despite its known

consequences. A variety of factors can play into people’s drinking patterns, including genetics, depression, anxiety and stress. And stigma often keeps people who are affected by alcohol from seeking help, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

The good news: There are a variety of treatment options that can help people curb — or quit — drinking. And what many people don’t know is that medication is one option on the menu.





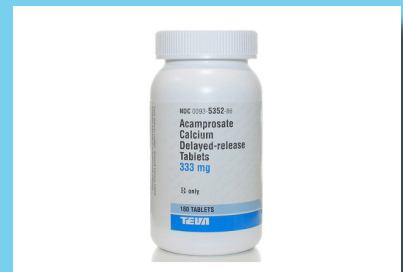
# What to know about medications for AUD

If you want to stop drinking, Nancy Beste, an addiction therapist in Steamboat Springs, Colorado, recommends talking to your doctor about the best way to do so. It may turn out that you're a good candidate for one of three federally approved medications on the market.



Disulfiram, which can be used after at least 12 hours without alcohol, causes unpleasant symptoms (nausea, vomiting, chest pain, sweating and weakness) if alcohol is consumed. The dosage is one pill a day.

Acamprosate can be used after alcohol abstinence to alleviate anxiety, restlessness, dysphoria and insomnia as your brain adjusts to life without drinking. Typically, two pills are taken, three times a day.



Naltrexone, which comes in pill form and as an injection, is generally useful for people at the lower levels of alcohol use severity. In fact, a recent study published in the American Journal of Psychiatry found that naltrexone helped to significantly reduce binge drinking among men with mild to moderate alcohol use disorder. It also reduces alcohol cravings and has helped patients curb overeating and smoking.

“All of these are very safe, and none of them are [addictive],” says Patrick Fehling, M.D., an addiction psychiatrist at the University of Colorado School of Medicine Anschutz Medical Campus in Aurora. “And that means that your family doctor or internist should feel comfortable prescribing them.”

What's more, most of these medications are covered by health insurance plans; generic options are also available.

Not everyone will respond to medication, the NIAAA says, but for those who do, Beste finds it gives them the boost they need to meet their goals. Still, studies show these medications are widely underutilized.

In 2019, only 1.6 percent of adults with AUD took a pill to help them stop drinking, according to a report published in JAMA Psychiatry that looked at national survey data.

## Starting the conversation

Curious if medication is right for you? Start out by letting your health care provider know you'd like to make a lifestyle change but need some help — just like many get for smoking cessation — recommends UCLA's Ray. You might say: "In stressful times, I drink more, and I'd like to address that with some medical support," she suggests.

At this point, it's vital that you give your health care provider complete information on your

health and drinking history, including how long you have been drinking, the amount you actually drink, any medical conditions you have and all the medications you take.

And don't be surprised if medication is just one treatment your health care provider recommends. Fehling says the medications work best "when they're blended with even brief counseling by a doctor or a therapist."

## What to expect when you stop drinking

Up to half of people with AUD will experience some withdrawal symptoms when easing off alcohol, experts say. These can include irritability, agitation, elevated blood pressure, increased heart rate, insomnia, increased anxiety, sweating, nausea and vomiting. Heavy drinkers may need hands-on medical care and monitoring, or a proper "detox" in a health care facility, to manage their symptoms.

When quitting alcohol, it's key to rebalance your body and brain, Beste stresses. Eating healthy foods and having a balanced diet are important. So is exercise. Beste also advises her patients to take a vitamin B1 supplement (also known

as thiamin), since many people with alcohol dependence become deficient.

Another tip: Form a support team. Plenty of individuals find that working with an addiction therapist and/or joining a group of other people with the same goal is very helpful. Ask your health care provider for a list of addiction therapists and groups near you (or online), like A.A. (Alcoholics Anonymous), SMART Recovery, Women for Sobriety, Secular AA, LifeRing Secular Recovery and Secular Organizations for Sobriety (SOS).

The NIAAA has an alcohol treatment navigator with more information and resources.





# Healthy Food

## TURKEY ZUCCHINI ENCHILADA CASSEROLE



**YIELDS:**  
4-6 servings

**PREP TIME:**  
15 min

**TOTAL TIME:**  
1:25 min

### INGREDIENTS

- 2 medium zucchini (about 1 lb. total)
- 2 extra-virgin olive oil, plus more for baking dish
- 1 lb. ground turkey
- 1 medium onion, finely chopped
- 1 large red bell pepper, cored, seeds removed, and finely chopped
- 1 tsp. ground cumin
- 1 tsp. sweet paprika
- Kosher salt
- 3 cloves garlic, minced
- 2 (10-oz.) cans red enchilada sauce
- 1 (15-oz.) can black beans, rinsed and drained
- 1 1/2 c. fresh or frozen corn kernels
- 1/4 c. chopped pickled jalapeño, plus more for serving
- 2 c. shredded Mexican cheese blend
- Sour cream and chopped fresh cilantro, for serving.

### DIRECTIONS

1. Using a Y-vegetable peeler or mandoline, very thinly slice zucchini lengthwise into long strips; set aside.
2. Preheat oven to 375°. In a large high-sided skillet over medium-high heat, heat oil. Add turkey, onion, bell pepper, cumin, paprika, and 3/4 teaspoon salt. Cook, breaking up turkey with a spoon and stirring occasionally, until meat is browned and vegetables are softened, 5 to 8 minutes.
3. Add garlic and cook, stirring, until fragrant and light golden, about 1 minute. Add enchilada sauce, beans, corn, and jalapeños. Bring to a boil and cook over medium-high heat, stirring occasionally, until thickened, 3 to 5 minutes. Remove skillet from heat.
4. Lightly grease a 9"-by-9" baking dish with oil. Arrange one-quarter of reserved zucchini strips on bottom of pan, slightly overlapping. Spoon one-third of turkey mixture over. Repeat 2 times, finishing with a layer of zucchini. Sprinkle top with cheese.
5. Place baking dish on a large rimmed baking sheet. Bake casserole until bubbling and cheese is melted, about 30 minutes. If desired, broil 1 to 2 minutes for a golden top. Let rest 15 minutes.
6. Serve topped with more pickled jalapeños, cilantro, and sour cream.





# GREATEST SCIENTISTS

## Rosalind Franklin

- Born: 1920, London
- Died: 1958, London

**A crucial contribution.** Rosalind Franklin made a crucial contribution to the discovery of the double helix structure of DNA, but some would say she got a raw deal. Biographer Brenda Maddox called her the “Dark Lady of DNA,” based on a once disparaging reference to Franklin by one of her coworkers. Unfortunately, this negative appellation undermined the positive impact of her discovery. Indeed, Franklin is in the shadows of science history, for while her work on DNA was crucial to the discovery of its structure, her contribution to that landmark discovery is little known.

**Her education.** Franklin was born on July 25, 1920, in London, to a wealthy Jewish family who valued education and public service. At age 18, she enrolled in Newnham Women’s College at Cambridge University, where she studied physics and chemistry. After Cambridge she went to work for the British Coal Utilization Research Association where her work on the porosity of coal became her Ph.D. thesis, and later it would allow her to travel the world as an guest speaker.

In 1946, Franklin moved to Paris where she perfected her skills in X-ray crystallography,

which would become her life’s work. Although she loved the freedom and lifestyle of Paris, she returned after four years to London to accept a job at King’s College.

**A passionate woman.** Franklin worked hard and played hard. She was an intrepid traveler and avid hiker with a great love of the outdoors who enjoyed spirited discussions of science and politics. Friends and close colleagues considered Franklin a brilliant scientist and a kindhearted woman. However, she could also be short-tempered and stubborn, and some fellow scientists found working with her to be a challenge. Among them was Maurice Wilkins, the man she was to work with at King’s College.

An unhappy time. A misunderstanding resulted in immediate friction between Wilkins and Franklin, and their clashing personalities served to deepen the divide. The two were to work together on finding the structure of DNA, but their conflicts led to them working in relative isolation. While this suited Franklin, Wilkins went looking for company at “the Cavendish” laboratory in Cambridge where his friend Francis Crick was working with James Watson on building a model of the DNA molecule.





Unknown to Franklin, Watson and Crick saw some of her unpublished data, including the beautiful “photo 51,” shown to Watson by Wilkins. This X-ray diffraction picture of a DNA molecule was Watson’s inspiration (the pattern was clearly a helix). Using Franklin’s photograph and their own data, Watson and Crick created their famous DNA model. Franklin’s contribution was not acknowledged, but after her death Crick said that her contribution had been critical.

**On to better things.** Franklin moved to Birkbeck College where, ironically, she began working on the structure of the tobacco mosaic virus, building on research that Watson had done before his work on DNA. During the next few years she did some of the best and most important work of her life, and she traveled the world talking about coal and virus structure. However, just as her career was peaking, it was cut tragically short when she died of ovarian cancer at age 37.





# CENTRUM HEALTH MEDICAL CENTERS

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Hialeah, FL 33013

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7200 NW 7 Street # 202  
Miami, FL 33126

## LITTLE HAVANA

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Miami, FL 33135

## LITTLE HAVANA

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## CORAL WAY

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# MEET OUR PARTNERS



**PREMIER**  
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Premier manages hundreds of unique vision plans for our partner Health Plans. Through our expansive network of ophthalmic physicians, we provide exams, eyeglasses and contact lenses to members insured by our Health Plan partners.

Routine comprehensive eye exams are vital to our overall health:

Our vision is important to our general health and well-being.

- 80 percent of what children learn is through their eyes
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- As we age, our vision affects our balance – loss of vision may lead to falls with life changing impact

Routine comprehensive eye exams can detect not only vision problems and eye disease, but also general health problems, such as diabetes, hypertension and hardening of the arteries, before you are even aware that a problem exists. Early detection of cataracts, retinal disorders, glaucoma and macular degeneration can help prevent vision loss or blindness.

## MEDICAL & SURGICAL

Premier delivers comprehensive medical eye care through contracted medical eye providers, from office exams to complex ocular surgical procedures.

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As part of our shared dedication to excellence, Premier works with providers and Health Plans on a Medical Management Program for eye complications – retinal edema, cataracts, retinopathy, and others – related to diabetes. This reporting system adds a fifth digit sub-classification to the provider's coding on claims, which provides the most accurate information about the complication and about the patient's health to Health Plan partners.

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