

# Healthy

Winter 2022

COMMUNITY

*Actress and  
Singer/Songwriter*

*Rita  
Wilson's  
Second Act*

***THIS ISSUE:  
CANCER CARE***



**COMMUNITY  
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# Rita's Second Act

**After beating breast cancer, Rita Wilson is making the most of her second career**

Rita Wilson is a woman of many talents. As an actress, she's been featured in films like *Sleepless in Seattle* and *That Thing You Do*, written and directed by her husband, Tom Hanks. As a producer, she helped bring the highly successful independent film *My Big Fat Greek Wedding* to the screen. Then, 10 years ago, Rita decided to embark on a new career as a singer/songwriter with the release of her first album *AM/FM*. Unfortunately, that second act was interrupted in 2015 when Rita was diagnosed with breast cancer. She recently spoke to *Healthy Community* about her battle with cancer, the importance of getting a second opinion, the healing power of music and her future plans.

**In 2015, you were diagnosed with breast cancer. What was that like?**

No one ever wants to hear, "You have cancer." I was able to get excellent care from my doctors in New York City,

where I received treatment because I was there doing a play on Broadway with Larry David. You take things one day at a time, and for me having faith in God made things easier.

**What was the underlying condition that put you at greater risk for breast cancer?**

I had been diagnosed many years earlier with LCIS (Lobular Carcinoma in Situ). I managed that by having regular yearly mammograms and breast MRIs. The LCIS turned into PLCIS (Pleomorphic Carcinoma In Situ), which can be associated with some forms of breast cancer. I then had my first of two surgical biopsies to confirm cancer.

**The initial pathology report said you did not have cancer. Why did you decide to get a second opinion?**

My gut was telling me that something didn't feel right. My instincts were nagging at me. A friend of mine who had gone through breast cancer twice suggested getting a second opinion on the pathology, which I did. It came back that I had cancer. I then got a third opinion, and it, too, came back that I had cancer.

**What helped you deal with the stress after your diagnosis?**

Music, meditation, walking, prayer, laughter, comedies. You cannot underestimate the power of entertainment when you are trying to ease your mind. I also had a lot of friends who had breast cancer or other illnesses, and they helped me navigate the fears and anxieties that go along with a diagnosis that can be scary.

**You have also mentioned that music has been a source of healing. Tell us about that.**

I wrote a lot in the months after my diagnosis. In fact, one of my favorite songs, "Throw Me a Party," came from a writing session after I told my husband I wanted to have a big party, a celebration, if I should go before him. It was a way to confront my fears and to soothe myself at the same time. I have been so honored to hear from many people who have used the song for a loved one's celebration of life. It is amazing how so many people have the same desires for how they would like to be remembered after they are gone.

**What inspired you to become a singer/songwriter?**

I have always wished I could play an instrument. I believed all songwriters have a musical talent with an instrument. I didn't know that you could be a songwriter and have no experience with an instrument until I met Kara Dioguardi. She told me she didn't play an instrument either, and asked me a very fateful question about songwriting: "Do you have something you want to say?" The answer was a resounding "YES!" and Kara wrote my first two songs with me, along with Jason Reeves. That was my beginning. I am so grateful to Kara for that.

**What's your next music project?**

I have a new album coming out this fall. Singles were released this summer. You will be hearing more about it soon. I am very excited about this project!

**How are you feeling today?  
Any final thoughts you would  
like to share?**

I feel balanced. I feel centered. Even if things are not ideal at times, I have an awareness and a faith that “this too shall pass.”

I feel enormous gratitude every day for just waking up, for having been blessed with incredible parents, because so much starts there. My own family members all have good health and are thriving. Every day is a gift. ■

Photography © Jim Jordan

## Spotlight on **Cancer Care**

**C**ommunity Healthcare System offers some of the most advanced treatment technologies and services to not just fight cancer, but to care for the whole person – mind, body and spirit.

As Northwest Indiana’s leader in cancer care, patients turn to our cancer treatment centers, patient navigators and experienced oncologists for our medical excellence and compassionate care. Working with a multidisciplinary team across the healthcare system, our providers help patients find the best cancer treatment in a comfortable, caring environment close to home.

Our commitment to advanced cancer care is demonstrated through state-of-the-art, minimally invasive navigational robotic bronchoscopy technology using the Intuitive Ion and Auris Monarch™ as well as radiation therapy with CyberKnife® and TrueBeam™. Advancements in mammography imaging technology include 3D (breast tomosynthesis), while prostate cancer patients benefit from ultra-high definition 3T MRI.

Through the efforts of the Community Cancer Research Foundation, our cancer patients have access to clinical trials from leading research cooperatives and industry groups around the world, including the National Cancer Institute. Patients and their loved ones also have access to free support, education and mind-body programs at the Cancer Resource Centre in Munster.

### Clinical Trials



For a listing of active clinical trials at Community Healthcare System hospitals, visit [myccrf.com/trials.asp](http://myccrf.com/trials.asp) or call the Community Cancer Research Foundation at 219-836-6875.

## Breast Cancer: What Every Woman Should Know



Breast cancer is the most common form of cancer in American women except for skin cancer. In fact, about 30 percent of all new female cancers each year are breast cancer. Protecting yourself starts with knowing your risk factors and staying up to date with your mammograms.

### Primary Risk Factors You CANNOT Control

- **Age:** Most breast cancer occurs after 50.
- **Family History:** You are more at risk if you have had a mother, sister, daughter or multiple family members on either side of your family who have had breast or ovarian cancer.
- **Dense Breasts:** About one in 10 women has dense breasts, which have less fatty tissue and more connective tissue. Dense breasts can also make it harder to see tumors on a mammogram.
- **Reproductive History:** If your menstrual period started before age 12 or menopause started after age 55, you have been exposed to hormones longer, raising your risk of breast cancer.

### Certain Risk Factors You CAN Control

- Not being physically active.
- Being overweight or obese after menopause.
- Taking hormones that include both estrogen and progesterone.
- The more alcohol you drink, the greater the risk.

### When to Have a Mammogram

A mammogram, which is a low-dose X-ray of the breast, is considered the best way to detect breast cancer early.

- **Ages 40 to 44:** You have the option to start having an annual breast cancer screening.
- **Ages 45 to 54:** Have a mammogram every year.
- **Age 55 and older:** You can decide to have a mammogram every two years or continue the annual screening.

Sources: CDC, American Cancer Society, The Iowa Clinic



### How to Prepare

Try to schedule your appointment at the same facility every time so it is easy to compare your mammogram to previous ones. In the days before your exam, consider cutting back or not drinking caffeine, which can make your breasts more tender. On the day of the exam, don't use deodorant, powders, lotions, creams or perfumes under your arms or around your breasts, and wear clothing that makes it easy to undress above the waist.

### What to Expect

A mammogram technologist will place you in front of a machine that will take four images — two views of each breast. For each image, your breast will be compressed for 10 to 15 seconds. You will be asked to hold your breath so motion doesn't affect the images. You may feel some discomfort. If the sensation becomes painful, tell your technologist. About 10 percent of women get called back for additional testing. If you do, this does not mean you have cancer. In most cases, the radiologist looking at your mammogram needs a clearer image.

#### Schedule a Mammogram



Community Healthcare System Women's Diagnostic Centers are located in Crown Point, East Chicago, Hobart, Munster, St. John and Valparaiso. To make an appointment for your mammogram, call 800-809-9828. For more information, visit [COMHS.org/WDC-HC](http://COMHS.org/WDC-HC).

# FOOD Fighters

## Your Anti-Cancer Diet

Remember the phrase an apple a day keeps the doctor away? Well, when it comes to fighting cancer, that saying rings true. According to a number of scientific studies, apples are one of the many foods that may help prevent cancer. Here's a list of some other foods that are healthy additions to your daily diet.



### • Berries

Berries, such as blueberries and blackberries, are rich in vitamins, minerals and dietary fiber. They are also high in antioxidants, which protect the body from free radicals — byproducts of the body's chemical processes that can attack healthy cells.



### • Cruciferous Vegetables

Cruciferous is the name of a family of vegetables that includes broccoli, cauliflower, cabbage, kale and Brussels sprouts. These vegetables are also rich in vitamin C, vitamin K and manganese.



### • Carrots

Carrots contain high amounts of beta-carotene, which gives the vegetable its orange color. Beta-carotene supports the immune system. One study showed a higher consumption of carrots reduced the risk of stomach cancer by 26 percent.



### • Fatty Fish

Salmon, mackerel, anchovies and other fatty fish are high in omega-3 fatty acids, which can lower the risk of colorectal cancer by 53 percent, according to one study.



### • Walnuts

Nuts in general and walnuts in particular have cancer-preventing properties.



### • Legumes

Legumes, such as beans, peas and lentils, are high in fiber, which may help lower the risk of developing cancer.



### • Foods to Avoid

Some foods can actually increase your risk of developing cancer, especially in large quantities. Avoid processed meats like hot dogs, bacon or deli meats, and limit red meat. Choose chicken or fish instead. Limit your alcohol intake to no more than one to two servings per day.

Sources: AARP

# High-Tech Meets

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**Community Healthcare System's approach to treating cancer combines advanced technology and treatment with compassionate care.**

There are many benefits to staying close to home for your cancer care. Local care eliminates the stress and expense of traveling to an out-of-town facility that could be hundreds of miles away. Having care that is convenient is especially important for radiation therapy and chemotherapy. Both of these therapies can leave you feeling tired and fatigued. The last thing you need is to endure a long trip or be away from the comfort of your home.

When your cancer care is close to home, friends and family are nearby and able to provide their encouragement and assistance. It is hard to underestimate that kind of emotional support when you have been diagnosed with cancer.

### **Don't Forget Follow-Up Care**

All cancer patients need to have follow-up care once treatment is completed. These check-ups may include blood work and other

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# Hometown

## Our Unique Approach to Cancer Care

tests and procedures. Follow-up care is important to detect new or returning cancer, manage the side effects related to the treatment, and provide referrals to community resources and local support groups.

The frequency of follow-up visits is based on the type of cancer, the treatment you received and your overall health. As a general rule, during the first two or three years after treatment, a follow-up appointment is recommended every three to four months and once or twice a year after that.

Community Healthcare System also offers lifestyle and nutritional services to improve a patient's overall health. Quitting smoking and reducing alcohol consumption can reduce the risk of cancer. Eating a healthy diet, losing weight and starting a regular exercise program are all beneficial and need to be part of a cancer recovery plan.

### Making the Diagnosis

The first line of defense in diagnosing cancer is an annual physical exam, which can detect some cancer in its early stages, especially skin cancer, when treatment is most effective. Your primary care provider will check for lumps and enlargements of an organ that may be signs of cancer.

If anything suspicious is found, the next step is to order laboratory tests of the blood and urine and/or diagnostic imaging. In addition to diagnosing cancer, our hi-tech imaging services are also used to determine the effectiveness of treatments in patients who have cancer. They include:

**Digital X-rays:** Commonly used to diagnose bone cancer and lung cancer, especially in its early stages.

**Ultrasound:** This technology uses high-frequency sound waves to create images that help diagnose cancer, especially of the reproductive system and urinary system.

**Biopsy:** If cancer is suspected, a biopsy can be performed to collect a sample of cells for laboratory testing in order to provide a definitive diagnosis.

**MRI:** This technology produces detailed images without radiation by using a large magnet system.

**Mammography:** A low-dose X-ray of the breast, a mammogram is considered the best way to detect breast cancer early.

**CT Scan:** A computer processes a series of X-rays to produce accurate, high-quality 3D images.

**Nuclear Medicine:** A tracer containing a very tiny amount of radioactive material is injected into the blood. A camera is then used to detect cancer cells.

### Treatment Services

**Surgery** is a common treatment for many types of cancer and works best when the cancer is localized, that is, when the cancer is found only in the tissue or organ where it began. The surgery physically removes all or part of the cancer as well as some surrounding tissue if needed. In many cases, surgery is followed by chemotherapy and/or radiation therapy to make sure the cancer is gone.

**Chemotherapy** uses drugs to kill the cancer cells, especially the fastest-growing cells. For decades, chemotherapy has been an effective and reliable treatment. The drugs can be taken orally, through an IV or injection, or topically using a cream that is applied to the skin. In most cases, many rounds of chemotherapy are required over several weeks or months.

**Radiation Therapy** uses X-rays to kill cancer cells by preventing them from growing and dividing. The most common form of radiation therapy is External Beam, which aims X-rays at the tumor from outside the body. Internal Beam is another form of radiation therapy. In this case, the radiation is delivered inside the body through a radioactive seed placed into or near the tumor. It can also be given with an injection or through an IV.

### Cancer Services



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

Sources: Cedars-Sinai, American Academy of Dermatology

# 'Someone in my corner'

Lung cancer health navigators on crusade to save lives one patient at a time

by Kerry Erickson



**W**HEN JIM MAZUREK WAS diagnosed with Stage 3A lung cancer, he knew doctors and nurses would be by his side for care and treatments, but he did not know a superhero would be among them.

"Her uniform should include a cape," Mazurek said of Tracy Hughes, his lung cancer health navigator.

Hughes, who works with lung cancer patients at Community Hospital in Munster and St. Mary Medical Center in Hobart, is one of six cancer navigators at Community Healthcare System.

"I love this job because I am able to give the patients compassionate care," Hughes said. "Jim felt that closeness with me, which is the whole point of the navigation. He would call me when he needed me. That is so wonderful



**Top:** Jim Mazurek and his lung cancer navigator, Tracy Hughes, share a moment outside Community Hospital, where Mazurek had just finished his final round of radiation.

**Bottom:** Jim Mazurek rings a bell signifying completion of part of his lung cancer treatment at Community Hospital in Munster.



because it helps the patient have a successful journey. I love to hear patients tell me they feel relieved to have someone help them because they are so overwhelmed and do not know where to begin.”

Relief is what Mazurek said he felt when Hughes was there for him.

He never had heard of a nurse navigator until Hughes called him to introduce herself, explain what she does and offer to help him through his cancer treatment. At first, he did not think he would need the extra assistance. He soon realized he had a reliable, caring and attentive friend in Hughes.

“Every time I called her she either had an answer for the question I had or she would call me back with the answer,” Mazurek said. “She made this so much easier. I was not alone. There was someone in my corner.”

Dawn Garmon also found comfort when Hughes reached out to offer help when she was diagnosed with small cell lung cancer at St. Mary Medical Center.

Garmon’s cancer was caught after she had her routine lung cancer screening offered through Community Healthcare System.

“I get the lung screening every year,” said Garmon, who has smoked most of her life. This time, her oncology team identified two spots on her lung and immediately got to work on treating her cancer.

Hughes has been amazed by Garmon’s determination, positive attitude and willingness to do whatever it takes to face the disease head-on.

“From the time she got her lung screening results, to seeing her oncologist, to getting things scheduled was within 48 hours,” Hughes said. “She has been an excellent patient. She is trying very hard to quit smoking and would always accept any appointment that was made for her because she knew how important it was to get everything started right away.”

Garmon said she would recommend anyone fighting lung cancer to take advantage of the navigator program offered through Community Healthcare System.

“You are so overwhelmed to start with,” she said. “But this whole process moved along quickly. Doctors and nurses all worked together as a team. Right away they met, discussed my case and had an action plan. It felt like I had someone really looking out for me.”

Lung cancer often stays silent until a late stage, which is when symptoms usually occur. Low Dose CT (LDCT) lung cancer screening has proven to be successful at detecting lung cancer at early stages, before any symptoms begin.

All Community Healthcare System CT sites (Community Hospital, St. Catherine Hospital,

St. Mary Medical Center and Community Stroke & Rehabilitation Center) have earned the GO2 Foundation’s Lung Screening Center of Excellence status, which ensures use of best practices.

With Community Healthcare System’s focus on excellence in lung cancer care, the GO2 Foundation also has awarded Community Hospital, St. Catherine Hospital and St. Mary Medical Center the Lung Cancer Care Continuum Centers of Excellence designation.

Patients like Garmon and Mazurek learned firsthand why the hospitals and their medical staffs have earned these prestigious designations for lung cancer care.

“The doctors and nurses were very helpful, and I was so impressed with them,” Mazurek said. “Tracy was Johnny-on-the-spot. I really could not have done it without her. She would smooth everything over, and she had a good attitude while she was doing it. She was a beacon. She got me through.”

Not all superheroes are out front. Patty Higgins is a nurse navigator who works behind the scenes. Higgins oversees the Low Dose CT – Lung Cancer Screening Program.

**“Tracy was Johnny-on-the-spot. I really could not have done it without her. ... She was a beacon. She got me through.”**

“We are on track to complete 2,000 lung cancer screenings this year. All of them are my patients,” Higgins said. “Most of my navigation time is spent on patients with larger nodules needing more immediate follow-up.”

She said the ultimate goal for the oncology team is to get patients diagnosed at an early stage.

“That is what lung cancer screening is about,” she said. “I am very pleased that Community Healthcare System utilizes technology that gives me real-time access to all follow-up scans for every patient. This allows me to get that result to the provider immediately and prevents delays. I feel so lucky to work with a healthcare system that is invested so deeply in the most state-of-the-art equipment and software to save lives.” ■

## Lung Care



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

# Getting in Check



Knowing key numbers can put you on path to good health

by Vanessa Negrete

**L**ESS THAN 7 PERCENT OF American adults have optimal cardiometabolic health, and the outlook is bleak, according to a study published earlier this year in the *Journal of the American College of Cardiology*.

Between 1999 and 2000 and 2017 and 2018, U.S. cardiometabolic health has been poor and worsening, with only 6.8 percent of adults having optimal cardiometabolic health, and disparities by age, sex, education and race/ethnicity. “These novel findings inform the need for nationwide clinical and public health interventions to improve cardiometabolic health and health equity,” the study concludes.

A person’s cardiometabolic health collectively describes the risk factors they have for developing heart and vascular disease. That risk includes metabolic syndrome. Metabolic syndrome is a cluster of conditions—such as obesity, high blood pressure, high triglycerides and insulin resistance—that together may lead to diabetes, stroke and heart disease. In the United States, about 1 in 3 adults has metabolic syndrome, according to the National Heart, Lung and Blood Institute.

According to Christy Cleveland, RN, health and wellness coordinator with Community Healthcare System, a person with at least three of the following traits may have metabolic syndrome:

- A waistline that measures greater than 35 inches for women and greater than 40 inches for men
- Triglycerides 150 milligrams per deciliter (mg/dl) or greater
- HDL “good” cholesterol less than 50 mg/dl in women and less than 40 mg/dl in men
- Blood pressure of 130/85 or higher
- Fasting blood sugar of 100 mg/dl or higher

Community Healthcare System offers screening and diagnostic tests, programs and top medical interventions to help people bring their numbers into a healthy range and maintain those levels.

“I am excited to encourage the community to attend our many different health fairs as we offer vouchers for free cholesterol profile and fasting glucose,” Cleveland said. “We also do diabetes screenings and offer a variety of classes to help manage diabetes.”

## Screening for metabolic syndrome can give patients a snapshot of their health so they can identify areas of concern and create a plan for improvement.

Cleveland regularly provides metabolic testing at the Valparaiso Family YMCA, 1201 Cumberland Crossing, Valparaiso.

“Getting the metabolic testing done can help people know specifically the number of calories their bodies need to achieve realistic weight loss goals and improve overall health,” Cleveland said. “It can also screen to identify slow metabolism.”

Cleveland coaches patients who have slow metabolism and develops plans to increase their metabolism, helping them burn calories at a faster rate.

“Weight loss can affect our risk of developing diabetes, lower our blood pressure and increase our HDL (good) cholesterol,” Cleveland said.

## Food choices and exercise play a strong role in metabolic health.

“The foods we choose are our fuel,” Cleveland said. “If we put the right fuel in our tank, we will be the most efficient.”

Occasionally, she uses an app to enter the foods she is eating to “spot check” what she is consuming to confirm her nutrition is balanced.

“The other priority is getting the recommended amount of exercise,” she said. “‘Move more and sit less’ is good advice to follow.”

The American Heart Association (AHA) recommends adults get at least 150 minutes per week of moderate-intensity aerobic activity or 75 minutes per week of vigorous aerobic activity, or a combination of both.

Moderate-intensity aerobic activities include dancing, brisk walking, gardening and water aerobics. Examples of vigorous-intensity aerobic activities include running, swimming laps, jumping rope and hiking uphill or with a heavy backpack. The AHA recommends muscle-strengthening activity, such as weights or resistance, twice a week.

“If you are overweight or obese, attempting to lose weight can help decrease or prevent complications associated with metabolic syndrome,” Cleveland said.

## Cleveland offers individualized lifestyle coaching at the Valparaiso Family YMCA.

“Whether it is for weight loss, cardiac health, blood pressure management or just learning to be healthy, it is a lifestyle change for long-term health,” she said. “I base it on each person’s goals and health history, so it is individualized to each person. I was a cardiac rehabilitation nurse for many years, so I really enjoy helping coach folks on their risk factors of heart disease, then making a plan for lifestyle changes.”

Screening for metabolic syndrome can give patients a snapshot of their health so they can identify areas of concern and create a plan for improvement.

“If we choose to make these suggested changes, we can decrease our risk of developing heart disease, stroke and diabetes,” she said. ■



Christy Cleveland, a wellness outreach nurse for Community Healthcare System, demonstrates how to prepare a healthy meal.

### For Testing



To schedule a metabolic screening, call 219-462-4185, ext. 262.

# Time for a Tune-Up?

Mid-life screenings include focus on colon health

by Vanessa Negrete

**If** YOU ARE 45, it is time to get your colon checked. For decades, 50 was the recommended age to begin colorectal cancer screenings.

When data showed an uptick in deaths in younger people, experts lowered that recommendation to age 45 in people who have an average risk.

“Patients are somewhat surprised by the drop in the screening age,” said Community Care Network gastroenterologist Mark Fesenmyer, MD. “Many people were aware of the age 50 recommendation but haven’t heard or did not know about the drop to age 45.”

## Most patients do not experience symptoms early on, when the cancer is most treatable.

The new guidelines were established after deaths from colorectal cancer rose among young and middle-aged people. Between 2008 and 2017, colorectal cancer deaths in those under age 55 increased 1 percent each year, even though the number of cases steadily declined during the same time frame.

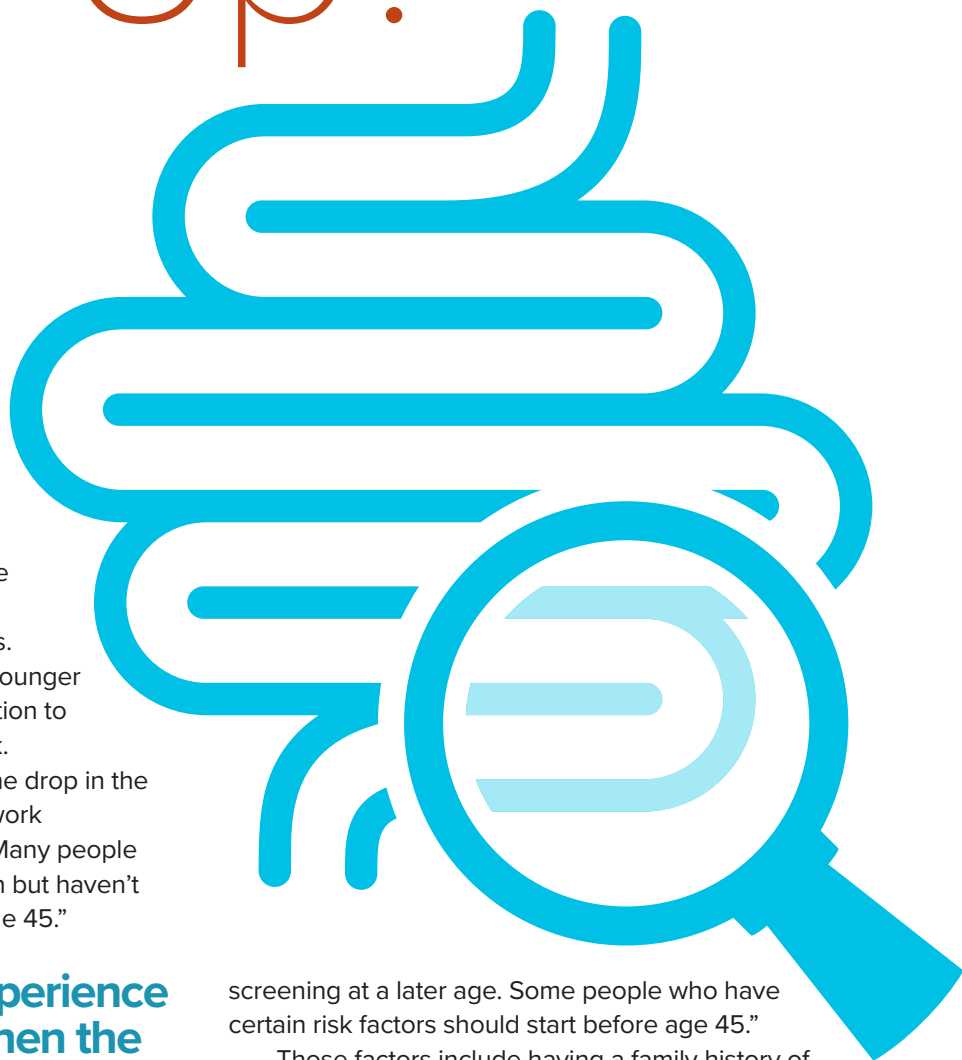
“Colon cancer is the third most common cancer in both men and women,” Fesenmyer said. “There is no ‘low risk’ category that allows someone to forgo screening or begin

screening at a later age. Some people who have certain risk factors should start before age 45.”

Those factors include having a family history of colon cancer (particularly in a parent or sibling), having a personal history of colon polyps, ulcerative colitis or Crohn’s disease or having a genetic syndrome that increases your risk for colon cancer.

“If a patient has an immediate family member with colon cancer, screening should start at age 40, or it should start 10 years before the age at which the family member was diagnosed, whichever is earlier,” Fesenmyer said. “Colon cancer is common and is preventable with timely screening.”

Most patients do not experience symptoms early on, when the cancer is most treatable.



“If a patient has symptoms that might suggest colon cancer, such as bleeding, a change in the shape or size of their stool, change in the frequency of bowel movements, abdominal pain or bloating, they need to speak with their physician to determine if further testing is needed,” he said.

## Risk factors

Some factors that increase your risk for colorectal cancer, such as a family history of the disease, are not under your control. Researchers also have identified lifestyle factors that may increase a person’s chance of developing colorectal polyps or colorectal cancer, according to the American Cancer Society.

- Being overweight or obese
- Not being physically active
- Consuming a diet high in red meat and processed meats
- Smoking
- Consuming alcohol

## Time to test

A stool test and a colonoscopy are the two types of screenings available for colorectal cancer.

For patients who have risk factors for developing colorectal cancer, the only option is a colonoscopy. It is also the best test for average-risk patients, Fesenmyer said.

Polyps, which are precancerous mole-like growths on the lining of the colon, can be removed during the colonoscopy to lower the risk of developing colon cancer. Biopsies or tissue samples can be taken of anything abnormal that is found during the procedure.

“If no polyps are found during the colonoscopy and the patient has an average risk of developing colon cancer, colon cancer screening should be repeated every 10 years,” Fesenmyer said.

The second screening option is available for people who have an average risk of colon cancer. It is a stool test called Cologuard.

“This test looks for certain DNA markers and blood in the stool that can indicate that someone has a polyp or cancer in the colon,” Fesenmyer said. “If the Cologuard test returns positive, a colonoscopy is necessary to look for polyps or cancer in the colon.”



After he lost a bet, 46-year-old actor Ryan Reynolds (left) had his colonoscopy filmed. His doctor detected and removed a polyp, which can be a precursor to cancer. Now he and fellow actor Rob McElhenney (right) are spreading the word about the importance of routine screening.

Screenings can stop at age 75, based on current recommendations, Fesenmyer said.

“In certain instances, this may be pushed to a later age,” he said. “If an average-risk person has a negative colonoscopy, they do not need to undergo another one for 10 years. If an average-risk person has a negative Cologuard, they will not have to retest for three years.” ■

**Along with colorectal screenings, people in their 40s should discuss with their healthcare provider about their health risks and the possible need for the following screenings:**

- Blood glucose
- Bone density
- Breast cancer
- Cervical cancer
- Cholesterol
- Diabetes
- Skin cancer



Mark Fesenmyer, MD, is among the gastroenterologists at Community Healthcare System who perform colonoscopies.

### Take Care!

For upcoming screenings, physician presentations and educational programs available through the hospitals of Community Healthcare System, visit [COMHS.org](http://COMHS.org) or call 219-703-2032.

# It is Time to **Hear** What You are Missing

by Kerry Erickson

Community Healthcare System offers expert audiology and hearing care



**H**EARING LOSS IS ONE OF the most prevalent chronic health conditions in the United States, yet it is treatable with the advanced technology offered through Community Healthcare System's Audiology Services.

According to data from the Centers for Disease Control and Prevention, 1 out of 5 men and 1 out of 6 women reports at least some trouble hearing. Hearing loss could lead to depression, increased fall risk and hospitalization.

"It is common to develop hearing loss as we age," said Tricia O'Halloran, MA, CCC-A, F-AAA, a licensed audiologist and director of Audiology Services for Community Healthcare System. "The key is to get an evaluation to determine type and degree of the loss in order to provide best recommendations for treatment options."



## Listen to the experts

Hearing problems may be serious, which is why it is important to seek the advice of a health care provider.

Recent studies show the severity of hearing loss is associated with a higher incidence of developing dementia. More specifically, untreated hearing loss can increase the rate of cognitive decline in aging adults.

Noise-induced hearing loss is another factor to consider. Sound is likely causing hearing damage if you have to shout over noise to be heard, the sound is painful to your ears, your ears begin to ring or you feel that you have decreased or muffled hearing after exposure.

“Noise-induced hearing loss may occur from impulse sounds or sounds longer in duration, such as music or a concert,” said Natalie Cowan, AuD, clinical specialist, Community Healthcare System. “The louder the sound, the less time it will take to start causing damage.”

Cowan recommends ear protection when near noises greater than 85 decibels (for example, a lawn mower or power tools). Earmuffs and earplugs are great options. However, they must be worn appropriately to properly work.

## Protect little ears

Hearing protection is even more important for small children. “Babies and young children have smaller ear canals; therefore, a larger sound pressure is delivered to their ears,” Cowan said. “In other words, noises are louder to babies and small children compared to adults. It is very important to ensure children have appropriate ear protection when necessary.”

## Hear about latest technology

The Audiology team at Community Healthcare System provides state-of-the-art hearing aid technology.

“Hearing aids are incredible. Today’s technology goes beyond amplification to make speech and sounds audible for patients,” O’Halloran said. “Newer hearing aids change automatically with each environment. This allows you to engage effortlessly in conversation even in the most difficult listening situations.”

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**Top Left:** The Community Healthcare System Audiology team offers treatment and diagnostic services for adult and pediatric hearing loss and other audiology disorders throughout Northwest Indiana.

**Lower Left:** Audiology booths, like this one located at St. Mary Medical Center, allow for accurate and reliable hearing assessments without background noise interference.

Hearing aids provide comfort and clarity, especially in noisy environments. They also offer Bluetooth connectivity, which makes it easy to stay connected with the world around you. Hearing aids allow audio streaming of your phone calls, music and favorite shows.

Smartphones allow you to adjust your volume or settings via an intuitive app. You are able to make adjustments simply and discreetly from your iPhone or Android without touching your hearing aids. Perhaps the best feature is the ability to locate your lost hearing aids.

Hearing aids have the option of using rechargeable batteries to keep you listening with no interruption and no battery replacement. Hearing aids even come with portable charging cases for on-the-go users.

For patients with chronic ringing in their ears, hearing aids include tinnitus-masking features. This is sound therapy built into the devices.

## Untreated hearing loss can increase the rate of cognitive decline in aging adults.

“The assessment and treatment of tinnitus needs to be specialized for each patient because tinnitus can range from being mildly bothersome to debilitating,” O’Halloran said. “Key components to treatment may include education, counseling with a focus on relaxation and stress management, lifestyle changes, amplification and sound therapy. Cognitive behavioral therapy may also be recommended.”

If a person is not ready to use hearing aids, many amplifying and listening devices still provide benefits to improve hearing in difficult listening environments. These devices all have different capabilities and outcomes, so choosing a provider is important.

At Community Healthcare System, your health is important. If you have symptoms of hearing loss, tinnitus and/or vestibular dysfunction, talk with your healthcare provider and get treatment before it negatively affects your quality of life. ■

### Hearing Services



Community Healthcare System Audiology Services offers six clinic locations across Northwest Indiana. For more information, visit [COMHS.org/hearing-HC](https://www.comhs.org/hearing-HC) or call 219-703-2460 to schedule an appointment.

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Rita Wilson



Are You at Risk?



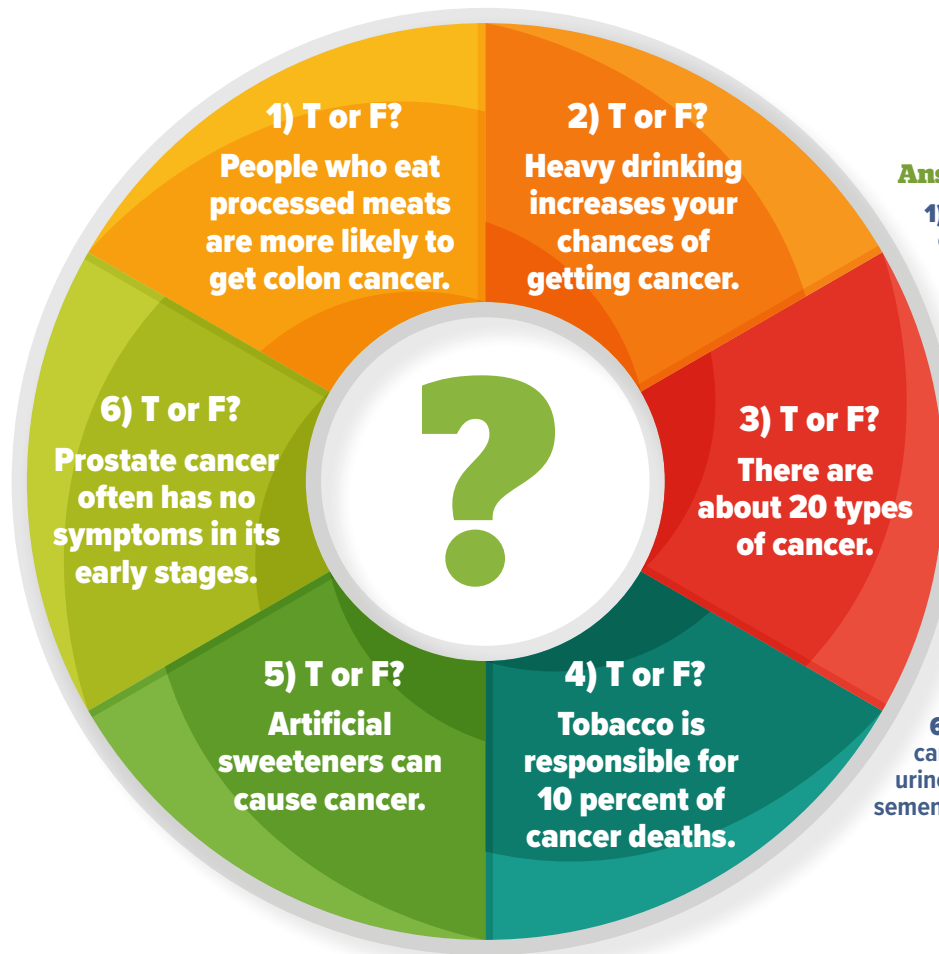
Food Fighters



Hi-Tech Cancer Care

# Check Your Cancer IQ

Test your knowledge about cancer facts by answering these six true-or-false questions.



**Answers:**

- 1) True.** People who eat red meat or processed meat four or more times a week increase their risk of colorectal cancer by 20 percent.
- 2) True.** The less alcohol you drink, the lower your risk of cancer.
- 3) False.** In fact, there are more than 100 types of cancer that can affect any part of the body.
- 4) False.** Tobacco is responsible for about 22 percent of cancer deaths. Smoking is the single largest preventable cause of cancer.
- 5) False.** There is no scientific evidence that artificial sweeteners cause cancer.
- 6) True.** Signs of advanced prostate cancer, however, include trouble passing urine, back pain, and blood in the urine or semen.

Sources: CNN, American Cancer Society