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keep everyone healthy

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star, but **Chris Pratt's**
favorite job is dad

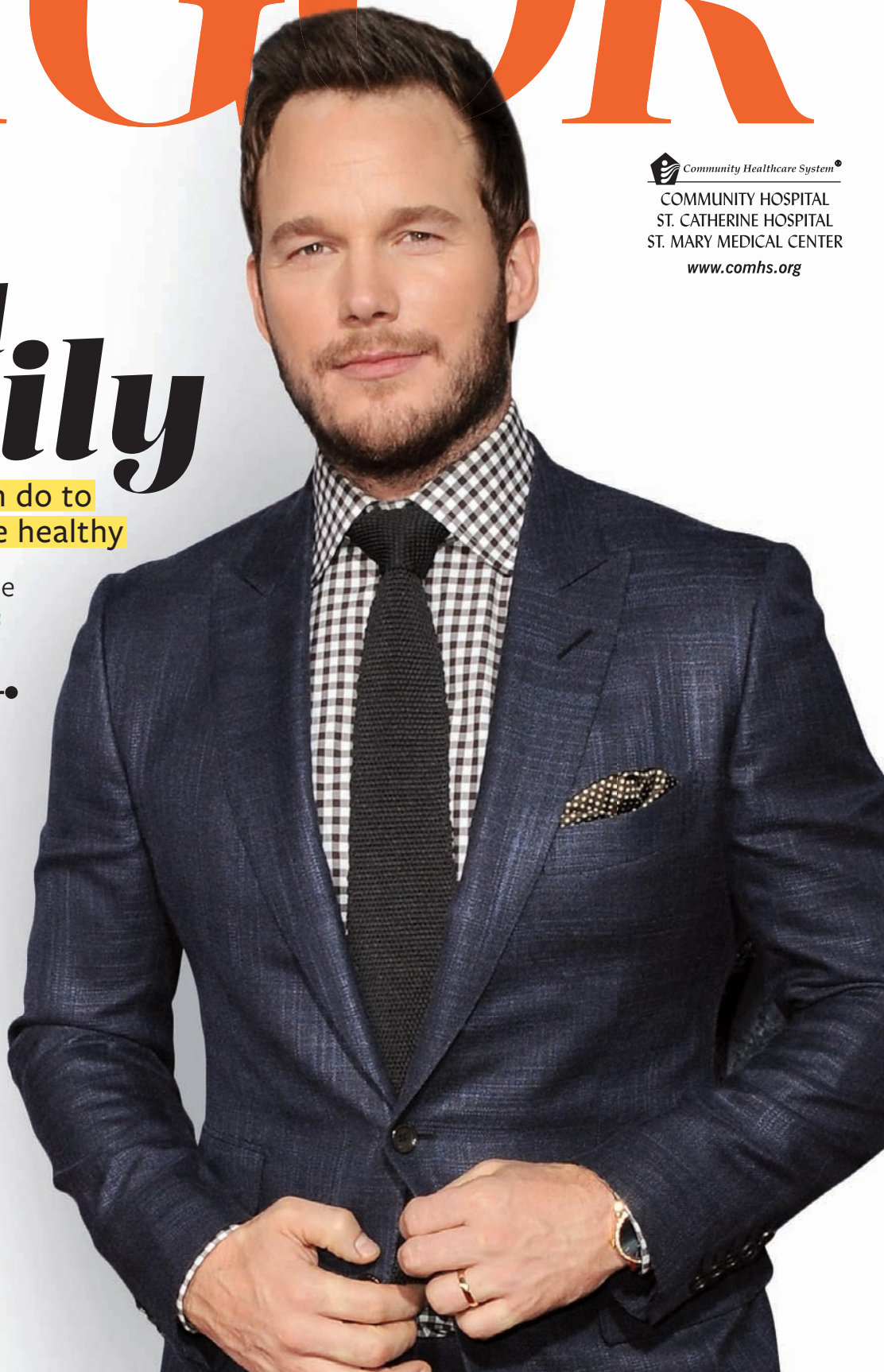
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WHOLE-FAMILY HEALTH

Our hospitals and medical professionals are passionate about keeping you and your loved ones healthy



In this issue of *Vim & Vigor*, we take a look at how our hospitals are reaching outside our walls and trying innovative new models of care to help identify disease early and keep people well—from newborns to seniors.

We are working with new moms to help decrease infant mortality rates. In the state of Indiana, the leading causes of infant deaths are perinatal risk, congenital malformation and SIDS (sudden infant death syndrome). Our hospitals have established programs, including the Nurse-Family Partnership program, the Baby-Friendly Learning Collaborative and the Safe to Sleep initiative, to help turn this tragic trend around **(page 4)**. And healthy beginnings start in our hospitals' Family Birthing Centers, recognized for excellence in maternity care **(page 6)**.

We are also working with aging adults who require skilled training, coaching and conditioning. At Community Hospital Fitness Pointe®, we're offering a new class, called FLEE (Functional Living Exercises for Everyone), specifically geared toward active older adults **(page 49)**.

We never forget that our services impact—and help—real people in our community. Munster resident Helene Sambor, age 88, recovered from a heart attack in large part thanks to her efforts in cardiac rehabilitation at Community Hospital **(page 50)**. Juanita Hamlin received a critical diabetes diagnosis at St. Catherine Hospital, where staff focuses on detecting the disease early and helping to slow or reverse its effects. The hospital's progressive program has been recognized by the accrediting body The Joint Commission **(page 52)**.

To inspire Porter County-area families to choose a lifestyle that incorporates fitness, St. Mary Medical Center is partnering with the Valparaiso Family YMCA to increase access to health and wellness programs **(page 54)**.

Across all our locations, we will continue to provide quality care to you and your family, from the youngest members to the oldest.

John Gorski
President and Chief Executive Officer
Community Foundation of Northwest Indiana



VIM & VIGOR

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MANIFEST

LITTLE HATS, BIG HEARTS

Volunteers knit homemade hats for newborns as a reminder of the importance of heart disease awareness



Newborns in the nurseries of the Family Birthing Centers at the hospitals

of Community Healthcare System wore homemade red knit hats during heart month in February instead of the usual hospital caps. The hats were presented to the nurseries courtesy of the American Heart Association's "Little Hats, Big Hearts" program.

"Northwest Indiana collected over 400 hats from local knitters from across the region this year, which is pretty amazing for our first year of participating in this program," says Erin Crawford, American Heart Association's Heart Walk coordinator for Northwest Indiana.

Volunteers knit the hats, which were distributed by nurses at Community Hospital, St. Catherine Hospital and St. Mary Medical Center in their respective mother-baby facilities to encourage awareness of congenital heart defects.

"Prenatal care and early detection is probably the most important thing to drive home to new parents. Early detection enables the family to deliver in a facility that can manage cardiac defects, which is best for both the baby and the family," says Teresa Meece, nurse manager in the Mother/Baby Unit at Community Hospital.

The No. 1 cause of death in the U.S. and Indiana is heart disease. Some of these deaths are due to congenital heart defects, which affect 1 percent of all live births. That's equivalent to about 40,000 babies born with heart conditions per year, according to the Centers for Disease Control and Prevention.

The campaign helped to bring awareness to new families concerning congenital heart defects, says Tracy Sharp, nurse manager, Labor, Delivery Recovery and Postpartum and Pediatrics at St. Catherine Hospital.

"Most of our new moms and dads were unaware that this defect is the most prevalent in the United States," she says. "They were glad to participate in the campaign."

Alicia Hart, nurse manager of Labor, Delivery, Recovery and Postpartum at St. Mary Medical Center, says the hospitals perform a pulse oximetry screening on every baby to detect heart defects. In this painless test, sensors are placed on the baby's skin to determine the amount of oxygen in the baby's blood and the pulse rate. Low oxygen levels

in the blood may indicate a congenital heart defect.

The hats were an extra reminder of the importance of such a test—and a cute one, too.

"The American Heart Association brought us hats in various sizes, even some for preemies," Hart says. "The families appreciated the personalized touch." ■



New dad Richard Jakich with his son Linken at St. Mary Medical Center in Hobart.



Jasmine Cherry of Gary snuggles newborn daughter Amina at Community Hospital's Parkview Tower in Munster.



BABIES FIRST

Programs support new parents and help keep babies safe **BY DEBRA GRUSZECKI**

A team of nurses and a lactation counselor with the kit new moms receive as part of the Nurse-Family Partnership.

Heather Black, RN, draws from personal experience when she counsels first-time moms who are part of the new Nurse-Family Partnership serving Lake County. Pregnant with her first son before graduating from high school 14 years ago, the words of some who offered advice still make her cringe.

“One woman told me people would pay money for my baby. She said, ‘Let me set him up for adoption,’” Black recalls. “I told her that wasn’t my plan. I would figure this out on my own.”

Fortunately for Black, she didn’t have to be on her own. A strong family support system guided her as she obtained her baccalaureate nursing degree. Today, she is using that experience as inspiration as she works to improve health

outcomes for new mothers as part of the Goodwill Industries Nurse-Family Partnership with St. Catherine Hospital, made possible by a \$2 million state grant. The program, which teaches motherhood skills and includes weekly visits by a registered nurse until the baby is 2 years old, will support 400 new moms who have limited resources.

The partnership with Goodwill Industries is an important addition to a number of initiatives of the hospitals of the Community Healthcare System to improve health outcomes and opportunities for mothers and their babies.

In Northwest Indiana, the need for advocacy is great: The 2014 infant mortality rate in Lake County is one of the worst in the state, at 7.7 (per 1,000 live births), compared with 7.2 for the state

overall. Fortunately, this rate is moving in the right direction, down from 8.2 in 2012.

Leading causes of death for children younger than 1 include unsafe sleep positioning; prematurity and low birth weight; birth defects; sudden infant death syndrome (SIDS); pregnancy complications and injuries from domestic or other abuse.

“Programs like the Nurse-Family Partnership are important because they enable us to extend care beyond the walls of the hospital to improve the lives of families in the region,” says recently retired St. Catherine Hospital CEO Jo Ann Birdzell, who worked with Chief Operating Officer Craig Bolda to help bring the Nurse-Family Partnership to Lake County.

Community Healthcare System hospitals use their time with new mothers in the hospital to provide support and education in breastfeeding and safe sleep. These important practices help more babies live to see their first birthday and beyond.

For example:

- In 2014, St. Mary Medical Center became one of four hospitals in Indiana to begin the Baby-Friendly Learning Collaborative. As part of this initiative, mothers learn about breastfeeding and other good health practices. Certified lactation specialists encourage breastfeeding and offer a free monthly breastfeeding class for women. The program, which is now also in place at Community Hospital and St. Catherine Hospital, includes classes aimed at decreasing the risk of diabetes, breast cancer and cardiovascular disease.

“We believe this personalized care and lactation counseling makes a difference in the overall Family Birthing Center experience,” says CEO Janice Ryba. “It helps give moms the confidence they need to make good health choices for their newborn.”

- Community Hospital raised awareness by using the HALO SleepSacks on babies in its newborn nursery and Neonatal Intensive Care Unit years ago as part of the “Safe to Sleep” initiative across Northwest Indiana. The wearable blanket replaces the need for blankets or other items to be in the bassinet or crib and is aimed at reducing SIDS. Today, safe sleep practices are taught at all three hospitals in the Community Healthcare System.

“By modeling good sleep practices in our hospitals and educating new parents about these new guidelines, we hope to spare more families from the heartbreak of the death of a newborn,” says Don Fesko, CEO of Community Hospital.

- Mary Puntillo, a neonatal nurse clinician at Community Hospital, presented HALO training about putting babies to sleep on their backs in a “naked” crib with no blankets, bumpers or toys, to parents in all three Family Birthing Centers.

Now Puntillo and other nurses in the healthcare system are part of a new Northwest Indiana Patient Safety Coalition that is rolling out an Infant Safety Task Force with a “Safe to Sleep” training component.

- In an effort to increase breastfeeding rates and duration, lactation nurses at St. Mary Medical Center and Community Hospital are working with Northwest Indiana Breastfeeding Coalition on public outreach and education programs.

As the Nurse-Family Partnership gets underway, hospital and community leaders have high hopes it will duplicate the success of a similar initiative in Marion



As part of the Baby-Friendly Learning Collaborative, mothers like Jen Cook learn about breastfeeding and other health initiatives from specially certified staff including Maria Parks, RN.

County, Indiana. In that program, 88 of the first 100 graduates gave birth to infants of a healthy weight. Ninety-two of the babies were current on vaccinations, and 66 of the moms stopped smoking before the baby was born.

“As of April, seven moms across Lake County were receiving visits,” Black says. “We don’t just help them become a good parent. We help moms become more self-sufficient, too.” ■

WEBSITE


Support for You

For more information about the quality care at the hospitals of Community Healthcare System, visit www.comhs.org.



Neonatal clinical nurse educator Mary Puntillo shows new parents a wearable blanket, which is a safe way to keep babies warm.

PHOTO OF MARY PUNTILLO COURTESY OF THE TIMES OF NORTHWEST INDIANA



A mom and her new baby prepare to leave the Family Birthing Center at St. Catherine Hospital.

Good Things in Small Packages

Birthing Centers provide excellence in care for mom and baby **BY CHS HOSPITALS STAFF**



Having a baby is a beautiful, life-changing event. Community Healthcare System hospitals are committed to doing everything possible to ensure the health of new moms and their babies.

Prospective parents looking for the highest quality maternity care available should know that Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart have been recognized as Blue Distinction Centers for Maternity Care by Blue Cross Blue Shield.

The designation recognizes hospitals that demonstrate expertise in providing quality specialty care and have been evaluated on safety measures and offer support programs to promote successful breastfeeding.

As an extension of that care, the hospitals of Community Healthcare System offer many educational opportunities to help new families get off to a good start. From breastfeeding to safe sleep practices, education begins in the hospital during mom and baby's stay, then continues with classes, clinics and events especially designed for postpartum care.

Community Hospital

At Community Hospital, expert medical staff, state-of-the-art facilities and first-class accommodations help to ensure the health, safety and comfort of moms and babies through each stage of the birthing process. The Family Birthing Center takes up four floors of the hospital and includes the Labor and Delivery Unit, a Neonatal Intensive Care Unit (NICU) and the Mother/Baby Unit.

“Our number-one goal is true family-centered care,” says Teresa Meece, RN-C, manager of the Mother/Baby Unit. “It’s what our patients expect and what we want to do for them.”

The Labor and Delivery Unit features 12 private labor and delivery rooms, two fully equipped cesarean section suites and a postsurgical recovery area—everything needed for delivering a baby. Each suite includes wireless fetal monitoring and a walk-in shower with bench seating and water jets designed for comfort. The unit also features a hydrotherapy suite with a warm water immersion tub designed for labor or water births.

The 32-bed Level III NICU provides 24-hour specialty care by a board-certified neonatologist and trained medical staff seven days a week for premature and critically ill babies. When ready to transition home, parents of NICU babies can stay overnight in a room that is equipped for monitoring their special needs. This sleepover option gives new moms and dads a “practice run” of taking care of baby on their own before the family returns home.

The Mother-Baby Unit houses 25 private suites along with a nursery and baby spa. Mom and family can share in the experience of baby’s first bath,

including bath time education and a photo to remember this special moment. In addition, lactation consultants are available seven days a week to provide support to breastfeeding moms.

Throughout their stay, new moms may purchase spa services provided by Community Hospital’s SpaPointe and Hair Studio, done in the privacy of their room.

St. Catherine Hospital

Where babies are born matters.

It’s a fact the skilled professionals at St. Catherine Hospital take to heart.

The Family Birthing Center, which was updated in 2014 to modernize décor and enhance its homelike amenities, features 10 suites for labor, delivery, recovery and postpartum stays. Each suite offers a private bathroom, whirlpool tub, adjustable birthing bed and advanced medical equipment to ensure a safe delivery.

Upon check-in, new moms are assigned to one nurse, many of whom are bilingual, to guide them and their baby through the birthing process. Family members are allowed to be present during the childbirth or they can relax in a private waiting area equipped with a TV, snacks and nearby restroom.

“With compassion and care, our staff of skilled professionals will help guide you through the birthing process,” says Tracy Sharp, RN, manager of Labor, Delivery, Recovery and Postpartum and Pediatrics. “Our professional and experienced nurses are cross-trained in all aspects of labor, delivery, recovery and postpartum care. The same nurse is trained to take care of mother and baby throughout the birthing process, providing a smoother transition and better continuity in care.”

After delivery, moms are encouraged to keep their precious new arrival in their room around-the-clock for



The Level II nursery at the Family Birthing Center of St. Mary Medical Center features state-of-the-art Giraffe OmniBed systems with fully equipped incubators and radiant warmers, shown here by Marissa Yoder, RN.

mother-infant bonding, feedings and family cohesiveness. If extra rest is required, arrangements can be made for additional nursing care for baby.

Obstetricians, family practitioners, certified midwives and pediatricians on staff are highly skilled in their areas of specialization. St. Catherine Hospital also offers new moms access to certified lactation consultants to help guide them through the bonding process and initial phases of breastfeeding.

St. Mary Medical Center

The Family Birthing Center of St. Mary Medical Center brings together the best technology and expertise to provide compassionate care for women during pregnancy and childbirth. The center is also a designated Level II nursery, which means it has a certified obstetric nursing staff and 24-hour neonatology coverage capable of handling emergencies that may arise during childbirth, as well as care for babies born up to two months premature.

“We offer an exceptional level of expertise in obstetrical care and we also offer a wide choice of options to

our moms giving birth,” says Alicia Hart, RN, manager of the Family Birthing Center. “Women can make informed decisions about their plan of labor with their physicians. All of this is in our homelike environment that is comforting and conducive to family bonding and healthy beginnings.”

The Family Birthing Center features 10 private birthing suites that offer some of the most progressive amenities for women giving birth. In addition to the welcoming atmosphere, the unit features state-of-the-art birthing beds, four triage beds, and the option of using a special birthing tub. The center also offers additional services such as certified lactation consultants and certified nurse midwives on staff.

WEBSITE



Special Delivery

The hospitals of Community Healthcare System have everything expectant moms need to get ready for a new addition. For a Family Birthing Center tour or prenatal classes, visit www.comhs.org.

Recently the hospital was named one of America’s Best Hospitals for Obstetrics by the 2015 Women’s Choice Award. The organization identifies businesses that are recommended and trusted by women. The award was presented to just 350 hospitals across the nation based on female patient satisfaction measurements and clinical excellence.

“St. Mary Medical Center is honored to receive the Women’s Choice Award,” Chief Executive Officer Janice Ryba says. “Our outstanding physicians, nurses and Family Birthing Center staff provide personalized care to each mom, making sure they receive the best care possible. That extra special attention makes a difference in our families’ birthing experiences.”

Hart says that the birthing centers providing both top-notch expertise and updated facilities is key.

“When you add in the mutual respect and cohesiveness of the staff in comfortable surroundings, you have a winning combination that provides the best outcomes for the patients and families we serve,” she says. ■



Community Hospital’s Family Birthing Center staff deliver the most babies in the area each year; the unit houses a 32-bed Neonatal Intensive Care Unit.

The Healthy Kids Issue

You can help
them see the
value—and
fun—of being
healthy.

DRS. MOM AND DAD



Keeping children healthy is a full-time job. And, of course, you do the best you can to minimize those sick days and tummy aches. But just like adult health, there's always room for improvement.

82.9% of children 5 to 11 years old are in excellent or very good health.

Up to 10 common colds are caught by a toddler in one year.

322 million illnesses will be prevented by vaccines during the lives of children born between 1994 and 2013.

9.3% of children have asthma.

21% of youths ages 12 to 19 were obese in 2012; that number was 5 percent in 1980.

17.9 billion hours of unpaid care were provided by caretakers of someone with Alzheimer's disease or another type of dementia in 2014—often adult children of people with the disease.

1 in 4 teenagers ages 13 to 18 will have an anxiety disorder; about 6 percent will have severe anxiety.

Whether you have a baby relying on you for all of life's essentials, a soon-to-be college student preparing to fly the nest or an aging parent needing specialized care, you can help maximize everyone's health and happiness.

Read on to find out how. ➔



PHOTO BY GETTY IMAGES/STEVE GRANITZ

DAD— VOCATE

*Inspired by his son, who was born nine weeks early, actor **CHRIS PRATT** advocates for research and awareness of premature birth* **BY AMY SAUNDERS**

For actor Chris Pratt, the middle-of-the-night news that his wife was in labor was cause not for celebration, but for panic.

"It's too soon," Pratt told the staff when he and his wife, actress Anna Faris, arrived at the hospital. "It's not supposed to be happening yet. Please help us."


It was August 2012—nine weeks before their son's intended birthday.

After Jack was born at just 3 pounds, 12 ounces, Faris got to hold him for only a moment before he was whisked away to the neonatal intensive care unit. Jack would spend the next month in the NICU, surviving with the help of a feeding tube and a catheter leading to his heart.

In the moments Pratt was allowed to hold his tiny son, he placed Jack on his chest and imagined a more hopeful future.

"I made him promises ... just about what kind of dad I wanted to be," Pratt said in a 2014 speech for March of Dimes, a nonprofit organization that works to help women have full-term pregnancies. "And I just prayed that he'd be here long enough and he was going to let me keep him."

Jack is now a healthy 4-year-old who, aside from needing eyeglasses, has no limitations. Many premature babies grow up to be perfectly healthy. But some babies born too soon aren't so fortunate.



Chris Pratt and his wife, Anna Faris, share an unusual hobby (see No. 4).

7 THINGS YOU (PROBABLY) DON'T KNOW ABOUT CHRIS PRATT

- 1 **He was a 19-year-old server at the Bubba Gump Shrimp Co. in Maui** when actress and director Rae Dawn Chong asked, "You're cute. Do you act?" and cast him in his first film, *Cursed Part III*.
- 2 **Before spending most of his childhood in Lake Stevens, Washington,** Pratt and his family lived for four years in Alaska, where his dad mined for gold.
- 3 **He married actress Anna Faris in Bali in 2009,** two years after they met while filming *Take Me Home Tonight*.
- 4 **Faris has said she knew Pratt was the man of her dreams** because he had a dead-bug collection—and so did she.
- 5 **Impressed by Pratt's charm,** the *Parks and Recreation* creators upgraded his character, Andy Dwyer, from a six-episode role to a series regular.
- 6 **In 2014, Pratt was named one of GQ's Men of the Year** and *People's* No. 2 Sexiest Man Alive.
- 7 **Pratt lost 60 pounds in six months** to get in action-hero shape for *Guardians of the Galaxy*.

About one in 10 babies in the United States is born preterm—before spending 37 weeks in the womb, according to March of Dimes. Four in 1,000 die within their first 28 days of life, and some face long-term disabilities such as cerebral palsy and autism. Others will have health challenges, including digestive problems, asthma, hearing loss and vision troubles.

Researchers have identified risk factors that contribute to about half of preterm births, which encompass lifestyle choices, genetic factors and medical issues.

But with the other half of cases unexplained, Pratt—the star of *Jurassic World* and *Guardians of the Galaxy*—is speaking in support of March of Dimes, hoping that more babies will have the healthy start Jack didn't. Here is what families should know to lower the risks of preterm birth and help ensure a safe pregnancy.

WHAT WE KNOW—and Don't Know

This much researchers know for certain: Moms-to-be leading unhealthy lives put their babies at higher risk of premature birth.

During the last three months of pregnancy, one in 13 women drinks alcohol and one in 10 smokes, according to the Centers for Disease Control and Prevention. Both habits are

risk factors for preterm birth. Being overweight increases risk, as do obesity-related health conditions like diabetes and high blood pressure.

Socioeconomics can play a role: Researchers have found correlations between preterm birth and stressors such as having little education or low income or being a victim of domestic violence. When women don't receive adequate medical care before and during their pregnancies, perhaps because of these situations, their risks of delivering early increase.

In other cases, doctors can trace the cause of premature birth to medical reasons like preeclampsia (a pregnancy condition marked by high blood pressure), infections contracted during pregnancy, and problems with a woman's uterus or cervix.

Another risk factor is tied to a trend: With fertility treatment on the rise, more women are giving birth to twins. In 2014, the rate was 33.9 twins per 1,000 births, a new high for the nation. This so-called "twinning rate" rose 76 percent between 1980 and 2009.

Being pregnant with "multiples" is one of the top three risk factors for preterm birth, along with having given birth to a premature baby in the past and having uterus or cervix problems.

Still, as researchers study possible risk factors ranging from genetics to air pollution, these factors tell only half the story of preterm birth, says Jan Rydfors, MD, chief medical adviser of the American Pregnancy Association.

"The problem is that even if we know the risk factors, with a good 50 percent or more of cases, we can never really figure out what caused it," he says. "It's a frustrating problem."

POSITIVE Momentum

There is some good news about preterm birth. The percentage of babies born early in the U.S. is lower than it has been in decades: 9.6 percent in

2014, down from a high of 12.8 percent in 2006.

Siobhan Dolan, MD, a medical adviser to March of Dimes, attributes the positive trend to better awareness of the fact that every week of pregnancy counts. Until recently, she says, doctors were more inclined to induce labor or schedule a C-section for women who felt ready to give birth after 37 weeks.

"There was a limited understanding that it was risky," Dolan says. "There wasn't as much data that every week improved outcomes, up to 39 weeks."

The final weeks of pregnancy are especially vital in a baby's development: Between 35 and 39 weeks, the weight of a baby's brain increases by a third. Babies born full term are less likely to have breathing difficulties, hearing and vision problems, and trouble with feeding.

Recent years have also brought progress in preventing preterm labor and its complications. In 2011, the U.S. Food and Drug Administration approved injections of a synthetic progesterone, a hormone that helps maintain pregnancy, for women at risk of delivering early. Other treatments include corticosteroid injections, which help the baby's lungs develop, and magnesium sulfate to reduce the risk of cerebral palsy.

A HEALTHY Pregnancy

The best way to prevent premature birth is to have a healthy pregnancy—ideally, one that begins even before conception.

"[Premature birth] can happen to anybody; so many people don't have risk factors," says Rydfors, of the American Pregnancy Association. "It's a really good idea to see someone before you get pregnant so you can preempt problems."

In a prepregnancy visit, a health-care provider will evaluate the woman's health and weight, review medications and identify genetic factors that could affect the pregnancy.

Doctors recommend that, before and during the early stages of pregnancy, moms-to-be take a daily prenatal vitamin containing folic acid, which helps prevent birth defects. Pregnant women should maintain a healthy weight (a weight gain of 25 to 35 pounds is recommended), exercise 30 minutes a day, and regularly visit their OB-GYN, even if they feel healthy.

At the same time, women should remember that even moms who did everything right during pregnancy have premature babies, says Dolan, the March of Dimes adviser. Not all preterm births can be prevented.

"We know some risk factors in women, but we also don't want to go to this place where we blame women for the outcome," she says.

Faris told *Health* in 2015 that she and Pratt wanted another baby, although her pregnancy would be considered high-risk and need to be closely monitored.

In the meantime, they're thankful for Jack—who, as Pratt said in his March of Dimes speech, has grown "from a small, helpless, little squirt to a strong, happy, funny and vocal boy." In the speech, Pratt reflected on the progress made in researching premature birth and how lucky he feels to have his son.

"I've done all kinds of cool stuff as an actor. I've gotten to jump out of helicopters and do daring stunts and play baseball in a professional stadium," Pratt told the audience.

"But none of them mean anything compared to being somebody's daddy." ■

A TINY MIRACLE

One of the smallest patients born at Community Hospital in Munster is making a big impact in the community by raising awareness of sudden unexpected infant deaths. Nathan Splant was born 15 weeks early in 2004 and weighed less than 2 pounds. Today, he is a healthy 12-year-old. His parents started a foundation for premature babies, the Nathan C. Splant Foundation. Donations have been used to provide HALO SleepSacks to babies in the Neonatal Intensive Care Unit (NICU) where Nathan was born. The wearable blanket helps to educate new parents about the safest way for their infant to sleep: always placing the baby on his or her back, in a "naked" crib—no blankets, toys, bumpers or anything but the baby.

"We started the 'Put a HALO on an Angel' program providing education for our nurses," says Michelle Cherry, MSN, NICU manager, Community Hospital. "Now, safe sleep practices are taught in our newborn nurseries, the NICU, and also in the nurseries of our sister hospitals, St. Catherine Hospital and St. Mary Medical Center."

GIVE



Want to Help Babies?

You can make a difference. To learn more about the Splant Foundation and how you can help, visit www.ncsplantfoundation.org.



THE BIG STORY

KEEPING KIDS



*Every parent knows:
Keeping your children
healthy and happy is a
full-time job. Whatever
you worry about—allergic
reactions, broken bones,
car safety—there are steps
you can take to protect
your kids, and your sanity*

BY **TERESA CALDWELL BOARD**

SAFE

FOOD ALLERGIES

With a few strategies, you can avoid mealtime anxiety over allergens.



A PARENT'S GUIDE TO NAVIGATING FOOD ALLERGIES

➔ *Discovering and managing your child's food triggers is only part of the challenge. Learn how to keep them safe when you're not around*

It took one bite of a peanut butter cookie to initiate Kristen Brown into the “**parents of kids with food allergies club**” when her daughter Kylie was 18 months old.

“She immediately went into anaphylactic shock,” says Brown, who volunteers with the nonprofit Food Allergy Research & Education (FARE). “It was horrible.”

PHOTO BY GETTY IMAGES/KIDSTOCK

One in 13 children in the United States has a food allergy, in which the body's immune system mistakes a food protein as a threat it needs to attack. The symptoms of an allergic reaction usually happen within a few minutes to a couple of hours of exposure to the food. According to the Asthma and Allergy Foundation of America, these symptoms may include:

- Skin rashes, itching or hives
- Swelling of the lips, tongue or throat
- Shortness of breath, trouble breathing, wheezing
- Dizziness or fainting
- Stomach pain, vomiting or diarrhea
- Feeling as if something awful is about to happen

Although they share some symptoms, an allergy is different from a food intolerance, when the body has difficulty digesting a food (think lactose intolerance).

Equip YOURSELF

If you think your child has at least one food allergy, seeing an allergist is the first step. "It's important to get a proper diagnosis," says Scott H. Sicherer, MD, the author of *Food Allergies: A Complete Guide to Eating When Your Life Depends on It*. "You want to know that you're avoiding the correct foods and not avoiding foods that are safe."

After Brown's daughter had an allergic reaction to peanuts, "we did full allergy testing and found out she was allergic to some other things as well, including tree nuts," Brown says.

For most kids, not eating the problem food is enough. For others, cross contact can also trigger a reaction—from trace amounts on serving utensils, for example. Allergy testing pinpoints the level of sensitivity so your doctor can identify how strictly your child needs to avoid incidental contact with an allergen.

BE PREPARED

A sudden allergic reaction can be scary, especially if it is happening to your child. Head-to-toe hives, a swollen throat and difficulty breathing after eating are symptoms of a food allergy and should not be taken lightly.

Emergency medical service professionals at Community Healthcare System hospitals are trained to act immediately, providing the critical care necessary to calm the reaction, avoid anaphylaxis and bring your child back to health.

If your child has a food allergy, follow these tips for staying healthy:

- ▶ Have your child carry an epinephrine pen at all times.
- ▶ Talk about which foods are safe and never to share food with friends.
- ▶ Inform your child's school about the allergy and plan a course of action in the event of a reaction.
- ▶ Talk to your child's pediatrician about allergy prevention methods.

Empower YOUR CHILD

As kids get older, they begin to learn how to keep themselves safe. "In the younger years, it's mostly the parent advocating for the child," says Gina Clowes, director of education for FARE. That modeling paves the way for future independence.

Now that Kylie is 12 years old, "she's a good advocate for herself," Brown says. "She's learned that if she doesn't speak up for herself, there are times when no one else can do it for her."

The good news is, better treatments—and ultimately even a cure—may be on the way. For example, a treatment called oral immunotherapy is being tested, with supervised patients eating a small, steadily increasing amount of a trigger food, delivered as a commercially manufactured powder mixed into a safe food. Early clinical trials of oral immunotherapy have been effective in 70 to 80 percent of people.

"I would be surprised if there are not several options to make life safer for people with food allergies in the next five years," Sicherer says.

WEBSITE



Get Help, Stat

Community Healthcare System has 24-hour, fully equipped Emergency departments with specially trained doctors and nurses. Visit www.comhs.org.

Inform OTHERS

What about when your child is at school or camp or the home of a friend or family member? "Living safely with a food allergy is like living in a minefield," Sicherer says. "Every meal, every snack, every social event, every holiday—almost everything we do has to do with food."

Calm, clear instructions can help other adults honor your child's specific needs. You can download an emergency care plan at foodallergy.org/faap. ■

Headers are part of the game, but concussions don't need to be.



FIRST LINE OF DEFENSE

➔ *Injuries happen, but good communication and preparation can keep young athletes safer*

Parents spend a lot of time, money and energy to support the athletic endeavors of their children. This can encourage a play-at-all-costs mentality that can cause or worsen injuries.

"You want your kids to be the best they can be," says sports medicine physician Robert B. Flannery, MD, "but parents have to actively try not to put their aspirations onto their kids."

Sometimes the pressure comes from the athletes themselves.

"Kids have a sense of loyalty to their team and coach," says Valerie Maholmes, PhD, chief of the pediatric trauma and critical illness branch with the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Even when they get hurt, she adds, "they may press forward and participate because they want to be a good team member."

Despite these pressures, adults can take steps to keep young athletes safe.

Build Openness AND TRUST

Parents and coaches can set the tone for open communication so kids feel comfortable speaking up about injuries. “You have to build trust with the athlete, so they know that we have their best interest in mind,” says Flannery, who volunteers with the National Center for Sports Safety.

Adults can help young athletes take a big-picture view when they resist a temporary break from full participation to properly recover from injury. “Sometimes I have to explain, ‘You can rest for two weeks now or you can take two months off later,’” Flannery says, because playing while injured can make the problem much more serious down the road, or even chronic.

With a foundation of strong communication, adults and athletes can be prepared to prevent injury and intervene if an injury occurs.

ACTION STEP: *Trust your intuition. If your child seems hurt or sick, check in with him or her before practice or play.*

PREVENT Overuse Injuries

When kids start young in focusing on a single sport, they put themselves at risk for an overuse injury. “Having an athlete specialize early is one of the quickest ways to derail their athletic career,” Flannery says.

Safeguards such as limiting the number of a baseball player’s pitches exist to protect young athletes, but it’s often up to parents to make sure kids follow these guidelines if they play for multiple leagues or get individual coaching outside their organized sport.

“Taking time to rest and giving the muscles a chance to do something different is helpful to the body,” Flannery says.

ACTION STEP: *Encourage diversity of activity. Plan time for rest and recreation.*

HEALTHY YOUNG ATHLETES, FROM HEAD TO TOE

When young athletes show signs of concussion, Community Care Network athletic trainers provide the critical care necessary for a quick recovery, getting them off the bench and back in the game.

Our athletic trainers are ready on the sidelines to offer on-the-spot evaluations and treatment to students at Andrean, Calumet, Griffith, Hammond, Clark, Gavit, Morton, Hanover Central, Highland, Lake Central, Lake Station, Munster, Wheeler and Whiting high schools and Purdue University Northwest.

When it comes to concussion prevention, our specialists are available to answer questions and give expert advice.

“We offer training programs to EMS providers and concussion assessment and management education to parents and coaches,” says John Doherty, director of the Concussion Clinics at Community Healthcare System. “This reduces the number of emergency department visits for sports-related injuries.”

RECOGNIZE Signs of Concussion

Beyond blurred vision, confusion and nausea, the symptoms of a concussion can also be behavioral, such as irritability and trouble concentrating.

“Vigilance on the part of parents is important,” Maholmes says. A concussion can happen after a contact-heavy game or practice, even in the absence of a single dramatic hit or fall.

Helmets can prevent skull fractures but not all head injuries. “Until you figure a way to strap the brain down inside the skull, you’re going to have concussions,” Flannery says.

After a suspected concussion, an athlete should be checked by a doctor before returning to practice or play.

ACTION STEP: *Know the signs of head injury. When in doubt, get it checked.*

BE READY for a Cardiac Emergency

Sudden cardiac arrest is responsible for the death of a young athlete every three days in the United States. Parents should talk to a doctor if their child has experienced unexplained fainting or has

APPOINTMENTS



Help for Heads

Concussion Clinics at Community Hospital, Munster, and St. Mary Medical Center, Hobart and Valparaiso, offer individualized care for youths and adults. Call **219-836-4461**.

a family history of sudden cardiac death. “Unfortunately, the first symptom is often death or collapse,” Flannery says.

Ready access to an automated external defibrillator (AED) can be lifesaving.

For each minute defibrillation is delayed, the chance of survival is reduced about 10 percent, according to the American Red Cross.

ACTION STEP: *Have a working AED and someone trained in CPR at every practice and game. ■*

Grandma knows best?
Or just thinks she does?



THE GEN Z BABY

➔ *From safe sleep to car seats, infant care recommendations have changed a lot. Here's how to get grandparents on board*

As child-safety recommendations evolve, it can be challenging for parents, let alone grandparents, to stay current.

“When grandparents were parenting their own kids, they were working with the best information they had at that time,” says Lorena Kaplan, campaign lead for the Safe to Sleep initiative of the Eunice Kennedy Shriver National Institute of Child Health and Human Development. But things have changed.

When talking to grandparents, parents can frame the conversation around cooperation rather than correction. Doing what’s best for the baby means following the latest safety recommendations.

“Injury prevention is a science-based discipline,” says Dorothy A. Drago, the author of *From Crib to Kindergarten: The Essential Child Safety Guide*. “We don’t want to scare people, but we want them

to understand that we know more now, and we can do more in the field of prevention.”

So what do you say when Grandma wants to put her fluffy quilt in the baby’s crib or Grandpa wants to take the toddler for a quick ride without a car seat? Here’s the rundown of expert consensus on keeping little ones safe during sleep and on the go.

A Safe Place TO SLEEP

Putting babies to sleep on their backs emerged as a strategy to prevent sudden infant death syndrome (SIDS) during the early 1990s, leading to a dramatic reduction in cases of SIDS—4,073 babies died from SIDS in 1994, compared with 2,643 in 1999.

What began as the Back to Sleep campaign changed its name in 2012 to Safe to Sleep. It addresses many factors of a baby’s sleep environment, Kaplan says.

To reduce the risk of all sleep-related infant deaths, including accidental suffocation or strangulation in bed, experts recommend parents and caregivers:

- Always put babies up to a year old to **sleep on their backs**. Once they are old enough to roll over in their sleep, you don’t have to turn them back over.
- Use a crib or bassinet that meets current safety standards, with **only a fitted sheet**—no blankets, pillows, bumper pads or stuffed animals. A sleeper or wearable blanket is enough to keep the baby warm.

- **Keep babies in the same room**—but not in the same bed—as their parents, “where the baby can be more closely monitored,” Kaplan says. Room sharing may decrease the risk of SIDS by as much as 50 percent, according to the American Academy of Pediatrics.

Consistency in safe sleep practices is important, since unaccustomed tummy sleeping carries a high risk for SIDS. Babies who are placed to sleep on their

tummies when they are used to sleeping on their backs are 18 times more likely to die from SIDS.

READY for the Road

From rear-facing car seats to long-term use of boosters, current car-seat recommendations may seem extreme to grandparents used to the free and easy days of jumping in the car with kids.

But with more and bigger cars on the road driving at higher speeds, “it’s a different world,” Drago says. “The physics of a crash tell you that the bigger the car and the faster it’s going, the more severe the injuries you can have.”

The American Academy of Pediatrics recommends:

- Babies and toddlers should be in a **rear-facing car seat** until they are at least 2 years old or until they reach the highest weight or height allowed by their car seat’s manufacturer.
- Toddlers and preschoolers should use a **front-facing car seat with a harness** as long as possible for their weight and height.

PARENT-TO-GRANDPARENT TRANSLATION

Parents and grandparents have a lot in common, starting, of course, with their love for the children in their lives. But a major difference between the two is that today’s parents have dozens of new products, ideas and “rules” that didn’t exist 30 years ago.

To help today’s grandparents catch up with new caregiving guidelines for their grandchildren, the hospitals of Community Healthcare System—Community Hospital in Munster; St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—offer free Grandparents Classes. These classes include the latest recommendations for infant care and safety.

New, expectant and adoptive grandparents are invited to attend a session and get up to speed on topics that range from safe sleeping and tummy time to car-seat inspections.

CLASS



Free Class for Grandparents

Grandparents Classes are held at Community Hospital Medical Professional Center in Munster and Community Hospital Outpatient Centre in St. John. Call **219-836-3477** for dates and times.

- Once they outgrow their car seat, kids need to be in a **belt-positioning booster seat** until the vehicle’s seat belt fits correctly—typically at a height of 4 feet, 9 inches. Kids younger than 13 should be in the back seat.

Follow this advice, and share it with other caretakers, to keep your child as safe as you can. ■

GET SCHOOLED

This ages-and-stages guide will help your family start the school year right BY **STEPHANIE THURROTT**

Sometimes the signs are obvious—your preschooler clings to your leg and demands that you stay with her. Other times, not so much—your teenager backs out of the driveway without a glance your way, headed off to start his senior year of high school. No matter the behavior, it's safe to assume that the start of the school year is trying for most kids.

Read on to learn more from experts about the back-to-school challenges kids of all ages face, and what you can do as a parent to smooth the annual transition.



Be a good role model when it comes to healthy eating and getting sleep.




Give your child lots of playtime.

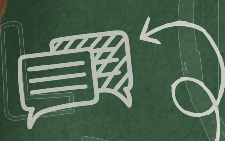


FROM LEFT TO RIGHT: PHOTO BY GETTY IMAGES/GOLDMUND LUKIC, PHOTOS BY THINKSTOCK

ELEARNING



Encourage
a problem-
solving
mindset.



Help your
teen consider
the pros and
cons of
decisions.

FROM LEFT TO RIGHT: PHOTO BY GETTY/NEUSTOCKIMAGES, GETTY IMAGES/LONDON EYE



PRESCHOOL: The World Expands

► WHAT'S HAPPENING?

Preschool-age children see a huge boost in imaginative play, dramatic play and language development. Language becomes a tool they can use for play, and not just something they use for basic communication.

“When children start preschool, their world gets a lot bigger. It’s very exciting, but it also can be a cause of stress and anxiety,” says Lawrence J. Cohen, PhD, a psychologist and the author of *The Opposite of Worry: The Playful Parenting Approach to Childhood Anxieties and Fears*. Preschoolers shift toward real friendships with peers, and that means they’ll have some emotional ups and downs. They also have to navigate separation from home.

► WHAT SHOULD YOU KNOW?

Steer clear of environments that over-emphasize academic readiness, Cohen says. “There’s nothing your child needs to know before preschool or kindergarten. They don’t have to know how to read, or their numbers, or their colors,”

he says. Instead, give your child lots of playtime. That helps build children’s comfort levels in different settings and lets them handle their emotions to some extent.

Don’t panic if you think your child isn’t yet cut out for school. “Trust in the power of development,” Cohen says. A child who doesn’t seem ready for school in the spring will often see huge growth over the summer and be ready by the fall.

► HOW CAN YOU HELP?

Know your child and his optimum level of stimulation, and provide lots of time in that type of environment, whether that means time alone with you or playing with several children at once. Gently encourage him to handle more. “If your child prefers a quiet room with you reading to them, do a lot of that, but gently draw them out to spend more time with other children in louder, busier activities [which is good for healthy development]. Help them through that initial challenge,” Cohen says.

For separation anxiety, Cohen suggests “hello and goodbye” games. Pick up a doll, say “goodbye,” put it behind your back, and a second later put it back in sight and say “hello.” Cohen says, “You can have a hundred hellos and goodbyes in one game, and you take the tension away.”

On preschool drop-off mornings early in the school year, trust the process. “If you’re happy with the school and you like its vibe, trust how they do things,” Cohen says.



ELEMENTARY SCHOOL: Great Gains in Growth

► WHAT'S HAPPENING?

The elementary school years are times of rapid change. Children will see huge gains in physical, cognitive, language, social and emotional growth from ages 5 to 10.

Robin Zorn, an elementary school counselor and a spokeswoman for the American School Counselor Association, says, "Their way of thinking becomes more logical and more mature. It's amazing to see that transformation."

Elementary school is rule-oriented, even socially, and those rules become important in guiding behavior. This age group tends to move away from fantasy play and toward team sports and board or computer games.

► WHAT SHOULD YOU KNOW?

Elementary school is the age when developmental delays, learning disabilities and attention deficit hyperactivity disorder are usually identified. "All kids are different, but we know based on averages where children should be," Zorn says.

"If we see concerns, we encourage parents to check with their doctors."

School personnel also may recommend that your child undergo assessments based on their concerns. Zorn points out that hearing and vision screenings are key—sometimes kids who aren't performing at grade level simply can't hear or see the information presented in the classroom.

► HOW CAN YOU HELP?

"Make sure you are showing them both your expectations and lots of unconditional love," Zorn says. "Family is very important. Kids want to feel like they belong and they are a part of something. With good support, kids can be resilient, even if tumultuous things happen."

She says adults need to be good role models and set good examples: Be kind, practice healthy eating habits, release stress and take care of yourself. "It can be hard, but kids are watching everything parents do," she says.

ADDRESS THE STRESS

A back-to-school physical provides the perfect opportunity to address your child's stress and start the year off on a positive note.

"When kids come in for their yearly checkup, we like to ask questions about their friendships and whether they feel supported at home and at school," says Family Nurse Practitioner Julie Burk of the Brickie Community Health Clinic in Hobart. "We also ask if anyone in the family feels overwhelmed or worried, as oftentimes parents are also dealing with stress."

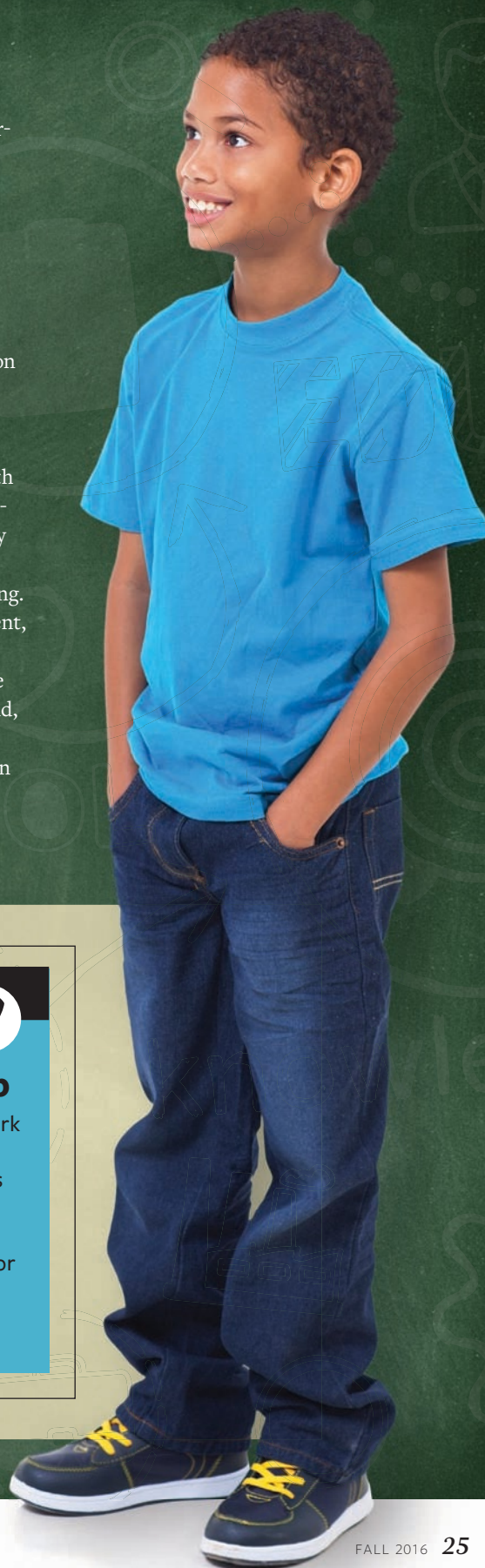
Burk notes it is important to report any changes in behavior or sleep patterns to your child's doctor, even if they seem minor.

CALL



Get a Checkup

Community Care Network physicians are offering back-to-school physicals for a special rate of \$35. To find a provider near you, call **219-836-3477** or toll-free **866-836-3477**.





MIDDLE SCHOOL: Learn to Let Go

► WHAT'S HAPPENING?

The transition from elementary school to middle school is particularly challenging. Durenda Johnson Ward, a middle school counselor and a spokeswoman for the American School Counselor Association, says kids can be anxious about the changes that accompany the move to middle school: transitioning to a bigger building, the heavier workload, meeting new classmates from other elementary schools and dealing with bullying. "And parents can have those same fears," she points out.

► WHAT SHOULD YOU KNOW?

Many parents of middle school students hold on too tightly, and that can trigger stress in their children. This is the time to encourage independence and problem-solving to foster a mindset of growth. "Challenge them and support them. That balance has to be there for

development to occur. Let your child take some ownership and responsibility, but also help them," Johnson Ward says. For example, if your child is disorganized, it might take her 10 tries to master a system for keeping track of her schoolwork. You can help, but don't dictate her choices; the method she uses might be different from yours.

► HOW CAN YOU HELP?

Make sure your child attends any open houses or orientations that can help him or her feel more comfortable with the transition to middle school. And be sure to review any papers that come home from school, as well as any electronic updates or grade portals.

Seek help early if your child is not doing well. "Ask about tutoring ... or time in the school day to help students, and do it sooner rather than later. Parents have a voice, and communicating with teachers and counselors can make the middle school years as good as they can be," Johnson Ward says.

FOUR WAYS TO BEAT SCHOOL STRESS

Today's high-stakes environments can lead to stressed-out students. "Adolescents' schedules can be more hectic than adults'," says Melissa Beverly, a spokeswoman for the American School Counselor Association. "We need to help them manage that stress and create a healthy balance." Here's what you can do:

1. Encourage your child to eat and sleep well.
2. Help your child learn to say "no" when schedules are getting jam-packed.
3. Watch for changes in mood, grades or eating patterns that could be warning signs of depression.
4. Talk to your child's teacher or school counselor if stress levels are worrying you.



PHOTO BY GETTY IMAGES/NEUSTOCKIMAGES

HIGH SCHOOL: Preparing for Adult Life

► WHAT'S HAPPENING?

"Adolescents may look like adults, but their brains aren't fully developed until age 25," says Melissa Beverly, a high school guidance counselor and a spokeswoman for the American School Counselor Association. Physical, cognitive, social and emotional development happen unevenly. Parents have an opportunity to help their kids at this age develop decision-making skills that will last a lifetime. "Instead of just saying, 'No, you absolutely cannot do something,' work with your child on looking at the pros and cons of the situation and considering all possible outcomes," she says. "They need help fostering this skill."

► WHAT SHOULD YOU KNOW?

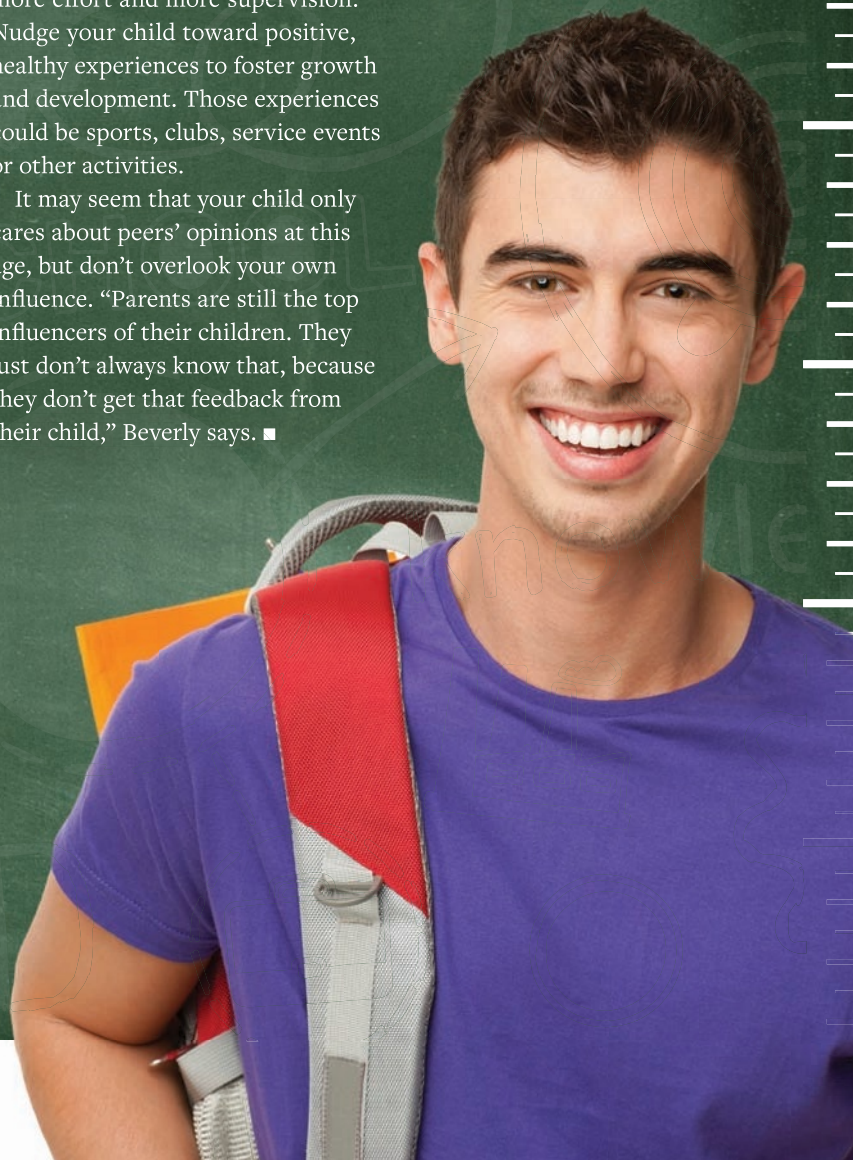
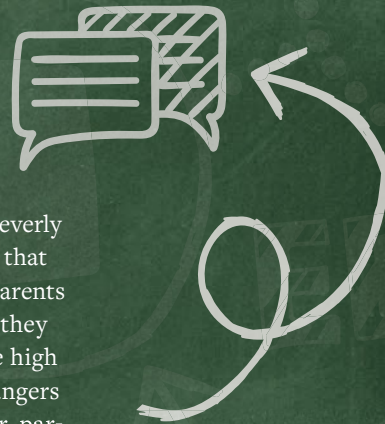
Look for opportunities to let your child talk, Cohen says. "Listen more than you talk. Children tune out lectures. If you don't have any interaction with your child except nagging about homework, you're not going to see if something big is going on with them."

In conversations with your child, focus on the positive—point out good work on a test, for example. "That way, when you do have a challenging situation—if a grade slips or you're concerned about certain friends—it's not the first time you're connecting with them," Beverly says. "When you build a positive relationship, it's easier to address problems."

► HOW CAN YOU HELP?

"When it comes to adolescents, parents struggle with their level of involvement," Beverly says. "It's important to know that it's not a matter of whether parents should be involved, but how they should be involved." Because high school students face more dangers than when they were younger, parents may have to put in more work, more effort and more supervision. Nudge your child toward positive, healthy experiences to foster growth and development. Those experiences could be sports, clubs, service events or other activities.

It may seem that your child only cares about peers' opinions at this age, but don't overlook your own influence. "Parents are still the top influencers of their children. They just don't always know that, because they don't get that feedback from their child," Beverly says. ■



Crafts



Games



Art



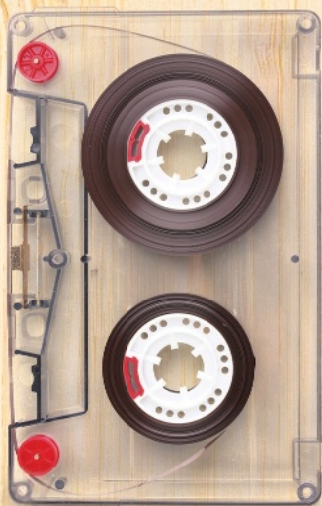
Pets



Memories



Building an ALZHEIMER'S TOOLKIT



*Tips for spending quality time
with a loved one living with
dementia* BY **ALLISON THOMAS**

Having a loved one diagnosed with Alzheimer's disease can be a jarring experience. As time goes on, the puzzling ways that the condition progresses add to the difficulty: Your loved one may have complete clarity one moment and not remember you the next.

While this type of memory loss is what most people associate with the disease, there's more to it than that. Alzheimer's is a form of dementia that causes thinking and behavior problems along with memory disturbances.

"Memory loss is what most people think about, but they lose other cognitive domains as well," says Creighton Phelps, PhD, deputy director of the neuroscience division at the National Institute on Aging. "They lose their ability to pay attention, and to plan and execute activities. They can get confused and lost easily, and they can't

do even the simple calculations they once could."

About 5.3 million Americans have Alzheimer's disease. Of those, 5.1 million are 65 or older. Symptoms tend to progress slowly and worsen to the point that they interfere with daily tasks and then prevent the ability to complete tasks at all. Though medications are now being used to treat Alzheimer's, they don't provide a cure. Instead, they work to temporarily slow symptoms and enhance quality of life.

Knowing all this, it's easy to see how an impending visit with a loved one who has Alzheimer's might be cause for trepidation, but it doesn't have to be. We'll help you create a toolkit to make it easier—for everyone.

Setting Expectations

Before we dive into creating your toolkit, it's important to set reasonable

expectations for the visit. When we're spending time with a loved one who has Alzheimer's, there can be a tendency to push for our own agendas. We want that flicker of recognition, to feel that connection. In truth, we should be more concerned about our loved one's experience than our own.

"The key is to meet them where they are and focus on what they're interested in at the moment, past or present," says Ruth Drew, MS, a licensed professional counselor and the director of family and information services for the Alzheimer's Association. "Trying to pull them into our world is much more difficult." You also need to be OK with periods of silence.

"We want to rush in and fill it because we feel awkward. But we need to sit with ourselves, take deep breaths and find a way to connect—particularly when our loved one isn't able to use language," Drew says. Read on for tools that can help. ➔

TOOL: Music ←

Music is a powerful way to bond and help a person with Alzheimer's open up. "I've seen this work amazingly well. It perks them up and they'll sometimes sing along," Phelps says. Be sure to bring along (or sing) *her* favorite music, the tunes she loves and remembers. "They may even decide to dance, so they're getting exercise plus triggering memories," he says.



TOOL: Mementos ←

Whether it's pictures, home movies, a memory box, an old pair of glasses or a beloved Christmas ornament, share items that have special meaning for your loved one. Take care to ensure that it doesn't feel like a quiz. "We can still get those moments of clarity, but we can't force it," Drew says. "They're most likely to happen when the person is calm, comfortable and feeling at their best."



TOOL: Conversation ←

Conversation topics will naturally depend on where your loved one is in the progression of the disease. If he or she is able to talk, bring up pleasant memories versus trying to discuss things going on in your daily life. "Go with them where they can go and help them be their best," Drew says. If the person is having a hard time with conversation, find other ways to connect (see the next page for ideas).





→ TOOL: Paintbrush

Even if your loved one wasn't an artist before, he or she is likely to enjoy drawing or painting with you. "Someone who seemed mute at first can come alive simply by describing what they're drawing," Phelps says.

→ TOOL: Games and Crafts

Playing games or making crafts might be appropriate if the individual is up to it. Drew suggests taking your cue from him or her and keeping it simple. You could set up a game of dominoes, work on a puzzle, color pictures, paint a pumpkin or put beads on a string. Your loved one might enjoy the chance to be creative.



→ TOOL: Pets

Bring your own dog or cat along on the visit if you can, or arrange for a care animal to join you, Phelps suggests. "Your loved one can pet and love on them, and most facilities will allow this if you ask in advance. It can be very rewarding for everyone." ■



DIAGNOSING DEMENTIA

As we age, some forgetfulness and memory loss is normal. But other traits set Alzheimer's disease apart from what's typical.

TYPICAL: Forgetting what day it is, but remembering it later.

ALZHEIMER'S SIGN: Losing track of the day, date or season.

TYPICAL: Misplacing things once in a while.

ALZHEIMER'S SIGN: Misplacing things, but being unable to determine where they might be.

TYPICAL: Making a mistake in balancing your checkbook.

ALZHEIMER'S SIGN: Trouble with planning or problem-solving, such as following a recipe or paying monthly bills.

If your loved one seems more forgetful than usual, it may be time for a screening. Early detection and recognition of mild cognitive impairment is important to improving quality of life. Confidential memory screenings are offered several times throughout the year at Hartsfield Village senior living community, 10000 Columbia Ave. in Munster. Results are discussed at the conclusion of the screening.

CALL



Memory Screening

Hartsfield Village senior living community is a designated Memory Screening Center for the Alzheimer's Foundation. Call **219-934-0750, ext. 200** for a free screening.

10 THINGS TO REMEMBER FOR AN ACTIVE LIFE

1 Thinking about getting pregnant? Great! Now is the time to see your doctor and work on improving your health through a nutritious diet and exercise.



2 Only some preterm births can be prevented—many cannot. To give your baby the best chance of going full term, don't smoke or drink alcohol during your pregnancy.



3 Say hello to your new roommate: It's safest to put an infant to sleep in your room, but not in your bed, for easy monitoring. And remember, until a year old, babies need to sleep on their backs to help prevent SIDS.

4 Pay attention—but don't panic—when it comes to your child's academic and social development. Remember, every kid is different. Talk to your doctor if you suspect a problem.

5 If you have a loved one with dementia, model compassionate communication for your kids: Talk to people with memory loss about whatever they'd like to discuss, and don't pressure them to remember anything.

6 Don't shout from the sidelines. Too much pressure in youth sports can lead to injury because kids believe they must play even if they're hurting.



7 If your student is falling behind, consider a hearing or vision test, or both. It's impossible to keep up with material you can't see or hear.

8 Make sure you have positive conversations with your adolescent and praise him or her for a job well done at school or in extracurricular activities. If you only nag or scold, teens will tune you out.

9 If your child has a food allergy, it's best to give other adults who care for him or her clear and calm instructions on food safety.



10 Remember that with your love and support, your kids can be resilient, even during challenging times at school.

➔ **WANT MORE HEALTHY IDEAS?** Check out our winter issue, all about improving your day-to-day health.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



IS COFFEE SAVING YOUR LIFE?

If life begins after coffee for you, there's good news. Life may also be *longer* with coffee.

Researchers at Harvard School of Public Health examined coffee consumption of more than 200,000 study participants, and what they found suggests that your morning java may lower mortality.

In fact, when they examined coffee consumption among people who say they've never smoked, those who drank three to five cups of coffee per day had 15 percent lower risk of premature death than noncoffee drinkers. One expert notes that life expectancy is a complex issue and that the study doesn't prove cause and effect.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



WHAT YOUR BODY SHAPE IS TELLING YOU

An apple a day may keep the doctor away. But if “apple” describes your body shape? That’s problematic.

Even people of normal weight who carry fat at their waistlines—possessing a so-called apple shape—might have a higher cardiovascular mortality risk than “pear-shaped” peers who carry excess weight in their hips and thighs, according to research published in the *Annals of Internal Medicine*.

The key takeaway? If you have a normal body mass index (BMI, a measure of body weight relative to height) but also have belly fat, there’s room to improve your health. A healthier diet and physical activity are your Rx.

PUMPKIN VS. SWEET POTATO

Which is healthier?

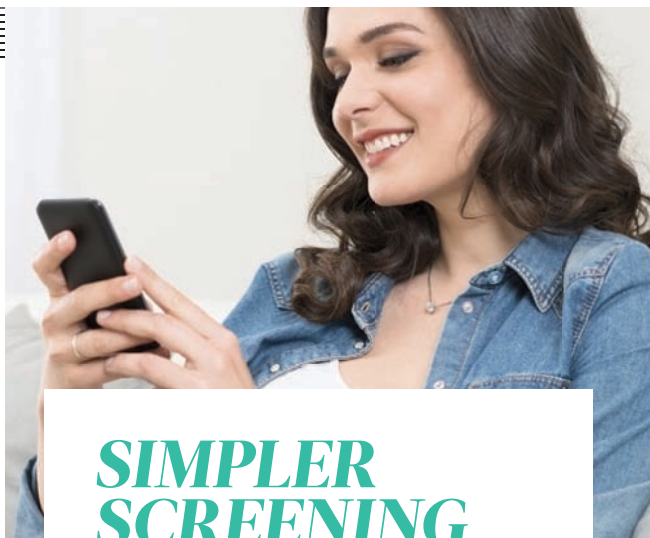
ANSWER: PUMPKIN.

Sweet potatoes prevail when it comes to fiber, magnesium and vitamin A. But when it comes to categories that pack on pounds, pumpkin has a leaner edge. For every 100 grams (slightly less than a cup), pumpkin weighs in at a svelte 26 calories, 6.5 grams of carbohydrates and 2.76 grams of sugar versus the raw sweet potato’s 86 calories, 20 grams of carbs and 4.18 grams of sugar.

Of note for low-sodium dieters: Sweet potatoes also have 55 milligrams of sodium to pumpkin’s paltry 1.



APPLE PHOTO BY THINKSTOCK; MAIN PHOTO BY GETTY IMAGES/HALEFARK



SIMPLER SCREENING SCHEDULING

From Pap tests and tetanus shots to mammography and colonoscopy, it's tough to stay on top of your own health screenings, much less those needed by family members. Here are tips for keeping track:

- Visit **healthywomen.org** and search "passport to good health" for a free, pocket-sized, downloadable screening record booklet (or download an app to keep track on the go).
- Schedule family members' annual tests to coincide with birthdays.
- Ask your healthcare provider if he or she has electronic health records and reminder tracking. Ask for email, mail or phone reminders.

▶ TRUE OR FALSE

Pregnant women shouldn't exercise.

FALSE. Almost all women can and should exercise during pregnancy, according to the National Institutes of Health.

Of course, you might want to adopt a kinder, gentler exercise regimen than you're used to. And talk to your doctor first, especially if you have high blood pressure, diabetes, anemia or other health conditions. The benefits of exercise for you and baby typically include:

- ▶ The right amount of weight gain
- ▶ Improved mood
- ▶ Reduced aches, cramps, constipation and swelling
- ▶ Improved sleep
- ▶ Lower risk of gestational diabetes
- ▶ Easier, shorter labor
- ▶ Faster recovery and return to healthy weight

OBESE KIDS



Big gains have been made in driving down obesity in preschoolers, and yet the problem continues to affect kids at alarming rates in the United States.

**12.7
MILLION**

children and adolescents ages 2 to 19 are obese

1 IN 3

children is overweight or obese, triple the rate from 1963

8.4%

of children ages 2 to 5 are obese (down from 13.9% in 2003–04)

KNOW YOUR SKIN

The key to skin cancer detection is monitoring your skin. By noticing any changes early, you can help prevent skin cancer from spreading.

Remember these warning signs in moles or dark spots—the ABCs:

- ▶ **Asymmetry:** One half isn't like the other.
- ▶ **Border:** Edges are irregular.
- ▶ **Color:** The spot has various shades of tan, brown or black, or it is red, white or blue.

Physicians on staff at the hospitals of Community Healthcare System—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—will examine any questionable areas of the body to look for indications of cancer or precancerous conditions.

CALL



You'll Be Made in the Shade

Get peace of mind with a free skin cancer screening. Call the physician referral line at **219-836-3477** or toll-free **866-836-3477** for a location near you. It only takes a few minutes for an expert examination.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

HIT PREDIABETES HEAD-ON

Diabetes can cause many problems in the body, not the least of which is kidney damage. Unfortunately, researchers now have reason to believe that kidney complications might start much earlier than thought.

The earliest stages of kidney injury caused by high blood sugar may begin in prediabetes, a condition in which blood sugar is high but not high enough to be deemed diabetes.

Prediabetes affects more than one in three adults. The good news? Changes in diet and exercise that result in even moderate weight loss can lower risk for diabetes in someone with prediabetes.

TOOL



Be Accountable

Tracking foods and physical activity can help you lose weight. Try SuperTracker from choosemyplate.gov (click "online tools") or My Food Advisor from tracker.diabetes.org.



WORKOUTS THAT WORK: SNOWSHOEING

On the surface, snowshoeing looks like a leisurely stroll through snowy terrain. Truth is, it's a big-time energy burner that helps with balance and agility. Snowshoeing outpaces walking in energy expenditure (read: calorie burn) even when performed at slower speeds.

Consider trying this winter workout this year. Here's how snowshoeing can help your bod:

- ▶ **CHEST, TRICEPS AND BICEPS:** Poles don't just help snowshoers maintain balance. They offer an upper-body workout, too.
- ▶ **YOUR CORE:** Varying snow depths and inclines and declines engage abdominal and back muscles.
- ▶ **YOUR WAISTLINE:** Snowshoeing outmuscles cycling, hiking and downhill skiing in calories burned per hour at 680 (based on a 150-pound person moving at a moderate pace).
- ▶ **QUADRICEPS AND HAMSTRINGS:** Climbing and descending give your legs a huge workout.

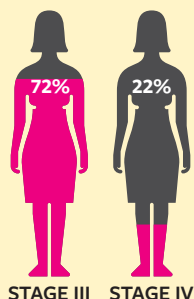
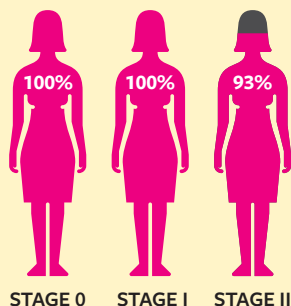
SUGAR CUBE PHOTO BY THINKSTOCK; MAIN PHOTO BY GETTY/HERO IMAGES



WHAT ARE THE ODDS

of surviving breast cancer?

5-year relative survival rate*



An obvious reason to schedule that mammogram: The earlier breast cancer is found, the easier it is to treat.

**Percentage of patients alive at least five years after cancer diagnosis, factoring in deaths caused by something other than cancer*

MAKE THAT A DOUBLE (TAKE)

Women, listen up. When that second evening cocktail calls, consider that you're spiking your health risks as well as your drink.

Studies show that women who imbibe excessively increase their risk for heart damage. (Moderate drinking is considered no more than one drink a day for women and no more than two for men.) The risk of breast cancer also increases as alcohol use increases, according to the Centers for Disease Control and Prevention.

Meanwhile, scientists at the National Institute on Alcohol Abuse and Alcoholism found that the number of females who drank in the previous 30 days increased from 44.9 percent to 48.3 percent between 2002 and 2012. The number of drinking days per month also increased from 6.8 to 7.3 days.

And while alcohol use in men declined slightly during that same period, guys don't get a free pass. The key for both sexes? Moderation.



JARGON WATCH

A **HEMATOMA** is a mass of clotted blood that forms in a tissue, an organ or a body space as the result of a broken blood vessel. Usually caused by surgery, an injury or another trauma to the body, hematomas can be life-threatening in the brain.

Kids and adults with ADHD have long been misunderstood.



THE TRUTH ABOUT ADHD

Reality check: ADHD isn't a new condition, and it isn't a problem of "bad behavior"



Before we knew what we know now, kids with attention deficit hyperactivity disorder (ADHD) were sometimes labeled problem children. Adults with the disorder may have been called flaky or restless. It was first described in 1902, and the first medication to treat it was approved by the Food and Drug Administration in 1936. Today we know more about ADHD than ever, and we are more understanding of people who have it, yet myths still abound. Here, we deliver the facts about this condition that affects millions.

TRUE OR FALSE:

ADHD is not a real medical diagnosis.

→ **FALSE.** It is as real as diabetes and high cholesterol. It occurs when the areas of the brain that oversee organizing thoughts don't make enough of the right chemicals. This is why it can be difficult for people with ADHD to follow directions or concentrate. They may be hyperactive or behave impulsively. Remembering details or controlling their mood may seem impossible to them. Children with ADHD may be fidgety or unable to wait their turn to talk. They may also have trouble staying in their seat.

So who's at risk? The most common cause is heredity. There's also research that links smoking and substance abuse during pregnancy to the condition.

PHOTO BY GETTY/MIKE KEMP

TRUE OR FALSE:

Only boys are affected by ADHD.

→ **FALSE.** ADHD can affect boys, girls, men and women, though it is more common in males than females and typically diagnosed in childhood, at the average age of 7.

TRUE OR FALSE:

ADHD is the result of bad parenting.

→ **FALSE.** “A lot of parents have guilt,” says Robert Wergin, MD, a family physician and the board chair of the American Academy of Family Physicians. “But they shouldn’t.” ADHD is not tied to parenting philosophies—remember, it’s a chemical imbalance in the brain. Of course, once a diagnosis is reached, parents play a crucial role in the treatment plan.

Other things that don’t cause ADHD: eating too much sugar, watching too much TV, playing too many video games and not getting enough vitamins.

TRUE OR FALSE:

ADHD does not go away in adulthood.

→ **TRUE.** “If you have diabetes, you don’t say, ‘Now that I’m 18 I don’t have

it anymore,’” Wergin says. “It may manifest itself a little differently once you get older, but it doesn’t magically go away.”

An adult with ADHD may miss deadlines at work, forget meetings or have relationship issues. Sometimes alcohol or drug abuse is another sign. A doctor can help determine whether ADHD is at the root of these problems or it’s something else, such as depression, thyroid issues or medication side effects.

TRUE OR FALSE:

It’s possible to treat ADHD without medication.

→ **TRUE.** “Many times you can start by implementing behavioral programs and increasing structure at home and in the classroom,” Wergin says. Medication can also help, but it isn’t a magic bullet, and it should be used in conjunction with a set home-and-school routine.

At home, parents can help their child by establishing (and sticking to) a schedule that includes specific times for sleeping, eating, doing homework and playing. Keeping rules simple, setting clear expectations and consequences and rewarding good behavior are also essential. “When treatment is working, home life is better and often a child’s grades go up,” Wergin says. ■

ADHD? OR SOMETHING ELSE?

Boundless energy. Fidgety behavior. Impulsive actions. Difficulty focusing on one task. This type of behavior can add up to classic symptoms of attention deficit hyperactivity disorder (ADHD). Or could it be something else?

The Centers for Disease Control estimates that 13.2 percent of boys and 5.6 percent of girls in the U.S. ages 4 to 17 have had an ADHD diagnosis.

St. Catherine Hospital Director of Behavioral Health Services Jake Messing advises parents to look beyond a simple diagnosis in a pediatrician’s office. Be mindful that ADHD symptoms can point to more than 20 other conditions, including depression, anxiety, obsessive compulsive disorder, bipolar disorder or dyslexia.

“Family issues and medication can also cause ADHD-type symptoms,” Messing says, recalling one patient he saw who had asthma. Turned out, the asthma treatments were affecting his central nervous system.

“We changed his medications and his ADHD symptoms disappeared,” Messing says.

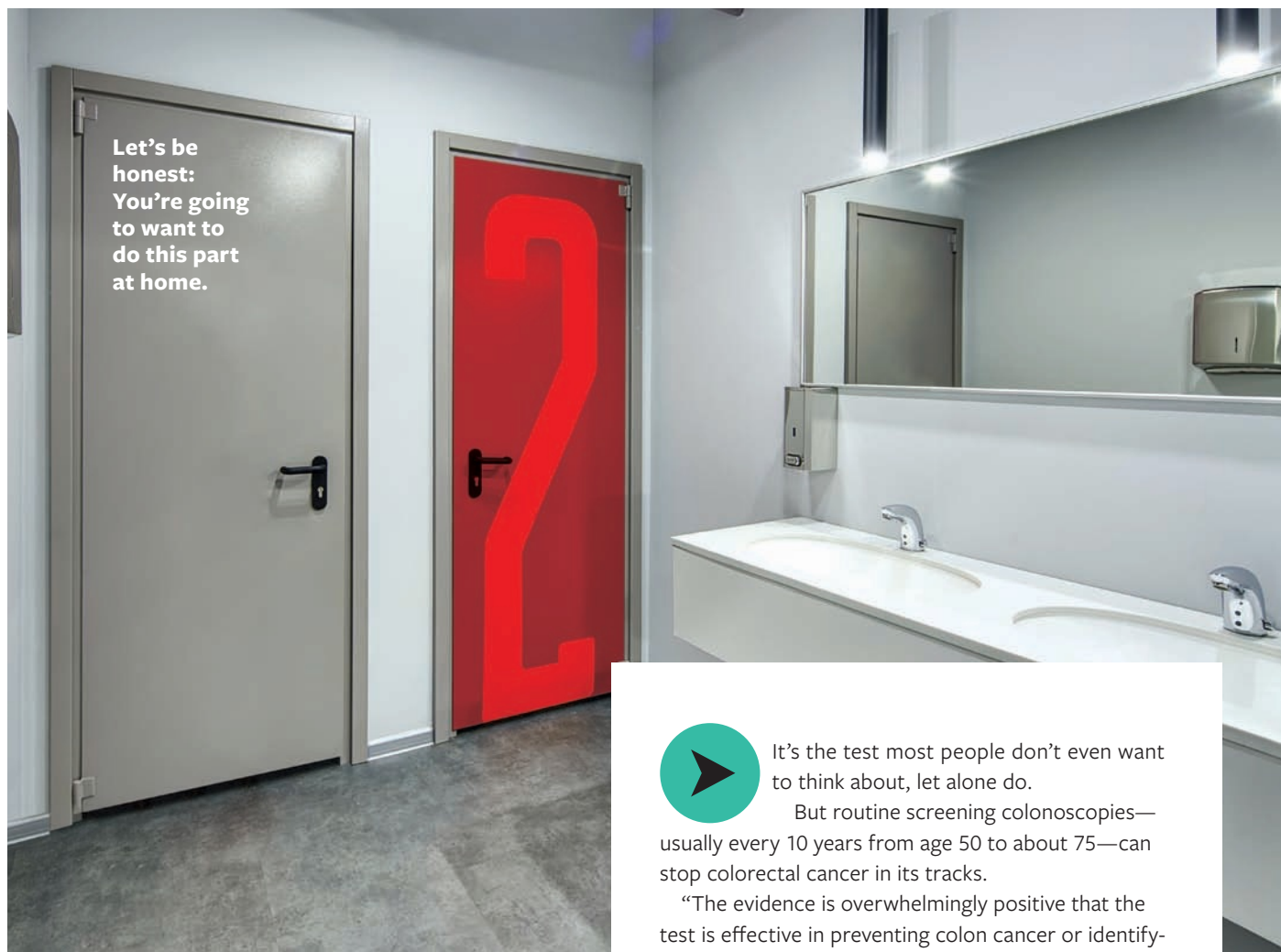
“Make sure a thorough assessment, including testing to ADHD standards, is done as part of a diagnosis.”

CALL



Get a Second Opinion

To learn more about the signs and symptoms of ADHD and for an evaluation, call Community Healthcare System’s Outpatient Centers for Mental Wellness at **219-836-7074**.



HOW TO PREP FOR A COLONOSCOPY

5 steps to ease your way to this potentially lifesaving cancer screening



It's the test most people don't even want to think about, let alone do.

But routine screening colonoscopies—usually every 10 years from age 50 to about 75—can stop colorectal cancer in its tracks.

“The evidence is overwhelmingly positive that the test is effective in preventing colon cancer or identifying patients with asymptomatic colon cancer, when it's easily cured by surgery,” says J. Sumner Bell III, MD, a gastroenterologist and a spokesman for the American Gastroenterological Association. (“Asymptomatic” means symptoms aren't showing.)

Colonoscopy is considered the gold standard for colorectal cancer screenings, though there are other options. During a colonoscopy, a doctor inserts a long, flexible tube inside your rectum and colon. The scope has a light and a tiny camera. During the procedure, suspicious growths, called polyps, can be removed and then tested.

Because it usually involves some level of sedation and a pain reliever, the procedure itself isn't the part most people dread. It's the preparation the day before, which calls for a liquid diet and laxatives to clean out your bowels. Bell has some tips to ease the process.

PHOTO BY THINKSTOCK

1 Get a HEAD START

Your doctor will probably suggest that you cut back on the fiber in your diet a week or two before the test. That's because fiber that is nondigestible, such as nuts, whole-wheat grain, brown rice and the skin of fruit, may make prep more difficult. In addition, if you're prone to constipation, take a laxative for a few days before starting the day-before prep. "It will lower your chances of having inadequate prep," Bell says.

2 Adjust for HEALTH ISSUES

If you have diabetes, take anticoagulants for conditions such as atrial fibrillation, or have other chronic health problems, talk to your doctor ahead of time about ways you might need to customize your prep. And if you had a heart stent inserted or a hip replaced recently, wait six months before having a routine colonoscopy. Older adults or those with mobility issues might want to have someone around to help during prep or consider a bedside commode.

3 Use SOOTHING OINTMENT

Colonoscopy prep causes diarrhea, which can create anal discomfort. After every bowel movement, Bell suggests putting a dab of petroleum jelly or balm on the sensitive area. It's the grown-up equivalent of preventing diaper rash.



4 Think about YOUR DRINKS

You can't eat solid foods during the prep, which means you'll be taking in plenty of liquids, some mixed with laxatives. It's still important to make sure you're drinking enough fluids, and choosing flavors you enjoy can make the prep more palatable. "It's a good idea to disguise the flavor and the effects of some of the laxatives," Bell says. "And don't drink too much cold liquid, or you might start to feel chilled because of how much you need to drink."

5 Schedule WISELY

Prep consists of an all-day liquid diet, with laxatives added in the afternoon or evening for a procedure the next morning. Some doctors now use a split dose, so you take half the laxative in the afternoon and wake up around 3 a.m. to take the rest. People with 9-to-5 office jobs usually don't have to take time off for prep, but those who work outdoors or have a physically demanding job might want to think about the challenges posed by drinking fluids all day without solid food. If you work at night, talk to your doctor about an accommodating procedure time and prep schedule. ■

MUST-HAVE SCREENING

It may be tempting to skip your colonoscopy altogether, especially if you feel fine. But don't let the lack of symptoms fool you; the signs of colorectal cancer usually aren't noticeable until the disease has reached a later stage.

"Most colorectal cancers start as benign polyps," says gastroenterologist Peter Mavrelis, MD, on staff at St. Mary Medical Center. "Regular colonoscopy screenings can detect these polyps so we can remove them early before they turn malignant. In that sense, a colonoscopy actually prevents cancer."

If you think a lack of family history of colorectal cancer means you don't need to get screened, think again. Only 10 to 20 percent of those with the disease have relatives who had colorectal cancer. "The best way to beat this disease is to get screened," Mavrelis says.

WEBSITE



Due for a Test?

Visit www.comhs.org for our online directory that includes primary care physicians and gastroenterologists.

Every parent knows it: With kids, it's always something.

FREAK OUT OR CHILL OUT?

Learning to decipher childhood illnesses can help parents stay calm



Remember the first time your firstborn had a slight fever and you debated running to the emergency department? It's natural to be concerned when your child is sick or in pain, but panicking at every little ailment only leads to wearing yourself out with worry. The truth is, some childhood illnesses are best cared for with some TLC at home. Others need a doctor's intervention. Cathy Haut, DNP, president of the National Association of Pediatric Nurse Practitioners, helps us figure out what's appropriate when.

PHOTO BY GETTY IMAGES/PEOPLEIMAGES

Q Your child seemed fine this morning, but now he's sick and has a high fever.

Is it: The flu or a bad cold?

THE FLU. It can be hard to decipher between these maladies, but here's a good general clue: Colds tend to build up over a day or two, but the flu comes on fast. If your child suddenly comes down with a high fever, body aches and chills along with a headache, sore throat and cough, make a doctor appointment right away. If it is the flu, downtime can be greatly reduced if medicine is prescribed within 48 hours.

Q Your 6-month-old has been more irritable than usual, drooling like crazy and pulling on her ears.

Is it: Teething or an ear infection?

TEETHING. If your baby hasn't been sick recently, she is probably teething. "Ear infections usually come at the end of a cold. It's not typical for babies to have ear infections out of the blue," Haut says. "Teething generally starts close to 6 months, and there are lots of signs." They include irritability, drooling, chewing on everything, swollen gums, rubbing the face, difficulty sleeping and pulling on the ears. Talk to your pediatrician about ways to reduce the pain—start with a chilled teething ring and extra cuddles.

Q Your child comes inside after playing with friends and has red, itchy, watery eyes.

Is it: Pinkeye or allergies?

ALLERGIES. If symptoms just started, examine whether they are in one or both eyes. "One of the key characteristics when children have allergic eyes is both eyes are affected," Haut says. "Usually with pinkeye, it starts in one eye and then moves to the other." Pinkeye also is accompanied by yellow or green drainage, which can become crusted if allowed to dry, such as during sleep. Pinkeye can be bacterial or viral and is highly contagious. Talk to your doctor about treatment and when it's safe for your child to return to school. You'll also want to ask about what measures you can take to avoid infecting other members of the family—including you!

Q Your child is complaining of a bad sore throat and you see white spots in there.

Is it: Strep or tonsillitis?

IT DEPENDS. Tonsillitis is any inflammation of the throat and may or may not be caused by strep. And the presence of white spots isn't always a telltale sign either. "There's a specific way strep appears but not always," Haut says. "If you have pus on your tonsils, it may not be strep. It's difficult for parents to tell." The only for-sure way to know is to get a strep test, either at the doctor's office or a drug-store clinic.

Q Your child has a bad tummy ache and can't keep food down.

Is it: Gastroenteritis or the result of eating too many sweets?

GASTROENTERITIS. Often called the "stomach flu," gastroenteritis causes abdominal pain, vomiting and diarrhea. "A regular stomachache can come from eating the wrong foods, not getting enough sleep, anxiety and constipation," Haut says. "Gastroenteritis is any form of vomiting or diarrhea." As unpleasant as it is, it's best to wait it out and ensure your child is getting enough liquids to prevent dehydration. "There are medications that can help with the vomiting, but we mainly recommend you don't try to stop diarrhea, because it's getting rid of the illness," Haut says. ■

WEBSITE



Flu Facts

Wondering what this season's flu forecast is? Visit **flu.gov** to learn about this year's virus and vaccine. You can learn about different types of flu and find a place to get vaccinated near you.

SMOKING'S DESTRUCTION

*A whole-body look at how
cigarettes affect your health*



It's no secret that smoking—the No. 1 cause of preventable death in the U.S.—is bad for you. Every year, more than 480,000 Americans die from smoking-related causes, according to the Centers for Disease Control and Prevention. We typically think of smoking causing lung cancer—and it does—but the consequences of lighting up extend far beyond the lungs. Smoking takes a toll on every part of you.



PHOTOS BY THINKSTOCK



Kick the Habit

Quitting smoking is no easy feat, but it is possible. Visit [**cancer.org/smokeout**](http://cancer.org/smokeout) for tips and tools to help you quit for good.

MOUTH

Smoking ups your chances of developing an oral cancer, and it also can cause you to lose your teeth at a younger age.



BRAIN

Nicotine is as addictive as heroin. It literally changes your brain, which develops extra nicotine receptors. When the brain stops getting the nicotine it's used to, withdrawal symptoms and cravings kick in.

FACE

While no one dies from wrinkles, cigarettes can ruin your youthful look long before you hit middle age.

HEART

Smoking puts stress on your heart and increases the risk of cardiovascular disease, the leading cause of death in the U.S.



LUNGS

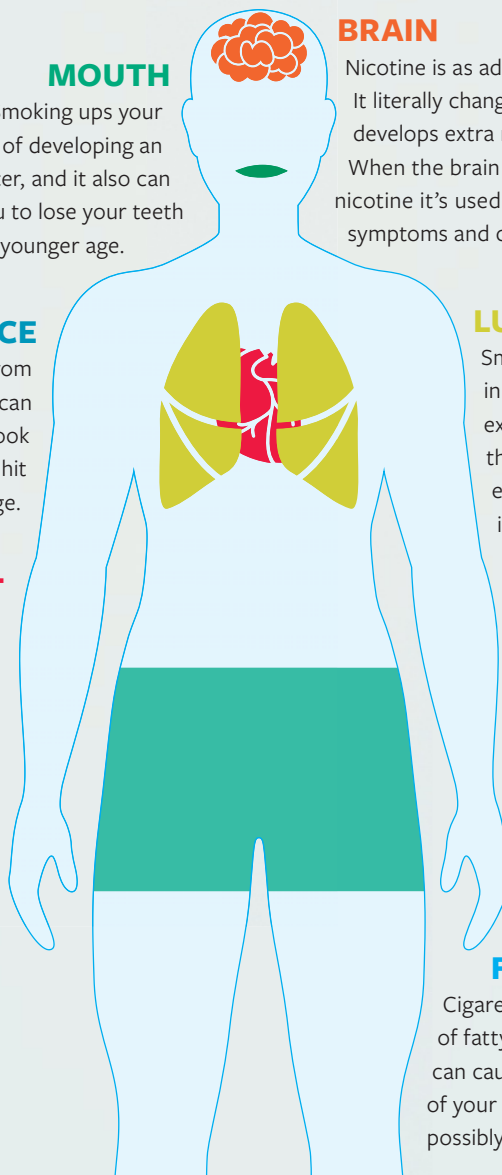
Smoking destroys the air sacs in your lungs that allow oxygen exchange. When enough of these sacs have been destroyed, emphysema develops, an irreversible condition causing severe shortness of breath and often resulting in dependency on an oxygen tank.

WAISTLINE

Smokers typically have bigger bellies and less muscle than their nonsmoking counterparts, and they're more likely to develop type 2 diabetes.

FEET

Cigarette smoking increases the buildup of fatty deposits in your arteries, which can cause a blockage in the blood vessels of your legs, leading to tissue damage and possibly amputation of toes or feet.



THREE WAYS TO COOK **BRUSSELS SPROUTS**

Low in fat yet rich in protein and nutrients, these cruciferous cuties deserve a spot on your fall menu



This petite cabbage subspecies, available in the U.S. from late August until early March, has been sprouting up at restaurants everywhere (chefs seem to love serving them charred with some kind of bacon). But many home cooks still want to steer clear.

"I hated Brussels sprouts as a kid, probably because they were over-boiled, but people are finally learning how to prepare them properly," says registered dietitian Sara Haas, a spokeswoman for the Academy of Nutrition and Dietetics.

Brussels sprouts are not only low in fat, calories and carbohydrates, but they're also rich in folate, fiber and vitamin C, and unusually high in protein for a vegetable—1 cup provides 3 grams.

"Pregnant women, people with diabetes, vegetarians looking for protein—it makes sense for a lot of people to consume them," Haas says, adding that you shouldn't hate on the strong flavor and smell. "That comes from sulforaphane compounds that may protect against cancer and inflammation." Here are her favorite ways to prepare Brussels sprouts:

1 ROAST THEM


"Roasting is the best way to turn that inherent bitterness into sweetness," says Haas. Chop off tough ends, remove any yellow outer leaves and slice sprouts in half. For 1 to 2 pounds of sprouts, toss with salt, pepper and olive oil in a bowl and roast at 400 F for about 40 minutes. Remove from oven when they are crispy on the outside and soft on the inside.

2 SHAVE THEM

It's more time-consuming, but breaking the sprouts down "makes it easier for people, especially kids, to accept them," Haas says. Use a sharp knife, a food processor or a mandoline (pierce the end with a fork, for safety) to make wispy slices. Then build a salad around them or stuff them into tacos or sandwiches as a more nutritious alternative to lettuce.

3 MAKE CHIPS

First, remove the individual leaves of the sprouts. "This is a great way to keep your kids occupied at that tricky 4:30 p.m. witching hour," Haas says. Once you have a big pile, spread them in a single layer on a baking sheet and add salt, pepper and a generous drizzle of olive oil. Bake in a 400 F oven until leaves are crispy and brown but not burnt, about 10 to 12 minutes.



These actually
look pretty
tasty, huh?

KNOW THY BRUSSELS SPROUTS

Size and color matter. When buying Brussels sprouts, the smaller the head, the sweeter the flavor. It's also best to avoid ones with yellow leaves, which are a sign of age.

But they aren't always green. Rubine Brussels sprouts are a purple variety that retain their violet color even after cooking.

► **THEY'RE HARDY.** Like their cabbage cousins, Brussels sprouts will keep in the refrigerator for several weeks.

► **THEY HAVE A HISTORICAL PAST.**

Some scholars believe that the sprouts were eaten in Brussels, Belgium, during the 13th century and that the vegetable was served for wedding feasts at the court of Lille, France, during the 15th century. On U.S. soil, Thomas Jefferson was a culinary trendsetter: The Founding Father planted Brussels sprouts in his Monticello garden in 1812.

► **YOU CAN USE THEM TO DECORATE.** Did your trip to the market leave you with more sprouts than you can handle? Search Pinterest and you'll find dozens of ideas for using these veggies in wreaths and other floral arrangements, both on and off the stalk.

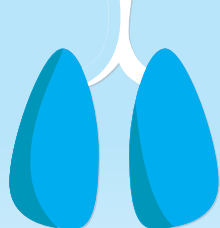
WEBSITE



Eat Local

Looking for local, seasonal eats? Visit localharvest.org for a directory of 30,000-plus family farms and farmers markets. Search by your city and grab your shopping bag!

ORGAN DONATION



6,500

About how many people die each year because a transplant was not available.



MORE THAN 120,000

The number of men, women and children who await a lifesaving organ transplant in the United States.

120 MILLION

The number of people in the United States who are signed up to donate their organs.

2

People who may gain sight because of one eye donor.

8

Each organ donor can save up to this many lives.



Frequency in minutes that someone is added to the waiting list for an organ donation.

UP TO 100

Number of people who can have mobility and health restored because of one tissue donor.

Sources: American Transplant Foundation; Donate Life; organdonor.gov; United Network for Organ Sharing

GREATEST GIFT OF ALL

Organ and tissue donations save and heal hundreds of thousands of adults and children each year in the U.S. alone. The hospitals of Community Healthcare System partner with Donate Life America to raise awareness regarding eye, organ and tissue donations.

At Community Hospital, Munster; St. Catherine Hospital, East Chicago; and St. Mary Medical Center, Hobart, the "Donate Life" flag is flown in honor of each donor for 48 hours as a silent salute. Each donor family receives a card with a garden-sized version of the flag in honor of the generous gift provided by their loved one.

"Our hospitals are privileged to accept the selfless gift that donors and their courageous loved ones have chosen to share and impact the life of someone they have never met," says John Gorski, president and CEO of the Community Foundation of Northwest Indiana, parent company of the hospitals of Community Healthcare System. "We also host our annual Rose Ceremony in support of the Donate Life Float in the Rose Parade to honor and salute the donors who have given the greatest gift of all through organ, tissue or eye donations."

WEBSITE



Make Sure Your Wishes Are Known

Register your intent to be an organ and tissue donor while obtaining or renewing your driver's license. You can also register at www.donatelifeindiana.org.



Participants in FLEE, a class that teaches functional, everyday movements for older adults at Community Hospital Fitness Pointe®.

Training for *DAILY LIFE*

Seniors benefit from exercise classes that promote balance, flexibility

BY **ELISE SIMS**

➔ Dick and Jo Ban of Chicago are active seniors who try to live a healthy life. As they have aged, they have found that their reach, balance and strength have changed and sometimes they could use some help performing everyday activities. A new class at Community Hospital Fitness Pointe® called Functional Living Exercises for Everyone (FLEE) is designed to develop the muscles of active older adults so that they can more easily and safely perform routine tasks.

“FLEE classes address the whole body from your toes to your head,” Dick Ban says. “The exercises are related to everyday activities in the home like climbing stairs, reaching for items and putting away groceries.”

“It helps you be more conscious of the way you do things, such as standing from a seated position in a chair,” Jo Ban adds. “To do it properly, first you need to sit forward and push off to a standing position, which helps with balance.”

Studies show that regular exercise and physical activity are important to the physical and mental health of everyone, including older adults. Being physically active can help individuals continue to do the things they enjoy and stay independent as they age.

“There are more than 80 million adults age 55 and over, including seniors and baby boomers, who are interested in working out for their health and keeping fit,” says Fitness Pointe Program

Manager Debi Pillarella, MEd. “These aging adults have specialized needs and older clients require specialized training, coaching and conditioning to ensure that they achieve results without increased risk of injury.”

Unlike traditional health and fitness centers, medical fitness facilities like Fitness Pointe offer specialized staff—dietitians, life coaches, exercise physiologists, nationally certified personal trainers and group fitness instructors—who are uniquely qualified to lead programs for all ages and stages of life.

“To better serve the new ‘boomer niche’ in the fitness market, Fitness Pointe has become the area’s first fitness center whose class instructors are certified as functional aging specialists,” Pillarella explains. Functional aging specialists are certified by the Functional Aging Institute.

“Class participants can expect to do exercises that directly apply to their real-world lives, like stepping over objects like toys, balls and pets,” Pillarella adds.

The FLEE class is free to Fitness Pointe members and is offered to non-members through the Class Pass program. The Class Pass is available for \$90 for 12 classes or \$50 for six classes. ■

CLASS



Improve Your Mobility

For class schedules and membership information at Community Hospital Fitness Pointe®, visit www.fitnesspointe.org or call 219-924-5348.

Strong Hearts, BRIGHTER FUTURES



Cardiac rehabilitation program helps patients live better despite heart disease



Born the day after Thanksgiving, Munster resident Helene Sambor for years gave thanks on her birthday. November 2013, however, marked the beginning of a new chapter in the life of the now-88-year-old retired teacher.

After suffering a heart attack that required stents and a pacemaker, she began a journey to a healthier future with cardiac rehabilitation at Community Hospital. A combined effort of the hospital's Emergency Services, nursing staff, surgery specialists, rehabilitation specialists and expert physicians is what she says saved her life.

"The employees at both the hospital and cardiac rehab have just been outstanding," she says. "I felt like they really care about me. I can't imagine getting through this without them."

That's their job—Community Hospital's cardiac rehabilitation nurses and exercise physiologists help patients return to normal, active and productive lives.

Retired teacher Helene Sambor recovered from a heart attack in part thanks to cardiac rehabilitation. She now participates in weekly group cardio workouts supervised by registered nurses and exercise physiologists.



The cardiac rehabilitation program helps those with heart disease, and those at high risk for the condition, regain physical skills and improve health.

Cardiac rehabilitation is designed for people like Sambor living with or who are at high risk for developing heart disease. The programs offer cardiovascular conditioning combined with education and counseling to equip patients with the tools necessary for making lifestyle changes that will reduce their risk of heart disease.

Cardiac rehabilitation is offered in three phases. Phase 1 and 2 programs are offered in the hospital while Phase 3 takes place at the Lake Business Complex, 9200 Calumet Ave., Suite N100, directly across the street from the hospital. The Phase 3 program offers programs for people with heart disease, diabetes and peripheral artery disease, as well as individuals who are at greater risk for these diseases due to high blood pressure, high cholesterol, excess body weight and other risk factors.

“The goal is to instill in our patients the value and importance of physical activity and exercise,” says Erica Hein, MS,

exercise physiologist. “Physically active people live longer and have lower risks for heart disease, stroke, type 2 diabetes, depression and some cancers.”

After a period of recovery in the hospital, Sambor was introduced to a cardiac rehab specialist who discussed what to expect next and the importance of incorporating physical activity into her daily routine to regain heart strength. Simple exercises were assigned to ensure her heart was strong enough to sustain activity without monitors.

Describing Phase 1, Sambor says: “They just had me walk down the hall and back to make sure I didn’t fall or faint.”

Sambor, who also has diabetes, made the heart-healthy decision to enroll in Phase 2, certified by the American Association of Cardiovascular and Pulmonary Rehabilitation. She committed to meeting three times per week for group exercise, including a weekly education session.

“I started in March 2014,” Sambor recalls. “I have since moved on to Phase 3 at Lake Business Center. So far, I’ve lost 30 pounds and I can really see the difference.”

In Phase 3, Sambor participates in weekly group cardio workouts supervised by registered nurses and credentialed exercise physiologists. She is provided regular heart rate, heart rhythm and blood pressure monitoring, and has been able to keep her blood sugar in check. Through the educational component, she has learned about her risks for heart disease and how to manage a healthier lifestyle while living with diabetes.

“The hardest thing was motivating myself to get up and go,” Sambor says. “But in Phase 3, they call you if you don’t show up, which is important, because I can very easily say ‘forget it.’”

Her heart thanks her. ■

CALL



Take Heart

For more information about the cardiac rehabilitation program, call Community Hospital (**219-836-4526**); Lake Business Center (**219-934-2830**); St. Catherine Hospital (**219-392-7100**); or Spectrum of St. Mary Medical Center (**219-947-6085**).

TOP RATED *for* DIABETES CARE

St. Catherine Hospital receives first-of-its-kind honor in Northwest Indiana



Juanita Hamlin is one of the first people team members at St. Catherine Hospital

think of when asked why they have been recognized by The Joint Commission for inpatient diabetes care.

The highest-rated Gold Seal of Approval is the first advanced certification of its kind to be awarded to a hospital in Northwest Indiana. The Joint Commission is a nonprofit organization that accredits healthcare organizations.

Hamlin, a Hammond speech therapist, applauds the hospital's uniform protocol to test all patients who enter the doors for diabetes. Otherwise, her diagnosis might not have been made at all.

"If we can identify patients early in the disease process and perhaps reverse the odds of their condition getting worse, everyone in the region benefits," says Craig Bolda, chief operating officer of St. Catherine Hospital.

Hamlin had been working part-time after school to help make ends meet as her husband, Gene, dealt with treatments for prostate cancer.

"I was burning the candle at both ends," she says. "I was exhausted." Fatigue is a warning sign for diabetes, but she figured she was just too busy.

When a dog bit Hamlin's hand in January 2015 and it swelled considerably,



she went to St. Catherine Hospital's emergency department.

"They spotted (the unusual swelling) in triage, and a battery of tests confirmed it was diabetes," she says. "I was crying uncontrollably as a diabetes champion stepped into the room. 'What do I do now?' I asked. This kind lady told me her name was Virginia and she'd explain everything to me."

Hamlin received a glucose meter to take home and was taught how to use it. She learned about discounts from the hospital's retail pharmacy for test strips. Then she was invited to the Diabetes Center for a self-management class.

"I kept thinking, oh man, I do not belong here, but they made me feel very comfortable," she says.

Diabetes, a condition in which the body does not properly process food for use as energy, is the seventh leading cause of death in the United States. More than 29 million Americans have diabetes, according to the Centers for Disease Control and Prevention.

"The disease runs rampant here, in part because people lack access to care and education," says nephrologist Yves Frantz Brignol, MD, president of St. Catherine Hospital's medical staff. "Many people don't even know they

have it. Because diabetes can present in subtle ways, it's important to have a center of excellence in place to help people detect, treat and manage this disease."

Diabetes can lead to kidney failure, heart attack, cardiovascular and other serious health problems, such as blindness and lower extremity amputations. But those difficulties often can be avoided with early detection.

"Our goal is to turn the notion of untreated, undiagnosed diabetes on its head," says Virginia Ait Said, clinical nurse specialist and team leader in the advanced certification process.

Advanced certification typically takes five years and includes a rigorous on-site review; for St. Catherine Hospital, the process took about half that time. Patient outcomes of care and all aspects of treatment were taken into consideration.

Joint Commission experts evaluated compliance with national disease-specific care standards, clinical practices, diabetes education for staff, blood-glucose monitoring protocols, and treatment plans for patients with hypoglycemia and hyperglycemia. Patient and family education was addressed, too.



St. Catherine Hospital Clinical Educator Virginia Ait Said, RN, talks with patients one-on-one about diabetes management.

"Having a center of excellence in a region where diabetes is so prevalent is important," Bolda says. "Management of diabetes requires a collaborative team approach from the physicians, dietitians, nurses and educators, but also the patient. Communication among the care team is essential for better outcomes."

Providing quality diabetes care is not new to St. Catherine Hospital. The American Diabetes Association has reaccredited the hospital's outpatient center for two decades. And the Joint Commission certification process, which is separate from the ADA designation, helped the St. Catherine Hospital team identify its strengths and address challenges to improve the level of care even more, Ait Said says.

"Our goal isn't only to detect and manage diabetes," she says. "A whole new set of procedures follows every patient to ensure that anyone at risk for diabetes is identified and given the education and medical monitoring to reverse or slow this disease process."

Diabetes education begins in the hospital and continues at the Center for Diabetes. Sessions in English and Spanish cover six self-care behaviors: healthy eating, staying active, taking medications, problem-solving, coping and reducing risks. Sessions are taught by doctors, exercise physiologists, pharmacists, dietitians, nurses, behavior specialists and certified diabetes educators.

Hamlin is just one of many success stories. Thanks to her treatment and healthy lifestyle changes, she has her energy back. Her blood sugar levels were cut in half. She lost 15 pounds and enjoys eating fruits and vegetables.

It's funny to think that she ended up healthier and feeling better because of an unexpected trip to the hospital for a dog bite, Hamlin says.

"I really didn't want to go," she says. But she found a team of professionals "making healthcare affordable and friendly, and accessible to people who otherwise would not be there." ■

WEBSITE



Take Control

For more information about diabetes care at St. Catherine Hospital in East Chicago, visit www.comhs.org.

Nurse Christine Cleveland from St. Mary Medical Center provides blood pressure readings to members at the Valparaiso Family YMCA.



TEAMING UP

St. Mary Medical Center partners with the Valparaiso Family YMCA to expand services to the community



With a shared focus on creating healthier communities, St. Mary Medical Center and the Valparaiso Family YMCA entered into a dynamic new partnership that will create greater access to important health and wellness programs and services for Y members and residents of Porter County.

“It is an exciting time for the Valparaiso Family YMCA,” says Bob Wanek, CEO of the Valparaiso Family YMCA. “We are answering the needs of our members and the community with this vital partnership with St. Mary Medical Center.”

The joint partnership places health professionals and wellness services that are usually reserved for the doctor’s office into the YMCA. St. Mary Medical Center’s

health and wellness coordinator at the YMCA, Christine Cleveland, RN, provides complimentary preventive screenings and health advice, and coordinates educational lunch-and-learns and physician seminars for Y members and the public.

"The partnership between St. Mary Medical Center and the Valparaiso Family YMCA will allow both of us to provide members and the surrounding community with far-reaching programs that produce meaningful results," says Janice Ryba, CEO of St. Mary Medical Center. "Our partnership grew from a shared commitment to the health and wellness of our communities. And with so many of our friends, staff and patients living in the area, it truly feels like a natural extension of our St. Mary Medical Center family."

"I have met a lot of Y members so far during the blood pressure screenings we offer every Tuesday and Thursday mornings," Cleveland says. "Plus, a number of members have just stopped by my office. I have really enjoyed getting to know everyone here and introducing them to the variety of programs and services that St. Mary Medical Center has to offer."

One of those members is lifelong Valparaiso resident Walter Daiber. Affectionately dubbed the "Mayor of the Y" by Wanek and his staff, Daiber spends his mornings in spin classes and aerobics six days a week.

"As people get older, they need to work on staying healthy," he says. "I visit the Y because I want to enjoy a better quality of life. I think it's wonderful that St. Mary Medical Center is here offering medical resources. It allows our members to have questions answered for medical needs and find out about available screenings and programs."

Daiber already took advantage of a low-cost vascular screening offered at the hospital's Valparaiso Health Center.



Lifelong Valparaiso resident Walter Daiber is affectionately called the "Mayor of the Y" by the staff. He spends his mornings in spin and aerobics classes, six days a week.

"I already have the results and so far, so good," he says, smiling.

As another important feature of the partnership, St. Mary Medical Center will offer patients Phase 3 cardiac rehabilitation, physical therapy and aquatic therapy at the YMCA.

"What better motivation than to have such a beautiful facility filled with friendly faces and an expert staff to strengthen someone who is going through cardiac or physical rehabilitation after an illness or surgery?" Cleveland says. "The fact that they can feel comfortable in their surroundings might inspire them to continue a new lifestyle that includes exercise and fitness."

To help support these new programs and services, the YMCA is building a 7,800-square-foot, two-story addition.

The new area will feature a mind/body studio for group exercises and a space for personal training and physical therapy. It's expected to be completed before the end of 2016. ■

GO TO ...



Join Us, Get Fit

The Valparaiso Family YMCA is located at 1201 Cumberland Crossing, Valparaiso. For more information about health and wellness programs offered through St. Mary Medical Center, visit www.valpoyymca.org or call 219-462-4185.



HANDY KNOWLEDGE

Orthopedic hand and upper extremity surgeon Robert Coats II, MD, answers questions about wrist and hand troubles

Q What are the most common causes of wrist and hand pain?

Hand function is a very delicate balance between tendons, nerves and joints. Carpal tunnel syndrome is the most common nerve condition causing patients pain and numbness. Trigger finger and tendinitis are the most common tendon disorders causing wrist and hand pain. Basilar arthritis is the most common cause of thumb pain.

Q What treatments are available for these conditions?

Most of these conditions involve some inflammation and respond well to oral and injectable steroids. Therapy and splints are supportive measures that improve function and control pain.

Surgery is an option for more advanced cases and usually can be done with a minimally invasive approach.

Q What should you do when you begin noticing pain or numbness in your hands?

Rest, immobilization and oral anti-inflammatory medications are a good starting point. Symptoms that persist more than a week or two should be addressed by a physician. It is very important not to ignore symptoms. Permanent damage may prevent successful treatment of certain conditions.

Q What is your philosophy of care?

I believe in a shared decision-making process. Sometimes there are

Robert Coats II, MD,
an orthopedic
hand and upper
extremity surgeon



many good options and other times only one, and together we can come up with the best possible treatment plan. I emphasize history and physical examination over expensive advanced diagnostic studies (tests), which are mostly needed for surgical planning. Surgery is reserved for conditions that have not responded to conservative management, but when necessary is performed in the safest, most minimally invasive manner possible. Above all, we believe in restoring patients to a happy, functional state as soon as possible. ■

Coats completed his fellowship training in orthopedics at the University of Chicago. He earned his medical degree from Medical College of Ohio at Toledo and completed his residency at Wayne State University in Michigan.

APPOINTMENTS



See Dr. Coats

Robert Coats II, MD, is accepting new patients. To make an appointment at his Hobart or Valparaiso locations, call **219-945-4499** or visit **www.comhs.org**.

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