

A Publication of
**ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY**

FALL 2018

healthy *together*

**KEEPING
HEARTS
IN RHYTHM**

**NEW KNEE
TODAY,
HOME
TOMORROW**

**HEALTHY FOOD
FOR EVERY BODY**

**A NEW STATE
OF HEALTH
FOR YOU &
YOUR FAMILY**

A New State of HEALTH

At its heart, healthcare is about people: about you and your family, your doctors and other members of your care team. Supporting that care are researchers—people with minds curious and rigorous enough to help determine which treatments work best and to discover new ones.

At RWJBarnabas Health, we stand for all these people—every single member of each community we serve. With our new partner Rutgers University, one of the nation’s leading public educators, we’re creating a new state of health in New Jersey. Together, we’re building a network of the best minds to deliver unparalleled patient care, to train the next generation of exceptional medical professionals, and to grow our shared commitment to groundbreaking research. Our goal is simple: for you and your loved ones to have access to the highest quality care in the nation.

This partnership can only benefit the hospitals and healthcare facilities of RWJBarnabas Health. At Robert Wood Johnson University Hospital Rahway, an RWJBH facility, the partnership with Rutgers will mean access to groundbreaking research and the latest thinking in care and treatment, as well as the next generation of medical professionals.

Where you get your healthcare matters. With this magazine, we’ll share what we stand for and how our values are positively impacting the health of individuals and entire communities. We hope you enjoy reading more about what we’re doing—and its importance to your health—in the pages of this new quarterly publication, *Healthy Together*.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

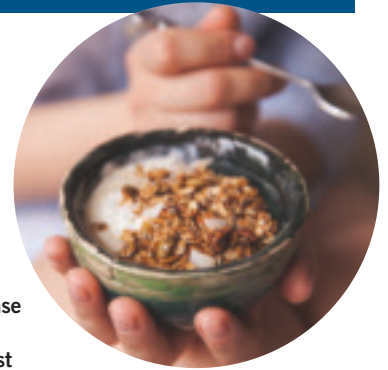


KIRK C. TICE
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL RAHWAY



HEALTH NEWS

18



The percentage increase in stroke risk for folks who don’t eat breakfast versus those who do. Experts think it may be because eating helps prevent spikes in blood pressure. So how do you like your eggs? —STROKE



MEDITATE FOR BETTER SLEEP

You know meditation reduces stress and improves concentration, but did you know that it helps you sleep better? A study found that mindfulness meditation improved sleep quality among its participants.

—JAMA INTERNAL MEDICINE

SAY thank you :)

Study participants who took part in a 5-minute practice of reflecting on what they’re thankful for were shown to have spikes in immunoglobulin A, an antibody responsible for fighting off viruses.

—JOURNAL OF ADVANCEMENT IN MEDICINE

Robert Wood Johnson University Hospital Rahway

RWJBarnabas HEALTH
Let’s be healthy together.

865 Stone St., Rahway, NJ 07065
732-499-6118

CONNECT WITH US ON

- @RWJRahway
- @RWJRahway
- RWJBarnabas Health

Robert Wood Johnson University Hospital Rahway complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, see link on our home page at www.rwjbh.org/rahoway. RWJ Rahway cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 732- 499-6136. RWJ Rahway konfòm ak lwa sou dwa sivil federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 732-499-6136.

healthy *together* contents

FALL 2018



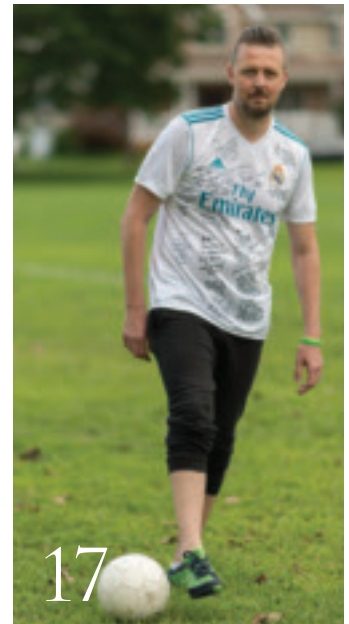
4



8



20



17



18



9

- 2. WELCOME LETTER.**
A community update from our CEOs.
- 4. THE TRUTH ABOUT WEIGHT-LOSS SURGERY.**
Misconceptions prevent many from considering a potentially life-changing procedure.
- 6. NEW KNEE TODAY, HOME TOMORROW?** With proper planning and coordinated care, a quick trip home is possible.
- 8. THE ABCS OF AFIB.** Here's what you need to know about atrial fibrillation—and how to manage your risk.

- 9. A NEW STATE OF HEALTH FOR NEW JERSEY.**
What the partnership of RWJBarnabas Health and Rutgers means for you and your family.
 - Latest treatments close to home—page 10
 - Reinventing the patient experience—page 11
 - Top medical minds team up—page 12

- 13. BACK ON TRACK.** A young athlete recovers from drastic knee injuries.
- 14. FIGHTING SUBSTANCE USE DISORDER.** More people seek treatment thanks to an innovative peer-counseling program.
- 15. KEEP YOUR KIDNEYS HEALTHY.** Tame high blood pressure before kidney damage occurs.
- 17. A NEW HEART.** A transplant allowed an active father to get back to living a full life.
- 18. THE SCOOP ON COOKING FOR DIABETES.** It's easier, cheaper and tastier than you think.

- 20. BE THE BOSS OF BLOOD SUGAR.** A new program lets people take control of their diabetes.
- 22. COMMUNITY CALENDAR.** A roundup of health education, screening and support programs.



22

THE TRUTH ABOUT WEIGHT-LOSS SURGERY

MISCONCEPTIONS PREVENT MANY FROM CONSIDERING A POTENTIALLY LIFE-CHANGING PROCEDURE.

Obesity affects 78 million Americans and of those, 24 million have severe obesity. For many obese people, bariatric (weight-loss) surgery can have life-changing—and lifesaving—results. What common misperceptions might prevent them from exploring that option? Anish Nihalani, MD, FASMBS, Medical Director of the Surgical Weight Loss Program at Robert Wood Johnson University Hospital Rahway, explains:

MYTH #1: “BARIATRIC SURGERY IS DANGEROUS.”

Only 1 percent of people who are eligible for bariatric surgery are getting it. In many cases, their reluctance to consider surgery is based on information they may have heard 30 years ago, when the field was new and there was a 25 percent risk of major complications.



ANISH NIHALANI, MD

Today, data from the American Society for Metabolic and Bariatric Surgery shows a risk of death following surgery at about 0.13 percent (one out of a thousand patients), which is considerably less than most other major operations. In addition, bariatric surgery often leads to significant improvement in related conditions such as high blood pressure, heart disease and type 2 diabetes, which means patients can cut back or stop taking many of the medications they were using.

To learn more about bariatric surgery at RWJUH Rahway, make an appointment by calling 732-499-6300.



WHAT IS LAPAROSCOPIC SLEEVE GASTRECTOMY?

There are several kinds of bariatric surgery, but the “gastric sleeve” is the most commonly performed in the U.S. “Laparoscopic” refers to minimally invasive surgery that can be performed through small incisions and takes about an hour. In a sleeve gastrectomy, the stomach is reduced to nearly a quarter of its original size. Before surgery, the stomach looks like a pouch; afterward, it looks more like a sleeve. The smaller stomach restricts food intake and also provides a quicker sense of fullness. The procedure is irreversible and nutrient supplements may be required.

Patients report that they sleep better, move better and feel better post-surgery.

MYTH #2: “IF MY DOCTOR DOESN’T MENTION BARIATRIC SURGERY, I SHOULDN’T CONSIDER IT.”

Some doctors will just tell you to “lose weight” and send you on your way. For doctors who aren’t specialists in this area, misinformation can be a significant barrier. Obesity was never taught as a disease when I went to medical school, but it is a disease, just like diabetes or high blood pressure or breast cancer. And obesity is very complex, with genetic, metabolic and psychological factors that those of us in the forefront of the field are only beginning to understand.

Bariatric surgery is not cosmetic surgery, but a proven method of treating a disease. As proof of that, many bariatric surgical procedures are covered by Medicare, providing that a patient meets certain criteria. Most insurance plans offer coverage as well.

MYTH #3: “I SHOULD BE ABLE TO MANAGE MY WEIGHT BY USING SELF-CONTROL.”

There’s a sense of shame about obesity in our culture, just as there used to be a stigma around diabetes or cancer. Men, in particular,



tend to feel that having surgery is “the easy way out.” The truth is that many severely obese people can’t sustain long-term weight loss by diet and exercise alone.

Why, for example, might only one member of a family be obese? It appears to have something to do with how satiety signals are processed. The gut is supposed to signal to the brain that it’s full and doesn’t need any more; in obese people, this message seems to get dropped, like a malfunctioning cell phone signal.

One contributor to widespread obesity is the easy availability of food and the proliferation of restaurants. We also tend to eat for reasons other than hunger. We eat for parties, birthdays and funerals; we eat when we’re sad or mad or glad. All of these factors mess up our ability to process when and whether to eat, and they affect some individuals more strongly than others.

It’s important to understand that the surgery is not a replacement for diet and exercise modifications—it’s an addition to those lifestyle changes. Beyond surgery, the weight loss and bariatric surgery program at RWJUH Rahway offers a support group, and a fitness program designed to help obese patients exercise without hurting their knees or back. Because we are very in tune with this population, we can provide everything required for them to be successful.

“DO I QUALIFY?”

BMI (body mass index) is a measure of body fat based on height and weight that applies to adults. To qualify for bariatric surgery, patients generally need to have a BMI of 40 or more, or a BMI of 35 and at least one or more obesity-related illnesses, such as type 2 diabetes or sleep apnea. You can calculate your BMI online here: <http://bit.ly/BMIFinder>





NEW KNEE TODAY, HOME TOMORROW?

WITH PROPER PLANNING AND COORDINATED CARE, A QUICK TRIP HOME IS POSSIBLE.

Twenty years ago, knee replacement surgery was a life-disrupting prospect. “People felt they had to travel to a New York City hospital, then spend three weeks recuperating in a nursing home,” says David Rojer, MD, an orthopedic surgeon at Robert Wood Johnson University Hospital Rahway. “Today, it’s a different world.”

In fact, about three-quarters of patients at RWJUH Rahway’s Joint Replacement Center go home within two days post-operation—and some go home as early as the next day. How? Credit a team approach and meticulous planning.

PRE-OPERATIVE EDUCATION

“We do a thorough home assessment for every patient,” says Pamela Ferreira, Joint Care Coordinator, whose dual role as Occupational Therapy Coordinator makes her especially well-suited to assess home arrangements. Questions she typically looks to answer include: “Who will be available to assist in the home? What equipment does the patient have? What adaptations can be made?” Practical preparations can include anything from moving a bed downstairs to changing sheets, mowing the lawn and freezing meals in advance.

Patients are also educated on what

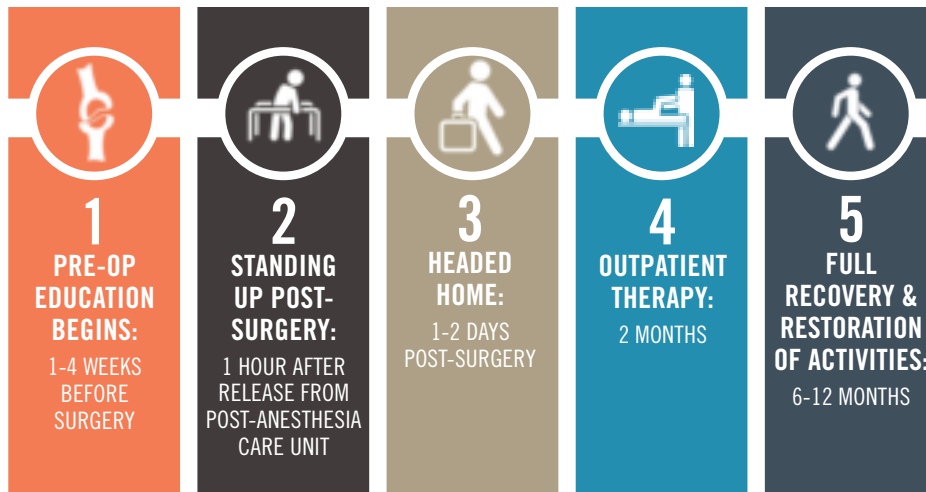
to expect post-discharge and receive an 85-page handbook covering matters from preparing for surgery to post-operation self-care. “We’ve seen that the more a patient understands in advance, and the more he or she takes responsibility, the better they do post-operatively,” says Barbara Zidd, PT, MPA, Director of Rehabilitation Services.

PAIN CONTROL

Surgeons create a customized mix of injectable pain medication that keeps patients comfortable right after the operation and for the next 24 hours. This allows for early post-operative mobility—

THE FAST TRACK TO FEELING BETTER

With the help of advances in medical care and detailed pre-operative planning and preparation, knee replacement patients at the RWJUH Rahway Joint Replacement Center are back in action sooner than many expect.



important because long stays in bed lead to an increased risk of blood clots. “We get patients up within an hour of their release from the anesthesia care unit,” Zidd says. “Some patients can stand, and some need to stay in a recliner chair. But most are pleasantly surprised by the fact that they can walk right away, often for up to 100 feet.” Patients also receive up to four hours of physical therapy for each day they’re in the hospital.

REDUCTION OF SWELLING AND INFECTION RISK

All patients are given a large foam wedge elevation pillow to use at various times throughout the day, a practice that has dramatically decreased swelling and the attendant risk of blood clots. Dr. Rojer also uses a special dressing that’s impervious to water, protects from infection and actually vacuums away excess water around a wound.

It often will not need to be changed until the next time the patient sees his or her surgeon at two weeks after the surgery.

Thus pre-pared, the patient heads home. Once there, he or she does exercises

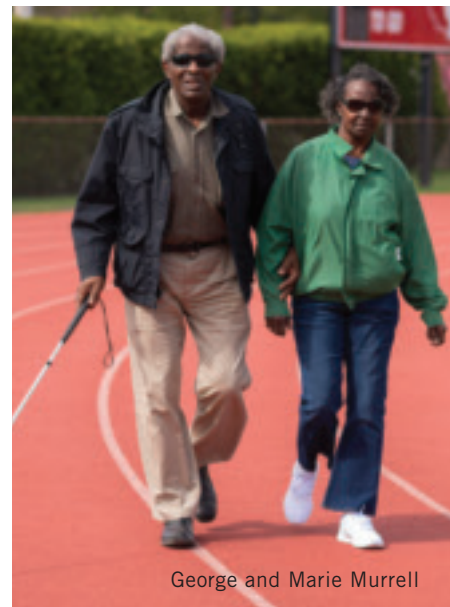


DAVID ROJER, MD

with family members or friends who act as coaches, and also get outpatient physical therapy in the hospital’s Rehabilitation Services Department. “What our hospital does really well is take all the different pieces—pre-op education, early mobilization, swelling control, therapy coordination—and put them together in a coordinated cycle, all in a community hospital so people don’t have to travel far,” says Dr. Rojer.

For all their expertise, one factor medical professionals can’t control is whether the patient actually *wants* to go home in a day or two. “That’s been a real head-shift for some people,” says Dr. Rojer. “Some people say, ‘This was my chance to get away from home! I want to go to rehab where they’ll cook and clean for me.’ I have to explain to them that doing therapy in rehab is not as good as doing it at home. We want you back to your regular life, and away from the hospital and the risk of infection from sick patients.

“It’s all about the motivation,” he continues. “If you’re willing to work hard for several months, you’ll end up with the best knee possible for the rest of your life.”



George and Marie Murrell

HIP REPLACEMENT HOORAY

George Murrell was born blind—but he never let that stop him from living a full life. Now 70, the Plainfield retiree and former jazz musician continued all his favorite activities until crippling pain in his left hip rendered him unable to get around. Osteoarthritis had destroyed the cartilage, leaving bone rubbing against bone.

After a hip replacement by David Rojer, MD, of the RWJUH Rahway Joint Replacement Center, Murrell was astounded to find that he could walk on the day of surgery—and that he was released home directly from the hospital. RWJUH Rahway therapists used his non-visual senses to help him perform other daily activities independently. Murrell is now back walking with his wife Marie, cooking for his family, and playing with his 11 grandchildren and one great-grandchild. “This journey gave me back what I never thought I’d have again,” he says. To hear George Murrell talk about his experience with hip replacement, see the video at rwjbh.org/ortho.

For more about the RWJUH Rahway Joint Replacement Program, call Pamela Ferreira, OTR, Joint Care Coordinator, at 732-499-6346.

THE ABCs of AFIB



HERE'S WHAT YOU NEED TO KNOW ABOUT ATRIAL FIBRILLATION—AND HOW TO MANAGE YOUR RISK.

Your heart skips a beat, or races for an extended period of time, or even feels like it's fluttering. After one of these episodes, you feel drained and weak.

These symptoms could be a sign of atrial fibrillation (known as AFib), an abnormality in the rhythm of the heart that indicates your blood isn't moving well. Left untreated, AFib can lead to heart disease or stroke.

HOW DOES AFIB WORK?

"AFib and other types of abnormal heart rhythms—also called arrhythmias—are problems with the heart's 'electrical' system," explains Ghassan Chehade, MD, interventional cardiologist at Robert Wood Johnson University Hospital Rahway. Simply put, healthy electrical signaling begins in the upper chamber of the heart, then travels to the heart's lower chamber and activates muscle contraction with each heartbeat. With AFib, that signal is disorganized and the contractions become uncoordinated.

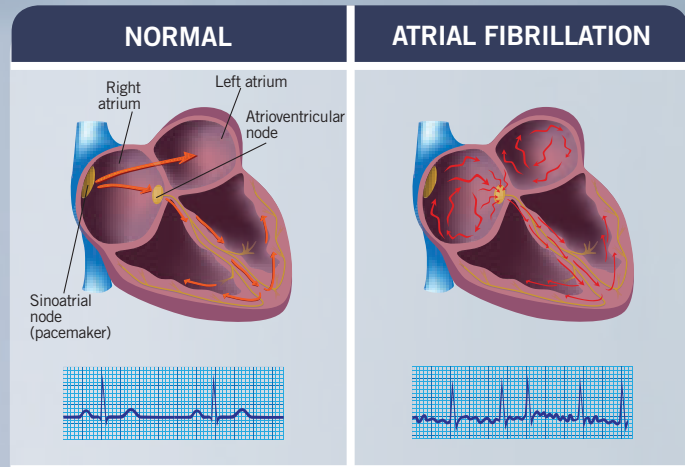


GHASSAN CHEHADE, MD

signaling begins in the upper chamber of the heart, then travels to the heart's lower chamber and activates muscle contraction with each heartbeat. With AFib, that signal is disorganized and the contractions become uncoordinated.

HOW IS IT DIAGNOSED?

"Patients often walk around with AFib for years without knowing they have it," Dr. Chehade says. The condition can be detected via a routine electrocardiogram



THE CHARTS ABOVE SHOW ELECTRICAL ACTIVITY OF A NORMAL HEART, AT LEFT, AND A HEART WITH ATRIAL FIBRILLATION.

(EKG), or heard as an irregular heartbeat on a cardiac exam. "A patient may come in reporting rapid or irregular heartbeat or palpitations," Dr. Chehade says. "Fatigue can also be a symptom."

Follow-up tests could include an echocardiogram, which uses sound waves to produce images of the heart; cardiac stress testing; blood work; and wearing a portable EKG monitor for 24 to 36 hours. High-risk patients may be prescribed a wearable ZIO XT Patch, which can monitor heart rhythms for up to 14 days.

WHAT ARE THE RISK FACTORS?

Medication and technology can help control AFib, but awareness and prevention are key. Risk factors for AFib include age (over 60); family history; the presence of other heart diseases; diabetes; hyperthyroidism; and asthma. "Obesity and sleep apnea are major risks," Dr. Chehade says. "People should also make lifestyle modifications as needed, including exercise, weight control, blood pressure control and moderating alcohol use." Highly caffeinated energy drinks also create a risk of irregular heartbeats, he says.

Your heart doesn't beat just for you. Get it checked. For more information or to make an appointment with one of RWJUH Rahway's cardiologists, visit rwjbh.org/heart or call 888-MD-RWJUH.

A NEW STATE OF HEALTH

FOR NEW JERSEY, THE NATION, THE WORLD

WHAT THE UNPRECEDENTED PARTNERSHIP BETWEEN RWJBARNABAS HEALTH AND RUTGERS UNIVERSITY MEANS FOR YOU.

The state's largest integrated health system, RWJBarnabas Health, and Rutgers University, one of the nation's leading public research universities, have formed a groundbreaking partnership that will increase access to care and reduce healthcare disparities, while advancing health science discovery and innovation. RWJBarnabas Health will make a significant investment in recruiting and retaining the nation's finest doctors, researchers and medical students. That means more expert physicians to care for patients and more clinical trials to find better treatment options. Moreover, everyone on this dynamic new team has a mission to deliver excellence in every area of the patient experience. Altogether, the partnership means a transformation of the way healthcare is delivered in New Jersey.

That's the big picture. What's the personal picture for you and your family? You'll be able to get compassionate, world-class care without having to travel far from home. In the following pages, we'll share more good news about what this partnership means for you.



PARTNERSHIP BY THE NUMBERS



To be invested by RWJBarnabas Health in the education and research mission of the integrated academic health system, over 20 years



Committed by RWJBarnabas Health to encourage Rutgers medical students to remain in New Jersey and provide care to its residents



Physicians and providers (2,500) and staff (3,000) under the direction of the new Combined Medical Group



Patient visits conducted by RWJBarnabas Health and Rutgers, combined, in 2017



KNOWLEDGE IS POWER

HOW IN-STATE CLINICAL RESEARCH CONNECTS TO BETTER CARE FOR NEW JERSEY PATIENTS.

If you've read or watched anything about medical care in recent years, it's clear that the field of medicine is always advancing. How do medical treatments improve? Through clinical research or clinical trials. Doctors, nurses and scientists gather information through personal interaction with patients, or through collection of blood, tissue or data, to find new and better ways to detect, diagnose, treat and prevent disease.

When this research takes place in New Jersey, residents have the ability to participate in those clinical trials, and to be among the first patients to benefit from new treatments. Those opportunities will increase dramatically as a result of the RWJBarnabas Health/Rutgers partnership, which will double the Rutgers research portfolio—already the largest in New Jersey—and make it possible to hire about 100 new high-caliber principal investigators (lead researchers).

To learn more about this historic partnership, visit www.RutgersRWJBHtogether.org.

EXPANDING CANCER CARE

The Rutgers Cancer Institute of New Jersey offers a prime example of how the partnership between Rutgers and RWJBarnabas Health will enhance both clinical research and patient care. Under the new partnership, Rutgers Cancer Institute of New Jersey—the state's only National Cancer Institute-designated Comprehensive Cancer Center—is now able to more easily provide patients with greater access to outstanding cancer services and clinical trials close to home.

“For many cancers, standard therapy may not be sufficient to have the greatest success for an individual patient,” says Steven K. Libutti, MD, FACS, Senior Vice President of Oncology Services for RWJBarnabas Health and Director of the Rutgers Cancer Institute of New Jersey. “We're constantly



STEVEN K. LIBUTTI, MD, FACS

looking for the next generation of therapies that will be more effective, and the only way we make those discoveries is through the conduct of clinical research.” Immunotherapy, in which a person's immune system can be used to fight cancer, is just one of many cutting-edge areas of study at Rutgers Cancer Institute.

ACCESS EVERYWHERE

Thanks to the new partnership, more cancer patients will have access to the most advanced care. Rutgers Cancer Institute will leverage telemedicine and video conferencing to bring experts at different sites together with patients. “We're also expanding the number of patient navigators we have in our program,” says Dr. Libutti. “These navigators are essentially partnered with a patient from the moment of diagnosis throughout his or her care. They can make certain the patient goes to the closest facility that has the capability to address that patient's particular cancer problem with exceptional treatment.”

For New Jerseyans who have cancer, home is where the care is. “The significance of this partnership is really our ability to bring cutting-edge therapies, state-of-the-art technologies and world-class physicians directly to patients in their own community,” Dr. Libutti says. “We strongly believe in the notion that cancer does not travel well. No patient in New Jersey has to travel out of state to get the most advanced and exceptional cancer care.”

To learn more about RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-designated Comprehensive Cancer Center, visit rwjbh.org/cancer.



For a referral to a Combined Medical Group physician, visit rwjbh.org/medicalgroup or rutgershealth.org.

CARING WITH PURPOSE

A NEW VISION FOR HEALTHCARE UNITES PROVIDERS AND PATIENTS.

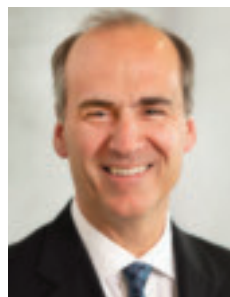
When many hearts and minds work with one purpose, healthcare can be transformed.

That's the guiding idea behind the Combined Medical Group, a joint physician practice that will be a key part of the partnership between RWJBarnabas Health and Rutgers.

"Having a shared purpose, a vision and a set of core values excites our employees and physicians and other healthcare professionals," says Andy Anderson, MD, MBA, Chief Executive Officer of the Combined Medical Group. "They want to be part of something

that's going to help define the future of healthcare."

RWJBarnabas Health and Rutgers are engaged in a partnership, not a merger, so each remains a separate institution. The



ANDY ANDERSON, MD, MBA

practitioners at RWJBarnabas Health and the faculty practice of Rutgers-employed healthcare professionals (including physicians, dentists, psychologists,

nurses, pharmacists and others) will collaborate and innovate as a team. The Combined Medical Group will include approximately 5,500 physicians, providers and staff.

VISION INTO REALITY

In order to integrate their efforts seamlessly, the group needs a common purpose. "We're focused on three areas," explains Dr. Anderson, who comes to the partnership from a similar role at Aurora Health Care in Wisconsin. "Those areas are: making sure we put patients first, valuing each member of the healthcare team and improving the health of the communities we serve."

That three-part purpose has to touch every aspect of the patient's experience, Dr. Anderson believes. "Healthcare is not only about hospitals. It's also about office practices, home-care services, access to medications and more," he says. "We want to better connect all those pieces and parts to make it easier for patients."

The effort will include a review of the electronic medical records system. "In the future state of the health system, a patient will be able to look at their medication list or next appointment, get reminders or get lifestyle recommendations, all through a single portal," Dr. Anderson says.

A FOCUS ON WELLNESS

The vision also includes focusing more attention on helping patients stay well. For example, having staff and providers talk more with patients about lifestyle habits can give them better control over chronic diseases like diabetes.

Though the goals of the Combined Medical Group are ambitious, they are also, in a way, simple. "We want to be the health system where patients want to get care," Dr. Anderson says, "and where people want to work."



GREAT MINDS, BIG HEARTS

THE RWJBARNABAS HEALTH/RUTGERS PARTNERSHIP OPENS THE DOOR TO NEW CENTERS OF EXCELLENCE—INCLUDING A GROUNDBREAKING NEUROSCIENCES ENTERPRISE.

Many critical conditions fall under the scope of a neurosurgical team: stroke, concussion, trauma to or infection in the brain or spine, and more. While Rutgers and RWJBarnabas Health already place among the top tier of neurosurgical care providers, their partnership is allowing the creation of a neurosciences institute of global renown.



ANIL NANDA, MD, MPH

“This is a unique opportunity to build a truly world-class center,” says Anil Nanda, MD, MPH, the newly appointed Senior Vice

President of Neurosurgical Services for RWJBarnabas Health. Dr. Nanda also will serve as Professor and Joint Chair of the Department of Neurosurgery at both Rutgers-Robert Wood Johnson Medical School and Rutgers-New Jersey Medical School. He comes to his role from Louisiana State University Health Sciences Center—Shreveport, where he built an internationally known department of neurosurgery.

FOCUSED ON QUALITY

“Our challenge here in New Jersey is to build on different cultures in the medical schools and in different hospitals and create a unified system,” Dr. Nanda says. Among his top priorities are to look at safety; to identify whether all sites have the cutting-edge technology they need;

and to do a sophisticated data analysis of outcomes. “We’ve hired a biostatistician and an epidemiologist to help us create a neurological dashboard to look at safety and quality issues across the system,” he explains.

While good data and technical expertise are critical, they’re only part of successful neurosurgical care, Dr. Nanda says. “We want to do this in a compassionate setting, to treat patients like we would want our families treated,” he says.

Public health outreach on topics like concussions and stroke will be a priority, as will looking at ways to eliminate disparities in healthcare. “We want to make sure patients get very good care, even if they live in communities that are economically challenged. That’s very important to me personally,” Dr. Nanda says. “And I feel strongly that in the neurosurgical services line, a rising tide brings healthcare up for all people in New Jersey. That’s why this is a magnificent partnership, with a strength in numbers that will allow us to provide excellent care to all.”

To learn more about neurological services, treatment and care at RWJBarnabas Health, visit rwjbh.org/neuro.



A SPORTS SLAM DUNK

RWJBarnabas Health and Rutgers University have partnered to develop an outstanding sports medicine program for Rutgers athletes, students and faculty, as well as for communities throughout New Jersey. The combined effort includes a new state-of-the-art athletic facility, the RWJBarnabas Health Athletic Performance Center, scheduled to be completed in July 2019.



"Omar was very motivated and upbeat in physical therapy," Dr. Fantasia says.

BACK ON TRACK

A YOUNG ATHLETE TAKES A DEVASTATING FALL AND GETS BACK UP—WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL.

Last April, Omar Shehabeldin, 14, was running for a school bus when he felt a "pop" in his knees and fell—hard. Instead of going to a track meet as he'd planned, he was taken to the Emergency Department at Robert Wood Johnson University Hospital New Brunswick. Both knees appeared to be broken.



MICHELE FANTASIA, MD

In fact, the tendon that

connects the patella (kneecap) to the tibia (shin bone) had basically torn off in both legs. The tendons had to be surgically reattached with a type of hardware that looks like nails.

What had happened to cause such drastic injuries to the athletic Omar, who as a high school freshman was already a standout on the football team?

In fact, his family had long known he had Osgood-Schlatter disease, a not uncommon cause of knee pain in children. Bones, muscles and tendons change rapidly during growth spurts, and physical activity puts extra stress on them. "It started when Omar was younger," says his mother Aliaa Gouda. "When he got on the floor to pray with his father, he would complain that his knee hurt. The doctor told us that he would outgrow it, as most children do." Unfortunately, Omar was an exception.

WORKING IT

After surgery, Omar was sent to Children's Specialized Hospital in New Brunswick for rehabilitation. "We stayed in close touch with the pediatric orthopedic surgeon, Dr. Stephen Adolfsen, who wanted to be sure the knee bones and patella had really fused before Omar began to bear weight on his legs," says Michele Fantasia, MD, a specialist

in pediatric rehabilitation medicine at Children's Specialized Hospital. "We worked with Omar on upper body and upper extremity training and core strengthening, all while he was in a special wheelchair that elevated his legs." In June, Omar was cleared to walk with braces. In therapy, he began to bend his knees, bit by bit.

Omar was fortunate to have the considerable resources of Children's Specialized, which include recreational therapy activities, water therapy and a therapy dog named Burton. "Our staff has experience in all developmental stages, and we are equipped with multiple therapeutic modalities," Dr. Fantasia says.

Omar was discharged on June 21 and continues to go to the hospital for outpatient rehab. "Everybody at that hospital works with so much heart. It is a great place," his mother Aliaa says. "In fact, we're going to go back and volunteer to help people there."

To learn more about Children's Specialized Hospital, call 888-244-5373.

NEW WAYS TO FIGHT SUBSTANCE USE DISORDERS

AN INNOVATIVE PEER RECOVERY PROGRAM HELPS PEOPLE OPEN A WINDOW TO RECOVERY.

For information about placement into treatment for yourself or a loved one, call the State of New Jersey's IME (Interim Managing Entity) at 844-276-2777.

A hospital patient who has a substance use disorder may feel many things: fear, anger, loneliness, shame. What he or she may not feel is ready to accept help.

"That's where the magic of our Peer Recovery Program comes in," says Connie Greene, MA, CAS, CSW, CPS, Vice President of the RWJBarnabas Health Institute for Prevention and Recovery (IFPR). Peer Recovery Specialists—highly trained individuals who are in long-term recovery from their own substance use disorder—are available 24/7 at participating RWJBarnabas Health Hospitals through the Peer Recovery Program (PRP).

"Recovery Specialists are the best people to assess where this patient is at and how to engage him or her, because they've been in that bed," Greene explains. "That's a great relief for a person who may be isolated and may have exhausted relationships and resources."

For more information about the Institute for Prevention and Recovery, visit rwjbh.org/preventionandrecovery.

The goal of a Peer Recovery Specialist—one that often takes some time to achieve—is to get the person to agree to go to the next appropriate level of care, and to help him or her navigate the steps needed to maintain recovery.

NEW TACTICS FOR AN EPIDEMIC

In 2016 and 2017 alone, approximately 2,200 New Jerseyans died of overdoses. As part of the effort to reverse the tide, the IFPR staff has, with the help of state funding, gone from about 30 employees to about 160 over the past two and a half years.

The Peer Recovery Program is one of the innovative tactics the IFPR is using in its fight. In the past, patients who were brought to an emergency room with an overdose were given NARCAN to reverse the overdose, then sent on their way. Since 2016, participating RWJBarnabas Health hospitals have integrated Peer Recovery Specialists into ER teams, where they follow up with the patient and provide continuing support.



CONNIE GREENE, VP, IFPR

Now the Peer Recovery Program is functioning on medical floors as well. "Federal statistics tell us that between 9 and 10 percent of the population has a substance use disorder," Greene says. "So if you follow the data, up to 10 percent of the patients in our hospitals are affected."

Formerly, when a patient who was in the hospital for a different reason presented signs of a substance use disorder, physicians were often at a loss about how to proceed. Now Peer Recovery Specialists can be called in to come to the bedside, offer an intervention and guide the patient to the care that's needed.

"It's a very, very difficult job, but there is also the joy of holding someone's hand as they move into recovery," Greene says. Of the 5,500 people the Peer Recovery Program has interacted with, 85 percent have accepted recovery support services.

The blessings ripple out to family members as well. "Every morning when I see the whites of my son's eyes and hear him say 'Hi, Mom,' I want to cry, and then call you to thank you," one mother wrote to the Recovery Specialist who worked with her son. "May peace be with you on our journey as well—one day at a time."



KEEP YOUR KIDNEYS HEALTHY

TAME HYPERTENSION BEFORE KIDNEY DAMAGE OCCURS.

The heart beats steadily, creating pressure that moves blood through the body to nourish tissues and organs.

But when that pressure is too high—a result of obesity, genetics or other factors—the walls of blood vessels are damaged. They get weaker, narrower or harder.

Over time, the force of high blood pressure, or hypertension, can impair the arteries' ability to deliver sufficient blood to the

kidneys. In turn, kidneys can't fully perform their critical function of removing waste products and excess fluid from the body.

"There is a clear relationship between hypertension and renal failure that many



M. ISABEL ROBERTI, MD, PHD



RICHARD MANN, MD, MS

THE NATION'S #1 LIVING DONOR KIDNEY TRANSPLANT PROGRAM

Humans need only one kidney, so a person with two healthy kidneys can donate one of them to a desperately ill patient. Many people do just that, thanks to the world-class Living Donor Kidney Transplant program at Saint Barnabas Medical Center, which is ranked number one in the country. To learn more about kidney transplants or the Living Donor Institute at SBMC, visit www.rwjbh.org/sbmcckidneytransplant.



At right: The care team from the Renal and Pancreas Transplant Division at Saint Barnabas Medical Center.

To learn more about kidney transplant services at RWJBarnabas Health, visit www.rwjbh.org/kidneytransplant.

people may not be aware of," says Richard Mann, MD, MS, Medical Director of the Renal and Pancreas Transplant Program at RWJUH New Brunswick and Rutgers Robert Wood Johnson Medical School. "In many cases, hypertension plays a role in the progression of injury to the kidney and, in some cases, hypertension is the primary cause of renal injury."

A COMMON PROBLEM

More than half of the U.S. population over age 20 has high blood pressure, and an estimated 3.5 percent of children and teens have it as well. "For a long time, pediatric hypertension was an under-recognized problem," says M. Isabel Roberti, MD, PhD, Director of the Children's Kidney Center at Saint Barnabas Medical Center. "Now the recommendation is for blood pressure screenings to begin as early as age 3."

A "silent" disease, hypertension can go undetected without regular screening. "The earlier we catch hypertension, the better," says Dr. Roberti. "Damage due to high blood pressure in children and teens is reversible, and action now can prevent their having kidney problems as adults." The good news is that, in both children and adults, hypertension is treatable with a multi-pronged approach including medication, diet changes and exercise.

A New **State of Health** for **NEW JERSEY**, for the **NATION**, for the **WORLD**

RWJBarnabas Health and Rutgers University launch the state's largest academic health system

With the partnership of RWJBarnabas Health and Rutgers University, it is the dawn of an incredible new era in health.

Jointly, RWJBarnabas Health and Rutgers University will operate a world-class academic health system dedicated to high-quality patient care, life changing research and clinical training of tomorrow's health care workforce. By partnering, these two higher education and health care industry leaders will improve access to care and reduce health disparities in New Jersey and across the nation.

At the center of all of this are the patients who will benefit from increased access to a world-class academic health system, clinical innovation, groundbreaking research and newly developed centers of excellence, as well as more providers that families need to manage their health and wellness.



Father, husband, and grateful patient: Michal's fitness enabled him to recover well from transplant surgery.

A NEW HEART

WHEN HEART FAILURE STRUCK AN ACTIVE HUSBAND AND FATHER, A TRANSPLANT ENABLED HIM TO GET BACK TO LIVING A FULL LIFE.

Michal Duchnowski had just come home from a family vacation when the normally active, energetic husband and father started to feel exhausted. "When I go somewhere, I always want to get out and do things, stay active," Michal says. "After we got home, I could barely even walk up the stairs."

Michal, only 36 at the time, tried a host of medications, but the damage to his heart—which doctors speculated was caused by a virus—grew until it became clear he would need a heart transplant. Michal's cardiologist referred him to the Advanced Heart Failure (AHF) and Heart Transplant Program at Robert Wood Johnson University Hospital, run



HELPING HANDS AFTER HEART FAILURE

Cardiac Rehabilitation is a program of supervised exercise, along with nutritional and medication counseling, that helps people with heart failure and those who have received heart transplants build strength, stamina and the confidence to resume healthy, active lives.

To learn about cardiac rehabilitation at RWJUH Rahway, call 732-499-6073.

by a multidisciplinary team of nurse coordinators, social workers and dietitians.

"For patients suffering heart failure, they'll usually start with medications, then an electrophysiologist may try to resynchronize the heart with a pacemaker," says Aziz Ghaly, MD, Surgical Director of the team. "But once they reach the advanced stages of heart failure, they'll need a heart transplant. Fortunately, we can use a ventricular assist device, or VAD, to help them survive until we find a donor."

Michal underwent surgery to have the VAD—a mechanical pump that's placed inside the body and attached to the heart to help circulate the blood—implanted last year. He finally got the call he had been waiting for in early January 2018 and went to the hospital the same day.

"Heart transplant surgery is a lot like any other heart surgery," Dr. Ghaly says. "We have a very high success rate. Patients generally stay in hospital for 10 to 15 days, and they have to take medications that lower their immunity for a while to try and prevent rejection of the new heart. But it can lead to a nearly normal life for patients who wouldn't otherwise survive."

This summer, more than six months after the transplant, Michal finally got to go swimming at the beach again after months of limited activity. "My whole family," he says, "will be forever grateful to the doctors and nurses—and to the donor whose heart saved my life."



WHAT IS DIABETES?

Type 1 diabetes (formerly called “juvenile diabetes”) is usually diagnosed in children and young people. In this form of diabetes, the pancreas does not produce insulin, a hormone that regulates the amount of glucose (simple sugar) in the blood and helps the body use it for energy. The cause of type 1 is not known.

Type 2 diabetes, the most common kind, is a result of insulin resistance, meaning that the pancreas produces insulin, but the cells don't use it well. This causes glucose (sugar) levels to rise higher than normal, a condition known as hyperglycemia. Type 2 is believed to have a strong genetic link and is also influenced by lifestyle factors.

THE SCOOP ON COOKING FOR DIABETES

IT'S EASIER, CHEAPER AND TASTIER THAN YOU THINK.

The first thing to know about a “diabetes diet” is that there's no such thing as a diabetes diet. Everybody at the dinner table can eat the same meal.

“The principles of a healthy diet are good for everybody, not just people with diabetes,” says Diane Weeks, a registered dietitian and certified diabetes educator who does healthy cooking demonstrations at RWJ Rahway Fitness & Wellness Center in Scotch Plains. “As with the general population, we focus on reducing added sugars, sodium and solid fats.”

That's not to say the recommended dishes aren't tasty. “People have the idea that healthy eating basically means they can't eat any foods they like, and that's not true,” Weeks says. “People also think healthy eating is expensive, but in fact it can fit into any budget.”

Even better, any kind of ethnic dish can be adapted for a healthy (and therefore diabetes-friendly) diet. “Here in New Jersey we have many different cultures and ethnicities, and people think they can't eat traditional foods—but they can,”

Diane Weeks, RD, CDE, does healthy cooking demonstrations at the RWJ Rahway Fitness & Wellness Center in Scotch Plains. Her programs are free and open to all. (See the Community Education calendar on pages 22-23.) For more information about programs to help you control blood sugar, contact the Diabetes Self-Management Center at RWJUH Rahway at 732-499-6109. Most insurance plans cover diabetes education; check with your insurer.

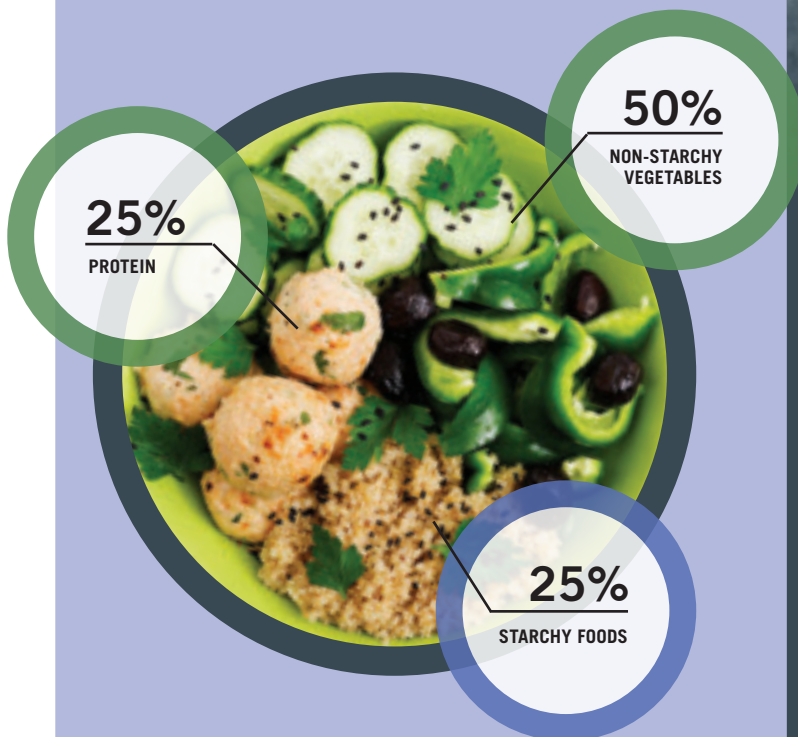
Weeks says. “They might have to adjust portion size and add vegetables, but their favorite family dishes can definitely fit into a healthy eating plan.” For recipe ideas, Weeks recommends the Nutrition Action Healthletter at www.nutritionaction.com.

KEEPING TABS ON SUGAR

Although a healthy diet is similar for everybody, the consequences of an *unhealthy* diet are more serious for people with diabetes. Because their bodies have problems with storing and using carbohydrates, high blood sugar poses a real risk. Uncontrolled, it can lead to lasting damage to the vascular system, kidneys, eyes and more.

That’s why it’s especially important that people with diabetes learn about different kinds of carbohydrates and track how they affect blood sugar. Some carbohydrates—such as whole grains, fruits and vegetables—have vitamins and fiber that help fuel the body and keep blood sugar stable. Others, such as ice cream, soda and cake, are low in vitamins, raise blood sugar and provide little lasting energy. Food labels can be tricky as well: “A product with a label that says ‘no added sugars’ may be fine, but it has to be considered within the larger picture of a person’s overall food intake,” Weeks says.

CREATE YOUR PLATE



For healthy eating, fill your plate with 25 percent protein (e.g., beans, nuts, eggs, chicken, soy nuggets); 25 percent starchy foods (e.g., pasta, brown rice, quinoa, corn, plantain or green peas); and 50 percent non-starchy vegetables (e.g., carrots, eggplant, spinach or jicama). For an interactive plate planner, visit <http://bit.ly/CreatePlate>

A HEALTHY FEAST



WOK-SEARED CHICKEN TENDERS WITH ASPARAGUS AND PISTACHIOS

INGREDIENTS:

- 1 Tbs. toasted sesame oil
- 1½ pounds fresh asparagus, tough ends trimmed, cut into 1-inch pieces
- 1 pound chicken tenderloins, cut into bite-size pieces
- 4 scallions, trimmed and cut into 1-inch pieces
- 2 Tbs. minced fresh ginger
- 1 Tbs. oyster-flavored sauce
- 1 tsp. chili-garlic sauce (found in the Asian section of most supermarkets)
- ¼ cup shelled salted pistachios, coarsely chopped

DIRECTIONS:

Heat the oil in a wok or large skillet over high heat. Add the asparagus and cook, stirring, for 2 minutes. Add the chicken and cook, stirring, for 4 minutes. Stir in the scallions, ginger, oyster sauce and chili-garlic sauce and cook, stirring, until the chicken is juicy and just cooked through, 1 to 2 minutes. Stir in the pistachios and serve immediately with rice or noodles. Makes 4 servings.

Source: Nutrition Action Healthletter



BE THE BOSS OF BLOOD SUGAR

A NEW PROGRAM LETS PEOPLE TAKE CONTROL OF THEIR DIABETES.

Blood sugar, known as glucose, comes from the foods you eat and is your body's main source of energy.

When a person's blood sugar levels are too high, however, he or she can develop diabetes—and an increased risk of heart disease, kidney disease, blindness and more.

The good news is that there are simple ways to control blood sugar. Even more good news: Help is at hand from a diabetes management program created by RWJUH Rahway and The Gateway Family YMCA-Rahway Branch.

“The Goal is Control” is the name of the program, which is designed for the underserved and those without health insurance, or whose insurance does not cover diabetes education. The program is funded through a grant from Merck, and sessions are held at the YMCA as well as around Rahway.

“Diabetes control is more than diet. It's medication management, exercise, balancing meals and snacks, managing stress,” says Angela Bacqué, MPA, RPh,

CDE, Pharmacy and Diabetes Self-Management Program Manager at RWJUH Rahway. “People want to do the right things regarding their diabetes, but they often don't know how. This program gives them the tools they need.”

EXPERT ADVICE

Program participants will be able to tap the expertise of a range of professionals, including pharmacists, diabetes experts and nurses. Topics covered will include stress management, medication management and timing meals with glucose checks.

Sessions will also include a healthy lunch or dinner and light exercise led by a YMCA fitness expert. “Exercise plays an important role in learning to control your blood sugar levels,” says Krystal R. Canady, CEO of The Gateway Family YMCA. “A community-based organization like the YMCA plays a key role in chronic disease prevention by increasing access to services that are outside of a traditional clinical environment.”

RWJUH RAHWAY AND DIABETES

Rahway Food For Friends, a food pantry that partners with RWJUH Rahway, will be the location for a series of free Diabetes Lunch and Learn programs. The programs feature education about diabetes and medication management, plus exercise and a healthy lunch. Gain valuable tips to help manage diabetes, or keep from becoming diabetic. To find out dates and times, call 732-499-6109.

The pantry is located at the Iglesia Adventista, 1221 New Brunswick Avenue, Rahway NJ, 07065.



HOW DOES EXERCISE HELP LOWER BLOOD SUGAR?

According to the American Diabetes Association:

- Exercise increases insulin sensitivity, so muscle cells are better able to use insulin to control glucose in your blood.
- When your muscles contract, they are better able to use glucose for energy, thereby reducing the amount of sugar in your blood.

“The Goal is Control” program is open to people who have no insurance, or whose insurance doesn't cover diabetes education. To register for the program and to find out dates and times, call 732-499-6109.

It's not about losing weight overnight.

It's about staying healthy over time.

At RWJ University Hospital Rahway, instead of emphasizing short-term goals like reducing the size of your waist, we focus on long-term benefits like reducing your risk of diabetes, sleep apnea and hypertension. Beginning with a nurse navigator, every aspect of the program, including bariatric surgery, will be clearly presented so you can make the right choice.

Life-changing Weight-Loss Surgery Seminar

Presented by Bariatric Surgeon Anish Nihalani, MD, FACS.

ALL SEMINARS HELD AT 6:30 PM.

SCOTCH PLAINS:

Oct 25, 2018

Nov 29, 2018

CARTERET:

Nov 8, 2018

RWJ Rahway
Fitness & Wellness Center
2120 Lamberts Mill Road, Scotch Plains

RWJ Rahway
Fitness & Wellness Center
60 Cooke Avenue, Carteret

Program is free, but registration is required.
To register or learn more, please call RWJ Rahway
Community Education: 732.499.6193.

Robert Wood Johnson
University Hospital
Rahway

RWJ Barnabas
HEALTH

Let's be healthy together.

rwjbh.org/weightloss





Community Education

The location for these events, unless otherwise noted, is the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Register for our programs by calling 732-499-6193. Programs are free and open to non-members. Because programs are subject to cancellation, call ahead to make sure your program is taking place.

Cooking Demonstration: Healthy Soul Food

Tues., Oct. 30, 7 p.m.
Featuring Registered Dietitian and Certified Diabetes Educator Diane Weeks. Recipes and samples provided.

Cooking Demonstration: Good Mood Foods

Tues., Nov. 6, 7 p.m.
Featuring Registered Dietitian and Certified Diabetes Educator Diane Weeks. Recipes and samples included.

The Tongue Doesn't Lie

Weds., Nov. 7, 6 p.m.
What the tongue tells us about our health. Presentation by Richard J. Olin, DMD.

Help! Cooking for Food Intolerances, Allergies

Tues., Nov. 13, 11:30 a.m.
Feeding visitors with food intolerances and allergies can be a challenge. Get some tips for the holiday season. Presentation by Christina Frescki, Registered Dietitian, MBA.

Chronic Pain: What Are You Taking? Is It Working?

Tues., Nov. 13, 6 p.m.
Presentation by RWJUH Rahway Pharmacist Matthew Young, PharmD, BCPS

Cooking Demonstration: Healthy Side Dishes

Tues., Nov. 13, 7 p.m.
Featuring Registered Dietitian and Certified Diabetes Educator Diane Weeks. Recipes and samples provided.

Heart Failure and the Drugs to Treat It

Tues., Nov. 20, 6 p.m.
Featuring RWJUH Rahway Director of Pharmacy Sheetal Patel, PharmD, BCPS.

Bariatric Support and Lecture

Thurs., Nov. 29, 5:30 p.m.
Regular support group led by Lauren Bernstein, MS, Registered Dietitian, Certified Diabetes Educator. Bariatric Surgery lecture follows at 6:30 (See box, opposite page.)

Getting the Most from Your Hypertension Meds

Weds., Dec. 5, 6 p.m.
Featuring RWJUH Rahway Pharmacist Priyanka Kelshikar, PharmD, BCPS.

The Anti-Inflammatory Diet: What It Is and Why It's Important. Lecture, Cooking Demo

Tues., Dec. 11, 6 to 7 pm
Lecture by Christina Frescki, Registered Dietitian, MBA. Followed by Cooking Demonstration by Diane Weeks, Registered Dietitian and Certified Diabetes Educator, featuring anti-inflammatory foods.

Ask the Pharmacist

Weds., Dec. 12, 6 p.m.
Featuring RWJUH Rahway Pharmacist Priyanka Kelshikar, PharmD, BCPS.

Cooking Demonstration: Healthy Desserts

Tues., Dec. 18, 7 p.m.
Featuring Registered Dietitian and Diabetes Educator Diane Weeks. Recipes and samples provided.

Bariatric Support

Thurs., Dec. 27, 5:30 p.m.
Regular support group led by Lauren Bernstein, MS, Registered Dietitian, Certified Diabetes Educator.



COOKING DEMONSTRATION: HEALTHY SIDE DISHES

Tues., Nov. 13, 7 p.m.
Featuring Registered Dietitian and Certified Diabetes Educator Diane Weeks. Recipes and samples provided. Just in time for the holidays, learn about nutritious and delicious side dishes that everyone in the family will enjoy. Find other demonstrations by Diane Weeks each month on this calendar, and see her article "The Scoop on Cooking for Diabetes" on page 18 of this issue.



"In Our Own Voice": Living with Mental Illness
National Alliance on Mental Illness, Union County

Tues., Oct. 23, 7 p.m.
Speaker/video presentations that convey messages of reality, hope and the facts about mental illness. Presented by National Alliance on Mental Illness, Union County.

Update on Current Trends in Behavioral Health,
National Alliance on Mental Illness, Union County

Tues., Nov. 27, 7:30 p.m.
Lecture by Dr. James McCreath, Vice President, Behavioral Health & Psychiatry, Trinitas Regional Medical Center.



WEIGHT-LOSS SURGERY IS LIFE-CHANGING

Featuring Anish Nihalani, MD, FACS, FASMBS, Bariatric Surgery. Weight-loss surgery is not a cosmetic procedure. For many, it's considered medically necessary to improve overall health. Learn more about what the surgery is and how it can change your life at one of these informative talks by surgeon Dr. Anish Nihalani. Plus: See Dr. Nihalani's article, "The Truth About Weight-Loss Surgery," on page 4 of this issue.

- **Thurs., Oct. 25, 6:30 p.m., Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains**
- **Thurs., Nov. 8, 6 p.m., RWJUH Rahway Fitness & Wellness Center at Carteret, 60 Cooke Ave., Carteret**
- **Thurs., Nov. 29, 6:30 p.m., Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains**



ANISH NIHALANI, MD

Overdose! What to Do? Narcan Training for the Community.

Thurs., Jan. 24, 6 p.m.;

Tues., Feb. 19, 6 p.m.

Comprehensive program shows how to administer Narcan (naloxone), a medication used to reverse the effects of opioid overdose. Learn what happens during an overdose, how Narcan works and how it's administered. Participants receive free kits. Program is free but registration is required. To register, call 732-499-6193. Program provided through Rutgers Robert Wood Johnson Medical School and Roselle-based Prevention Links, a private not-for-profit drug, alcohol, tobacco prevention organization.

Support Groups

Unless otherwise noted, support groups are held at the RWJUH Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains

Adult Bereavement

First Wednesday of each month, 1:30 p.m.

Bariatric Support

Fourth Thursday of each month, 5:30 p.m.
(Note: in November, this group will take place on Nov. 29.)

Breast Cancer Support—two groups

First Tuesday of each month, 7 p.m. (open to new members).

First Wednesday of each month, 5:30 p.m.
(closed to new members).

Caregiver Support

First Wednesday of each month, 7 p.m.
Closed to new members. Call 732-499-6193.

Fibromyalgia Support—two groups

First Thursday of each month, 5:30 p.m. and 7 p.m.

Spousal Bereavement Group

Seven-week spring and fall sessions. For next group, call Jane Dowling at 732-247-7490.

Stop-smoking Support

Free program. Call 732-499-6193 to get started.



THESE GROUPS MEET AT RWJUH RAHWAY, 865 STONE STREET, RAHWAY:

All Recovery Support Group

Every Thursday, 6 p.m., Conf. Room #1.

Diabetes Support

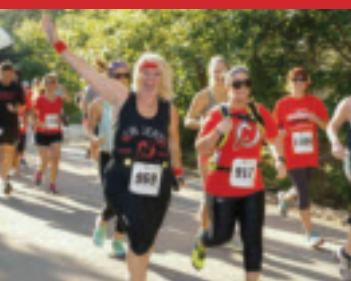
First Tuesday of each month, 7 to 8:30 p.m.

Parkinson's Support

Second Wednesday of each month, 1 p.m.

Self-Help Enhancement, Stress Program

Every Tuesday, 5:30 to 7 p.m.
For information, call 908-276-2469.

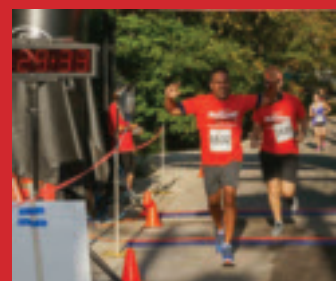


RWJBarnabas
HEALTH

RUNNING WITH THE DEVILS



— 5K RUN & WALK —



Proceeds will benefit programs and services at
Robert Wood Johnson University Hospital Rahway

SATURDAY, NOVEMBER 3

Essex County South Mountain Recreation Complex

for more information visit: rwjbh.org/runningwiththedevilsRWJUHRAH

RWJBarnabas Health and the New Jersey Devils have teamed up to support the health of New Jersey's diverse population with the Running with the Devils 5K Run and Family Fun Walk.

8:00 a.m. - Registration at Clipper Pavilion

8:45 a.m. - 5K Run begins

9:00 a.m. - Fun Walk begins

**9:45 a.m. - Awards Presentation and Kid Sprints
at Essex County Turtle Back Zoo**

*RWJBarnabas Health is the official healthcare
provider of the New Jersey Devils.*

**Robert Wood Johnson
University Hospital
Rahway**

RWJBarnabas
HEALTH