

# VIM & VIGOR

FALL 2017 • \$2.95

 Community Healthcare System<sup>®</sup>

COMMUNITY HOSPITAL  
ST. CATHERINE HOSPITAL  
ST. MARY MEDICAL CENTER

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## Stronger Than You Know

**29** ways to be resilient in the  
face of life's challenges


**PLUS** Cancer made  
**Kathy Bates** a survivor  
and an advocate

SPECIALISTS EASE  
LYMPHEDEMA  
SYMPTOMS

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**SPOTLIGHT: St. Catherine Hospital**  
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# BRINGING WORLD-CLASS CARE TO YOUR DOORSTEP



Battling cancer is difficult. Kathy Bates, the Oscar-winning actress featured on our cover, has battled it twice. For Bates, the battle continues, as she is now struggling with lymphedema, the painful condition she developed after undergoing a double mastectomy.

When it comes to cancer and its devastating side effects, the hospitals of Community Healthcare System are ready to fight every battle with you. We offer leading-edge cancer treatments with advanced technology, clinical trials, highly skilled cancer specialists and nurse navigators to guide you every step of your journey. You can read more about the personalized care we provide regarding lymphedema treatments on page 4.

On page 6, read about how cancer patients look to our oncology nurse navigators to help them access the multifocused care and support they need to get through treatment. Specially trained nurse navigators connect with the surgeons, oncologists, radiation oncologists, radiologists, respiratory therapists, pulmonologists and other resources necessary to make sure our patients get the best care possible.

We are ready to help you and your family fight for your health in other areas, too. Infants are sleeping safer in their cribs through a new partnership with the Hobart Fire Department. St. Mary Medical Center Emergency Services staff members are teaching safe sleep practices to responders and they, in turn, are educating parents on what is best for baby. Turn to page 50 for more.

Community Hospital recently completed a multiphase, \$20 million construction project that brings in advanced technologies and enables intricate spine, cardiothoracic and heart valve surgeries previously only found at metropolitan academic medical centers. Read about it on page 52.

Patients unable to access proper care because of a lack of transportation can count on St. Catherine Hospital for van service (page 54). The Care Van program is a great way to meet the transportation needs of patients and go the extra mile to better serve the community.

At the hospitals of Community Healthcare System, you will find high-quality care that has made us a leading choice in Northwest Indiana with the added convenience of being close to home.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
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**MANIFEST**

# A VERY SPECIAL DELIVERY

*Knitted hats, warm heads ... and hearts*

Toting a bag of ruby-red knitted hats, Munster resident Mary Kerekes recently made a special delivery to the Family Birthing Centers at the hospitals of Community Healthcare System.

Since she started knitting, Mary has made more than 850 tiny hats, each stitched with love, and delivered them to the moms and babies at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

Mary says she finds great joy in giving, particularly to the hospitals' youngest patients.

"I love babies," Mary says. "I have seven of my own!"

Mary's big family has grown even bigger over the years. Besides the seven children (six girls and one boy) she raised in Whiting with her late husband, William, she now has five grandchildren and three great-grandchildren.

During the '80s, Mary moved to Virginia to be closer to her children, and that is when she learned how to knit.

"I was friends with the owner of a yarn shop, and she taught me how to knit," Kerekes recalls. "We were surrounded by yarn. I learned how to make a sweater and other beautiful things. From then on, I was always making something. I would sit in a rocker and knit on the front porch of my daughter's house. I really enjoy knitting because it's something that you can do whenever



**Mary Kerekes (front, center) at the St. Catherine Hospital Family Birthing Center. With Mary are (from left) Nanette Mata, director of recreation, Hartsfield Village; Tracy Sharp, nurse manager; Linda Tuthill, RN; Valen Ramirez, RN; Ceneca Ramos, RN; and Sue Hynek, wellness coordinator, Hartsfield Village.**

you happen to have time, and it's very relaxing."

Now 89, Mary loves living at Hartsfield Village in Munster, a Continuing Care Retirement Community that is part of the Community Healthcare System. She continues to knit the soft, handmade wool caps.

"I am blessed to be living in such a beautiful community and to have the opportunity to deliver the hats in person to our hospitals," Kerekes says. "The biggest joy for me is seeing how happy each little baby's parents are when they're given a cute hat before they've even left the hospital." ■



**Mom Marley Teibel holds newborn son Teddy while Mary Kerekes places a tiny red hat on his head to welcome him to the world.**



**Dad Marc Garza holds his son, Atticus, while Mary Kerekes places a red hat on baby Sawyer, who is sleeping in mom Kelly's arms.**

After treatment for lymphedema in her right arm, Diane Parker has regained mobility. She is able to lift her grandchildren and travel in an airplane without relapse.



# Living with **LYMPHEDEMA**

*Community Healthcare System's team of certified lymphedema therapists work so you can be the best you*

BY **DEBRA GRUSZECKI**

**D**iane Parker, 61, of Griffith, has lymphedema in her right arm but has not let it slow her down.

The arm, once so swollen that she feared she would be unable to hug a baby or travel in an airplane, is now near its normal size. She credits the competent team at the hospitals of Community Healthcare System for helping her to lead a normal life.

As she talks about a recent trip to the Grand Canyon, she comfortably hoists a grandchild, 2, up off the floor.

"I couldn't have done this without the

program," she says.

At Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, our team of certified lymphedema therapists (CLTs) can help manage swelling through skin care, manual lymphatic drainage, compression and therapeutic exercise.

Home management techniques are taught as well, to help patients regain control and quality of life.

"I was frightened when lymphedema flared," Parker says, recalling how her arm first began to tighten

and grow numb after a double mastectomy, removal of nine lymph nodes and radiation therapy.

Like Parker, nearly 400,000 women in the U.S. each year are affected by lymphedema, a condition that occurs from swelling in an extremity caused by an accumulation of fluid in the tissues.

Physical therapist Mary Pawlicki, CLT-LANA, a lymphedema specialist with advanced-level Lymphology Association of North America certification, guided Parker through twice-a-week therapy sessions after her condition was diagnosed.

Perometer technology, housed at Community Hospital since 2014, is a digital scanner that measures the size and volume of a patient's extremity. With it, patients like Parker get a clear view of the lymphedema's progress within a matter of minutes, offering more time for therapy and consultation.

"It's a great tool in therapy, research and prevention," Pawlicki explains. "It's very accurate and can be used to proactively treat lymphedema in its early stages."

Immediate treatment can reverse the progression of lymphedema.

Whether using automatic measurements at Community Hospital or manual measurements at St. Catherine Hospital and St. Mary Medical Center, treatment therapies and goals are the same for all patients.

"Mobility is important to all our patients, and we help them get there," says Michelle Kaim, PT, CWS, CLT, a certified lymphedema therapist at St. Catherine Hospital. "We are proactively involved, so those who are dealing with chronic swelling get the education they need about hydration, proper exercise, compression wraps and self-managed therapy."

Lymphedema specialists at Community Healthcare System outpatient settings help patients adopt home management techniques that may include:

- **Exercises:** The affected limb is moved to encourage lymph fluid drainage and help prepare for everyday tasks.
- **Wrapping:** The entire limb is banded to help lymph fluid flow back to the body.
- **Massage:** A special massage technique, manual lymph drainage, is taught to relieve fluid accumulation.
- **Pneumatic compression:** An inflated sleeve worn over the affected arm or leg places pressure on the limb and moves lymph fluid away from fingers or toes.



- **Compression garments:** Long fitted sleeves or stockings compress the arm or leg and encourage flow of lymph fluid out of the affected limb.

- **Complete decongestive therapy (CDT):** Combines therapies with lifestyle changes. CDT may not be for those with high blood pressure, paralysis, heart failure, acute infections, active blood clot or other chronic health issues.

Without treatment, lymphedema can create swelling that becomes so significant it is difficult to walk or raise an arm. It may cause pain or a lingering numbness that bogs one down or worsens with heavy lifting or repetitive gestures.

At St. Mary Medical Center, where the Lymphedema Support Group meets quarterly, Darcie Gresham, OTR, CLT, says patients learn coping techniques and find out they are not alone.

For some, the unintended consequence of surgery or radiation therapy can be more daunting than dealing with cancer itself.

The free support group helps patients urge one another on. Special lymphedema sessions also are held at the Cancer Resource Centre in Munster

and at women's health events across the region.

Throughout the process, therapy and counseling is individualized.

"We get a picture of what's going on relative to what medically might be contributing to the lymphedema, then branch out into what their lifestyle is like," Gresham explains. "We listen to their goals and frustrations. We work together to build up to what they want to continue to do in their life." ■

WEBSITE



## Help for Lymphedema

To learn more about lymphedema treatment and classes offered through Community Healthcare System, visit [www.comhs.org/services/therapy-services/outpatient-therapy-services/lymphedema](http://www.comhs.org/services/therapy-services/outpatient-therapy-services/lymphedema).

# UNEXPECTED HEROES

*Nurse navigators make a difference in the lives of those with cancer*

BY **ELISE SIMS**



Some things you just need to face on your own, but for patients at the hospitals of Community Healthcare System, cancer isn't one of them. Dealing with all the new emotions and decisions surrounding a diagnosis can be overwhelming.

To help you through this process, a Community Healthcare System oncology nurse navigator is available to provide



**Bob Fisher discusses his survivorship care plan with Lung Quality Care Nurse Navigator Melissa Arangoa at the Cancer Resource Centre in Munster.**



education, support and advocacy. Ultimately, the nurses' goal is to ensure that you have the information and support you need throughout your entire cancer experience.

At Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, certified nurse navigators serve as a resource to patients diagnosed with cancers ranging from breast and lung cancer to cancers of the GI system, including the pancreas, gallbladder, colon-rectal, stomach and esophagus. From the time of diagnosis through treatment and survival, the nurse navigator is available to help guide patients and their loved ones. They are patient educators, advocates, care coordinators and system navigators. Their goal is to improve your cancer care experience.

### **A Nurse Navigator's Role**

A nurse navigator helps by:

- Serving as a continuous point of contact for patients and families throughout the entire cancer care experience
- Educating and supporting patients in making informed decisions about their care, recovery and rehabilitation planning
- Coordinating appointments and facilitating communications with physicians
- Teaching patients and family members about treatment and side effect management
- Providing patients and their family with support resources

Bob Fisher first met Lung Quality Care Nurse Navigator and Specialist Melissa Arangoa at Community Hospital. Bob was recovering from lung cancer surgery when Arangoa made a visit to his room.

"Cancer care is very unique," Arangoa says. "As a care coordinator, I can offer patients someone who is willing to

listen to their needs and advocate for their well-being. In Bob's case, I was able to help ensure that his physical and spiritual needs were addressed. I was able to coordinate a visit from his parish priest while he still was in the hospital. He also needed information on how to obtain medical equipment for use in his home. During our visit, I answered his questions about oxygen therapy."

"Melissa has been very helpful," Fisher says. "She offered to have someone come to the house and make sure that we were set up with everything that we needed before I went home, including a special walker with a seat and a more accessible shower."

### **Breast Cancer Care**

When it comes to breast cancer, care can be complex. The goal of the Breast Care Nurse Navigators at the Women's Diagnostic Centers of Community Healthcare System is to eliminate any financial, communication and cultural barriers, and be advocates to provide timely access for each individual.

"I serve as a resource to our patients undergoing breast procedures and educate them about the process to help relieve the stress and fear of having a procedure," says Maria Marrero, certified breast health nurse navigator at St. Catherine Hospital. "As their journey continues, I coordinate additional services needed: advanced imaging, appointments with oncology physicians, surgeons and a geneticist to begin a network of support."



**Oncology Nurse Navigator Maria Marrero has been at Ramona Becerra's side during her cancer journey at the hospitals of Community Healthcare System.**

Ramona Becerra of East Chicago said that when you hear the word "cancer," your mind goes somewhere else. To speak with Marrero, her nurse navigator, is comforting.

"At that moment, you aren't thinking about what you need to do next, like scheduling appointments," Becerra says. "But, Maria took care of everything—she called and checked on me and always pointed me in the right direction."

### **Journey Home**

To further help coordinate services, the nurse navigators also attend the tumor board meetings at the hospitals for patients diagnosed with cancer. At these meetings, surgeons, oncologists,

radiation oncologists, nurses, radiologists, respiratory therapists, pulmonologists and other specialists come together to ensure the best care plan possible for each patient.

Bruce Drummond says Patty Higgins, St. Mary Medical Center's Oncology nurse navigator, was key in getting his mother's extended care team all on the same page. After surgery for small cell lung cancer, she needed help with her transition home. Then, his mother developed a stomach infection. Higgins was able to obtain an appointment with a specialist during the holidays last year—something Drummond was unable to coordinate on his own.

"My mother, Edith, needed home healthcare—a nurse, aide, physical therapy—but we also needed help with access to specialized care for her stomach before she could come home and recover," Drummond says. "My prayer was that my mom would be able to recover and go outside and work in her garden. I'm sure if Patty had not been there to intervene and help us, that would not have happened. She is getting better every day thanks to everyone at St. Mary Medical Center who provided outstanding care."

"Even with all of our best efforts, so many details can be missed in the transition to home, and that is why I am here in this job," Higgins says.

"I follow along and check up on patients throughout their course of treatment. At the end of treatment, I gather all of the diagnosis, surgical, radiation and/or chemotherapy data and provide a Survivorship Care Plan that is overseen and signed by the physicians. It provides a plan of action that I think is very helpful in transitioning a patient back to their 'new normal.'"

Once treatment is complete, survivors are invited to participate in a "Survivorship Visit" with the nurse navigator for a comprehensive treatment summary and review of care plans provided by the patient's physician. In addition to supporting patients through the process, the nurse navigator helps educate patients on how to maintain a good quality of health following cancer treatments.

Part of the many other support resources that nurse navigators have to coordinate on that journey to a new normal include the Community Cancer Research Foundation and its Cancer Resource Centre. Through the Foundation's efforts, patients have access to clinical research trials sponsored by the National Cancer Institute and major research cooperatives worldwide. The three hospitals



**Bruce Drummond and his mother, Edith Drummond, (left and center) check in with St. Mary Medical Center Oncology Nurse Navigator Patty Higgins on a follow-up visit to the hospital.**

of Community Healthcare System offer patient access to research for prevention and/or treatment for breast, lung, ovarian, colon cancers, lymphoma, adult leukemia and multiple myeloma.

The Cancer Resource Centre complements the advanced cancer treatment options available through the three hospitals. The Centre, located at 926 Ridge Road in Munster, is open to everyone who needs help in coping with a cancer diagnosis. The therapeutic environment of the Centre promotes healing of the body, mind and spirit with supplemental therapies, education and support services.

"As nurse navigators, we keep our patients connected and help to coordinate all the support necessary on the journey," Marrero says. "We do this together. Every day, new steps are taken, but we take them together." ■

WEBSITE



## Community Cancer Care

For more information about oncology care and services offered at the hospitals of Community Healthcare System, visit [www.comhs.org/services/cancer-care](http://www.comhs.org/services/cancer-care).

# The Resilience Issue

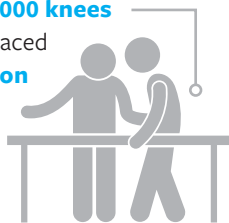
The cliché is true:  
You can do it.

## TOUGH STUFF

▶ You already know that life brings many challenges and struggles, health and otherwise. But do you know that human beings have a remarkable ability to persevere? And that goes for you, too.

More than **1 in 10** Americans have a diagnosis of heart disease, but the mortality rate for cardiovascular disease has been reduced by 70 percent since 1968.

Each year, more than **600,000 knees** and **400,000 hips** are replaced in the U.S. Roughly **7 million Americans** are living—often actively—with artificial knees and hips today.



World War II veterans created wheelchair basketball in 1946. Since then, the National Wheelchair Basketball Association has grown from its original six teams to **more than 200**.

There are an estimated **15.5 million** cancer survivors in the United States. By 2026, that number is expected to increase to **20.3 million**.



Inspired yet? **Read on** for stories of survival, advice for overcoming health roadblocks and encouragement to keep going. ➔



# A Survivor's MISSION

**KATHY BATES** is pressing for better diagnosis and treatment for lymphedema, a common but little-known effect of cancer BY MONIQUE CURET

**F**or acclaimed actress Kathy Bates, the events that unfolded after her treatment for breast cancer were hauntingly familiar.

Her mother had undergone a radical mastectomy in the 1970s, and as a result of the surgery, she developed lymphedema. The condition causes fluid accumulation and swelling—usually in one part of the body—plus changes in the skin, like hardening and thickening. Bates watched as her mother's lymphedema “defeated her spirit,” she said on *The Dr. Oz Show*.

So when Bates was diagnosed with breast cancer and scheduled to undergo a double mastectomy in 2012, she feared

the same thing would happen to her after surgery: “I thought, I’m terrified. I know I’m going to get it. My mother got it, and I know I will,” she said.

“And sure enough, I did.”

Knowing what was coming did not make her lymphedema diagnosis any easier. After learning she had the condition, “I went berserk, I went nuts,” Bates told CBS News. “And for a long time after that, I was really, really angry. ’Cause I thought, great, now I gotta deal with *this*.”

Because lymphedema mostly affects those who have had cancer, the focus in the medical community has been on the cancer itself, says William Repicci, executive director of the Lymphatic Education

& Research Network, known as LE&RN. Lymphedema has been treated as a side effect and is often relegated to medical therapists—rather than physicians—to handle. And despite the large number of people who have lymphedema, it is not a widely known condition.

Bates is trying to change that. The actress serves as spokeswoman for LE&RN, trading on her fame from her high-profile roles, including her Oscar-winning turn in the 1990 movie *Misery* as well as the more recent TV hit *American Horror Story*. She is advocating for improved diagnosis and treatment of the condition.

“People together in a group are very strong,” Bates said in an interview with

LE&RN. “The more people that come out and the more people that say they need help, if we all band together, we give it—as we call it—a face. Then I dare people not to pay attention.”

### What Is **LYMPHEDEMA**?

When the body’s lymphatic system is working correctly, “it is part of the essential machinery to maintain balance everywhere in the body,” says Stanley Rockson, MD, who specializes in lymphatic diseases and is a member of the International Society of Lymphology. The body forms liters of fluids in its tissues, and much of that fluid must travel through the lymphatic system back to the heart, Rockson says.

Lymphedema occurs when the ability to transport fluid is impaired. It begins as a “plumbing problem,” Rockson says, with fluid accumulating just below the surface of the skin, causing one area—typically an arm or a leg—to swell.

Long term, lymphedema involves much more than fluid accumulation.

In advanced cases, the condition causes changes in the skin, including thickening and hardening. The affected area becomes enlarged, first because of fluid buildup, later because of the diminished quality of the skin.

### Cancer’s **MANY CONSEQUENCES**

The most common causes of lymphedema are related to cancer treatment. The lymphatic system is the path cancers use to migrate from a primary tumor to the rest of the body. When surgeons want to determine the stage of a cancer that has spread, they take samples from lymph nodes, causing damage to the lymphatic system.

“It’s like testing for termites by taking out part of the house—you’ve weakened the house,” Rockson says.

Radiation treatment for cancer also targets lymph nodes, because that’s where residual cancer cells are. To eradicate cancer, the lymphatic system is significantly compromised.

“There are improvements, but we can’t get away from lymph node sampling” or radiation therapy to control a lot of these cancers, Rockson says.

Between 15 and 25 percent of breast cancer survivors who underwent extensive treatment will develop lymphedema, Rockson adds. The likelihood is higher for those who are treated for other types of cancer, such as cervical and endometrial.

### Profound **EFFECTS**

Suffering from lymphedema is akin to carrying 15 pounds of weight on one part of your body but not anywhere else, says Repicci, of LE&RN.

Those with lymphedema face a host of difficulties: traveling by plane, because high altitudes exacerbate the condition; engaging in intimacy,

## 7 THINGS YOU (PROBABLY) DON'T KNOW ABOUT **KATHY BATES**

- 1 Kathy Bates was 42 when she landed the role that catapulted her into the limelight, playing psychotic nurse Annie Wilkes in the movie *Misery*, based on the Stephen King novel. For that movie, she won the 1991 Academy Award for best actress in a leading role.
- 2 One of her movies, 2002’s *About Schmidt*, included a nude hot tub scene with Jack Nicholson.
- 3 Her TV debut was on the show *The Love Boat*. She played a bride on a segment that aired Jan. 7, 1978.
- 4 She’s a native of Memphis, Tennessee, and a graduate of Southern Methodist University in Dallas.
- 5 She once worked as a singing waitress at a Catskills resort.
- 6 Her extensive theater credits include a role written just for her by playwright Terrence McNally. She starred as Frankie in a 1987 off-Broadway production of McNally’s *Frankie & Johnny in the Clair de Lune*.
- 7 She loves driving and owns an RV.

Sources: [IMDb.com](http://IMDb.com), [TVGuide.com](http://TVGuide.com), [AARP.org](http://AARP.org), [Fandango.com](http://Fandango.com)



PHOTO BY GETTY IMAGES/MICHAEL TRAN

as fluid accumulation can be off-putting to partners; and even simple acts like choosing clothing, which doesn't fit properly because of disfiguration from the condition. Infection is a constant cause of concern, because the decreased flow of lymphatic fluid also compromises the immune system.

The condition prevents people from working and socializing and keeps them in constant pain, Repicci says.

### **Common BUT UNKNOWN**

Lymphedema sufferers number between 5 million and 10 million in the United States, Rockson says.

The condition affects more people than multiple sclerosis, Lou Gehrig's disease (amyotrophic lateral sclerosis, or ALS), AIDS and Parkinson's disease combined, but it is largely unknown among the public, Repicci says.

"How could we have a disease that affects up to 10 million people in this country and yet has such a wall of silence around it?" he asks. "Even people who have it are unaware of the disease they have," because receiving an accurate diagnosis can be challenging.

Rockson says the disease is overlooked for several reasons. First, the condition is generally not life-threatening, and it often appears in the context of a life-threatening disease such as cancer.

"It can have a tendency to be under-recognized because, in the mind of the clinician, it becomes more background noise," he says.

He cited the reluctance of doctors and cancer surgeons to recognize lymphedema as a complication of cancer treatment because it seems like an implicit criticism of the treatment itself.

Finally, and importantly, the condition "historically hasn't had what I call 21st-century treatments," Rockson says. Available treatments are effective, but they are not as

simple as going to the pharmacy and picking up a prescription.

### **Recovery and PREVENTION**

Most of the available treatments are physical ones, such as massage to move fluid from the tissues, compression techniques to further mobilize the fluid, and laser-based therapies.

"All are designed to physically stimulate the lymphatic system to be more active," Rockson says.

People who have been treated for cancer can be monitored and tested during the first year after treatment to detect early signs of lymphedema and possibly prevent the condition. If compression therapy is used at the optimal time, the condition can be prevented or reversed.

### **Telling THE WORLD**

Sometimes doctors are unable to diagnose lymphedema because they receive little training related to the condition during medical school, Repicci says. LE&RN is pressing for physician certification programs and training related to lymphedema.

Bates wants to help LE&RN raise money for research. In an interview with the organization, she said her dream was to go to Congress "and have a chamber full of people who are suffering from lymphedema stand up in front of that committee and say, 'We have lymphedema. We are suffering. Please help us.'"

When that happens, Bates said, "I want to be there with them to add my name." ■

## **FAMILY TREE MAY HOLD THE KEY**

Community Healthcare System's High Risk Breast Clinics are helping women understand and manage the risk for developing breast cancer. Although most breast cancers occur in women who do not have a strong family history, about 10 percent are traced to a genetic predisposition for the disease. Patients with a significant family history of breast cancer may benefit from a more specific method of estimating breast cancer probability called BRACAnalysis®, available through a medical geneticist at the clinics in Munster, East Chicago, Hobart and Valparaiso.

"Genetic testing may help some women learn whether or not they have an increased likelihood of developing breast cancer," says Janice Zurich, MD, a medical geneticist affiliated with the High Risk Breast Clinics.

Other factors that can increase a woman's risk of developing breast cancer include increasing age, certain breast changes, early onset of menstrual periods, late onset of menopause, having no children or having a first pregnancy after age 30.

Clinic services include clinical breast exams, breast self-exam education and breast cancer risk, screening tests, a personalized surveillance plan and prevention strategies. Clinic staff also help coordinate scheduling and pre-authorization of diagnostic imaging studies and provide referrals to resources and support, such as genetic or psychological counseling, nutrition experts and research studies.

WEBSITE



### **Are You At Risk?**

Find out more about Community Healthcare System's High Risk Breast Clinics at [www.comhs.org](http://www.comhs.org).

# THE BIG STORY



PHOTO BY GETTY/TAXI



# *RESILIENT* **YOU**



*Does a chronic health condition like heart disease or cancer have you down? Don't count yourself out. Not even close.*

BY *SHELLEY FLANNERY*

**SPIRIT**

You can see the good  
in tough times.



# THE MIND OF A CANCER FIGHTER



*How much does optimism play a role in overcoming cancer?*

Everybody has that one friend. You know the one. The one who's always happy and upbeat. You complain about how your kids are stressing you out, and she says, "You're a great mom!" You lose your job, and she says, "You'll get a new one in no time!"

And then you tell her, "I have cancer." Her reply? "Just be positive!"

You know she means well, but it's not that simple—especially when it comes to a serious diagnosis like cancer. Still, many people claim positivity has great power. Is there something to it?

"This is a somewhat controversial area," says Tenbroeck Smith, the strategic director of patient-reported outcomes for the American Cancer Society. "The literature shows mixed results. Some studies show having a positive attitude is better for you. Then there are

PHOTO BY GLOW IMAGES

results that say positivity doesn't really affect disease outcomes."

## POSITIVITY IS SHORTSIGHTED

Don't go pooh-poohing positivity just yet. Smith says it's all about how you define it.

"We have to ask ourselves what we mean by positivity. Is it being happy and smiling? In a good mood? Or generally believing in an optimistic outcome?" he says. "There are days and times of day where you feel better than others. Optimism, however, has more to do with the belief that things are going to work out well in the long run."

And optimism can affect your health.

In one study, optimistic women were nearly a third less likely to die from cancer, heart disease, stroke, respiratory disease or infection compared with less optimistic women. Specifically, optimists had a 16 percent lower chance of dying from cancer than nonoptimists, according to the study, published in the *American Journal of Epidemiology*. In another study, published in the *Journal of Thoracic Oncology*, optimistic lung cancer patients lived an average of six months longer than their pessimistic counterparts. No studies suggest optimism is detrimental to cancer outcomes, so it's worth a shot to take a sunnier view of things.

What does that mean if you're positively a pessimist? That's OK—you don't need a personality transplant to see potential benefits.

## FAKE IT TILL YOU MAKE IT

You don't actually have to be an optimist to reap the health benefits of optimism. You just have to act like one. Here's how.

→ **Surround yourself with support.**

Dealing with cancer is hard. There will be days you're too tired to get out of

bed or too distracted to listen to your doctor's advice. The key is having people around you who can pick up the slack when needed. You might need someone to make you meals, drive you to treatment appointments or jot notes in the examining room. Let the people in your life help, and don't feel guilty about it.

→ **Follow your doctor's orders.**

It might not be that optimists have better outcomes because of their attitudes, but because they're more likely than pessimists to follow a doctor's treatment guidelines, Smith says.

"A true pessimist might decide they don't want treatment because they believe it's not going to matter either way," Smith says. "But optimistic patients follow all the recommendations of the doctor, because they believe it will work. And if you follow the treatment guidelines, you're more likely to survive."

→ **Talk about side effects.**

Optimists look for ways to deal with problems because they can see the other side of them, whereas pessimists are more likely to assume the way things are is how they'll always be. Treatment side effects are a good place to practice optimism; you don't have to just accept them. Talk to your doctor about ways to feel better. You may have more options than you think.

→ **Let yourself get angry.** "One thing I feel strongly about is that we don't want to tell people dealing with cancer they need to be rosy, shiny, sunny all the time," Smith says. "Feeling angry, sad or depressed—those are real emotions you'll deal with. Trying to smile when you feel like crying isn't going to help anything."

So go ahead and scream, cry or stay in bed when the feeling strikes. But also allow yourself to laugh, smile and be joyful when you feel like it, too. ■

## OTHER BENEFITS OF OPTIMISM

An optimistic outlook helps people feel better when they are sick. Positivity can lead to a longer, healthier life.

American Cancer Society studies note that adults ages 65 to 85 have a 45 percent lower risk of mortality if they have an optimistic outlook.

"The more optimistic one is, the less likely they are to have depression or anxiety disorders," says Jake Messing, director of Community Healthcare System's Behavioral Health Services at St. Catherine Hospital. "Optimism can play an important role in assisting people who are recovering from catastrophic events," he adds.

"Well-adjusted people make for a happy home," says Anna Bower, clinical nurse specialist in psychiatry and licensed marriage and family therapist at Community Hospital Outpatient Centre in St. John. "How we care for ourselves and take action to create a positive home or recuperate from physical and stressful events is a predictor for physical and emotional health, and satisfaction with life."

CALL



### Cup Half Empty?

If you're feeling bogged down by life, we may be able to help. Seek out a Community Healthcare System behavioral health professional by calling **219-392-7025** or by visiting [www.comhs.org/services/behavioral-health](http://www.comhs.org/services/behavioral-health).

When it comes to exercise, something is always better than nothing.



# MAKE WORKING OUT **WORK**



*Don't let physical limitations keep you from being active*

People use plenty of excuses to avoid exercise. From “I don’t have time” to “I’m too tired,” we’ve heard them all. But you, you have a legitimate reason. You have a physical limitation—a disability, a chronic health condition or an injury—that makes working out impossible!

Not so fast. While it may be a challenge to exercise with physical limitations—whether permanent or temporary—you can still do it. And you absolutely should.

“Being active is beneficial for all Americans, and even more so for people with chronic health conditions, to maintain health and function,” says Amy Rauworth, associate director of the National Center on Health, Physical Activity and Disability. “The important thing to remember is to look at the ability and not the limit.”

Of course, the limits can sometimes be difficult to get past. Let’s explore some of the barriers you might encounter when working out and ways to break through them.

**BARRIER:** You’re worried exercise will aggravate your condition.

→ **What to do to break through:** Talk to your doctor.

“People have that fear that they’re going to do too much or that they can’t be physically active,” Rauworth says. “But they can. They just need to talk to their doctor first. Most of the time, the doctor will say, ‘Yes, absolutely.’ Sometimes the doctor will say, ‘Let’s run a couple of tests first.’”

**BARRIER:** You don’t know where to start.

→ **What to do to break through:** Your doctor has given his or her blessing to be active. But how should you go about it? Rauworth recommends walking, if you’re able.

“Walking is always a great way to start,” she says. “It’s inexpensive, and if you can do it with a friend, it makes the time pass quicker.”

Rauworth suggests mapping out a route ahead of time to identify places to sit, use the bathroom or do whatever your health condition might require.

If you’re interested in strength training or functional exercises that simultaneously improve strength, endurance,

balance and agility, consider working with a trainer in the beginning to learn proper form and get tips.

“Choose the right level of personal trainer that motivates you and understands your health conditions,” Rauworth says.

**BARRIER:** You’re not sure whether facilities will be accessible.

→ **What to do to break through:** Even though the Americans with Disabilities Act has been in effect for more than a quarter century, not all recreational facilities make it easy for people with disabilities to get around.

If you’re thinking of joining a gym, call ahead or schedule a tour to find out whether it will meet your needs. Does it have the equipment you require? Is it accessible? Can you get around in the changing areas?

If not, ask for what you need. You might not get it in the time frame you require, but it could mean breaking down a barrier for someone else down the line.

“The more you go out there and ask for access, the more people will benefit,” Rauworth says. “If we create an environment accessible by all, we’re all going to be more active.”

**BARRIER:** You lack motivation.

→ **What to do to break through:** To stick with an exercise regimen, it shouldn’t feel like exercise.

“Find the types of things you like,” Rauworth says. “If you’re not going to like riding a stationary bike in your basement, don’t do that.” Instead, go for a bike ride outside, take a belly dancing class or sign up for tai chi in the park.

**BARRIER:** You fear failure.

→ **What to do to break through:** Start slow and work your way up. Set realistic goals and adjust as needed on a monthly, weekly or daily basis.

Remember that any move in the right direction is a good thing. And if your

## STAYING ACTIVE AS YOU AGE

A class at Community Hospital Fitness Pointe® called Functional Living Exercises for Everyone, or FLEE, is designed to develop the muscles of older adults so that they can more easily and safely perform everyday tasks.

“There are more than 80 million adults age 55 and over who are interested in working out for their health and keeping fit,” says Fitness Pointe program manager Nikki Sarkisian. “These aging adults have specialized needs and require specific training, coaching and conditioning to ensure that they achieve results without increased risk of injury.”

Class participants do exercises that directly apply to their real-world lives, such as stepping over objects like toys, climbing stairs, reaching for items, putting away groceries and standing from a seated position.

CALL



### Improve Your Mobility

The FLEE class is free to Fitness Pointe members and is offered to non-members through the Class Pass program. For class schedules and membership information, call **219-924-5348**.

limitation is new, give yourself time to adjust to your abilities.

“Recognize that you won’t be able to do the exact same exercise routine you did before,” Rauworth says. “Do what you feel is comfortable for that day, and remember every day is a new day.” ■

## RISK

Dad's heart problems don't mean you will have them, too.



# BYPASS HEART DISEASE

➔ *Do you have a strong family history of cardiovascular problems? Take heart—you're not doomed by your genetics*

Every time you see a new doctor or fill out a health information questionnaire, you dread the question.

“Do you have a family history of heart disease?”

You answer yes and wonder when—not if—you will develop it yourself. After all, you know heart disease is hereditary. Medicine has known that for many years.

PHOTO BY GETTY/E+

“Genetics certainly is part of what puts you at risk for heart disease,” says Martha Gulati, MD, a cardiologist and the editor-in-chief of the American College of Cardiology’s patient education and empowerment initiative, CardioSmart.org. “And there’s not one unique marker. There are 50 or so that seem to be the strongest indicators of heart disease. We have probably not even identified them all yet.”

Having some of those genetic markers makes it more likely for someone to have high cholesterol; other markers increase a person’s risk of high blood pressure, diabetes or obesity. All of them increase your risk for heart disease to some degree.

Heart disease also tends to run in families because of shared lifestyle habits. In other words, if your parents ate a high-sodium, high-fat, high-sugar diet, you’re more likely to eat the same.

“The foods that were cooked for you, the emphasis on physical activity—there’s more to familial heart disease than just your genetics,” Gulati says.

There’s also more to heart disease risk than just family history.

## FITNESS OVER FAMILY HISTORY

Just because your family history puts you at greater risk for heart disease doesn’t mean you’ll develop it. In fact, a recent study published in the *New England Journal of Medicine* (NEJM) showed that lifestyle factors can overrule heredity. The study found that making even a relatively modest effort to live healthfully can cut your risk for heart disease by up to 50 percent.

The study looked at four factors and their effect on heart disease risk: not smoking, maintaining a body mass index (BMI) of less than 30, getting regular physical activity and eating a healthy diet.

“The study showed even people with the highest genetic risk could cut their risk in half by doing three out of the

four things,” says Nisha Jhalani, MD, the director of the Women’s Heart Health Initiative at the Cardiovascular Research Foundation. “It supports what doctors have been telling patients for years—that you can balance the things you can’t change with healthy behaviors you can change.”

And you don’t need to transform your whole life to benefit.

“When the study authors talked about healthy lifestyle, the way they diagnosed it was very liberal,” Gulati says. “Risk was reduced with weekly physical activity, a general healthy eating pattern, not smoking and not being obese. Being overweight [having a BMI between 25 and 29.9] was OK.”

## OTHER WAYS TO REDUCE RISK

While the NEJM study didn’t look at the following factors, research suggests they, too, are beneficial in reducing risk of heart disease:

**Get enough sleep.** Poor-quality sleep increases blood pressure, an important risk factor for heart disease, according to the American Heart Association. Aim for six to eight hours per night of quality sleep.

**Manage diabetes.** Uncontrolled diabetes damages blood vessels, making you more susceptible to heart disease. You’re also more likely to have a heart attack without realizing it, as diabetes can damage nerves that signal pain. Keep your blood glucose levels under control.

**Ask about medication.** If diet and exercise aren’t enough to reduce your blood pressure or cholesterol, talk to your doctor about prescribing medication.

**Reduce stress.** Stress doesn’t directly cause heart disease, but it can increase the likelihood you’ll engage in other risk factors such as smoking, drinking, overeating and being inactive. Learn to alleviate stress in healthy ways, such as deep breathing, exercising or simply taking time to relax. ■

## DECREASING YOUR HEART DISEASE RISK

There are plenty of ways to reduce your risk for heart disease. A healthy lifestyle—one involving regular exercise, avoiding cigarettes, healthy eating habits and stress management—can slow the development of heart disease and significantly reduce your risk.

Cardiology specialists at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Mary Medical Center in Hobart and St. Catherine Hospital in East Chicago—suggest that individuals take advantage of the many programs designed to educate patients who may be at risk for heart disease.

In addition to free or low-cost coronary screenings, the hospitals of Community Healthcare System offer nutrition counseling, smoking cessation classes, blood pressure checks and exercise programs to fit the multifaceted needs of patients.

Credentialed staff members committed to helping you make the changes necessary for living a longer, healthier life lead the programs and screenings.

CALL



## Check Our Calendar

Our Take Care calendar (mailed with this issue) features screenings, blood pressure checks and other programs to help identify your heart disease risk. For times and dates, call **219-836-3477**.

# The REAL RISKS

*The things we fear  
are often not the  
things we should*

BY **JENNIFER SMITH**

**Y**ou could get Zika. ZIKA! Or, heaven forbid, Ebola. Think about that for a minute or 10. Think, while you're at it, of the many dangers of this world, big and small: airplanes (crashes!), motels (bedbugs!), trains (derailment!), bees (anaphylaxis!), tuna (mercury!), elevators (mechanical failure!).

So much to be afraid of if we let our imaginations run wild. And that's exactly what we do sometimes, isn't it?







Our logical brains can calculate the very low odds that our plane will crash or that we'll be stuck in an elevator. Humans are uniquely able to assess risk and can reason, and yet, scientists say, our emotions and fear often are louder than our logic. And that is why, even though we know we might never get a rare disease or ride a train that jumps the tracks, we still fear those things and might even change our behavior in an attempt to avoid them altogether.

"It's not bizarre or crazy. It's characteristic of all life forms, that their fear mechanism drives their response," says Marc K. Siegel, MD, a physician and the author of *False Alarm: The Truth About the Epidemic of Fear*. That's because, he says, "we are derived from beings that were always in a sense of impending doom."

We are holdovers from another era, when a twig snapping beyond the campfire might have signaled real danger: a toothed predator approaching.

Thankfully, we are no longer hunted in the wild. But we continue to experience fight-or-flight reactions to things even when there is no reasonable risk, Siegel says.

People think their fear is rational, but it's often not, Siegel says. Humans understand the concept of risk assessment, but they're not always great at the execution.

"Humans are unique in that we can reason our way through this," he adds.

"But we have to first understand our fear."



## The Brain: WHERE WE FEAR AND REASON

There is a so-called fear center in the brain called the amygdala. It sits behind the frontal lobe, which is responsible for reasoning.

“In a situation of danger, fear, anger or rage, it actually turns down the frontal lobe and our ability to reason. Evolutionarily, we needed something like that. It was in our best interest to assume the lion was in the bush,” says Tristan Gorrindo, MD, a clinician and the

director of education for the American Psychiatric Association.

When an airline passenger starts to worry midflight that the plane could crash, the powerful amygdala is working hard. It is moments like these when awareness of the situation comes in handy.

“You might be able to evaluate the evidence: Millions fly every day, and on most days, nobody crashes,” Gorrindo says. “Even in an ‘amygdala moment,’ you can evaluate the evidence.”

What Gorrindo is saying, really, is that knowledge is power. We can quiet our brain’s fear center. But first we must understand what risks we actually face.

## WHEN WORRY TAKES OVER

For most people, a little self-talk and calming breaths are all it takes to squash runaway worry.

But for some, the amygdala—the brain’s fear center—runs a little hotter, so to speak. People with anxiety can have fears that they know aren’t realistic but still struggle to accurately assess risk and quiet those worries. Those with clinical anxiety can work to retrain their brains with therapy so they get better at making rational, fact-based decisions.

Psychiatrists have had success in helping patients retrain their brains, a concept called neuroplasticity, says Tristan Gorrindo, MD, a clinician and the director of education for the American Psychiatric Association.

Using cognitive behavior therapy and sometimes medication, clinicians can help people chip away at phobias and their responses to things that frighten them.

“They can practice, like a sport or playing the piano,” Gorrindo says. Many people master new fear-management skills in six to eight sessions.

Research has proved the methods effective, he says. Scientists have, for example, been able to watch the amygdala of a person who fears snakes light up wildly in an MRI and then, after therapy, see very little fear-center activity during the test when the person’s fears are provoked.

If you’re having trouble with typical activities because of your worry—you’re not getting to work, you’re having trouble sleeping or you’re feeling serious physical effects—you should see someone, Gorrindo says. There’s help for anxiety.

## Getting REAL

The National Safety Council, a nonprofit group that benchmarks odds of injury and death, says you're more likely to die in a vehicle crash than in a plane, train or bus crash. (In case you're wondering, the odds of dying in an "air and space transport incident" are 1 in 9,737, while for a motor vehicle crash they are 1 in 113.)

Ever worry about being struck by lightning? Extremely rare. In fact, your odds of dying from a strike are 1 in 174,426. That means you are more likely to die in a legal execution (1 in 111,439).

Pandemic diseases are often perceived as real risks. It's something Siegel has written about extensively. If you travel to South America, aren't you at risk of Zika, for example? What about avian flu? Ebola?

The risk of contracting one of those diseases feels very real because they're so frightening. But Siegel and other experts say those aren't high on the list of risks that immediately affect Americans. (There are exceptions. Medical experts say pregnant women shouldn't travel to areas with known Zika outbreaks.)

You know what is high on the list? Heart disease and cancer, which the

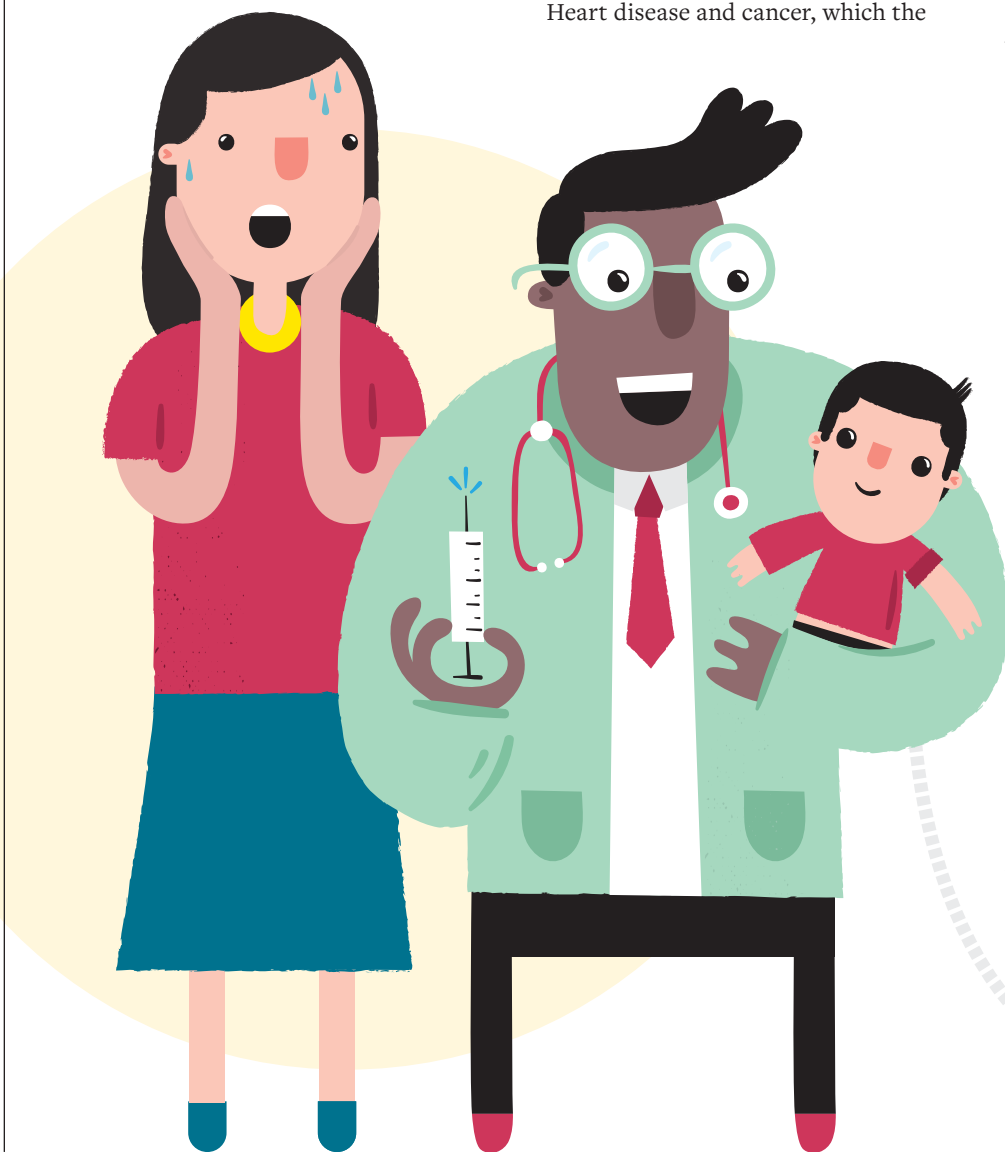
safety council says carry a 1 in 7 risk of death and are No. 1 on the council's list of things that Americans are most likely to die from. Chronic lower respiratory disease and intentional self-harm are No. 2 and No. 3, respectively. They're followed by unintentional poisoning, a car crash, a fall and assault by firearm.

"Sometimes it's a question of what you are more afraid of—for example, the measles versus the vaccine to prevent it. Measles is a highly contagious killer, and yet many parents are more afraid of the lifesaving, safe vaccine," Siegel says, because of well-publicized but false information about a link between vaccines and autism.

Researchers acknowledge that this idea of being informed about real, and not perceived, risks is not always easy. Interpreting numbers and probability is difficult for many people. And that can make it harder to put into context things like the odds of dying in a lightning strike.

"The information that comes at us is often very difficult numeric information about uncertainties and outcomes. Probabilities, monetary outcomes, number of lives at risk," says Ellen Peters, PhD, a fellow of the American Psychological Association who studies human judgment and decision making.

"People who are less numerate tend to perceive more risk than the highly numerate," she says. The science on this shows us that when people who understand numbers well are faced with a risk, they use what they know. "It competes against their fear."





## The Tools to REASON

Peters suggests that when we don't understand or can't contextualize the odds of something bad happening, we turn to experts. Put simply: Ask someone who does understand it.

Armed with information, you'll be able to force yourself to embrace reason, even in a moment of emotional panic. Gorrindo suggests these steps:

- **Slow your breathing.** It will send a physical signal of calm.
- **Practice mindfulness.** Try to become aware that you're thinking about risk based on your feelings.
- **Evaluate the evidence.** That's where you recall what you know about air travel, for example. Planes rarely crash. The odds are very low

that there will be a problem. Most flights have no issues.

You probably are safe.

"Externalize it: What advice would you give to a friend? We have a lot of different advice we'd give to others. Can you take your own advice?" Gorrindo asks.

Truthfully, an important component to overriding emotion-driven decision making is practice.

The more you force yourself to become a logic-driven decision maker, the less often you'll be driven by fear. Got Zika? Not likely. Avian flu? Doubt it. A faulty plane? You're pretty safe, you'll think with a shrug.

There's so much you could be afraid of. But with practice, your reason can be stronger than your fear. ■

## GOING TO THE HOSPITAL? NO FEAR HERE!

Patients preparing for surgery or a procedure often feel anxiety about their upcoming hospitalization.

"Patients need to process a lot of information from a variety of sources. That can add to their nervousness," Jean Gardner, director of Educational Services at Community Hospital, says. "They find themselves faced with medical terms and references to complex procedures that can quickly become overwhelming. We put a high priority on education for both staff and patients to ensure patients feel more at ease and are confident in our care."

Community Hospital, St. Catherine Hospital and St. Mary Medical Center often allow patients to participate in pre-operative classes and tours.

"By the time their surgery date arrives, our patients know there is a team of professionals who will help them get through it successfully," says Jennifer Ginder, RN, Orthopedic/Spine Care coordinator, Community Hospital. "We do our best to help them understand what to expect so that they feel more comfortable."

WEBSITE



## Quality Care

The hospitals of Community Healthcare System have received national recognition. To learn more, visit [www.comhs.org/about-us/quality](http://www.comhs.org/about-us/quality).



BAG PHOTO BY GLOW; PHONE PHOTO BY THINKSTOCK



# NEW PARENT SURVIVAL KIT

*Having a baby is hard work, not to mention trying to keep up with the rest of your life. Read on to learn how to stay sane, ask for help and raise a healthy baby* **BY ELLEN RANTA OLSON**

The author with her baby, Edwin.



They say pregnancy lasts for about nine months so you have time to prepare for parenthood. “They” have obviously never had an actual baby. No preparation is sufficient.

I confess: I was a smug nonparent and an even worse pregnant lady. I had grand illusions of days spent lounging in bed with a sleeping newborn, catching up on reading and Netflix. I figured my free time (free time!) would be spent cooking, cleaning and getting back into shape. When it came to prepping for actual

childbirth, I felt ready, and after 25 hours of grueling labor, I met my beautiful son and reality hit: He was mine. I was a mom. I had to figure out how to keep him from screaming his head off. I just wanted a snack and a nap.

While I thought a lot about having the baby, I hadn’t really thought through what the next few weeks and months would look like—and what I might need to do to keep this tiny human alive. Here are the things I wish someone had told me before we became a family of three.

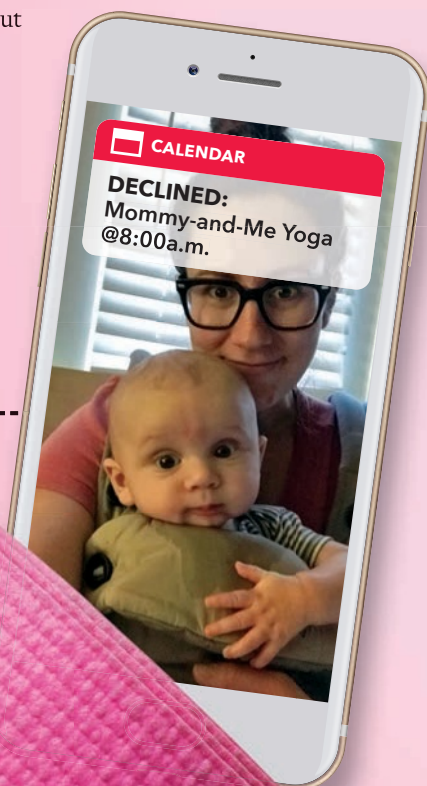
➔ **NEW-PARENT PROBLEM:**  
*Shouldn't I be feeling normal by now?*

In the age of social media oversharing, it's all too easy to compare ourselves with others. In my first weeks home, I could hardly hobble around the house, when it seemed as if the other new moms I knew were already registered for mommy-and-me yoga classes.

"Some women bounce right back from childbirth and are ready to get up and out, while for others it takes a bit longer to even begin feeling back to normal," says Tiffany Moore Simas, MD, a fellow with the American Congress of Obstetricians and Gynecologists.

No matter what, your body needs at least six weeks to heal—possibly more after a cesarean section.

► **PRO TIP: Be patient with yourself, listen to your body and let yourself rest when you can.** "Six weeks is the general rule of thumb for actual physical healing, like the uterus going back to its normal size and a reduction in bleeding, but that doesn't mean you aren't still recovering in other ways well beyond the six-week mark," says Christa Sanford, a certified nurse-midwife and a spokeswoman for the American College of Nurse-Midwives.



➔ **NEW-PARENT PROBLEM:**  
*Will I ever sleep again?*

The short answer: Yes. But it may be a while before you get good, long chunks of sleep.

"The truth for moms is, if you're breastfeeding, you're going to be waking up a lot," Sanford says. Newborns typically need to feed every two hours or so—a newborn sleeping through the night is actually something to be concerned about.

"Once you've established breastfeeding, you can pump and bottle-feed, which will allow your partner to take some of the night shifts," Sanford says. "Otherwise, you really do need to try to sleep when the baby sleeps, whether that's during the day or night."

► **PRO TIP: Remember that this phase won't last forever.** In just a few months, your baby will start sleeping for longer periods and some twisted part of your brain may miss all of those midnight feedings.

PHOTOS BY THINKSTOCK





➔ **NEW-PARENT PROBLEM:**  
***I'm not loving every moment of this like I thought I would. Could it be postpartum depression?***

With the flood of hormonally induced emotions that come along with baby, it can be hard for new moms to tell the difference between normal baby blues and postpartum depression.

“Normal baby blues include weepiness and minor anxiety and typically resolve within a week or two after giving birth,” Moore Simas says. “Postpartum depression lasts longer and can cause feelings of hopelessness, guilt, sadness and sometimes suicidal thoughts. Some women may experience it differently, with things like anxiety or obsessive-compulsive disorder showing up.”

► **PRO TIP: Don't feel guilty if you're not thrilled with being a parent every second of the day.** That's normal—raising a baby is exhausting! But err on the safe side if you suspect you're dealing with something more serious, and tell your doctor. “Any significant change in behavior should be discussed with your physician,” Moore Simas says.

➔ **NEW-PARENT PROBLEM:**  
***I haven't done anything social in weeks. How can I find the time?***

Parenthood is an all-encompassing endeavor, especially as you're just finding your footing. It's OK if you're a little behind on responding to text messages and happy-hour invites, but once you've started to get accustomed to the new you, try to reconnect with the old you, too. Schedule a date night with your spouse or a quick coffee catch-up with a friend.

► **PRO TIP: Craving company? Ask friends to come to you.** Most people will be delighted to cuddle a new baby, and you can get some much-needed adult interaction. ■



## PREPPING FOR PARENTHOOD

The hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—offer valuable education programs to help ease the transition into parenthood.

Classes offered before, during or after pregnancy provide the necessary tools for a new parent just starting out or an opportunity for seasoned mothers or fathers who are seeking a refresher course to brush up their parenting skills.

Our certified childbirth educators will guide you through every step of your journey, from maintaining a healthy pregnancy to raising a healthy baby. Expectant parents are encouraged to sign up by the fourth month of pregnancy for the optimal educational experience.

CALL



### Parenting 101

Childbirth and parenting classes are free, but registration is necessary. To find out more, call **219-836-3477** or **866-836-3477**.

# 10 WAYS TO CONQUER LIFE'S CHALLENGES

**1** Stay active. The way you do it—biking, dancing, taking a quick stroll around the block—is up to you.

**2**

Conditions such as heart disease might be hereditary, but you can make small, relatively easy changes to cut your risk. Start with eating more greens and getting more exercise (see No. 1).



**3**

Whatever you do, please quit smoking!



**4** If you're recovering from an illness, don't bypass your check-ups. Early detection of side effects can help prevent further issues.

**6**

New parent? Be patient with yourself. It's normal not to feel normal for a while.



Go to bed! Sleep is when your body resets itself, and an inadequate amount of rest can lead to problems such as high blood pressure.



**5** When you're dealing with hard times, acknowledge and process all of your emotions—including the unpleasant ones. It's better for your health than forcing a smile.

**8**

If you need accommodations to exercise at a fitness center because of a physical limitation, ask for them. You might end up helping others, too.

**9** Struggling with anxious thoughts?

Take a few deep breaths and evaluate the evidence. Everything is probably OK.

**10** If you're dealing with a health crisis, don't be afraid to ask for help. Your friends and family want to be there for you.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## **SICK KID CONUNDRUM**

With fall comes school. With school comes sick days. Yet a poll of almost 1,500 parents nationwide shows that parents don't agree about when to keep sick kids home.

For example, 8 in 10 parents probably would not send their child to school with diarrhea, while only 6 in 10 parents would keep kids home after vomiting.

Age also matters. Parents of high school students often weighed missed classwork or tests as important factors, while parents of young elementary school students were more likely to weigh health considerations. Some parents struggle to find someone to care for their sick child and can't miss work.

If your child is vomiting or has diarrhea, do what you can to keep him or her home (and consider giving your pediatrician a call). It's best for both sick kids and their classmates.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## HELPING YOU QUIT

If you're a smoker, it's OK to be a quitter.

The hospitals of **Community Healthcare System—Community Hospital and St. Mary Medical Center—** can help ease your transition to a healthier, smoke-free life through a seven-week **American Lung Association** program called **Freedom from Smoking®**.

Led by a registered nurse and smoking cessation instructor, the series offers coping advice, behavior modifications and relaxation techniques to help you kick the habit for good. The \$25 program fee is reimbursed to graduates who complete all sessions.

CALL



### Kick the Habit

For information about upcoming Freedom from Smoking classes, call **219-836-3477** or **866-836-3477**.

## DOUGHNUTS VS. HOT CHOCOLATE

Which sugary treat is better for you?

**ANSWER: HOT CHOCOLATE.**

Fall's crisp temps invite us to get cozy under a warm blanket and indulge in sweet treats. But what to choose? Let's say your choices are a mouth-watering doughnut or a steaming cup of hot chocolate. (And yes, it may be tempting to have both, but moderation is key when it comes to sugar fixes.)

Ounce for ounce, hot chocolate is the way to go. With nearly 100 fewer calories and fewer carbohydrates, less sugar and less fat, 1 cup of popular brand-name hot cocoa runs circles around its 175-calorie counterpart, a medium-sized, 3-inch-diameter doughnut. (Eat the cream-filled variety, and you're suddenly downing 20 grams of fat, compared with hot chocolate's 3 grams.) So curl up, stir up and drink up.



PHOTO BY GETTY/MOMENT OPEN

## SCHOOLS COULD PUT CLASSROOM PARTIES ON A DIET

Time to celebrate your kid's birthday in school? Before you bake or buy those cupcakes, check with the teacher or an administrator first.

New nutrition rules from the Department of Agriculture for school districts that participate in federal lunch or breakfast programs require foods and beverages sold on campus during school to conform to minimum nutritional standards. While those standards don't automatically apply to classroom parties, schools now must at least set standards for those foods and drinks, too. That means while some schools will remain a food free-for-all, others will devise rules for what you can and can't bring in to share.



## ▶ TRUE OR FALSE

Junk food causes acne.

**TO BE DETERMINED.** If you struggled with acne in the past, you may have heard someone suggest that a bad diet was to blame for your blemishes. First off, how rude! Second, research spanning half a century dispelled the myth that junk food causes acne.

But dermatologists might be changing their minds. Several recent studies suggest that diets steering clear of “white” foods such as bread, chips and potatoes in favor of multi-grain bread, peanuts, vegetables and beans result in significant improvements of acne. The theory is that high glycemic index foods (those that raise blood sugar levels quickly) can trigger acne, while low glycemic index foods don't.

## CANCER OUTLOOK



# 15.5

MILLION

That's how many Americans are alive today who have had cancer, according to the American Cancer Society.

That's

# 4.8

PERCENT

of the U.S. population.

By 2026, survivors will number

# 20.3

MILLION

—almost 10 million men and 10.3 million women.



## VETERANS SACRIFICE IN MORE WAYS THAN ONE

Military service has many challenges, and new research shows that one of them might be an increased risk of physical pain, especially among young vets. According to an analysis of National Health Interview Survey data, 7.8 percent of veterans ages 18 to 39 report severe pain, compared with 3.2 percent of nonveterans.

Migraines and jaw pain hit veterans of all ages particularly hard.

The data may drive new efforts and funding to understand nonmedication approaches to pain management for veterans. Experts suggest that this, in turn, could improve pain management strategies for everyone.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## SAYING 'I DO' MAY ENHANCE RECOVERY FROM STROKE

Happily married couples know the art of surviving whatever life throws at them. That might include stroke, according to a study published in the *Journal of the American Heart Association*.

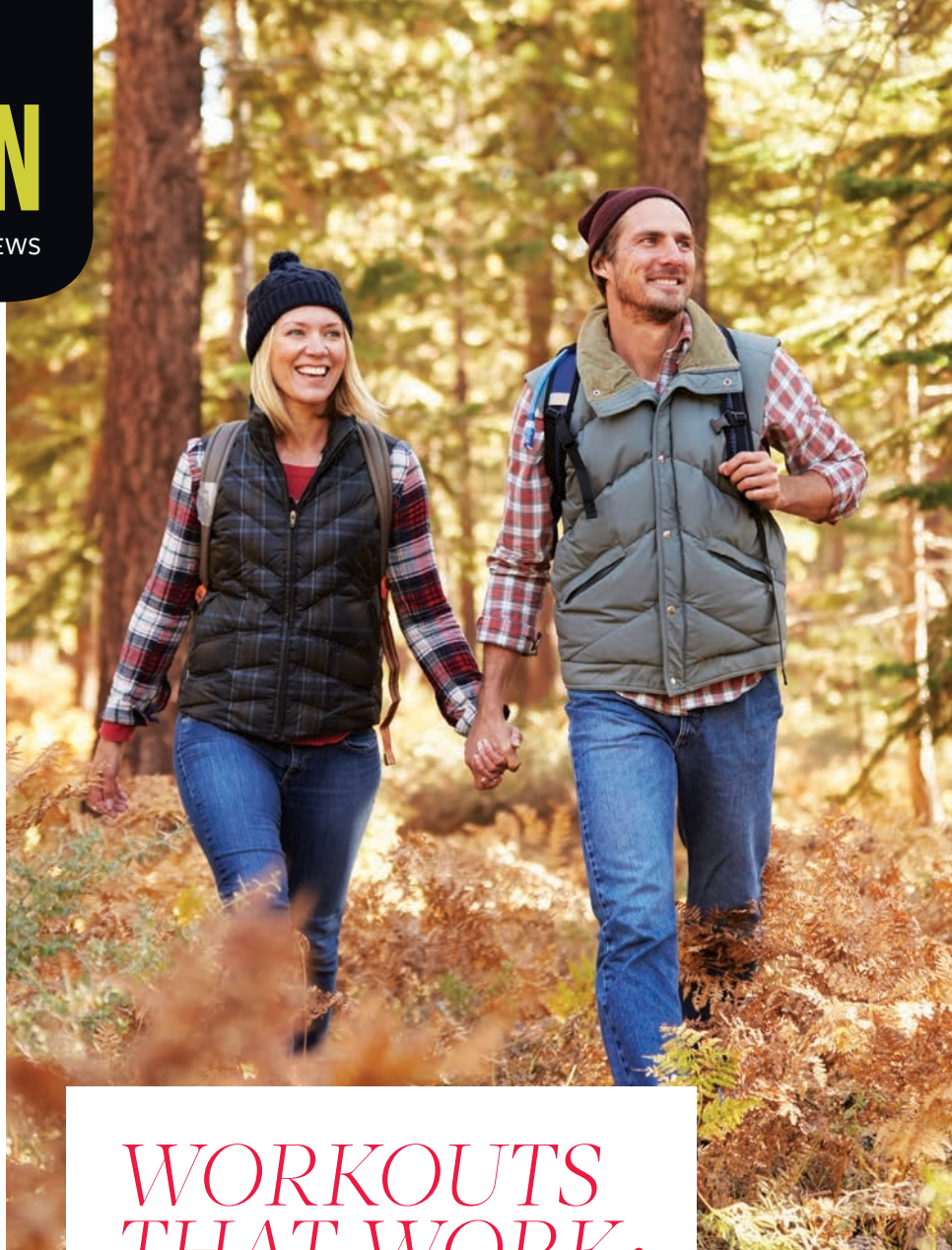
The study found that those in a stable marriage who had never been divorced or widowed had better odds of stroke survival. Furthermore, of the more than 2,000 adults studied who experienced a stroke between 1992 and 2010, stroke mortality was 71 percent greater for adults who had never married than for adults who were continuously married.

DOWNLOAD



### Stay Alert for Stroke Signs

How can you recognize the sudden warning signs of stroke? Visit [stroke.org](http://stroke.org) and click "Stroke Resources" and then "Decision Aids" to download a wallet card with quick tips on how to identify a stroke.



## WORKOUTS THAT WORK: HIKING

If you're anxious, overweight or dealing with aches and pains, take a hike.

That's a bit tongue-in-cheek—your physician should check out any health concern you have, especially before starting a new exercise. But hiking does offer some of the best health benefits around.

► **HEART:** Physical activity such as hiking lowers blood pressure four to 10 points. This can reduce the risk of heart attack.

► **WAISTLINE:** Those who lose weight through hiking or walking are more likely to continue losing it—and keep it off—than those who lose weight through dieting.

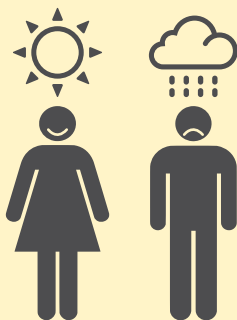
► **MIND:** Endorphins and adrenaline released by walking decrease tension and lift spirits.

► **BONES:** Hiking and walking slow the rate of bone loss, which begins as early as age 30 in women and accelerates rapidly after menopause.

PHOTOS BY THINKSTOCK

## WHAT ARE THE ODDS

of having a second episode of depression?



**1 in 2.** If you've had one bout of depression, you have a 50 percent chance of having another one, according to the Centers for Disease Control and Prevention. Make sure you're monitoring your mental health with a professional if you've dealt with depression, even if you feel better now.

## GRILL GUIDANCE

If you haven't heard about possible dangers of eating a diet high in grilled and smoked meats, it may be time to turn up the heat on this issue.

Research has previously suggested that meats cooked at high temperatures might increase breast cancer risk due to the formation of potentially cancer-causing chemicals. Now, a recent study suggests barbecued, grilled or smoked meats may also lower survival after breast cancer.

The American Cancer Society recommends these precautionary steps:

- Choose lean meats.
- Trim excess fat.
- Avoid charring meats or eating burned or black portions of meat.



## JARGON WATCH

**IMMUNOTHERAPY** This is a type of treatment that harnesses your own immune system to fight disease, commonly used for cancer and asthma.



**Thank goodness  
for good friends  
as we age.**

## THE TRUTH ABOUT **FEMALE LONGEVITY**

*Anyone who has visited a retirement home knows it: Women live longer than men. The reasons why are not as obvious*



Women: They outlive, they outlast. Globally, women have an average life expectancy that's about 4.6 years longer than men's. And they live longer than men in every country in the world. It's been known for years, but scientists still are trying to figure out exactly why it is. Here, Hiram Beltran-Sanchez, PhD, a researcher who focuses on demographics and health, helps us sort out what we know and have recently come to understand about female longevity.

### TRUE OR FALSE:

**Women have always had longer life spans than men.**

→ **FALSE.** Beltran-Sanchez used data back to the 1700s to examine the life-span disparity and found that women began to live longer than men beginning in the 1800s.

"We tend to think this is something that has been happening throughout our history, but [it wasn't] until we looked at this data that we realized that it's fairly recent."

Researchers found that in the late 1800s, men began dying of heart disease (and stroke) at a greater rate as female death rates decreased.

PHOTO BY GETTY/E+



## TRUE OR FALSE:

### Men die sooner because they engage in riskier behavior.

→ **TRUE.** When it comes to diet and smoking, men historically have been bigger risk takers. That puts them at greater risk of deadly lung and heart diseases. But that's been less true in modern times, when women began adopting those risks, too.

"Smoking, early on in the 1900s, was mainly a male hobby," Beltran-Sanchez says. "That changed in the 1950s or '60s." That said, men are still more likely to smoke than women; nearly 17 in 100 American men smoke, while nearly 14 in 100 American women do.

## TRUE OR FALSE:

### Biological differences put women at an advantage.

→ **COULD BE TRUE.** Heart disease historically has lowered survival rates for men. That's because men are more vulnerable to cardiovascular damage and women are more resistant, Beltran-Sanchez says. Scientists are still looking for a clear-cut reason for this advantage, though cholesterol plays a role. Studies have shown that before women reach menopause, estrogen increases good cholesterol and decreases so-called bad cholesterol.

## TRUE OR FALSE:

### Women live longer because of hormonal differences.

→ **MAYBE.** Some scientists hypothesize that estrogen helps lower mortality rates up until menopause. Mortality rates among women do rise more

sharply after menopause, but they don't keep pace with mortality rates of men. Beltran-Sanchez says that although researchers are exploring this, the link hasn't been proved.

## TRUE OR FALSE:

### Longevity is increasing for men, too, and the life-span difference between men and women is narrowing.

→ **TRUE.** "Women are doing worse; now it looks like men and women are catching up," Beltran-Sanchez says.

Men still are more likely to die at younger ages. But because behavior differences between men and women aren't as severe anymore—women are taking risks, too—their average life spans also will look more similar. This is especially true for white women, for whom life expectancy is going down.

## FOLLOW YOUR HEART

When it comes to making women and their health concerns a top priority, the hospitals of Community Healthcare System continue to be recognized as leaders in quality care.

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart have been named among America's Best Hospitals for Heart Care by the Women's Choice Award®. The award signifies that these Northwest Indiana hospitals are positioned in the top 9 percent of 4,789 U.S. hospitals offering heart care services.

According to the American Heart Association, heart disease is the No. 1 killer of American women, causing 1 in 3 deaths each year. That's approximately one woman dying every minute. Though it is often thought of as a "man's disease," heart disease strikes more women than men, and is more deadly than all forms of cancer combined.

"With such strong prevalence of heart disease, every woman should know where to find the very best heart care *before* she ever has an incident," says Delia Passi, founder and CEO of The Women's Choice Award.

WEBSITE



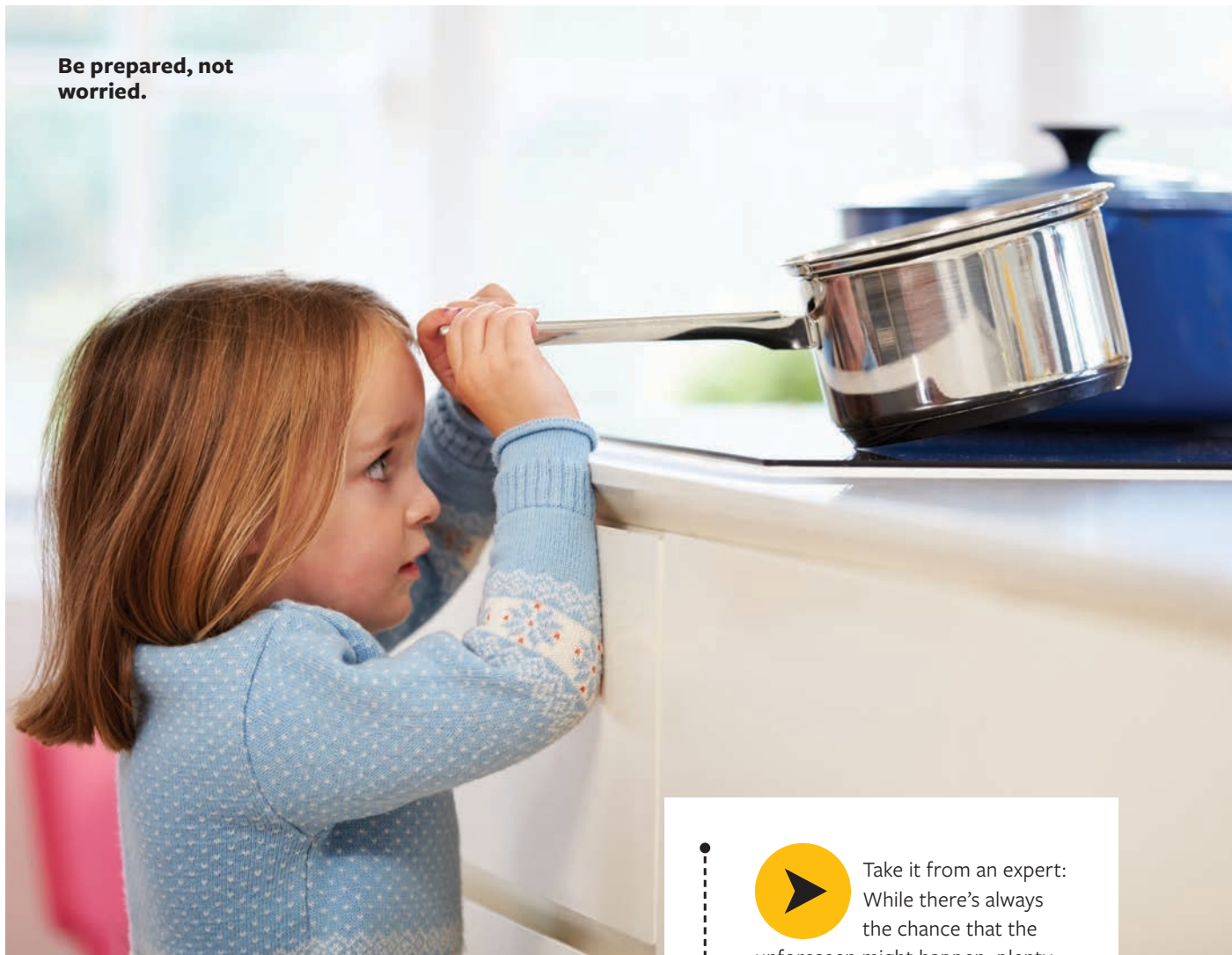
### Quality Care for Women

To learn more about the quality women's care offered at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).

(Researchers think it's driven in part by rising suicide rates, alcohol and drug poisonings, and liver disease.)

"Things are changing so much," Beltran-Sanchez says, "I'm not sure how much longer we're going to keep seeing this large female advantage." ■

**Be prepared, not worried.**



## **HOW TO** **AVOID AN** **EMERGENCY**

*Accidents happen. But not all of them have to. Here's how to steer clear of common causes of emergency department visits*



Take it from an expert: While there's always the chance that the unforeseen might happen, plenty of emergencies are avoidable. Roneet Lev, MD, an emergency medicine physician and the president of the Independent Emergency Physicians Consortium, sees common circumstances in many emergency department visits. She offers steps to help keep you and your family safe.



### **Watch little ones**

Most parents are vigilant about childproofing the house with their first baby. But often, the second baby is mobile around the time

the first is playing with Legos, counting coins or coloring with crayons, and younger siblings can end up with little objects in their mouths, ears or noses. "I saw a little girl whose brother had a seed and he dared her to put it in her ear," Lev says. "It got stuck, and it was quite a fiasco to get it out."

For older kids, make sure they're wearing helmets and other protective gear when biking, skating, skateboarding and skiing.

### **If you drink, do so in moderation**

Everyone knows about the dangers of drinking and driving. But alcohol can lead to other risks besides vehicle crashes. Lev sees injuries in people who have fallen and hurt themselves or gotten into fights when under the influence. And binge drinking can lead to alcohol poisoning.

Lev recommends talking to your teenage children about the dangers of drinking too much. "I work in a hospital surrounded by colleges, and every Saturday night I see girls and guys, well-dressed, completely unconscious, with vomit in their hair. They're a total mess," Lev says. "They went out to have a good time and ended up being miserable."

### **Be careful at work**

Two professions are especially dangerous when it comes to sending workers to the emergency department, Lev says: food service and healthcare. Food service workers risk lacerations from knives and broken glasses. "Stemware is prone

to breaking in the dishwasher or sink, causing cuts on the fingers," she says.

Healthcare professionals need to be careful when lifting or moving people, because that's a common cause of back strain. And they should follow protocol for handling needles at all times, as needle stick injuries happen frequently.

### **Mind your medications**

Maybe you see your internist for your overall healthcare, an orthopedic specialist for a sports injury and a psychiatrist for anxiety. They might all give you different medications, and "those medications might not work together," Lev says. "You want to make sure they don't cause interactions." Drug interactions can create excessive sedation, weakness and dizziness; in some cases, they are life-threatening.

Lev recommends using your cell-phone to keep a list or a photo of your medications so you always have it at hand.

### **Take your time**

Often, people end up in the emergency department when rushing leads to a fall. (Falling is especially dangerous if you're on blood thinners, because you may bleed too much, including inside your body. "If you fall and hit your head, even if you think it's insignificant, you should be evaluated," Lev says.)

It can be hard to slow down and take care when life is hectic, but it's worth the effort. That's especially true of driving, when being hurried or distracted can be fatal. ■

## STROKE SYMPTOMS? ACT F.A.S.T.!

When it comes to treating stroke, time is of the essence in minimizing brain damage. That is why recognizing symptoms early can ensure stroke victims get the right treatment.

"F.A.S.T." is an acronym used to teach the signs of stroke, and what to do. F.A.S.T. stands for **F**acial drooping, **A**rm weakness, **S**peech difficulties and **T**ime to call emergency services.

"It's up to all of us to know the symptoms and use good judgment in seeking treatment," says Craig Bolda, vice president, Acute Rehabilitation Services, Community Healthcare System. "As certified Primary Stroke Centers, our hospitals are dedicated to treating stroke patients with the most appropriate timely care. Our hospitals' teams have been recognized by the American Heart Association/American Stroke Association's Get With The Guidelines® - Stroke Silver Plus Quality Achievement Awards."

CALL



### Treatment to Save Your Life

Choose a doctor who can help to manage your risk for stroke. To find a Community Healthcare System physician near you, visit [www.comhs.org](http://www.comhs.org), or call 219-836-3477 or 866-836-3477.

Yet again,  
you forgot  
to lift with  
your knees.



## FREAK OUT OR CHILL OUT?

*Ow! Your back! Should you reach for an ice pack or get medical attention?*



Just about everyone deals with back pain from time to time, whether it's feeling a twinge with a twist or overdoing it with a lift. But how do you distinguish pain that will ease on its own from pain that requires a doctor?

Some symptoms are signs that you might need treatment, says Nathan Wei, MD, a fellow of the American College of Physicians and of the American College of Rheumatology. He helps us assess back pain scenarios.

**Q** Your home run led to your softball team's victory last weekend, but you're still sore and stiff two days later.

**Is it:** Muscle strain or a muscle tear?

**PROBABLY MUSCLE STRAIN.** Wei says you can experience general stiffness and soreness for 24 to 48 hours after overexertion. "It can range from mild to excruciating if you've really done a number on your muscles," he says. He recommends over-the-counter anti-inflammatories, ice and rest.

If the pain lasts longer than 72 hours, you might want to contact your doctor to see whether you've torn a muscle. Muscle tears could require physical therapy, massage, chiropractic treatment, cryotherapy or heat treatment.


**Q** You're youngish—only 40!—but when you wake up in the morning, your back is stiff.

Once you get moving and take a shower, it feels more flexible.

**Is it:** Arthritis or something more serious?

**PROBABLY ARTHRITIS.** "Around age 40 is when you can begin to deal with degenerative diseases like osteoarthritis in your lower back," Wei says. With arthritis, the stiffness eases within 15 to 30 minutes on its own, or with ice, moist heat or an occasional over-the-counter pain reliever.

If it's getting worse in duration or intensity, or if you're younger than 40, especially if you're male, you might be showing signs of a condition called ankylosing spondylitis, a type of arthritis that targets the spine. In that case, see your doctor. Medication and physical therapy could help.

VIDEO 

## Stop Back Pain Before It Starts

Core-strengthening exercises can help prevent painful back injuries—but only if you do them correctly. Watch videos and learn the proper form for these and other exercises at [cdc.gov/physicalactivity/basics/videos](https://www.cdc.gov/physicalactivity/basics/videos).

**Q** Cleaning up after dinner, you pivoted and bent down to place a spoon in the dishwasher. Pain shot through your back and down your leg. Over-the-counter pain relief helped, but you're still feeling it.

**Is it:** Muscle strain or sciatica?

**SCIATICA.** Sciatica can strike after a relatively simple motion, especially if you're approaching middle age or older. If the pain starts in your back and travels down your leg, that's usually a sign of nerve pain, or sciatica. You can treat it at home with rest, ice, and over-the-counter pain relievers or anti-inflammatories. If the pain doesn't dissipate in two to three days, or if it gets worse, see your doctor. Any bladder or bowel incontinence could mean that your spinal cord is compressed, which is an emergency and requires treatment right away.

**Q** You're running a fever, battling chills and aching all over—especially in your lower back.

**Is it:** Flu or a kidney condition?

**COULD BE A KIDNEY STONE OR KIDNEY INFECTION.** You should see your doctor, as it can be difficult to separate flu symptoms from those

stemming from a kidney stone or infection. "If the fever remains high and pain in the back becomes more intense, that is a warning sign," Wei says. Kidney stones might need medication, treatment to break them up or surgery. Kidney infections usually require intravenous antibiotics.

**Q** You're a woman who has experienced menopause and suddenly you feel excruciating pain in your midback.

**Is it:** Osteoporosis or cancer?

**MORE LIKELY OSTEOPOROSIS, BUT GET HELP.** Whether it's osteoporosis or cancer, you're probably experiencing a compression fracture, a vertebral break that occurs when the bones are weak and fragile rather than from trauma. A compression fracture is a medical emergency. If it's osteoporosis, cement injections can help expand the collapsed vertebrae, ease your pain and help you maintain your posture and avoid a hunched appearance. You may also need a bone density scan and medication to help build your bone strength. If it's not osteoporosis, it could be a type of cancer called multiple myeloma, which is more likely if you've had lung or breast cancer. ■

# SURGICAL SPECIALTIES

*A look at some of the types of surgery performed today*



Ever have someone tell you he's having surgery soon? If he doesn't offer any details—and, of course, it's rude to ask—you really have no idea what's going to happen in the operating room. After all, we use the term “surgery” to mean so many procedures.

The American College of Surgeons recognizes 14 surgical specialties:

- Colon and rectal surgery
- General surgery
- Gynecologic oncology
- Neurologic surgery
- Obstetric and gynecologic surgery
- Ophthalmic surgery
- Oral and maxillofacial surgery
- Orthopedic surgery
- Otolaryngologic surgery
- Pediatric surgery
- Plastic and maxillofacial surgery
- Thoracic surgery
- Urologic surgery
- Vascular surgery

These specialties cover everything from heart surgery (part of thoracic surgery) to cataract surgery (part of ophthalmic surgery). And as technology has transformed medicine over the past century, many of the specialties now include additional subspecialties, says Frank Lewis, MD, executive director of the American Board of Surgery.

“The procedures that are common to a given specialty have gotten increasingly sophisticated over time, and the level of experience and training needed to perform them competently has gotten even more complicated,” Lewis says.

Read on to learn about some of the ways to operate.

WEBSITE



## Surgery Glossary

Learn more about the basics of surgery and find a guide to surgical specialists at [medlineplus.gov/surgery.html](http://medlineplus.gov/surgery.html).





### GENERAL SURGERY

General surgeons are the jacks-of-all-trades of the surgical world. They take out gallbladders and appendixes. And they're trained to handle medical conditions in most parts of the body, from the head and neck down to the feet (plus a lot of stuff in between, including the abdominal wall, skin, and gastrointestinal and vascular systems).



### OTOLARYNGOLOGIC SURGERY

This mouthful of a specialty (pronounced oh-toe-lair-in-GOLL-oh-jee) focuses on the ears, nose and throat. Otolaryngologists tend to everything from hearing loss and chronic sinusitis to swallowing disorders and diseases affecting the throat and voice box.



### ORTHOPEDIC SURGERY

If you break a bone and need surgery to repair it, you'll probably see an orthopedic surgeon. These doctors focus on the musculo-skeletal system, which includes bones, joints and muscles. The field also includes a number of special interest areas, including foot and ankle orthopedics, hand surgery, joint replacement, oncology, pediatric orthopedics, spine surgery, sports medicine and trauma surgery.



### OPHTHALMIC SURGERY

Having serious eye problems? You'll probably see an ophthalmologist, a medical doctor who can perform eye surgery, treat eye and vision problems, and prescribe glasses and contacts. Optometrists, on the other hand, cannot perform surgery, although they can give vision tests and prescribe glasses, contacts and medicines for certain eye problems.



### NEUROLOGIC SURGERY

You probably know that neurosurgeons work on the brain. But they also tend to a number of other areas, including disorders of the spinal cord, pituitary gland and vertebral column. ■

## THREE WAYS TO COOK **EGGPLANT**

*Nutritious and distinctly flavorful, this glossy nightshade is suitable for more than heavy Italian dishes*



The sturdy eggplant, which is technically a fruit but gets prepared like a vegetable, is an excellent substitute for meat and carbohydrates in many vegetarian, gluten-free and Paleo dishes. It also has plenty of nutrients that make it worth incorporating into anyone's weekly meal plan, regardless of lifestyle.

Eggplant contains magnesium, manganese and vitamins B6, C and K, says Vandana Sheth, a registered dietitian nutritionist, certified diabetes educator and spokeswoman for the Academy of Nutrition and Dietetics. It is also low in calories (20 per cup) but, as Sheth says, "very satiating" because of its high fiber content. A study in the journal *Toxicology* reported that eggplant's high levels of nasunin, a plant-based chemical, may help regulate blood flow in the brain. Deep-fried eggplant Parmesan might be this purple fruit's claim to fame, but there are healthier options for the home cook as well. Here are three worthy suggestions.

### **1 GRILL IT**

Slice a large eggplant into rounds and brush one side with olive oil. Grill slices, oiled side down, over a medium-hot charcoal fire or on a gas grill set to medium. After 5 to 7 minutes (you should see grill marks forming), brush the top side with oil, flip and grill for another 5 to 7 minutes. Allow eggplant to cool, and dice it into chunks. Grilled eggplant can be added to pasta sauce, salad or omelets.

### **2 MAKE TINY "PIZZAS"**

Have kids who love pizza? This lighter, Italian-style recipe might just persuade them to try eggplant. Preheat the oven to 400 degrees and slice a large eggplant into uniform rounds, about  $\frac{1}{4}$  to  $\frac{1}{2}$  inch thick (one large eggplant should yield 10 to 12 slices). Arrange slices on a baking sheet coated with nonstick olive oil spray and drizzle with olive oil. Top with cheese and additional sliced vegetables such as tomatoes (if desired). Bake for 30 minutes or until cheese starts to brown, then broil on high for 5 minutes.

### **3 ROLL IT UP**

Slice a large eggplant into  $\frac{1}{4}$ -inch lengthwise strips. Salt slices and brush them with olive oil. In a sauté pan over high heat, sear for about 1 minute per side (the slices should soften but not fall apart). Remove from heat and place a tablespoon of filling (such as crumbled feta cheese or grain salad) at one end before rolling up and serving. Rolled slices may be topped with cheese and a sauce (such as marinara) and baked in a shallow dish at 400 degrees for 20 minutes.

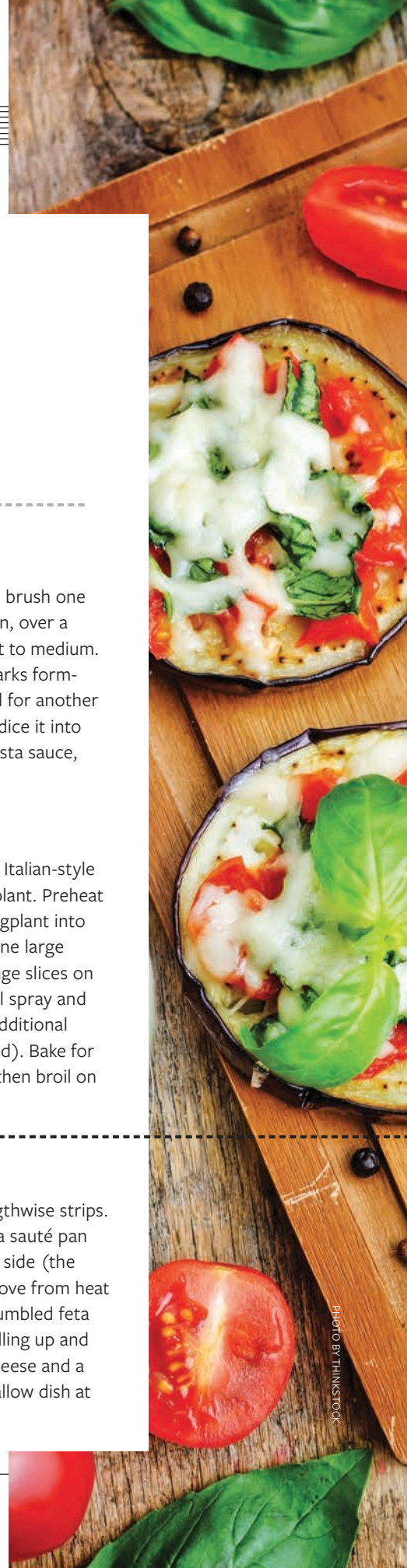


PHOTO BY THINKSTOCK





Eggplant pizzas taste great and look cute, too.

## EGGPLANT ED

→ **TO SALT OR NOT TO SALT?** To draw out moisture, some cooks lay salted eggplant slices on paper towels (in a colander or pan) for 20 to 30 minutes before patting dry. This may help the eggplant absorb less oil during deep-frying, but this step isn't necessary for most recipes.

→ **HANDLE WITH CARE** Although it feels firm, an eggplant lasts for only about five days in the refrigerator. Look for ones that have bright green stems (indicating freshness) and smooth flesh that's free of brown spots. Eggplant won't freeze well unless it has been cooked down into a sauce or relish.

→ **PUT DOWN THE PEELER** Many of eggplant's nutrients are found in the skin, which also provides extra fiber, so leave it on unless you're making a dip.

→ **AN EGGPLANT BY ANY OTHER NAME ...** It's known as a *brinjal* in India, where it originated, *aubergine* in England and France, *eggfruit* in Australia, *garden egg* in West Africa and *brown jolly* (likely a variation on *brinjal*) in parts of the Caribbean.

→ **GO BEYOND THE PURPLE** The large, dark purple globe eggplant found in most grocery stores has a shape that works well for slicing into sturdy rounds. But smaller varieties include Thai (green and round) and Japanese (slender and light purple), both of which can be diced and used in curries and stir-fries.

RECIPE



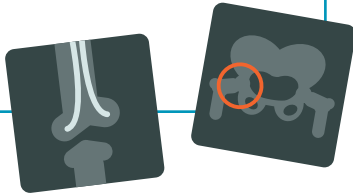
### Eggplant Galore

Vegetarian Times' massive recipe database, [vegetariantimes.com/recipes](http://vegetariantimes.com/recipes), includes classic Mediterranean-style eggplant dishes as well as preparations from Laos, Japan and other countries.

# JOINT IMPROVEMENTS

**1 million**

Americans have a hip or knee replaced each year.



**More than 7 million**

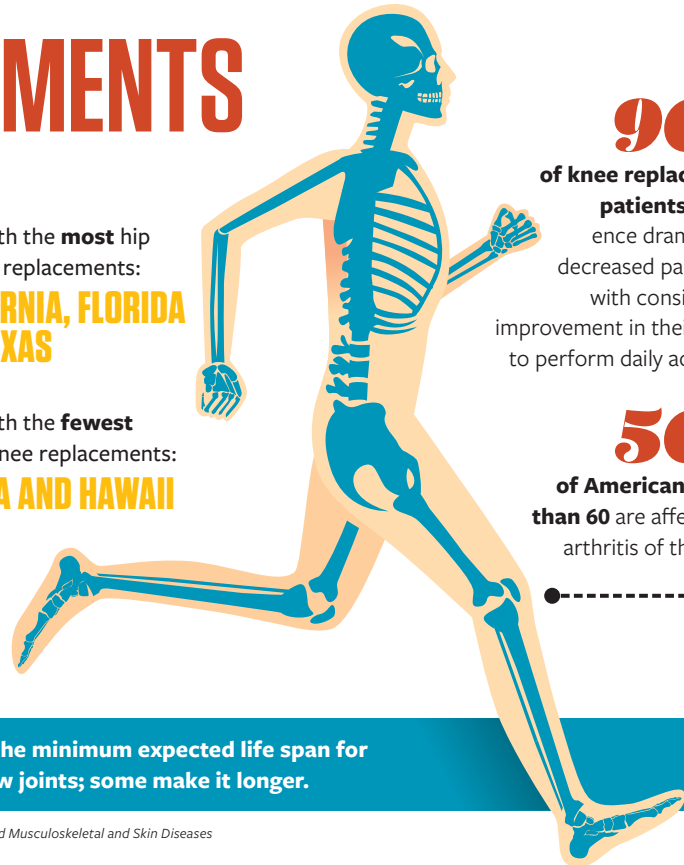
Americans have an artificial knee (4.7 million) or hip (2.5 million).

States with the **most** hip and knee replacements:

**CALIFORNIA, FLORIDA AND TEXAS**

States with the **fewest** hip and knee replacements:

**ALASKA AND HAWAII**



**90%**

of knee replacement patients experience dramatically decreased pain along with considerable improvement in their ability to perform daily activities.

**50%**

of Americans older than 60 are affected by arthritis of the knee.

**10-15 YEARS**

is the minimum expected life span for new joints; some make it longer.

Sources: American Academy of Orthopaedic Surgeons; National Institute of Arthritis and Musculoskeletal and Skin Diseases

## ON THE MOVE AGAIN

Orthopedic breakthroughs are giving surgeons the ability to perform complex procedures more easily.

Community Healthcare System surgeons are using computer-guided surgeries and minimally invasive techniques with much smaller incisions and less tissue damage than in the past for better outcomes. Physicians are also using advanced durable materials in artificial joints and are getting a better fit as manufacturing companies offer a broader range of sizes and shapes. In addition, there have been advances in pain management and physical therapy.

At Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, our

orthopedic programs begin with each patient being fully educated about his or her procedure prior to surgery, and continue with inpatient rehabilitation therapy, followed by education and readiness for recovery at home.

Patients resume therapy after discharge at the hospitals' outpatient rehabilitation locations, where they receive education and follow-up from certified physical therapists, occupational therapists and social workers.

We also involve family members as "coaches," keeping them informed so they can better guide and motivate their loved ones as they prepare for continuing recovery at home.

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### Walk This Way for Quality Care

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# DO GOOD, FEEL GOOD

*Volunteer opportunities at the hospitals of Community Healthcare System offer health benefits* BY **ELISE SIMS**

If a full-time hospital career is not for you, volunteering is an excellent way to boost wellness and satisfaction. About one American adult out of three currently volunteers. Studies show that donating your time to a good cause may reap huge health benefits.

At Community Healthcare System, volunteers play a vital role in the services provided by Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center

in Hobart. Whether working directly with patients to help them find their way through the hospital hallways or working behind the scenes, volunteers enjoy the opportunities to meet new people, keep active while providing important services and experience the personal satisfaction that comes from helping others.

Community Healthcare System's volunteers and their unique talents are carefully matched with innovative work opportunities to extend the system's mission of providing quality healthcare.



**Volunteer Esperanza Blanco shows Intensive Care Unit nurse Katrina Covington a purse on display in the gift shop at St. Catherine Hospital.**

CALL



## You Can Help

For more information on volunteer opportunities, contact the hospital where you are interested in volunteering:

- Community Hospital, Munster **219-836-4065**
- St. Catherine Hospital, East Chicago **219-392-7031**
- St. Mary Medical Center, Hobart **219-947-6022**

Visit [www.comhs.org/donate/volunteer-opportunities](http://www.comhs.org/donate/volunteer-opportunities) to find out more.

Each hospital auxiliary offers essential volunteer services, assists with hospital fundraising and provides scholarships for students pursuing careers in healthcare. The auxiliaries operate the hospitals' gift shops and host several fundraising activities throughout the year. To date, auxiliary members have raised millions of dollars for the three nonprofit hospitals, supporting many vital programs and the acquisition of new medical technology.

"Volunteering has many benefits," says Elizabeth Yee, vice president of Clinical Ancillary Services. "While the auxiliaries help support the hospitals, they also bring personal satisfaction to the person giving their time and talents. It is a win-win situation. Our volunteers put in thousands of hours contributing to the mission and values of Community Healthcare System."

With the variety of volunteer opportunities available, it is easy to find one that fits an individual's schedule. Volunteers can work days, evenings or on weekends. Many volunteer positions have a set schedule, usually a few hours per week. ■

# SAVING BABIES' LIVES

*EMS partnering with fire department to prevent infant deaths*



More babies will be sleeping safe in their cribs thanks to a partnership between St. Mary Medical Center Emergency Medical Services (EMS) and the Hobart Fire Department.

The two organizations are working together to provide infant safety training and education to fire and EMS personnel.

Robert Quinn, St. Mary Medical Center paramedic program director and an EMS educator, is teaching the two-hour training session. Quinn prepares responders to evaluate a home for potential infant hazards and then explain to parents, in a helpful and nonjudgmental manner, how they can create a safer sleep environment for their babies.



Hobart firefighters (left to right) Isa Esquivel, David Hansen and Cory Federico, and Hobart Fire Chief Brian Kerr, display the safe-sleep literature and safe-sleep sacks that the department has on emergency vehicles to provide to parents.

“We do fire inspections all of the time and nobody thinks twice about it,” Quinn says. “Here we’re just doing ‘baby inspections’ instead of fire inspections. Our job is not to judge. Our job is to be helpful.”

“You don’t come to parents and say, ‘Your house is not safe,’” he adds. “You tell them, ‘We’ve got some resources available that can help you set up the proper sleep environment for your child.’ You get the feeling pretty quickly if they are interested in help or not.”

Melissa Siegel, St. Mary Medical Center EMS manager, says that many times the unsafe cribs or other dangerous items in the home may have been family heirlooms or gifts bought by well-meaning family members who were also unaware of the potential dangers. Babies who sleep in the same cribs their parents had as infants, for example, may be at risk because some older crib models were unsafe.

“Families are trying to be helpful,” Siegel says. “But it’s all about getting this information out to parents. Instructions didn’t come with the baby at birth. There is no how-to manual on how to raise a child. Sometimes all it takes is a fresh set of eyes to look at the situation and

see what needs to be improved. And responders can provide that.”

Responders hand out brochures to parents that detail information on which items and practices pose dangers for infants and how to provide a safe and comfortable sleep experience for their child.

Each Hobart fire engine has a supply of sleep sacks provided by the Indiana State Department of Health that responders can give to parents to keep sleeping infants warm. Sleep sacks are designed to provide warm and secure covers that cannot accidentally fall over an infant’s mouth and nose. They can be arranged so that the baby’s arms are bundled inside the sack or left outside for greater freedom of movement as parent and baby prefer.

Sudden Infant Death Syndrome (SIDS) remains a serious health concern for babies in Lake County and in the state of Indiana. The rate of SIDS-related infant deaths in Indiana in 2015 was eighth in the nation at 7.2 percent. The rate in Lake County was 7.4 percent for the same year.

The exact causes of SIDS remain unknown. What is known is that some items commonly found in infant sleeping areas—such as old and improperly designed cribs, pillows and blankets, baby “bumpers” and other items—can be hazardous. Unsafe practices, like laying babies to sleep on their stomachs, also account for a high number of preventable infant deaths each year. The cure for these unnecessary tragedies may be parent education.

“Our Family Birthing Centers—at St. Mary Medical Center, Community Hospital and St. Catherine Hospital—teach new parents the ABCs of safe-sleep



**Nurses advise new moms of the ABCs of safe sleep while their infant is still in the hospital. Baby should be all Alone, on their Back, in an empty Crib.**

practices—All alone, on their Back, in an empty Crib,” says Janice Ryba, CEO of St. Mary Medical Center. “This partnership between our EMS program and the Hobart Fire Department empowers our local first responders to take that same information out into the community for the benefit of children and families.”

The Hobart Fire Department is one of several Northwest Indiana departments that has adopted the program so far.

Quinn and Siegel emphasize that providing infants with pillows, blankets or other items does not make parents negligent.

“We had bumpers on the bed. We had blankets,” Quinn says of his own parenting experience. “I was a paramedic, and I was doing this to my own child. I didn’t know.”

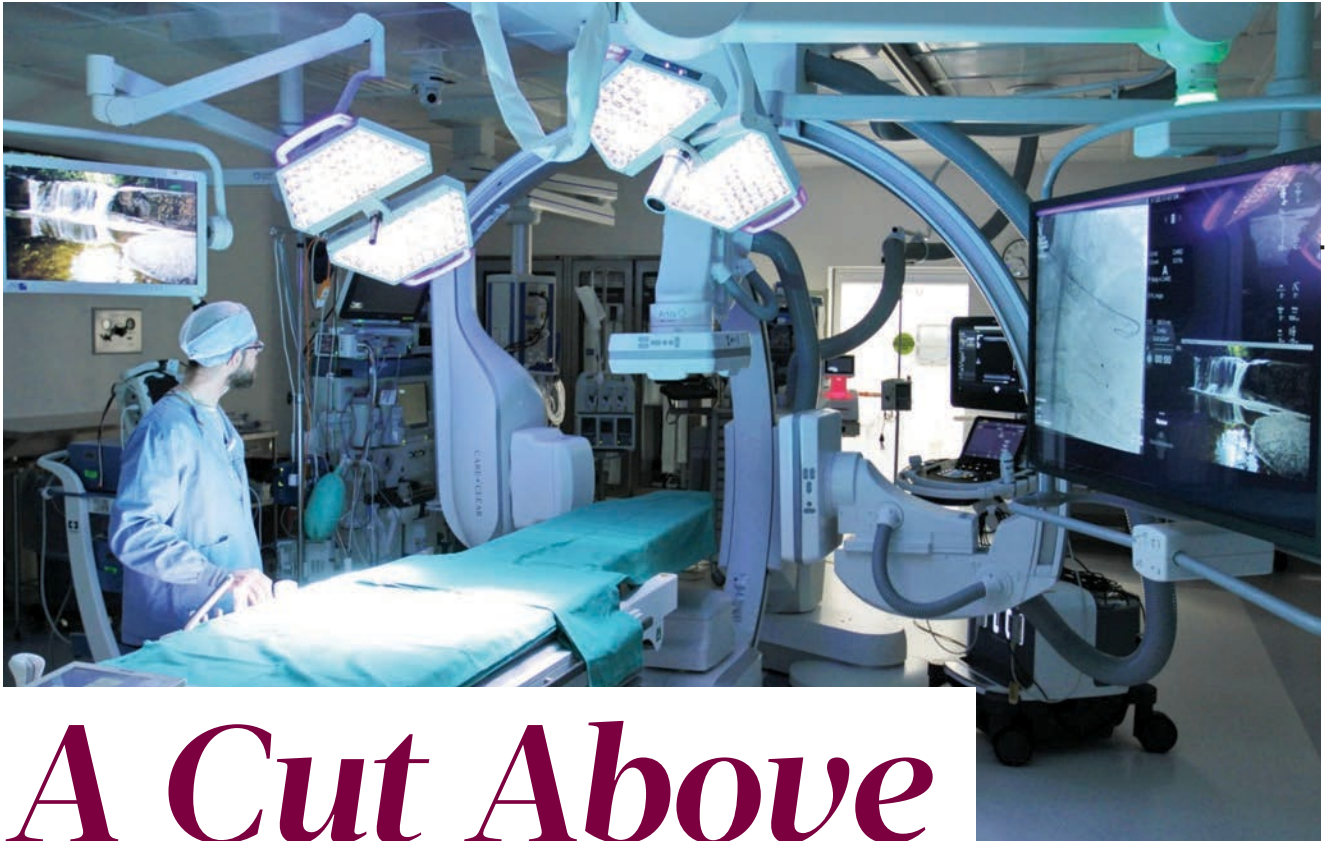
“If this saves one baby’s life, it will be worth it,” Quinn adds. ■

WEBSITE



## Keep Babies Safe

For more information about infant safety initiatives at St. Mary Medical Center Family Birthing Center, visit [www.comhs.org/services/family-birthing-centers/st-mary-medical-center-family-birthing-center](http://www.comhs.org/services/family-birthing-centers/st-mary-medical-center-family-birthing-center).



# A Cut Above

*Surgery department grows with more complex procedures, minimally invasive techniques*



Step into one of the new surgical suites at Community Hospital in Munster and you will find a scene that looks like something out of a sci-fi movie. Equipped with robotic arms, miniscule surgical tools and ultra-high-definition displays, these operating rooms are loaded with new technologies that are minimally invasive surgery's tools of the trade.

Much has changed in the department of Surgery as Community Hospital has grown through the years. The recently completed multiphase, \$20 million construction project adds advanced technology, new comforts for patients and

their families and new efficiencies that enable the healthcare team to offer the highest quality treatment to patients.

"Our patients look to Community Hospital for a first-class experience with caring doctors and staff and for the latest technology," says Lou Molina, CEO, Community Hospital. "Our healthcare professionals have earned some of the highest levels of recognition in the country for orthopedic, bariatric and neurosurgeries. These achievements, along with an ongoing evolution in technology and the need to make intricate spine, cardiothoracic and valve surgeries available closer to home, are the reasons we took this opportunity to expand."

Thoughtful planning and consideration were given to all aspects of the project with the goal of helping patients achieve their best health following surgery.

Features include:

- Construction of a hybrid surgical suite that enables both traditional open chest and minimally invasive cardiac procedures, such as transcatheter aortic valve replacement (TAVR), and neuro endovascular procedures used to treat brain aneurysms and stroke
- Renovation of four existing operating rooms to accommodate the latest technology, including two robot-assisted da Vinci Si Surgical Systems®, video technology and surgical navigation systems

**Construction of the hybrid surgical suite at Community Hospital enables both traditional open chest and minimally invasive cardiac procedures, such as transcatheter aortic valve replacement (TAVR), and neuro endovascular procedures, those used to treat brain aneurysms and stroke.**

- Construction of four new fully integrated operating suites for complex neurosurgery, spine surgery and orthopedic procedures

- Remodeled surgical admission and post-anesthesia care units and a surgical holding room

“The fully integrated hybrid operating suite allows our surgeons to perform a wider variety of minimally invasive procedures than before and to care for patients who previously would not be able to tolerate a major surgery,” says Richard Berkowitz, MD, medical director of Anesthesiology, Pain Management and Peri-operative Services. “For example, our specially trained cardiovascular team is using minimally invasive cardiac procedures, including transcatheter aortic valve

replacement, or TAVR, for structural heart valve disease. This approach is preferable for patients who are weak, fragile or have co-conditions and would not be considered ideal candidates for a traditional open chest surgery.”

Through minimally invasive techniques such as TAVR, patients can benefit from shorter hospital stays, smaller surgical incisions with less scar tissue and less trauma to the body. Other benefits include less pain and blood loss and a reduced risk of infection. These patients typically also have a quicker return to normal activities.

“The rooms are designed to allow for flexibility of equipment placement, ease of use and accessibility for surgeons and staff,” says John Olmstead, RN, director of Surgical Services. “These design elements allow us to adapt our operating rooms to a variety of procedures and future technologies as well.”

For example, new operating room lighting uses robotic focus. This feature provides sharper visualization of the surgical field without glare or shadow and produces 25 percent more light for surgeons.



**The OR hybrid room at Community Hospital features special lighting and multiple monitors for enhanced viewing of images during a procedure.**

WEBSITE



## Advanced Surgical Options

For more information about the quality care and advances in surgical technology found at Community Hospital in Munster, visit [www.comhs.org](http://www.comhs.org).

Using advanced video integration technology, surgeons and anesthesiologists can view multiple forms of information simultaneously, including blood pressures inside the body, radiology images, as well as patient vital signs and images taken prior to surgery. Previously, this information was accessed and viewed from a single monitor.

“Each surgeon can maintain a library of images for a particular patient’s procedure,” explains Berkowitz. “By accessing the library immediately following surgery, he or she can more easily show the patient’s family images from an iPad or computer. We no longer need to wait for hard copies.”

“These new video capabilities also enable us to more easily provide learning opportunities to medical school partners,” he says. “Physicians can present ‘live’ observations via satellite video feed to medical students and colleagues, similar to ‘operative theatres’ in a teaching hospital setting.”

The redesigned department layout also includes 16 post-anesthesia care unit beds, expanded from the previous 10 beds. In addition, 27 surgical procedure beds have been included to accommodate an increase in same-day surgery capabilities. ■

# FREE RIDE ADDS TO PATIENT CONVENIENCE, COMFORT

*Patients count on the Care Van to get them to treatment*



As daylight breaks one recent weekday morning, five passenger vans in

St. Catherine Hospital's Care Van fleet fan out across the region. The dispatch center is transformed into a hub of activity for patients who are heading to Same Day Surgery, Physical Therapy, Pulmonary and Cardiac Rehabilitation Services, Oncology, Radiology, Outpatient Retail Pharmacy, Infusion Clinic and Behavioral Health Services at the hospital.

As Keith Gouwens' van cruises to pick up the ninth passenger of the day, he says, "I love it. It's great to be part of a service that's available to any ambulatory patient who needs a ride to the hospital."

To use the service, which is available Monday through Friday, Care Van riders need only to have an appointment.

"It's convenient; plus, it's free," Rick Usdowski, a cardiac rehabilitation patient, says while waiting in the Professional Office Building of St. Catherine Hospital for a ride back to his East Chicago home.



**A newly "wrapped" Care Van was delivered to Sylvia Gould, director of Physical Therapy and Wound Ostomy services, by Security Director Joseph Euber, in spring 2016. The vans bridge transportation gaps patients may have to receive care at St. Catherine Hospital in East Chicago.**

The Care Van fleet, managed by Security Director Joseph Euber, has been serving residents of East Chicago, Hammond, Highland, Gary, Griffith and Whiting for a decade. Thousands of patients who otherwise might have found it difficult, impossible or too costly to get to the hospital or outpatient center

have been served through the program.

"At St. Catherine Hospital, we put our patients first no matter what their circumstance may be," says CEO Leo Correa. "The Care Van program is a great way to meet the transportation needs of our patients and go the extra mile to better serve the community."



CALL



## Ride With Us

The Care Van is free and available to St. Catherine Hospital patients Monday through Friday. Call **219-392-7826** to reserve a ride.



**Driver Antwain Harris assists patient Marcia Vaughn of Gary from a Care Van on arrival for outpatient services at St. Catherine Hospital.**

To patients like Marcia Vaughn, services provided through the Care Van and the hospital's caring staff as a whole have been an answer to her prayers when finances were tight.

"I thank God for it," she says.

Vaughn is on intravenous antibiotics and needs her blood levels checked frequently. After many Care Van rides, she says she got to know the hospital staff very well and they treat her like family. They watch out for her and care for her. Recently, the medical staff saw her struggling while walking and suggested that she have a chest X-ray. That X-ray showed fluid accumulation around the heart. At the time, she had no chest pain or trouble breathing.

Had that fluid continued to go undetected, Vaughn was told, she could have suffered a heart attack.

"To me, the Care Van hasn't only made my life easier," she says. "It saved my life."

The first Care Van was rolled out in March 2000. The single van averaged 10 patients a day, Euber says. Since then, the program has grown by leaps and bounds.

"Today, we are handling an average of 120 patients a day," Euber says.

Three new eight-seat minivans were added to the fleet in 2016, and American Heritage Protection Service was hired to provide a team of specially trained drivers for the transportation service.

While the phone rings most when the weather is bad, the Care Van also has been routinely used for patients who have no car or are on driving restrictions. Their pocketbooks may be stretched thin or they may be too weak or sick to drive to the hospital.

"They get you there on time," says Darrell Carter, a physical therapy patient who had been walking more than a mile to the hospital from his home in Indiana Harbor until winter set in. His nurse told him the cold weather wasn't helping the pinched nerve in his neck, and set up the rides. He says he is already feeling better.

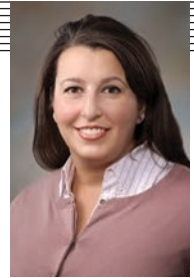
Edith Robbins enjoys the camaraderie among riders and the conversation. "I love this service," the pulmonary care patient says. "They drive safe and they're pleasant. How can you beat that?"

Driver Antwain Harris says appreciation for the program and those it serves cuts both ways. "I enjoy the time with my riders," he says.

"We often hear our patients say, 'Thank you for making my life easier,'" Euber says. ■

# PRESCRIPTION FOR HEALING

*Pharmacy Director Koula Tsahas talks about St. Catherine Hospital's Infusion Clinic services*



**Koula Tsahas,**  
director of Pharmacy,  
St. Catherine Hospital

**Q What is an Infusion Clinic?**  
Infusion therapy is any treatment in which medication is delivered through a needle or catheter. The Oncology | CyberKnife® | Infusion Clinic at St. Catherine Hospital is an outpatient treatment center that provides comprehensive infusion therapy services in ways that fit into a patient's active life. The infusion clinic brings under one roof a collaborative team of highly trained physicians, nurses, pharmacists, phlebotomists and patient care technicians to administer individualized treatment

plans for each patient, based on their doctor's recommendations.

**Q Which services are available at St. Catherine Hospital?**  
Our team delivers intravenous (IV) treatments, including chemotherapy and immunotherapy, and blood products and medication regimens for various disorders, including asthma, rheumatoid arthritis, renal failure, multiple sclerosis, dehydration and Crohn's disease. Long-term antibiotic therapies are also available.

**Q Can you tell us about some of the newest therapies?**  
The clinic offers several new, targeted therapies and immunotherapy for patients. The medication, Tysabri®, treats Crohn's disease episodes and disability in multiple sclerosis. Another new medicine, Opdivo®, is available for use in non-small cell lung cancer and other types of advanced and metastatic cancers.

**Q What can patients expect?**  
Patients can expect outstanding care, comfort and convenience. The infusion clinic offers a private entrance, reclining chairs, a flat-screen TV, Wi-Fi, a phone, snacks and a family waiting room. Shuttle service is available at no cost through St. Catherine Hospital's Care Van program.

Most of all, patients have a nursing team with more than 50 years of combined experience in infusion therapy and certified chemotherapy administration who understand the physical and emotional challenges that affect every patient and their loved ones. Experience matters; it is everything! ■



St. Catherine Hospital's Infusion Clinic Team includes (from left) Amer S. Sidani, MD; Roberta Bach, RN, outpatient coordinator; Bernice Morris, CNA; Chris Dimoff, clinical staff pharmacist; Koula Tsahas, director of Pharmacy; Aurora Tirado de Zacarias, MA, oncology general specialist and Maegan Dotson, MA, general specialist.

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## The Infusion Team

Call the St. Catherine Hospital Outpatient Infusion Center at **219-392-7197** for information.



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**219-942-8620**

### **Portage:**

Portage Health Center II  
3545 Arbors Blvd., Suite A  
**219-759-6092**

### **Valparaiso:**

Valparaiso Health Center  
3800 St. Mary Dr., Suite 201  
**219-286-3775**

### **Winfield:**

Winfield Family Health Center  
10607 Randolph St., Suite C  
**219-663-1841**

