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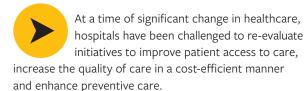
Making a Difference

Careers in healthcare offer many opportunities to make a difference.

COMMUNITY MESSAGE

WORKING TOGETHER

We're building better, smarter and healthier care through partnerships



Understanding that it takes teamwork, the hospitals of Community Healthcare System are working through a number of partnerships to build a healthcare delivery system that is better, smarter and healthier—a system that delivers improved care, spends healthcare dollars more wisely and makes our communities healthier.



Heart disease remains high on the list of health risks in Northwest Indiana. The Limb Ischemia and Vascular Excellence (L.I.V.E.) heart and vascular program is using a team approach to **save the limbs and lives of patients** with leg vessel blockages, limb ischemia and peripheral vascular disease. You can read about the program on page 3.

Nursing staff members across the healthcare system are partnering to share in the decision-making process, to have a voice and help advance our mission. This partnership, described on page 6, is leading not only to increased employee satisfaction, but also to **better safety, better healthcare, greater patient satisfaction and shorter lengths of stay** for our patients.

At Community Hospital, maternal-fetal medicine specialists from the University of Chicago Medicine have partnered with our Mother-Baby unit staff to consult and co-manage high-risk situations before, during and after pregnancy (page 50). These maternal-fetal specialists work in tandem with the expectant mother's obstetrician to provide **counseling, screening and fetal diagnostic testing for healthier moms and babies**.

St. Catherine Hospital has unveiled its enhanced Intensive Care Unit that affords **new comforts and advanced technologies** for critical care patients and their loved ones. You can learn more about it on page 52. The 16-bed unit has been completely redesigned as part of a \$2 million project by the hospital.

St. Mary Medical Center is making **advanced cancer care** available locally with TrueBeam™ radiation therapy technology (page 54). When combined with the expert hands of our radiation oncology team, TrueBeam is truly a game-changer for cancer patients—a faster, smarter, more powerful treatment in the fight against cancer.

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

VIM& VIGOR

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L.I.V.E. Healing Limbs, Saving Lives

Multispecialty approach helps patients get second chance BY ELISE SIMS

Terry Farrar, Kevin Gray and Donna Markos were in danger of losing their legs and their lives. Because they were in the right place at the right time, today they are able to walk and enjoy life again.

The Limb Ischemia and Vascular Excellence (L.I.V.E.) programs at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—use a team approach to care for patients with leg vessel blockages, limb ischemia and peripheral vascular disease (PVD).

Community Healthcare System's L.I.V.E. programs strive to improve

the overall health and well-being of Northwest Indiana residents by enhancing awareness and opening the lines of communication between patients and doctors. L.I.V.E. offers a simplified approach to PVD, making it easier for patients to take control of their health.

"PVD affects 1 in 20 people over the age of 50," says interventional cardiologist David Stewart, MD, medical director of the L.I.V.E. program at Community Hospital. "Left untreated, PVD limits the patient's ability to walk normal distances and curbs everyday activity. This disease process can actually progress to such a severe extent that a patient may require amputation. PVD does not affect only one part of the body; it affects the arteries, the veins and skin, and is closely tied to wound healing, diabetes and cardiac health."

TERRY'S Story

At 66 years of age and never hospitalized for illness, Terry Farrar thought he was doing pretty well concerning his health. In April 2016, the Griffith resident was working on restoring his 1956 Chevy and found he had difficulty breathing when he tried to walk.

Farrar came to Community Hospital just in time. He had severe coronary heart disease with blockages throughout his body, from his heart to his legs. He needed several surgeries to improve blood flow and save his life and limbs.

"Dr. Stewart told me that the shortness in breath was caused by my heart overworking while trying to pump blood down to my legs," Farrar says. "I had open-heart surgery and spent 30 days in the hospital. When I went in for the procedure on my right leg, it was all I could do to walk from the waiting room to the procedure room. I could feel the difference right away. The next morning, I got up and walked up and down the hallway with no shortness of breath at all."

"Now that I can breathe again and walk again, I have been getting back on the treadmill," Farrar says. "I had great care. The rest is up to me."

After open-heart surgery and two procedures to restore blood flow to his legs, Terry Farrar (left), with David Stewart, MD, is walking again and is back to doing the things he loves.





KEVIN'S Story

East Chicago resident Kevin Gray says that when his toes grew cold, turned blue and lost feeling, he was scared he might not be able to walk again. Because of his diabetes, previous attempts to treat his leg swelling and pain were unsuccessful. He is grateful that the medical team at St. Catherine Hospital gave surgery another try.

"They didn't give up on me," Gray says. "Other doctors might not have gone that far."

People with diabetes, like Gray, many times have high sugars in the blood that can accelerate the development of atherosclerosis. Atherosclerosis is a gradual process by which cholesterol plaque builds up and causes inflammation in

Cardiologist P. Ramon Llobet, MD, visits with PVD patient Kevin Gray at St. Catherine Hospital after a rehabilitation session to help restore his ability to walk. the inner walls of the arteries. This plaque builds up over time and may block, narrow or weaken the blood vessel walls, resulting in restricted or blocked blood flow. Blockages can result in critical leg ischemia, a condition in which not enough blood is delivered to keep the leg tissue alive.

At the L.I.V.E. program at the hospitals of Community Healthcare System, many specialties work together. Specialists from infectious disease, the wound centers, podiatry and vascular surgery, led by peripheral vascular coordinators, ensure the best care and the best outcomes for patients.

"It took the collaboration of the medical team working together physicians, nurses, Cardiac Catheterization (Cath) Laboratory and operating room technicians—to save Kevin's leg," says interventional cardiologist P. Ramon Llobet, MD, on staff at St. Catherine Hospital.

DONNA'S Story

Portage resident Donna Markos also was having difficulty walking ... and moving. By the time she went to the Emergency department at St. Mary Medical Center, her leg was turning purple. Markos was rushed into a lifesaving procedure in the cardiac catheterization lab.

"If it had not been for the team at St. Mary Medical Center, I don't think I would be here today," she says.

Blood clots—another cause of PVD—had developed in Markos' leg veins, blocking blood flow. The condition, called deep vein thrombosis, meant that a portion of one of Markos' clots could break off and travel to her lungs, causing a pulmonary embolism. Pulmonary embolisms can be fatal within a few hours, so removing the clots as quickly and safely as possible was a life-or-death priority.

Over the past several years, there have been new treatment options for PVD. Physicians on staff at the hospitals of Community Healthcare System have been among the first to introduce many of them. New technology offers cardiologists greater choices in determining the best treatment options for their patients.

"We have the best tools to treat blockages in the legs, whether it is from deep vein thrombosis or peripheral vascular disease," says Markos' cardiologist, Anas Safadi, MD, ABVM, on staff at St. Mary Medical Center. "When we choose the best available technique to treat each individual patient and improve their quality of life, then we have done our job: giving our patients the finest care possible," he says.

To treat Markos' blood clots, Safadi used a device called the EkoSonic Endovascular System, or EKOS, which delivers ultrasound energy through a wire in the middle of a catheter to loosen blood clots. During treatment, the catheter is guided through the blood vessels to the site of the blood clot. The catheter delivers special clot-dissolving medicine that helps eliminate the clot.

"Don't be afraid to tell the doctor when something isn't right ... because it is important and could save your life," Markos says. "Dr. Safadi has enabled me to do more than I could before. Through the L.I.V.E. program, he has made me aware about what I need to do to prevent clots in the future. I believe I am on the right path."

CALL

Help for PVD

The L.I.V.E. teams at the hospitals of Community Healthcare System welcome patients at any stage of peripheral vascular disease. Call **219-703-LIMB** (5462) for Munster, **219-392-7938** for East Chicago or **219-703-LIVE** (5483) for Hobart.



After severe deep vein thrombosis, or blood clots, Donna Markos is able to walk again. Cardiologist Anas Safadi, MD, treated Markos with a device called EKOS.



PUTTING PASSION INTO PRACTICE

Community Healthcare System nurses lead the way with expert care and compassion BY MARY FETSCH

In the nursing units of each Community Healthcare System hospital, there are "kudos boards." They showcase notes such as these:

"To all the nursing staff: Thank you for assisting me and helping me understand what was going on. Your kindness and excellent care was very much appreciated."

"Thank you for your caring and compassion and being there when I needed you. You have made my recovery so much easier!" "God bless you. It takes very special people caring for those nearing their end of life. Thank you for your compassion and kindness and for your guidance and patience with all of our questions and concerns. We will always remember."

Nurses who work at the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago, and St. Mary Medical Center in Hobart—are at the forefront of every patient experience.

"In addition to being some of the most

talented professionals in the area, our nurses often demonstrate a level of compassion for our patients that goes above and beyond the requirements of their jobs," says Paula Swenson, chief nursing officer and vice president of Patient Care Services at St. Catherine Hospital. "It's not uncommon to hear about one of our nurses going out of their way to provide a patient with extra assistance to ensure they have a successful recovery."

And while nurses at the bedside have always played a vital role in helping create a positive patient experience, nursing roles have never been more important in the achievement of patient outcomes and an organization's success than they are today.

Influencing Quality Outcomes

Known for having state-of-the-art technologies, outstanding expertise and top-notch medical facilities, the hospitals of Community Healthcare System each have earned a long list of industry accreditations, awards and designations as centers of excellence. None would be possible without the support, skill and expertise of nurses.

"Nurses play an active role in determining the best practices of care for our patients," says Ronda McKay, chief nursing officer and vice president of Patient Care Services at Community Hospital. "Their perspective from day-to-day interactions with patients is an invaluable link toward shaping the policies and procedures of care at our hospitals."

In fact, the practice of empowering front-line staff nurses with decision-making power when it comes to patient care is formalized in the hospitals' "shared governance" model of nursing.

"Shared governance incorporates shared leadership and participative decision-making among our nurses regarding a variety of topics, including clinical practice, quality improvement and professional development," explains Tammie Jones, chief nursing officer and vice president of Patient Care Services at St. Mary Medical Center. "This collaborative work environment has a direct positive impact on patient care."

Some of these collaborative initiatives include: education efforts to help patients gain a clearer understanding of any new medications prescribed to them during their hospitalization, fall prevention programs aimed at identifying potential risks, and educating at-risk patients on the importance of asking for assistance. Nurses also contribute to

the enhancement of patient care related to infection control, diabetes education, pain assessment and intravenous line maintenance.

Supporting the Nursing Profession

Cultivating excellence through ongoing education and support are key in ensuring that nurses offer the highest level of expertise across all disciplines.

"Healthcare today is a continually changing work environment, and nurses need to stay on the cutting edge of new developments and programs," says Jones. "That is why it is so important to offer nurses opportunities to grow professionally, as well as helping new nurses succeed after graduation."

Nurse residency programs support new nurse graduates throughout their orientation as they transition into the daily practice of nursing, McKay says. "These programs help nurses build confidence in their skills and communication, benefiting patients and the entire team involved in their care."

"We value what each nurse brings to the table both personally and professionally," Swenson says. "Whether there WEBSITE



Interested in Nursing?

For more information about nursing opportunities at the hospitals of Community Healthcare System, visit **www.comhs.org/careers/nursing**.

is a nurse with 40 years of experience who has seen and done everything or a younger professional who brings a fresh set of eyes, each has something to offer the other when it comes to delivering quality patient care."

"When you become a nurse at any one of our hospitals, you become part of a bigger family," McKay adds.

"Our nurses are passionate about making a difference in our patients' lives and making an impact in our communities," Swenson says.

"It is care that goes beyond clinical expertise," Jones says. "That type of care comes from the heart."



Chief Nursing Officers (left to right) Paula Swenson of St. Catherine Hospital, Ronda McKay of Community Hospital and Tammie Jones of St. Mary Medical Center

Making a DIFFERENCE

Careers in healthcare offer many opportunities to help patients BY ELISE SIMS

The results are in. When it comes to choosing a career, healthcare is thriving. The U.S. Department of Labor estimates that the healthcare field will have gained 3.2 million jobs between 2008 and 2018.

That growth is attributed to the aging population, which is placing unprecedented demand on healthcare providers. As the demand for services increases, so does the number of jobs.

At Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, you will find a supportive environment that allows you to advance your professional goals. Though job duties might differ, all careers in healthcare have one thing in common—the chance to make a difference in the lives of patients.

Matt Junyu Zhang completed the Postgraduate Year 1 (PGY1) Pharmacy Practice Residency Program at Community Hospital in Munster. After pharmacy school, Zhang says he wanted to expand his studies in the field of oncology.

"Having completed the residency program, I feel it has helped me to be a well-rounded clinical pharmacist," says Zhang, who has since accepted a position at the hospital. "It also has provided me

Laboratory administrator Susan Maio-Hillegonds and supervisor Pravin Patel, PhD, discuss microbiology and the detection of ticks, mites and other arthropods at St. Catherine Hospital with medical science students Amalie Pastoral, Steven Taylor, Ryan Bartock and Danielle Volk.

with the tools and knowledge to be more specialized in the field of oncology."

During the yearlong, accredited program, residents can develop skills and competence in providing pharmaceutical care to patients in a number of hospital settings.

"By participating in a variety of practice areas, residents can gain a better perspective on which area of care best fits his or her needs," says Residency Program Director Sean Chantarapanont, PharmD.

"PGY1 residencies currently are in demand," Chantarapanont says. "With

about 2,000 PGY1 programs nationally, about 3,000 positions available and some 4,500 applicants last year, there are a number of applicants who go unmatched, making it a highly competitive application process."

With growth at Community Hospital and in the healthcare system continuing, the number of open residency positions is expected to double from two to four in the future, he says.

Lifesaving CAREERS

For those interested in emergency medical services, St. Mary Medical Center in Hobart offers a training institute for both emergency medical technicians (EMT) and paramedics. The certified (continued on page 49)





A look at caregiving in the United States

About **43.5 million people** provide unpaid care to an adult or a child each year.



Caregivers spend an average of **24.4 hours a week** providing care, though nearly 1 in 4 caregivers reports spending **41 hours or more** each week providing care.

Caregiving most often takes place between women.
At least **60 percent** of caregivers are women, and **65 percent** of care recipients are women.

About **15.9** million people cared for someone with Alzheimer's disease or another type of dementia in 2015. The estimated economic value of that care is \$221.3 billion.



The average age of a care recipient is **69.4**, and the average age of a caregiver is **49.2**. Nearly 1 in 10 caregivers is 75 or older.

Whether you're helping someone manage an illness or just trying to keep your family healthy, turn the page to learn more about taking care of others—and yourself.

Caring for a parent with multiple sclerosis helped **Amy Schumer** become the funnywoman she is today BY ALLISON MANNING

hen Amy Schumer stands on stage, cracking jokes about her love life or party-girl past, she has an unlikely source of inspiration: her father.

Gordon Schumer was diagnosed with multiple sclerosis when she was just 12, and the onset of the neurological disease changed the course of the young Schumer's life. But it also gave her a resiliency that's led the now 35-year-old to go deep and dark with her comedy, both on stage and on her Peabody Award-winning television

show, Inside Amy Schumer. She's also the star, alongside Goldie Hawn, of the new mother-daughter comedy Snatched.

Comedy is a coping device, for both Schumer and her dad, who now lives in an assisted living facility.

"It's the most painful thing in the world to just watch this person that you love ultimately just digress and kind of decompose," she told NPR's Morning Edition. "And it's too heavy. And you have to find a way to laugh at it."

WHAT IS MS?

Multiple sclerosis is a disease of the immune system in which the body





THINGS YOU (PROBABLY) DON'T KNOW **ABOUT AMY SCHUMER**

- 1 Her second cousin once removed is U.S. Sen. Chuck Schumer of New York. The pair have worked together to call for stronger background checks for gun buyers.
- Schumer's sister, Kim Caramele, works as a writer and producer on Inside Amy Schumer.
- 3 Her brother, Jason Stein, is a jazz musician who has opened for her on the road.
- 4 She has a lower back tattoo, hence the name of her memoir, The Girl with the Lower Back Tattoo.
- 5 She first tried stand-up on a whim in 2004.
- 6 She came in fourth place on the fifth season of the NBC show Last Comic Standing.
- Last year, she bought her family's farm back that they had lost in bankruptcy years before.

Sources: NPR, Washington Post, Vogue, GQ, IMDB, ET Online

mistakenly attacks myelin—the fatty substance around nerve fibers in the central nervous system-and the fibers themselves. This damage interrupts nerve impulses traveling to and from the brain and spinal cord, causing a variety of often unpredictable symptoms. That means a patient can go to sleep with one symptom and wake up the next day with a completely new one. These can include pain, tremor, vision troubles, numbness, paralysis, weakness, stiffness, walking problems, difficulty thinking and severe fatigue.

An attack of new symptoms is a characteristic of relapsing-remitting MS, the most common disease course. After a new symptom rears its head, it can just as quickly lessen or disappear. Relapsing-remitting stands in contrast to primary progressive MS, in which symptoms and neurologic function get worse with no remission.

Some people may exhibit just one or two symptoms in their lives, says Rosalind Kalb, vice president of the Professional Resource Center at the National Multiple Sclerosis Society. But most people, over their lifetimes, experience several symptoms for varying durations and intensities. That makes it difficult, if not impossible, for caregivers to know what to expect.

"Living with that unpredictability and variability from month to month and year to year is probably among the most challenging parts of living with MS," Kalb says.

MS is not curable, and it's not fatal. People with MS live about seven years less than people without it, but few cases are aggressive from the disease's onset, Kalb says.

MANAGING A **CHRONIC DISEASE**

More than 12 disease-modifying medications can treat relapsing MS, reducing the frequency of the attacks, lessening the lesions that can form on nerve endings and slowing the progress of the disease.

The attacks themselves can be treated with steroids or other medications. Occupational, physical and speech therapists can help people get back on track after a flare-up.

Often more difficult to manage are the mental and emotional effects of MS. Most people diagnosed with MS are ages 20 to 50, a time when the diagnosis can feel especially devastating, Kalb says. People are often just getting into the swing of their careers, forming lifelong relationships and thinking about starting families.

Kalb tries to help people with MS plan and make the best decisions for a future with the disease.

"I usually encourage people to think about what their priorities are and how they can set themselves up in the best possible way to be prepared for whatever MS throws at them," she says.

For years, Jen Holt tried to ignore her symptoms. A busy intensive care nurse and mom of three kids in New Hampshire, she always attributed her issues to something else. She blamed her sore feet on a new floor at work. Her fatigue was caused by running after her kids. Her depression—well, she wasn't quite sure about that.

Even after her diagnosis at age 38, Holt was still trying to outrun the disease. She didn't have time for a chronic illness, she thought. She hoped her kids wouldn't notice the changes in their mom.

But things had to adjust for the whole family, Holt soon found. She had to stop working, she walks with the help of a cane or a walker, and her hearing is diminishing. Because MS always changes, sometimes she has to crawl out of bed and sometimes she can stand without issue in the morning.

She's learned that "just because you're in a bad stage or funk right now, doesn't mean that it's forever," she says.

A WHOLE-FAMILY **CONDITION**

Families are on the front lines of MS, and spouses and children have to make big adjustments, just like the person diagnosed. Kalb compares it to a stranger showing up in your home, spreading his stuff everywhere and never leaving.

"When one person is diagnosed with MS, the whole family is," Kalb says. "Everyone is living with this disease."

In her book, The Girl with the Lower Back Tattoo, Schumer writes about her father still trying to be a dad through his MS symptoms. He once drove her to the airport but couldn't pull her suitcase out of the trunk.

"This must have looked strange to other people, seeing this strapping man watch his 18-year-old daughter lift and tote her giant suitcase all by herself, but they didn't know he was sick," she writes. "I didn't really understand the symptoms of the disease, but I did know that it slowed him down, that even if he looked normal he could still be in a lot of pain, unable to do the small physical acts he used to do with ease."

Her dad walked her into the airport, where he had a bowel accident, she writes. He had to switch into a pair of her shorts, but he still wanted to walk her to the gate as he had promised. He pushed through, not wanting her to see him break down.

THE CHALLENGE OF **CAREGIVING**

Caregiving can be tricky, as Schumer showed in her 2015 movie Trainwreck. In it, Colin Quinn plays her acerbic dad who has MS, uses a wheelchair and recently had to be moved into an assisted living facility—just like Schumer's real-life dad.

One scene shows Schumer's dad struggling and failing to zip up his sweatshirt. Schumer's character finally just says, "Can I do this, please?"

That's a common interaction in MS households across the country, Kalb says. Kids, partners and families need to figure out when to help and when to step back in the midst of an everchanging disease.

"No matter how much you love someone, you can't read their mind. Is this a day they want help or a day that they're going to bite my head off and say, 'Leave me alone'?" Kalb says.

Schumer said her dad's disease has given her a perspective that helps her laugh more, and make other people laugh, too.

"I seek laughter all the time," she told CBS Sunday Morning. "I think that's something that also comes with having a sick parent is you don't know what's going to happen, and so I'll be like, 'I'm psyched my legs still work.' And I want to experience all I can and make as many memories as I can." ■

WEBSITE



Learn More

For more information about physical therapy at Community Hospital, St. Catherine Hospital and St. Mary Medical Center, visit www.comhs.org.

NEUROLOGICAL THERAPY SERVICES AT CHS

Those suffering from multiple sclerosis may have a variety of symptoms, including difficulty walking, dizziness and vertigo. Physical therapy can help prevent injury and restore balance.

Licensed vestibular therapy specialists at Community Hospital, St. Catherine Hospital and St. Mary Medical Center provide outpatient therapy for patients experiencing dizziness caused by vestibular or neurological conditions, such as multiple sclerosis or stroke. Patients have access to a full range of services, including vestibular

rehabilitation therapy (VRT) to treat conditions like vertigo, chronic migraine, peripheral or central vestibular dysfunction, benign paroxysmal positional vertigo (BPPV) and balance disorders.

Our professionals work with your primary care physician to evaluate and diagnose the source of your dizziness and prepare an individualized treatment plan. Therapy sessions are supported by stateof-the-art diagnostic and rehabilitative vestibular balance equipment and innovative rehabilitation techniques.

"Vestibular therapy is an excellent tool to resolve dizziness and improve balance," says Community Hospital Fitness Pointe physical therapist and geriatric clinical specialist Priscilla Mulesa. "Patients need to be checked by a doctor first to diagnose the condition and then go to a therapist specializing in vestibular rehabilitation for treatment."







HEALTH PLAYBOOK

Women are often the captains of **Team Family** Health. Are you winning?

Jimmy needs his flu shot. Mom needs a ride to her doctor appointment. Did my husband ever get the results of his colonoscopy back? When was my last annual exam? Oh, and we're out of cough syrup ...

It's no secret that women keep a lot of balls in the air. In between packing lunches, organizing family events and working, a lot of women also function

as the family health captain, scheduling appointments and making sure everyone stavs well.

In fact, according to the Kaiser Family Foundation, 85 percent of mothers choose their kids' doctors, 84 percent take them to their appointments, and 79 percent ensure they get the care they need.

The **RISK**

As moms and natural caregivers, women might feel it's their responsibility to take on the family's health. But there's a risk to taking on everything.

"Women today are trying to do too much and move too fast, and we're often under the false assumption that by controlling everything we can create less stress for ourselves and others, when in fact the opposite is true," says Renee Peterson Trudeau, a work-life balance coach and speaker and author of The Mother's Guide to Self-Renewal and Nurturing the Soul of Your Family. "Our overdoing is putting us in a constant fight-or-flight mode, which leads to high stress levels, burnout, anxiety, depression and even disease."

When you're experiencing stress, your body releases hormones that drive up blood pressure, heart rate and blood sugar levels. With smaller bursts of stress, these aren't a big deal and return to normal.

But long term, chronic stress can increase risk for high blood pressure, heart disease, menstrual problems and obesity.

The Importance of SELF-CARE

Before they can adequately take care of others, women must remember their own needs, Trudeau says.

"Women have to realize taking care of themselves isn't selfish," she says.

HEALTHCARE CAPTAIN

To make the job of managing your family's health a little easier, the Community Care Network physicians offer MyChart® with proxy access. MyChart is a free, easy and secure online tool that allows you to view information in your medical record and communicate with your doctor's office.

Once you have activated your own MyChart account, you will be able to sign up to link to another family member's record. All you need to get started is an internet connection, an email address and an access code available from the hospitals of Community Healthcare System at mychart.comhs.org/MyChart.

With proxy access to MyChart, parents or legal guardians of minor children are allowed access to portions of their child's medical records. Typically, parents use proxy access for authorization to their children's accounts so they can schedule appointments, check immunizations, reorder medications and coordinate other health-related information for their children. Adults may also use it for access to a relative's record. This is particularly useful for helping older adults monitor their medications and appointments.

"It's like oxygen; it's their birthright. And when they feel more alive, whole and resourced, everyone—especially their family—benefits."

That means taking the time to exercise, making sure you get enough sleep and pressing pause on stress, whether that's through deep breathing, doing yoga, meditating or keeping a journal, for example.

And when planning everyone else's appointments, women shouldn't forget their own health maintenance-well visits, mammograms, skin checks, colonoscopies and dental cleanings. It's important for women to take care of themselves just as well as they do their families.

Delegate and LET IT GO

So how can you possibly take care of yourself and your family on top of everything else? Start by realizing when good is good enough, Trudeau says.

"We're trying to do too many things perfectly," she says. "We need to pick and choose what truly needs our attention, what we can delegate and what can be postponed or fall off the to-do list altogether."

Maybe your partner, for example, can pick up prescriptions for the kids and schedule his own doctor appointments. Maybe a neighbor or friend can drive a family member to the eye doctor.

Although it's not easy to delegate, it can be worth the effort.

"Learning to ask for help can be a life-changer," Trudeau says. "But it's typically something we have to learn, and it takes practice."

Remember, you're the captain of this team. Organize a huddle and call the plays (and pass some of the time!), and you'll be on your way to a win.

WEBSITE



Log In Here, **Please**

Complete the MyChart® Child or Adult Proxy Form available at mychart.comhs.org/ MyChart and return it to your provider's office to request access.



Parenting is a hard job. You knew you'd be responsible for your child's health and well-being, but no one told you you'd have to know so much! Here are 26 things to keep in mind to help keep kids as healthy and happy as possible.

LLERGIES. Food allergies among children went up about 50 percent from 1997 through 2011. If you're concerned, talk to your doctor.

ULLYING. Kids who are bullied often experience depression and anxiety. They might also have lower grades and test scores. Keeping the lines of communication open at home can help, and so can talking to your child's school about its approach to bullying.

ONCUSSIONS. A concussion is a serious brain injury, and it can happen on playgrounds, during sports (not just football) and as a result of falls or accidents. If your child suffers a head injury, make sure he or she sees a doctor and eases back into academic, social and athletic activities.

IARRHEA. See a doctor if your child has diarrhea and has signs of dehydration, appears ill, has bloody stool or abdominal pain, or if the loose stools persist for several days.

AR INFECTIONS. Five out of 6 children get at least one ear infection by the time they're 3 years old, according to the National Institutes of Health.

EVERS. If a baby younger than 2 months has a rectal temperature of 100.4 degrees or higher, call your doctor or go to the emergency department.

RUMPINESS. Is your tween grumpy? Adolescence and puberty can be trying for both boys and girls. Let your children know you're there for them, and if you have concerns, talk to their doctor.

YPERACTIVITY. If your child is persistently hyperactive, particularly aggressive or is experiencing academic or social challenges, talk to your family's pediatrician.

NFECTIONS. Viral infections (like the flu) can't be cured with antibiotics, so don't be surprised if you leave the doctor's office without a prescription. The illness should run its course in about seven to 10 days.

UICE. "Juice is just childhood soda," says Natasha Burgert, MD, a spokeswoman for the American Academy of Pediatrics (AAP). Stick to water.

ISSING. Adolescence is often a time of sexual exploration. Learn what's happening with your children's bodies and hormones and what they're experiencing emotionally so you can best help them navigate this time.

IFESTYLE HABITS. Your own choices—like eating healthy foods, exercising and not smoking—have an impact on your child's choices.

EDIA. The AAP advises limiting entertainment-based media to two hours a day. "There are changes that happen—specifically, an increase in aggression, an increase in obesity, an increase in sleep disorders—when recreational screen time [regularly] exceeds that," Burgert says.

URSING. The AAP recommends breastfeeding exclusively for the first six months of a baby's life, then breastfeeding combined with introducing foods until at least a year. Breastfeeding can continue for as long as both baby and mom are on board.

BESITY. Childhood obesity in the U.S. has tripled over the past 30 years. About one-third of kids are overweight or obese. A healthy diet and exercise are the keys to prevention, of course, and your child's doctor might be able to help.

HYSICAL ACTIVITY. A good rule of thumb, Burgert says, is 60 minutes a day of physical activity.

AN EARLY JUMP ON SCHOOL PHYSICALS

During the summer months, many parents may not be thinking about school. Yet this may be the best time to beat the rush for kids and young athletes who need vaccines or an annual physical in time for the start of school or the sports season.

Our Community Care Network pediatricians and family doctors, with offices and outpatient centers throughout Northwest Indiana, can help you and your family get up-to-date immunization records, an exam for any new or recurring health issues or medical attention for conditions from A to Z.

Community Care Network physicians are affiliated with the hospitals of the Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. These physicians, nurse practitioners, physician assistants and other allied health professionals in Lake and Porter counties bring you the same quality care you have come to expect from the hospitals of Community Healthcare System.

Our associates can link you to the support and expertise you need to help get your family off to a healthy start for the school year.

UESTIONS. Kids have lots of questions. Answer what you can—truthfully. And don't be afraid to say you don't know. Take the time to research the right answer.

ELATIONSHIPS. Help kids understand the importance of good communication, respect and give-and-take in a relationship. You can direct teens to loveisrespect.org.

C UGAR. "Americans in general consume too much," Burgert says. And research shows that excess sugar intake can increase your risk of dying of heart disease even if you aren't overweight. Start kids on a healthy path now.

ODDLER TANTRUMS. Young children can have temper tantrums for lots of reasons—hunger, sleepiness, frustration. Try to stay as calm as possible so you can be a soothing influence.

V RAYS. Kids' skin is sensitive and should be protected, the Centers for Disease Control and Prevention advises. Shade is best, and don't forget about sunscreen (for babies younger than 6 months, talk to your doctor), hats, sunglasses and protective clothing.

ACCINES. "Science and research has never presented vaccination as controversial or dangerous in any way," Burgert says.

ELL VISITS. Even when vaccines are done, well visits remain important. "If we catch a small issue on a physical exam, we're able to potentially prevent really big problems later," Burgert says.

'-RAYS. Many parents worry about X-rays and kids. If your child needs an imaging test, you can seek out facilities that offer lower-dose options.

EAH! Positive reinforcement can be a powerful tool in your parenting toolkit. Let your child know you're behind him or her as much as possible. **ZZS.** With more and better sleep, kids have stronger immune systems, greater focus and better performance in school. They should aim for eight to 10 hours a night for teens, and even more sleep for younger children.



Free Referrals

We can help your child get up-to-date vaccines or a physical. For a physician referral, call 219-836-3477 or 866-836-3477. Visit www.comhs.org.



A CAREGIVER'S GUIDE



5 tips for coping with this challenging role

He doesn't know who you are. She can't dress herself. He leaves the stove on while making his tea and wanders off. Where is the parent or spouse you knew?

Dementia is an umbrella term that describes various conditions that result in a decline in memory and other cognitive abilities. Alzheimer's disease is the most common form of dementia. It's an incredibly hard thing to witness in a loved one, and it can be challenging to care for someone with dementia. You can take a few steps that might help lighten the load.

Take time TO GRIEVE.

"When you're caregiving for someone with dementia, there's this idea of ambiguous loss," explains Amanda Hartrey, a licensed marriage and family therapist and a family consultant with the Family Caregiver Alliance (FCA). "You might have known them as your spouse or parent. And they look the same. But they're not the same person."

And that can lead to intense grief almost as if the person had died.

"You're grieving the loss of your mom, dad, husband or wife, but they're sitting in front of you," she says. "There's

a really big emotional component in watching that decline."

Beyond the loss of the person's mind, you might be grieving lost future experiences. That's normal, Hartrey says. Let yourself go through that process.

Recognize it's THE DISEASE AT WORK.

In a class she teaches on dealing with dementia-related behaviors, Hartrey shows pictures of imaging scans of two brains from autopsies: One is a normal brain, the other from a person with Alzheimer's.

"Every single time I show those slides, people gasp," she says. "The Alzheimer's brain looks like it's been eaten away. There's so little brain left."

When a loved one's behavior is nonsensical to you, it can be frustrating. But remember: "They're not doing this on purpose," Hartrey says. "This is not the same person. This is not the same brain."

Seek to **ACCOMMODATE** BEHAVIORS.

People with dementia might wander off and not know where they are. They might resist care, even becoming volatile. They can become increasingly agitated, paranoid or delusional.

You can't control their behaviors. But you can adjust your own behavior or change the physical environment. For example, if your loved one insists on sleeping on the floor, put a mattress down. And stay calm, using a soothing tone during stressful episodes, the FCA advises. It's not easy, but it can help.

Look for **HELP.** Caregiving for a loved one with dementia is stressful.

When your loved one's dementia is to a point where he or she might do

CANCER CAREGIVERS SUPPORT GROUP

The Caregivers Support Group at the Cancer Resource Centre in Munster provides caregivers an outlet to work through emotions and talk to others in a similar situation.

"The cancer patient has a whole team to take care of them, but often the caregiver doesn't have anyone to lean on for support," says Susan Marcus, a licensed clinical social worker and program facilitator. "Caregivers have their own emotional responses to their loved ones' diagnoses and prognoses, and sometimes this is the only time they have to themselves. This support group gives them an opportunity to share with others who have been there. When you are sitting with a person and they open up their hearts and talk about everything they are going through, you understand the importance of being there and the need for this group."

something like turn on the stove and forget about it, "they need constant monitoring," Hartrey says. "So caregivers feel like they can't turn their eye for a minute. It's hard to leave the house."

In addition to your own network of friends and family, you can seek out professional assistance.

One place to start, Hartrey says, is your local Area Agency on Aging. "There is one in every county," she says. "They can direct you to local resources."

Eldercare.gov and the Alzheimer's Association (alz.org) are great resources. You can also research respite programs that offer in-home care or adult day care centers.

And, Hartrey adds, if your loved one is a veteran, he or she might qualify for services. Your local Veterans Affairs office can offer guidance.

Don't **NEGLECT** YOURSELF.

On an airplane, you're advised to put on your own oxygen mask before helping others. The same is true for caregivers, Hartrey says. Taking care of your own health is essential.

Caregivers often put off doctor appointments, even surgery, she says. And they don't always manage their

grief and stress, which contributes to poor health.

"Caregivers get sick and die sooner than non-caregivers, even five to 10 years after they stop caregiving," Hartrey says.

"Self-care," she adds, means different things to different people.

"What I encourage my clients to do is to schedule it," she says. "It doesn't mean you need an hour a day. If you can get that, wonderful. But it can mean five minutes to yourself for a cup of tea and some deep breathing." ■



For the Caregiver

The Caregivers Support Group helps spouses and other family members cope when a loved one is diagnosed with cancer. The group meets 6 to 7:30 p.m. the first Monday of each month at the Cancer Resource Centre, 926 Ridge Road, Munster. Call 219-836-3349.



An Ounce of PREVENTION, Just for High property of the second of the se

A woman's guide to health screenings by age and stage of life

BY **STEPHANIE THURROTT**

t's easy to skip your regular visit to a gynecologist or an internal medicine physician. But doctors who specialize in women's health say preventive measures are key to early detection and treatment of issues that could turn serious. These are the recommended screenings and immunizations women—and their daughters—need as they mature.

ANSWERS WHEN YOU NEED THEM

At the Women's Diagnostic Centers of Community Healthcare System, we know waiting for results can be stressful. That is why we offer same-day mammography results at all of our accredited testing centers, supported by the expertise of a fellowship-trained dedicated breast radiologist.

Our centers offer advanced diagnostic technology, including 2-D and 3-D mammography, breast ultrasound, nonsurgical breast biopsy technology, breast MRI and more.

If results are abnormal, a navigator will coordinate follow-up and any additional testing required. Patients who undergo a biopsy will receive their results by the next day, including Saturdays, for peace of mind.

Women ages 35 and older receive a complimentary breast cancer risk assessment with their mammogram. If an increased risk is discovered, personalized plans of care are available at the High Risk Breast Clinics at each center.

CALL



Don't Delay

Community Healthcare System's Women's Diagnostic Centers are located in Munster, East Chicago, Hobart, St. John and Valparaiso. To make an appointment for your mammogram, call 800-809-9828. For information, visit www.comhs.org.

Preteen and Teen Years

A lot changes in the adolescent years, requiring a comprehensive approach to whole-body health.

▶ Immunizations. Most teenagers should see a doctor once a year for an annual exam and any needed shots. "Not all parents are aware, but teens might need a tetanus booster, meningitis booster and MMR [measles, mumps and rubella] booster," says Margaret Stager, MD, a spokeswoman for the American Academy of Pediatrics (AAP). And girls age 9 and older should receive the HPV vaccine, which can help stop certain cancers from developing.

► Well-woman care and sexual education. As girls transition through puberty and begin to menstruate, their doctors have new information and concerns related to their reproductive health. "That's all part of wellness and safety and making good, healthy decisions during the teen years. We have to talk about stuff that's uncomfortable,"

is very low for teens, Stager teaches her patients how to perform a breast self-exam when they are 18 or 19.

Stress-related illness and sleep.

The teenage years can be stressful, especially for modern kids who feel pulled in a million directions. The ubiquity of cellphones, with their constant buzz of notifications, doesn't help them get a good night's sleep, which is a critical component of mental health. "They are staying up later and not getting good-quality sleep, and the parents aren't aware this is going on," Stager says. She points out that bad sleep habits correlate with weight gain and poor school performance.

▶ Online safety. Stager also checks in with teenage girls—and their parents about their lives on the internet. "I talk about parents monitoring social media," she says. "Most girls are not fully aware of the great risks associated with communicating with someone they really don't know."





▶ **Cervical cancer.** Ideally, women should have had the HPV vaccine as girls, but young women who are not yet sexually active may want to get the vaccine to help prevent HPV infection and cervical cancer.

An annual Pap exam used to be recommended, but that's no longer the case. The U.S. Preventive Services Task Force now says women at normal risk should have a Pap exam at age 21 with a repeat test every three years, or beginning at age 30, women can have a Pap test along with an HPV test every five years.

have a tetanus booster every 10 years. "That's a big one, especially for people who travel," says Lynne M. Lillie, MD, a family physician and a member of the board of directors of the American Academy of Family Physicians. Collegeage women, especially those living in dorms, should have the meningitis vaccine. You should check your records to see whether you've been vaccinated against hepatitis A and B, particularly if you travel a lot or are exposed to blood or bodily fluids in your line of work. And everyone should get a flu shot every year.

Sexually transmitted diseases.

You should be screened for gonorrhea, chlamydia and HIV regularly once you're sexually active, depending on your risk factors.

Skin cancer. While there are no specific screening recommendations, Lillie points out that skin cancer is one of the fastest-growing cancers in the United States. "I do think it's important for women to be paying attention to their skin, watching for changing lesions or moles and seeing their family physician once a year or as needed," she says. It's a great idea to wear sunscreen every single day, not just when you're going to the beach. SUMMER 2017 **25**

DUE FOR A MAMMOGRAM?

The recommendations for breast cancer screening used to be simple: a monthly breast self-exam, an annual clinical exam, and a baseline mammogram at age 35 with annual mammograms starting at age 40.

But the recommendations are no longer so clear. Researchers studying detection haven't found strong evidence in favor of breast self-exams or clinical breast exams, and medical organizations have varying recommendations on when women should begin regular mammograms.

First off, it's still important to pay attention to any changes in the breast, such as dimpling, puckering, a sore that doesn't go away, new

seems unusual.

Also, talk to your doctor, says Lynne M. Lillie, MD, a member of the board of directors of the American Academy of Family Physicians.

say, 'Let's talk about your personal history, your family history and what feels comfortable to you—age 40, 45 or 50 and every year or every two,"" she says. "It's an individual decision made between a woman and her physician."

The 40s

▶ **Diabetes.** You should have your blood glucose levels checked every three years beginning at age 40 if you are overweight or obese.

▶ **Breast cancer.** Women at average risk should consider adding regular mammograms to their screening routines in their 40s. Recommendations vary, so

talk to your doctor about the best time to start and how often to repeat the test.

Heart disease. There's no recommended age for screening women's cholesterol levels for those at normal risk. Lillie recommends having your levels checked at age 40 if they haven't been checked earlier. Women should have their blood pressure checked every three to five years beginning at age 18 and annually after 40.









ou've probably heard the saying "time lost is brain lost" in reference to stroke. And it's not just a pithy slogan. "Stroke is an interruption of blood flow in the brain," says Alexander A. Khalessi, MD, a spokesman for the American Stroke Association. "Once that interruption takes place, you're basically on the clock, because the brain will start to die in the absence of having blood flow. There's really no more timesensitive condition in medicine."

And the time sensitivity doesn't end when you get to the hospital. What happens in the hours, days, weeks and months after a stroke is critical to your well-being.

MINUTES

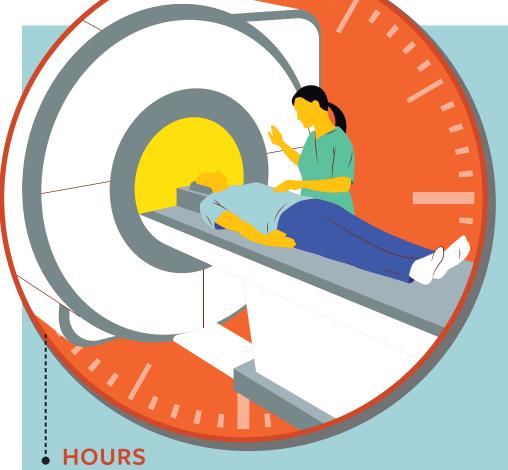
The first step to getting timely treatment is recognizing stroke sooner.

"If you think you're having a stroke, you need to call 911 immediately," says Nieca Goldberg, MD, national spokeswoman for the American Heart Association and author of Dr. Nieca Goldberg's Complete Guide to Women's Health. "It's important for people to know what the symptoms of stroke are. Remember 'FAST': If there's facial drooping, arm weakness and speech difficulty, it's time to call 911."

If you observe symptoms of stroke in someone else, don't let that person talk you out of calling 911.



"The main challenge you're going to deal with is the stricken person doesn't have insight into their own deficits," Khalessi says. "They feel like they're fine. It's really important for a friend or loved one to trust their gut to get them to the ER."



Stroke care can begin as soon as emergency medical services arrive, which is why calling 911 is preferable to driving a stroke sufferer to the hospital. Technicians and paramedics initiate lifesaving treatment in the ambulance and alert the hospital they're on their way. That sets the hospital's stroke team into action, preparing to receive the patient.

At the hospital, your care team will evaluate your symptoms to confirm a stroke diagnosis. Once confirmed, you'll have a CT scan or MRI to help doctors decipher where in the brain the stroke is and whether it's the result of a blockage (ischemic stroke) or tear (hemorrhagic stroke) in a blood vessel. Then the care team goes to work.

Ischemic strokes are treated with tPA (tissue plasminogen activator), a clot-busting

drug that's injected into a vein and travels to the blockage to break it up. Or doctors may use a newer procedure in which they thread a thin wire into a blood vessel to the site of the blockage to remove the clot. Hemorrhagic (bleeding) strokes are treated with drugs or surgery aimed at reducing pressure on the brain.

The tPA must be delivered within three hours of stroke onset, which includes the time it takes to get to the hospital, confirm a diagnosis and complete imaging, so you can't wait at home for hours before deciding to seek treatment.

"The three-hour window was determined because that was found to be the peak time to be able to restore to normal functioning," Goldberg says. "The longer you wait, the less function, if any, can be restored."

DAYS

Once your stroke has passed and doctors have assessed the amount and type of functionality that may have been lost, rehabilitation will begin in the hospital. From there, you may require continued rehabilitation in an around-the-clock facility or on an outpatient basis.

"Different people have different levels of disability, depending on what part of their brain was affected," Goldberg says.

Your rehabilitation therapist will help you improve function of the affected body parts with the goal of being as independent as possible. That may include relearning basic skills such as bathing, dressing, eating and walking.



WEEKS •-

Back at home, safety is your main concern. Depending on your level of functionality, you may need adjustments in your home to make it more accessible. It's best to consult an occupational therapist, who can conduct an in-home assessment to advise you on what modifications are needed.

Common modifications include installing grab bars and nonslip mats in the bathroom, installing a light switch near the bed or motion-activated night lights in the bedroom and reorganizing the kitchen for easier access.



Once your immediate needs are met, you'll want to shift your attention to preventing future strokes, which account for approximately a quarter of all strokes, according to the National Stroke Association.

"The most important thing for the long term is to seek care from a stroke neurologist or neurovascular surgeon," Khalessi says. "Strokes don't just happen. You're being given a window to intervene. You need to understand why you had the stroke event in the first place."

When you know what caused your first stroke, you can then

take steps to protect yourself against another one. Quitting smoking is paramount. But your doctor will also probably suggest ways to manage high blood pressure, cholesterol and diabetes and recommend eating a healthy diet, slowly increasing physical activity and reducing alcohol intake. ■



When it comes to stroke, time is of the essence. A timely response to stroke and rehabilitation therapies can help save your life, and can prevent brain damage and the potential for complications.

At the hospitals of Community Healthcare System— Community Hospital, St. Catherine Hospital and St. Mary Medical Center our specialized stroke units work diligently to diagnose a stroke and begin treatment for the best possible recovery.

Neurologists, neurosurgeons, neuroradiologists, stroke care coordinators, registered nurses, and clinical and therapy rehabilitation professionals develop care plans to help those who suffer strokes, and those at risk, live longer, fuller lives.

Stroke patients benefit from individualized care that aims to optimize recovery and maximize independence. Our acute stroke management programs also shape patient care to prevent future strokes.

WEBSITE



Seal of Approval

Community Healthcare System hospitals have earned the American Heart/Stroke Association's Get With the Guidelines® Stroke Silver Plus Quality Achievement Award. Visit www.comhs.org.

TIPS FOR TAKING **CARE OF THE** PEOPLE YOU LOVE



Prioritize yourself. When you're managing stress, eating well and getting enough sleep, the whole family benefits.

Delegate! Your spouse can help schedule health appointments or drive your child to the doctor, but you might have to ask.

Make sure your children are up to date on vaccines.

Your kids will ask you tough questions. Be honest, and don't be afraid to say you don't know.

If someone you love has dementia, remember that it's the disease at work. Try not to blame your loved one or yourself for setbacks.

Monitor your kids' social media time, and model good behavior by putting down your phone.



Create a screenings schedule for mammograms, colonoscopies and anything else the doctor orders, then stick to it.



Always pack—and apply!—sunscreen.

Know the symptoms of stroke and call 911 immediately if someone you're with may be having one.

Adequate sleep makes everything better, for everyone.



WANT MORE HEALTHY IDEAS? Check out our fall issue, all about being resilient in the face of challenges.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



SOAP OPERA

If plain-old soap is good, the antibacterial kind is better, right? Not according to the Food and Drug Administration, which ruled in September that most liquid, foam and gel hand soaps, bar soaps and body washes that contain antibacterial ingredients can no longer be sold.

At issue is the safety of certain chemicals, including triclosan, which has been shown in animal studies to alter the way certain hormones work in the body. Lab studies have also raised red flags that the chemical might contribute to making bacteria resistant to antibiotics.

So, while stores will soon wash their hands clean of antibacterial soaps, consumers can feel safe with a bit of old-school wisdom: To prevent getting sick and spreading germs, just wash, rinse and repeat with standard soap and water.

FROZEN YOGURT vs. **SOFT SERVE** ICE CREAM

Which is healthier?

ANSWER: THAT DEPENDS.

pile on sneaky calories.

With probiotics that promote good bacteria in your gut and fewer grams of fat, froyo seems to tip the scales. However, soft serve often beats out frozen yogurt with less sugar and sodium. Here's the cold, hard truth: You need to be a sleuth. Low-fat, fat-free and sugar-free versions of both are available, so it depends on which frozen yogurt you compare with which soft serve ice cream. And, of course, toppings





THE BEST TEMPS FOR MOMS-TO-BE

As if mothers didn't have enough to worry about: It appears temperature extremes can affect whether they carry their pregnancies full term.

Researchers at the National Institutes of Health have found that moms who are exposed to extreme cold or heat during the first seven weeks of pregnancy are more likely to deliver early.

They also found that women exposed to extreme heat for the majority of the pregnancy were also more likely to deliver early.

Exposure to extreme heat during weeks 15 to 21 increased risk of delivery from 34 to 36 weeks (four to six weeks early) by 18 percent. While not everyone has access to air conditioning, the study suggests that minimizing exposure to extreme temperatures would be prudent for pregnant women.

WEBSITE



Pregnancy Primer for Partners

From sex during pregnancy to supporting a woman facing postpartum depression, partners have a lot of questions, too. Visit acog.org and search "A Partner's Guide to Pregnancy."



Already a debilitating fact of life for more than

MILLION

Americans, severe joint pain continues to rise.

Projections that the number of arthritis cases could burgeon from

MILLION

in 2012 to

MILLION

by 2040 are triggering better efforts to reduce barriers to pain care and to increase education about treatment options.

LUNG DISEASE: **MIDLIFE**

The rate of COPD-related deaths is hitting midlifers hard-even while the overall rate of deaths is dropping.

COPD, or chronic obstructive pulmonary disease, has two main forms: chronic bronchitis and emphysema. Most people with the illness have a combination of both conditions.

According to the U.S. Centers for **Disease Control and Prevention,** COPD-related death rates dropped 22.5 percent for men and 3.8 percent for women 25 and older from 2000 through 2014. The death rate, however, spiked nearly 13 percent for men ages 45 to 64 and a whopping 24 percent for women in the same age range.

TRUE OR FALSE

Men have a biological clock.

TRUE. It looks like Father Time affects fathers, too. While men may get to hit the snooze button on the consequences a bit longer than women do, research shows they can't outrun the ticktock of their biological clocks. A European study showed that couples' risk of miscarriage was highest if the woman was 35 or older and her male partner was 40 or older. Another study shows that a couple's TTP (time to pregnancy, or how long it takes to become pregnant) increased fivefold for men older than 45 compared with men younger than 25—even if they had younger female partners.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

MEMORY SCREENINGS

Changes in memory are a normal part of aging, but at what point should you be concerned? When friends or family members exhibit impaired judgment or behavioral changes that begin to interfere with their everyday lives, they could be in the early stages of Alzheimer's disease.

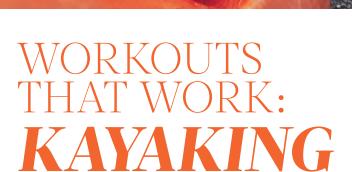
Memory care experts at Hartsfield Senior Living Community in Munster recommend a free, confidential memory screening and evaluation for early detection of Alzheimer's disease. Screenings are offered several times throughout the year and are conducted by an Alzheimer's care specialist who provides results-based recommendations to improve a patient's quality of life.

CALL



Schedule a **Screening**

Hartsfield Senior Living Community offers free memory screenings for those who may be experiencing signs of Alzheimer's disease. Appointments are required. Call Jill Keilman at 219-703-5131 to schedule your screening. Visit www.hartsfieldvillage. **com** for more information.



Kayaking can offer a great workout for the back, arms, abs, shoulders and neck. But if you're not careful, the activity can also leave you stiff and sore.

The American Council on Exercise recommends finding your spine's neutral position. In other words, sit in the position where it takes the least effort to sit up straight, with your head also aligned directly over your spine. If you start kayaking from this position and maintain it as much as possible, you'll get a great upper-body workout—without all of the kinks and cricks.

WHAT ARE THE ODDS

... of getting melanoma?

While melanoma accounts for only about 1 in 100 skin cancers, it is the deadliest. A number of factors including age, sun exposure and skin tone—come into play. The average risk of developing melanoma is:



1 in 40 for whites



1 in 200 for Hispanics



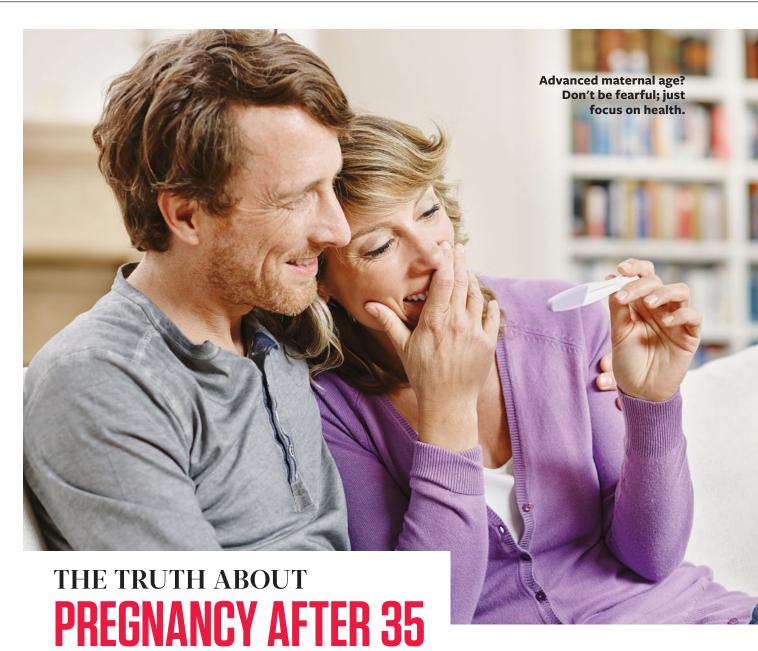
1 in 1,000 for blacks



JARGON WATCH

ANEURYSM is a scary-sounding word for good reason—it can be fatal. But what exactly does the term mean?

An aneurysm is a balloonlike bulge against a weakened or injured artery wall. Most occur in the aorta, the major artery that carries blood from the heart. The good news? Aneurysms can be repaired if detected early. It's important to see your doctor regularly; sometimes an aneurysm can be heard through a simple stethoscope. In other cases, doctors may order tests such as an ultrasound, an echocardiogram or a CT scan.



Are there really more risks? Do you need different care and a bunch of additional tests? Let's separate fact from fiction



For a lot of women, the biological clock feels more like a bomb counting

down to 35—a time when women are told pregnancy is less likely and more dangerous.

But don't panic just yet. Many women have healthy pregnancies after 35. Here's the truth about being a more mature mommy.

TRUE OR FALSE:

Something happens to women's bodies at 35 that makes pregnancy more challenging and risky.

→ **FALSE.** There is nothing magical about age 35, says Siobhan Dolan, MD, medical adviser for the March of Dimes, an organization that seeks to prevent birth defects and fight premature births.

There is history to 35, though. The age used to mark the time when the risk of having a baby with a serious genetic condition was about the same as having a miscarriage as a result of amniocentesis, an invasive procedure that tests for genetic conditions and is more commonly done after age 35.

These days, the miscarriage risk is much lower, and doctors recognize that what matters is an individual woman's age and health history. Still, the number persists in our culture.

TRUE OR FALSE:

If you're younger than 35, an amniocentesis simply isn't done.

→ **FALSE.** Amniocentesis is a test that looks for problems in the developing baby, including birth defects and genetic disorders. It can reveal Down syndrome, the risk of which rises with the mother's age.

While amniocentesis is not typically done in younger women, the test is a choice. Younger women may opt for it because they have had a previous baby with a birth defect or a family history of genetic disorders.

"If you want to know for sure, you should have the test," Dolan says. "Today, we're more focused on what we call a personalized risk assessment."

Whatever her age, it's up to each woman to work with her doctor to understand her options and risks.

TRUE OR FALSE:

It's harder to conceive after age 35.

→ **TRUE.** "The facts are that as you get older, it can take longer" to become pregnant, Dolan says.

According to the American Society for Reproductive Medicine, a woman has about 300,000 eggs at puberty, and she will ovulate about 300 times during her reproductive years. The eggs that don't ovulate go through a natural degenerative process. As the number of available eggs in her ovaries decreases, a woman's fertility declines.

While a healthy, fertile woman who is trying to conceive has a 20 percent chance of getting pregnant each month when she's 30, her chances are approximately 5 percent by age 40.

TRUE OR FALSE:

As a woman ages, there are more health risks during pregnancy.

→ TRUE, BUT ... Yes, as a woman ages, certain pregnancy risks increase. For example, premature birth, low birth weight, miscarriage and other issues are more common in older women than in younger women.

Some of these problems can be attributed to conditions such as high blood pressure, diabetes and obesity. As Dolan points out, your personal circumstances play a huge role.

"If you come to me and you're 32 and morbidly obese, with diabetes and hypertension, you're at a higher risk than if you're 38 and healthy," she says. ■

HELPING DADS WITH THE ABCs OF **PARENTHOOD**

Some new dads are very comfortable stepping into the role of father. Others may be looking for a little guidance from medical and healthcare professionals, who can provide pointers and answer questions. The hospitals of Community Healthcare System— Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart offer classes that provide new fathers with safety tips, education and the skills necessary to conquer any fears or concerns about infant parenting. Find out when to call the doctor, how to childproof your home, what to do in an emergency, and about infant and child car seat safety. Classes are offered at convenient Community Healthcare System locations and are free.

Grandparent classes also are available and offer an opportunity to review basic baby care while learning some of the new recommendations on how to keep babies safe and healthy.



Taking Care of Baby

Learn what it takes to take care of a baby. Call **219-836-3477** or toll-free 866-836-3477 for upcoming dates and times or to register for classes at the hospitals of the Community Healthcare System.



But it doesn't have to be that way. Unlike diabetes, which can be managed but not cured, prediabetes often can be reversed completely with lifestyle changes that will help you lose weight.

Here are five steps you can take to get started.

Get tested.

Nine out of 10 Americans with prediabetes don't know they have it. And if you have certain risk factors—if you are overweight, are 45 or older, or have a sibling or parent with type 2 diabetes, for example you may be at a higher risk of having prediabetes. Head to your

doctor to have your blood sugar tested.

Move it. Staying active is key to beating back prediabetes. Aim to log 30 minutes of physical activity five days a week, for a total of 150 minutes a week. But you don't have to run a marathon to get your exercise in. Brisk walking works just fine, Allweiss says. And it doesn't have to be all at once, either. "If you do 10 minutes three times a day," Allweiss says, "that's good, too."

🗩 Track what you eat. It's hard to change your eating habits if you don't know what you're eating.

That's where food diaries come in. By keeping a daily food log, you'll learn what you're



eating—and how much—so you can see where to make improvements. Apps like MyFitnessPal and MyNetDiary make it easy to log your food on the go.

4 Opt for healthier foods.

Once you see what you're eating, you can start to make changes. Cut back on sugar-sweetened drinks, choose lean proteins like chicken, turkey or fish, and use spices instead of fats and oils to add flavor, Allweiss says. Plan meals with the goal of having more fresh vegetables on your plate than starches or fatty meats, and make a shopping list before you head to the grocery store so you can avoid impulse purchases. (Check out the U.S. Department of Agriculture's choosemyplate.gov for inspiration.) And when you're out to eat, "be a proactive eater," Allweiss says. Ask how foods are prepared and seek out options that are grilled or broiled instead of fried.

Don't let stress derail you.

Stress is a major cause of abandoning weight-loss plans. Before the stress hits, take time to think about what your stressors are—and how you can handle them. "Sometimes when people are under stress, they might say, 'Why should I go walk? Why should I eat my healthy diet?"" Allweiss says. Come up with a plan to deal with stress, whether that means doing a simple series of yoga moves or taking a short walk.

SUPPORT MAKES A DIFFERENCE

Eating healthy, getting active and losing weight can be difficult, but support can help.

"At Community Healthcare System's outpatient diabetes programs, we teach how to delay or help prevent prediabetes, diabetes and heart disease," says endocrinologist Adil Alavi, MD, a Community Care Network physician.

Offered at Community Hospital, St. Catherine Hospital and St. Mary Medical Center, the programs can educate participants on lifestyle and diet modifications to help them stay on track and even return blood glucose levels to normal range.

Even small steps can add up to positive results, Alavi says.

"There is a built-in support system, too," he says. "Participants share their frustrations, recipes, exercise tips and their successes with our caring staff."



System.





Children go through emotional ups and downs. But how do you know if behavioral changes are typical or cause for concern?

We're all familiar with the "terrible twos," evidenced by the thrashing, wailing toddler in the grocery store. And what about when puberty hits, and your oncesweet baby is suddenly slamming doors and telling you to leave him alone?

Take a deep breath. Those behaviors are normal—just part of testing boundaries, grappling with hormones and growing up.

But some sudden behavioral changes go beyond what's considered typical growth and should prompt a check-in with a medical professional, says Stephanie Hartselle, MD, a child and adolescent psychiatrist and a member expert with the American Academy of Child and Adolescent Psychiatry. She helps us understand the difference.

Your third-grader has slept like a champ his whole life—until now. Suddenly, he started waking up several times a night and is snoring like a monster truck when he does sleep. He's so tired he's like a little zombie, and so are you.

IS IT: Anxiety or a sleep disorder?

SLEEP DISORDER. "If a kid's sleep habits change, the first thing I would do as a parent is go watch them sleep. If they are snoring, that is a sign that something is off with their airway, and they should go to a pediatrician. Allergies can make kids snore, and so can sickness," Hartselle says.

If your child is moving his legs or twitching a lot, that can make him tired, and, in turn, increase anxiety the next day.

Your toddler is becoming that *kid* on the playground. He throws sand, bites when he doesn't get his way and has hit children. He seems angry, but he can't tell you why. **IS IT:** Stress or a developmental disorder?

LIKELY STRESS. Little kids don't have a complex vocabulary, so acting out is one way of expressing emotions, Hartselle says.

"If the child isn't responding the same way that the other kids are or is becoming incredibly enraged when other kids are handling things, you should check with a pediatrician," Hartselle says. "In toddlers, anxiety can come out as anger."

Your otherwise happy-go-lucky kiddo has been having major meltdowns at day care. She sobs and has become unusually clingy when it's time to go your separate ways for the day but seems fine when you pick her up later.

IS IT: Separation anxiety or a sign of mistreatment at day care?

PROBABLY SEPARATION ANXIETY.

Separation anxiety waxes and wanes from as early as age 6 months all the way through the elementary school years, Hartselle says. Talk to the day care provider to see what's happening once you leave your daughter behind: Is she joining the other kids? Is she playing? If so, those are good signs that the earlier meltdown was a typical bout of anxiety.

Of course, it's natural to worry about your children when you entrust them to someone else's care. Cases of mistreatment or abuse of children at day care do happen. It's important to pay close attention to our children's emotional well-being.

"The real warning signs [of something more serious] are if the child also at home is having outbursts or is not sleeping well, having many more nightmares or having general behavior changes," she says. See your child's pediatrician right away—and take a break from day care until you know what's going on.

You and your teenage daughter have had a standing Saturday morning pancake date since she was old enough to say "short stack." But all of a sudden she wants to ditch the tradition. In fact, she flatly refuses to spend time with you and instead retreats to her room.

IS IT: Normal teenage behavior or depression?

PERHAPS DEPRESSION. It's normal for teens to push for space and prefer being with friends over parents. But if your teen is spending vast amounts of time alone, and not with friends, and having frequent (very) angry outbursts, take note.

"This can happen, but it shouldn't be often, and it shouldn't be extreme. Teenagers shouldn't be talking about 'I wish I wasn't here,' 'I wish I wasn't alive' or saying 'I could be dead," Hartselle says.

She recommends checking in with teachers to gauge how your teen is behaving at school (is she social?) and connecting with a pediatrician or mental health provider for guidance.

It came out of nowhere—your child abruptly started behaving strangely. In addition to major changes in her behavior, she began making odd body movements, such as repeatedly blinking, and strange noises, such as grunts or repeating words.

IS IT: Mental illness or a complication of strep throat?

IT MIGHT BE STREP. This one is rare, but it happens. There's a known tie between streptococcal infections and something called PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections). Symptoms include obsessive behaviors, odd movements or tics, and an overall alarming departure from a kid who doesn't have anxiety or obsessivecompulsive disorder issues to one who appears to have them.

"Does it mean every time your kid gets strep throat and is grumpy, you need to bring her into the pediatrician? No. But if it's a really amazing, abrupt change, bring them in right away and ask if we can do a strep test," Hartselle says. If a strep test is positive and PANDAS seems likely, doctors typically will use antibiotics to treat the strep infection and the PANDAS symptoms subside. ■

WEBSITE



Giving Relief to an Anxious Kid

If you're concerned your child might have a problem with anxiety, check out the Anxiety and Depression Association of America's screening form. Visit adaa.org and search for "screening children."

PUT YOUR TICKER TO THE TEST

A guide to the tools doctors use to determine your heart health

Chest pain. Shortness of breath. Dizziness. Sweating. Fatigue. All sorts of symptoms can leave our doctors wondering whether poor heart health is to blame. Fortunately, cardiologists have at their disposal a bevy of tests that help them discover the source of trouble and set us on the path to wellness, says Martha Gulati, MD, editor-in-chief of the American College of Cardiology's CardioSmart.org.

WEBSITE

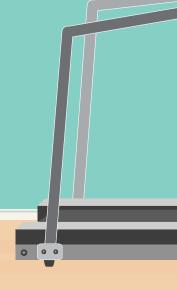


Be Prepared for Your Doc

If you have heart failure, good communication with your doctor is critical. For a list of questions to ask about your condition, visit heart.org and search "heart failure questions."

ELECTROCARDIOGRAM

In this test, often called an ECG or EKG, leads attached to your chest with adhesive measure your heart's electrical activity, recording its rhythm and detecting skipped beats. It can help doctors determine whether you're having a heart attack and give them insight into damage in the heart. You might be asked to take this test while walking on a treadmill or riding a stationary bike so your cardiologist can observe your heartbeat under stress.



CHEST X-RAY

Heart and lung disease can be intertwined, and this test provides a glimpse at both. X-ray images allow cardiologists to look at the size of your heart and can reveal problems such as a cracked rib, the pain from which might mimic heart disease.

NUCLEAR STRESS TEST To show blood

flow to the heart, a radioactive liquid is injected into your vein. A special camera detects the radiation, producing computer images of your heart. Combined with exercise, the test can determine whether enough blood is reaching your heart during activity and rest.



ECHOCARDIOGRAM This ultrasound of the

chest shows detailed images of the heart's structure and function and can reveal whether you've had a heart attack.

It gives your doctor a view of how the heart muscle is squeezing and how the valves are working. Leaky or narrowed valves can show up, as can blood clots. Sometimes cardiologists perform an echocardiogram by inserting a device down the throat to look at your heart from behind. This is called a transesophageal echocardiogram.

CARDIAC CATHETERIZATION

Sometimes called a coronary angiogram, this involves a cardiologist threading a tube into a vein or an artery in your leg or arm. With the help of X-ray, your doctor guides the catheter through your vessel until it reaches your heart, where dye can be injected to help him or her see blood flow and check for abnormalities. Your cardiologist also can open up a blockage with a balloon and stent during the procedure.

CT SCAN Short for computerized tomography, this noninvasive method of looking at the coronary arteries is used to spot blockages as an alternative to catheterization.

MRI Used increasingly in cardiology, magnetic resonance imaging involves a patient lying on a table inside a tubelike machine that produces a magnetic field. It takes detailed pictures and is considered the gold standard for assessing heart function.

HOLTER MONITORING

For this test, you typically wear a heart monitor for 24 hours to give your cardiologist insight into your heart activity over time. Some people need longer-term monitoring and might wear a monitor for a month. Others who have rhythm abnormalities that emerge infrequently might have an implanted monitor.

THREE WAYS TO COOK **ZUCCHINI**

Prolific, versatile and tasty, this popular squash deserves top billing on your summertime menus

Turns out all those paleo types pinning recipes for "zoodles" (zucchini spiralized spaghetti-style and served in place of pasta) are on to something. Low in calories but still filling enough to satisfy, this elongated squash is the perfect health food. Jen Bruning, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics, explains that zucchini's sizable weight is one of its strengths. "We talk a lot about volumebased eating, meaning that if you eat foods that contain a lot of fiber and water, you end up feeling full without having so many calories, and zucchini is a great example of this," she says.

Zucchini is also sizeable in nutrients. Its standout perks include vitamin B6, potassium and manganese, a mineral thought to help promote healthy bone structure. And although zucchini is a great vitamin C source—one cup raw provides 35 percent of the recommended daily allowance—Bruning cautions that some of this nutrient can be lost in the cooking process, so it's best to eat zucchini raw in salad (try slicing it into pretty ribbons) or sautéed lightly if you're trying to maximize vitamin C intake. Besides making zoodles, here are three great ways to get your squash on.

Cut the ends off a zucchini and slice it lengthwise. Scrape out enough of the flesh (which can be diced and reserved) so you're able to use the vegetable as a bowl with room for filling. Add the reserved zucchini to a mixture of your choice, such as sautéed ground beef or crumbled sausage. Bake in the oven at 350 degrees until the zucchini is tender and can be easily poked with a fork, about 20 to 30 minutes.

MAKE CRACKERS Slice zucchini into ¼-inch-thick rounds and toss them in a bowl with olive oil. Dip each piece into a mixture of equal parts Parmesan cheese and breadcrumbs. Bake in a 450-degree oven on a baking sheet coated with nonstick cooking spray until topping is crispy and slightly browned, about 25 minutes. Serve as passed hors d'oeuvres or as part of a crudité platter.

SNEAK IT INTO BAKED GOODS Trying to get your kids to eat more vegetables? Zucchini's high water content and neutral flavor make it a great (and sneaky!) addition to breads, cookies, cupcakes, brownies and even pancakes. Be sure to grate it finely and blot off excess moisture with a paper towel before adding it to the rest of the ingredients.



THE SKINNY ON **ZUCCHINI**

\rightarrow How do I choose a good one?

Look for vegetables that are firm, brightly colored and still have at least part of the stem attached, which indicates freshness.

\rightarrow Is bigger necessarily better?

No—although those massive homegrown specimens are fun for photo ops and state fairs, they tend to be less flavorful and more pulpy than their smaller counterparts. Instead, aim for a zucchini that's no more than 6 inches long and 2 inches in diameter, or about the size of a standard flashlight.

→ Can I eat the skin?

Yes, unless it's been coated with wax, which is sometimes done to preserve shelf life. Check by running your finger slowly over the vegetable to feel for a coating. If there's wax, either wash it off or use a peeler to remove the skin.

\rightarrow Can I eat the flowers?

Absolutely. Although deep-frying the blossoms is a classic preparation, they're also delicious added to soups, stuffed with cheese and baked, or used to make squash-blossom quesadillas, which are popular in Mexico.



Homegrown Help

If you love growing veggies, check out Burpee's Garden Time app, available on Google Play and iTunes. It offers customized planting recommendations based on your location, timelines to help you stay organized and weather alerts for conditions that could affect your garden.

MENTAL HEALTH

in 5

Approximate number of adults in the U.S. who experience mental illness each year.



Depression ranks #1

on the list of most prevalent mental illnesses. It affects more than 26 percent of adults in the U.S.

U.S. with a mental health condition did not receive mental health services in the past year.



of adults with mental health symptoms think people are caring and sympathetic toward those with mental illness.



of mental health conditions begin by age 24.

Lost earnings annually because of serious mental illness in the U.S.

Sources: National Institute of Mental Health, The American Journal of Psychiatry, Substance Abuse and Mental Health Services Administration, Archives of General Psychiatry, Centers for Disease Control and Prevention, National Alliance on Mental Illness

ON THE PATH TO WELLNESS

Do you experience feelings of overwhelming hopelessness or negative thinking? Are you more irritable, short-tempered or aggressive than usual? These may be signs of manic-depressive or bipolar disorder.

St. Catherine Hospital in East Chicago offers compassionate care on two inpatient psychiatric units: an Adult Unit for patients between 18 and 65 and an Older Adult Unit for patients 65 and older. A treatment day consists of individual and group psychotherapy, medication management, family support sessions, recreational therapy and spiritual care, as well as alternative therapies, including art therapy, yoga and more.

"Our team works together to meet the

needs of the entire person, from general counseling to state-of-the-art innovations," says Medical Director of Behavioral Health Services Joseph Fanelli, MD.

Recreational therapist Ann Bobos directs group therapy and incorporates a variety of approaches.

"We do group work that includes activities on the Wii, journaling, reading activities, art and other projects to help patients transition back home," Bobos says.

Patients are prepared for the outside world so they can continue on their healing journey through the outpatient centers in Crown Point or East Chicago. Services are available in English and Spanish.

CALL



Mental **Health Help**

Community Healthcare System's Centers for Mental Wellness offer outpatient behavioral health services in East Chicago and Crown Point. For an appointment or to learn more, call 219-392-7025 or 219-836-7074.

ILLUSTRATIONS BY THINKSTOCI

(continued from page 8)

EMT and paramedic courses provide the full spectrum of emergency service training for individuals pursuing a career in emergency services. These entry-level and advanced training courses prepare students for jobs in a variety of settings, including ambulance services and clinic settings such as hospitals.

EMT students receive education and training in basic first aid, general anatomy and physiology, medical patient assessment and care, trauma patient assessment and care, pediatrics, geriatrics, hazardous materials, terrorism response and more.

Instructor Melissa Siegel says the EMT training course is one of the few vocational programs offered that allows students to immediately begin their careers upon high school graduation.

"If they are 18 years of age or older, students are eligible to take the state examination at St. Mary Medical Center to become a certified EMT," Siegel says.

The accelerated nine-month paramedic course offers an intense but comprehensive approach to learning and experiencing the techniques, terminology and psychological demands of becoming a paramedic.



Pharmacy Practice Residency graduate Matt Junyu Zhang completed the Postgraduate Year 1 program at Community Hospital in Munster.



Paramedics seeking state and national certifications through the EMS Training Institute at St. Mary Medical Center learn from simulated, hands-on situations.

"We are able to offer each learning module with corresponding field and clinical work," Siegel says. "What they learn in the classroom one day, they may experience in the field or in a clinical setting the next day. It is a good introduction to the field of emergency medicine."

Under the MICROSCOPE

Students unsure about what to do with their biology and biochemistry majors after graduation may want to consider a career in medical laboratory science. The 11-month accredited certification program at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart includes 22 weeks of classroom instruction in clinical laboratory sciences, hands-on student laboratory activities and an intensive 24 weeks of on-the-job clinical training.

"I liked the thought of an opportunity to work behind the scenes in the lab but still be able to help patients and use my knowledge of science in my career," recent graduate Mary Brack of Valparaiso says. Brack now has a position in the laboratory at St. Mary Medical Center in Hobart.

Medical laboratory scientists are highly trained, highly skilled professionals who contribute to the diagnosis and treatment of disease. They test blood and body fluid specimens using complex chemistry analyzers to diagnose heart and liver disease or cancer; do microscopic examination of blood cells for anemia or leukemia; identify pathogenic organisms causing infection; and prepare blood products for lifesaving transfusions.

"Because of the rate of groundbreaking medical advances, healthcare careers including medical laboratory scientists are expected to increase by 14 percent over the next 10 years," says Mary Wallace, MS, MT, program director. "Technologists will be needed to process more complex tests as the number of overall tests performed increases."

WEBSITE



Explore a Career

Interested in pursuing any of these professional opportunities with the hospitals of Community Healthcare System? Visit www.comhs.org/careers/ professional-development.

> SPOTLIGHT: COMMUNITY HOSPITAL BY ELISE SIMS



Expecting the Best for Mother and Baby

Maternal-Fetal Medicine provides continuity in care for high-risk pregnancies

Expectant mothers facing high-risk or complicated pregnancies and their families often need specialized care to guide them through their unique challenges. A partnership between Community Hospital and the University of Chicago Medicine is bringing specialized maternal-fetal medicine much closer to home, making it more convenient for families.

The Maternal-Fetal Medicine program physicians partner with multiple caregivers to consult and co-manage complicated situations—chronic conditions such as high blood pressure, diabetes and kidney disease—both before, during and after pregnancy. With this new collaboration,

Nicole Bland (front, center) was seen by the University of Chicago Medicine's Mahmoud Ismail, MD, right, on an outpatient basis at the Schererville location before having a healthy baby, Willow, at Community Hospital.

subspecialists from the University of Chicago Medicine supplement care provided by Community Healthcare System's team of obstetrician/gynecologists. These maternal-fetal specialists work in tandem with the expectant mother's primary care physician to provide counseling, screening and fetal diagnostic testing.

"Offering this level of expertise in managing high-risk situations means we have the knowledge and experience to guide women through every situation during this important time in their lives," says Carla Meyer, director of Patient Care Services. "Our team of maternal-fetal specialists, ob-gyns, primary care physicians, nurses and other staff provide a woman and her family the critical support she needs to deliver a healthy baby."

Previously, many women with highrisk pregnancies in Northwest Indiana would need to be transferred to a hospital in a university setting to receive a more complex level of care.

"Some of the patients that may have been transferred before maternal-fetal medicine was locally available can now stay closer to home and deliver in the community," Meyer says. "It keeps the mom, the baby and the support system together. When the mom needs to deliver outside the community, traveling back and forth puts stress on the family unit."

"It is a win-win situation to have a group of subspecialists available to care for the mother," says neonatologist Martin Kelly, MD, clinical associate, Section of Neonatology, University of Chicago Medicine, and a Community Healthcare Partner. "This means someone is always nearby to evaluate these patients,

whether it is through the inpatient setting at Community Hospital or at the University of Chicago's outpatient clinic in Schererville. This ensures that the patient gets the best care possible closest to home. As far as patient care and convenience for families, it is much better and it helps that the rest of the care team is in close proximity."

Ob-gyns can refer patients into the program, or expectant mothers with complications can come directly to Community Hospital's Emergency department for care. To enhance this source of inpatient care, as of September, Community Hospital will make available "laborists," or specialized ob-gyns, around the clock to see patients with acute conditions that require consultation with a Maternal-Fetal Medicine program physician.

"A number of patients, for example, have conditions that can be taken care of in their own community, but need consultation with a specialist to make sure the optimal plan is being followed during pregnancy and to ensure that the baby is delivered safely in the Neonatal Intensive Care Unit (NICU) at Community Hospital," says Sarosh Rana, MD, associate professor of Obstetrics and Gynecology and chief, Section of Maternal-Fetal Medicine, University of Chicago Medicine. "Our partnership ensures that there is seamless continuity of care."

In 2012, Community Hospital first partnered with the University of Chicago to make advanced care available 24 hours per day, seven days per week in the NICU. Community Hospital's NICU is the only Northwest Indiana critical care facility to have in-house neonatologists around the clock. These neonatologists now serve as Community Healthcare Partners, working side by side with Community Healthcare System's skilled team of neonatal nurses, respiratory, occupational, physical and speech therapists, and audiologists to provide intensive intervention for infants with special medical needs.

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

"We had already worked with the University of Chicago for our neonatal care and our outpatient Maternal-Fetal Medicine program," says Meyer. "Expanding to offer inpatient maternalfetal medicine consults was a natural progression of the partnership based on a growing need." ■

WEBSITE



Giving Birth at Community Hospital

Learn more about the services offered to support families during the birthing experience at Community Hospital. Visit www.comhs.org/ services/family-birthing-centers.

ENHANCED ICU OFFERS ADVANCED HEALING ENVIRONMENT ---

Renovation adds technology, comfort

Denise Harris of East Chicago noticed the difference in the enhanced Intensive Care Unit (ICU) right away while she was visiting a relative.

The redesigned, 9,000-square-foot ICU at St. Catherine Hospital was rededicated and opened to patients in December, completing a \$2 million renovation project. The 16-bed ICU offers added comforts and leading-edge technologies for critical care patients and their loved ones.

"I spent a lot of time here in 2008 when my son was critically ill," Harris says, recalling how the orientation of the room back then seemed a bit confining.

Now, with vital equipment hookup panels tucked away, Harris has been able to stay in the room as medical staff cares for her family member.

"I don't feel like I'm in the way," she says.

Patient rooms were redesigned in a way that opens up maneuvering space for medical staff, nurses and visitors. New, state-of-the-art critical care beds



are positioned in a way that offers better views of the windows, skylights and the workstation. Vital equipment hookups have been relocated to side and back walls, and now all rooms are equipped for dialysis.

"Our new ICU has been enhanced in a way that provides our nurses, physicians and their patients with one of the finest critical care facilities in Northwest Indiana," says Paula Swenson, chief nursing officer and vice president of Patient Care Services at St. Catherine Hospital.

The new open-air-styled unit features an oval workstation with enclosed glass and multiple entry and exit points.

Patient rooms have been redesigned in a way that opens up maneuvering space for medical staff, nurses and visitors. State-of-the-art critical care beds are positioned to offer better views of the windows, skylights and the workstation.



The reconfigured nursing station in the center of the unit gives medical staff a 360-degree view of all patient rooms, enabling quick access.

"The ICU can be a stressful place for patients and their families, so oftentimes every second counts," Swenson says, adding that the renovation



took more than efficiencies of care into account.

Before reconstruction, the ICU was divided by a storage area and functioned with two eight-room modules. The new unit has ample counter and storage space, with alcoves to store equipment out of walkways and keep supplies on carts close at hand.

"It's so open now; there's no separation," says Jenee' Babbitt, RN, ICU charge nurse, while scanning medical charts. "You can see all the nurses as they monitor the patients. That's helped streamline communication and our ability to respond quicker to the needs of all patients."

Extensive soundproofing measures also have been taken, with floor coverings and noise-reducing glass panels to ensure a quieter environment. Visitorfriendly amenities include recliners and sofas that convert into sleeper beds. To cut down on the risk of infection, the fabrics, wall coverings and paint are all antimicrobial. The unit has more sinks for hand-washing and a separate storage room for quick access to supplies.

"It puts an emphasis on patient and

visitor comfort," Babbitt says. "Our goal was to create a more soothing environment."

"St. Catherine Hospital has long been in the forefront of medical changes to offer the best possible care to our patients and the community we serve," says Wassim Shwaiki, MD, critical care physician on staff.

"As a hospital that earned a five-star rating from the Centers for Medicare and Medicaid Services in 2016, the rededicated ICU is another solid sign of the Community Healthcare System's commitment to exceptional care and positive healthcare outcomes for our patients," he says. ■

CALL



Find a Doctor

To find a physician on staff at St. Catherine Hospital in East Chicago, call **219-836-3477** or 866-836-3477.

> SPOTLIGHT: ST. MARY MEDICAL CENTER BY MARY FETSCH



TARGET ON CANCER

TrueBeam technology helps doctors treat cancer with pinpoint accuracy

A few years ago, 71-year-old Nancy Hall of Hobart started wheezing and experiencing shortness of breath. She saw her primary care physician, who completed a series of tests and a CT scan of Hall's chest. While the tests revealed no signs of cancer, Hall's history of smoking made her a

candidate for routine CT scans every three to six months.

"They were all clear until a few months ago," Hall says.

In October, a small spot appeared on her left lung. Doctors ordered a biopsy, which found the spot was stage 1 lung cancer. After meeting with her cancer care team, it was determined that Hall's treatment would include the TrueBeam™ linear accelerator at St. Mary Medical Center. The targeted form of radiation is called stereotactic body radiation therapy, or SBRT.

"Using SBRT on tumors such as Nancy's offers better long-term results and it is much easier on the patient," says Jeffrey Quackenbush, MD, radiation oncologist. "We are actually able to use higher doses of radiation with precise accuracy for shorter periods of time and lower number of treatments. The experience is painless and relatively comfortable for the patient."

St. Mary Medical Center was the first hospital in Northwest Indiana to acquire the TrueBeam technology, the most

Hobart resident Nancy Hall is feeling great and able to play with her grandson again after being treated at St. Mary Medical Center with TrueBeam technology for stage 1 lung cancer.

advanced radiation therapy in treating cancer with radiosurgery.

Radiosurgery is a noninvasive treatment technique used primarily to diminish or eradicate tumors. It is most suitable for small, well-defined tumors that can be seen in imaging, such as CT or MRI scans. Despite the use of the word "surgery" in its name, radiosurgery does not involve removing the tumor with a surgical knife. Instead, a focused high-intensity beam of radiation is used to target the tumor while minimizing exposure to healthy tissue.

"The sophisticated imaging and radiation delivery system of our TrueBeam system allows us the flexibility to customize treatments for an individual's particular cancer," says Koppolu Sarma, MD, radiation oncologist. "We may use radiosurgery techniques when conventional radiotherapy is not an appropriate option for a patient's particular case. It also can be used as the first line of treatment for some tumors or for tumors that are otherwise inaccessible for open surgery."

For Hall, the small size and localization of the nodule in her lung made SBRT a good choice to treat her tumor.

"We were able to treat Nancy's nodule with only three treatments," says Quackenbush. "We were fortunate to catch it before it spread. We have to credit her diligence in following up with her lung screenings."

To prepare for her radiosurgery, Hall underwent a series of imaging scans to allow her radiation oncologists to design treatment based on the exact



size and location of her tumor. Taking into account her medical history, type of tumor, lab results and other factors, doctors were able to determine the amount of radiation to be delivered, the appropriate angles from which to deliver it and the number of sessions it would take to deliver the prescribed treatments.

"I had heard horror stories about receiving radiation—that it was confined and you couldn't move for long periods of time," Hall says. "This was totally different. It was 10 minutes from my home, and I only needed three treatments. Each lasted a half-hour to 45 minutes. They even played '60s music—which is my type of music while I was in there. I was ready to get up and dance!" she says.

"TrueBeam is truly a game-changer for these cancer patients—a faster, smarter, more powerful treatment in our fight against cancer," says Janice Ryba, CEO of St. Mary Medical Center. "Our Community Health Needs Assessment reflects the continued prevalence of

cancer in our community. Lung cancer, in particular, has become the leading cause of cancer death for both men and women in the United States, including Northwest Indiana. To be able to offer this level of technology, in the expert hands of our radiation oncology team, is rewarding and demonstrates our commitment to provide the highest level of cancer care throughout our community." ■

WEBSITE



Cancer Care

To learn more about TrueBeam technology, available at St. Mary Medical Center in Hobart and Community Hospital in Munster, and advanced cancer care at the hospitals of Community Healthcare System, visit www.comhs.org.



Cardiac electrophysiologist Samer Ajam, MD, discusses abnormal electrical activity in the heart

What is cardiac electrophysiology? Cardiac electrophysiology is a branch of cardiology that deals with the science of diagnosing and treating abnormal electrical activity in the heart, or arrhythmias. Patients with arrhythmias may experience fatigue, episodes of fainting, palpitations or, most severely, cardiac arrest. There also is a correlation between sleep apnea and a common type of arrhythmia known as atrial fibrillation (AFib). My job as an electrophysiologist is to figure out where the arrhythmia is located and how to fix the condition.

What are the latest developments in technology for treating arrhythmias?

Traditionally, cardiac devices, such as a pacemaker, were most often used to correct the irregular beats caused by heart rhythm disorders. Now arrhythmias are being treated through a

procedure known as catheter ablation, which works to rid patients of irregular heart rhythms using radiofrequency energy. Ablation has high success rates in curing abnormally fast heart rhythm and managing AFib long term.

We also have new cardiac monitoring devices for patients who have suspected rhythm issues that are not detected through traditional monitoring or for patients who have had an unexplained stroke. An implantable loop recorder inserted just under the skin can monitor a patient's heart rhythm for up to three years, communicating readings wirelessly to our office.

Additionally, patients with defibrillators now have an option for a device that goes underneath the skin instead of inside the heart. This lowers the risk of infection affecting the heart because there is no risk of the leads fracturing as the heart beats. It is a good option for younger people who need a defibrillator without a pacemaker.

Samer Ajam, MD



What are some of the upcoming developments in this field?

Injectable pacemakers were just approved by the FDA this past year. These will be an option soon at the hospitals of Community Healthcare System for patients who need a pacemaker and do not need wire leads in their heart. The device is much smaller than a traditional pacemaker, has a 12-year battery and is placed through a catheter procedure.

What advice do you offer patients? Treating arrhythmias earlier is always better—the longer you wait, the greater the damage to the heart.

Dr. Ajam completed his fellowship training in clinical cardiac electrophysiology and cardiovascular disease at Indiana University. He received his medical degree and completed his residency at the Indiana University School of Medicine.



Treating Arrhythmias

To make an appointment with cardiac electrophysiologist Dr. Samer Ajam, call 219-947-6017. His office is located inside St. Mary Medical Center, Hobart, Suite 110.



There is nothing easy or nice about cancer. It's a fight.

At Community Hospital and St. Mary Medical Center, our doctors enter this battle using the Varian TrueBeam™ system for radiotherapy.

This innovative and non-invasive approach is a breakthrough technology that delivers hope as it precisely targets and destroys tumors. TrueBeam also delivers enhanced patient comfort — performing treatments with unprecedented speed, in a quieter environment. Community Hospital and St. Mary Medical Center are leading the way to offer this game-changing technology in the fight against cancer.

Please visit https://www.comhs.org/services/cancer-care/radiation/truebeam to find out more.







Why go any further than your own backyard for heart care? Medical professionals at the Advanced Heart and Vascular Institute of Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, are using innovative technologies and expertise previously only found at metropolitan medical centers.

High-tech, less invasive procedures for complex heart and vascular care are now available close to home.

- Transcatheter aortic valve replacement (TAVR)
- Mitral valve repair (MitraClip®)
- WATCHMAN™ for atrial fibrillation
- Balloon valvuloplasty for valve stenosis
- Aggressive peripheral vascular disease (PVD) treatments

When you are looking for expert heart care, trust your heart to the hospitals of Community Healthcare System. Your heart belongs here.

