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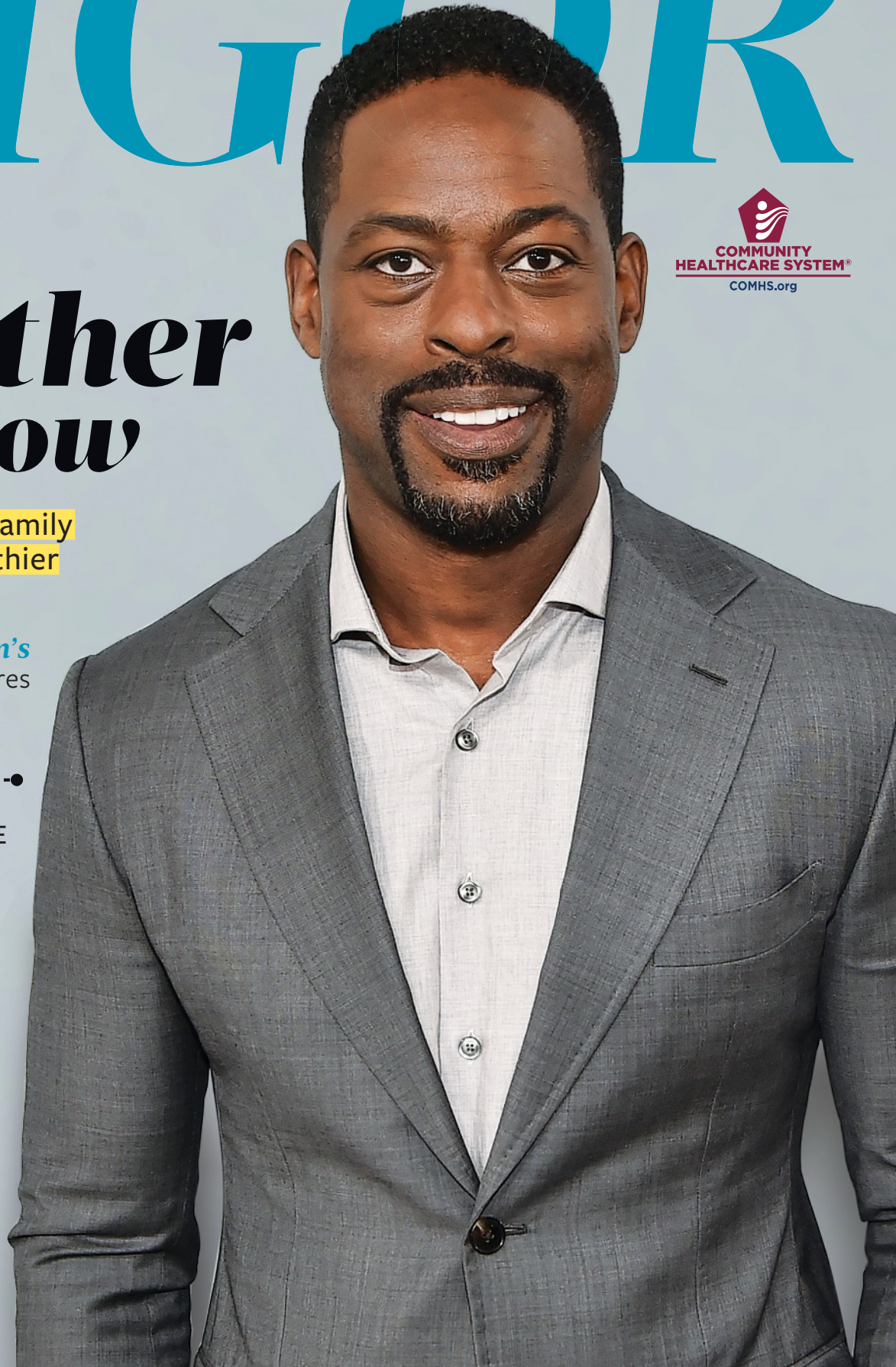
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Sterling K. Brown's family history inspires him to raise his kids in good health

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Winter 2019

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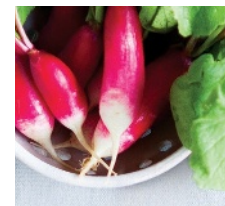
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Spotlight: Community Hospital ZeroG Gait and Balance System enhances rehabilitation outcomes and gets people back on the move.

EXPANDING TO FULFILL OUR MISSION



Staying true to our mission, the hospitals of Community Healthcare System continue to evolve to better meet the health needs of our Northwest Indiana residents. To make the most advanced, high-quality healthcare available to every family in our area, we continue to grow and add new facilities and new technologies.

The newest Community Healthcare System hospital, Community Stroke & Rehabilitation Center, has opened in Crown Point. A 40-bed inpatient rehabilitation unit, it is designed to help those recovering from stroke, neurological issues and other conditions requiring intensive rehabilitative care (read more on page 4). The center's offerings also include immediate care, diagnostic imaging and laboratory services. Community Care Network physician offices are open in this location with family medicine practitioners and specialists in cardiology, obstetrics and gynecology, urology and orthopedics. Outpatient therapies — physical, occupational and speech — are available using some of the most innovative state-of-the-art technologies.

One of those technologies our physical therapists are using to help neurology patients accelerate recovery and maximize balance and movement is the ZeroG[®] Gait and Balance System. The first of its kind in Northwest Indiana, this new equipment is making a difference in movement and standing activities and giving rehabilitation patients new hope (page 54).

These are just a few of the latest steps that we have taken to ensure that our patients can access the highest-quality care at every stage of their lives.

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



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NURSES AT THE HEART OF HEALING

 Nurses help fulfill Community Healthcare System’s mission to serve by providing quality, compassionate care to our patients. Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart salute this dedication with a presentation of awards during National Nurses Week. The following are just a few of the extraordinary people who practice the art of healing at our hospitals.

At Community Hospital, **Lori Cloud**, a patient care technician for 3 Ortho, is the recipient of the 2019 Patient Caregiver Excellence Award. **Karen Schneider**, a nurse on 5 West, received the 2019 Nursing Excellence Award.

COMMUNITY HOSPITAL AWARDS



Community Hospital staff recognized **Karen Schneider**, nurse on Oncology floor 5 West, and **Lori Cloud**, patient care technician on 3 Ortho, with Excellence Awards for 2019.

“Our nurses place the care of our patients first and foremost before anything else we do,” says Lou Molina, Community Hospital CEO. “We appreciate their outstanding efforts.”

Cloud and Schneider were nominated by their peers at the hospital for going above and beyond in their respective patient care areas and in the community.

The Excellence in Nursing Award winner at St. Catherine Hospital is **Katie Cruz**, a charge nurse on 6 West. Cruz has worked at the

hospital for seven years. Patient care technician **Nicole Parodi** was nominated by her co-workers to receive the 2019 Caregiver Excellence Award.

ST. CATHERINE HOSPITAL AWARDS



Nurse **Katie Cruz** and patient care technician **Nicole Parodi** of St. Catherine Hospital were recipients of the 2019 Excellence Awards.

“Katie and Nicole are very deserving of their awards,” says Leo Correa, St. Catherine Hospital CEO. “We are happy to have them as part of our family, and our patients are happy, too.”

ST. MARY MEDICAL CENTER AWARDS



At St. Mary Medical Center, the 2019 Nursing Pillar SUPERSTAR Award was presented to **Kelli Hale**, and the IMPACT Award was presented to **Vince Fabugais**.

At St. Mary Medical Center, outstanding nurses are recognized with Nursing Pillar Awards in the categories of service, people, growth, quality and finance. Chosen overall as the SUPERSTAR is **Kelli Hale**, nurse in the Intensive Care Unit. **Vince Fabugais**, nurse on 3 East, was selected to receive the IMPACT Award for providing outstanding patient care.

“Every day our nurses care for our patients with compassion and dignity,” says Janice Ryba, St. Mary Medical Center CEO. “They are committed to positive clinical outcomes and an extraordinary patient experience.” ■

WEBSITE



Who’s Your Favorite?

If you have a favorite nurse or caregiver of your own who deserves recognition, visit **COMHS.org** and click the “Send a Star to our Staff” button.

On the Road to Recovery

Rehabilitation Center opens for neurology, stroke and orthopedic patients BY ELISE SIMS

Despite his diagnosis of Parkinson's disease in 2013, 90-year-old Harvey Cleland has still been getting around and enjoying retirement. Always very active, he owned Meyer's Heating & Cooling business for some 50 years in Northwest Indiana. A Dyer resident, he and wife Janet were back home for the summer from Naples, Florida, when he experienced a dizzy spell that landed him in the hospital. His systolic blood pressure had plummeted from 140 to 40, leaving him lightheaded and unable to walk.

After inpatient care at Community Hospital in Munster, Cleland was ready for more intensive rehabilitation. He became the first patient at Community Healthcare System's specialty hospital in Crown Point.

"When I got here, I was in really bad shape," Cleland says. "It's amazing the difference in care that I have received through the hospitals of Community Healthcare System compared with those in Florida. These staff members are happy to be here, and it shows in their attitude and demeanor."



Community Stroke & Rehabilitation Center is the newest addition to the Community Healthcare System family. A specialty hospital with a focus on inpatient rehabilitation, it represents the first of its kind for the healthcare system. The hospital features a 40-bed inpatient rehabilitation unit on the third and fourth floors, with dedicated activity and gym space for therapy. The unit also houses an area that mimics an apartment for patients to practice the activities of daily living in a supervised setting.

"Studies show that for patients like Harvey who are recovering from stroke, neurological conditions or joint

replacements, intensive inpatient rehabilitation treatment can result in better outcomes with a shorter length of stay," says Craig Bolda, administrator, Community Stroke & Rehabilitation Center.

One Goal

Once the patient is settled in his or her new surroundings, he or she is evaluated by physical, occupational and speech therapists to get a baseline measurement to help determine the plan of care, says physical medicine and rehabilitation physician Thanzeela Mohideen, MD,

medical director of the Community Stroke & Rehabilitation Center.

“Our goal for each patient is always with safety in mind first,” she says. “We work with them in a safe environment to maximize independence and gain functional mobility. To get to the goal line, our patients are running a marathon, not a sprint.”

The therapists teach basic skills like putting on shoes and tying laces, Cleland says. “You don’t realize how important these things are until you aren’t able to do them with ease anymore. Of course I want to go home, but I’d also like to be able to get around on my own better without the help of a wheelchair.”

Other Services

In addition to the inpatient rehabilitation unit, Community Stroke & Rehabilitation Center offers a wide scope of outpatient services. The first floor is home to an immediate care center, providing quick treatment for bumps, bruises and illnesses that are not life-threatening. The first floor is also home to outpatient physical, occupational and speech therapy, diagnostic imaging services, a clinical laboratory and physician offices.

The facility’s second floor houses physician offices along with a Women’s Diagnostic Center. The center is dedicated to breast imaging, offering same-day mammography results and additional related testing under the guidance of fellowship-trained dedicated breast radiologists.

In addition to a variety of medical services providing quality care, the hospital’s landscaping features a healing



garden to aid in recovery and promote reflection.

“This center is the only freestanding dedicated rehabilitation center in Northwest Indiana with outpatient therapies present to complement that care,” Bolda says. “The focus is all about pairing convenient patient

Nursing and therapy services staff at the new Community Stroke & Rehabilitation Center in Crown Point are welcoming patients with neurological conditions and those who have had a stroke or need complex orthopedic care.

access with a top-quality patient experience. Instead of having to travel a distance for this level of care, residents will have those services right in their own community.”

One of those residents, Cleland, called it “a first-class rehabilitation center.”

“Rehab is much needed for older people,” Cleland says. “I am grateful to have a facility of this caliber in Northwest Indiana.” ■

WEBSITE



Rehab in Your Backyard

For more information on the Community Stroke & Rehabilitation Center, visit COMHS.org.

*HELP
on the*

JOURNEY

*Palliative care team offers support at the
right time and right place* BY ELISE SIMS



Griffith resident Alfred “Fred” Negrete was a busy, active family man. A retired supervisor at Inland Steel, he was an avid collector of coins, stamps and airplane models. Negrete also was a devoted husband of 43 years. His pride and joy were his three children, seven grandchildren and watching all their sports and activities.

Then, a series of health challenges when Negrete was in his late 60s suddenly changed his quality of life. He was a kidney and liver transplant recipient. Then he developed chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). These chronic conditions eventually brought Negrete to Community Hospital in Munster, where he and his family were guided through the medical landscape by the palliative care team. >

The Purpose of Palliative Care

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart provide palliative care for patients who are chronically ill and are in need of inpatient and outpatient support to enable them to have the best quality of life possible.

Palliative care can begin at diagnosis and continue throughout treatment. Hospice care, in contrast, begins after treatment is stopped and the goal is no longer to cure, but to provide comfort and the best quality of life possible.

“We see patients with chronic conditions such as CHF, COPD, cancer, dementia, stroke and conditions that cause them to continue to be readmitted to the hospital,” says nurse practitioner Amanda LeVin of Community Hospital. “Then we get involved through physician or staff referral and make a different plan for continuum of care that hasn’t been made before.”

That involves palliative care team members consulting with the patient and family members about the goals of care or what direction that care will take, LeVin says.

“Palliative care is about planning for the future: educating them about their disease process, painting a picture of what they can expect, worst-case scenario options, potential resources.”

Empowering Patients and Families

Negrete died in May; his widow, Vicki, says palliative care helped her family by offering a better understanding of what her husband was going through and educating them on what to expect during the next steps in his treatment.

“We finally had some direction in putting Fred’s care back into our hands, because up until that point we did not know what was going on,” Vicki Negrete says. “As much as I had been at Fred’s side all along, this was the first time



I was hearing about how we could help with the decision-making in his care. Amanda (LeVin) gave us her number and said I could text her and she would come to see me when I was at the hospital and answer my questions and fill me in on what was happening next. She got all of us on the same page. She was our angel when it came to keeping us informed as to what had happened, and what was new since the last time I was there. They made our lives easier instead of demanding to know what we wanted to do while we were in a panic mode.”

Continuing Conversations

Just as at Community Hospital, St. Catherine Hospital and St. Mary Medical Center have a large population of patients with CHF and COPD, people who are chronically ill and go back and forth to the hospital for treatment sometimes a couple of times a month.

“These patients get to a point when their care needs start to flip; when it becomes not what the doctor orders, because it is still not enough, but what they need to maintain a certain level

Part of Vicki Negrete’s (seated, center) husband Fred’s palliative care team at Community Hospital included (left to right) nurse Susan Kelley, social worker Nicole Brundage Lamski and nurse practitioner Amanda LeVin.

of quality of life,” says Donna Solis-Traicoff, nurse transitional specialist at St. Catherine Hospital.

“Many patients, like Fred, want to get to the next step in medicine,” she says. “A decision has to be made at some point (about treatment). These conversations are not one and done. These conversations occur over and over for the extent of the patient’s lifetime to determine their wishes and the best course of care for them. Whatever their need, we work with their doctors to see that they are taken care of, from bringing in their family members to symptom management. As my job duties include working in readmissions, we are able to offer help in so many areas. We can arrange for help at home, pharmacy needs, transportation, set up outpatient visits and talk with the family.”



Donna Solis-Traicoff says palliative care consists of conversations that occur over and over for the extent of the patient's lifetime to determine his or her wishes and the best course of care. "Whatever their need, we work with their doctors to see that they are taken care of, from bringing in their family members to symptom management."

Nurse practitioner Jennifer Sarkey, on staff at St. Mary Medical Center in Hobart, says the palliative care team tries to get involved with the patient as early as possible in his or her care plan. "When patients are undergoing initial treatment for their chronic condition, you start with conversations about

advance care planning, education and preparing for the future," she says. "As time and their disease progresses, we can help to make that transition easier."

Palliative care involves bringing together an interdisciplinary team of doctors, nurses, nurse practitioners, social workers and chaplains to meet each patient's unique needs, Sarkey adds.

"Those relationships and a personal touch are a huge part of treatment. Connecting the dots in care are what we do to treat the whole person."

Helping Maintain Quality of Life

Negrete says her husband always said he had nine lives, but he also knew they were running out. Even so, with the help of palliative care, he was able to enjoy visits home with his family. He was home for two months around Christmas 2018, went back to the hospital Jan. 4 and came home on Valentine's Day. He went back to the hospital on April 25 for the last time before he died on May 4.

His wife says that she will always be grateful for the support she received

from the palliative care team and that she wished she had known about palliative care sooner.

"It really helped us to help him," she says. "I finally found the support that I needed and I wasn't going to let go. We still keep in touch today."

Palliative care is about guiding patients and their loved ones through a process, LeVin says.

"It helps move forward from curative care to disease-based care to maintaining comfort and quality of life," LeVin says. "We recognize that we have a unique opportunity to make a difference in the lives of family members and help our patients have good outcomes as far as their wishes are concerned." ■



Nurse practitioner Jennifer Sarkey says the palliative care team tries to get involved with patients undergoing treatment for chronic conditions as early as possible in their care plan. "As time and their disease progresses, we can help to make that transition easier."

WEBSITE 

More About Palliative Care

For more information about palliative care at the hospitals of Community Healthcare System, visit COMHS.org.

The Family Health Issue

Our Families, Our Health

▶ Your closest relatives have a big influence on your health and wellness

How tall are your mom and dad?
Genetics account for **60 to 80%** of our height.

If your family has dealt with cancer, you're not alone. **54%** of Americans say the disease has affected their immediate family.

Do twins run in your family? Women with a mom or a sister who had fraternal twins are about **2x as likely** to have fraternal twins themselves.

Take a look at your parents' and siblings' mental health. People with a close relative with depression appear to have a **2x to 3x greater risk** of developing the condition.

Read on for more ways that your family affects your health and how you can be a catalyst for wellness. ➔



PHOTO BY GETTY IMAGES

Sources: The New York Times, National Institutes of Health, CBS News poll

THE POWER OF US

For This Is Us actor Sterling K. Brown, family history and the prospect of a healthier future serve as motivation for his nutrition and fitness goals

BY **JEANNIE NUSS**





Sterling K. Brown is known for his Golden Globe- and Emmy Award-winning acting as Randall Pearson on the hit NBC drama *This Is Us*—and his stellar abs on Instagram.

His motivation for his career and his physique comes in part from his father, who died of a heart attack when Brown was 10 years old.

Brown—who is also known for his roles as Christopher Darden on the FX series *The People v. O.J. Simpson: American Crime Story* and N'Jobu in the 2018 Oscar-winning movie *Black Panther*—watched TV shows like *Barney Miller* and *Hill Street Blues* with his dad when he was a kid.

“The fact that I’m an actor, I know he loves it,” Brown told *Variety*. “And now to be a father and to have two boys, I know that makes him happy, too.”

Brown’s father had type 2 diabetes, smoked and drank alcohol. So as a result, Brown is careful with his diet and exercise, and he and his wife,

Opposite: Sterling K. Brown, wife Ryan Michelle Bathe and their children, Andrew and Amaré, with Disney character Stitch. Top: Brown’s wife, Bathe, had a small role on his hit show *This Is Us*.



Ryan Michelle Bathe, make sure their two sons, Andrew and Amaré, follow a healthy lifestyle, too.

He doesn't allow junk food in the house, he's not much of a drinker, he's never smoked a cigarette, he drinks plenty of water and he gets lots of exercise.

And while Brown likes the aesthetic benefits of his regimen, his nutrition and fitness goals aren't about vanity. They're about longevity.

"I'm not just looking good for the sake of looking good," he told the *Los Angeles Times*. "I want to live a long, healthy life. The life expectancy of the African American male is the shortest of all groups in this country, and I don't wish to be a statistic. I want to be around to see great-grandchildren—and be able to enjoy them."

Nutrition and fitness experts say Brown is using his celebrity status for a good cause by calling attention to the

importance of making healthy habits part of the family.

"He's setting that example not just for his family but also for his fans," says Victoria Yunez Behm, a certified nutrition specialist and a member of the American College of Nutrition.

And Brown, 43, doesn't plan to slow down anytime soon.

"I want to go for another 60 years," Brown told *Variety*. "I want to be that centenarian that walks up to you with a straight back and says, 'How are you, young man?'"

Here are some of the ways you—and your family—can follow Brown's lead.

Drink Lots of Water

Water helps your body regulate temperature, lubricate and cushion joints, protect your spinal cord, and get rid of waste, according to the Centers for Disease Control and Prevention.

Brown says he drinks almost a gallon of water a day because it has other benefits for him, too.

"I try to drink a lot of water—it hydrates, curbs appetite," he told *People*.

Although you often hear people say to drink eight 8-ounce glasses each day (Brown drinks twice that!), the CDC doesn't have a recommendation on how much water you should drink. Rather, research suggests that most people get enough water by letting thirst be their guide. By drinking when you're thirsty, you're likely to avoid dehydration and overhydration, both of which can be problematic.

Water isn't just important for adults. "Kids need to drink a lot of water," Yunez Behm says.

Acknowledging that it can be hard getting children who are picky or constantly on the go to drink enough water, Yunez Behm says milk, unsweetened iced tea and occasional whole fruit juice can be good options. But stay away from juice blends and artificially sweetened beverages like soda.

Make (Mostly) Healthy Food Choices

In Brown's house, whole foods rule.

"No white pastas, flour or sugar in my house," Brown told the *Los Angeles*



Sterling K. Brown and his son, Andrew

7 Things You (Probably) Didn't Know About Sterling K. Brown

- 1 Brown's interest in acting started when he was a freshman in high school and appeared in a production of *Godspell*.
- 2 He and his wife, fellow actor Ryan Michelle Bathe, were born at the same hospital in St. Louis, but they didn't meet until they were both students at Stanford University.
- 3 He and his wife have been married since 2007 and have two sons, Andrew and Amaré. Andrew's birth caught Brown and Bathe off guard and resulted in a home delivery, which was mirrored in an episode of *This Is Us*.
- 4 Brown and Bathe have shared the screen on *This Is Us*, with Bathe playing the recurring role of Yvette.
- 5 Brown went by his middle name, Kelby, before the death of his father, who was also named Sterling, when Brown was 10 years old. As a teenager, Brown started going by Sterling to honor his dad.
- 6 In late 2017, Brown began starring in a series of TV spots to promote tourism in St. Louis.
- 7 Brown loves theater and has performed in a number of stage shows, including New York and Los Angeles productions of *Father Comes Home from the Wars (Parts 1, 2 & 3)*, for which he won an NAACP Theatre Award.

Sources: *Essence*, *Huffington Post*, *IMDb*, *People*, *St. Louis Magazine*, *TV Guide*

Times. “We’ll eat brown rice, not white. Pop-Tarts used to be a regular thing, but if I opened the box, I’d probably finish it all. Keeping it out of the house is the key.”

But even Brown leaves room in his healthy diet for the occasional indulgence.

“[I eat] carbs at the top of the day, more vegetables than anything else, lean protein and good fat, like avocado, olive oil and DHA [a type of healthy fatty acid],” he told *People*. “However, Sunday brunch, anything goes.”

Rebecca Scritchfield, RDN, author of *Body Kindness: Transform Your Health from the Inside Out—and Never Say Diet Again*, recommends making time for family meals, too. She suggests aiming for seven family meals a week—and being flexible with the definition of family meal. It could be one parent and one child or the whole family.

“People get really busy,” she says. “Even if you grab something from the grocery store or a restaurant and bring it home and eat on plates, that can count as a family meal.”

Get Moving— with the Kids

Brown says his abs don’t come from spending every waking hour at the gym.

Instead, he says, they come from flexibility—with his schedule.

“I try to get something in five days a week,” Brown told *People*. “My work schedule doesn’t always accommodate my workout schedule, but I make do with what time I’ve got.”

Brown’s workouts have quite a bit of variety, too.

He said he tones his abs with a workout based on P90X’s *Ab Ripper X* exercises.

“I love basketball because it’s social, and you’re not even thinking about working out—you’re just playing a game and getting great exercise at the same time,” he told *People*. “I also run,

swim, bike, lift, do yoga. I just try to do something to sweat at least an hour a day.”

And Brown doesn’t work out alone. He told the *Los Angeles Times* that he likes to take his son to exercise with him.

“I’ll push him just enough to where he wants to come back and do it again. We’ll go to a park with a

GETTING KIDS TO EAT HEALTHFUL FOODS

Kids can be picky. Try two basic strategies to help put your entire family on the healthy eating team.

1. Weave regular family meals into your routine.

“Research shows children who eat regular family dinners tend to consume more fruits, vegetables, vitamins and micro-nutrients, as well as fewer fried foods and soft drinks,” says Julie Santana, a dietitian at St. Catherine Hospital.

Consistent family dinners have been found to reduce symptoms in certain medical disorders such as asthma. Children who eat regular family meals are less likely to be obese as adults.

“You don’t have to cook a gourmet meal,” Santana says. “Keeping it simple is OK. Providing a variety of nutritious foods is the key.”

2. Recruit your kids to help cook. This will give them more ownership in the meal and make them more likely to eat whatever nutritious dish you’ve made together.

Try something simple like macaroni with real cheese. Instead of baking a cake, make granola bars with cranberries, oats, flaxseed and nuts for a high-energy snack. Keep a pitcher of water in your refrigerator that is infused with cucumber and mint or lemon as an alternative to soda or sweetened drinks.

APPOINTMENTS



See a Dietitian

Call Community Hospital at **219-703-1560**, St. Catherine Hospital at **219-392-7060** or St. Mary Medical Center at **219-947-6063** for information about dietary evaluations by a registered dietitian and consultation fees.

one-third-mile track,” he said. “I’ll say, ‘OK, big boy, I’m going to give you a 30-second head start. Then, Daddy’s going to go all out to try to catch you.’ And he takes off. He’s fast. Sometimes I catch him, sometimes I don’t.”

Either way, Brown says, his son learns the importance of exercise.

“I try to expose him to fitness at an early age—not just to sports—but what it means to live a healthy lifestyle,” Brown told the *Los Angeles Times*. “That way, although he may not be able to play sports the rest of his life ... he can always take care of himself.”

So, as Brown models a healthy lifestyle, his kids follow his example of incorporating healthy habits into their own lives.

You can do it, too. By taking care of yourself—drinking plenty of water, choosing healthful foods and working out—you can show your kids that healthy habits are part of the family. ■

Whole- Body Harmon



Wellness takes a holistic approach. Here's how to eat for a healthier brain, catch quality sleep and troubleshoot a nagging cough

BY **STEPHANIE THURROTT**



y



The stuff we put in our mouths affects more than just our waistlines.

Foods That Boost **YOUR BRAIN**

➔ *What you eat does more than fuel your body*

We often think about how food will affect our bodies, especially our weight. And we hear a lot about diet and heart health. But we don't give as much thought to how food affects our brains.

Lisa Mosconi, PhD, a neuroscientist and the author of *Brain Food: The Surprising Science of Eating for Cognitive Power*, says we should.

"The foods we eat change the way we look, but they also change the way we think," she says. "Some foods will help us age gracefully and achieve top mental performance. Other foods will have the opposite effect, harming our brains and increasing our risk of cognitive decline and dementia."

PHOTO BY GETTY IMAGES

Make healthier food choices and you'll help keep your brain performing at its peak. Here are the foods Mosconi says to include in your diet to best feed your brain:

EAT MORE:

Dark leafy greens

► **Why:** Dark leafy greens, like spinach, swiss chard, dandelion greens and kale, are full of vitamins, minerals, fiber and disease-fighting nutrients that you need for a healthy nervous system. They also aid digestion, flush out toxins and improve metabolism.

EAT MORE:

Berries

► **Why:** Berries, especially blackberries, blueberries, strawberries, raspberries, dark cherries, goji berries and mulberries, are packed with antioxidants that help keep your memory sharp as you age. They are also a great source of fiber and glucose, the main energy source for the brain. They are sweet but have a low glycemic index, so they help regulate sugar levels.

EAT MORE:

Extra-virgin olive oil and flaxseed oil

► **Why:** These oils are loaded with anti-aging nutrients like omega-3 fatty acids and vitamin E, which is one of the strongest antioxidants. "Extra-virgin olive oil is also rich in monounsaturated fat, a kind of fat that is good for the heart, and what is good for the heart is good for the brain," Mosconi says. That's partly because keeping your heart healthy can reduce your risk of stroke and dementia.

CONCERNED ABOUT MEMORY LOSS?

Forgetfulness is common. However, as we age it may be a sign of something more serious. Having a better understanding of memory loss can help prepare you and your loved ones for the road ahead.

Hartsfield Village, Munster, a designated Memory Screening Program site for the Alzheimer's Foundation of America, is Community Healthcare System's continuing care retirement community. A memory screening can provide an important first step in detecting cognitive impairment. Results and recommendations are discussed at the conclusion. Call **219-703-5131** for an appointment.

The Memory Support Residence at Hartsfield Village offers dementia-specific care in a supportive environment that's as welcoming as it is secure. Staff are dedicated to meeting the needs of each resident, matching services with residents' schedules to enhance independence. For a tour, call **219-934-0750**.

EAT MORE:

Cold-water fatty fish

► **Why:** Fatty fish, like wild Alaskan salmon, mackerel, blue fish, sardines and anchovies, is high in the omega-3s your brain needs. "These foods help the brain stay young and resilient," Mosconi says. Omega-3s help reduce inflammation and oxidative stress, which Mosconi describes as "a sort of rusting effect" that damages your brain cells as you get older or when you're sick.

EAT MORE:

Fish eggs

► **Why:** Fish eggs, like salmon roe or caviar, contain a unique blend of nutrients that Mosconi says are perfect for the brain. Those include omega-3s; choline, a B vitamin you need to make memories; vitamins B6 and B12, which support the nervous system; minerals like iron and magnesium that you need for healthy blood and muscles; protein; and strong antioxidants like vitamin A, vitamin C and selenium.

DRINK MORE:

Water

► **Why:** More than 80 percent of the brain's content is water, and every chemical reaction that takes place in the brain requires water. "This includes energy production in the brain—so no water, no energy," Mosconi says.

"The brain is so sensitive to dehydration that even a minimal loss of water, a 2 to 4 percent decrease, can cause neurological symptoms like brain fog, fatigue, dizziness and confusion," she says. "Even worse, brain imaging studies have shown that mild dehydration makes your brain shrink—and you don't want your brain to shrink." ■

EVENT




Learn About Dementia

Join us at 11:30 a.m. Wednesday, Nov. 20, at Hartsfield Village to Lunch & Learn about Alzheimer's disease, dementia, memory loss and how to find support. RSVP required; call **219-836-3477**.



Sleeping better isn't impossible. It just takes some strategy.

Solve the Sleep **PUZZLE**

 *Addressing your sleep saboteurs can benefit your health*

You're tired all the time. Irritable. You can't concentrate. You know you're not sleeping well, but you don't know what to do.

"Sleep is like a puzzle," says Rajkumar "Raj" Dasgupta, MD, a pulmonary, critical care and sleep specialist and spokesman for the American Academy of Sleep Medicine. To sleep well, all the parts of the puzzle need to be in place.

With enough high-quality sleep, you should feel better. Good sleep helps memory and cognition and restores energy, Dasgupta says.

Here are some common sleep disruptions and tips on how to fix them.

► **YOU STAY UP TOO LATE.**

Get to bed early enough to fit in seven or more hours of sleep nightly. And don't stay up late on weekends, banking on sleeping in the next morning.

THE DARK SIDE OF NOT SLEEPING

When you aren't sleeping enough, your health can take a hit.

"Quality sleep is essential to our emotional and physical well-being," says Marcia Alpuche, supervisor of Community Hospital's Sleep Diagnostics Center. "When you don't get enough sleep, your memory, mental ability, motor skills, job performance and mood may be affected."

If you struggle to get the rest you need, the board-certified specialists at the Sleep Diagnostics Centers of Community Healthcare System can help you manage or end disruptive sleep behaviors.

"If you have continued difficulty falling asleep, maintaining sleep, or your lack of sleep is impacting your physical or mental health, you should have a sleep evaluation," Alpuche says.

"Most of us have 'social jet lag,'" Dasgupta says. That is, we want to enjoy Friday night after a long week, so we stay up later. He recommends making weekend morning plans that you look forward to—breakfast with friends or a hike with the dog—so you're more inclined to get to bed early.

▶ IT'S TOO LOUD.

Try a white-noise machine or run a fan to mask distracting sounds. Dasgupta isn't a fan of white-noise apps, however, because having your phone at arm's length is a main reason people don't sleep well.

▶ IT'S TOO BRIGHT.

An eye mask is an easy, inexpensive fix. If you have a bigger budget, consider black-out shades or curtains for the bedroom.

▶ IT'S TOO WARM.

Choose lightweight pajamas. Make sure your blankets aren't too heavy. Adjust your thermostat at bedtime to keep your room cool.

▶ YOU'RE ON YOUR PHONE ALL THE TIME.

Limit phone use for at least 30 minutes before bedtime—longer is better. Your phone emits light that can disrupt sleep. "Blue light suppresses the release of melatonin—and trust me, you want melatonin released," because it's a hormone that promotes sleep, Dasgupta says. You can change your phone's settings to shade the blue light in the evening, but Dasgupta still recommends not using your phone in bed.

▶ YOU HIT THE SNOOZE BUTTON.

"If your alarm goes off, that means you have to get up and start the day," Dasgupta says. When you regularly need to hit the snooze button, that's a sign of an underlying sleep problem.

▶ YOUR MATTRESS OR PILLOW IS UNCOMFORTABLE.

Replace them. Buying a new mattress

isn't cheap. But if that's the cause of your sleep problems, it's an important investment, Dasgupta says.

▶ YOU DON'T EXERCISE.

Exercise promotes quality, restful sleep. The belief that you shouldn't exercise in the evening because it revs you up is no longer valid, Dasgupta says. While exercising at night will raise your body temperature, the act of cooling off afterward may help you nod off.

▶ YOU EAT AND DRINK BEFORE BEDTIME.

Avoid heavy meals and stimulants like sugar and caffeine for at least two hours before bedtime. Avoid alcohol as much as possible; though it might make you drowsy, it disrupts your breathing and keeps you from reaching deep sleep.

▶ YOU WATCH TV TOO LATE.

As bedtime approaches, switch to a calmer activity, like reading, listening to music or working on a craft project. Watching exciting shows or the news will cognitively arouse you and make it harder to fall asleep.

▶ YOU DON'T WIND DOWN YOUR DAY.

Try taking a bath, putting away your digital devices and aiming to relax. Right before bed is not the time to start a discussion with your partner about finances or family issues.

▶ YOU LIE IN BED AWAKE.

If you can't fall asleep within 15 to 20 minutes at bedtime or after you wake during the night, get up and do something nonstimulating. Reading is a good choice, but if you're reading on your phone or tablet, be careful—again, the blue light is disruptive. And don't check your email or social media, in case it gets you riled up or reminds you of your to-do list.

If you've taken these steps to improve the quality of your sleep and you're still not sleeping well, it's time to talk to your doctor or a physician who specializes in sleep disorders. "Sleep is complex," Dasgupta says. An underlying medical condition might be affecting you. ■

APPOINTMENTS



Sleep Study

Your physician can set up an appointment or you can self-refer to the Sleep Diagnostics Centers: Community Hospital, **219-934-2873**; St. Catherine Hospital, **219-392-7666**; and St. Mary Medical Center, **219-947-6790**.

The first step to feeling better? Figuring out what's going on.



What's Causing Your COUGH?

➔ *Tune into your symptoms to find out what's to blame*

Your cough keeps you up at night. Or it flares when you exercise. Maybe it just won't ease up. Here are some clues that can help tease out the cause of your cough so you can get relief.

First, think beyond the lungs. "A cough is a sign of inflammation somewhere in the airway," says Albert A. Rizzo, MD, chief medical officer of the American Lung Association. "That includes the sinuses and nasal passages as well as the windpipe and bronchial tubes."

Ask yourself these questions:

IS MY COUGH WORSE AT NIGHT?

A cough that's worse when you're in bed could be triggered by stomach acid. Some people have a weakness in their lower

esophagus; when they lie down, acid from the stomach can trickle into the esophagus, triggering a reaction that causes a cough.

The solution? Eat earlier in the evening, avoid foods that can cause indigestion and raise the head of your bed, or at least prop yourself up with pillows.

Also, coughs from asthma are often worse at night, Rizzo says.

IS MY COUGH WET OR DRY?

“A moist cough [which brings up mucus] tends to indicate inflammation,” Rizzo says. A viral or bacterial infection, or an allergic reaction with postnasal drainage, can lead to a wet cough.

It might sound gross, but take note of your mucus. Is it clear, white, yellow or discolored? Is it thick or thin? These clues can help your doctor diagnose the cause.

For a wet cough with other symptoms, like fever, shortness of breath, chest discomfort or wheezing, see your primary care physician or visit urgent care. You might need a prescription medication, an inhaled medicine for wheezing or a chest X-ray to look for signs of bronchitis or pneumonia.

A dry cough could stem from a viral infection, or it could be a sign of an airway irritation. Bad air quality, including exposure to airborne irritants at work, can lead to a dry cough. So can allergic rhinitis, asthma, chronic bronchitis or irritation in the gastrointestinal tract.

A dry cough with cold symptoms tends to be a sign of a viral—not bacterial—infection, Rizzo says. So rest and fluids are the main treatment options.

A notable viral exception: If you think your cough might be a sign of the flu, talk to your doctor right

CAN SHOTS HELP YOUR ALLERGIES?

Wheezing, a scratchy throat and watery eyes may indicate cold or flu, but they can also be caused by seasonal or perennial allergies.

While allergy sufferers may benefit from avoidance techniques (simply trying to stay away from the allergen) and prescription or over-the-counter nasal sprays or antihistamines, allergy immunotherapy may offer a permanent solution.

“Allergy shots desensitize patients so that they are essentially cured of their allergy,” says allergist and immunologist Jennifer Rumpel, MD. “It’s a safe way to modulate your immune system so that it no longer thinks of those proteins as foreign, but as friendly. Then you don’t react to them anymore.”

Immunotherapy involves up to three years of injections, first weekly, then monthly. Rumpel says it can improve related conditions such as ear infections and eczema.

away. You might be able to take a medication that can help you recover more quickly and help limit the likelihood of spreading the flu to other people.

A persistent dry cough could be a sign of asthma, so your doctor may review any history of allergies and recommend breathing tests.

Head to the emergency department if you are coughing up blood or you are experiencing shortness of breath along with your cough.

IS MY COUGH WORSE WHEN I'M OUTSIDE?

Rizzo points to three suspects that might trigger outdoor coughs:

- ▶ Bad air quality
- ▶ Seasonal allergic reactions to pollens and molds
- ▶ Exercise-induced asthma (when you’re breathing more rapidly from exercise, your airways might be sensitive enough to cough, but you might not wheeze)

Rizzo says it’s important to tune into your triggers. The more you know about your cough, the more you can help your doctor identify its cause, run appropriate tests and prescribe medications.

He says most coughs that stem from infection, exposure or allergies last two to four weeks. They might need medication, but they tend to resolve.

For coughs that linger for more than eight weeks, you might need a more thorough investigation. Chronic coughs might stem from asthma, bronchitis, sinus problems or gastrointestinal issues. There could also be more serious underlying issues, such as pneumonia or cancer. But before you worry, talk to your doctor—a cough can be many things, and there are treatments to help you feel better. ■

APPOINTMENTS



Breath of Fresh Air

Suffering from allergy symptoms? See a Community Care Network allergist/immunologist or an ear, nose and throat specialist. Call our physician referral line at **219-836-3477** or toll-free at **866-836-3477**, or visit **COMHS.org**.





The **Ties** *That* **Bind**

When it comes to disease, especially cancer, genetics play a role—but not as much as how you live **BY LAURA ARENSCHIED**



Some genetic traits can bring on the warm fuzzies, conjure up memories of relatives no longer with us and inspire pride.

“He has his grandfather’s chin,” someone might say of a newborn, or “that kid got her mother’s brains.”

Other traits—say, a genetic mutation that could lead to cancer—are decidedly less welcome. Mapping our family’s medical history can help us identify diseases earlier or figure out what preventive measures might be necessary to stop them from developing at all. It’s the reason your doctor asks you to outline whether your mother was diagnosed with breast cancer or your father had heart disease.



The good news is that, even though certain diseases are linked to genetics, the vast majority are not, says Mia Gaudet, PhD, a cancer epidemiologist and strategic director for gynecologic and breast cancers at the American Cancer Society.

“There are a portion of cancers that can be attributed primarily to—but not exclusively to—a genetic, familial mutation,” Gaudet says. “And, certainly, knowing that family history is critical. But it’s also important to know that the science to this point shows that family history only accounts for up to 10 percent of cancers, leaving a large portion that are associated with other risk factors.”

Those risk factors could include anything from pollution to diet to smoking—outside influences that can cause cancer or other diseases but have nothing to do with a family’s genetic history.

“The general public seems to have a notion that family history accounts for many of the cancers that are diagnosed,” Gaudet says. “And that is simply not true.”

THE GENETIC CONNECTION

Of course, some cancers are very connected to family genetics. Consider the BRCA1 and BRCA2 genes, which typically suppress cancers of the breast and ovaries, among others. When these genes have mutations, they increase cancer risk.

Scientists have known about these genes and their connection to breast

HAVING TOUGH TALKS ABOUT FAMILY HISTORY

Maybe you come from a family of talkers and sharers who aren’t shy about detailing their medical conditions. In that case, learning about past diagnoses might be as simple as making a quick phone call to a parent or grandparent.

If you come from a family that isn’t quite so forthcoming, getting this information may take more work. In any case, having the conversation is important.

“When people don’t talk to their families about the family’s medical history, they deprive themselves of a huge amount of opportunity to avoid and prevent certain medical conditions,” says Aubrey Milunsky, MD, founder and co-director of the nonprofit Center for Human Genetics and author of the book *Your Genetic Destiny: Know Your Genes, Secure Your Health, Save Your Life*. “It is critical that they initiate those conversations—maybe it’s a phone call, or maybe it’s an in-person discussion. But it is important that they have it.”

If you were adopted or don’t know your biological parents, the Centers for Disease Control and Prevention has tips that can help at [cdc.gov/genomics/famhistory](https://www.cdc.gov/genomics/famhistory); click “For Children.”

cancer since 1990, when a team of researchers published their discovery of the gene and its mutations in the journal *Science*. But BRCA really got famous in 2013, when actress-activist Angelina Jolie published an op-ed column in *The New York Times* explaining her decision to have a preemptive double mastectomy after learning she carried a mutation on BRCA1 that could have led to breast or ovarian cancer.

Jolie’s mother was diagnosed with cancer in her mid-40s—an early enough age that medical professionals would have guessed that a genetic mutation caused her illness. It was enough that Jolie had her own genes tested, learned she had

the mutation and opted to remove her breasts, ovaries and fallopian tubes rather than face the higher risk of cancer.

“It turns out that age of onset is really important,” says Aubrey Milunsky, MD, founder and co-director of the nonprofit Center for Human Genetics and author of the book *Your Genetic Destiny: Know Your Genes, Secure Your Health, Save Your Life*. “If [the cancer] occurs by the age of 50, it has to be considered as caused by genetics until proved otherwise. That applies to virtually all cancers—in fact, it applies to most serious diseases. The earlier any kind of disorder manifests, the more likely it is to be inherited.”

KNOWLEDGE IS POWER

This is why knowing your family history matters: If your mother *was* diagnosed with breast cancer at a relatively young age, it might make sense for you to be tested for genetic mutations to know your own risk. And family history risks don't just apply to breast cancer.

Lynch syndrome, which can cause cancer of the colon and rectum, as well as other cancers—including in the stomach, small intestine, liver, gallbladder ducts, upper urinary tract, brain and skin—is directly connected to a person's genetics. Genetics can play a role in cancers of the thyroid, pancreas and prostate, too.

Researchers have come up with genetic tests for more than 50 hereditary cancer syndromes and estimate that inherited genetic mutations cause about 5 to 10 percent of cancers, according to the National Cancer Institute—still a small percentage of overall cancers.

For example, of the 140,000 new cases of colorectal cancer diagnosed each year in the United States, Lynch syndrome is responsible for just 3 to 5 percent.

Knowing your risk is the first step, Milunsky says. When you understand how likely it is that you'll get a disease, you can do something about it.

LIFESTYLE MATTERS

What you eat, whether you smoke, how much you exercise and the pollutants that surround you all can have an effect—not just on your risk of cancer, but also on your overall health.



“We know that modifications in diet and physical activity, reducing sitting time, reducing alcohol consumption and not smoking have profound implications in prevention of cancer,” Gaudet says.

Even if you inherited a genetic mutation known to cause cancer, the mutation itself is not a guarantee of a cancer diagnosis—but it can increase your chances of developing cancer. And for that reason, Milunsky says, it is important to build regular screening and testing into your healthcare plans.

“If a person is found to have one of the cancer mutations, then ... there’s a high risk that the actual cancer will

materialize,” Milunsky says. “Not always, of course, but it may. For example, with common breast cancer genetic mutations, over a person’s lifetime, there may be as high as a 70 or 80 percent chance of that person actually getting cancer.”

Being a carrier for the mutation simply means an elevated risk of cancer, which makes lifestyle factors that much more important. And when it comes to cancer prevention, genetics versus lifestyle is an unnecessary debate, Gaudet says.

“We have known, documented strategies to help those individuals who end up



CALCULATING YOUR RISK

Genetic testing can be expensive and it may not be covered by insurance, so knowing whether and when to get tested can be tricky.

“Genetic testing may help some women learn whether they have an increased likelihood of developing breast cancer or whether inherited factors have contributed to their own or a family member’s cancer,” says medical geneticist Janice Zurich, MD, who serves as director of the 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.

The decision whether to have genetic testing is a personal choice that can be made at the time of a genetic counseling appointment or at a future date. For many people, cancer risk assessment can be provided through genetic counseling alone, without the use of genetic tests. However, in some cases, testing may help a patient and his or her physician make important decisions.

If you answer yes to any of the following questions, genetic counseling may be useful for you:

- Have you or a close relative been diagnosed with cancer before age 50?
- Do you have more than one blood relative with the same type of cancer? If yes, is the same type of cancer found in more than one generation?
- Has anyone in your family had more than one type of cancer, not including basal or squamous cell skin cancers?

Has anyone in your family had cancer on both sides of the body: breasts, kidneys, eyes?

WEBSITE



Find Out More About Cancer Care

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

being mutation carriers to lower their risk, and, regardless, everyone should follow the American Cancer Society’s guidelines for cancer prevention,” she says. That’s because anyone can get cancer, and these guidelines “are also recommendations that overlap with prevention of other chronic diseases.”

In addition to exercising, avoiding smoking and limiting alcohol, recommendations include having regular cancer screenings, getting vaccinated for HPV (or human papillomavirus, a cause of cancer), eating a balanced, mostly plant-based diet and maintaining a healthy weight. Gaudet also

recommends that women attempt to breastfeed after having children, which helps lower the risk of breast cancer and comes with other health benefits for mom and baby.

GET SCREENED WITH CARE

If you look at your family’s medical history and decide genetic testing is right for you, it is important to opt

for a true genetic counselor—one who works with a hospital, doctor’s office or genetic counseling clinic—rather than relying on an online service, the National Cancer Institute recommends. For starters, a genetic counselor can help you accurately interpret your test results and explain what those results might mean for the rest of your family—your children, siblings or parents. ■



A Healthier

Spouse



Wishing your significant other would be more health-conscious? The key is nudging, not nagging **BY LEXI DWYER**

PHOTOS BY GETTY IMAGES

Maybe you're the type who exercises diligently and eats the recommended five-plus daily servings of fruits and veggies. If your spouse tends to have a more relaxed attitude toward health, it can make you feel frustrated (he loves soccer, why doesn't he play with his friends more often?) and worried (his doctor said his cholesterol is getting high).

Ultimately, it's up to each person to take charge of his or her own health, but it is possible to nudge your family members in the right direction. According to the U.S. Department of Labor, women are responsible for 80 percent of medical decisions made in the United States. Moms and wives have so much sway that some doctors have even coined a name for the role in the home: chief medical officer.

"Nothing happens in isolation, and when you look at the literature, you see the tremendous influence that parents can have on not only their children's choices, but also each other's. The mother's decisions especially set the

see





“Approach it from the standpoint of, ‘This will be a blast. Let’s go do this.’”

—J. Ron Eaker, MD

tone for everyone,” says J. Ron Eaker, MD, a fellow of the American College of Obstetricians and Gynecologists and author of *Healthy Habits for a Fit Family*.

That said, don’t let the power go to your head. It’s important to tread lightly, as starting an argument may cause your spouse to get defensive and be unwilling to open up about medical concerns. Even though women often find themselves in family caregiver roles, these tips will work for concerned partners of either gender.

STAY POSITIVE

It might sound obvious, but starting off with “Wow, you packed on the pounds this winter” or “When was the last time you did something active?” isn’t the best strategy.

“Our intentions might be good, but you can ultimately sabotage things because your partner may start to resent you and feel controlled,” says Alicia Muñoz, a licensed professional counselor and author of *No More Fighting: 20 Minutes a Week to a Stronger Relationship*.

Instead, take the focus off your spouse and plan an activity the whole family can do, like a Sunday morning hike instead of your usual stop for brunch at the local greasy spoon.

“Approach it from the standpoint of, ‘This will be a blast. Let’s go do this,’” Eaker says. “It takes effort, and you have to be willing to open yourselves up to new possibilities.”

RETHINK DATE NIGHT

Just like trading brunch for a family hike, some couples choose to forgo happy hour or a lavish multicourse dinner for activities like salsa dancing, a

surf lesson or a session at a rock-climbing gym, which not only burn calories, but also give them something new to share together.

“It can be helpful to notice the way that sometimes, pleasurable activities that you do as a couple might actually be undermining your health or your health goals in the long run,” Muñoz says.

A healthful activity can also be pleasurable, and there’s evidence that experiencing something new together is good for relationships.

When pitching a change in plans to your spouse, you can reiterate that part: “Let’s try this new thing together.”

MAKE IT EASY

Eaker suggests “removing the barriers in front of good habits,” which might mean stocking your pantry with healthy snacks (and tossing out the junk food) or keeping exercise equipment in the home (even a few dumbbells might save a trip to the gym). These shifts help people form positive long-term habits, Eaker says.

“Habit formation is also about putting barriers in front of bad habits, so if you’ve got healthy snacks available, it’s a lot easier for him to grab one of those than run to the Jiffy Mart and get his favorite cheesy poofs,” he says.

Another gift you and your partner can give each other? Time.

“You can help your husband by making it possible for him to protect his exercise routine,” Eaker says. If his friends tend to play soccer on Sunday afternoons, don’t leave him solo with the kids or send him grocery shopping.

But remember to stay positive, and keep it nonjudgmental if you want to suggest he head out to play ball.

As Muñoz says, “You could say something like, ‘Here’s what I am thinking we could do this afternoon—do you think this would be helpful for you?’”

BE THE CHANGE—FOR YOUR KIDS, TOO

By turning the focus on her own health, a woman can help encourage her spouse and children to follow her lead.

“What I see in my practice across the board is that as women begin making these healthy choices, almost by osmosis their partners begin to see changes themselves. Whether they’re consciously or unconsciously adopting those behaviors, it happens,” Eaker says.

He believes that because of the intimate nature of their relationship, spouses are in especially good positions to inspire each other to make better decisions. “The closer the relationship, the greater the influence you can have. There’s almost a transference of energy as one person begins to notice the other is sleeping better or less winded going up and down stairs,” he says.

And if you and your spouse manage to improve your health, your children likely will benefit, too. Researchers have found that when parents adopt a healthy lifestyle, the effect ripples out. In a 2012 study from the *Journal of Physical Activity and Health*, researchers asked parents and children to increase their daily activity levels by walking more than normal. They found that “parental change in physical activity is associated with child change in physical activity.”

And although both parents had positive influences on their children, mothers had a greater effect than fathers: Kids got about 500 more steps on days their mothers met their goals versus the days their fathers did. “It really is a group approach when it comes to the family,” Eaker says, but even one person dedicated to inspiring change can make a difference.

ENLIST BACKUP

And what if you’re truly, desperately worried? A spouse may be drinking heavily or using other substances, for example, and might need more than a pep talk or easy-to-grab carrot sticks in the fridge. In this case, Eaker suggests scheduling an appointment with the partner’s primary care doctor, who can suggest treatment and possibly refer to specialists. (Depending on the situation, it may or may not be appropriate for you to attend as well.)

“There is no question that serious medical issues like addiction have to be addressed before any meaningful work can be done on areas of healthy habits for the family,” he says. ■

EVENT



Take Care!

For upcoming screenings, health fairs and educational programs available through Community Healthcare System, refer to the Take Care calendar mailed with this issue or visit COMHS.org. Call to register (219-836-3477 or toll-free 866-836-3477) and ask whether fasting is necessary.

HEALTHIER TOGETHER

You are doing your best to eat right, exercise and stay healthy. Your significant other, however, could use some gentle nudging to move toward a healthier lifestyle. How do you encourage change without stepping on toes or hurting feelings?

Instead of focusing on bad habits and their consequences, try encouraging good habits by sharing the positive benefits. Talk about how good changes can improve your lives together. Discuss the “buddy system” so that you have an accountability partner for healthy food choices and to stay on track of your workout plan. Set some health goals and when you both reach them, treat yourselves to a reward such as a weekend getaway.

The best way to stay on top of your health is to take advantage of the many health fairs and free or low-cost screenings offered by the hospitals of Community Healthcare System. Available free screenings include blood pressure checks, glucose screenings, diabetes screenings and skin cancer screenings. Other tests offered for a nominal fee include:

- Peripheral arterial disease (PAD) screenings, \$10 per person
- Blood profile (cholesterol, HDL, LDL, triglycerides and glucose) for \$5 per test or \$20 per panel
- Coronary Health Appraisal, which includes cholesterol (total, HDL, LDL, triglycerides), hemoglobin A1c and average estimated glucose, metabolic syndrome, blood pressure, body mass index and a Heart Health Profile, \$30

10 TIPS FOR A HEALTHIER, HAPPIER FAMILY



1

Drink water, and lots of it, for better joints and digestion.

2 Try to prepare healthy meals and snacks most of the time—but don't worry about being perfect.



3

Remember that lifestyle choices, such as diet and exercise, play the largest role in cancer prevention.



4 Find ways to exercise with your children. Challenging them to a fun activity, like a game of backyard tag, will pique their interest.

5

Ask your parents, grandparents and siblings about their cancer history and share what you learn with your doctor.

6

Put your phone down at least 30 minutes before bedtime, and make sure your kids do the same.



7 Eat dark leafy greens, such as spinach and kale. They're good for the nervous system and metabolism.



8

If you or someone in your family is dealing with a nagging cough, try to identify the triggers, whether it's being outside or going to work. This will help your doctor determine the cause.



9

Don't stay up too late, even on weekends. People of all ages need regular sleep schedules for optimal health.

10

If you're trying to inspire your spouse to live healthier, keep it positive. Focus on fun—let's go for a hike!—not on negativity.

➔ **WANT MORE HEALTHY IDEAS?** Check out our Spring issue, with stories on heart health, gut health and life after weight loss.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



PROBIOTICS MAY PROTECT AGAINST OSTEOPOROSIS

Do you take probiotics for digestive health? Good news—you might also be protecting your bones. A recent study published in the journal *Immunity* found that in female mice, probiotics were effective at triggering the growth of a particular type of gut bacteria that stimulates bone growth.

That could be a good sign for researchers looking for new ways to fight osteoporosis, a debilitating disease marked by low bone density. More studies are needed to determine whether the findings would apply to humans, but these early results are encouraging.

PHOTO BY GETTY IMAGES

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

Nap Your Way to Lower Blood Pressure

How would you like your doctor to prescribe naps to lower your blood pressure? It could happen, thanks to a recent study published in the *Journal of the American College of Cardiology*. Researchers found a 60-minute nap each day correlated with an average drop in blood pressure of 5 mmHg, making it as effective as other measures, including reducing salt intake, reducing alcohol consumption and taking low-dose anti-hypertension medication.



WEBSITE



An Easy Way to Track Your Vitals

Working on lowering your blood pressure? Track your progress online with the American Heart Association program “Check. Change. Control.” Visit ccctracker.com/aha.



MASHED POTATOES **VS.** GREEN BEAN CASSEROLE

Which holiday fave is healthier?

Answer: Green bean casserole, but not by much.

Both mashed potatoes and green bean casserole are holiday staples, adorning Thanksgiving tables the country over. But while the two dishes are vegetable-based, they're really not worth the sodium overload.

A half-cup of traditional green bean casserole (the kind with fried onions) has 118 calories and 7 grams of fat, which doesn't sound awful in comparison to the other side dishes on your plate. The biggest problem with the casserole is its sodium content—a whopping 343 milligrams per serving, more than a fifth of the daily allowance for most adults!

A half-cup of mashed potatoes clocks in at 147 calories, 5 grams of fat and 387 milligrams of sodium. Topping them with $\frac{1}{8}$ cup gravy (and who doesn't?) will add 30 calories, 2 grams of fat and 155 milligrams of sodium.

Stick with green bean casserole for your serving of vegetables, but make it with lower-sodium soup and swap the fried onions for toasted almonds. Better yet, steam up fresh green beans and sauté with caramelized onions.



PHOTOS BY GETTY IMAGES

MORE PROOF VACCINES DON'T CAUSE AUTISM

A resurgence of the anti-vaccination movement has led to a measles epidemic that's spreading across the country. But a recent Danish study confirmed the findings of research that was published in 2002: The measles vaccine does not lead to autism.

The latest study, which was published in the *Annals of Internal Medicine*, followed more than 650,000 children born between 1999 and 2010 and found no link between autism and the MMR (measles, mumps and rubella) vaccine. This study echoes numerous others that show no link between autism and vaccines of any type.



▶ TRUE OR FALSE

Cancer death rates are rising.

FALSE: As a matter of fact, cancer death rates are the lowest they've been in a quarter-century. They fell 27 percent from 1991 to 2016, which translates to more than 2.6 million lives saved. The American Cancer Society attributes the progress to a reduction in smoking and advances in screening and treatment.



STATS: IBD



2

Inflammatory bowel disease describes conditions—Crohn's disease and ulcerative colitis—characterized by inflammation in the gut.

3

million people in the U.S. have received a diagnosis of IBD.

There was a

50%

increase in diagnosed cases between 1999 and 2015.

\$13,412

is the mean hospitalization cost for ulcerative colitis; it's \$11,345 for Crohn's disease.

15–30%

of people with IBD have a family history of the condition.

Sources: Centers for Disease Control and Prevention, American Gastroenterological Association

REACHING IS WORSE THAN TEXTING FOR TEEN DRIVERS

Texting while driving doubles teen crash rates, but one activity is even worse behind the wheel: reaching. A National Institutes of Health study found that reaching for food, makeup, a phone or something else increases teens' risk of crashing sevenfold. Researchers reported it was the combination of taking their eyes off the road and hands off the wheel that made reaching so dangerous.

Of course, that doesn't mean teens should text while driving. Having grown up with mobile technology, teens tend to be overconfident in their ability to multitask. Parents can use technology built into many newer model cars or purchase a stand-alone device that plugs into the car that monitors inattention while driving and alerts them to unsafe driving behavior.

DOWNLOAD



Sign a Safe Driving Contract

Teen drivers aren't the only ones susceptible to distracted driving. Have every driver in your household sign a safe driving contract. Download one from enddd.org by going to the "Take Action" menu and selecting "Commit to Driving Safer."

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

BOXING FOR PARKINSON'S

Community Healthcare System and its community partners are stepping up against Parkinson's disease with an innovative therapy program. Rock Steady Boxing gives people with Parkinson's hope by improving their quality of life through a noncontact boxing-based fitness curriculum. The program is offered at Community Hospital Fitness Pointe® in Munster and St. Mary Medical Center's Physical Therapy Clinic at the Valparaiso Family YMCA.

A nationally licensed program, Rock Steady Boxing workouts have been shown to reduce severity of tremors, improve balance and delay the progression of other symptoms.

Rock Steady Boxing coaches combine friendly encouragement with a touch of competitive intensity, guiding their boxers through a variety of drills and exercises to improve strength, balance and flexibility. Four class levels are available depending on the participant's symptoms.

CALL



Get Fit Through Therapy

To learn about Rock Steady Boxing in Munster or Valparaiso, contact Community Hospital Fitness Pointe at **219-924-5348**. For more on physical therapy at the Valparaiso Family YMCA, call **219-286-3890**.



Watch your step—but keep stepping!

WORKOUTS THAT WORK HIKING

Hiking might just be the perfect workout. Like walking, it requires little equipment and almost no skill. But it offers a more comprehensive workout than walking and can be customized for all ages and abilities.

A 155-pound adult will burn about 210 calories during a 30-minute, moderate-intensity hike. Hiking on uneven terrain helps strengthen core muscles and improve your balance skills. Elevation gains and walking in sand or snow help you build cardiovascular strength. Plus, studies have shown being in nature reduces stress and depression.

Keep these safety tips in mind before heading out on the trail:

- ▶ Take a buddy or tell someone where you'll be hiking and for how long.
- ▶ Use trekking poles if you have balance issues or knee pain.
- ▶ Don't forget to carry a fully charged phone.
- ▶ Look back periodically, especially at turns, so you can recognize your way back.
- ▶ Bring plenty of water.
- ▶ Wear sturdy, comfortable shoes designed for hiking.

PHOTOS BY GETTY IMAGES



WHAT ARE THE ODDS of dying from smoking?



1 in 5

Smoking is the leading preventable cause of death in the U.S., causing nearly 20 percent of deaths each year. Smoking has been shown to shorten a person's life span by an average of 10 years. Mortality rates in smokers are three times higher than in people who have never smoked, and lung cancer isn't the only concern. Smokers also are more likely than nonsmokers to have heart disease, respiratory disease and other types of cancer. The good news is that quitting before age 40 can reduce your risk of smoking-related death by 90 percent.

Source: CDC

SHOULD OBESITY AND DEPRESSION BE TREATED TOGETHER?

There's an undeniable link between obesity and depression: People who have obesity are more likely to be depressed, and people who are depressed are more likely to gain weight—a difficult cycle to interrupt. Now a study published in *JAMA* suggests there might be benefits to treating these conditions together.

The study recruited more than 400 people dealing with obesity and depression and divided them into two groups. One group participated in a behavioral weight-loss program and received therapy for depression at the same time. Antidepressants were prescribed as needed. The other group continued being treated by their regular doctor.

The people who simultaneously participated in the weight-loss program and therapy saw better results in weight loss and depression symptoms as compared with the control group. The results were modest but underscore the importance of using holistic treatments for co-existing health conditions.



JARGON WATCH

DIURETICS are a class of prescription drug that increases urine production and elimination. They're most often used to treat high blood pressure by removing excess water and sodium from the blood, thereby reducing pressure on the blood vessels—but you will have to visit the bathroom more.

THE TRUTH ABOUT VAPING

This nicotine habit poses health concerns, especially for kids



Even if you aren't well-versed on vaping, you probably know this much: Its popularity has grown exponentially in recent years, and questions about its safety.

Sales of Juul, the most popular brand of vaping product in the U.S., increased 641 percent from 2016 to 2017, according to the Centers for Disease Control and Prevention. Juul is a battery-powered e-cigarette, shaped like a USB drive, that heats liquid containing nicotine, producing a vapor that users inhale.

"E-cigs are not safe, and they raise particular concerns for youths, because nicotine has been shown to raise the risk of harm to brain development in youths and young adults," says Cliff Douglas, vice president of tobacco control for the American Cancer Society.

He explains the basics of vaping and its dangers.



TRUE OR FALSE:

Vaping can be an effective way to stop smoking.

→ **TRUE.** Some research indicates that vaping may be at least as effective as nicotine replacement therapy in helping people quit smoking, but it's not approved by the Food and Drug Administration as a cessation strategy, so there's no proof it is safe and effective, Douglas says. That said, the American Cancer Society considers it an improvement if adult smokers who cannot completely quit using nicotine choose to switch to vaping.

"Some smokers, despite firm clinician advice, will

STOP SMOKING, REAP THE BENEFITS

Smokers who quit can reap health benefits at any age. The hospitals of Community Healthcare System offer the American Lung Association's Freedom From Smoking class to help smokers stop.

The American Cancer Society reports that blood pressure and heart rate can drop within minutes of quitting. Circulation and lung function may improve in two weeks to a few months. In one year, the ex-smoker's heart attack risk may be half that of a smoker's.

St. Mary Medical Center Cancer Care Services manager Roxanne Karnes, RN, says quitting reduces not only lung cancer risk but also the risk of mouth, throat, esophageal and other cancers.

"Between 80 and 90 percent of lung cancer cases are smoking related," Karnes says. "Ten years after quitting, your risk of dying from lung cancer is half that of a smoker."

"I Quit! Smoking Cessation" is a low-cost, eight-week program led by an experienced smoking cessation instructor and respiratory therapist. It offers coping advice, counseling, behavior modification techniques and more.

CLASS



Get Support to Quit

To enroll in Freedom From Smoking classes, or for class times, dates and locations, call **219-836-3477** or toll-free **866-836-3477**.

not attempt to quit smoking cigarettes and will not use FDA-approved cessation medications. These individuals should be encouraged to switch to the least harmful form of tobacco product possible; switching to the exclusive use of e-cigarettes is preferable to continuing to smoke combustible products," the American Cancer Society notes in its position statement on e-cigs. "Of course, these individuals should be regularly advised to completely quit using all tobacco products."

Smoking even a few conventional cigarettes a day has a well-documented relationship to significant increases in the risk

of cancer and heart disease. The long-term health effects of vaping are not known.

Douglas says it's important to note that the cessation discussion only applies to adults, not to youths, who are particularly vulnerable to nicotine in any form.

TRUE OR FALSE:

Chemicals used to flavor e-cigarettes can be harmful.

→ **TRUE.** Some chemicals found in e-cigs can pose problems, Douglas says. For example, some e-cig flavoring contains the chemical diacetyl, which is linked to a serious lung disease commonly called popcorn lung.

That disease (bronchiolitis obliterans) damages small airways in the lungs, causing coughing and shortness of breath.

E-cigs also can contain volatile organic compounds (VOCs) that are linked to adverse health effects ranging from eye, nose and throat irritation to liver and kidney damage. The FDA has warned that some people who vape—particularly young people—experienced seizures afterward.

One of the biggest concerns about vaping is that it's not yet well-studied. Experts do not have a thorough understanding of what chemicals make up the

vapor and what effect they might have on health.

TRUE OR FALSE:

Vaping is not associated with other tobacco product use.

→ **FALSE.** When it comes to adults, the connection between vaping and other tobacco use involves a high rate of dual usage—smoking conventional cigarettes and also vaping.

Among young people, those who vape are more likely to progress to smoking conventional cigarettes, Douglas says.

"That raises a significant concern, because vaping is harmful, but cigarette smoking is exponentially worse." ■

HOW TO HELP A LOVED ONE WITH ADDICTION

Chances are, you know someone with a substance use disorder. These five steps could be lifesaving



One in 14 people ages 12 and older had a substance use disorder in the past year, according to a 2017 survey by the Substance Abuse and Mental Health Services Administration. That's 19.7 million Americans, and you probably know at least one of them, though you might not realize it.

"Most families have some relative or friend who has had a problem," says Andrew J. Saxon, MD, chair of the American Psychiatric Association's Council on Addiction Psychiatry. "The problem is very common, and it has very serious effects on one's health, including death."

Drug-related deaths are at an all-time high—largely because of the opioid crisis—according to the National Institute on Drug Abuse, making it more important than ever to help people who are struggling with addiction. Here's how.

Learn to Recognize the Signs

The signs of addiction aren't always obvious, particularly in the beginning. And often, loved ones are the last to recognize an issue, not believing addiction could affect someone so close to them.

"It's definitely possible to miss it," says Saxon, citing a close co-worker who had a substance use problem. "I didn't see it. And I'm supposed to be an expert."

Familiarize yourself with these signs:

- ▶ Bloodshot eyes
- ▶ Changes in appetite or sleep
- ▶ Sudden changes in weight
- ▶ Deterioration of appearance
- ▶ Tremors, slurred speech or impaired coordination
- ▶ Changes in work performance
- ▶ Unexplained financial problems
- ▶ Mood swings and irritability
- ▶ Sudden change in interests or friends
- ▶ Unusual hyperactivity or lethargy

Start the Conversation

If you think a loved one is misusing drugs or alcohol, it's time to have a chat. Go in with an open mind and a supportive spirit.

"That can be challenging, because it's very natural for loved ones to be angry or frustrated, making it easy to respond with anger and demands," Saxon says. "But you really need to try and broach the topic in a loving, caring, nonconfrontational way."

Saxon recommends starting simply by acknowledging a change in behavior and asking if everything is OK. Try something like: "Hey, I've noticed you've stopped playing racquetball with Dave, and you just don't seem like yourself. What's going on?"

If your loved one doesn't open up immediately, don't push. Revisit the conversation another time. It may take several tries.

Go to a Meeting

Attend a support group for families of people dealing with drug and alcohol addiction, whether in person or online. Find one through Al-Anon (al-anon.org), Nar-Anon (nar-anon.org) or Families Anonymous (familiesanonymous.org).

Stopping Addiction Before It Starts

Community Healthcare System hospitals have focused their efforts on addressing pain management early, to ward off addiction before it can take hold. Patients are referred to pain specialists at the onset of their pain for evaluation.

"We are seeing many patients prior to surgery," says Shariq Ibrahim, MD, a Community Care Network pain management physician. "For most patients, the earlier we can provide treatment, the better the results."

Ibrahim stresses the importance of targeting the actual cause of the pain instead of generalized treatments.

"There can be overlap in the body's pain interpretation, so as a result, where one feels the pain may not be the actual source," he says. "By treating the incorrect source instead of the underlying cause, you may end up with unnecessary treatments and poor outcomes."

WEBSITE



Find Relief

For information on solutions for pain management at Community Hospital, St. Catherine Hospital and St. Mary Medical Center, visit COMHS.org/services/pain-management.

"That would be one free and readily available way to get advice and to hear what other people have done," Saxon says.

Talk to a Professional

Saxon suggests making an appointment with a behavioral health provider, psychiatrist or psychologist to discuss your loved one's behavior.

"They may say, 'Hey, that does sound like an issue. Let's see if we can get your family member to come in [for a visit],'" he says.

If that doesn't work, at least you'll have a professional to talk to about the effect your loved one's addiction is having on you.

Be Available, but Protect Yourself

If repeated attempts fail to get your loved one to admit there's a problem, Saxon suggests focusing on caring for yourself by seeking support, distancing yourself if you feel unsafe and never getting in the car with someone who is under the influence. Dealing with a loved one's substance abuse is not only worrisome and stressful, but it also can be dangerous. Some people become aggressive and even violent when under the influence.

"It might involve making changes in the relationship, including temporary marital separation," Saxon says. But that doesn't mean you can't still offer support.

"Continue with repeated supportive messages," he says. "Say, 'I love you, and I care about you. If you're willing, I will assist you in finding help.'" ■

FREAK OUT OR CHILL OUT?

If your child is going through the whirlwind of puberty, you might feel overwhelmed, too. Here's how to know when to see a doctor and when to just breathe deeply



Pimples, mood swings, body odor and that first period: There's a lot going

on when your tween or teen hits puberty. This multiyear process of sexual, physical and emotional maturation can start anywhere from ages 8 to 13 in girls and about one year later in boys. Not only might you be having your own teen flashbacks, but you also may not be sure of what's normal medically.

"Puberty is a transitional process that I see as a quite beautiful time period, one in which a young person grows tremendously—the only time they grow more is during their first year of life," says pediatrician and research scientist Maria Trent, MD, MPH, president of the board of directors of the Society for Adolescent Health and section chair on adolescent health for the American Academy of Pediatrics. Along with her positive outlook, Trent offers suggestions about when to call the doctor and when to relax.

Q My 8-year-old daughter has just a single, tender lump under one nipple.

Is it possible to just have a single breast bud at first (rather than two), or is it some kind of cyst or growth?

IT'S LIKELY A BREAST BUD. These are one of the first signs of puberty for girls, and they can show up as early as age 8. It's also common for one side to develop first. "Sometimes it's tender, and it can be more so if a kid plays with it a lot, but this is well within the range of normal," Trent says.

Q My preteen has become so moody—the smallest problems can turn into huge dramas with almost no warning. This morning, she couldn't find her favorite earrings and sobbed in her room.

Does this mean it's time to see a psychologist?

NOT NECESSARILY. "Some moodiness, a little bit of attitude, mixed in with bright, overflowing joy from one day

to the next is common during adolescence," Trent says. After all, not only can surging hormones cause mood swings, but preteen and teen brains are also developing and, as Trent says, "there's a lot happening with identity, self-image and relationships with friends."

But if your child is exhibiting signs such as isolation, thoughts of self-harm, a drop in grades or waning interest in things previously enjoyed, start with a pediatrician visit. "We can speak to them

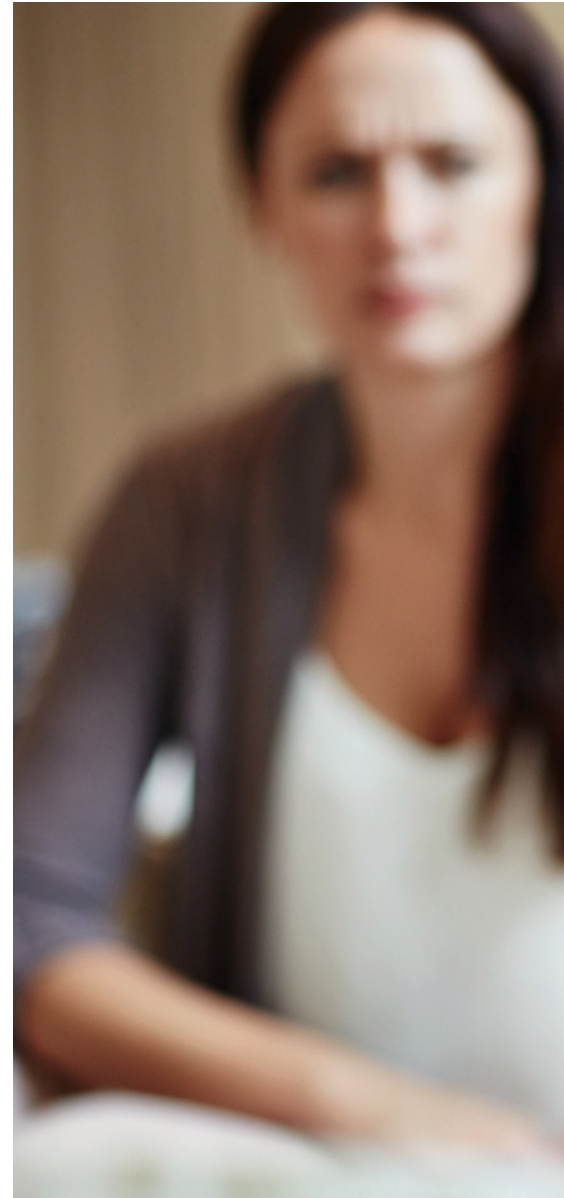


PHOTO BY GETTY IMAGES



It's hard to know what's expected and what's a potential problem when parenting an adolescent.

privately and screen them for depression, and refer to a psychologist if needed," she says.

Q My teen is starting to break out in pimples. Should he see a doctor or try over-the-counter medicines first?

IT DEPENDS. According to joint guidelines from the American Academy of Pediatrics and the American Acne

and Rosacea Society, for a patient with mild acne, over-the-counter medicines, especially those containing benzoyl peroxide, may be effective; it doesn't hurt to try them first.

Acne, however, can cause physical scarring and psychological distress. If the pimples are especially large or painful or leaving permanent marks, or if your child is feeling upset about his appearance, make an appointment with your pediatrician or a pediatric

WEBSITE



Watch, Learn and Laugh

Amaze.org is an online hub of fun, engaging videos on many topics related to sexuality, including puberty. The videos include titles such as "Figuring Out Who You Are" and "Period Hygiene."

dermatologist. The provider can suggest solutions such as stronger topical products (like retinoids or antibiotics) or oral medications.

Q My daughter is 15 and has not gotten her first period. Is she just a late bloomer, or does she need to see a doctor?

SEE A DOCTOR. The average age for the first menstrual cycle is around 12 ½. Having no period by age 15 is outside the normal range.

"We would want to check her height—since when menses occurs, the adult levels of estrogen can close growth plates—and also look for pubic hair, breast buds and breast development," Trent says.

An intensely athletic lifestyle and reproductive, endocrine or eating disorders can all cause lack of menstruation, so it's important to see a physician to help sort it out. ■

REPAIRING THE HEART

Surgery can solve a range of cardiac problems



People with heart disease, heart failure, valve problems and other cardiac conditions might find relief through heart surgery. And today, surgeons can perform many operations on the heart with minimally invasive techniques, says Timothy Gardner, MD, a heart surgeon and past president of the American Heart Association. These procedures have results that compare with open-heart surgery, but with smaller incisions, less pain and quicker recovery times.

Of course, sometimes open-heart surgery is still required. If you or a loved one needs heart surgery, your doctor can talk to you about the pros and cons of these techniques.

Here are some of the most frequently performed heart surgeries.

WEBSITE



Looking for More Info on Heart Surgeries?

Visit heart.org and search for “heart surgery.” You’ll learn about conditions that can be treated with heart surgery and how the operations help hearts work better.



DEFIBRILLATOR INSERTION

Defibrillators are devices that can typically be inserted with minimally invasive techniques. They shock your heart back to a normal rhythm if it’s beating fast or erratically. They aren’t placed as often as pacemakers, but they can be used to treat people at risk for sudden cardiac arrest.



STENT PLACEMENT

Some blockages can be cleared with stents, implantable mesh tubes that help keep plaque pushed against the sides of an artery so blood can flow freely. Stents are typically placed with minimally invasive techniques.



BIRTH DEFECT TREATMENT

Surgeons can correct a range of congenital heart problems. They may operate on newborns, children or adults, depending on the condition and its effects.



PACEMAKER INSERTION

These devices regulate the heart-beat. Surgeons make a small incision where they insert the pacemaker via a catheter (a thin, flexible tube). They also insert the battery pack that powers the pacemaker.



AORTIC ANEURYSM REPAIR OR REPLACEMENT

Surgeons can treat a weak or bulging area on the main artery leading away from the heart. Left unmanaged, these weak spots can result in a burst artery, causing life-threatening complications.



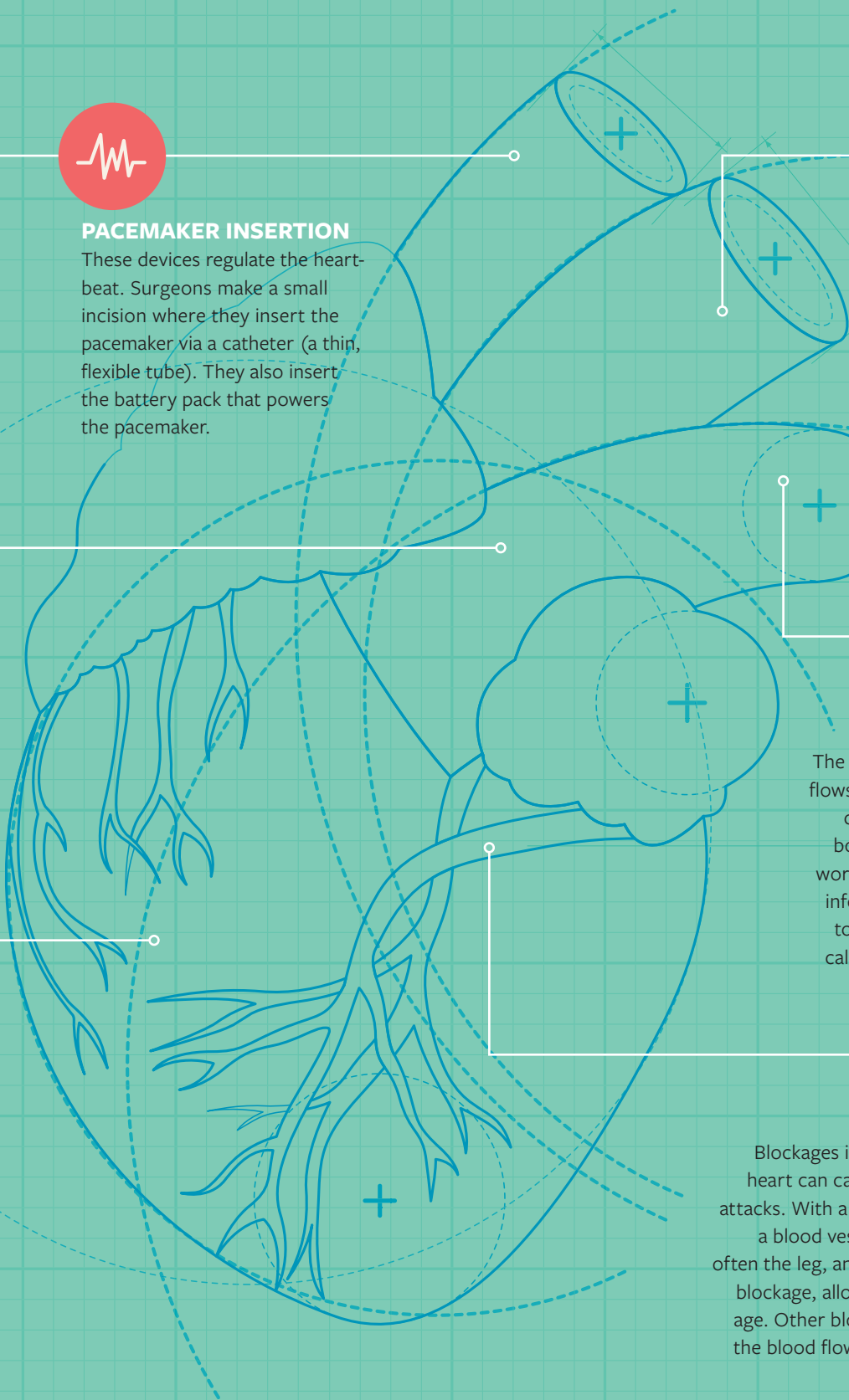
VALVE REPAIR OR REPLACEMENT

The heart's valves ensure that blood flows through your heart in the right direction. Sometimes people are born with valve problems that get worse over time. In other cases, an infection can cause the heart valve to malfunction. Doctors can surgically repair or replace heart valves.



CORONARY BYPASS

Blockages in the arteries coming out of the heart can cause severe chest pain and heart attacks. With a coronary bypass, surgeons take a blood vessel from elsewhere in the body, often the leg, and attach it above and below the blockage, allowing blood to bypass the blockage. Other blood vessels in your leg take over the blood flow for the one that was removed.



THREE WAYS WITH TURNIPS

► One thing you can say for certain about turnips is that they tend to keep a *low profile*. (Sorry—a little root vegetable humor there.) But seriously speaking, turnip greens have slowly begun to enter the mainstream along with trendy leafy veggies kale, chard and arugula. But turnips themselves? Not so much. We're here to help change that by introducing you to the well-rounded marvel that is the turnip.

First, there are its impressive nutritional stats: "One medium turnip contains more than half of your daily recommended intake for vitamin C," says Rahaf Al Bochi, RDN, LD, spokeswoman for the Academy of Nutrition and Dietetics. "They're also high in fiber." A medium turnip contains 2 grams of fiber, 8 grams of carbohydrates and 35 calories.

Then, there is the turnip's versatility. Not only can their greens and roots be eaten, but turnips also hold up well through various cooking methods and make a great substitute for potatoes, Al Bochi says. Here are three delicious ways to enjoy them:



1 PICKLE THEM PINK.

"I'm originally from Syria, and pickled turnips are really popular there, as well as across the Middle East," Al Bochi says. "They're generally pink because they're pickled along with beets, but you can also pickle them alone, as you would a cucumber."

2 MAKE TURNIP FRIES.

Slice turnips in strips (just as you would with a potato) and bake them with a little olive oil and your favorite seasonings at 425 degrees for about 20 minutes. "Be sure not to overcrowd the pan, so you get a good roast," Al Bochi says.

3 GO RAW IN SLAW.

Raw turnips have a slightly spicy flavor that offers a tangy twist on traditional slaw. Start by shredding your turnips using a grater or food processor, then add your favorite veggies, like shredded carrots, cabbage or Brussels sprouts. Finally, dress with a light vinaigrette and top with sliced almonds (or sunflower or pumpkin seeds).



Yes, the modest turnip is versatile—and tasty.

TURNIP TRIVIA

Want to get to know turnips? Here are four fun facts.

► **THEY'RE MORE CLOSELY RELATED TO BROCCOLI THAN POTATOES.** “While turnips are generally grouped with other root vegetables, they’re actually a member of the cruciferous family, along with Brussels sprouts and broccoli,” says Rahaf Al Bochi, RDN, LD, spokeswoman for the Academy of Nutrition and Dietetics. “Cruciferous vegetables can help reduce inflammation and have been linked to a reduced risk of cancer.”

► **THERE ARE SEVERAL VARIETIES.** Some are sweeter, while others have a stronger flavor; the purple-top variety is the most common.

► **THEY'RE NOT JUST FOR PEOPLE.** Turnips are sometimes grown as feed for livestock.

► **THEY WERE THE ORIGINAL JACK-O'-LANTERN.** In Ireland, people carved them to ward off evil spirits during Samhain, or Celtic Halloween.

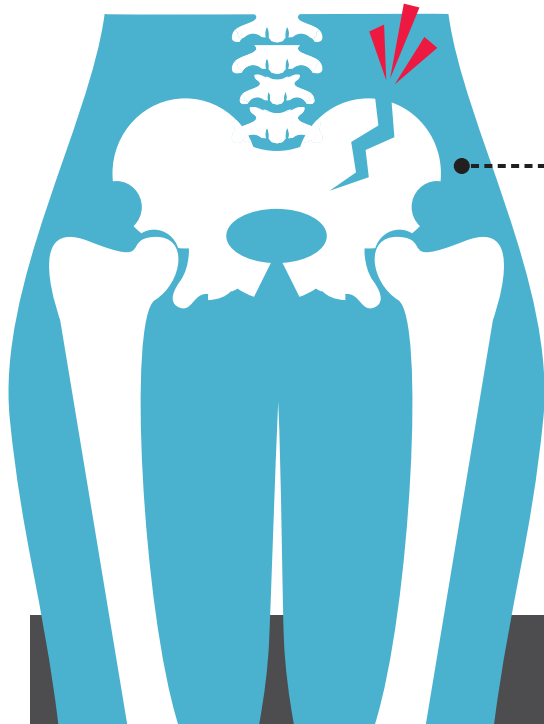
WEBSITE



Maximize Food Freshness

Wondering how long your turnips will keep in the fridge? (About two weeks.) Learn about safe storage practices for other vegetables as well as meat, grains, condiments and baby food at [foodsafety.gov/keep/foodkeeperapp](https://www.foodsafety.gov/keep/foodkeeperapp).

OSTEOPOROSIS



10

million
Americans have
osteoporosis

8

million
of them are
women



1 in 2 women and up to 1 in 4 men
older than 50 will sustain an
osteoporosis-related fracture

**Calcium and vitamin D
help prevent osteoporosis
and slow its progression.**

RECOMMENDED DAILY INTAKE:

CALCIUM

1,000 mg

Women and men
ages 19 to 50

1,200 mg

Women and men
older than 50



VITAMIN D

600 IU

Women and men
up to age 70

800 IU

Women and men
older than 70

4,000 IU maximum for adults.
IU = international units

2 million

osteoporosis-related bone
fractures occur each year

Sources: American Academy of Orthopaedic Surgeons, National Institutes of Health, National Osteoporosis Foundation, U.S. Department of Health and Human Services

Protect Your Bones for Life

A sedentary lifestyle has been linked to a growing list of conditions such as heart disease, diabetes and even osteoporosis.

Contrary to popular belief, osteoporosis can occur in women and men at any age. It is a silent disease that can weaken bones and increase risk for debilitating fractures. Although osteoporosis affects older women more often than men, it can flare up if you are glued to your chair, have low estrogen levels, smoke, take

certain medicines, drink too much alcohol or lack calcium and vitamin D in your diet.

All those risk factors explain why more than 54 million people in the U.S. already have osteoporosis or are at risk because of low bone mass.

Community Healthcare System has ways to step up your defense, says Natalie Sessions, DO, a Community Care Network rheumatologist.

“It is important to take steps throughout your life to protect your bones,” she says.

If you have increased risk factors for osteoporosis, your doctor may recommend a DXA scan (dual-energy X-ray absorptiometry) of the hips and spine, the bones most susceptible to fracture.

Another way to determine risk of osteoporosis is through a peripheral bone mineral density (BMD) screening, which provides a baseline measure of bone density. The screening uses a small portable machine at the periphery of your skeleton, such as your heel.

APPOINTMENTS



Are You at Risk?

St. Catherine Hospital offers free bone density screenings on the heel of the foot to help determine risk of osteoporosis. Results are available the same day. Call **219-836-3477**.

Living Strong

Cancer survivor looks back at her journey with pride and gratitude

BY ELISE SIMS WITH CAROL SCHAAP

Carol Schaap was sitting in the waiting room at the Women's Diagnostic Center in 2018, just as she had for the past couple of decades after her annual mammograms. This visit quickly turned out to be very different from the rest.

"I found myself meeting with Dr. Nicholson for further testing," Schaap says.

"Fast forward 11 months when I came to the finish line of the breast cancer journey I had begun traveling that day at Community Healthcare System hospitals," she says. "It was a trip that had involved fear, discomfort and sadness. It also included the love and support I felt

from family and friends, and the knowledge that I had good doctors, nurses and technicians. I also had groups and activities that I had participated in at the Cancer Resource Centre that were designed to lend support and ease fears."

Later, in March 2019, at the Community Cancer Research Foundation in Munster with oncology nurse navigator Nicole Bryner, Schaap went over her survivorship plan so she could pick up the reins and get on with her life.

On that journey to a "new normal," patients are supported by Community Healthcare System nurse navigators through the Community Cancer Research Foundation and its

Cancer Resource Centre. Through the Foundation, the hospitals of Community Healthcare System offer patients access to research for prevention and treatment for breast, lung, ovarian and colon cancers, lymphoma, adult leukemia and multiple myeloma.

"It dawned on me that I had just fought the battle of my life," Schaap says. "I had gotten through the year of multiple medical appointments and challenging treatments. I had a great support crew, but I also realized I had gotten through because of myself. I had gotten that mammogram on time when my tumor was small. I had lifted myself up onto that operating table or into the chemo chair and under the radiation beam."

"So what did I learn from those nasty cancer cells?" Schaap asks. "I learned the importance of staying vigilant of my health, accepting and following sound medical treatment and learning from others who also had 'walked my walk.' The most important thing a cancer diagnosis taught me was that I can be strong!" ■



Carol Schaap turned to the cancer programs and services of Community Healthcare System, including the Community Cancer Research Foundation and Cancer Resource Centre, on her journey through a breast cancer diagnosis.



Oncology nurse navigator Nicole Bryner meets with Carol Schaap to review her survivorship plan after breast cancer.

WEBSITE



Compassionate Cancer Care

For more information about cancer care at the hospitals of Community Healthcare System, visit [COMHS.org/cancer](https://www.comhs.org/cancer).

Gilberto Lopez consults with oncologist Amer Sidani, MD, on the progress of his chemotherapy at St. Catherine Hospital.



MAKING COMPLICATED SURGERIES SIMPLE

Minimally invasive techniques heal a wide range of conditions



When Dennis Mikulaj was rushed to St. Catherine Hospital with severe abdominal distress, he was placed in the skilled hands of Emergency Department physician Reena Patel, MD. She quickly assessed his symptoms and made him feel comfortable until surgeon Teoman Demir, MD, arrived on the scene.

After a battery of tests and talking to Mikulaj, Demir determined that he needed exploratory laparoscopic surgery

to understand the cause of his distress.

“(I had) two ulcers, an infection and 3 feet of swollen small intestine (removed),” Mikulaj says. “I awoke after surgery with absolutely no pain, and six days later I was safely at home.”

A specialist in laparoscopic and robotic surgery, as well as colon, gastrointestinal, thyroid and parathyroid surgery, Demir is one of several highly experienced general surgeons on staff at St. Catherine Hospital. He takes pride

in the expertise of the operating room team and surgical suite technologies.

“It’s one of my favorite places to do surgery,” Demir says. “The operating room team is top-notch, and their level of care for the patients, the team spirit and way we all work together is truly remarkable.”

A Minimally Invasive Approach

With the daVinci® Surgical System robot, complex surgeries using a minimally

invasive approach under the control of a surgeon working from a console has broadened the breadth of cases that are being performed at St. Catherine Hospital. Robot-assisted surgery is used to treat prostate cancer, to remove kidneys and gallbladders, to repair hernias and to perform colon resection, cardiothoracic procedures, urologic applications, hysterectomy and other gynecologic laparoscopic procedures.

The surgeon sits at the console and operates the robot's controls while looking into a stereoscopic monitor that provides a magnified three-dimensional view of the surgical site with fingertip precision on movement.

The device's instrumentation mimics the wrist of the surgeon and makes surgical procedures more efficient than ever, especially for difficult and complex operations such as the Whipple procedure to remove tumors in the pancreas and reconstruct a large part of the gastrointestinal tract.

"Patients who are candidates for robot-assisted surgery frequently have a shorter recovery time, less pain, fewer complications and shorter hospital stays," says Lori McBride, RN, director of Surgical Services.

Experts in Cancer Care and Beyond

Gilberto Lopez, 60, of East Chicago, appreciates that he lives close to his care team.

Lopez had a tumor removed from his right lung in April and another from his left lung one month later by Jason Frazier, MD, a cardiothoracic and cardiovascular surgeon, before beginning chemotherapy at the Cancer Center in July.

"The tumor on my left lung was hidden, so a wire was inserted to help guide the doctor to the spot," Lopez says. "A half-hour later, I was taken to surgery to

remove the spot. Everything was excellent: the surgery, the care, the doctors, the staff, everything."

St. Catherine Hospital is planning to expand its surgical coverage significantly in 2020 in cancer, cardiothoracic, urology and orthopedics care. Surgeries like total knee replacement, which once kept patients in the hospital for many days, are now being performed in a minimally invasive way, getting patients on the road to recovery sooner.

"Some patients are very healthy and are great candidates to go home the same day," says Terrence Dempsey, MD, a general surgeon who specializes in medical procedures that include acid reflux treatment, appendectomy, and breast, cholecystectomy, parathyroid and thyroid surgery.

Otolaryngologist Kedar Kakodkar, MD, has been performing adult and pediatric surgeries for five years at St. Catherine Hospital and has an interest in head and neck cancer surgery, thyroidectomy and salivary gland surgery. "From excellent nursing care before,

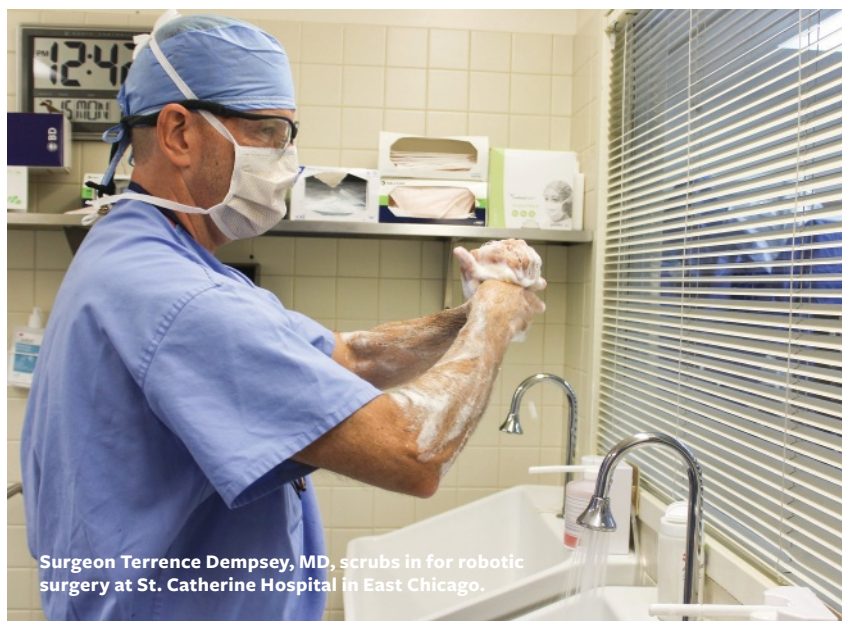
WEBSITE



Learn About Robotic Surgery

To learn more about surgical services available at St. Catherine Hospital, visit **COMHS.org**. To find a physician who performs robotic surgery on staff at the hospitals of Community Healthcare System, call **219-836-3477** or toll-free **866-836-3477**.

during and after surgery, to the excellent anesthesia and state-of-art equipment, my patients have always been very impressed by the level of care offered at St. Catherine Hospital," Kakodkar says. "The hospital strives to provide a multidisciplinary team approach to the treatment of head and neck cancer, and I am truly happy to be part of this team." ■



Surgeon Terrence Dempsey, MD, scrubs in for robotic surgery at St. Catherine Hospital in East Chicago.



Cardiologists Anas Safadi, MD, and Kais Yehyawi, MD, discuss various tools available to help clear chronic total occlusion, a blocked artery in the heart.

TECHNOLOGY and Teamwork

Interventional cardiologists use advanced procedures to clear chronic total occlusion



Gary Kimble had experienced heart attacks before and had stents put in place to open blockages in his heart. When the Gary resident first began noticing a lack of energy and shortness of breath, he quickly followed up with St. Mary Medical Center cardiologist Anas Safadi, MD.

“Heart attacks are not all the same,” Kimble says. “Each one of mine was

totally different. With one, I’d had a lot of pressure and pain. The last one, I was out of breath and just didn’t want to do anything. It’s important to keep up with your appointments and get checked out.”

Initial testing showed that Kimble’s heart was weak. An angiogram revealed that he suffered from chronic total occlusion (CTO), a condition in which a major artery to the heart has been

closed for many years. In Kimble’s case, he had two of three arteries severely blocked.

“He was not a candidate for open-heart surgery,” Safadi says. “Five, six or seven years ago, we could not offer surgical intervention to patients like Gary because the arteries were blocked almost like a brick wall. The technology we had at that time was not suitable for treating this condition.”

Kimble's father had suffered from the same condition, and there was no treatment available at that time. By the time Kimble came into St. Mary Medical Center with CTO, however, the hospital had the advanced technology necessary for interventional cardiologists to perform a high-risk percutaneous coronary intervention (PCI). The PCI procedure allows surgeons to penetrate calcified occlusions like Kimble's and use advanced balloons and other tools to open the arteries and restore blood flow.

"We have very aggressive wires, like spears," Safadi says. "You use these very carefully, but that is the only thing that will cross 100 percent of the blockage. We have advanced balloons and other techniques to use that make this procedure the best option."

For this complex procedure, Safadi teamed with cardiologist Kais Yehyawi, MD, to open Kimble's occluded arteries and restore blood flow to his weakened heart. Yehyawi said Kimble was enthusiastic about moving forward with the PCI.

"It's always a good thing to see a patient who is ready and willing after having all of the options explained to them," Yehyawi says.


Patients in the Catheterization Lab are often awake during at least part of their procedure but are kept comfortable with anesthesia. Kimble described the experience of seeing Yehyawi and Safadi working intently, one on each side of him, as "intense."

"The times I was able to remember what they were doing, it was just like an orchestra," Kimble recalls. "Both of them were constantly talking to one another. The whole team was communicating and reacting to everything. It was awesome to hear how they worked together to fix everything."

"It's rather intense from our side too," Safadi says. "We worked together very closely for about three hours. This is a team approach with Dr. Yehyawi and the whole cath lab team: the nurses, the technologists, the pre-op nurses, the post-op care; we all work together as a team for the patient's best care."

Yehyawi credited the expertise of his colleagues, the Catheterization Lab team and St. Mary Medical Center for its continued investment in the latest cardiovascular treatments and technologies for making successful procedures like Kimble's possible.

"St. Mary Medical Center has really pushed us forward by bringing in new technology to Northwest Indiana," Yehyawi says. "Today, as physicians, we work in an excellent environment to

WEBSITE 

Help for Hearts

For more information on the Advanced Heart & Vascular Institute at the hospitals of Community Healthcare System, visit COMHS.org/heart.

provide excellence in patient care."

Kimble says his quality of life has improved significantly after the PCI. His energy level has rebounded, his breathing has improved and his chest pains are gone.

"I want to thank Dr. Yehyawi and Dr. Safadi for saving my life," he says. "It was definitely an experience I won't forget." ■



At St. Mary Medical Center in Hobart, Gary Kimble was the guest of honor to light the Hearts of Hope tree, a fundraiser for cardiovascular research.

Amy Peters works on stepping up and down stairs with the help of the ZeroG system and her physical therapist, Jacob P. Virgo.



BACK on the MOVE

ZeroG Gait and Balance System enhances rehabilitation outcomes



Amy Peters and Julie Gaski are taking steps to heal and recover after illness left them unable to walk by themselves. With the help of new technology at Community Hospital, Munster, and the Community Stroke & Rehabilitation Center, Crown Point, each patient now has new motivation and hope. That's because the ZeroG® Gait and Balance System, the first of its kind in Northwest Indiana, is making a difference in movement and standing activities for rehabilitation patients.

ZeroG is a robotic body weight support system. Patients wear a specialized harness that connects to the ZeroG robot as it supports and tracks their movements from above. ZeroG helps patients practice walking, complete balance exercises and work on position

Offering groundbreaking technology gives patients every advantage toward successful rehabilitation

changes such as sitting to standing, and even climbing stairs. The reduced gravity environment is an advanced feature that supports balance while preventing falls.

ZeroG is mounted to an overhead track, so there are no barriers between the patient and therapist. With ZeroG, patients can begin rehabilitation in a safe, controlled environment.

“ZeroG gives our patients the safety and confidence to practice functional, real-world balance and walking activities,” says Amy Castillo, physical therapist and director of Therapy Services. “We believe the use of ZeroG technology will help our patients accelerate and maximize recovery.”

The ZeroG Difference

Munster resident Amy Peters experienced difficulty walking as the result of a tumor that was pressing on her spinal cord. After chemotherapy, she was able to walk only with the assistance of a walker. But once her physical therapist added ZeroG sessions three times a week, she was able to stand on her own.

“Using a walker is just not the same,” Peters says. “The ZeroG has restored my confidence in walking.”

Crown Point resident Julie Gaski agrees. For two years after a stroke that rendered her left hand and foot immobile, she couldn’t walk and had an overwhelming fear of falling.

“The ZeroG gives your body a different feeling of ‘I can do this!’” Gaski says. “It’s amazing to stand on my own again after two years. It’s a wonderful thing. I’m glad I came to Community Hospital for outpatient therapy.”

How It Works

ZeroG can support up to 450 pounds and is used in a variety of diagnoses including stroke, traumatic brain injury, spinal cord injury, amputation, cerebral

Julie Gaski gets to her feet for the first time in two years after a stroke thanks to the ZeroG system.

palsy and other orthopedic and neurological conditions. The therapist secures the patient into a comfortable harness and attaches it to the ZeroG robot, and then therapy can begin.

The amount of support is customized for each person depending upon his or her level of ability and can be increased or decreased with the touch of a remote button. Support can be set to offload a person’s weight by up to 200 pounds, making patients feel lighter in a “reduced gravity” environment. This allows patients to undergo therapy at higher intensity levels sooner after injury or illness. As individuals progress, the support can be decreased so the patients do more under their own capabilities.

“For patients recovering from a stroke, like Julie, who cannot feel or have impaired awareness of where their foot and leg are when standing or walking, their perception and safety of daily mobility may be altered or compromised,” says Jacob P. Virgo, DPT, clinical specialist. “The ZeroG allows for more intensive and task-specific training that may not be feasible outside of the support system. It gives therapists and patients the confidence and means to push the limits of what is possible and allows the patient to progress to that next level of independence and safety.”

Community Hospital has joined an elite group of hospitals in Indiana by earning The Joint Commission’s Gold Seal of Approval® and the



American Heart Association/American Stroke Association’s Heart-Check mark for Advanced Certification for Comprehensive Stroke Centers.

“As a designated Comprehensive Stroke Center, Community Hospital is committed to saving the lives of patients who have suffered the most severe types of stroke,” says Lou Molina, hospital CEO. “Offering groundbreaking technologies such as the ZeroG system, along with highly skilled therapists, gives our patients every advantage toward regaining quality of life through successful rehabilitation.” ■

WEBSITE



The Next Step

For more information about rehabilitation and outpatient therapy services available at Community Hospital in Munster and the Community Stroke & Rehabilitation Center in Crown Point, visit COMHS.org/services/therapy-services.



BEST FOOT FORWARD

Podiatrist John Rachoy, DPM, discusses foot and ankle pain and the broad variety of treatment options available for patients

Q What type of conditions do podiatrists treat?

Podiatry has evolved from treating bunions and hammertoes to treating everything related to the foot and ankle. Among athletes, we commonly treat tendon tears or stress fractures. People with diabetes are susceptible to neuropathy, so an open sore, ingrown toenail or infection can put them at risk for arterial disease or other serious conditions. People work 10 to 12 hours a day. Being on your feet all day can lead to tendinitis and chronic heel pain. Heel pain can also be related to working conditions, like steel-toed shoes or concrete floors, or weight gain.

Q When should I see a podiatrist?

You should see a podiatrist when a chronic issue has not gotten

better. Today, with so many people gravitating to sites on the internet to self-diagnose and treat their conditions, we are seeing more people who have misread or misdiagnosed the real condition. Sometimes this can make their condition worse. If you are having foot pain or have a sprain that does not get better despite self-treatment for more than three to four weeks, this could be a sign something else is going on.

Q How do you treat chronic foot issues?

We believe in preventive care and conservative approaches to foot wellness. We rely on the latest protocols and treatments. Heel pain, for example, can be treated with arch supports and exercises to stretch out the contracted ligaments. For other conditions, we may prescribe anti-inflammatory medicine,

John Rachoy, DPM



cortisone injections or advanced nonsurgical treatments like platelet-rich plasma or stem cell injections to promote healing.

Q What shoes do you recommend?

Steer clear of high heels and pointy shoes. They can cause neuroma, Achilles tendinitis and ankle sprains, bunion or hammertoe. It is best to wear a chunky, wider heel that is not too high and leaves room for the toes. Athletes need a sport-appropriate shoe that is supportive, not too flimsy or thin.

Q How quickly can patients recover from foot issues?

With proper diagnosis and treatment, patients may feel improvement in eight weeks. The timeline is similar to a surgical recovery. ■

APPOINTMENTS



Foot Wellness

Podiatrist John Rachoy, DPM, is accepting new patients through the Wound & Ostomy Clinic at St. Catherine Hospital. For an appointment, call **219-392-7400**.

When it matters most...



Behavioral Health Services

Behavioral Health Services offers a contemporary approach to psychiatric inpatient and intensive outpatient care for adults and older adults with:

- Anxiety disorders
- Bipolar and obsessive compulsive disorder
- Depression
- Suicidal behavior or thoughts
- Postpartum depression
- Post-traumatic stress disorder
- Schizophrenia and treatment-resistant psychiatric disorders

With a healing environment and evidence-based treatments, our caring team helps to prepare patients for transition back into the community.

To schedule a consultation, call: 219-392-7466.



Behavioral Health Services are located at
St. Catherine Hospital, 4321 Fir Street, East Chicago.

Visit COMHS.org for more information.



Lung Cancer Screening Saves Lives

Adults with a history of heavy smoking may benefit from a low-dose CT screening of the lungs for early detection of lung cancer.

For individuals who have *all* of the following risk factors:

- **Between 55 and 77 years of age**
- **Current smoker or former smoker who has quit less than 15 years ago**
- **Have at least a 30 pack-year smoking history**
(1 pack a day for 30 years or 2 packs a day for 15 years)

Physician order is required. Talk to your healthcare team about lung cancer screening and ways to decrease your risk for lung cancer. If you have signs or symptoms of lung cancer, your healthcare provider may order a different test.

Screenings are available in East Chicago, Hobart, Munster, Portage, Schererville, St. John and Valparaiso.

Call today: 800-809-9828.



COMHS.org