

# VIM & VIGOR

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ST. MARY MEDICAL CENTER  
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# WINTER 2017 Contents

## THE BIG STORY

Stretch yourself to achieve better habits for life.  
PAGE 14



## FEATURES

**4 Controlling 'Diabetes'**  
Portage resident William Fortenberry feels great after a life-changing experience with Healthy 4 Life.

**6 Pain, Pain Go Away**  
Patients like Catherine Dillon of Gary are benefiting from a multi-faceted approach to pain relief through the hospitals of Community Healthcare System.

**10 Act 2 Black-ish**  
actor Anthony Anderson expected his diabetes diagnosis, but even he didn't know how he'd rise to the challenge to get healthy.



**14 You, Improved**  
Small changes can have a big impact on your heart health and fitness, no matter where you start.

**22 Planning for Peace of Mind**  
If you don't have a plan in place in case of illness or death, don't worry. Take action now, and then you can relax.

**28 Shots for Grown-Ups**  
You already know your kids need immunizations. But guess what? You do, too.

**49 Dealing with Holiday Depression**  
Help for everything from the holiday blues to seasonal affective disorder.

**50 SPOTLIGHT: St. Catherine Hospital**  
When Luis Romero suffered a stroke, our award-winning team gave lifesaving care.

**52 SPOTLIGHT: St. Mary Medical Center**  
Providing innovative community healthcare to local businesses and schools.



Go ahead and give cabbage a chance.  
PAGE 46

## IN EVERY ISSUE

- 2 Community Message
- 3 Community Briefs
- 32 The Quick List
- 33 This Just In
- 38 The Truth About Opioids
- 40 How To: Meditate
- 42 Quiz: Freak Out or Chill Out?
- 44 At a Glance: Strength Training
- 46 In the Market: Cabbage
- 48 Health by the Numbers: Cancer Death Rates
- 56 Ask the Expert

Face-lifts for mac and cheese and green bean casserole.  
PAGE 34



**54 SPOTLIGHT: Community Hospital**  
Laborists make a difference in care for expectant mothers and their babies.

# BUILDING HEALTHIER COMMUNITIES

*Learn more about initiatives that can help you improve your health*



Today, hospitals are shifting their focus from illness to wellness, looking at ways we can keep our communities healthy. The hospitals of Community Healthcare System participated in the 2016 Health Needs Assessment ([comhs.org/about-us/community-health-needs-assessment](http://comhs.org/about-us/community-health-needs-assessment)) to better determine the needs of area residents. In this issue, you will read about some of the initiatives our hospitals' staff is using to keep your wellness at the forefront of care.



Diabetes and lifestyle choices that contribute to obesity continue to challenge residents in the Northwest Indiana area. Our Healthy 4 Life program is making a difference for obese residents by offering access to comprehensive medical/surgical weight loss services that add up to long-term success (**page 4**).

Mental illness knows no boundaries, with about 1 in every 4 individuals being affected. Whether it is the holiday blues, seasonal affective disorder or a mood disorder, the Centers for Mental Wellness staff offers year-round help to adults who are experiencing psychological difficulties (**page 49**).

Ranking among the nation's top killers, heart disease and stroke remain a priority. Our hospitals are accredited Chest Pain Centers and have earned the Gold Seal of Approval™ from the Joint Commission as Primary Stroke Centers. Luis Romero showed up on the doorstep of **St. Catherine Hospital** just in time after suffering a stroke. The experienced stroke care team worked quickly to save his life (**page 50**).

**St. Mary Medical Center** is reaching out to the community through school districts and businesses so students, teachers and employees can take fewer sick days and spend more time in their classrooms and workplaces (**page 52**).

The infant mortality rate in our area continues to be one of the worst in the state. In an effort to offer better outcomes for both mothers and babies at birth, laborists are now available at **Community Hospital** (**page 54**). Laborists work together with the expectant mother's primary obstetrician to ensure that around the clock, she has the best care available, no matter when she or her baby needs it.

To build a healthier future, we will continue to focus on healing the minds, bodies and spirits of the residents in our Northwest Indiana neighborhoods.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**

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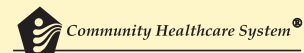
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**MANIFEST**



# AT THE HEART OF HEALING



During National Nurses Week, the hospitals of Community Healthcare

System highlight and celebrate the nurses and caregivers who strive to make a difference in the lives of our patients.

## COMMUNITY HOSPITAL

Community Hospital's celebration of Nurses Week culminated with a ceremony to recognize the most outstanding nurses and patient caregivers representing five pillars of excellence, as voted by their co-workers. These standards and values set the foundation for the hospital's mission to bring quality care to everyone in need.

From the nursing staff, Lisa Conn, 4 North (Service), Shawnta Leeks, Case Management (People), Jenn Pykosz, Neonatal ICU (Finance), and Cheryl Risch, Endoscopy (Quality), were among the nominees chosen by their peers for going above and beyond in their respective patient care areas. Caregivers selected include Arlene Anderson, Neuro ICU (Finance), Kandice Harris, 2 Parkview Tower (Growth), Dawn McHugh, Oncology (Service), Holly Opat, Rehabilitation (People), and Caitlyn Zimmerman, Intermediate Care Unit (Quality).

## ST. CATHERINE HOSPITAL

St. Catherine Hospital chose Jill Phelps for the Excellence in Nursing Award for 2017. Fellow nurses nominated Phelps based on characteristics of nursing excellence: leadership, dignity and



**Nurses and patient caregivers from Community Hospital won Pillar Awards representing five pillars of excellence.**

compassionate care. Co-workers say, "Jill's compassion and commitment to St. Catherine Hospital and her patients are what make her shine!"

Phelps started her nursing career as a nursing assistant and then became a nurse technician. She has worked at St. Catherine Hospital for 20 years. She currently serves as charge nurse in the Intermediate Care Unit.

## ST. MARY MEDICAL CENTER

St. Mary Medical Center's Nursing Pillar Awards recognize that it takes a team to provide extraordinary care for patients. Department awards in the categories of service, people, finance, quality and growth were celebrated:

- Pillar Award: Finance – Care Coordination Department
- Pillar Award: Growth – Labor & Delivery (The Family Birthing Center)
- Pillar Award: People – 5 West Oncology
- Pillar Award: Quality – ICU
- Pillar Award: Service – Pediatrics

A superstar, representing excellence in all categories, was also chosen. St. Mary Medical Center's superstar award went to David Acosta, 3 West Ortho. Co-workers say Acosta, a 10-year



**Chief Nursing Officer and Vice President of Patient Services Paula Swenson, right, presents the Excellence in Nursing Award to Jill Phelps of St. Catherine Hospital.**



**St. Mary Medical Center's superstar designation has been awarded to 10-year veteran nurse David Acosta, 3 West Ortho.**

veteran nurse, is an asset to the unit, the hospital and the profession of nursing.

For more information about nursing careers at the hospitals of Community Healthcare System, visit [comhs.org/careers](http://comhs.org/careers). ■

Before Portage resident William Fortenberry sought help, he was taking more than 20 pills daily, used a CPAP machine for sleep apnea and was giving himself insulin shots five times a day to control his diabetes.



# CONTROLLING 'DIABESITY'

## Weight loss surgery proves effective in treating type 2 diabetes *BY MARY FETSCH*

→ Five years ago, Portage resident William Fortenberry went through a life-changing experience. While at work, he started experiencing headaches that grew progressively worse.

"They were so bad, I began to feel like I was going to pass out," he says.

A visit to his doctor revealed some alarming news: Fortenberry's blood pressure was through the roof and

his blood glucose levels were dangerously high.

"My doctor was very concerned about bringing this under control immediately," he says. "I realized my life was on the line."

In addition to his high blood pressure, Fortenberry was diagnosed with type 2 diabetes, a condition he knew ran in his family. Nearly 95 percent of diabetes diagnoses in the United States

are type 2, according to the Centers for Disease Control and Prevention.

In type 2 diabetes, even though the body produces insulin, it prevents the insulin from working properly. Type 2 diabetes (which is different from type 1, in which the body makes little or no insulin) usually occurs in people who are older or overweight. In fact, about 8 out of 10 people with type 2 diabetes are overweight.

"I've pretty much had a 30-year struggle with trying to lose weight and staying healthy," he says. "I took diet pills and exercised. I guess my body started to slow down and life just crept



up on me. I was still surprised to find out I had diabetes.”

Despite his efforts, Fortenberry’s health issues increased. He was taking more than 20 pills daily, slept with a CPAP machine for apnea, and was giving himself insulin shots five times a day to control his diabetes.

“Finally, I had maxed out on my blood pressure medications and I could no longer control my glucose levels,” he says. “I realized if I didn’t do something, I was going to die.”

Fortenberry’s wife encouraged him to attend a free seminar on medical and surgical weight loss options offered by the Healthy 4 Life Advanced Weight Loss Center at Community Hospital and St. Mary Medical Center. There, he found a team that understood his complex health challenges and offered a new path toward resolving them. After some success in the medical weight loss program, Fortenberry decided to move forward with bariatric surgery to continue improving.

“More research is showing that bariatric surgery is an effective treatment option for successfully managing type 2 diabetes,” says Paul Stanish, MD, general and bariatric surgeon at Community Hospital in Munster and at St. Mary Medical Center in Hobart. “Over the last 10 to 15 years, the notion of bariatric surgery to help treat diabetes has gained traction among physicians and health organizations, including the American Diabetes Association.”

Stanish says that gastric bypass and gastric sleeve surgeries both modify gut hormone levels in patients. However, the medical community is still gaining an understanding of the exact mechanisms of gut hormones and their effect on insulin production and utilization.

“While 90 percent of individuals with type 2 diabetes are obese, not all of them are,” he says. “And not every obese



**Bariatric surgery not only helped William Fortenberry lose 160 pounds, but it also helped him save \$6,000 to \$7,000 a year on prescription medications.**

individual has diabetes. We know that genetic predispositions exist, as well as other metabolic abnormalities that contribute to the onset of type 2 diabetes. What is becoming increasingly clear is that weight loss, particularly gained through gastric bypass, can result in diabetes remission.”

While the lifestyle and diet modifications associated with weight loss alone can contribute to improved glucose levels, a recent study in the *New England Journal of Medicine* concluded that bariatric surgery plus medical therapy was more effective in decreasing or sometimes resolving hyperglycemia.

“At five years, improvements in hyperglycemia, triglyceride levels, cholesterol levels, use of insulin and quality-of-life measures were superior among bariatric surgical patients than nonsurgical patients,” Stanish adds. “And since these procedures are now performed minimally invasively with fewer complications, they are becoming more widely accepted by most insurances as well.”



**Paul Stanish, MD,  
general and bariatric  
surgeon**

For patients like Fortenberry, bariatric surgery not only helped him lose 160 pounds, but it also helped him save \$6,000 to \$7,000 a year on prescription medications.

“A few years ago, I just accepted it as part of my life. It didn’t seem like there was light at the end of the tunnel,” he says. “While surgery was not a magic wand—it’s still hard work—I was able to take control of my life. I now know what I want. I want to breathe better. I want to be able to walk more. I want to spend the next 25 years of my life watching my grandkids grow up. I want to live.” ■

WEBSITE



## Quality Bariatric Surgical Care

Learn about the quality and outcomes of our outstanding bariatric surgery program, which is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP). Visit us at [Healthy4LifeCenter.org](http://Healthy4LifeCenter.org).



# Pain, Pain, GO AWAY

*Erasing pain without the use of addictive medications* BY ELISE SIMS

Catherine Dillon of Gary is a gardener. She enjoys growing a variety of fruits and vegetables—corn, green beans, okra, peppers, watermelon, cantaloupe and pumpkins—with her granddaughter. But her garden might not have grown at all if she had not been able to tend to her crops. Seven years ago, she had a fall that left her with chronic back pain.

“When the pain got really bad, it was hard to pick up stuff like a watering can,” Dillon says. “The injury was in my left-hand side. It could be hard to walk or stand for long periods of time. I have been working in a stock room for 10 years. I’m pretty active. I climb a ladder. But when you can’t move like you really should or your body thinks it should, that’s when you need physical therapy.”

“I didn’t want surgery, and I didn’t want to take any pills,” she says. “I think that if you are in pain, whether from an injury or illness, you should look into all your options.”

Part of the job of the healthcare team at the hospitals of Community Healthcare System is to work with people to relieve and manage their pain and help them recover and improve their quality of life.

Chronic pain can be brought on by an injury, such as Dillon’s, or a variety of health issues, such as arthritis, cancer and stomach ulcers. Chronic pain can also arise as a result of conditions such

Once-enjoyable tasks like gardening can become challenging for people with chronic pain.



as diabetes or shingles, both of which can lead to painful nerve damage.

Years ago, the standard first-line treatment for chronic pain included prescription painkillers.

However, over time opioid medications—including OxyContin, Vicodin and Percocet, known for their addictive qualities—have been responsible for hundreds of thousands of drug overdoses across the country. In Indiana in 2016, drug overdose ranked as the 15th highest cause of death, surpassing motor vehicle-related deaths, according to the Indiana Department of Public Health.

In March 2016, the Centers for Disease Control and Prevention released new guidelines urging doctors to use opioids only when no alternative medications are possible. Since then, doctors and health officials across the country, including those at the hospitals of Community Healthcare System, have been using effective alternatives as first-line treatments.

“If a doctor is going to treat pain, there are a variety of different classes of medications to choose from outside opioids,” explains Alan Kumar, MD. “Every medication has the possibility of side effects, but most of these other classes don’t have the addiction potential and risk that opioids tend to have and are also very good at treating chronic pain from different aspects.”

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

Hobart, doctors, pharmacists and the rest of the healthcare team are using a multifaceted approach to pain relief.

“There are a variety of approaches to address acute pain and subacute pain that is safer for the patient,” says Kumar, including those based on medication, therapy, biofeedback, the use of stimulators or a combination of those approaches.

Pain management is beginning earlier than in the past, with patients being referred to a specialist at the onset for evaluation and assessment.

“We are seeing more patients before surgery,” says Community Care Network pain management physician

*“The earlier we treat a patient, in most cases, the better the result. However, the appropriate treatment needs to be targeted to the appropriate diagnosis. It is important to get beyond a blanket diagnosis such as ‘chronic pain’ and try to understand what is actually causing the pain and treat it.”*

*—Shariq Ibrahim, MD, Community Care Network Pain Management Physician*

Shariq Ibrahim, MD, who also is Dillon’s doctor. “The earlier we treat a patient, in most cases, the better the result.

However, the appropriate treatment needs to be targeted to the appropriate diagnosis. It is important to get beyond a blanket diagnosis such as ‘chronic pain’ and try to understand what is actually causing the pain and treat it.”

“There is a lot of overlap in the body’s interpretation of pain, and where one feels the pain may not be the actual source of the pain,” he says. “As a result, treating an incorrect source by treating symptoms and not the underlying cause often results in a poor outcome. That is why on the initial consult we focus on

## TEAM WORK

The team at the hospitals of Community Healthcare System considers pain management the key to recovery.



Alan Kumar, MD



John Doherty, PT



Shariq Ibrahim, MD

the history and physical exam, not just imaging and labs, to identify what we are specifically treating.”

Once admitted to the hospital for a surgical procedure or treatment of a medical condition, anesthesiologists, nurses, rehabilitation specialists, physical therapists and pharmacists work together to provide the best multimodal approach for each patient. A multimodal approach can include nerve blocks to get patients through initial postoperative pain and non-narcotic drugs such as gabapentin or Lyrica to ease nerve pain. Then there is good old acetaminophen.

“Our hospitals have the IV version of acetaminophen on the formulary,” says pharmacist Bhavik Nana. “This is the IV version of Tylenol that is used as part of multimodal pain management and has been shown to reduce the overall opioid needs of patients postoperatively. Pharmacists are working on an initiative with our anesthesiologists to develop an acute pain order set or predefined template utilized in the standard care to help prescribers better choose appropriate pain management techniques/medications, including non-drug-related therapies (heat, cold, sleep or physical therapy).”



Community Healthcare System hospitals and outpatient centers offer numerous interventions, injections and minimally invasive procedures that can benefit patient healing and recovery in conjunction with nonopioid medications and physical therapy.

“With physical therapy, we have relief modalities that can address pain without medication,” says John Doherty, vice president Therapy Services, Sports Medicine and Occupational Health for Community Healthcare System. “Sometimes something as simple as active range of motion exercise will relieve pain, and so will various electrical simulation modalities, cold packs, hot packs, other heat modalities and

whirlpools. There are a number of tools available to physical and occupational therapists to relieve pain without any medication at all.”

“When physical therapy or occupational therapy relieves pain and it is proven to do so, you have happy patients who didn’t have to rely on medication,” Doherty says.

“I was so glad that Dr. Ibrahim understood that I didn’t want to take any pills,” Dillon says. “I’ve learned that what it comes down to is that you have to keep moving. Physical therapy plus steroid shots have worked for me. I’m an active person and am happy getting back to doing the things that I love to do again without pain.”

The key is restoration of function, says Doherty. Each individual needs an evaluation and assessment for his or her unique needs, which is done after referral by a physician to physical therapy.

Your healthcare team at the hospitals of Community Healthcare System considers pain management the key not only to your recovery, but also to your overall positive experience. ■

WEBSITE



## Let Us Ease Your Pain

For more information about physical therapy and pain management at the hospitals of Community Healthcare System, visit [comhs.org](http://comhs.org).



# The Better You Issue

Staying in touch? Good.  
Being a phone zombie?  
Not so good.

## HABITS, FOR GOOD OR ILL

▶ *People form habits by nature. Some of them keep us healthy, but many are best broken*

**SMOKING: 15 percent** of American adults smoked in 2015, down from nearly 21 percent in 2005

**BINGE DRINKING: 1 in 6 adults** binge drinks about four times a month—that's four or more drinks in one occasion for women and five or more for men

**EXERCISE: Nearly half** of adults meet the recommended guidelines for aerobic physical activity: 150 minutes of moderate exercise a week

**DIET: 60 percent** of the average American diet comes from what researchers call ultra-processed foods, while **30 percent** comes from minimally processed or unprocessed foods

**STRESS: 8 in 10 Americans** report experiencing a symptom of stress each month

**SOCIAL MEDIA:** People of all generations are concerned about negative effects of social media on their physical and mental health; **48 percent** of millennials worry about it, as do **22 percent** of baby boomers

Habits make us human, and you can make yours better. We can help—keep reading. ➔

Sources: Centers for Disease Control and Prevention, BMJ Open, American Psychological Association

# ACT



**Anthony Anderson** found success in his career and balance in his health after a diabetes diagnosis

BY **SHELLEY FLANNERY**



On ABC's *Black-ish*, Anthony Anderson plays Andre Johnson, an advertising exec, husband and dad of four who struggles to maintain his family's black identity while living in white suburbia. The plot often pulls from the real life of Compton, California-raised Anderson, who, with his wife, Alvina Renee Stewart, raised their two children, Kyra and Nathan, in a predominantly white area of Los Angeles.

Another ripped-from-real-life detail of the show, for which Anderson also serves as an executive producer, is that his character has type 2 diabetes, a condition Anderson learned he had in 2001.

## **An Unsurprising Diagnosis**

After appearing in such films as *Big Momma's House*, *Barbershop* and *Kangaroo Jack*, Anderson took a break from comedy to avoid getting typecast as the fat, funny guy. But the actor, whose drama résumé includes Martin Scorsese's *The Departed*, *Hustle & Flow*, *Law & Order* and *The Shield*, found he couldn't escape one role in his real life: a man with diabetes.

Anderson had three strong risk factors for the disease: He was overweight, black and had a family history of type 2 diabetes. His father died of complications related to the disease.





PHOTO BY GETTY/MAARTEN DE BOER

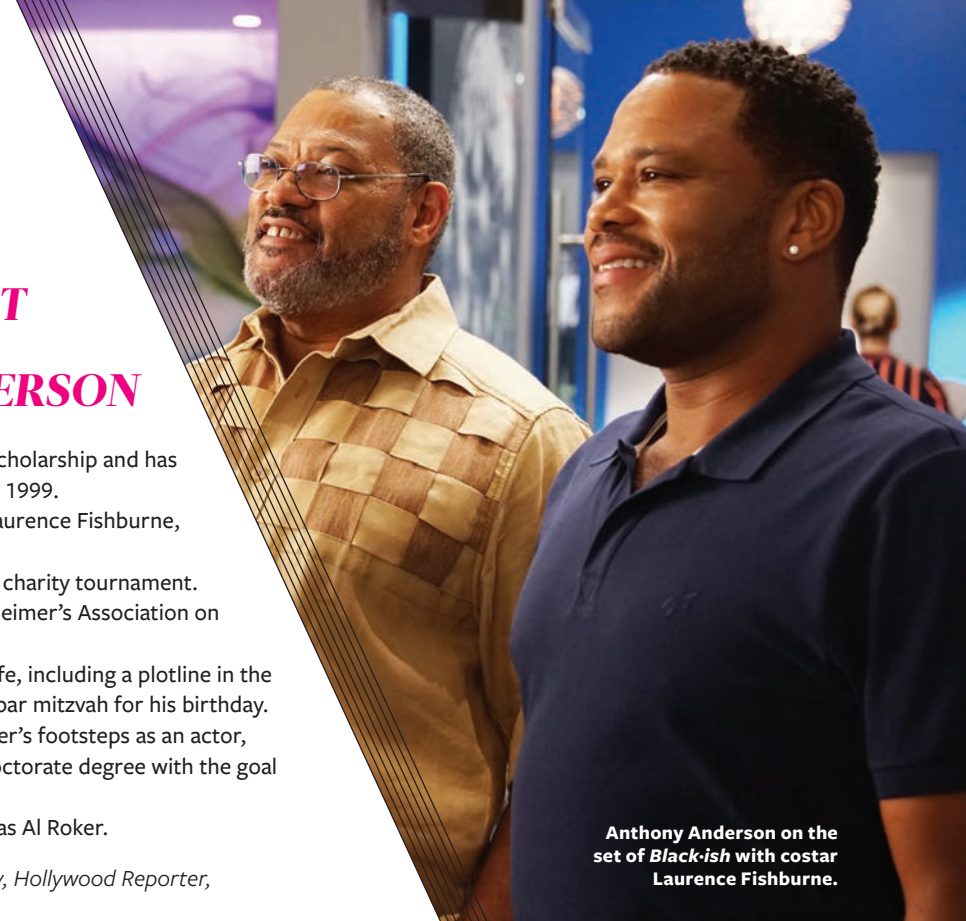




## THINGS YOU MIGHT NOT KNOW ABOUT ANTHONY ANDERSON

- 1 He attended Howard University on a talent scholarship and has been married to his college sweetheart since 1999.
- 2 The man who plays his father on *Black-ish*, Laurence Fishburne, is only nine years his senior in real life.
- 3 He loves to golf and hosted his own celebrity charity tournament.
- 4 In 2011, Anderson won \$250,000 for the Alzheimer's Association on *Who Wants to Be a Millionaire*?
- 5 Much of *Black-ish* is inspired by Anderson's life, including a plotline in the pilot in which Anderson's son asks to have a bar mitzvah for his birthday.
- 6 While son Nathan wishes to follow in his father's footsteps as an actor, Anderson's daughter, Kyra, plans to earn a doctorate degree with the goal of heading a nonprofit organization.
- 7 Anderson worked with the same nutritionist as Al Roker.

Sources: IMDb, Entertainment Weekly, USA Today, Hollywood Reporter, Yahoo! News, Los Angeles Times



Anthony Anderson on the set of *Black-ish* with costar Laurence Fishburne.

Even though he had an inkling it was coming, Anderson missed his earliest symptom.

"I was feeling a little lethargic and tired throughout my day," Anderson says. "I thought it was because I was burning the candle at both ends. I was out promoting a film I did called *Kangaroo Jack*, and I did 16 cities in 14 days. When I finally came home, I just noticed that I didn't have the energy I would normally have—midday naps when I wouldn't normally take a midday nap. And, you know, just feeling a little lazy."

Then came unquenchable thirst and frequent urination, which is what ultimately sent him to a physician.

"One night, in a matter of 2½ hours, I drank 5 gallons of water, and I was constantly going to the restroom," Anderson says. "I was like, 'This isn't good,' so I went to the doctor the next morning. And lo and behold, my blood sugar was ... something crazy."

Anderson's experience is typical of people with diabetes, says Matt

Petersen, managing director of medical information for the American Diabetes Association.

"Unquenchable thirst and frequent urination are quintessential first warning signs of any kind of diabetes," he says. "Glucose builds up in the bloodstream because it's not being absorbed, and so the body tries very hard to dilute that with strong thirst. And that's, of course, accompanied by increased urination."

Other warning signs include blurry vision, slow-healing cuts or bruises, and tingling, pain or numbness in the hands or feet.

### Making a Change

Anderson watched his dad ignore his diabetes by refusing to make lifestyle changes and ultimately succumb to the disease. Anderson knew he didn't want that for his own family. Still, improvement came slowly.

"I didn't make a drastic, immediate lifestyle change, but I did make a lifestyle change," he says. "I adhered

to what my doctor told me to do. I cut some things out. I went to a nutritionist."

Then suddenly it hit him.

"In 2008, I decided that I needed to make a drastic lifestyle change to see how that would help with the disease. I became vegan, and I got in the gym," he says. "I was living in New York and on *Law & Order* at the time, so I got a bike and I would ride around the city."

Going vegan wasn't in the cards for Anderson long term. Instead, he stuck to an important piece of advice he got from trainer Bob Harper of *The Biggest Loser*.

"He told me to just eat half of what you normally eat, and the weight will just fall off you," Anderson says. "I was eating 3,600 calories a day to maintain the weight I was at. So if I cut everything I'm eating in half, then that 3,600 calories now becomes 1,800 calories. It's basic math." (Of course, such a drastic change in diet needs to be cleared with a physician and might not be right for everybody.)

About the same time, Anderson also made exercise a part of his routine, biking while he was in Manhattan and running while in L.A. He kept a close eye on his blood sugar, checking it three times a day.

His efforts paid off. Anderson lost 46 pounds, enough to have a positive effect on his blood sugar. It also meant that the production crew on *Law & Order* had to buy a new wardrobe for his character.

Petersen stresses the importance of weight loss to diabetes management, because excess body fat leads to insulin resistance, or an inability of the body to properly deal with glucose.

“It is the cornerstone of what we can do to potentially curb and treat diabetes,” he says. “There is a genetic component, yes. But if you have that genetic component, then the leading risk factor you have control over is your weight.”

The good news is that weight loss doesn’t need to be as dramatic as Anderson’s to yield results. Losing 5 to 10 percent of your body weight—that’s 10 to 20 pounds for a 200-pound person—can greatly reduce the risk of heart-related diabetes complications, according to the journal *Diabetes Care*.

## The Magic of Moderation

Being handed a diagnosis of diabetes is stressful, but managing the disease doesn’t have to be overwhelming.

“Yes, there is a lot to think about,” says Joanne Rinker, RD, a certified diabetes educator and a spokeswoman for the American Association of Diabetes Educators. “Talk to your diabetes educator about which changes are important right now, and take them one at a time.”

In addition to eating less, Anderson focuses on reducing the amount of refined carbohydrates he eats. He still allows himself sandwiches, but now he has half, so he’s eating one piece of bread instead of two. When he’s hungry for pasta, he opts for multigrain.

“It’s really just about portion control and making healthier choices,” Anderson says.

Rinker recommends moderation when starting an exercise routine, too.

“If you haven’t done much activity before, start with 10 minutes of walking around your neighborhood,” she says. “Associate walks with mealtime. Walk and then eat breakfast, or walk after lunch and dinner. At the end of the day, you’re at [the recommended] 30 minutes.”

Eventually habits will form, and eating well and exercising will become second nature. That’s what happened for Anderson, and he hopes his story will inspire others to make changes.

Whether acting as a spokesman for the FACE Diabetes campaign, which stands for Fearless African-Americans Connected and Empowered, educating his family or incorporating lines about the disease into *Black-ish*, Anderson’s goal is to live by example.

“I found out that when I’m doing interviews like this, I am and have become an inspiration to people. They stop me on the street and they tell me, ‘I read this article that you did, and I just want to let you know because of you, I’ve turned my life around,’” he says. “I hear stories like that all the time, and it makes me feel good about going public with my disease and trying to inspire people.”

And what an inspiration Anderson has become. No -ish about it. ■

# DIABETES MANAGEMENT BASICS

For people with diabetes, good health begins in the blood. The body’s inability to convert sugar, starches and other foods into energy means that a healthy diet is the key to controlling blood sugar levels. In observance of American Diabetes Month in November, the American Diabetes Association recommends adapting a diet that contains the right amounts of vegetables, protein, fruits and whole grains.

“Diabetes runs rampant in Northwest Indiana, so it is important to reach out to help families adjust their lifestyle, treat and manage this disease,” explains Yves Frantz Brignol, MD, president of St. Catherine Hospital’s medical staff in East Chicago.

At diabetes management classes at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, the theme is the same: Eating healthy can lead to better health. Participants learn how to follow a special diet, plan special meals, participate in simple exercise programs and monitor glucose levels. The American Diabetes Association has recognized Community Hospital and St. Catherine Hospital classes for quality self-management education. Diabetes management classes are available in Spanish. St. Mary Medical Center also offers diabetic diet and meal planning and glucose monitoring.

CALL



## Control Is Key

Learn to control blood sugar with diabetes management classes from the hospitals of Community Healthcare System. Call Community Hospital, Munster (219-836-7714); St. Catherine Hospital, East Chicago (219-392-7786) or St. Mary Medical Center, Hobart (219-947-6234).

# YOU, *Improved*

➔ *Many of us want to develop healthier habits. But it's hard to make big changes and stick with them. Read on to learn how*

BY **STEPHANIE R. CONNER**







**HEART-  
HEALTHY  
MORNINGS**

Good for you can  
be delicious.

# MORNINGS MATTER

➔ *Start your day in a heart-healthy way* .....

Did you know heart attacks are more common in the morning? Some research even suggests that a.m. heart attacks are also the most serious.

As if mornings weren't stressful enough.

The good news is that there's an opportunity to make those early hours work for you and your health. Every morning, you make decisions that can have an impact on your heart, says Garth Graham, MD, a cardiologist and former deputy assistant secretary at the U.S. Department of Health and Human Services.

"Although genetics is important, the kinds of habits we employ are even more important," he says.

Take these changes one at a time, and soon you'll be on your way to a healthier day—and life.

PHOTO BY GLOW IMAGES





## CHOICE NO. 1: YOUR WAKE-UP TIME

The first step to a good morning starts the night before, when you decide to go to bed. Crash late, and you cheat yourself out of the many health benefits of sleep.

“We now know that sleep has an impact on not only functionality but also coronary artery disease,” Graham says.

Not getting enough sleep appears to affect glucose metabolism, blood pressure and inflammation, which increases risk for conditions such as diabetes and heart disease. And one study even found that people who sleep less than six hours a night are about twice as likely to have a stroke or heart attack as those who sleep six to eight hours a night.

So make sure you go to bed early enough to get about eight hours of sleep. Also important: If you find yourself getting eight hours of sleep at night and still not feeling rested, talk to your doctor. People with sleep apnea, which causes frequent night waking, often have heart problems.

## CHOICE NO. 2: YOUR BREAKFAST

“For any lifestyle choice to be impactful, it has to be sustainable,” Graham says. So, he advises, strive to find foods that fit your palate. Try to limit the salt, sugar and saturated fat in your breakfast while increasing vegetables, fruits and whole grains. Skip the high-sugar cereals, doughnuts and pastries.

Egg whites are a great protein, says George Bakris, MD, an author for the medical reference *The Merck Manual*. An egg white scramble with a handful of veggies and a side of fruit is a healthful way to start the day.

And be mindful of those morning staples bacon and sausage, which are fatty and salty.

“For people who are eating a lot of breakfast meats,” Bakris adds, “you can substitute those with salmon, which is very nutritious.”

## Clear Your Mind

For more information and to sign up for mind and body classes at the Valparaiso Family YMCA and the Portage Township YMCA, visit [valpoyymca.org](http://valpoyymca.org) or [ymcaofportage.org](http://ymcaofportage.org).

## CHOICE NO. 3: YOUR ACTIVITY

If you’re able to squeeze in a workout—even just 30 minutes of brisk walking or a quick interval training routine—into your morning, you’ll start things off knowing you’ve already done your recommended exercise for the day.

“Making it part of the morning routine is great because it helps give you energy throughout the day,” Graham says.

If joint pain or other issues are keeping you from the treadmill or a bike, Bakris offers a solution: “I’m a huge advocate of swimming ... especially for people with arthritis.”

Swimming is a full-body exercise that is easy on joints and great for people who are overweight, too, he says.

But if morning workouts aren’t your style, you can still build some activity into your morning by looking for small ways to get more steps. Walk to work or the bus stop, or take the office stairs instead of the elevator.

## CHOICE NO. 4: YOUR ATTITUDE

Stress may feel inevitable, even though you know it has a negative effect on your heart health. But you can choose to be positive and mindful in an effort to tackle stress head-on.

Long-term psychological stress leads to increased levels of the stress hormone cortisol, which can result in higher blood sugar levels (a marker for diabetes), digestive issues, sleep problems, memory issues and weight gain.

## LESS STRESS IN A RELAXING ENVIRONMENT

If you need a hand in reducing your stress, St. Mary Medical Center’s partners in wellness can help. Wellness classes offered at the Valparaiso Family YMCA and Portage Township YMCA—such as yoga, Pilates, barre, qi gong and even cardio drumming—focus on the connection between a healthy mind and body.

“Mind and body classes assist participants in reducing their stress through breathing techniques, gentle movements and positive affirmations,” says Brittany Tripp, associate director of wellness at the Valparaiso YMCA. “Each class encourages the participant to let go of their outside stressors by relaxing and staying present to fully enjoy the moment. Through consistent practice, participants notice significant stress reduction.”

“There is something for every fitness level,” says Rose Marie, wellness coordinator at the Portage YMCA. “These classes focus on reducing pent-up energy in a positive format, thereby reducing stress.”

Managing stress takes practice. A few steps you can take in the morning include meditating and deep-breathing exercises to help you set the stage for a calmer day. You can also try affirmations; telling yourself you’re going to have a great day can be a positive tool. ■

**A heart disease  
diagnosis doesn't  
have to sideline you.**



# REHAB FOR HEARTS



*Cardiac rehabilitation can make all the difference for people with heart problems*



Linda Cox was 59 when she had a heart attack. A delay in treatment led to permanent damage to her heart. She did OK for a while, and then, about eight years later and after two trips to the emergency department, she learned she had congestive heart failure.

The diagnosis was a devastating blow. Her doctors wondered if she needed a heart transplant. Her ejection fraction score, which measures the percentage of blood leaving the heart with each contraction, was about 20 percent. Normal is 55 percent or higher.

Fortunately, Cox also left with a referral to cardiac rehabilitation.

“I had an expectation that it wouldn’t make a difference,” she says. “I did what I needed to do, but I never expected that things would improve.”





## HOW CARDIAC REHAB WORKS

What Cox didn't know then is that anyone who has had a heart attack, heart surgery or another serious heart-related condition can benefit greatly from cardiac rehab. It's a program of exercise, nutrition and stress reduction designed to help gradually improve the health of the heart.

Phase 1 of cardiac rehab begins in the hospital, says John Osborne, MD, PhD, a cardiologist and spokesman for the American Heart Association. This phase involves getting the patient out of bed in addition to providing heart-health education.

Then, phase 2 is typically three times a week at a rehab facility for 12 weeks. During this time, the patient might do resistance training, ride a stationary bike and walk on a treadmill. Over time, as the heart gets stronger, "your exercise is gradually increased," Osborne says.

Participants are monitored closely during exercise. Their blood pressure and heart rhythms are checked constantly. Counseling on diet and lifestyle factors is also a key component.

And while the physical benefits of cardiac rehab are undeniable, Osborne says, the camaraderie and support of these programs are just as important.

For Cox, the upbeat, encouraging staff at her cardiac rehab facility and the supportive fellow participants made a difference.

"If I wasn't having a good day, I could go to cardiac rehab and feel better. The whole thing just lifted my spirits," she says. "I was working to do better, and there were other people doing the same thing."

Phase 3 of cardiac rehab is more open-ended, Osborne says. Patients typically exercise on their own at the same facility where they completed phase 2; it's an ongoing maintenance phase to keep up the gains made. Cox, now 68, is in phase 3.

CALL



## More About Cardiac Rehab

Cardiac rehabilitation uses education and supervised exercise to help safeguard the health of heart patients. For more information, call Community Hospital (219-836-4526); Lake Business Center (219-934-2830); St. Catherine Hospital (219-392-7100) or Spectrum of St. Mary Medical Center (219-947-6085).



## GIVING IT A CHANCE

Studies have shown that cardiac rehab leads to a reduced risk of both hospital readmission and death, in addition to lower anxiety, depression, hostility and stress.

"Cardiac rehab has been shown to have a dramatic effect on recovery," Osborne says.

Even so, a lot of patients don't go. Experts estimate participation rates to be around 20 to 30 percent. For some, the time commitment and insurance challenges are barriers, but those can be figured out, Osborne says. The important thing, he notes, is for physicians to make the referral and for the patient to be motivated and engaged.

When he works with patients, Osborne strives to make sure they understand the importance of rehab in the recovery process.

"I say, 'The single most important thing you'll do is cardiac rehab,'" he says. "I drum that message in every time I see them so they understand this is important."

For Cox, despite her early skepticism, cardiac rehab made a difference. Her ejection fraction percentage, which was 20 when she left the hospital, returned to 40 percent after several weeks of cardiac rehab.

"That's back to where I was before the congestive heart failure diagnosis," she says. "I cried when I found out. I'd never dreamed I'd get back to that." ■

## MAXIMIZE YOUR REHAB POWER

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart offer inpatient and outpatient cardiac and pulmonary rehabilitation at locations throughout Northwest Indiana.

The hospitals' rehabilitation programs bring exercise and education together with counseling and constant monitoring to help individuals improve and maintain a healthier, more productive quality of life.

Phase 2 cardiac rehabilitation programs are certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.

"Cardiac rehabilitation provides a tremendous service to patients recovering from surgery," says Lori Turco, supervisor of Cardiopulmonary Rehabilitation, St. Mary Medical Center.

"One of its purposes is to help set goals to modify risk factors of heart disease," Turco says. "Patients not only get support from staff, but gain the support of fellow classmates going through similar situations. They form friendships that provide a different kind of support than we can. These bonds are what make the program so incredible."

**FITNESS  
THROUGH  
THE AGES**

**Aching joints?  
Hit the pool.**



# EXERCISE FOR EVERYONE

➔ **Get fit and avoid injury, no matter your age or circumstances**

You know you *should* exercise. “But I’m too old to start something now,” you tell yourself.

Nope. You’re not.

“It’s never too late,” says Cris Dobrosielski, a spokesman for the American Council on Exercise and author of *Going the Distance: The Three Essential Elements of Optimal Lifelong Fitness and Injury Prevention*.

Regardless of age, the key is building a fitness plan that makes sense for you as an individual. Forget everybody else.

“We can’t train the way we used to, and we can’t train the way our neighbor does,” Dobrosielski says.

But when you work at a reasonable pace and progressively build on your fitness, you’ll feel (and see) the results. Here’s a look at how to approach fitness at different stages of life.

PHOTO BY GETTY/WESTEND61



## WHEN YOU'RE PREGNANT

**What's going on:** Exercise is part of a healthy pregnancy. Pregnant women are likely to gain 25 to 35 pounds, and the changes in your body can cause joint discomfort and a shift in your center of gravity as the baby grows. Plus, you're training for labor.

→ **The plan:** For women who weren't active before becoming pregnant, this isn't the time to launch into a demanding workout routine, experts say. But walking and gentle prenatal yoga are great options. If you were active before you got pregnant, you can most likely continue your regular workout routine for as long as you feel well enough to do so. Pregnant women should avoid activities that have a high risk for contact or falling, and stay away from overly vigorous activity in the third trimester.


## WHEN YOU HAVEN'T BEEN ACTIVE IN YEARS

**What's going on:** A sedentary lifestyle and a less-than-nutritious diet leave many people overweight and at risk for high cholesterol and high blood pressure levels as they move into middle age.

→ **The plan:** If you're new to exercise, the key is to start slowly. First, see your doctor to make sure you're healthy enough to work out. Then, a certified personal trainer can help you ease into exercise. Sometimes that means starting people out easier than they expect, Dobrosielski says. But when you build your fitness level over time, you have less risk of injury. Plus, with a progressive approach that challenges you without leaving you begging for mercy, you'll be more likely to stick with it.

## WHEN YOU'RE AN AGING ATHLETE

**What's going on:** Even the most athletic people start to deal with more aches and pains as they age. Runners or those who play competitive sports may develop arthritis or find they don't have the endurance they once had.

CALL 

### Improve Your Mobility

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

→ **The plan:** Sometimes active people have to change their activities. So if running isn't going to work anymore because of joint pain, try bicycling, swimming or yoga. Resistance training is important for men and women of all ages, Dobrosielski says. He recommends exercises that have you on your feet and require broad moves across multiple joints in the body, such as squatting, pulling, pushing and twisting.

## WHEN YOU'RE RECOVERING FROM JOINT SURGERY

**What's going on:** After a joint replacement surgery, your surgeon will typically prescribe a physical therapy program to get you up and moving. You may find that you have less pain now and want to exercise beyond the prescribed program.

→ **The plan:** Walking is a great first step and typically a key component of rehab. If you're ready to take it up a notch, riding a stationary bike, swimming or using a stair climber are excellent options for aerobic fitness. Resistance exercises to strengthen the muscles around the knee, including squats and lunges, are great, too.

## WHEN YOU'RE WORRIED ABOUT FALLING

**What's going on:** For older adults, falls are a serious concern, and there's good reason: They can be devastating. According to the National Institutes of Health, more than 1.6 million older Americans go to emergency departments for injuries related to falls each

## 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 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 real life, such as stepping over objects like toys, climbing stairs, reaching for items as though putting away groceries and standing from a seated position in a chair. When these movements are completed for multiple repetitions, they can help enhance an individual's functionality.

year. Falls are the top cause of fractures, loss of independence and injury deaths.

→ **The plan:** Balance and strength are key to fall prevention. A daily walking routine is a good start—you don't want to move less because you're afraid to fall. Dobrosielski, who trains adults in their 70s and 80s, incorporates balance into strength exercises. Yoga is another gentle option for those who want to focus on strength and balance. ■







# Planning for **PEACE** of **MINN**

*Put a life care plan in place so you and your family are prepared for whatever happens—then go enjoy life* **BY STEPHANIE THURROTT**

**L**eonard D. Reeves, MD, knows firsthand how important it is to have a plan in place so your loved ones can make decisions for you if you can't.

"I lost my wife about six years ago. She was not old—she was 53—but she had liver failure," he says. "We had talked about what she wanted. She did not want to be put on any mechanical assistance. So we were able to do what she wished, and it was so much easier when we gathered the family to know that this was her wish, and not necessarily any one of us wanting our wish imposed on her."

Reeves, a member of the board of directors of the American Academy of Family Physicians, encourages his own patients to share their wishes with their loved ones and to get the proper paperwork in place so loved ones can voice those wishes in case of illness or death. It's not always easy to talk about, but it's important.

Would you want life support in the form of a feeding tube or ventilator? Or would you prefer to die a natural death? "Talk with family members and let them know what you want and what you don't want," Reeves says.

## THE CASE FOR BEING PREPARED

And before you say “but I’m young and healthy,” know this: It’s important to have these conversations before you’re sick or injured. “People think if they’re not sick, they don’t need this, but these plans come into play when you are unconscious or unable to understand or communicate,” says Elizabeth Revenko, a certified financial planner and a member of the Financial Planning Association. “This gives you the chance to say what you want, not to have someone else make these decisions for you.”

Perhaps most crucial, having these conversations in advance makes it less likely there will be a situation later that pits family members against each other. Reeves has seen fights break out among family members over medical decisions, such as whether to use a ventilator or a

feeding tube. “I’ve seen it really tear up families,” he says.

Edo Banach, president and CEO of the National Hospice and Palliative Care Organization, points to headline-grabbing cases. Karen Ann Quinlan was a 21-year-old who became comatose in 1975. Her parents wanted to end her life support, but the hospital objected. Terri Schiavo spent 10 years in a vegetative state and on a feeding tube. Her husband wanted to end life support; her family did not. Quinlan’s parents and Schiavo’s husband prevailed after lengthy court battles.

“The last thing we want are stories like these—unfortunate situations where someone’s wishes are not that clear and family members end up fighting,” Banach says.

Planning—completing “advance directives” such as a healthcare power of attorney and a living will—can seem overwhelming. Here are answers to questions you might have.

## Q Where Do I Start?

Begin with a conversation with your primary care physician. He or she can explain the types of interventions that medical professionals can provide, such as CPR, feeding tubes, respirators and pain management, and outline the options to consider when deciding which you might want. Your doctor can also help you decide who should make medical decisions on your behalf.

To make it official, you fill out legal forms, which you can do with or without a lawyer (though some forms need to be witnessed or notarized). Some states have their own forms; contact your local Area Agency on Aging if you need help accessing them. Your key choices fall into two areas: who can make healthcare decisions for you if you can’t, and how you would like those decisions to be made.







## Q Who Makes Decisions for Me?

Your healthcare power of attorney is a document that names the person you want to make decisions for you. You should choose a family member or a close friend, not your doctor. And make sure you also choose an alternate, in case both you and the person you've selected are unable to make decisions.

Be sure to ask the person before you name him or her in the document. It shouldn't surprise the individual to find out he or she might have to make healthcare decisions for you.

This healthcare power of attorney does not give someone the right to make decisions that you could make yourself.

"You have to lose your own ability to make decisions" for that person to be in charge, Reeves says.

While life care planning is often linked with end-of-life issues, it also comes into play in other situations. Suppose you have dementia and can no longer decide whether you should be admitted to an assisted living facility. In some states, no one can make that decision for you without going through the process of getting guardianship. "You're in a tricky position," Banach says. "There's no one to consent to care."

If you have a life care plan in place, however, the person you've named in your healthcare power of attorney can decide for you.

## KNOW THE LINGO

Here are some terms and phrases you might come across:

► **Advance directives.** These outline your wishes about healthcare in case you are not able to make them known. They typically include two components—a durable power of attorney for healthcare and a living will.

► **Durable power of attorney for healthcare.** This document goes by many names—healthcare proxy, healthcare agent or medical power of attorney. Whatever the name, it gives someone the right to make healthcare decisions for you. It doesn't need to be completed by a lawyer, but it may need to be notarized or witnessed, depending on your state of residence. (Don't confuse it with a power of attorney, which is a document that gives someone the right to make financial, not medical, decisions on your behalf.)

► **Living will.** This document outlines the treatments and interventions you would prefer in certain circumstances, so you're able to communicate your wishes if you are incapacitated.

► **Natural order of priority.** If you haven't made your wishes known, your state might have in place a natural order of priority, which outlines who can make healthcare decisions for you. Most states start with your spouse and then move on to other family members.



## Q *What if I Don't Designate a Decision Maker?*

You don't have to choose someone to make decisions for you. In that case, if you're unable to make medical decisions for yourself, your state likely has a plan in place—called a “natural order of priority”—that outlines who is called upon. But that outcome can be undesirable for two reasons: The person named to make decisions for you might not be the person you would choose, and that person might be forced to make difficult decisions quickly without knowing what you would want.

## Q *How Should My Wishes Be Carried Out?*

Your living will outlines the type of care you would like if you couldn't make decisions on your own. “It's about making sure you're given a voice to talk when you can no longer use your own,” Banach says. Your doctor can help you decide what to include.

## YOUR HOSPITAL CAN HELP

When a loved one dies or is put on life support, we may find ourselves facing difficult decisions. Planning ahead is a good way to help yourself and family members through this confusing time.

Medical professionals at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart understand the complex emotions involved in making end-of-life decisions.

“When most people think about advance directives, they think of the elderly,” says Jana Lacera, director of Bioethics, Community Healthcare System. “But in reality, every patient, regardless of age, has a right to be involved in decisions

regarding their care. Everyone should have a plan.”

Indiana recognizes nine advance directives, from a Living Will to an Advance Directive for Surgery, Interventional Procedures and Anesthesia.

When you are ready, a trained team member will prepare you to make educated decisions regarding your treatment. No matter which vehicle is chosen, our staff will go one step further and discuss what your advance directive means to you, documenting every detail along the way.

You should review your advance directives periodically to ensure they still reflect your wishes. If you need to

make changes, you should complete a new document.

WEBSITE



### Directive Details

For more about advance planning at the hospitals of Community Healthcare System, visit [comhs.org/about-us/patient-rights-and-information/advance-directive](http://comhs.org/about-us/patient-rights-and-information/advance-directive).





Think about medical interventions you would or would not want in case of serious and life-threatening illness. People typically consider whether they would want CPR, a ventilator or a feeding tube. You may want to indicate whether you want to donate your organs after death.

Once you've completed your living will, review it with the people you have named to make healthcare decisions for you. The more information you can give them about what you want, the better. It can ease their struggles if they know what you would want them to do.

It's a good idea to review these documents as part of your regular wellness checkup. "Healthcare can change in any direction as you experience ill health," Revenko says. You might think you would never want a certain type of care but then change your mind. Or you might decide you're done with certain types of treatments.

## Q **What if the Worst Happens?**

It's not enough to have a plan. Make sure your doctor and loved ones can access your documents. "Without the forms, there's no guarantee your wishes are going to be followed," Banach says.

Don't just put them in a safe deposit box. Keep a copy and give copies to the person you've chosen to speak for you and to your doctor. Your doctor's electronic copy should be available to hospitals and other doctors who are

caring for you. Some states and organizations provide a brightly colored paper you can stick to your fridge, so if you need emergency care at home, the medical personnel can see your wishes.

"You want as many folks and institutions as possible to have it," Banach says, "so there are no questions about what your wishes are." ■

# SHOTS ----- *for* ----- GROWN-UPS

*Adults need vaccines, too. When was the last time you checked if your immunizations were up to date?*

BY **MONIQUE CURET**







PHOTO BY GLOW IMAGES

**W**hen you think of vaccinations, do you picture pudgy baby legs being poked with needles or kindergartners getting a slew of shots before heading off to school for the first time? If that's all that comes to mind, think again.

Little do most people know, adults need vaccinations, too, as the effectiveness of childhood shots fades and age-related concerns set in. "Adults aren't getting the vaccinations they need," says Amy Parker Fiebelkorn, an epidemiologist for the Centers for Disease Control and Prevention. "When adults visit their healthcare providers, they should be asking about what vaccinations they're due for and which vaccinations are recommended for them based on their age and risk factors."



## WHY VACCINES MATTER

The first reason to get immunized is to protect yourself against illness.

“There are a number of very serious diseases that can be prevented by vaccination,” says Walter A. Orenstein, MD, president of the National Foundation for Infectious Diseases. He cited several illnesses that can be avoided by immunization:

- **Pneumonia**, which is particularly dangerous to older adults.
- **Influenza**, which kills thousands of people each year, most of whom are 65 and older.
- **Shingles**, which “can be a terrible disease with prolonged pain,” Orenstein says.

None of these conditions is trivial, he says, and they’re easy to get vaccinated for at your doctor’s office or a pharmacy.

## WHICH SHOTS DO YOU NEED?

For starters, all adults should get the influenza vaccine annually. Flu viruses change quickly, and previous vaccines might not provide protection against new strains.

Other shots are required because of waning immunity, Orenstein says. That’s when protection from the initial vaccinations decreases over time. Booster shots—given after the initial vaccinations—provide continued protection.

Adults need tetanus and diphtheria booster shots every 10 years. A one-time booster for pertussis and whooping cough is recommended and can be given with tetanus and diphtheria, Orenstein says.

Some adults never received certain vaccinations in childhood and need to get them now. Anyone who has not received the measles, mumps and rubella

(MMR) vaccine or the varicella vaccine for chickenpox should get them as adults, Parker Fiebelkorn says.

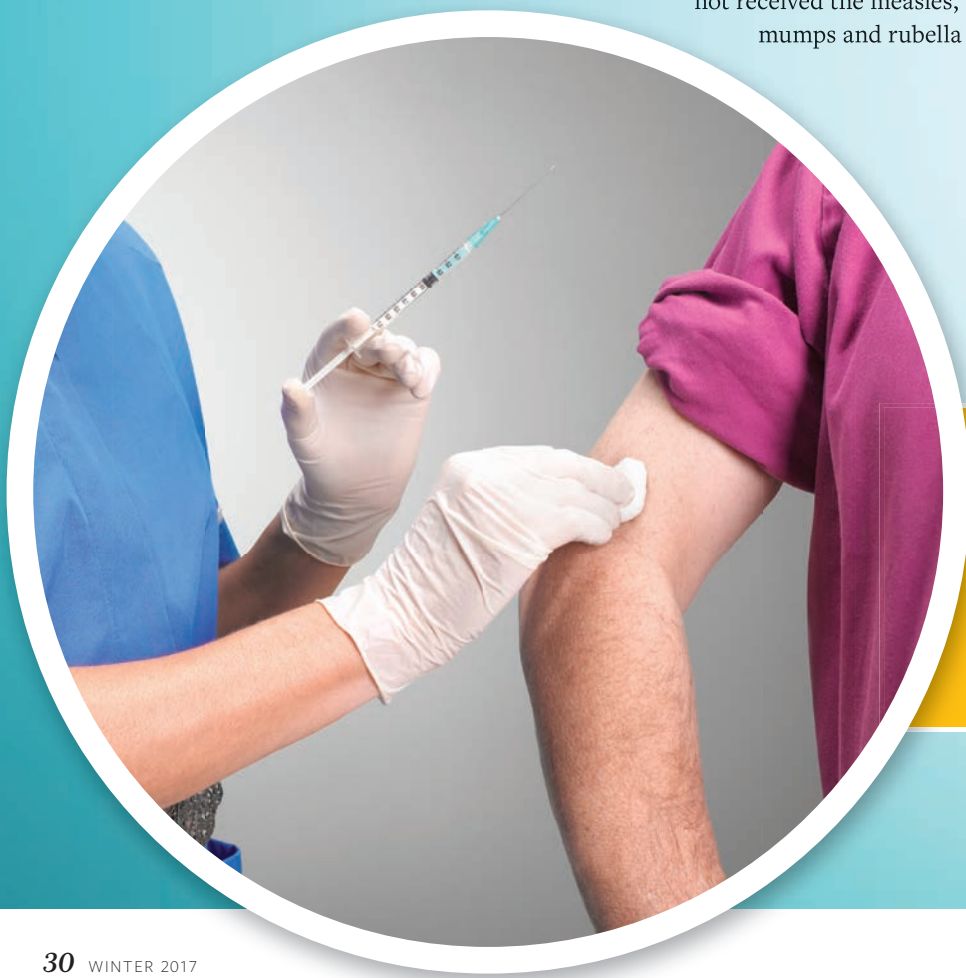
One vaccine is newer to the scene, having been approved by the Food and Drug Administration about a decade ago. The human papillomavirus (HPV) vaccine is recommended for females up to age 26 and males up to age 21. Young adults who didn’t get the vaccine as adolescents should get it before they hit those birthdays.

## OLDER ADULTS, DIFFERENT NEEDS

In addition to the immunizations recommended for all adults, those over age 60 have specific vaccine needs. People older than 60 should get a shingles vaccine because the risk of getting the painful skin rash increases as you age. Those over 60 have a greater than 30 percent chance of getting shingles.

Shingles and chickenpox are caused by the same virus. People who’ve had chickenpox have the inactive virus present in their bodies, and it can reactivate, causing shingles.

Beginning at age 65, people should receive pneumococcal vaccines to protect against pneumonia and meningitis. Those illnesses can be life-threatening for older people.



Adults need tetanus and diphtheria booster shots **every 10 years.**



## PROTECTING THOSE AROUND YOU

Getting immunized doesn't just help your own health. It also helps those around you.

"Vaccinations are very important to protect yourself as well as to protect your family members and vulnerable people," Parker Fiebelkorn says.

Adults must stay up on their shots to safeguard people who can't get them, such as infants who are too young for immunizations and those with compromised immune systems. The latter group includes people with cancer and those who have had organ transplants.

Keeping current on vaccinations as an adult helps build what the public health community calls herd immunity, Parker Fiebelkorn says.

"Herd immunity is when enough people are vaccinated against a disease that it protects the broader community," she says. "When enough people around the unvaccinated are vaccinated, it basically provides a barrier of protection for the whole community."

## BUILDING AWARENESS

If there are so many good reasons to be vaccinated, why aren't more adults doing it? Claire Hannan, executive director of the Association of Immunization Managers, says there's a strong infrastructure for childhood immunization but nothing similar for adults.

Public health systems include programs to make sure children are getting vaccinated effectively—from maintaining a database of providers to ensuring that providers are storing

vaccines properly—but "we really don't have those systems in place for adults," Hannan says.

State programs are steadily improving by educating people and working with providers to establish processes that will improve adult immunization rates, she says.

She adds, "Adults need to realize they need to assess their own vaccinations and get vaccinated, just like they do for their kids." ■

Stay up on your shots to safeguard people who can't get them, such as **infants.**



## PROTECTING YOUR HEALTH

Vaccinations for influenza, pneumonia and shingles are a good idea, especially for seniors, but they may be even more important for patients with other chronic conditions, says Community Care Network internal medicine practitioner Joseph DeJoan, MD, on staff at St. Mary Medical Center, Hobart.

Patients with immune systems that are compromised by other conditions should consider receiving vaccinations to bolster their defenses, he says.

"If you're being treated for an underlying malignancy, if you have renal failure, diabetes or you have functional loss of your spleen, the pneumonia and flu vaccines become extremely important," DeJoan says.

"People who have an immune-compromised condition are at higher risk."

DeJoan emphasized that vaccines prime the immune system to fight infections, but they do not guarantee protection against the disease. Anyone with a history of allergic reactions to vaccinations, as well as patients who are pregnant, should consult with a physician before receiving a vaccine.

Whether you or a family member needs a vaccination, a school physical or assistance managing a chronic condition, the Community Care Network of physicians can help. Our experienced doctors specialize in a variety of care areas from family practice and internal medicine to

pediatrics and cardiology. Our physicians bring the resources of our hospitals—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—to you and your family to face any healthcare challenge.

WEBSITE



### Find a Doctor

Get a free physician referral at [comhs.org/find-a-doctor](http://comhs.org/find-a-doctor), or call 219-836-3477.

# 10 HEALTHY HABITS TO START NOW

**1** Love to load up your plate? Try reducing portion size to facilitate weight loss.



**2**

It's timeworn advice but still reliable: Get eight hours of sleep each night.



**5** Feeling down? Try daily affirmations. Tell yourself that you will have a great day or that you're capable of amazing things.



Make it a goal to have an advance directive for your healthcare completed by your next birthday.

New to exercise? Start slowly and work up gradually. Your body will thank you.

**6**

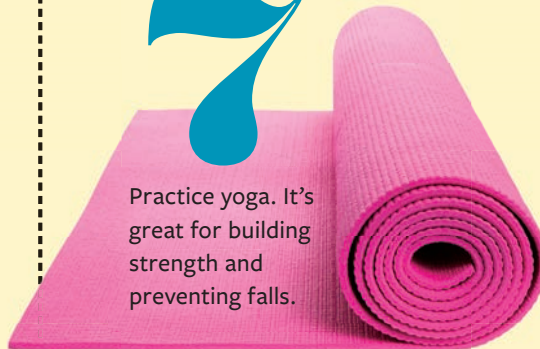
**3** Wake up with enough time to make a protein-rich breakfast. One idea: an egg white scramble with veggies.



**4** If you've been given a diagnosis of heart disease, sign up for cardiac rehabilitation right away.



Practice yoga. It's great for building strength and preventing falls.



**9** Talk to your family about your wishes for healthcare if you become sick, injured or incapacitated.

**10** Ask your doctor if you're up to date on vaccinations. If not, schedule them. It will only hurt a minute, and it could prevent major illness.

➔ **WANT MORE HEALTHY IDEAS?** Check out our spring issue, all about achieving your goals.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## **GREAT STRIDES IN THE FIGHT AGAINST ALZHEIMER'S**

New research shows that there may be steps people with Alzheimer's can take—literally—to slow the disease's progression.

Researchers examined the effects of frequent, brisk walks over a 26-week period in people with early-stage Alzheimer's. Not only did the exercise improve memory and slow the rate of brain loss, but it also led to a meaningful effect on independence through improved ability to carry out everyday activities.

So while exercise can't be viewed as a stand-alone treatment for Alzheimer's disease, it does offer a low-cost, low-risk strategy that may improve brain health and prolong independence. And those are steps in the right direction.



PHOTO BY THINKSTOCK



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## THAT'S A 'LOW' BLOW

For years, health experts have been telling us to read food labels. But before you even get to the label, sneaky advertising claims may be drawing us in.

Researchers recently looked at food purchases made by more than 40,000 U.S. households from 2008 to 2012 and found that 13 percent of food and 35 percent of drinks were marketed as having low or no sugar, fat or salt. It's become common for companies to print "low-fat," "low-calorie" and "low-sodium" on products, but the study found that many of these foods were less nutritious than regular foods.

Bottom line? If food packaging says "low" anything, compare against the competition before putting it in your cart.



WEBSITE



### More (Healthy) Mac and Cheese, Please

Think outside the box! Visit the Academy of Nutrition and Dietetics at [eatright.org](http://eatright.org) and search "Better Mac and Cheese Recipe" for a healthier variation of this favorite.

## MAC AND CHEESE VS. GREEN BEAN CASSEROLE

*What's the healthier comfort food?*

### ANSWER: GREEN BEAN CASSEROLE

While both these hearty foods make you feel good on a cold winter's day, green bean casserole has the health edge over mac and cheese when it comes to calories, saturated fat and carbs. The hard truth, however, is that both these classics are high-fat affairs. Try these comfort-food face-lifts.

**Mac and cheese:** Substitute skim milk and use only half the recommended butter (unsalted). Substitute whole-grain macaroni or sprinkle steamed broccoli into the recipe to add fiber or crunch without a lot of fat or calories.

**Green bean casserole:** Use low-fat cream of mushroom soup and skim milk. Substitute raw onions for fried, and sprinkle whole-wheat bread crumbs to create crunch.







## A KNEE TREND TO KNOW ABOUT

Anterior cruciate ligament (ACL) tears in children and adolescents have climbed 2.3 percent per year from 1994 to 2013—a trend that has researchers calling for renewed attention to injury-prevention programs. Female injuries outpaced male injuries, and data show that 16-year-old girls are especially vulnerable to injury.

Whether this trend is driven by the heavier demands of year-round sports, increased female participation in sports, better screening or all of the above, parents of athletes should talk with their child's pediatrician about injury prevention.

## ▶ TRUE OR FALSE

Pap tests detect HPV.

**FALSE.** Pap tests check for abnormal cells in the cervix, which may indicate the presence of cervical cancer. HPV testing checks for human papillomavirus infection, which is the main cause of cervical cancer.

The American Congress of Obstetricians and Gynecologists recommends Pap tests every three years for women ages 21 to 29. For women 30 and older, a Pap test with an HPV test is recommended every five years.

## HOLIDAY HEALTH



Only  
**40**  
PERCENT

of the U.S. population gets the flu vaccine. Wash your hands often between hugs and handshakes.



More than  
**40,000**  
PEOPLE

died in traffic accidents in 2016. If you're traveling for the holidays, buckle up and don't text.



**15**  
MILLION

American adults suffer from depression each year, and the holidays can heighten feelings of sadness and anxiety. Take care of yourself, and check in on people you love.

Sources: WebMD, National Safety Council, Anxiety and Depression Association of America

## COLORECTAL RISK SPIKING IN THE YOUNG

Thanks to increased awareness about the lifesaving effectiveness of screening, turning 50 has become synonymous with colonoscopy. And while increased screening is credited for the impressive drop in colorectal cancer rates in recent years, a study published in the *Journal of the National Cancer Institute* reveals a baffling and troubling trend: Colorectal cancer rates are on the rise for adults in their 20s and 30s. Additionally, 1 in 3 rectal cancers will strike people younger than 55.

Researchers noted that the surge in colorectal cancer parallels the obesity epidemic, suggesting that excess body fat and sedentary lifestyle may play a role.

What's the takeaway? Eat healthier, be more active and talk to your doctor about earlier screening, especially if you have a family history of colorectal cancer.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## DIAGNOSING DEMENTIA

As people age, they may face the challenges of Alzheimer's disease and other memory disorders. These conditions can affect not only the person afflicted with the disease, but also their entire family. Memory Support at Hartsfield Village, Munster, offers an environment as welcoming as it is secure. Hartsfield Village, a designated Memory Screening Center for the Alzheimer's Foundation of America and a part of Community Healthcare System, is a continuing care retirement community. Staff members are dedicated to meeting the needs of each resident, matching services with their personal schedules to enhance independence. Residents at Hartsfield Village enjoy amenities designed to enrich daily life, including spacious private rooms, 24-hour nursing staff and recreational activities.

If your loved one seems more forgetful than usual, it may be time for a screening. Early detection of mild cognitive impairment is important to improving quality of life. Confidential memory screenings are offered at Hartsfield Village. Results and recommendations will be discussed at the conclusion of the screening.

CALL



### Memory Screening

Hartsfield Village Senior Living Community in Munster offers free dementia screenings. Appointments are required. Call **219-703-5131** to schedule.

**HIIT in a nutshell:**  
Work really hard for a short time, then rest.

## WORKOUTS THAT WORK: INTERVAL TRAINING

High-intensity interval training, known in fitness circles simply as HIIT, burns loads of calories in a short time. The training involves alternating vigorous work periods with lower-exertion recovery periods.

Here's how HIIT can help your health:

- ▶ **HEART:** Improves blood pressure, cholesterol levels and overall cardiovascular health
- ▶ **MUSCLES:** Improves insulin sensitivity, which helps exercising muscles convert blood sugar to energy
- ▶ **WAIST:** Burns fat and calories while maintaining muscle mass—so both abdominal fat and body weight take a “HIIT”

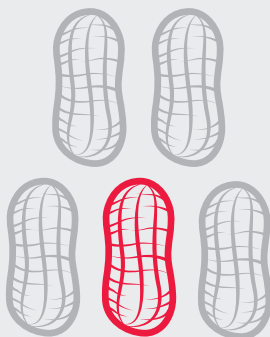
LEFT PHOTO BY THINKSTOCK; RIGHT PHOTO BY GETTY/BSIP/US





## WHAT ARE THE ODDS

of a child  
outgrowing a  
peanut allergy?



About **1 in 5** children with a peanut allergy will outgrow it. The rate of peanut allergies more than tripled from 1997 to 2008. Researchers are not sure why this spike has occurred.

## LUNG CANCER SCREENING REMAINS LOW

If everyone eligible for lung cancer screening got it, 12,000 deaths could be prevented each year in the U.S.

Yet screening rates remain low, according to research published in *JAMA Oncology*. In fact, researchers found that just 262,700 out of 6.8 million people eligible for lung cancer screening in 2015 had the potentially lifesaving test done.

Talk to your doctor about a low-dose CT scan to screen for lung cancer if you:

- ▶ Are 55 to 74 years old
- ▶ Have a 30-pack-year smoking history (i.e., a pack a day for 30 years or two packs a day for 15 years)
- ▶ Still smoke or have quit in the past 15 years
- ▶ Are healthy enough to undergo cancer treatment



## JARGON WATCH

**TAVR**, or transcatheter aortic valve replacement, is shorthand for a minimally invasive surgical procedure in which a replacement valve is inserted into a patient's damaged aortic (heart) valve. It's similar to a stent placed in an artery, and it can be performed through small openings. In the past, traditional valve replacement required open-heart surgery.

**Painkillers do a lot of good and a lot of harm.**



## THE TRUTH ABOUT **OPIOIDS**

*Do these powerful painkillers have a place in modern medicine?*



When your doctor writes you a prescription, you expect to find relief, not a new set of problems. But an increasing number of Americans are becoming addicted to opioid analgesics, often called painkillers.

Prescription opioid use has skyrocketed over the past two decades, and overdoses have followed suit. Between 1999 and 2015, prescription opioid overdoses quadrupled, leaving more than 183,000 Americans dead. What can be done to curb the epidemic? It starts with awareness.

### TRUE OR FALSE:

**Opioid analgesics are recommended for treating chronic pain.**

→ **FALSE.** Opioid analgesics don't cure pain; they instead increase a person's pain threshold and reduce the perception of that pain. They are highly effective at treating acute pain, which is temporary pain resulting from an injury or surgery. They are not recommended for chronic pain that persists well after a wound has healed or has no identifiable cause, as opioid use comes with a high risk of tolerance (needing to take more to get the same results).



## TRUE OR FALSE:

### The chances of getting addicted to an opioid pain medication are low.

→ **FALSE.** Nearly a quarter of Americans who are prescribed opioids for chronic pain will become addicted, according to the Centers for Disease Control and Prevention.

“The essence of the problem is that people who take opioids often develop a tolerance to the medication, so they have to increase the dose,” says Jianguo Cheng, MD, president-elect of the American Academy of Pain Medicine. “When the dose is increased, adverse side effects also increase.”

Those adverse effects include physical dependence, increased sensitivity to pain, nausea, sleepiness, depression and respiratory problems that can lead to death.

## TRUE OR FALSE:

### Opioid painkillers can be used safely.

→ **TRUE.** Despite their risks, opioid analgesics do have a place in medicine.

“Using a relatively small dose for a short time helps maintain function and control acute pain so patients can do their jobs and take care of their families,” Cheng says. “Those patients are the ones who can benefit from this therapy.”

For example, opioids are commonly prescribed for a specified time when healing after surgery.

## TRUE OR FALSE:

### Opioid use among teenagers is rising.

→ **FALSE.** Opioid use among teens has ebbed and flowed over the past several decades. Teen use rose in the

1980s, fell in the '90s and rose again in the early 2000s. But since 2013, opioid use among teens has dropped. Still, Cheng encourages parents to be vigilant with teenagers and intervene when necessary.

“Teens may gain access to opioids through family members, peers and others on the street,” he says. “Parents should be mindful.”

Research has shown that teens usually use opioids they are prescribed, for medical reasons, before they abuse them through nonmedical use.

## TRUE OR FALSE:

### Most people who abuse opioids switch to heroin when they can't get pills.

→ **FALSE.** Heroin is an opioid street drug that is chemically very similar to prescription opioids. It can even be cheaper and easier to get in many communities. And it's true that heroin use is almost always precipitated by prescription opioid abuse. In fact, about 80 percent of heroin users start with opioid pain medications, according to the National Institute on Drug Abuse. But that doesn't mean all prescription drug abusers will go on to use heroin. Only about 4 percent of abusers make that leap. ■

## OPIOID ALTERNATIVES

Recent evidence suggests that we can more effectively prevent pain after an operation and reduce the use of opioid narcotics using a combination of techniques, says Daniel Saah, MD, chairman of the Anesthesia department at St. Catherine Hospital.

Saah says the hospitals of Community Healthcare System help patients seeking relief with many nonopioid medications and nonmedicinal therapies.

“Tylenol<sup>®</sup>, which contains acetaminophen, is a common and effective pain reliever,” he says. “The IV version of acetaminophen, Ofirmev<sup>®</sup>, is prescribed to treat moderate to severe pain and to reduce or eliminate the need for narcotics.”

Nonsteroidal anti-inflammatory drugs (NSAIDs), like Toradol, can be given intravenously to treat nonsurgical pain, Saah says. This type of drug reduces pain and inflammation. Nerve block is commonly used for joint replacement. Injected into the nerve site, it is effective during and after an operation. Ketamine can be given to induce and maintain phases of anesthesia and reduce use of opioids during surgery.

WEBSITE



## Pain Management

Specially trained physicians at the hospitals of Community Healthcare System will assess and help you find the best method of pain control and treatment. Visit [comhs.org/find-a-doctor](http://comhs.org/find-a-doctor).

**You don't need perfect form  
or a perfect place to take a  
moment for yourself.**



## **HOW TO** **MEDITATE**

*Sitting still seems hard. But with  
patience and practice, you can find  
a feeling of calm and relaxation*



There's no shortage of stress in our world.

So perhaps it's no surprise that meditation—a mind and body practice that doubles as a great stress reliever—is catching on.

Some 18 million American adults have used meditation, according to the most recent statistics available from the National Center for Complementary and Integrative Health.

More people are trying it, but, of course, meditation isn't new. It has been around for thousands of years and has grown in popularity in the United States in recent decades.



“It has a very long history of use to help people become calm and have physical relaxation,” says Wen Chen, PhD, acting branch chief of NCCIH’s Basic and Mechanistic Research in Complementary and Integrative Health.

The benefits don’t stop at relaxation, either. Research suggests that meditation may reduce blood pressure, irritable bowel syndrome symptoms, anxiety and depression, and insomnia.

Read on to learn how to start your own mindfulness meditation practice.



### Find a quiet place.

Meditation is all about focusing on the mind and body, but that’s hard to do if you’re busy worrying about street noise from outside or the dings and chirps from your phone. So silence all devices and seek a quiet space where you can begin your practice with as few distractions as possible. “You want to have a quiet moment so you can focus on the inner body,” Chen says.



### Get comfortable—literally.

Find a position that works for you. That may be a seated, cross-legged position, but it doesn’t have to be. You can also lie down or even walk around while meditating. “Meditation is not really about how you sit,” Chen says. “It’s just so you feel comfortable so you don’t feel distracted by the discomfort.”



### Focus.

Even in a quiet place and in a comfortable position, being mindful and focusing your attention can seem daunting at first. But

## HEALING MIND, BODY, SPIRIT

Meditation has been known to help relieve anxiety, stress and pain and is being used as a healing tool for cancer patients at the Cancer Resource Centre. Sound Healing is one of the classes that aims to help caregivers and survivors relax and refocus.

“Studies show that sound can produce changes in the immune, endocrine and other systems of the body,” says class facilitator Pam Kozy, EEMCP. “We look at sound as a powerful tool in the healing process. Sounds and vibrations emanating from the crystal singing bowls can ‘retune’ the listener’s body.”

Other classes offered at the center also incorporate meditation, including tai chi, reiki and stress management.

These free cancer programs are designed to complement treatment at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—to better meet the needs of cancer patients and families.

This comprehensive approach to care provides the right combination of resources and expertise to treat the whole person.

there are plenty of ways to sharpen your focus. “Sometimes people focus on chosen words” or phrases, Chen says. “Many forms of meditation ask people to focus on the sensation of breath.” Another option is to focus on your body, slowly scanning from head to toe.



### Don’t be so hard on yourself.

As you’re meditating, you will get distracted—and that’s OK. “It’s very hard to focus on one thing for a long time,” Chen says. Sometimes people get stressed out because they are distracted, but it’s important to accept that the mind will wander, and that’s fine. “Let the distractions come and go naturally without saying, ‘Oh darn,’” Chen says. “You don’t need to be judgmental.”



### Keep at it.

“It’s one thing to do meditation once in your lifetime,” Chen says. “It’s another thing to do it every single day.” So, to make the most of meditation, carve out some time every week and make it a habit. The payoff? Studies suggest that regular meditation may change parts of the brain that are responsible for everything from memory to fear. ■

CALL



### Cancer Care

Community Cancer Research Foundation’s Cancer Resource Centre is located at 926 Ridge Road in Munster. For information, call **219-836-3349**.

**Is your stomach going to pay later for a little dairy now?**



## FREAK OUT OR CHILL OUT?

*When it comes to digestive troubles, it can be tricky to tell exactly what ails you*



Sometimes, we have a little rumble. A little grumble. A bit of an upset stomach. Look, there's no need to be embarrassed. We all have digestive issues on occasion.

The next time you run for the antacids to soothe your heartburn or wonder what's with all that gas, know that you're not alone. Digestive issues are common and often easily treatable. With the help of J. Sumner Bell III, MD, a gastroenterologist and fellow with the American Gastroenterological Association, we'll help you sort out whether your belly issues need a closer look from your doctor.

PHOTO BY THINKSTOCK



**Q** Every morning after you eat your cereal and drink your latte, you feel bloated. Most days you have diarrhea, too. You're really tired of starting each day feeling terrible.

**Is it: Lactose intolerance or Crohn's disease?**

**LACTOSE INTOLERANCE.** Lactose intolerance is common, Bell says. There are other symptoms that might tip the scales toward a Crohn's diagnosis, including blood in your stool and abdominal pain that's persistent. Skin rashes and perianal disease (that's inflammation around the anus) might also prompt a physician to consider a Crohn's diagnosis. There's an easy way to see whether it's lactose causing the problems, though.

"The simplest test is to go home and drink two glasses of milk and tell me what happens," Bell says he tells his patients.

**Q** Your body is usually predictable when it comes to morning bowel movements, but that hasn't been the case lately. In fact, you're noticing all kinds of changes in your bowel habits. Your diet hasn't been great lately, and you know you're not getting enough fiber. And now your belly is tender, so you're starting to worry.

**Is it: Diverticulitis or colon cancer?**

**DIVERTICULITIS.** "When adults have abdominal pain or a change in bowel habits or blood in their stool, they might worry they have colon cancer," Bell says. "It's the second most common type of cancer."

But abdominal pain and tenderness and even a change in bowel habits can be markers for diverticulitis, or inflammation of the sacs of the

lining in the large intestine. Increasing the amount of fiber you eat could decrease your risk of flare-ups. And if you notice blood in your stool, see a physician. That could signal something more serious.

**Q** Holy Toledo, are you having serious heartburn after that work potluck, or what? A potluck encourages you to try a little bit of everything, but you should've passed on the casserole. The heartburn is so bad that even your chest hurts.

**Is it: Acid reflux or a heart attack?**


**PROBABLY ACID REFLUX,** but don't guess. If you're experiencing anything that might resemble a heart attack, you should treat it like a heart attack—especially women, who can have atypical symptoms, Bell says. Where men can have pronounced left-arm pain and sharper chest pain during a heart attack, women don't always. Better check it out with your doctor or at an emergency department right away to be on the safe side.

**Q** You had been at the ballfield all day for the kids' games when your back started to ache. It's mostly in your lower back, and you have been sitting on metal bleachers all day. But you've also been eating the greasy fare from the concession stand.

**Is it: Gallbladder attack or muscle pain from the bleachers?**

**BLAME THE BLEACHERS.**

Gallbladder pain does sometimes masquerade as back pain, but it's pretty specific: It's not fleeting, meaning it lasts 20 minutes or longer, and it mostly is isolated in the upper right quadrant of your back. It also often

WEBSITE 

## Know Your Gut

Do you know where your pancreas is? How about your duodenum? Visit [niddk.nih.gov/health-information/digestive-diseases/digestive-system-how-it-works](http://niddk.nih.gov/health-information/digestive-diseases/digestive-system-how-it-works) for a handy guide and map of the gastrointestinal tract.

is associated with large meals or fatty foods, Bell says.

"It could even awaken you from your sleep," he adds of the discomfort that often accompanies gallbladder problems.

**Q** Your teenage son never met a pizza he didn't like—and promptly devour. But he's skipping pizza night, saying it has been hard for him to swallow solid food. You're alarmed, to say the least.

**Is it: Esophageal blockage or cancer?**

**LIKELY A BLOCKAGE.** That can mean many different, and surprisingly common, things, Bell explains. It could be a food bolus, where food has gotten stuck and caused an obstruction. It could be something called eosinophilic esophagitis, which is a type of allergic reaction involving white blood cells in the esophagus (where there aren't white blood cells, normally). Your doctor will know how best to figure out what's causing his trouble and what steps to take next. ■

# PUMP IT UP

*A look at how strength training can benefit your body and mind*



We all know that exercise is good for us. But the type of exercise we do matters.

If your workout routine is all cardio or aerobic exercises (think running, swimming, cycling and chugging away at the elliptical), adding strength training to the mix can make a major difference.

Strength or resistance training can help you build muscles, burn fat and protect your joints, whether you're using free weights, machines, resistance bands or body weight.

"Coupled with cardiovascular training like riding a bike

or running, it really helps to have a more total approach to overall wellness," says Andrew Albano, DO, a member of the American Medical Society for Sports Medicine.

The Centers for Disease Control and Prevention agrees, recommending that adults perform muscle-strengthening activities two or more days a week in addition to 150 minutes of moderate-intensity aerobic activity each week.

How does strength training benefit the whole body? Read on, and then consider hitting the weights.

## MUSCLES

This one will seem obvious: Strength training builds stronger muscles. But it's helpful to think about how important this is in daily life. Muscles help us do everything from grocery shopping and picking up children to running a half-marathon. "It makes you more efficient in doing the things that you do on a day-to-day basis," Albano says.



PHOTOS BY THINKSTOCK



## HEART

Cardiac tissue is muscle tissue, too, Albano says, and just like other muscles, it reaps benefits from strength training. When you lift weights, you condition your heart to function better. That's because when you work out, Albano adds, "your heart is essentially being stressed, but in a very good way," and afterward, it's able to pump more efficiently.

## MIND

Strength training, like other forms of exercise, has plenty of psychological benefits, Albano says. "It can be a very good way for individuals to get rid of work- or life-related stress," he says. It also helps trigger a positive mood, can reduce the risk of depression and lead to better sleep.

## JOINTS

Muscles are "like the supporting architecture around joints," Albano says. So building stronger muscles through strength training means adding more support for joints. Plus, strength training promotes calorie burn and fat loss, which can mean less stress on joints in the first place. ■



VIDEO



### Train at Home

The Centers for Disease Control and Prevention website features videos showing easy strength training exercises to do at home. Go to [cdc.gov](https://www.cdc.gov) and search "muscle strengthening at home."

## THREE WAYS TO COOK **CABBAGE**

*Forget the smelly stuff Grandma used to boil. When properly prepared, these nutritious leaves can be sweet, crisp and surprisingly tasty*



Do you skip buying cabbage at the supermarket because you aren't sure what to do with it besides serving it with corned beef on St. Patrick's Day? It's time to give it a shot: This leafy crop, a good source of vitamins like C, K and B-6, is too nutritious to be neglected.

"All cabbage is good for you. It's high in fiber and has cancer-fighting properties, but the red cabbage specifically has anthocyanins, which act as anti-inflammatories," says Frances Largeman-Roth, a registered dietitian and nutritionist and the author of *Eating in Color*. She adds that cooked cabbage has also been shown to lower cholesterol (the fiber basically transports it out of the body), but since heating it can reduce other nutrients, it's best to include both raw and cooked cabbage in your diet.

Although cabbage may be available during late summer and fall, it reaches peak sweetness during winter. Choose heads that feel firm and have crisp, tightly closed leaves. Cabbage will keep for about one week in the crisper drawer (wrap it in plastic before storing). Here are Largeman-Roth's three favorite ways to prepare it:

### **1** TURN IT INTO SALAD

Shred a head of raw cabbage and combine it with carrots, red or yellow bell pepper, and cilantro. To help it appeal to kids, Largeman-Roth calls this dish "rainbow salad" and adds a delicious, tot-friendly dressing made with honey, fresh orange juice, apple cider vinegar, olive oil and Dijon mustard.

### **2** COOK IT SLOWLY

Largeman-Roth's sweet-and-sour cabbage is an homage to her mother's German roots. Start by shredding an entire head of cabbage. In a large saucepan, combine the cabbage with olive oil, two apples (peeled and cored), and seasonings such as juniper berries, allspice berries, cloves, a bay leaf, red currant jelly, balsamic vinegar and a touch of light brown sugar. Cook on the stovetop over low heat for 40 minutes.

### **3** FERMENT IT

Largeman-Roth calls sauerkraut, which contains both prebiotics and probiotics, "the perfect food to boost gut health." Making your own is simple: First, finely slice a head of cabbage. Put it in a bowl with one tablespoon of sea salt and massage it with your fingers for about 10 minutes to release its liquid. Pack the cabbage into a large, clean canning jar, making sure it's completely submerged (some cooks use a mini canning jar filled with clean marbles to weigh it down). Let it ferment for up to 10 days, depending on your taste preferences, before storing in the refrigerator, where it will keep for about two months.





So purple,  
so tasty.

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## CABBAGE 101

Not all cabbage is created equal: Here's a breakdown of the most popular varieties.

### RED

This nutrient-rich plant will have either a purplish or bluish appearance, depending on the pH of the soil where it's grown.

### SAVOY

This green variety is known for its distinctively crinkled leaves, which are tender and mildly flavored, making them ideal for salads and slaws.

### NAPA

It's easy to spot a napa (or Chinese) cabbage: Look for its elongated shape and light green leaves, which are white at the base. It has a slightly peppery taste and is often stir-fried.

### BOK CHOY

Another type of Chinese cabbage, bok choy has dark green leaves that fan out rather than form a head.

APP



### More Veggies

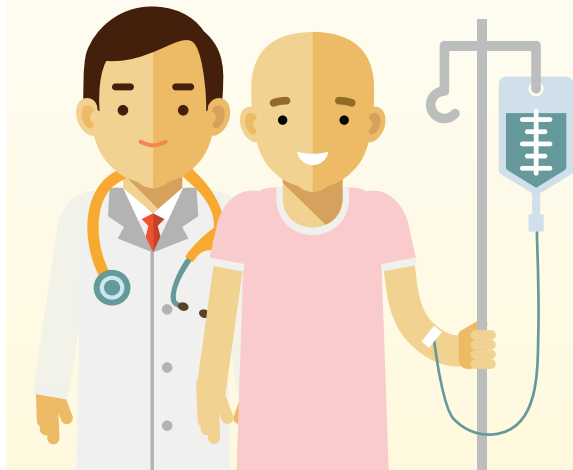
Cabbage stuffed with lentils and no-mayo slaw are just two of the tasty dishes that are part of the **How to Cook Everything Vegetarian** app (iTunes), which has more than 2,000 meatless recipes and is adapted from the award-winning cookbook by *New York Times* columnist Mark Bittman.

# TAKING CANCER DOWN

↓ 25%

Overall cancer death rates declined by 25 percent—translating to more than 2.1 million fewer deaths—between 1991 and 2014. This progress is reflected in falling death rates for the four most common types of cancer.

COLORECTAL  
↓ 50%  
from 1975 to 2014



LUNG  
↓ 43%  
in men since 1990

BREAST  
↓ 38%  
from 1989 to 2014

LUNG  
↓ 17%  
in women since 2002

PROSTATE  
↓ 3%  
annually since 1999

SOURCE: American Cancer Society, Cancer Facts & Figures 2017

## LUNG CANCER SCREENINGS

Lung cancer is the leading cause of cancer death in both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. Most lung cancers are considered preventable because they are related to smoking and secondhand smoke.

Adults with a history of heavy smoking may benefit from a low-dose CT scan of the lungs, according to the National Lung Screening Trial of the National Cancer Institute. Studies have shown that screening with low-dose CT scan versus traditional chest X-rays among older heavy smokers reduced lung cancer deaths by 20 percent. CT scans detect lung cancer in its earlier stages, when it is more easily treated, a key to increased survival.

Low-dose CT screenings are recommended for those who meet the following criteria:

- No signs or symptoms of lung cancer AND
- Between ages 55 and 80
- Have at least a 30 pack-year smoking history
- Currently a smoker or quit within the past 15 years

“Patients who meet the criteria should discuss this option with their primary care provider,” says Wassim Shwaiki, MD, pulmonologist on staff at Community Hospital in Munster and St. Catherine Hospital in East Chicago.

Screenings are available through the hospitals of CommunityHealthcareSystem—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—and at outpatient locations in Hobart, Munster, Portage, Schererville, St. John and Valparaiso.

CALL



### Low-Dose CT Lung Cancer Screening

To get screened, you need an order from your physician or nurse practitioner. Call toll-free at **800-809-9828** for an appointment or for more information.





# Dealing with **HOLIDAY DEPRESSION**

BY **DEBRA GRUSZECKI**

**T**he holiday scene is upon us, and with it comes a dizzying array of demands and expectations.

Decorating the house, buying gifts, baking, hosting parties, visiting relatives, balancing the checkbook, all while juggling a busy work schedule, can tax your energy. Emotions can run hot and cold: warm and fuzzy one minute, disconnected the next.

“The holidays can be a lonely time of year,” explains Sonali Kumari, MD, psychiatrist, who sees patients at Community Healthcare System’s Centers for Mental Wellness at



**Sonali Kumari, MD,**  
psychiatrist



**Jake Messing, director**  
of Behavioral Health

St. Catherine Hospital in East Chicago and at an outpatient facility in Crown Point.

While seasonal doldrums often fade after the holidays, Kumari says you may want to consider seeking professional help if feelings of sadness and low self-worth persist or worsen over several weeks.

There is a big difference between the holiday blues and a depressive disorder or a generalized anxiety disorder, says Jake Messing, director of Behavioral Health Services for Community Healthcare System. Left unchecked, stress or sadness can suppress body symptoms, causing sickness, disease—even suicide.

Symptoms of depression warranting therapeutic help, Messing says, include energy loss, fatigue, change in appetite and sleep, irritability, poor concentration, mood swings, social withdrawal and thoughts of suicide.

Absence of light from short gloomy days can bring on seasonal affective disorder (SAD) during the winter months.

Seasonal affective disorder is a subtype of major depression that comes and goes based on seasons, and symptoms can be similar.

“Contrary to popular belief, December isn’t the busiest time for mental health treatment,” Messing says. “By spring, if a person is still feeling bad, something is wrong.” ■

CALL



## We Can Help

The Centers for Mental Wellness in East Chicago and Crown Point and the Community Hospital Outpatient Centre in St. John offer counseling and support. Individual, group and family psychotherapy is available in English and Spanish. Call **219-392-7025** or **219-836-7074**.

# RIGHT PLACE, RIGHT TIME

*Hospital's Elite Stroke Care Team works fast to save lives*



Luis Romero's steady diet of midnight shift work in a Northwest Indiana scrap mill and a rambunctious lifestyle as a teen took its toll on his health three winters ago. The crisis became his ultimate wake-up call.

The warning bell sounded at 10 p.m. on a blustery February night. Romero had just driven away from his mother's house in East Chicago.

"My vision went in the left eye, so I decided to drive myself to the Emergency department at St. Catherine Hospital," he recalls. "By the time I got there, everything had turned completely white. I could barely see."

Romero shuffled toward the entrance and blacked out. Not only was he suffering from a stroke, but he also had an aortic dissection, a life-threatening tear in the wall of the artery carrying blood out of the heart. His next memory is waking up four days later in the intensive care unit.

"I was lucky I woke up at all," he recalls. Doctors told him later he had only a 30 percent chance of survival.

Chief Nursing Officer Paula Swenson says Romero was fortunate to be in the right place at the right time.

**Emergency Services physician Katrina Mattingly, MD, with Luis Romero. Since recovering from a stroke and life-threatening heart condition, Romero has returned to St. Catherine Hospital for a visit every year.**



St. Catherine Hospital is an accredited Chest Pain Center and Primary Stroke Center. The hospital earned the American Heart Association/American Stroke Association's Get With the Guidelines® Gold Plus Quality Achievement Award and Target: Stroke Honor Roll Elite Award in 2017, also from the American Heart Association/American Stroke Association, for its commitment to stroke care.

To earn the association awards, the hospital must meet scientific Get With the Guidelines® standards as a Primary Stroke Center over time to rapidly diagnose and treat stroke patients admitted to the Emergency department.

Today, Romero says the action taken by the stroke team specialists was the work of angels. Those "angels" are St. Catherine Hospital's healthcare team, including stroke care coordinators, neurosurgeons, cardiologists, registered nurses and therapists. The stroke care team, led by Suzanna Gonzalez, RN, nurse manager of ICU, adheres to the American Heart Association/American Stroke Association guidelines that resulted in Romero's positive outcome.

"His success story hinges on fast detection, starting treatment sooner," Swenson explains.

Romero, then 45, had displayed classic signs of a stroke. In addition to his blurred vision and disorientation,

Romero's blood pressure had plummeted to 50/30. His hands were ice-cold. Emergency Services' Katrina Mattingly, MD, and ED Charge Nurse Cheryl Passe sounded the stroke alert.

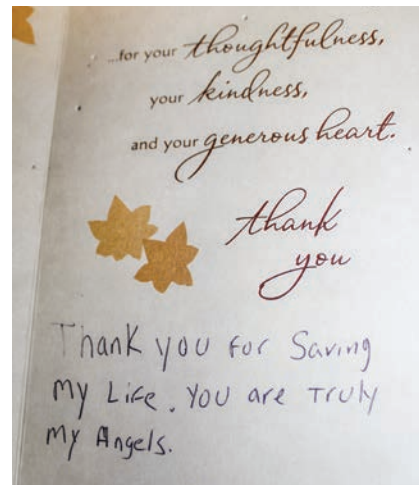
Within a few minutes, the stroke care team was examining the results of a computerized tomography (CT) scan to learn Romero had a blood clot in the brain. The team started Romero on the clot-busting agent tPA (tissue plasminogen activator) within 30 minutes of his arrival to restore blood flow to his brain.

A thrombolytic, tPA is the only drug approved by the U.S. Food and Drug Administration for the urgent treatment of ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, tPA can significantly reduce the effects of stroke and permanent disability.

Minutes after the therapy had begun, a tear in the major artery in Romero's chest was also discovered.

"So besides working on the blood clot in Mr. Romero's brain, we had to rush to surgery for an acute dissection in his chest that needed to be closed right away," Swenson recalls.

"Patients who seek care at St. Catherine Hospital can count on advanced diagnostic and treatment technology," explains Leo Correa, chief executive officer. "All of



**Romero still sends thank-you cards to the stroke team that saved his life.**

our Community Healthcare System hospitals are committed to treating stroke and heart patients with appropriate, timely care according to national guidelines."

The system network of hospitals, which also include Community Hospital and St. Mary Medical Center, have earned the Gold Seal of Approval™ from the Joint Commission as Primary Stroke Centers.

"We understand the importance of treating quickly with tPA, and we also rely on evidence-based research to learn why a stroke happened and to report the findings," Correa says.

Romero says he has learned life isn't about yourself as much as it is about caring for others. "I can't thank them often enough," he adds.

But Romero does, through the Christmas toy drives he conducts for Indiana Harbor Lighthouse Church and volunteer work to help the homeless. He spends precious time with his daughter, Sophia. He delivers cards, family photos and hugs to hospital staff on the anniversary of his treatment.

The cards say, "Thank you for another year of life." ■

WEBSITE



## Seal of Approval

St. Catherine Hospital earned the American Heart/Stroke Association's Get With the Guidelines® Stroke Gold Plus Quality Achievement and Target: Stroke Honor Roll Elite awards in 2017. Visit [comhs.org](http://comhs.org).



**Nurse practitioner Julie Burk provides care at the Brickie Community Health Clinic at Hobart High School.**

# *The Doctor Is In...* **YOUR WORKPLACE!**

*St. Mary Medical Center, local businesses and school districts partner for personalized healthcare*



Students, teachers and employees are taking fewer sick days and spending more time in their classrooms and workplaces thanks to an innovative program created by St. Mary Medical Center in Hobart. The program is called the Employee Health and Wellness Partnership.

“You don’t have to leave your workplace or the classroom,” says Community Care Network nurse practitioner Julie Burk, who provides care at on-site health clinics at Hobart High School and Modern Forge Companies LLC’s Merrillville plant. “You don’t have to take a half day off. We provide

convenient, accessible, high-quality, efficient care within the workplace.”

The Brickie Community Health Clinic at Hobart High School offers students and their families, as well as employees and community members, convenient access to basic services and expedited care. School City of Hobart



Superintendent Peggy Buffington, PhD, says the clinic initially was created in partnership with St. Mary Medical Center to give students convenient access to care.

The community clinic's success prompted the district to establish an Employee Health and Wellness Partnership with St. Mary Medical Center and the Community Care Network. Under the agreement, the district provides employees and insured dependents open access to clinic services.

Buffington says the Brickie clinic has helped to limit days out of class for students and teachers.

"Teachers will come into the clinic on their lunch hour or during their preparation period," she says. "Julie is cognizant of the fact that if she can see them during one of those times, they are going right back to class. They are not taking a sick leave day unless they have something that she recommends they go home."

The relationship between the care provider and the patient is very personal, Buffington says.

"They know who Nurse Julie is, and they just feel that everything is going to be OK because she is there to help them get better," she says. "It has been very impactful."

Patient education is key to Burk's approach to care.

"We spend a lot of time with patients explaining their condition and helping them incorporate new treatments or lifestyle factors into their lives," she says.

For local businesses, the Employee Health and Wellness Partnership means fewer employee sick days. Having fewer insurance claims reduces premium costs, and access to preventive care helps employees avert more costly acute treatment.

"It was an idea we had talked about when we built the facility, as a way to offer our employees a benefit they would value and to help the company overall try to combat rising healthcare costs," Modern Forge Chief Financial Officer Greg Heim explains.

The clinic at Modern Forge is open two afternoons a week and provides employees and dependents with basic family-health services and treatments for common ailments. Community Care Network internal medicine specialist Eduardo Fletes, MD, who has office hours at the clinic, joins Burk to provide care.

Avoiding more costly hospitalizations and emergency room visits is a key incentive for cost-conscious employers.

"The expense of maintaining the part-time clinic pales in comparison to just one or two hospital stays a year," Heim says.

"Every partnership is customized based on what the company wants," says Lisa Kiger, business development director at St. Mary Medical Center, who works with local businesses to structure agreements according to their needs.

For example, in August St. Mary Medical Center entered into an Employee Health and Wellness Partnership with the Valparaiso Community Schools. Under that agreement, employees covered by the district's insurance plan receive basic and immediate care services at the Valparaiso Health Center for a flat, per-visit fee paid by the district. The Valparaiso Health Center acts as

EMAIL 

## Partnering for Better Health

To learn more about setting up an Employee Health and Wellness Partnership for your business or organization, contact Lisa Kiger at **219-947-6058** or [Lisa.M.Kiger@comhs.org](mailto:Lisa.M.Kiger@comhs.org).

their "clinic," with a broad base of services and convenient access.

Many workers see Employee Health and Wellness Partnerships as a tangible benefit of employment.

"I've had employees who have been with the company for over 30 years tell me that this is the best benefit they have seen the company provide in a very long time," Heim says. ■



**Nurse practitioner Julie Burk provides care to students, their families, employees and community members at the Brickie Community Health Clinic at Hobart High School.**



# *Family Birthing Center: Ready for the Unexpected*

*Laborist program brings expertise in-house 24/7*



When it comes to having a baby, there are many uncertainties, including the expectant mother's exact delivery date. While obstetricians plan to be present for labor and delivery, in some cases, that is not always possible. For those unplanned events, Community Hospital's Family Birthing Center has a laborist—a board-certified obstetrician—on site to deliver babies 24 hours a day, seven days per week.

Laborists do not replace the expectant mother's primary obstetrician but work in tandem or in partnership to ensure that mothers have the best care available, no matter when it is needed.

"If there is an OB emergency and the mom comes in through the Emergency department, no matter what time it is, the laborist is on hand to see her immediately," says Teresa Meece, RN, manager of Labor & Delivery at Community Hospital. "As board-certified skilled obstetricians,



*“Pregnancy and childbirth are not predictable. ... The laborist is here to manage emergent obstetrical situations until a primary care obstetrician arrives. For expectant parents, laborists provide peace of mind.”*

*—Teresa Meece, RN*

our laborists serve as an additional safety net to make sure mothers get prompt, excellent care.”

This model of care enhances patient safety and leads to better outcomes for both mother and baby, according to the American Congress of Obstetricians and Gynecologists.

“We decided to move forward with the laborist program because we felt that it was key to providing all the elements required for the most comprehensive mother-baby care,” says Aruna Uppuluri, MD, medical director of the laborist program at Community Hospital.

Benefits of having laborists at the hospital include:

- The laborist ensures that a board-certified skilled obstetrician is in the hospital at all times to attend to immediate concerns and helps streamline care between all members of the labor and delivery team.

- The laborist is prepared to help with any emergencies concerning the mother (hemorrhaging or seizures) after delivery and provides additional specialized support in addition to the capable nursing presence.

- Since the laborists’ “office” is the hospital, they are familiar with the hospital’s policies, activities, education, outreach coordination and shared resources. For example, they can fortify efforts by the hospital to help reduce infant mortality rates.

- Because laborists are in the hospital around the clock, they are able to maintain communication among all team members across shifts, track test results and order necessary follow-up tests promptly.

Community Hospital’s first obstetrics unit opened in 1979, with its neonatal intensive care unit opening three years later. In 2014, the hospital expanded and opened a \$34 million project, Parkview Tower, which includes three floors dedicated to moms, babies and families.

What makes Community Hospital’s Family Birthing Center care extraordinary is the complete spectrum of acute

**Laborists Cherise Cokley, MD, and John Taylor, MD, discuss patient care with staff at Community Hospital’s Family Birthing Center.**

care available to mothers and babies, explains Carla Meyer, director, Patient Care Services.

“Our surgical and anesthesia teams are in-house 24/7. We offer a critical care transport to and from our hospital, which is enhanced by our maternal-fetal medicine partnership with the University of Chicago Medicine. Now we have laborists to enhance the management of expectant moms’ care, too.”

“Pregnancy and childbirth are not predictable,” Meece says. “There are a lot of unknowns. The laborist is here to manage emergent obstetrical situations until a primary care obstetrician arrives. For expectant parents, laborists provide peace of mind.” ■

WEBSITE



## We’re Here to Help

For more information about the Family Birthing Center and labor and delivery care at Community Hospital in Munster, visit [comhs.org](http://comhs.org).





**Brian Hoener, DPT**



## THE POWER OF THE POOL

*Physical therapist Brian Hoener discusses the benefits of aqua therapy*

**Q What is aqua therapy?**  
Aqua therapy is physical therapy that takes place in a pool or other aquatic environment under the supervision of a trained healthcare professional. Aqua therapy is also known as water therapy, aquatic rehabilitation, aquatic therapy, pool therapy, therapeutic aquatic exercise or hydrotherapy. Aqua therapy is performing exercise in a manner that unloads pressure from the joints. It creates freedom of movement while making use of the resistance of the environment.

**Q How much discomfort will I experience during therapy?**  
Any discomfort is generally based on your diagnosis and what you

need to do to get better. Working through an injury or replacement surgery is not always a comfortable experience, but therapy's purpose is not to cause pain. The exercise plan can be modified as necessary to reduce discomfort. By the end of therapy, your pain should be relieved and function increased.

**Q How involved will my physician be in my physical therapy process?**  
There will always be an open line of communication between your doctor, you and your therapist. Based on your doctor's experience in treating your condition, your doctor will dictate what he or she would like to see happen with your care. We will develop goals

together and lay out a plan on how we are going to achieve them. From there, a home exercise program will be implemented and amount of clinic time determined each week. Your physician also will receive progress reports.

**Q How important is it for me to perform my exercises outside of my clinic sessions?**

Aqua therapy isn't just going to see your therapist three times a week. Aqua physical therapy is a total educational process. We want to empower you to take control of your therapy.

**Q What do you say to people who are afraid of the water?**

We are going to walk to the water and look at the pool. We explain what the process is, how deep it is and the availability of flotation devices. Your therapist will work with you one-on-one. ■

CALL



### Ready to Dive In?

Licensed physical therapist Brian Hoener provides physical therapy services at the Valparaiso YMCA as part of the Y's partnership with St. Mary Medical Center. To schedule an evaluation, call **219-286-3890**.





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