

VIM & VIGOR

SUMMER 2018 • \$2.95

 Community Healthcare System[®]

COMMUNITY HOSPITAL
ST. CATHERINE HOSPITAL
ST. MARY MEDICAL CENTER
comhs.org

Her BEST LIFE

38 ways women can prioritize health

PLUS *Erin Andrews* continued her busy career while battling cervical cancer

COMPREHENSIVE CARE FOR BREAST CANCER

Say goodbye to GERD

HEART HEALTH ASSESSMENTS A LIFESAVING RESOURCE





Cancer is stressful enough.



Getting world-class care shouldn't be.

Getting world-class cancer care doesn't have to come with world-class traffic jams, parking issues, lost time and more stress. Community Hospital in Munster offers leading-edge cancer treatment, with advanced technology, clinical trials, highly skilled cancer specialists and nurse navigators to guide you through every step of your journey. It's world-class care that's convenient and close to home. Because cancer is stressful enough.

For more information, visit comhs.org/cancer.



 *Community Healthcare System*[®]

COMMUNITY *Hospital*
Cancer Care

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TeleStroke partnership brings a team of experts together at bedside.

EMBRACING NEW IDEAS AND TREATMENTS

Innovative techniques help improve lives



With Erin Andrews' story of her cervical cancer diagnosis in this issue of *Vim & Vigor* magazine, we take a closer look at women's health and fitness. At the hospitals of **Community Healthcare System**, we are excited to be able to put new ideas to work with treatment options that give our patients hope. We are embracing new concepts and new techniques to make your life and your health better.

Breast cancer continues to be one of the leading causes of cancer death among women. Predicting who will develop breast cancer and who will survive it continues to be a challenge. What we do know is that the earlier breast cancer is detected, the better it is for patients and their chances of a positive outcome (page 4).

Studies show that regular exercise and physical activity are important to the physical and mental health of everyone, including older adults. We have developed a comprehensive sports medicine program to best meet the needs of the athlete in all of us (page 6).

At **St. Mary Medical Center**, we are looking for new ways to help prevent hospital visits with the Community Paramedicine program (page 50). Patients with chronic health conditions, including chronic heart failure or chronic obstructive pulmonary disease, have a paramedic periodically check on them in their home to help them remain on track with their health management.

Highland resident Fortunetta Brack suffered for years with acid reflux until she found a new minimally invasive procedure called LINX, which was being done close to home at **Community Hospital** (page 52). When LINX's small band of magnetic beads is positioned around the patient's esophagus at the lower muscle, it acts as a natural barrier to reflux and helps to eliminate gastroesophageal reflux disease, or GERD.

Heart disease is a leading cause of death in both women and men. When Michael Hurley took a free cardiovascular risk assessment through **St. Catherine Hospital**, it turned out to be a lifesaving decision (page 54).

With new technologies and new ways to deliver a positive healthcare experience, let the hospitals and the outpatient facilities of Community Healthcare System be your first choice for you and your family's medical needs.

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



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MANIFEST

OPENING EYES TO THE GOODNESS IN THE WORLD

Honoring organ, eye and tissue donors



At the age of 28, Schererville resident Bill Perry was diagnosed with advanced keratoconus and told he could go blind. A cornea transplant saved his sight.

Perry, guest speaker at the seventh annual Donate Life Rose Dedication ceremony last fall, told those in the audience that he sees goodness in the world and that he has much to be thankful for. He says a day hasn't gone by since his transplant that he hasn't thought about the gift his donor left him—the ability to see again.

Advanced keratoconus is a progressive eye disease in which the cornea thins and begins to bulge into a cone-like shape. In addition to being painful, the cone shape deflects light and causes vision distortion.

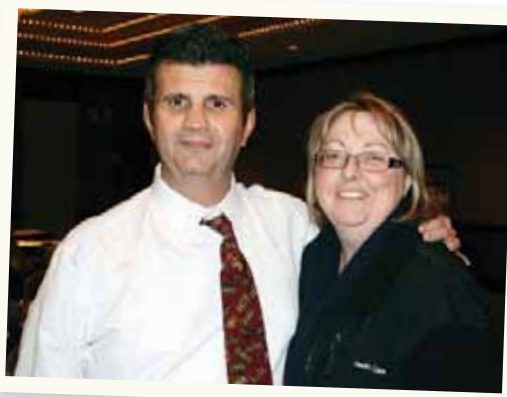
At the time of his diagnosis, Perry was about to get married and felt he had a bright future ahead of him. When he was told the keratoconus could spread and he could go blind, he was devastated.

“It was a sad situation,” he recalls. “But about one month later, because of a donor’s generosity, I received a cornea transplant.”

“Today I am a nurse in the catheterization lab at Community Hospital in Munster,” Perry says. “I couldn’t do the things I do today if it hadn’t been for this great gift of vision. Twenty-one years after my transplant, I was able to say thank you in public to the generous donor who provided me with the life-changing gift of sight. It is so important to make your wishes known. Just one person can save many lives and make a difference.”

One person can save up to eight lives through the donation of lifesaving organs—heart, kidney, liver, lungs, pancreas and small intestine—and enhance the lives of more than 50 people who need corneas to see, skin to heal from burns, and bones and connective tissue for common knee, back and dental surgeries.

Throughout the year, the hospitals of Community Healthcare System partner with Gift of Hope and VisionFirst eye bank to raise awareness regarding



Twenty-one years after Bill Perry (shown here with wife, Denise) received a cornea transplant, he recognized the donor at Community Healthcare System’s Donate Life Rose Dedication ceremony last fall.



For 48 hours following every organ, eye and tissue donation, each hospital of the Community Healthcare System flies the Donate Life flag as a silent salute to those who have provided the greatest gift.

WEBSITE



Are You a Donor?

Indiana residents can register their intent to be organ and tissue donors while obtaining or renewing a driver’s license.

Registration is also accepted at donatelifelifeindiana.org.

organ, eye and tissue donations. Each hospital flies the Donate Life flag for 48 hours following every donation as a silent salute to those who have provided the greatest gift. The Donate Life Rose Dedication ceremony is another opportunity for staff at Community Hospital, Munster, St. Catherine Hospital, East Chicago and St. Mary Medical Center, Hobart, to reconnect with donor families and thank them for their compassion and courage. ■



Staying one step ahead of **BREAST CANCER**

From detection to prevention, the team of experts at Community Healthcare System is with you on your journey to wellness BY **ELISE SIMS**

It's breast cancer. Those three words changed the lives of some 255,180 women diagnosed in the U.S. last year with invasive breast cancer and another 63,400 diagnosed with noninvasive breast cancer, according to American Cancer Society estimates.

When detected early, the five-year survival rate for breast cancer is 98 percent. With new approaches to detection, treatment and prevention, the hospitals of Community Healthcare System are prepared for the fight, bringing hope that is close to home for breast cancer patients in Northwest Indiana.

Seeing Cancer Clearly

For most women, their journey begins within Community Hospital, St. Catherine Hospital or St. Mary Medical Center's Women's Diagnostic Centers through mammogram screening with 3-D mammography. 3-D mammography, or breast tomosynthesis, takes multiple images of the breast in a few seconds. The images allow physicians to examine the breast tissue layer by layer and see fine details more clearly.

"With 3-D tomosynthesis, we can see the breast as a three-dimensional reconstruction," says Mary Nicholson, MD,

regional director of Breast Imaging Services for Community Healthcare System. "For the radiologist, 3-D mammography offers better contrast, additional sharpness and improved clarity of the images."

The radiologist reviews the mammogram images while the patient waits, preventing the need for a return visit.

Better Biopsies

For those women in need of a breast biopsy following a mammogram, the hospitals are using advanced equipment to accommodate a greater number

of women and make the procedure as streamlined as possible.

Community Hospital's Women's Diagnostic Center in Munster was the first in Northwest Indiana to introduce the Brevera biopsy system. The technology enables the radiologist to retrieve tissue samples while simultaneously taking images and preparing the specimen for the laboratory. This makes for a quicker procedure than other methods of biopsy.

"The Brevera biopsy system takes an X-ray every time a tissue piece is acquired to provide faster, more accurate biopsies," explains Suzanne Ruiz, RN, NP-C, breast health navigator and supervisor, Women's Diagnostic Center, Munster. "This helps to improve the timing and make the overall procedure more comfortable for the patient."

St. Catherine Hospital's Women's Diagnostic Center has the Affirm upright breast biopsy guidance system to improve accuracy and speed up diagnosis for a wider range of patients. The system is also available in Munster.

"We can locate and target lesions quickly and change imaging to intervention mode for biopsy within minutes," says Thomas Hoess, MD, chairman of St. Catherine Hospital's Radiology department. "The advantage of the Affirm biopsy system is there is no weight limit and the patient does not need to lie down to have the biopsy performed. It is more comfortable. We can accommodate all shapes and sizes because the chair can turn, tilt and lie nearly flat. We have more angles available to position the needle for biopsy."

FAST Screening Trial

Through a partnership with the Women's Diagnostic Centers of St. Mary Medical Center and the Valparaiso Health Center, the Cancer Research department of Community Healthcare System participated in the FAST MRI clinical trial. The study compared MRI screening for women with dense breast tissue with tomosynthesis or 3-D mammography.

Nearly 300 patients were screened and 76 enrolled in the clinical trial, making Community Healthcare System one of the leading enrollment sites in the country for this study.

"Through the trial, we had an opportunity to provide education about the importance of regular screening mammography to a lot of patients who weren't even getting mammograms," says Janushi Dalal, MD, fellowship-trained breast radiologist on staff at Community Healthcare System Women's Diagnostic Centers. "With each screening mammogram, women are empowering themselves by protecting their health."

High Risk Breast Clinics

Community Healthcare System's High Risk Clinics are helping women understand and manage the risk for developing breast cancer and other types of cancer as well. The clinics provide education, surveillance options and prevention strategies to help women with increased risk factors reduce their chances of cancer.

"Genetic testing may help some individuals learn whether or not they have an increased likelihood of developing a certain type of cancer or whether inherited factors have contributed to their own or a family member's cancer," says Janice Zunich, MD, director of Community Healthcare System's Cancer Genetics Risk program.

Certified nurse practitioners at the hospitals of Community Healthcare System offer peace of mind and help those at increased risk for cancer find out about their options. ■



Radiologist Mary Nicholson, MD, shows nurse Kimberly Smith how the Brevera biopsy system takes an X-ray every time a tissue piece is acquired to provide faster, more accurate biopsies.



There is no weight limit with the Affirm biopsy system, available in Munster and East Chicago. That means the patient does not need to lie down to have a biopsy performed and is more comfortable. The chair can accommodate all shapes and sizes and can turn, tilt and lie nearly flat.

WEBSITE



Cancer Care Close to Home

To learn more about cancer care at the hospitals of Community Healthcare System, visit comhs.org/cancer.

For the Athlete In All of Us

*Sports medicine helps
heal injuries and joint pain*

BY **ELISE SIMS**



Whether you're a teenager playing high school sports or a senior with bad knees, sports medicine may be able to keep you moving. At the hospitals of the Community Healthcare System, experts in the sports medicine program work with patients regardless of their age or level of activity.

Using innovative technologies and advanced care, Community Healthcare System's comprehensive sports medicine program is dedicated to maximizing each individual's mobility and movement. Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, offer everything from



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orthopedic surgery, concussion clinics and athletic trainers to physical, occupational and speech therapy and audiology services at various locations throughout Northwest Indiana.

“We are dedicated to promoting wellness,” says John Doherty, vice president of Therapy Services, Sports Medicine and Occupational Health for Community Healthcare System. “With a higher level of expertise for students all the way up to an aging population that wants to keep moving and keep fit, we offer a distinct advantage in care.”

Community Healthcare System’s sports medicine program expanded recently to include the Community Neuroscience and Sports Medicine Center in Schererville. The facility houses the Balance and Dizziness Center—which includes physical and occupational therapy services and orthopedic surgeon, primary care sports medicine physician and neurologist offices. This summer, services will be expanded to include speech and audiology to accommodate neurological patients. Parkinson’s disease patients will also have support classes available.

“These services are not just for athletes,” says Doherty. “Whether a person needs orthopedic, neurologic or other specialized therapies and services, we offer a complex total care package.”

Part of the care package includes Community Healthcare System’s team of fellowship-trained sports medicine physicians, board-certified orthopedic surgeons, physical therapists, movement specialists, athletic trainers, registered dietitians and nutritionists.

“Our fellowship-trained physicians take a team approach to the management, treatment and prevention of sports-related injuries,” Doherty says. “More than half the battle is prevention.”

“Patients who select a fellowship-trained sports medicine physician will have confirmation that this doctor has undergone extensive specialized training in musculoskeletal medicine,” says Joseen Bryant, MD, on staff at Community Hospital, Munster. “Sports medicine is everyone’s one-stop shop for his or her bone, ligament, tendon, muscle and joint health.”

Primary care or nonsurgical sports medicine specialists such as Bryant provide nonoperative management of musculoskeletal injuries, which make



up the vast majority of sports injuries. Surgical sports medicine physicians provide surgical treatment options to injuries. Physicians from both categories undergo fellowship training through an ACGME (Accreditation Council for Graduate Medical Education) certified sports medicine program.

ORTHOPEDICS

Orthopedic sports medicine surgeon Daniel Woods, MD, on staff at St. Catherine Hospital in East Chicago, says today’s orthopedic surgeries are minimally invasive with less postoperative pain and better long-term outcomes.

“Most ACL reconstructions, rotator cuff tears and shoulder stabilization procedures, once requiring large open incisions, can be done with arthroscopic surgery,” Woods says. “These procedures involve fingernail-sized incisions, a small camera and specialized equipment. Recovery time is faster. We use Biodex Isokinetic testing after knee reconstruction to measure muscle strength and help monitor patients’ progress.”

OUR SPORTS MEDICINE TEAM



Sports medicine physician Joseen Bryant, MD



Orthopedic sports medicine surgeon Daniel Woods, MD



Orthopedic sports medicine surgeon Michael Knesek, MD



Orthopedic sports medicine surgeon G Bradley Bookatz, MD

“However, the most common injuries we see are overuse injuries, such as patellofemoral pain syndrome (anterior knee pain), hip or knee bursitis (inflammation) and rotator tendinitis (shoulder pain),” he says. “Many of these issues can be successfully treated without surgery.”

PHYSICAL THERAPY

Community Healthcare System also has multiple physical therapy clinics to help individuals regain strength and function after injury and/or surgery and to restore coordination and balance issues due to neurological conditions, including stroke, multiple sclerosis and even concussion. Vestibular rehabilitation therapy (VRT) is used to treat conditions like vertigo, chronic migraine, peripheral or central vestibular dysfunction, benign paroxysmal positional vertigo (BPPV) and other balance disorders.

“Vestibular therapy is an excellent tool to resolve dizziness and improve balance,” says Priscilla Mulesa, Community Hospital Fitness Pointe® physical therapist and geriatric clinical specialist. “Patients need to be checked by a doctor first to diagnose the condition, then go to a therapist

specializing in vestibular rehabilitation for treatment.”

CONCUSSION CLINICS

Community Healthcare System’s Concussion Clinics provide prompt assessment of concussion using the latest, most advanced technology for diagnosis. For adults over the age of 18, BrainScope® One is a device available at Community Healthcare System’s immediate care centers that measures and interprets the brain’s electrical activity and neurocognitive function. The device quickly and safely helps determine if there is a structural brain injury that would be visible on a CT scan and if there is evidence of a brain abnormality that would indicate a concussion. If a concussion is suspected, receiving care at a Concussion Clinic as soon as possible increases the likelihood of a full recovery and decreases the chance of developing long-term complications.

ATHLETIC TRAINERS

If your son or daughter is a high school or college athlete in Northwest Indiana, odds are they already have benefited from the expert care provided by Community Healthcare System’s athletic trainers. Trainers provide students with preventive services, emergency care, clinical assessment, therapeutic intervention, and rehabilitation of injuries and medical conditions.

“There are untimely injuries that may occur throughout the careers of student athletes and we understand the urgency of getting back to athletic competition,” says orthopedic sports medicine surgeon Michael Knesek, MD, on staff at St. Mary Medical Center in Hobart. “We work together with the athletic trainer, physical therapist and any other provider involved to return the athlete to a high level of competition.”

FIND A TRAINER

Athletic trainers provide a direct link from the field or gym to Community Healthcare System’s medical providers, offering students preventive services, emergency care and more. There are athletic trainers at a variety of local locations.

Colleges:

- Calumet College
- Purdue Northwest

Athletic facilities:

- Midwest Ice Arena in St. John

High schools:

- Bishop Noll
- Calumet
- Clark
- East Chicago
- Gavit
- Griffith
- Hammond
- Highland
- Lake Central
- Hanover Central
- Hebron
- Hobart
- Kouts
- Lake Station
- Morgan Township
- Morton
- Munster
- Washington Township
- Whiting

WEBSITE



Game On!

For more information about the Sports Medicine program at the hospitals of Community Healthcare System, visit comhs.org.

“Community Healthcare System has committed to an entire continuity of care for the athlete with its sports medicine program,” says orthopedic sports medicine surgeon G Bradley Bookatz, MD, a Community Care Network physician. “Having physicians, athletic trainers and staff across different specialties communicate with one another within the system and share resources helps to maximize patient care.” ■



The Female Health Issue

Every generation can be healthy and happy.

A WOMAN'S LIFE

▶ *Every woman is different, but there are some shared experiences of womanhood. To best understand our health, it's good to look at how we live.*

The average American woman is nearly **5 feet 4 inches** tall and **168.5 pounds**.

13.9 percent of women ages 18 and older smoke cigarettes.

The average age of **first birth** for American mothers is 26.4.

Nearly 1 in 2 American women ages 15 to 44 is childless, the highest ratio ever.



Heart disease is the leading cause of death in women, just as it is in men. **1 in 4 women dies of heart disease.**



3.1 million women are breast cancer survivors.

Women, read on to learn how to have healthier, happier lives. ➔

Sources: American Cancer Society, Bureau of Labor Statistics, CDC, Census Bureau, Department of Labor, National Center for Education Statistics



OFF THE SIDE LINES

Erin Andrews braved
the spotlight while
facing cervical cancer

BY **SHELLEY FLANNERY**

NFL fans had front-row seats to sideline reporter Erin Andrews' bout with cervical cancer in 2016. They just didn't know it. The Fox Sports reporter and *Dancing with the Stars* co-host learned of her diagnosis on a Saturday morning in 2016 while in a meeting at the New York Giants team facility. She had surgery the following Tuesday and returned to the field that Sunday. Before being wheeled into the operating room, Andrews had strict orders for her oncologist, according to *Sports Illustrated*:

"I'm not watching any football games at home. This is [Fox's] Super Bowl year, and I'm not missing the Super Bowl."

At first, she didn't want anyone at work to know about her diagnosis. She was concerned that when she told the men she worked with that she had cervical cancer, they'd ask what that was. She was also concerned she'd be drawing too much attention to herself soon after enduring a traumatic and highly publicized court battle with a stalker who had surreptitiously videotaped Andrews undressing in a hotel room and released the video online.

"I'd [just] come off this huge trial that was kind of the focus of the summer," she told *Health* magazine. "And I [didn't] want to be the girl that always has the problems at the table—'And now I have cancer!' I also think that I didn't want to believe it was that big a deal, so we kept it quiet."

With both the trial and her cancer, football provided a respite, Andrews says.

"Should I have been standing for a full game five days after surgery? Let's just say the doctor didn't recommend that. But just as I felt during my trial, sports were my escape. I needed to be with my crew."

It's not unheard of that Andrews, who turns 40 on May 4, worked throughout her experience. After all, about half of

the nearly 13,000 new cases of cervical cancer in the U.S. each year occur in women ages 35 to 54—prime time for busy career women.

"Cervical cancer is most likely to be diagnosed in midlife," says Debbie Saslow, PhD, senior director of HPV-related and women's cancers for the American Cancer Society. "There is a peak in prevalence between the 30s and 50s."

Risk factors include smoking, being overweight, family history of cervical cancer and, most notably, exposure to human papillomavirus (HPV).

HPV and Cervical Cancer

Cervical cancer affects the cervix, the passage that connects the uterus to the vagina. It is caused by HPV, which is the most common sexually transmitted infection, affecting 80 to 90 percent of adults at some point in their lives. Of the 150-plus strains of HPV, types 16 and 18 account for two-thirds of cervical cancer cases. But that doesn't mean having a high-risk type of HPV will lead to cervical cancer. In most cases, women's immune systems fight off the HPV infection without it being detected.



Erin Andrews is a constant presence on NFL sidelines, but her celebrity has grown beyond the field.

7 THINGS You (Probably) Don't Know About ERIN ANDREWS

- 1 She is the daughter of seven-time Emmy-winning reporter Steven Andrews.
- 2 She knew she wanted to be a sportscaster from age 13.
- 3 Andrews performed on the University of Florida Gators basketball dance team from 1997 to 2000.
- 4 Her younger sister, Kendra Andrews, is an actress who has appeared in *Step Up 3D* and the *Footloose* reboot.
- 5 Andrews and Maksim Chmerkovskiy placed third on the 10th season of *Dancing with the Stars*.
- 6 Her husband, Jarret Stoll, was instrumental in planning their sunset wedding in Big Sky, Montana.
- 7 Her wellness tips include cooking with bone broth, doing interval workouts and using sunscreen.

Sources: Fox Sports, Harper's Bazaar, Health, Huffington Post, IMDb, Us Weekly, WFLA-TV

PHOTO BY DUSTIN BRADFORD/GETTY

Cervical cancer screenings have made a tremendous difference in survival rates since the Pap test was introduced in the 1940s.

“Cervical cancer screening is one of the most successful public health interventions we’ve ever had,” Saslow says. “Deaths dropped over 70 percent once Pap screening was introduced. In countries without screening, cervical cancer is one of the leading cancer killers of women.”

Regular screenings can also help providers intercept the development of cervical cancer. Pap tests screen for the presence of cancerous and precancerous cells in the cervix. HPV tests screen for the types of HPV that have the potential to develop into cancer.

The U.S. Preventive Services Task Force recommends that women be screened with a Pap test every three years between ages 21 and 65. At age 30, women can switch to a Pap test plus an HPV test every five years.

“In the U.S., hundreds of thousands of women every year are diagnosed with advanced cervical precancers, which can be treated or removed before they progress to cancer,” Saslow says.

Life After Cervical Cancer

Treatment options for cervical cancer include surgery to remove cancerous lesions, hysterectomy, chemotherapy and radiation. The sooner the cancer is identified, the more conservative doctors can be with their treatment recommendations. Fortunately for Andrews, her cancer was discovered early enough that surgery to remove the cancerous portions of her cervix alone was effective.

Her cancer experience strengthened her relationship with then-boyfriend Jarret Stoll, a former NHL hockey player. The couple married in June 2017.

“It was a huge step for my relationship with my boyfriend at the time,” she told *Health* magazine. “Because you don’t know if a guy is going to want to sit in with an oncologist and see, ‘OK, so this is your cervix, and this is your uterus, and we are cutting out this part.’ ... He was amazing.”

With Stoll’s support, Andrews decided to open up to her co-workers and the public about her experience. The response she received was overwhelmingly positive.

“After the trial, everyone kept telling me, ‘You’re so strong for going through all of this, for holding down a job in football, for being the only woman on the crew,’” Andrews told *Sports Illustrated*. “Finally, I got to the point where I believed it, too. ‘Hey, I have cancer, but dammit, I am strong, and I can do this.’”

The experience may have even helped her career.

“In a way, this all has allowed me to relate to players more,” Andrews told the sports outlet. “I understand what it’s like to be the story.” ■

SCREENING TIME

The best way to detect cancer is through early screening. There’s no better way to maintain your health and detect illness early than by practicing preventive care.

The hospitals of Community Healthcare System—Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart—offer various preventive cancer screenings to help you stay on track with your health. We also offer free personalized assistance to help you select a doctor who is right for you.

Annual screening mammograms are recommended for women over age 40 or who have a family history of breast cancer. Prostate cancer screenings are recommended for men age 50 and over or age 40 and over with a family history. Skin cancer screenings examine questionable areas on the body to look for indications of cancer or precancerous conditions. A baseline colonoscopy is recommended beginning at age 50 and then every 10 years for average-risk individuals.

These tests can provide valuable information about your health so you can remain active and enjoy life.

CLASS



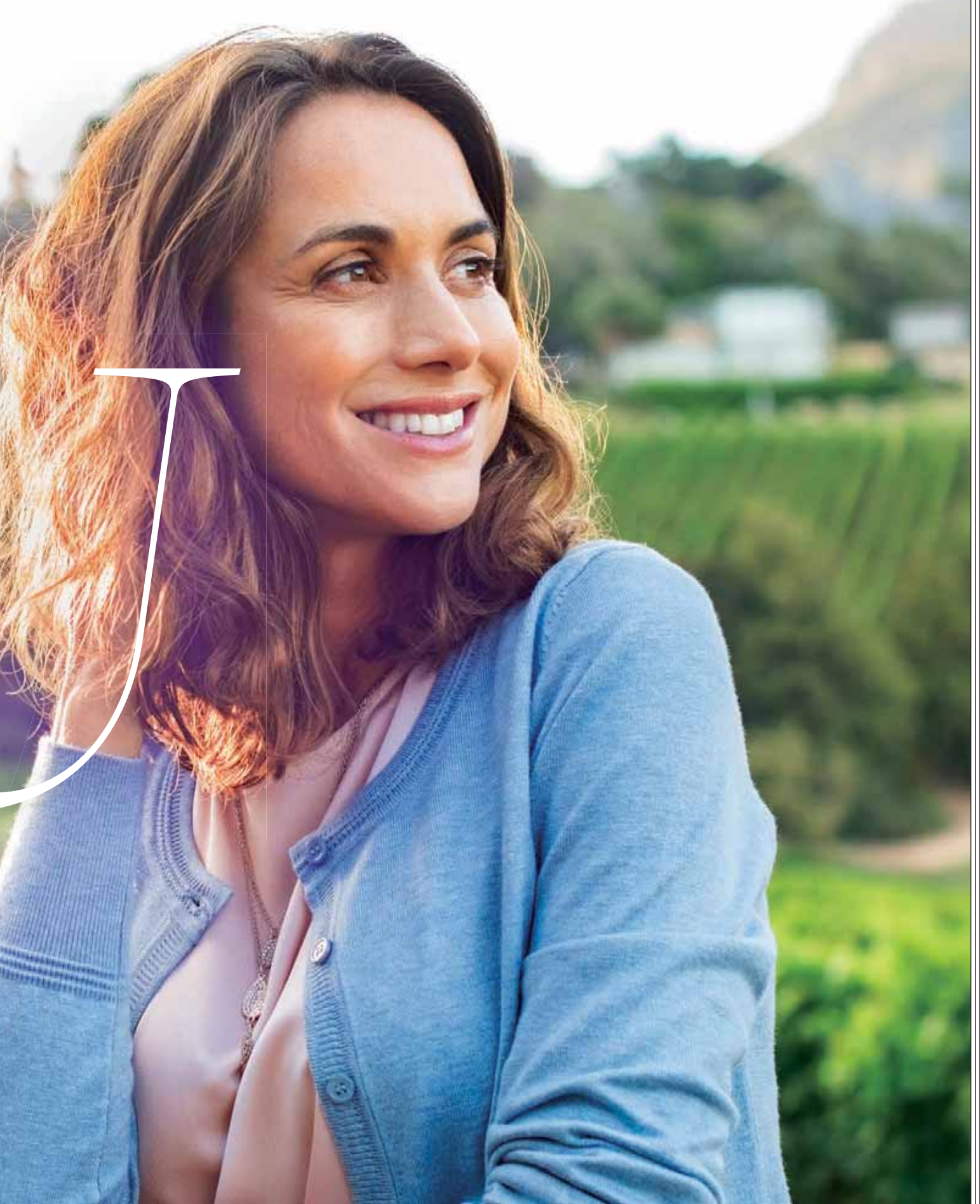
To Your Health

The hospitals of Community Healthcare System offer screenings, classes and free physician referrals. Call **219-836-3477** or **866-836-3477**. Assistance is available in English and Spanish.

YOU TAKING CARE OF



Women spend a lot of time looking after others. But it's important for us to prioritize ourselves, too. Here's how to start **BY JEANNIE NUSS**



PREVENT

Every stage of life comes with new opportunities to stay healthy.



Know When to Screen, AND FOR WHAT



A look at the latest guidelines to help women stay healthy and well

Women's health pop quiz:

How often should you get a Pap smear? How about a mammogram? Or a test for chlamydia?

If you don't know the answers off the top of your head, you're not alone. Guidelines for women's health screenings seem to continually shift—and it can be hard to keep up.

"Medicine is moving incredibly quickly these days," says Natasha Schimmoeller, MD, MPH, a fellow at the American College of Obstetricians and Gynecologists. "We're constantly looking to see: What do women really need?"



Pap Test and HPV Screening

When to go: If you're ages 21 to 29, get a Pap test every three years. From ages 30 to 65, get a Pap test every three years or a combination of Pap and HPV testing every five years. Source: U.S. Preventive Services Task Force

What to know: Known as a Pap test or Pap smear, this cervical cancer screening was once an annual affair for many women. But in 2012, the U.S. Preventive Services Task Force and other organizations issued revised guidelines because they thought testing every three years was effective—and didn't cause as many false positives.

PHOTO BY GETTY IMAGES



Pap tests, which detect abnormal cells before they become cancer, are one of two kinds of cervical cancer screenings. The other type, HPV testing, identifies human papillomavirus infections that cause cell abnormalities, sometimes even before cell abnormalities show up.

HPV testing isn't recommended for women younger than 30, and Pap tests aren't recommended for women younger than 21. That's because HPV infection and any cervical cell abnormalities present early in life are likely to go away on their own.

Women older than 65 who otherwise aren't at high risk for cervical cancer don't need to be screened for the disease, according to the task force.

Many doctors still prefer to do annual or even more frequent cervical cancer screening, especially if a woman has had abnormal results before.



Sexually Transmitted Infections

When to go: *If you're younger than 25, get annual chlamydia and gonorrhea tests. If you're any age but have new or multiple sex partners or sex partners with STIs, get annual chlamydia and gonorrhea tests. Everyone ages 13 to 64 should be tested at least once for HIV. All pregnant women should be tested for HIV, syphilis and hepatitis B.* Source: Centers for Disease Control and Prevention

What to know: Most STIs can be effectively treated, sparing discomfort and potentially serious complications.



Mammograms

When to go: *Talk to your doctor when you turn 40 if you're at average risk of breast cancer.* Source: American College of Obstetricians and Gynecologists

What to know: Some physicians recommend annual mammograms at

Know Your Risk

For more information about comprehensive cancer care at the hospitals of Community Healthcare System, visit comhs.org/cancer. To find out more about cancer risk and genetic counseling, call for an appointment, **219-934-8856**.

40, while others wait until 45 or 50. Forty is when the doctor should go through a woman's family history and other risk factors, Schimmoeller says. Women with a family history should notify their doctors in their 30s.

From age 50 to 75, the American College of Obstetricians and Gynecologists recommends a mammogram every year or two years, and the U.S. Preventive Services Task Force suggests a mammogram every two years. Again, some doctors and women prefer annual screening.

Women older than 75 should talk to their doctors about whether to screen.



Blood Pressure and Cholesterol

When to go: *Get a blood pressure test at every regular health-care visit, or at least once every two years if your blood pressure is less than 120/80. Adults 20 and older should have their cholesterol checked every five years.* Sources: American Heart Association; National Cholesterol Education Program of the National Institutes of Health

What to know: Heart disease is the leading cause of death for women in the U.S., killing about 1 in 4 women.

High blood pressure and cholesterol are key risk factors for the disease. Be sure to get tested regularly for both.



Bone Density

When to go: *If you're 65 and older, have a bone density test to screen for osteoporosis.* Sources: U.S. Preventive Services Task Force; National Osteoporosis Foundation

ARM YOURSELF WITH DNA

When it comes to preventing cancer, knowing your genetic background can help evaluate your risks.

"Genetic testing may help some women learn whether or not they have an increased likelihood of developing breast cancer," says medical geneticist Janice Zunich, MD, director of Community Healthcare System's Cancer Genetics Risk program.

The Cancer Genetics Risk program works with the Women's Diagnostic Centers of Community Hospital, St. Catherine Hospital and St. Mary Medical Center to provide cancer risk assessments, genetic consultations and genetic testing.


"A cancer risk assessment through genetic testing or counseling can provide important information that can help empower the patient in their medical care," says Zunich.

What to know: Osteoporosis, a disease that makes bones weak and more likely to break, affects more women than men.

About 80 percent of the estimated 10 million Americans with the disease are women, according to the federal Office on Women's Health.

That's because women usually have thinner bones than men; women live longer than men, and bone loss happens naturally with age; and women lose more bone mass after menopause. ■

A lot of things that aren't cancer can cause lumps, so try to breathe.



A Guide to **BENIGN BREAST CONDITIONS**

➔ *These lumps can be scary, but they aren't cancer. Here's what every woman should know*

If you find a lump in your breast, it's tempting to panic and scour the internet until you are convinced you have breast cancer.

But while 1 in 8 American women will have breast cancer in her lifetime, you don't need to jump to that conclusion.

"The majority of lumps in the breast are benign," says Arnold Baskies, MD, chairman of the national board of directors for the American Cancer Society.

So, yes, always take a new lump seriously and show your doctor. But many lumps turn out to be noncancerous breast conditions, such as cysts or fibroadenomas.

"It's very common for young women to develop sometime during their menstrual



cycle some feelings of fullness or pain, even a lump,” Baskies says. “Oftentimes, benign issues will disappear or will resolve themselves after going through a menstrual cycle.”

Even if it turns out to be malignant, or cancerous, breast cancer treatments have improved a lot in recent years.

“The survival rate for breast cancer has improved overall to 90 percent. It’s not a death sentence,” Baskies says.

Here are some types of lumps that aren’t cancer.



Cysts

Cysts—round, fluid-filled sacs in the breast—are the source of many breast lumps. They’re movable and can be tender to the touch.

Cysts can be found in women of any age, but they’re most common in women in their 40s. They range in size from microscopic to 2 inches across, and they tend to get bigger and more painful before the start of a period.

They’re often diagnosed based on symptoms, but sometimes an ultrasound may be necessary to see whether the lump is solid or filled with liquid. If the lump turns out to be solid or contain both solid and fluid parts, your doctor may conduct a biopsy, removing a tissue sample to rule out cancer. Solid masses do not necessarily mean cancer.

As for treatment, a doctor can drain fluid with a needle, but that may not be necessary if the cyst isn’t causing discomfort.



Fibroadenomas

Fibroadenomas are solid, rubbery masses made up of connective and glandular tissue.

They’re most common in women in their 20s and 30s, but they can be

found in women of all ages. Some fibroadenomas are too small to be felt, while others are several inches wide. If you can feel it, it may seem like a marble within the breast.

“They can get bigger and bothersome,” Baskies says.

Fibroadenomas can be diagnosed with physical examination, possibly augmented by an ultrasound, mammogram or biopsy.

Many doctors recommend removing fibroadenomas, especially if they grow and change the shape of the breast, to ensure cancer is not behind the changes.



Mastitis

Mastitis is swelling in the breast that’s usually caused by an infection and tends to affect women who are breastfeeding, thanks to clogged milk ducts and breaks in the skin of the nipple. The infected part of the breast can be swollen, painful, red and warm to the touch. A woman with mastitis may also have a headache, fever or other flu-like symptoms.

Mastitis is diagnosed based on symptoms and treated with antibiotics.



Intraductal Papillomas

These wartlike tumors grow within the milk ducts of the breast and are made up of gland tissue, fibrous tissue and blood vessels.

Make an Appointment

For more information about the care offered at Community Healthcare System’s High Risk Breast Clinics in Munster and Hobart, visit comhs.org. A physician order is necessary.

CALCULATING RISK

Women living with the fear of breast cancer may find peace of mind after visiting Community Healthcare System’s High Risk Breast Clinics. The High Risk Breast Clinics in Munster and Hobart are staffed by experts in the field who provide individualized recommendations for prevention and surveillance to those at increased risk.

The clinics offer individualized assessments and other important services, including clinical breast exams by certified nurse practitioners, education about breast self-exams, screening tests, education about cancer risk, personalized surveillance plans and prevention strategies. Staff members help coordinate scheduling and pre-authorization of imaging studies. They also provide referrals to valuable resources such as genetic or psychological counseling, nutrition experts and research studies.

They’re often a culprit in clear or bloody nipple discharge, especially if it’s only coming from one breast. Intraductal papillomas can be painful and are sometimes felt as a small lump near or behind the nipple.

“They can be detected two ways: physical exam and mammogram or ultrasound,” Baskies says, and they are often biopsied or removed. ■

DECIDE

Picking from many providers can take time, but it's worth it.



Call the Doctor— BUT WHICH ONE?

➔ *Women have choices when it comes to primary care providers and their areas of expertise*

There's a misconception that women's health is limited to what might be euphemistically called “the bikini area.”

But that's not the case, says Theresa Rohr-Kirchgraber, MD, past president of the American Medical Women's Association: “There's more to women's health than the breast and pelvic area.”

For example, women often have different symptoms than men, whether they're having a heart attack or dealing with depression. It's important to see healthcare providers who understand women.

But how do you find out whether a doctor is familiar with women's healthcare?

“Most women ask other women,” says Cindy Pearson, executive director of the National Women's Health Network, a consumer health advocacy group.

Women have a choice of which kind of doctor to see: an OB-GYN, an internal medicine doctor or a family physician. Here's a guide to what each does and why you might want to make an appointment.



OB-GYNs

When many women think of doctors, gynecologists are often at the top of the list—and for good reason. OB-GYNs are the go-to resource for all things related to the pelvic area—from menstruation and pregnancy to vaginal dryness and menopausal issues.

It might feel embarrassing to talk about topics such as heavy periods or painful sex, but OB-GYNs are there to help, and they've heard it all.

Internal Medicine Doctors

Internal medicine doctors, also known as internists, are trained to treat adults for a wide range of issues and often serve as primary care physicians.

“The internist is probably the one you would go to for an annual health exam” to look at issues such as high blood pressure, diabetes and disease prevention, Rohr-Kirchgraber says. Plus, most internists now are trained to do some basic OB-GYN care, such as Pap tests.

General internal medicine doctors—internists who go into practice after they finish their basic internal medicine training—are recognized as “experts in diagnosis, in treatment of chronic illness and in health promotion and disease prevention,” the American College of Physicians says. Their job is to deal with a wide variety of patient problems, whether simple or complex.

Family Medicine Doctors

Like internal medicine doctors, family physicians treat adults for a wide range of issues and often serve as primary care physicians. But unlike internal medicine doctors, family physicians are also trained to treat children.

“Family medicine physicians have been trained in a little bit of everything: some pediatrics, some medicine,

Make Your Appointment

The hospitals of Community Healthcare System have earned accreditations for breast imaging, mammography stereotactic breast biopsy, breast ultrasound and ultrasound guided breast biopsy. Schedule your next mammogram at a Women's Diagnostic Center location by calling **800-809-9828**.

some surgery,” Rohr-Kirchgraber says. “They're very adept at treating the whole family.”

And they treat a lot of adults. The American College of Physicians says 85 to 90 percent of patients at a typical family medicine practice are adults, the same population seen by internal medicine doctors.

Having It All

So do you need to have both an OB-GYN and an internal medicine doctor or a family physician?

“It certainly doesn't hurt to have one of each, but it's not always necessary,” Rohr-Kirchgraber says.

Medical and family histories can sometimes help you decide. For example, if you have a family history of colon cancer or melanoma, it's probably best to have an internal medicine doctor or a family medicine doctor.

“If you're interested in getting pregnant soon, then having an OB-GYN is a good idea,” Rohr-Kirchgraber says. “If you're 40, you're done having kids and there isn't that much more you need, seeing a general physician who can do your Paps and pelvic exams, that's totally fine—as long as you're getting it done.”

Just be sure to call ahead and confirm that your healthcare provider can do what you need, Rohr-Kirchgraber says.

“A lot of internal medicine physicians do some OB-GYN care, but not everyone is comfortable doing Paps and pelvic exams,” Rohr-Kirchgraber says.

Pearson recommends asking practical questions such as “Are the exam rooms set up to do Pap smears?” and “Do you

DETECTING CANCER

Whether you choose an OB-GYN, internal medicine doctor or family physician, all will recommend that female patients receive a mammogram at age 40 or earlier based on individual risk factors. The Women's Diagnostic Centers of Community Healthcare System in Munster, St. John, East Chicago, Hobart and Valparaiso offer the latest technology in mammography screening, including breast tomosynthesis, more commonly known as 3-D mammography.

A 3-D mammogram allows doctors to examine the breast tissue in layers, creating a clearer image of fine details so smaller cancers can be identified early. The exam itself is similar to a traditional mammogram and takes about the same amount of time.

Same-day and same-visit mammography results are available at all Women's Diagnostic Center locations. If results are abnormal, a navigator works directly with the patient to recommend next steps and help coordinate additional testing. For increased peace of mind and quicker access to any additional care, biopsy results are called to patients the day after their procedure, including on Saturdays.

have the sexually transmitted infection testing materials on hand?”

Once you find the right doctor or doctors for you, you can rest easy knowing your healthcare team meets all your needs. ■

Timing



ILLUSTRATIONS BY JORI BOLTON

Your



Family



Pregnancy at any age comes with pros and cons; here's what to know, whether you're 20 or 40 and thinking about a baby **BY STEPHANIE THURROTT**

Women have about three decades between the start of adulthood and menopause. That means you have a big window to start or grow your family. What time is best? That's for you to decide—and here are some factors to consider.

Fertility

Younger women have better odds of becoming pregnant. The American College of Obstetricians and Gynecologists reports that fertility begins declining at age 32 and drops more rapidly after 37.

Yet women are waiting longer to start families. In 2015, the average age at first birth was 26.4 years, up from 21.4 in 1970. And 9.1 percent of first births in 2014 were in women ages 35 and older.

Although waiting too long can be risky, many women over 40 easily become pregnant. That was the case for Mary Ellen McDonough, of Dedham, Massachusetts, who had felt that her family was complete with 12- and 8-year-old daughters and a 9-year-old son. But in her 40s, she found herself expecting again. “I had one child in my 20s, two in my 30s and one at 42,” she says.

Health and Complications

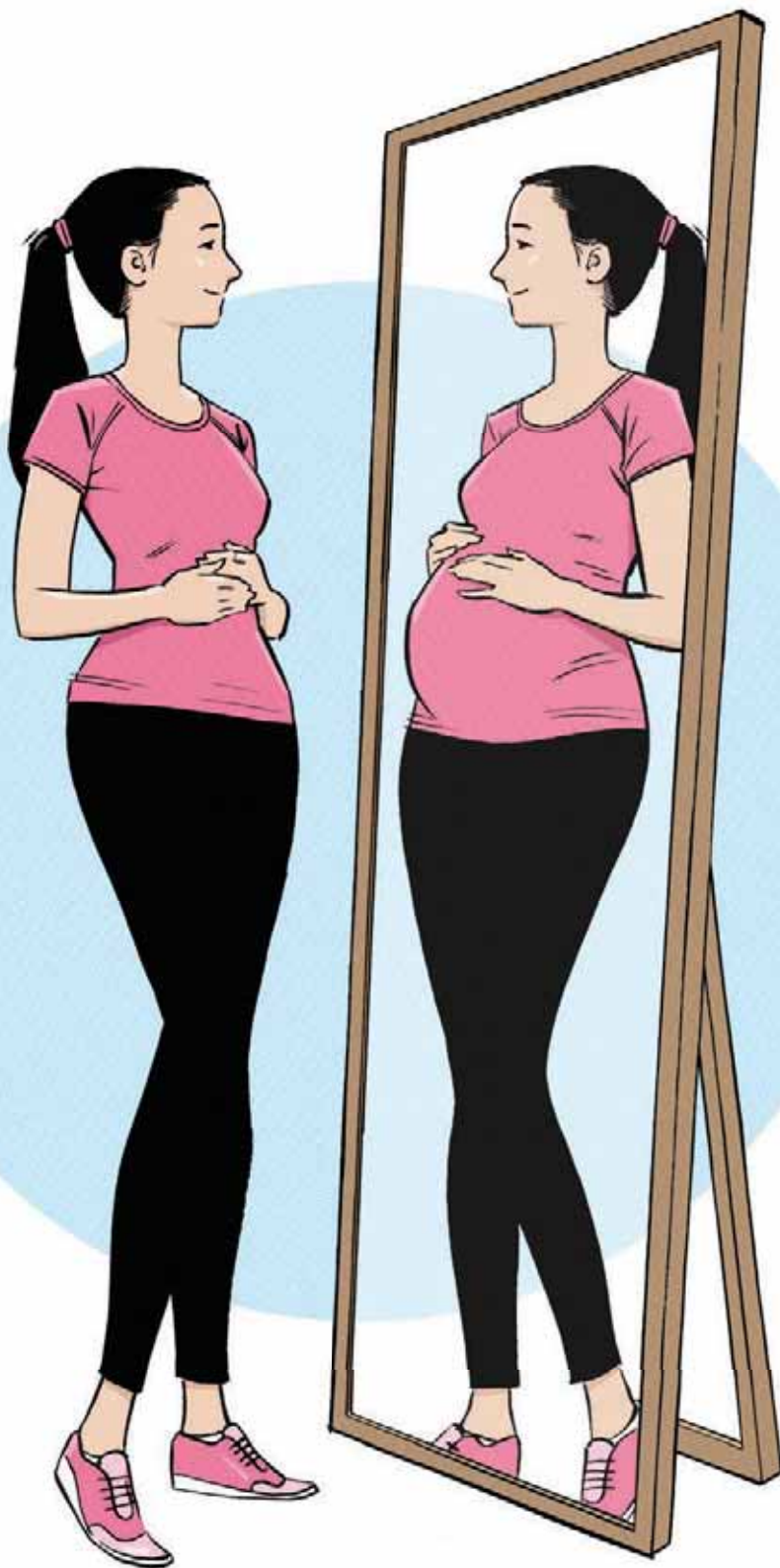
While there are always exceptions—a fit 40-year-old may handle pregnancy better than a 20-year-old with diabetes and high blood pressure—generally, younger women are stronger and healthier.

“Younger women can withstand the rigors of pregnancy,” says Michael Thomas, MD, former board chairman of the Association of Reproductive Health Professionals. During pregnancy, the body adds a lot of weight and fluid, and younger women are more likely to have healthy hearts and kidneys and faster metabolisms to deal with those demands.

Women ages 35 and older face higher risks with pregnancy. Older women are more likely to have or develop high blood pressure, which can cause problems with the placenta and the baby’s growth.

They are also at higher risk of gestational diabetes, which is linked with miscarriage and a condition in which the baby grows too large. And they are more likely to have a baby with a birth defect linked to a chromosomal disorder.

But, of course, there are countless examples of older moms having no problems at all.





Prenatal Testing

Older women are more likely to undergo more frequent testing during pregnancy than their younger counterparts.

“The older I got, the more tests they did,” McDonough says. “The last time, I felt like they were doing every single test and looking at them through the mirror of ‘advanced maternal age.’ They were concerned with anything that didn’t look 100 percent normal—everything raised a red flag.”

In women of all ages, doctors may recommend screening for:

- High blood pressure
- Gestational diabetes, with a glucose challenge screening or glucose tolerance test
- Genetic disorders, chromosome abnormalities and neural tube defects, with a triple screen test, chorionic villus sampling or amniocentesis

“Women are offered very similar types of testing throughout the different ages. What we do more of in older women is monitor fetal growth,” says Robert Atlas, MD, a member of the American College of Obstetricians and Gynecologists.

Doctors can measure growth with ultrasound, which uses high-frequency sound waves to create an image of the baby. They may also perform non-stress tests, which can measure heart rate, movement and contractions in babies starting at 28 weeks of gestation. (It’s called nonstress because no stress is put on the baby during the test, in which monitoring belts are attached to the mother.)

“With my last pregnancy, I had more ultrasounds, and it felt like I was having a nonstress test every week, yet everything was completely normal,” McDonough says.

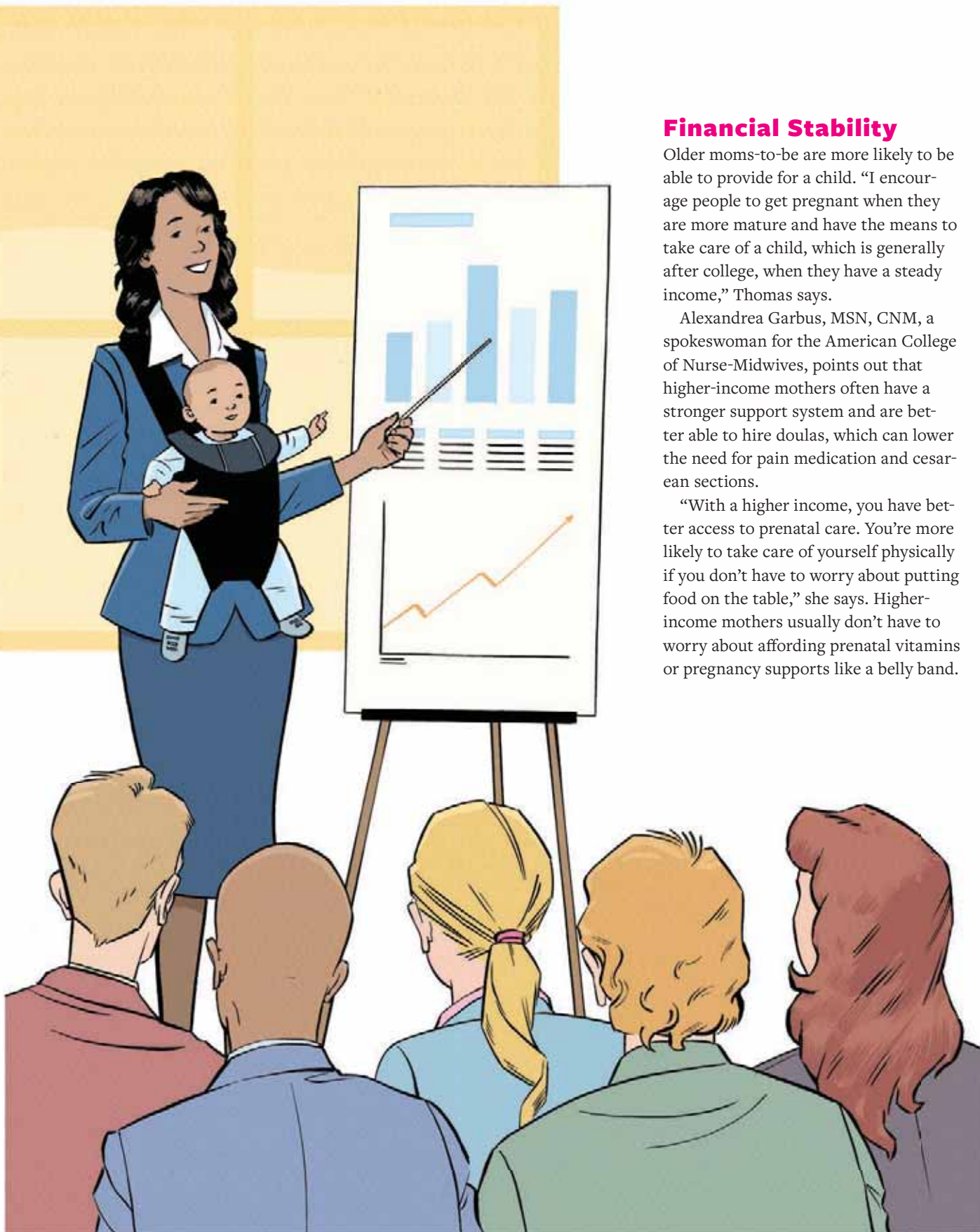
Before You Start Trying

The American Academy of Family Physicians recommends preconception counseling as part of primary care for all women of reproductive age, and it’s especially important for women older than 40 who are planning a pregnancy, says Michael Thomas, MD, former board chairman of the Association of Reproductive Health Professionals. Preconception counseling can help moms-to-be and their babies stay healthy throughout pregnancy and delivery. Depending on your health, risk factors and age, your doctor may:

- ▶ Recommend folic acid supplements to help reduce the risk of certain birth defects.
- ▶ Talk to you about managing your weight before you become pregnant if you are over- or underweight.
- ▶ Review your medications to see whether any might be harmful during pregnancy and recommend options or dosages.
- ▶ Screen for sexually transmitted infections.
- ▶ Update your immunizations.
- ▶ Counsel you about how to best manage diabetes, high blood pressure, seizure disorders and other medical conditions.

It’s not just women who can benefit from preconception planning. There are steps men can take, too. According to the Centers for Disease Control and Prevention, men should:

- ▶ Be screened for sexually transmitted infections.
- ▶ Stop smoking, because smoking can lower fertility and secondhand smoke increases the likelihood of having a baby with a low birth weight.
- ▶ Limit alcohol use and avoid marijuana, cocaine and anabolic steroids, which are linked with infertility.
- ▶ Avoid exposure to synthetic chemicals, certain metals, fertilizer, bug spray, and cat and rodent feces, which can harm reproductive health.
- ▶ Maintain a healthy body weight.
- ▶ Share family medical history with a doctor.



Financial Stability

Older moms-to-be are more likely to be able to provide for a child. “I encourage people to get pregnant when they are more mature and have the means to take care of a child, which is generally after college, when they have a steady income,” Thomas says.

Alexandrea Garbus, MSN, CNM, a spokeswoman for the American College of Nurse-Midwives, points out that higher-income mothers often have a stronger support system and are better able to hire doulas, which can lower the need for pain medication and cesarean sections.

“With a higher income, you have better access to prenatal care. You’re more likely to take care of yourself physically if you don’t have to worry about putting food on the table,” she says. Higher-income mothers usually don’t have to worry about affording prenatal vitamins or pregnancy supports like a belly band.



Strength and Stamina

“There are definitely cases where younger moms have more energy,” Garbus says. But lots of factors can contribute to energy levels during pregnancy, including morning sickness and the demands of work or other children.

McDonough says she had a lot of energy with her first pregnancy, in her 20s. “I was so excited, and I wasn’t nauseous,” she says.

But while carrying her second and third babies, she had the demands of one young child, and then two, to contend with, and she was exhausted. Her fourth pregnancy came so many years after the third that she could rest if she needed to. “The kids were older, and they could fend for themselves,” she says.

Life Experience

Most would agree that having a baby as a teenager isn’t ideal, and the teen birth rate has been declining for years. But for very young women who do become pregnant, they face different risks than older moms-to-be. The brain’s prefrontal cortex isn’t fully developed until the early 20s, and that can affect reasoning in various ways.

“Younger moms can be less likely to keep their appointments,” Garbus says. They are also more likely to have multiple partners and less likely to have the support of a long-standing relationship. ■

High-Risk Pregnancies

Expectant mothers facing high-risk pregnancies often need specialized care. Community Hospital and the University of Chicago Medicine have partnered to bring specialized maternal-fetal medicine to Northwest Indiana, making it more convenient for families.

Maternal-fetal medicine physicians collaborate with multiple caregivers to consult and co-manage complicated situations—chronic conditions including high blood pressure, diabetes or kidney disease—both before, during and after pregnancy.

“It is a win-win situation to have a group of subspecialists available to care for the mother,” says neonatologist Martin Kelly, MD, clinical associate, Section of Neonatology, the University of Chicago Medicine, and a Community Healthcare Partner. “This means someone is always nearby to evaluate these patients, whether it is through the inpatient setting at Community Hospital in Munster or through the University of Chicago’s outpatient clinic in Schererville.”

All three Community Healthcare System hospitals, including Community Hospital’s sister hospitals St. Mary Medical Center and St. Catherine Hospital, work in partnership with one another and the University of Chicago to provide a complete spectrum of medical services necessary for mothers and newborns. As part of that care, the neonatal transport system was set in place to establish a means to transfer critically ill or premature newborns between hospitals. This system helps ensure seamless care.

WEBSITE



Ready for Baby?

Community Hospital, St. Catherine Hospital and St. Mary Medical Center support women during the birthing experience. Learn more at [comhs.org/baby](https://www.comhs.org/baby).

Don't Panic, But...

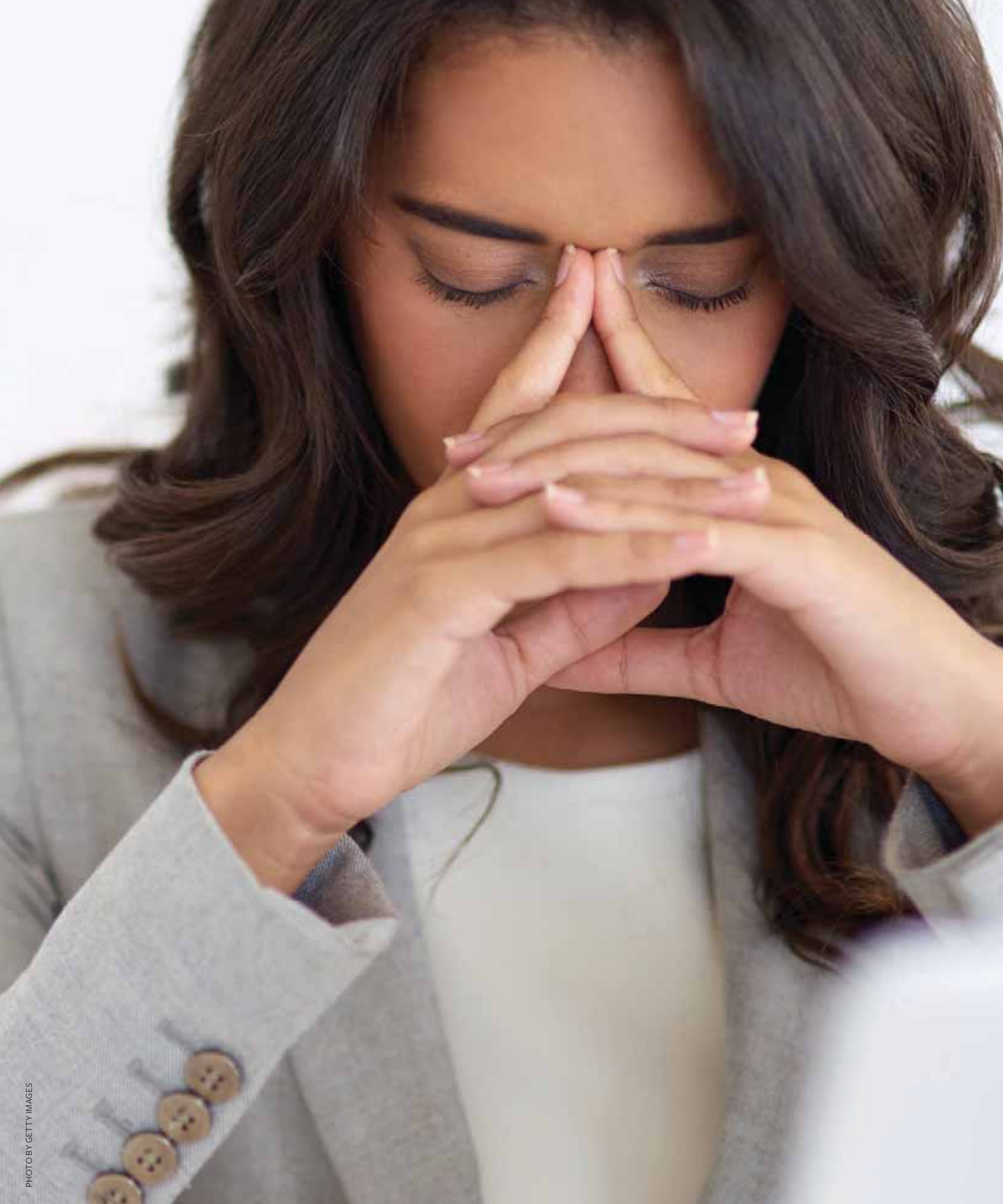
*Five ways stress is making you sick—
and what to do about it*

BY **ALLISON THOMAS**



***Inhale, exhale. Now count to 10, slowly.
FEEL BETTER?***

Deep breathing can defuse a stressful situation, but managing stress requires more than “taking a moment.” Stress can return repeatedly and in different forms throughout the day, causing physical and emotional symptoms that can take a toll on your body and your health over time. That is why it’s so important to have more than a “whack-a-mole” strategy for stress management. To help you create your plan, we’ll explore five areas where long-term stress can affect your health and mindful strategies to help you prevent or reduce it.



1 YOUR WEIGHT

When you're stressed, you're more likely to turn to the fridge for comfort. But it usually doesn't stop there. "You're also more apt to give up on other healthy routines like exercise or meditation that help you maintain your weight," says Melanie Greenberg, PhD, psychologist and author of *The Stress-Proof Brain: Master Your Emotional Response to Stress Using Mindfulness and Neuroplasticity*. To make matters worse, cortisol, the primary hormone released during stress, makes your body retain belly fat, which can lead to problems such as obesity, diabetes and heart disease, Greenberg says.

Maintaining your healthy eating habits when stress strikes requires some planning, but it's definitely worth it.

"When we're stressed and on the go, we're always grabbing for the easiest thing," Greenberg says. "You can still do that if you've stocked your kitchen with healthy food and taken a little time to prepare meals and snacks to reach for."

There are other ways to prepare for a stress onslaught as well, such as ensuring you're getting enough rest. "Lack of sleep weakens your natural willpower, and it's always harder to watch your weight when you're sleep-deprived," she says.



2 YOUR HEART

In stressful situations, you may feel your heart beating faster. Chronic stress can result in more serious heart trouble, such as high blood pressure and damaged arteries that can put you at greater risk of a heart attack.

So, how can you fight stress during a typical workday? Avoid it when possible, says Mithu Storoni, MD, author of *Stress-Proof: The Scientific Solution to Protect Your Brain and Body—and Be More Resilient Every Day*.

At the office, "treat stress and negativity like a contagion. If something stresses you, leave the office, go for a walk, let out your emotions, then return when you're more in control of yourself," she says. "If one person 'catches' your negativity, it spreads just like a virus."

And though working through a stressful situation with vigorous exercise may seem like a good idea, Storoni says gentle activity may be more effective at reducing cortisol levels, and she recommends giving your brain a workout first.

"Immerse yourself in an activity that engages your executive brain and attention immediately after an emotionally stressful experience, like a memory game or Tetris on your smartphone, so your mind can't dwell on what just happened," she says. "Then do something physical that gently tires you out, like a long, brisk walk."

3 YOUR GUT

When something's wrong, you can often feel it in your gut (literally). And chronic stress can leave you with a host of gut problems, from ulcers and acid reflux to irritable bowel syndrome. It can even increase your risk of diabetes. When you're under stress, your liver produces blood sugar to give you energy to get through it. But if you're chronically stressed, your body may not be able to keep pace with the continual surge.

What can you do to help keep your gut (and your blood sugar levels) in check during stressful times?

Greenberg recommends ensuring you're getting healthy probiotics in your diet—including fermented foods like yogurt and kimchi to promote healthy gut bacteria—and focusing on not overeating, which can lead to stomach upset and blood sugar spikes.



4 YOUR IMMUNE SYSTEM

If you've ever gotten sick during a stressful time—think finals week in college or while planning a big event like your wedding—you've probably experienced the connection between stress and your immune system firsthand. If stress is allowed to continue unchecked, it can hinder your body's ability to fight off illness (or manage one you already have).

Adequate rest and exercise can give your immune system a significant boost, Greenberg says. She also recommends foods rich in omega-3s, such as salmon, as well as garlic, black tea, turmeric and chicken soup, the old standby. You can also feed your immune system in other ways.

"Don't discount the importance of social support and connecting with others," Greenberg says. "But ensure you're talking to the right person—someone you trust—because some people can make your stress worse."

5 YOUR MENTAL HEALTH

A stressful episode can leave you feeling anxious, depressed or mentally exhausted. Chronic stress can result in depression, anxiety and panic attacks, and even memory loss and impaired concentration over time. How do you know when it's time for professional help?

"If you're experiencing stress or unhappiness that's interfering with your life or with accomplishing daily tasks, it may be time to seek help," Greenberg says. Chronic stress and anxiety can be treated with therapy and medications, if necessary.

And remember that, try as you might, you can't prevent or avoid all the stress that life throws at you. But that's all the more reason to treat yourself to healthy pick-me-ups whenever and wherever possible.

"The more stressful your life, the more important it is to have things planned in your immediate future (like this weekend) that bring you pleasure—things that you can look forward to all week as well as enjoy when they happen," Storoni says. ■



HEALING MIND, BODY, SPIRIT

Meditation has been shown to help relieve stress and anxiety 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, Munster, St. Catherine Hospital, East Chicago and St. Mary Medical Center, Hobart—to better meet the needs of cancer patients and their families.

CLASS



Complementary Care for Cancer

Community Cancer Research Foundation's Cancer Resource Centre is located at 926 Ridge Road in Munster. For more information about classes and support groups call **219-836-3349**.

10 THINGS EVERY WOMAN SHOULD KNOW ABOUT HER HEALTH

1 When you should start mammograms depends on your age and risk factors. Talk to your doctor.



Regular Pap tests have dramatically reduced the death rate from cervical cancer, so keep that appointment!

2

3 Most breast lumps are noncancerous, so relax if you find one—but call your doctor to be sure.

Make time for sleep and exercise.



4

5 Older than 65? Get a bone density test to check for osteoporosis.

6 Don't be shy when it comes to talking to your doctor about topics like sex or menstruation.

Social support and connecting with others can improve your immune system. So call your friend or, better yet, meet up!



8 No matter your age, your pregnancy will be healthier if your weight, blood pressure and stress are under control.

9 Always stressed? Consider asking your doctor or a mental health professional for help.



10 High blood pressure and high cholesterol levels boost your risk of heart disease.

PHOTOS BY GETTY IMAGES

➔ **WANT MORE HEALTHY IDEAS?** Check out our Fall issue, all about health scares and surprises.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

A top-down photograph of a desk. On the left, a portion of a silver laptop is visible. In the center, a pair of black-rimmed glasses rests on a white surface. To the right, a silver pen lies diagonally. In the bottom left corner, a small potted plant with long, green, pointed leaves is visible. The background is a light blue surface.

INDOOR WORK WREAKS HAVOC ON VITAMIN D LEVELS

If you work indoors, you're probably low on vitamin D. In fact, if you work outdoors, you might be, too.

About 40 percent of people in the United States are thought to be low on the vitamin, which is essential for calcium absorption and bone health.

But a stunning 78 percent of office workers are deficient, as are 48 percent of people who work outside.

Because the body makes vitamin D when exposed to sunlight, regular time in the sun can boost levels. The amount of time needed varies by skin tone, with fair skin requiring as little as 10 minutes a day. Dark skin could require six times more sun exposure to generate the same amount of vitamin D.

People are also advised to eat food containing or enriched with vitamin D, such as milk, orange juice, canned fish, breakfast cereals and oatmeal.

A simple blood test can check vitamin D levels. Doctors sometimes prescribe supplements to boost the level.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

WHY ARE BABY BOOMERS SKIPPING THIS TEST?

If they haven't already, baby boomers should ask their doctor for a hepatitis C test.

The U.S. Preventive Services Task Force recommended in 2013 that those born between 1945 and 1965 be tested for the virus, which damages the liver and can lead to liver cancer. People with the virus can be treated, but many are unaware of their status.

Too few boomers are being tested, says a report in the *American Journal of Preventive Medicine*: Of an estimated 76.2 million baby boomers in 2015, only about 10.5 million had been tested for the virus.

Researchers said awareness must be raised for the need of the one-time test.

TOOL



Hepatitis Risk Assessment

Born between 1945 and 1965? Take a five-minute hepatitis risk assessment at cdc.gov/knowmore/hepatitis/hra.htm.

HOT DOGS VS. HAMBURGERS

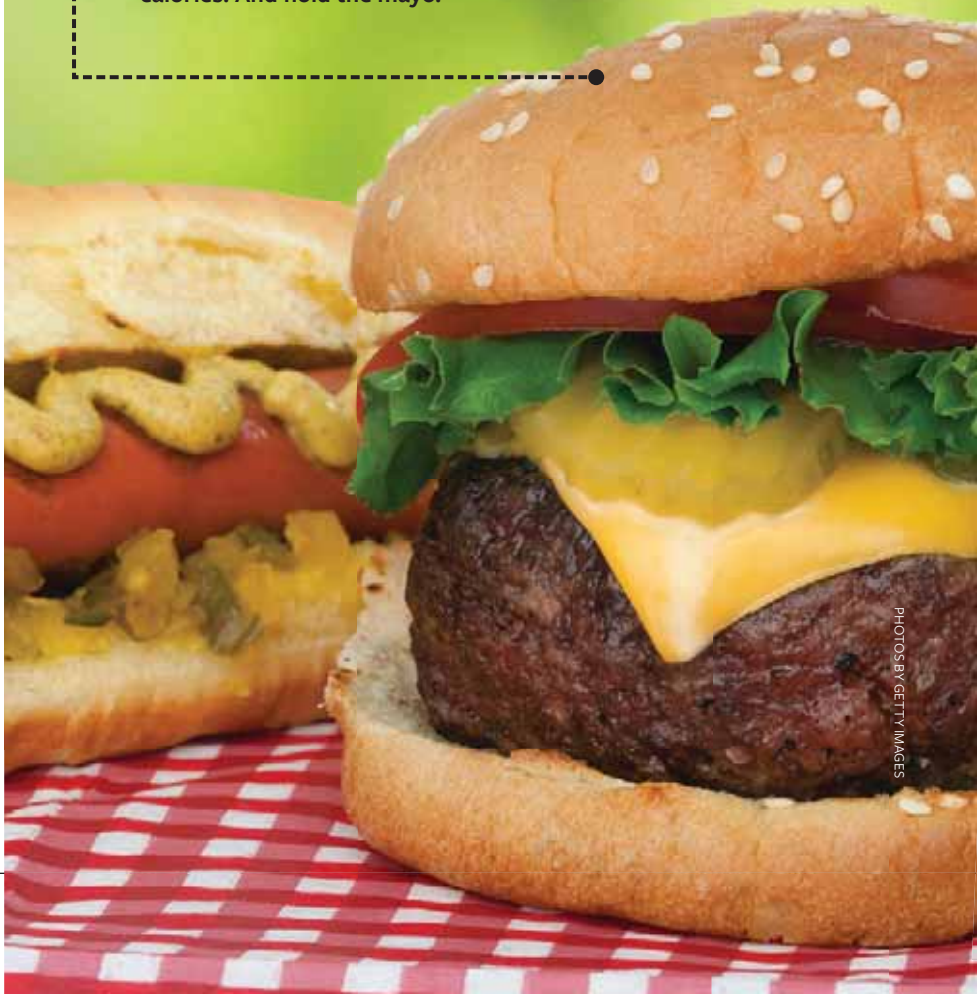
• Which barbecue basic is a better bet?

Few foods are more associated with summer than a hamburger or a hot dog fresh from the grill, but both can do serious damage to a diet.

Although a beef hot dog 5 inches long and $\frac{3}{4}$ inch around comes in at a respectable 148 calories (minus the bun), it carries 13 grams of fat and 513 milligrams of sodium. Two hot dogs deliver more than 50 percent of a day's recommended consumption of saturated fat.

A 3-ounce hamburger patty made with 80 percent lean meat carries 29 percent of a day's saturated fat and 26 percent of the recommended cholesterol in 230 calories. But it packs 22 grams of protein, compared with 5 in a hot dog, and has little sodium, just 64 milligrams.

THE VERDICT? When you've got to have one, choose a hamburger made with 90 percent lean beef, which cuts both fat and calories. And hold the mayo.



PHOTOS BY GETTY IMAGES

Personality Doesn't Change Before Onset of Alzheimer's

Although mood and behavior changes have been considered early warning signs of Alzheimer's, researchers who followed a group of 2,000 people for as long as 36 years say personality changes don't come before the disease.

When the project began in 1980, all participants were healthy; through the years, about 18 percent developed mild cognitive impairment or dementia, according to the study, published in *JAMA Psychiatry*.

Although the study rules out personality change as a warning sign for dementia, it provides evidence that some traits—such as neuroticism and low levels of conscientiousness—are risk factors for dementia.

▶ TRUE OR FALSE

Eating carrots can turn you orange.

TRUE. Beta carotene—the pigment that gives carrots, sweet potatoes and pumpkins their color—is deposited in skin tissue if you take in too much. This harmless condition, carotenemia, is actually fairly common in infants just beginning to eat solids. The discoloration fades when fewer carrots and other orange vegetables are consumed.



ANTI-DEPRESSANTS



MORE THAN
1 in 10

people take a mood-elevating drug.

12.7
PERCENT

of Americans older than 12 report taking antidepressants.

WOMEN ARE
2 times

as likely as men to take an antidepressant, with 16.5 percent of women relying on the medication compared with 8.6 percent of men.

68
PERCENT

of people on antidepressants have taken them for two years or more.

Source: Centers for Disease Control and Prevention



CHILDHOOD EXERCISE MAY BENEFIT BRAINS AS WE AGE

Exercise in childhood may improve memory and keep an aging brain nimbler, a study finds.

The conclusion follows an experiment involving two groups of rats, one of which was given access to a running wheel when young, the second of which had no exercise. When the rats reached middle age, both groups were moved to a more sedentary life.

Rats that had more exercise when young were able to more accurately interpret and react to danger, according to the study published in the journal *eNeuro*.

The researchers concluded that exercise might build a “cognitive reserve” on which the animals could rely in later life to compensate for age-related declines. More research is required to know if this is true for humans, too.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

PATH TO BETTER HEALTH

The Centers for Disease Control and Prevention reports that 34.7 percent of Indiana's population was overweight in 2016 based on body mass index (BMI) guidelines. Another 32.5 percent was obese.

"A normal-weight person is not the 'norm' in the United States," says bariatric surgeon Paul Stanish, MD, medical director for the Healthy 4 Life program at Community Hospital and St. Mary Medical Center. "I continue to see on a daily basis just how unhealthy the general population is."

Stanish says that while overall obesity rates have leveled out, "super-obesity" continues to rise. Patients who reach that stage, defined as a BMI greater than 40, may require bariatric surgery.

"A significant proportion of our patients take a surgical path and we do tend to see a substantial improvement in their weight loss," he says.

APPOINTMENTS



Overweight? We Can Help

The bariatric professionals of Community Healthcare System's Healthy 4 Life program are available for guidance and consultation about treatment options. Call **866-836-3477** or visit **healthy4lifecenter.org**.

Even grandpas can drive to the hoop.



WORKOUTS THAT WORK: PLAYING WITH YOUR KIDS

You should embrace your inner child, and while you're at it, why don't you get that kid's heart pumping, too?

Playing outdoors with your children gets everyone moving, and as an added benefit, you'll be doing something together.

A 155-pound adult will burn 141 calories in 30 minutes of romping with the kids at the playground. (Just make sure you actually *play*; sitting on a nearby bench doesn't count.)

Here are a few other ideas to consider (all calorie counts based on 30 minutes for a 155-pound adult):

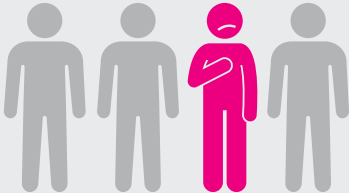
- ▶ **Frisbee:** Throwing and catching (or in many cases, chasing) the flying object burns 106 calories.
- ▶ **Swimming:** Swim in the pool or lake with your child, and you'll burn 223 calories.
- ▶ **Basketball:** A game of basketball churns through 298 calories.

PHOTOS BY GETTY IMAGES



WHAT ARE THE ODDS

of Dying of Heart Disease?



1 in 4

Although heart disease claims more than 630,000 lives yearly in the United States—the nation’s No. 1 killer—we have some control over our risk factors. To reduce your risk, exercise 30 minutes most days, eat a heart-healthy diet, maintain a healthy weight, reduce stress, manage cholesterol and blood pressure levels, and quit smoking.



One too many drinks can land you in the hospital.

Alcohol-Related Emergencies on the Rise

Americans are taking more trips to the emergency department because of alcohol, according to a National Institute on Alcohol Abuse and Alcoholism study. Between 2006 and 2014, alcohol-related visits to U.S. emergency departments increased by 47 percent.

Researchers studied both acute emergencies, such as alcohol poisoning, and problems related to chronic alcohol misuse, including cirrhosis of the liver and withdrawal. In the nine years studied, alcohol-related emergency department visits increased from about 3 million a year to 5 million a year.

Spikes in alcohol-related emergencies were especially evident among women and people in middle age and older.

Men still make up the majority of alcohol-related emergencies, but women’s rate increased more rapidly than men’s during the study period (up 5.3 percent versus 4 percent annually). Women had a larger increase in emergencies related to chronic alcohol use.

JARGON WATCH

INTUBATION simply means the placement of a tube in a patient’s body. The term often refers to tracheal intubation, a procedure in which a flexible plastic tube is fed through a patient’s mouth and down the windpipe to maintain an airway or deliver medications.

Always tired?
There could be a
medical reason.



THE TRUTH ABOUT **SLEEP APNEA**

This disorder affects millions of Americans, causing disrupted sleep and daytime tiredness



If you have sleep apnea, you might be tired of being tired—dealing with frequent nighttime wake-ups that leave you sleepy during the day. Or you might not even know that you're waking up, but your spouse is all too aware of your loud snoring and gasping for air.

For someone who has obstructive sleep apnea, “the airway behind the soft palate and tongue collapses, which generates arousal from sleep or reduced oxygen levels during sleep,” says James A. Rowley, MD, a spokesman for the American Academy of Sleep Medicine. A less common type of the syndrome is central sleep apnea, during which the brain essentially forgets to signal specific muscles to breathe.

As many as 25 million Americans have sleep apnea. If you think you might be one of them, it's something to take seriously.

“Extreme daytime sleepiness affects all aspects of life,” Rowley says, “including performance at work and in school and interaction with others.”

TRUE OR FALSE:

Only overweight people have sleep apnea.

→ **FALSE.** People of all sizes can have the sleep disorder. Obesity, however, is the primary risk factor for sleep apnea in adults and children. (For younger ones, medical conditions such as enlarged tonsils can play a role, too.) Obesity contributes to airway collapse in two ways: fat in the neck can lead to narrowing of the upper airway and smaller breaths (larger breaths actually help keep the airway open). Other risk factors include family history and a person's sex—men are more likely to develop sleep apnea than women, though women's risk rises after age 50.

TRUE OR FALSE:

Sleep apnea can lead to other serious medical conditions.

→ **TRUE.** People with sleep apnea are at increased risk of high blood pressure, heart disease and stroke. Sleep apnea events trigger the body's autonomic or stress systems, Rowley says, resulting in short-term increases in heart rate and blood pressure. Over time, these changes can lead to heart disease and high blood pressure. In addition, decreases in oxygen levels trigger inflammation, a factor in atherosclerosis, coronary artery disease and stroke.

TRUE OR FALSE:

Changing sleep position will fix sleep apnea.

→ **FALSE.** In general, how a person sleeps rarely has an effect on moderate to severe sleep apnea. In mild cases only, side sleeping can be beneficial.

TRUE OR FALSE:

Sleep apnea is treated with medicine.

→ **FALSE.** Medications are generally not used to treat sleep apnea. The most common and successful form of treatment is to use a continuous positive airway pressure (CPAP) machine, a masklike medical device that provides a continuous flow of air to keep the airway open during sleep. Some people use an oral appliance to keep the airway open; others may benefit from surgery to remove excess tissue.

TRUE OR FALSE:

Lifestyle changes are helpful for someone with sleep apnea.

→ **TRUE.** Weight loss is the most important recommendation made by sleep specialists. They discourage the use of alcohol near bedtime, as it relaxes the throat muscles (consumption should end at least four hours before going to sleep). Specialists also suggest regular exercise because it helps with weight loss and provides cardiovascular benefits. ■

STEPS TO BETTER SLEEP

Are you tired and groggy even after a night's sleep? Take the first step to improving your health with a sleep evaluation at the Sleep Diagnostics Centers of Community Healthcare System.

"Quality sleep is essential to our emotional and physical well-being," explains Marcia Alpuche, supervisor of Community Hospital's Sleep Diagnostics Center. "Ongoing disruptive sleep is well-known to be a related cause of numerous health issues, contributing significantly to loss of productivity and poor concentration. Plus, excessive daytime sleepiness more than doubles the risk of car accidents."

If snoring is part of your nightly routine, it could be a sign of obstructive sleep apnea (OSA). However, "the only way to determine if it is caused by OSA is to have a sleep evaluation," Alpuche says. "Your physician can set up an appointment for a sleep study or you can self-refer to one of our Sleep Diagnostics Centers at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart."

The sleep study is a painless noninvasive test called a polysomnogram that is used to monitor sleep and breathing patterns while one is at rest in a diagnostic room. The patient-friendly room offers the comforts of home—a full-sized bed, television and private bathroom—while patients are evaluated by highly trained sleep technologists.

APPOINTMENTS



Need a Sleep Study?

Call Community Healthcare System's Sleep Diagnostics Centers:
Munster (219-934-2873),
East Chicago (219-392-7666)
or Hobart (219-947-6790).



Getting better will involve getting active.

HOW TO EXERCISE WITH A HEART CONDITION

Everyone needs exercise—even if you’ve been diagnosed with a cardiac condition. We’ll show you how to do it, safely



Exercise is one of the best prescriptions for good health. It can help you regulate weight and decrease blood pressure, blood sugar and cholesterol levels. Regular workouts may even help you think more clearly. But most of all, exercise works to keep your heart healthy by strengthening it, improving blood flow and making it better at using oxygen.

But if you’ve recently been diagnosed with a heart condition—especially if you’ve had a heart attack—you might be nervous about getting started with exercise or overdoing it. With help from Gerald Fletcher, MD, a cardiologist and spokesman for the American Heart Association, we’ll help you (safely) get moving again.



Test Your READINESS

To be sure you're safe to exercise, it's always smart to test your cardiovascular fitness. "A simple treadmill test is generally adequate and advised in most cases of people who've had heart disease, valvular disease, blockages, coronary artery disease or a combination of these," Fletcher says. You can probably be tested in your cardiologist's office or at a hospital.



Seek SUPERVISION

If possible, begin in an exercise program prescribed and supervised by a physician or nurse for the first 12 weeks or so, Fletcher says. For people who aren't able to participate in a supervised program, he recommends starting with slow walking or stationary cycling in a health club once your care provider clears you for exercise.



Use Your Medications AS PRESCRIBED

Taking medications at the wrong time of day can have negative effects on your workouts, Fletcher says. For example, statin drugs prescribed for high cholesterol and beta-blockers used to treat high blood pressure may cause drowsiness and should be taken at night.

"But many people don't take them at the proper time and may have reactions during exercise," Fletcher says. "And some people don't take their medications at all, which is unfortunate because they can be truly lifesaving drugs."



Focus on AEROBIC ACTIVITY

Stationary cycling and walking are two of the simplest and safest forms of aerobic

exercise, which works to strengthen your heart. "Swimming is also great, and a lot of people prefer it because of the low impact," Fletcher says.



Be Cautious About WEIGHT TRAINING

Weights put excessive pressure on your chest and heart and cause more strain than aerobic exercise, Fletcher says. So, if you're going to work out with weights, clear it with your doctor first and follow his or her instructions to the letter.



Be Mindful of the WEATHER

Always ask your care provider before exercising outdoors in extreme (hot or cold) weather. Avoid excessive heat by exercising in the morning or evening. If it's cold out, keep your nose and mouth covered. On days when it's simply too hot or too cold, stroll your local mall in climate-controlled comfort.



Pack Your NITROGLYCERIN

Your doctor might have prescribed nitroglycerin (via tablets or spray form) to ease or prevent chest pain. Always bring yours when you exercise, in case of a cardiac event. For most people who use caution, take medications and follow a care provider's advice, working out shouldn't be worrisome, Fletcher says.

"I have patients who say, 'I've got a heart problem; I can't exercise.' But that's not true. If it's properly prescribed and supervised, it can be very safe and effective," he says. "Life can be a long time if you take care of yourself and take the advice of your healthcare provider." ■

THE PERFECT FITNESS PRESCRIPTION

Heart patients can receive a personalized exercise program with help from the credentialed MedFit professionals at Community Hospital Fitness Pointe®. A MedFit membership provides an evidence-based program tailored to individuals with medical needs.

"MedFit is an excellent transition for those who have recently completed a cardiovascular rehabilitation program," says Nikki Sarkisian, Fitness Pointe program manager. "They can still receive guidance from a healthcare professional while engaging in an independent exercise regime."

Participants meet with a health coach who devises an exercise plan customized to their abilities. Patients receive a free blood pressure reading each visit, along with health coaching and the opportunity to receive free lab draws twice a year.

"A summary report is generated and sent to the participant's physician throughout the year," says Sarkisian. "This ensures the provider is up to date on their patient's exercise history."

WEBSITE



Take the Next Step

Set up a free consultation to learn how the medical fitness professionals at Fitness Pointe can help you become healthier. A physician referral is required. Find a referral form online at fitnesspointe.org/become-a-member/medfit.

FREAK OUT OR CHILL OUT?

So many things can cause skin irritation; here's how to know what needs medical attention and what will probably go away on its own

Itching, bumps, rashes and moles on the move: Skin loves to pop up with problems. It can be hard to know when it's OK to treat skin irritations with a tube from the medicine cabinet and when you need to see a specialist. The good news? Dermatologist Allison Arthur, MD, who serves on multiple working committees of the American Academy of Dermatology, has seen it all. Here, the skin expert gives us guidance on when we should skip over-the-counter ointments and make an appointment.

Q Your family had a great weekend camping; you got your fill of fresh air, hiking and—bummer—itchy, bumpy skin that has stuck around for days since you got back.

Are the hivelike bumps caused by an allergy, or could they be insect bites?

PROBABLY INSECT BITES. “A hive by definition lasts less than 24 hours,” Arthur says, and can be caused by anything from stress to allergies to infections. But with insect bites, you can usually see a distinct break in the skin, called a punctum, and they take longer to heal.

Over-the-counter antihistamines and hydrocortisone creams should help control the sting and itch of a bite, Arthur says.

**Bugs got the best of you?
Try medicated cream,
not scratching.**



Q You've always been a sun worshipper; you'd rather be poolside or on the sand than anywhere else. Now you have a scab that won't heal, and it bleeds when you bump it.

Should you put antibacterial cream on it and hope it gets better, or could it be a sign of skin cancer?

GO TO A DERMATOLOGIST. "It's usually a good sign if it looks like it's getting better on its own," Arthur says. But if it's been a month, the scab is bleeding easily or it has a pearly edge (white, shiny or translucent), it's time to see a professional. Those are signs of basal cell carcinoma, a cancer of the outermost layer of the skin.

Q Acne: It's a rite of passage, right? And your poor preteen is passing right through Pimplesville.


His skin is red, broken-out and bumpy, but is it bad enough to see a dermatologist?

MAYBE. If your son has cysts or nodules—swollen, deep and painful bumps—or the acne is causing scarring or changing his skin's texture after the pimple has healed, a dermatologist needs to take a look, Arthur says. And even if it's mild, but your boy's self-esteem is taking a beating, a dermatologist probably can help.

Q Your mom has had a tough time lately. First, she was in the emergency room with severe leg pain. Now, she's contending with a fiery rash. Funny thing, though: The painful rash is also on her leg.

Is it a coincidence, or could this be shingles?

IT MIGHT BE SHINGLES, a painful inflammation caused by the same virus that causes chickenpox. "One clue for shingles is it is often preceded by burning or pain, and that can happen before the rash comes. If the rash develops in an area that has been painful or sore, seek

QUIZ 

Understand Skin Cancer

Want to raise your skin cancer IQ? Take this six-question quiz that separates cancer myths from facts: cancer.org/cancer/skin-cancer/skin-cancer-quiz.

medical attention right away," Arthur says. "It is contagious, particularly to people who have never had chickenpox or have never been immunized for the varicella-zoster virus."

Other markers of shingles: a rash (it can be anywhere on the body) that includes blisters shaped like dewdrops on a rose petal, particularly in a linear pattern.

Q You're worried that a mole on your 9-year-old daughter's back has changed. It looks pretty much the way it did when she was younger, except ... bigger.

Should you get this growing mole checked, or can it be normal?

IT'S PROBABLY NORMAL. When children grow, so do their moles. But you'll want to watch for rapidly growing ones that change color, are two or more colors or are bleeding. Jagged borders should also raise a flag, Arthur says.

Perhaps more concerning, at least when it comes to melanoma, considered the most dangerous form of skin cancer, are new moles. An estimated two-thirds of melanomas develop on the skin as a new growth rather than from old moles, Arthur says. ■

BEHIND THE BURN

Here's what happens to your skin when you get too much sun exposure



You've seen the statistics: Your skin cancer risk jumps if you've had sunburns.

But how does sunburn cause lasting damage? Is redness that fades all that bad? If you have darker skin that usually tans or at least doesn't burn, perhaps you've doubted the danger of pool time without sun protection.

Let's take a look at what goes on inside your skin when it's burned or overexposed.

Sunburn might seem temporary, but a burn of any degree—and really, all sun exposure—can cause permanent harm that could lead to brown spots, creases and cancer.

"It's like a wound. You've wounded the skin," says Rebecca Baxt, MD, a fellow with the American Academy of Dermatology.

REDNESS

When you get a bad burn, your skin cells release signals seeking help. Vessels enlarge to send more blood to heal the area, resulting in the swollen, lobster-hued look. With blistering, liquid gathers under the surface cells you've killed to protect the skin growing below. "A blister is nature's bandage, so you need to leave it alone and let it heal from the inside out," Baxt says. Your skin peels when the dead cells shed.

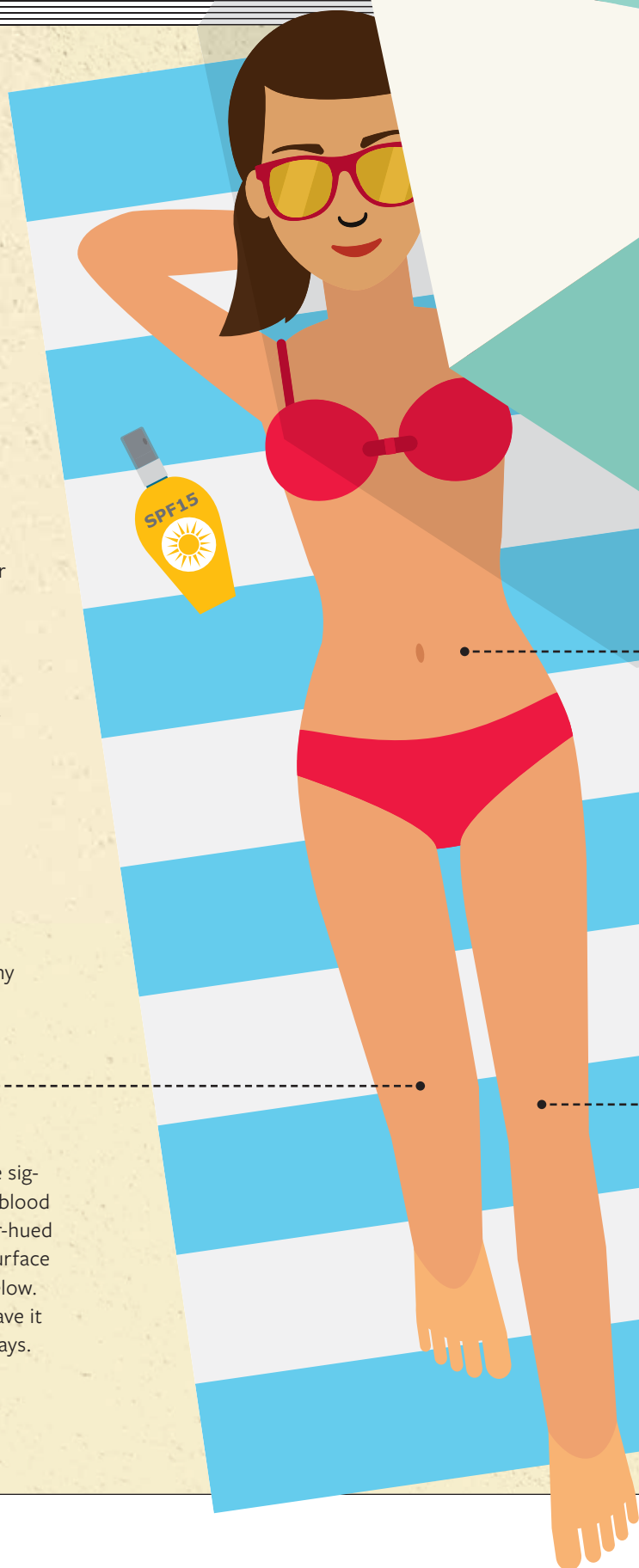


ILLUSTRATION BY GETTY IMAGES

DAMAGE

The sun's rays that hurt skin are the infamous, invisible ultraviolet A and B. They stream through clouds and reflect off snow and sand, and some penetrate untreated car door windows. Exposure degrades skin's elasticity (leading to sagging and wrinkles) and contributes to hyperpigmentation (age spots). Radiation from UV rays, including ones from tanning beds, can disrupt your skin cells' DNA. Your body repairs many of the genetic mutations, but the healing process is not perfect and some damage can remain, Baxt says. Cells with altered DNA could duplicate out of control. That's cancer.

SKIN TONE

Your body tries to prevent further sun injury by making more protective melanin, which gives your skin its color and causes freckles in some people. That's why you may get "tan," though that darker hue is a sign of skin damage itself. While lighter-skinned people burn faster and get skin cancer more commonly, Baxt encourages people with darker tones to also be diligent about protecting and screening their skin. Their cancer often reaches more serious stages because they didn't think they were at risk, she says. ■

HOW TO DEFEND YOUR SKIN

Sunblock with broad-spectrum protection helps prevent both UVA and UVB rays from penetrating skin cells. But it's only one part of sun safety, along with tried-and-true precautions such as seeking shade and wearing a hat, says Rebecca Baxt, MD, with the American Academy of Dermatology.

No sunscreen can block 100 percent of UV rays, and it lasts only a couple of hours, or less when you're swimming, sweating or in the wind, she adds. "Sunscreen is not a complete and total block. People think they're going to put sunscreen on and be completely safe. They're not."

DOWNLOAD



Map Your Moles

Keeping track of your moles and their characteristics (like size, shape and color) can help you know whether you need to see a dermatologist to look at a problem area. For help doing this, visit **aad.org** and search "body mole map" for a printable form.

THREE WAYS TO COOK **CORN**

This beloved all-American ingredient is packed with an earful of nutrients



One could say corn has multiple personalities: It's both a whole grain and a starchy vegetable, and horticulturalists will even quibble that biologically it's a fruit. But according to registered dietitian nutritionist Rahaf Al Bochi, a spokeswoman for the Academy of Nutrition and Dietetics, the term "starchy" doesn't mean corn should get a bad rap. Corn contains nutrients found in whole grains (like thiamine and riboflavin) as well as magnesium, iron, selenium, vitamin B6 and quite a bit of fiber (one ear has 4 grams).

"Corn also has two antioxidants, lutein and zeaxanthin, and those are important for eye and skin health. In fact, research has shown that they can reduce the risk of cataracts and age-related macular degeneration," she says.

Although corn counts toward an adult's recommended vegetable intake (about 2½ to 3 cups daily), Al Bochi advises people who have diabetes and are watching their blood sugar levels to treat it as a carb when meal planning. "Don't confuse it with nonstarchy vegetables, like spinach or tomatoes. I'll have clients tell me they had steak, a potato and a serving of corn, which means they've doubled up on carbs," she says.

Here are three tasty ways to make the most of this sweet summer staple:

1 GRILL IT

Remove husks and brush ears with olive oil. Place corn on a grill over medium-high heat and turn frequently for about eight minutes, until it becomes soft and evenly charred.

2 MAKE SOME AHEAD

Sautéed kernels, which last five days in the refrigerator, are, as Al Bochi says, "a slow-releasing carb that can boost the nutritional power of a meal." To prepare them, remove the kernels from the ears using either a corn stripper or a chef's knife, and season with salt and pepper. (Some cooks prop up the ear in the center of a Bundt pan to keep it still while slicing.) Heat olive oil in a saucepan, add kernels and gently sauté for about 10 minutes until tender. The cooked corn can be added to soups, stews and salads.

3 POP IT

A whopping 3 cups of air-popped popcorn is one carbohydrate serving, so it's ideal for anyone craving a snack that can be savored slowly. Air-pop kernels using either a popper appliance or the microwave. To microwave, place ¼ cup of kernels in a brown paper bag, fold down the top two or three times and cook on high for two to four minutes, until you hear two-second intervals between pops. To season, try a Cajun-inspired blend that's equal parts chili powder, smoked paprika, cumin and garlic powder—a tasty and healthy swap for cheese and butter.





Does anything say summer like fresh grilled corn?

ALL EARS: THE FACTS ON CORN

It goes way back. Researchers found evidence that a wild grass related to maize was present in Mexico's Central Balsas River Valley more than 8,700 years ago.

The numbers add up. There are always an even number of rows—between eight and 32—on each ear of corn. A single ear can have up to 1,200 grains.

Don't let it sit. Corn should be used within a day or two of purchase. Warm temperatures can make the natural sugars in corn convert to starch faster, so keep corn refrigerated, with husks intact, if you don't plan to use it right away.

Corn can be colorful. White and yellow corn are the most popular types in the U.S. But flint corn, named for its hard exterior, comes in hues such as blue, maroon and golden brown. (It's sometimes called calico or Indian corn.) It's often used for autumn decorations, but some producers grind heirloom varieties and sell them as grits, cornmeal, hominy corn and polenta.

APP



Help in the Kitchen

You'll find yourself using BigOven, available on Google Play and iTunes, long after summer ends. It has more than 350,000 recipes and the option to upload and organize your own. The shared grocery lists are super-handly, but the niftiest feature might be the "use up leftovers" search: Type in up to three ingredients lurking in your fridge, and the app will suggest recipes.

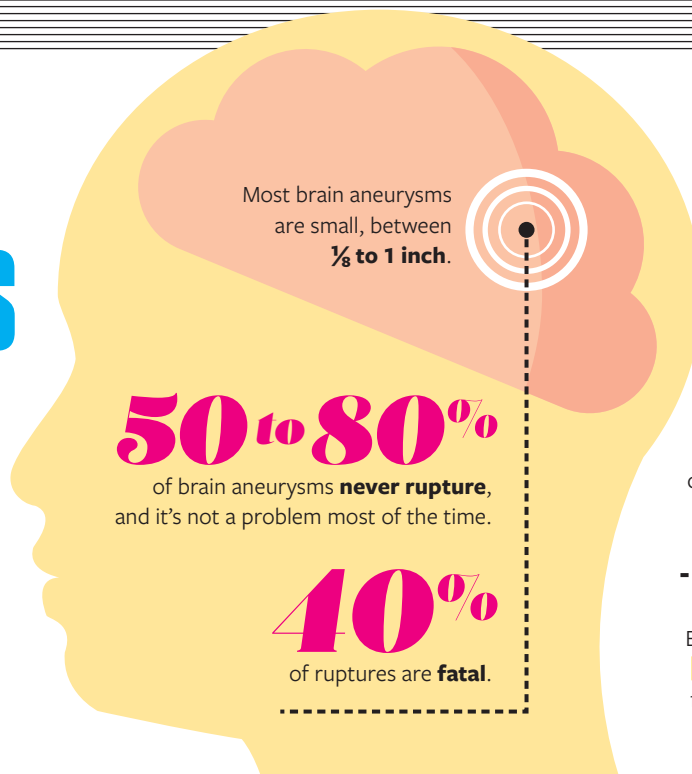
BRAIN ANEURYSMS



A brain aneurysm—a weak spot in a blood vessel—ruptures every **18 minutes** in the U.S.



Nearly **half a million** people die each year worldwide from brain aneurysm ruptures.



Most brain aneurysms are small, between **1/8 to 1 inch.**

50 to 80% of brain aneurysms **never rupture**, and it's not a problem most of the time.

40% of ruptures are **fatal.**



Women develop brain aneurysms compared with men **at a rate of 3:2.**

Brain aneurysms are **most likely** to occur from ages **35 to 60.**

6,000,000 PEOPLE in the U.S. have an unruptured brain aneurysm.

Source: Brain Aneurysm Foundation

GET CARE QUICKLY

Symptoms of a brain aneurysm—including blurred vision, facial drooping and headache—can mimic a stroke. The treatments for each are different, but getting quick medical care is crucial to both. That makes it important to choose a hospital with the expertise to correctly diagnose these conditions. The hospitals of CommunityHealthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—have all received the Gold Seal of Approval™ from the Joint Commission for Primary Stroke Centers.

“This certification demonstrates the exceptional care delivered by our hospitals so stroke patients can live more fulfilling lives,” says Alan Kumar, MD,

medical officer for the hospitals of CommunityHealthcare System.

The program was developed as a collaboration with the American Stroke Association to recognize the quality care and exceptional outcomes provided in managing the unique and specialized needs of stroke patients.

“Working with emergency medical service providers, we mobilize our stroke teams before the patient arrives in the Emergency department,” says Kumar. “Upon arrival, patients are quickly assessed through our advanced diagnostic capabilities. If stroke is determined, appropriate medication is administered to restore blood flow and limit brain damage. Our goal is to provide the most appropriate treatment to ensure optimal outcomes and prevent disability from stroke.”

WEBSITE



Know Where to Go for Care

You can trust in the care provided at the Primary Stroke Centers, designated by the Joint Commission, at the hospitals of CommunityHealthcare System. To learn more about the system's stroke services, visit us online **comhs.org.**



Members of Community Hospital's stroke team, (left to right) MaryAnn Green, RN, Robert Hoskins, RN, and Jennifer Biank, RN, use the TeleStroke mobile video robotic system to let a Rush University Medical Center vascular neurologist speak face-to-face with a patient in the emergency room as part of a detailed assessment.

be initiated by the Emergency department physician. The process reduces the amount of time it takes to perform neurological assessments by having them completed simultaneously between consulting and on-site physicians.

About 85 percent of all strokes are caused by an obstruction within a vessel supplying blood to the brain. Research shows that timely intervention to remove a blockage is the most effective treatment. However, Indiana is one of the lowest performing states as it pertains to stroke treatment and "door-to-needle times." The Community Healthcare System partnership with Rush focuses on improved access to treatment and "door-to-needle times" in Northwest Indiana.

"Our partnership with Rush ensures that more advanced procedures are available locally for acute ischemic stroke care, such as intra-arterial tPA and mechanical thrombectomy," says neuroendovascular surgeon Demetrius Lopes, MD, surgical director of the neuroendovascular program of Community Healthcare System. "The TeleStroke medicine partnership helps us continue to deliver an advanced level of care at a time when it is needed most by our community." ■

A Virtual Leap in Stroke Care

TeleStroke partnership brings team of experts together at bedside BY MARY FETSCH

With the goal of enhancing stroke care and patient recovery in Northwest Indiana, the hospitals of Community Healthcare System have partnered with Rush University Medical Center's TeleStroke Network. The network utilizes telemedicine to bring board-certified vascular neurologists from Rush to the patient's bedside within minutes for stroke assessment through a mobile video robotic system.

The TeleStroke technology is available 24/7 to expand treatment options for ischemic stroke patients arriving to Emergency departments of Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart.

"TeleStroke allows Rush vascular neurologists to speak face-to-face with

patients, neurologists and clinicians present in the emergency room," says Alan Kumar, MD, chief medical officer, Community Healthcare System. "The assessment helps our Emergency department teams quickly determine if the patient is an appropriate candidate for tissue plasminogen activator (tPA), which can save lives or reduce the long-term effects of stroke."

During a TeleStroke assessment, a Rush neurologist reviews CT scans, vital signs and—through a robotic high-definition camera located on the unit—views a patient's pupils during a detailed assessment. The physician has access to the patient's medical information through an electronic medical record.

Within minutes, the stroke neurologist, along with clinical staff, determines a plan of care and treatment to

WEBSITE



Learn More

For more information about stroke treatment and care at the hospitals of Community Healthcare System, visit comhs.org/services/stroke-care.



Don Konecki (left), a paramedic with Superior Ambulance Service, prepares to take patient Joe Kusiak's blood pressure as part of a Community Paramedicine home visit.

PROACTIVE PARAMEDICINE

*St. Mary Medical Center
Community Paramedicine
brings paramedics to area
homes to help patients
manage their health*



Valparaiso resident Joe Kusiak suffers from congestive heart failure and spends more time in the hospital than he would like. He says he needs help sometimes managing his symptoms.

"I am doing a lot of right things, but I could be better," he says. "I want to be better."

Patients like Kusiak with chronic illnesses often find themselves visiting the Emergency department or being readmitted to the hospital due to complications with their conditions. In many cases, convalescence and health management can be successfully maintained at home; yet when symptoms become unmanageable, hospitalization may become necessary.

St. Mary Medical Center in Hobart, in partnership with Superior Ambulance of Indiana, launched an initiative in July 2016 to help reduce readmissions and ensure patients are managing their care at home. The Community Paramedicine program is a patient care coordination effort in which paramedics periodically check on chronically ill patients in their homes for at least 30 days following discharge from the hospital.

"I'm the troubleshooter," says Donald Konecki, a paramedic with Superior Ambulance Service and the point person for the Community Paramedicine program at St. Mary Medical Center. "I try to find out what issues exist, either medications or appointments or misunderstandings. I try to fix it or clarify it so that it doesn't become a condition that might require hospitalization."

St. Mary Medical Center is the first hospital in Northwest Indiana to offer this service. It is currently available to patients with congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD).

"For CHF patients, we monitor their weight through daily weighing so that we can follow trends," Konecki explains. "This is so we can catch concerns early, such as if they're putting on two or three pounds of weight in a day. For COPD patients, we make sure that they are doing their breathing treatments correctly and that they have the right medications."

Konecki is part of a care team that also includes a quality care navigator, Dan Osika, a clinical case manager, Julie Hosch, and a social worker, Lora Darmofalski, as well as the patients' physicians, therapists and other caregivers. All work together to help patients remain on track with their health management.

More than 500 patients at St. Mary Medical Center qualified for the program during its first 18 months.

DO YOU QUALIFY?

Community Paramedicine at St. Mary Medical Center is available to qualified CHF and COPD patients for at least 30 days following discharge. Eligible patients must live within 30 minutes of the hospital, located at 1500 S. Lake Park Ave. in Hobart, to receive services. Patients who believe they may qualify for Community Paramedicine services are encouraged to speak with their cardiologist or pulmonologist about a program referral.

"Our goal at St. Mary Medical Center is to help our community members remain safe after they leave the hospital by helping them to manage their health conditions at home," says CEO Janice Ryba. "Our Community Paramedicine program educates and empowers our patients to be active partners in their treatment and recovery, so that together we can achieve positive outcomes with fewer Emergency visits and hospitalizations."

As part of his visits, Konecki makes sure patients have the items necessary to organize their daily routines and monitor their own progress.

Kusiak says he likes that Konecki can answer questions about his symptoms, medications and progress.

"That's why I like the option of having Don here," Kusiak says. "He's a good sounding board."

"We've gotten a lot of positive feedback and thanks," Konecki says. "Many patients tell us, 'Hey, I never knew this' or 'I appreciate someone checking in on me.' Families like it because when you have a loved one who is home by themselves, you have somebody coming in at least once a week to see how they're doing." ■



Konecki (left) and Kusiak review prescription medications used to treat Kusiak's congestive heart failure.



Fortunetta Brack, right, is feeling much better these days after Russell Pellar, MD, implanted LINX, a titanium ring-shaped device, to fix her severe acid reflux.

Goodbye, GERD

LINX procedure offers patients relief from acid reflux



Fortunetta Brack of Highland was fed up with being sick. In 2016, she spent New Year's Day, Easter, Mothers' Day, Labor Day weekend, Thanksgiving Day and Christmas in the hospital with pneumonia and lung infections.

Ten years earlier, she had been diagnosed with asthma. Despite being prescribed many medications, she still developed lung infections on a regular basis.

Frustrated, Brack finally went for a second opinion. She found she had been misdiagnosed. It wasn't asthma causing the coughing, wheezing and lung infections; it was severe acid reflux. Armed with the new information, she quickly assembled a team to help her regain her digestive health.

"Acid reflux absolutely interfered with my quality of life," Brack says. "Many times I would be eating a meal during family celebrations and it would aggravate my reflux. My lower esophageal valve was completely open. The acid and bile in my stomach would reflux almost 100 percent, then aspirate into my lungs. That is why I kept getting lung infections and pneumonia."

Her new healthcare team at Community Hospital, including family practitioner Nitin Sardesai, MD, and gastroenterologist Gene Chang, MD, recommended that Brack see general surgeon Russell Pellar, MD. Pellar was the first surgeon in Northwest Indiana to offer a new solution for severe acid reflux called LINX.

When LINX's small band of magnetic beads is positioned around the patient's esophagus at the lower muscle or sphincter, it acts as a natural barrier to reflux and helps to eliminate gastroesophageal reflux disease, or GERD.

"The LINX device, which is implanted laparoscopically, offers another minimally invasive alternative to traditional surgery and does not require reconfiguration of the stomach," says Pellar. "While medication remains a popular choice for patients suffering from GERD, for some the symptoms and side effects can be painful."

GERD is caused by reflux and regurgitation of stomach acid into the esophagus. In normal swallowing, a valve between the esophagus and stomach opens to allow food to pass into the stomach then closes to prevent reflux of the food back into the esophagus. For those with GERD, this valve is weakened or absent, allowing the acidic digestive juices to flow back (or reflux) into the esophagus.

GERD is typically treated with medications called proton pump inhibitors (PPIs). PPIs can lose their effectiveness over time, requiring progressively higher dosing. Research shows that of the approximately 30 million Americans who are diagnosed with chronic GERD and are dependent on

daily medications, 20 to 40 percent are not satisfied with PPIs.

Up until now, laparoscopic Nissen fundoplication had been considered the standard surgical approach for treatment of severe GERD. During the procedure, also called a complete fundoplication, the upper part of the stomach is wrapped 360 degrees around the entire lower end of the esophagus and stitched in place permanently, reinforcing the closing function of the lower esophageal sphincter.

During the LINX procedure, instead of the stomach being altered, a titanium ring-shaped device is positioned around the neck of the lower esophagus just above the stomach. The device's magnetic beads constrict to prevent acid from escaping out of the stomach while allowing the patient to eat and swallow normally.

"LINX sounded like a better option for me," says Brack. "I'm pretty excited

about it. I think that we have some really good care out here in Northwest Indiana and I try to stay close to home. I am really happy with Dr. Pellar and could definitely feel a difference in my esophagus right away. Everything is staying down. I think it is very cool that he is learning new ways to do things. Between Drs. Sardesai, Chang and Pellar, I have a really great team. I don't think I would get better care anywhere else."

The minimally invasive procedure is performed on an outpatient basis and typically takes about an hour to complete, minimizing recovery time and risks to the patient. Patients can resume a normal diet the same night as the procedure, according to Pellar.

The device does not affect airport security, and patients with LINX can still have an MRI. Unlike Nissen fundoplication, the LINX device can be removed and the procedure is reversible. ■

WEBSITE



GERD Got You Feeling Down?

For more information about LINX and minimally invasive procedures to help relieve GERD, visit comhs.org.



Surgeon Russell Pellar, MD, holds the LINX device.

Saving Hearts

Free cardiovascular assessments a lifesaving resource for patients



A retired U.S. Navy Seabee, Alan Arendt is accustomed to a regimen of exercise, regular checkups with his primary doctor and healthy food choices. He thought he was maintaining a healthy lifestyle.

Since he had a family history of heart disease, Arendt decided to take advantage of a free American Heart Association cardiovascular assessment given by St. Catherine Hospital healthcare providers at the Hammond Family YMCA.

“My dad was 45 when he died of a heart attack, so when I turned 61, I thought I should address my risk,” Arendt explains. “Within 20 minutes, I found out



Cardiologist P. Ramon Llobet, MD, and Blanca Balcazar, echo-vascular technician, noninvasive cardiology, meet with Alan Arendt for a stress test after an assessment by St. Catherine Hospital's Cardiovascular Disease Prevention Center.

I was obese—at 220 pounds—and I needed to see a cardiologist.”

Assessments, offered through community events in Hammond, East Chicago and Whiting, as well as St. Catherine Hospital’s Cardiovascular Disease Prevention Center in Hammond, check average glucose (if you have a history of diabetes), random blood sugar, cholesterol, ABI (leg circulation), blood pressure, body mass and waist circumference.

A cardiac technician, cardiac nurse and an advanced practice nurse (APN) who specializes in cardiology and diabetes perform the assessments. The APN goes over family history, reviews assessment results and calculates risk for heart disease or related medical conditions.

Cardiologist P. Ramon Llobet, MD, says the free risk assessment approach to healthcare is a game-changer.

“When we’re in our 30s and 40s and even in our 50s, we think we’re invincible,” Llobet says. “We may even think we’re doing all the right things to stay healthy. And yet the risk indicators may show otherwise. Our goal is to diagnose cardiovascular disease at an early age and treat it before it becomes a cardiac emergency.”

Like Arendt, Michael Hurley also had a family history of heart disease. His

father died at 47 and a brother at 34 of cardiovascular-related conditions. The assessment revealed a few alarming statistics in Hurley’s profile. His blood lipids, weight, diet and exercise habits indicated he had a 9.4 percent chance of a cardiac event within a decade. Until then, he had been keeping a close eye on his blood pressure and sugar levels but thought a sharp decrease in stamina and pressure in his chest were due to age-related fatigue. Taking the assessment, offered through St. Catherine Hospital’s Cardiovascular Disease Prevention outreach program, may have saved his life.

Anyone with a score higher than 7 percent is advised to see a cardiologist. Clinical nurse specialist Virginia Ait Said, APN, suggested Hurley modify his diet and see a cardiologist as soon as possible.

A couple of weeks later, after an abnormal stress test and a cardiac angiogram, Hurley was referred for triple bypass surgery.

“There is a great need for preventive programs like this,” says Leo Correa, CEO, St. Catherine Hospital. “It acts as a safety net for those who are at risk for



Arendt, a Navy veteran from Hammond, sought further testing after learning his risk factor for cardiovascular disease and diabetes in a free American Heart Association assessment.

developing cardiovascular disease or related medical conditions. This program puts us at the forefront in the delivery of extraordinary care in our community.”

Arendt was so rattled after hearing his score, Ait Said assumed the role of a healthcare concierge to explain the significance of his results, help set up his appointments and coach him through his journey to wellness. Today, Arendt is eating more low-sugar fruits and vegetables. He’s down to his military weight, and he’s counting a few lucky stars.

Hurley credits the medical team for saving his life. “I have long held St. Catherine Hospital and its staff in high regard, and this last encounter has reaffirmed that high regard. Their compassion, professionalism, medical knowledge and ability are beyond reproach.” ■

APPOINTMENTS



Ace of Hearts

Do you have family history of heart disease or diabetes? Are your eating habits or lack of exercise putting you at risk? The Cardiovascular Disease Prevention Center is open for free assessments at 7217 Indianapolis Blvd., Hammond. To learn more or make an appointment, call **219-392-7CVP (7287)**.



Neurologist Andrea DeLeo, DO, MSE

TELESTROKE ENHANCES PATIENT OUTCOMES

Neurologist Andrea DeLeo, DO, MSE, a Community Care Network physician, discusses the benefits of Community Healthcare System's partnership with Rush University Medical Center's TeleStroke Network.

Q What is TeleStroke?
The video robot TeleStroke device gives us rapid visual reviews of ischemic stroke patients arriving to emergency departments of Community Hospital, St. Catherine Hospital and St. Mary Medical Center. The neuro-endovascular team at Rush University Medical Center sees the patient through a camera while members of the hospital's stroke team simultaneously perform a bedside exam. Based on what's found in the bedside exam, the team can quickly decide if the patient is a candidate for tissue plasminogen activator (tPA) treatment, followed by monitoring in intensive care.

Q Why is TeleStroke an important tool to diagnose and treat brain aneurysms and stroke?
A study reported in *JAMA Neurology* found the TeleStroke networking program can cut five minutes off the time needed to give a patient a computed

tomography (CT) scan to diagnose stroke and 26 minutes off the time to administer the clot-busting drug tPA. There is direct visualization by a stroke specialist during the assessment with determination of symptom onset and symptom severity. The findings are correlated to other scores, including CT imaging, to allow the neurologist to determine the best treatment option for patients.

Q Who is a candidate for TeleStroke?
Having the TeleStroke device at our side allows us to rapidly and accurately pinpoint the site that is triggering stroke. Ideal candidates for this tele-medicine approach are patients with large vessel stroke symptoms and those with CT perfusion imaging that confirms the presence of clot and extent of an acute ischemic event, such as thrombotic or embolic stroke. Also, it can help confirm the presence of aneurysm and any out-pouching or weakness in a blood vessel. ■

APPOINTMENTS



Expert Neurologic Care

Andrea DeLeo is affiliated with Community Hospital in Munster and St. Catherine Hospital in East Chicago. For an appointment, call **219-836-2995**. Her office is located at 801 MacArthur Blvd., Suite 404, Munster. To learn more, visit comhs.org/services/stroke-care.

YOUR BODY

You only have one body
to experience the joys of living.

Take care of it!



Cardiovascular Disease Prevention Center Assessment

Mondays, Tuesdays & Thursdays • 8:30 - 11:30 am
Additional times by appointment

7217 Indianapolis Boulevard, Hammond

Family history of heart disease or diabetes?

Are your eating habits or lack of exercise putting you at risk?

St. Catherine Hospital Cardiovascular Prevention Center providers offer **FREE**
American Heart Association assessments to determine your risk for heart
disease and other related medical conditions. **Walk-ins welcome!**

Free Assessments:

A1C-Glucose (history of diabetes)

ABI-Leg circulation test

Blood Pressure

Body Mass Index

Cholesterol

Random Glucose

Waist Circumference

No fasting required. Must be 18 or older.

Registration is required. Call 219-392-7CVP (7287).

 *Community Healthcare System*[®]

ST. CATHERINE Hospital

East Chicago
comhs.org



St. Mary Medical Center is
Northwest Indiana's

FIRST BABY-FRIENDLY HOSPITAL!*

What does it mean to be a
designated Baby-Friendly Hospital?

- Delivers optimal care for moms and babies
- Provides support and education based on established best practices for all feeding choices
- Furnishes a sensitive care environment that promotes informed healthcare decision-making

The Family Birthing Center at St. Mary Medical Center is a special place to start your family.

For more information about birthing options at St. Mary Medical Center, call 219-836-3477.

*As designated by Baby-Friendly USA, the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative (BFHI).



OF ST. MARY MEDICAL CENTER
1500 S. LAKE PARK AVE., HOBART, IN