CANCER CARE: A NEW VISION

GOODBYE, OBESITY
ONE WOMAN’S JOURNEY

ALL ABOUT MILK
THE BEST KIND FOR YOU

THE PROSTATE: WHAT EVERY MAN MUST KNOW

A Publication of
ROBERT WOOD JOHNSON
UNIVERSITY HOSPITAL RAHWAY

Fall 2021

healthy together
Investing in the Future

As New Jersey's most comprehensive academic health system, RWJBarnabas Health serves more than 3 million patients each year. You depend on us for the highest quality of care, and you count on us to keep pace with your evolving needs. That's why, as indicated by our many national awards, we never stop moving forward, as you'll see in this issue.

For example, in New Brunswick, we recently broke ground on the state's first freestanding cancer hospital, which will feature a comprehensive range of patient services as well as advanced research laboratories. Earlier this year, we debuted Braven Advantage, a new Medicare Advantage plan that offers unprecedented choice for New Jersey residents.

And, in keeping with our robust commitment to improve the health of our communities, we're supporting the creation of soccer fields in urban settings. These fields are transforming neighborhoods and lives as they provide new opportunities for children and adults alike to be healthy and active.

At RWJUH Rahway, we have teamed with a number of community organizations to improve health. We have helped get more of the community vaccinated through pop-up clinics in churches and schools. We're reviving our popular Goal is Control Lunch and Learn at The Gateway Family YMCA–Rahway Branch to help people manage their diabetes, and we're hosting family training programs on dealing with mental illness through the National Alliance on Mental Illness Union County.

Whatever the future brings for New Jersey, you can count on RWJBarnabas Health to be there for your healthcare needs, both inside and outside the hospital walls.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT & CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH

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

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Marilyn Gonzalez employed weight loss surgery, lifestyle adjustments and a positive attitude to transform her health.

PUTTING HEALTH FIRST:

A WEIGHT LOSS JOURNEY

BARIATRIC SURGERY IS ONE OF SEVERAL IMPORTANT TOOLS FOR OVERCOMING OBESITY.
Marilyn Gonzalez, 42, always knew her long hours as a security officer were contributing to her obesity. Then, one weekend in 2019, her company asked her to work 70 hours in order to avoid a potential untimely death of a coworker. “I lost a friend at my job to a heart attack, and our lifestyles were similar; we worked and worked,” the Perth Amboy resident says. “I was almost 400 pounds and I never went to the doctor.”

Marilyn’s health issues included high blood pressure, sleep apnea and high blood sugar levels. “I was always in pain,” she says, in part because of enlarged breasts that put strain on her back and shoulders. “I tried to lose weight many times, but nothing worked. If I lost five pounds, I gained back 10 or 15.”

Her friend’s death inspired her to see her primary care physician, who suggested she look into having weight loss (bariatric) surgery.

After intensive online research, Marilyn decided to meet with Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway. She liked him and his staff right away. “They were always welcoming, and they took the time to answer all my questions,” she says.

In order to be a candidate for bariatric surgery, a person must have a body mass index (BMI) of 40 or above or be more than 100 pounds overweight, or have a BMI of 35 or above and have one or more obesity-related disorders. Marilyn met the criteria. Dr. Nihalani said she was a candidate for the form of bariatric surgery known as a sleeve gastrectomy, in which most of the stomach is removed.

NEW WAYS TO EAT
Before she could have the surgery, though, Marilyn would have to lose 30 pounds, Dr. Nihalani said. “I told him it was impossible,” Marilyn says. However, the Surgical Weight Loss Program’s comprehensive approach includes lifestyle changes to support sustainable weight management. Before surgery, patients are required to see a dietician for three to six visits.

“They have to learn to make protein a priority because it helps with wound healing, and to maintain their lean body muscle as they begin to lose weight,” explains Surgical Weight Loss Program Coordinator Dianne Errichetti, RN, MSN, CBN. “Protein shakes are an efficient way to get the adequate protein needed before and after surgery.”

With a dietician’s guidance, Marilyn was in fact able to lose 30 pounds pre-surgery. Her 70-hour weeks and long shifts had led her to eat a lot of fast food and big meals. Now she ate meals every three hours and drank protein shakes. She changed the kind of food she was eating, which had previously included a lot of processed foods and refined carbohydrates.

“Losing weight prior to surgery serves multiple purposes,” explains Dr. Nihalani. “It will lower the risk of complications and make it a safer surgery. Also, since surgery is only a tool for long-term weight loss and management, it reinforces to the patient that they must be an active participant in their health and well-being.”

SET FOR SUCCESS
“Marilyn had a great attitude and set herself up for success,” says Errichetti. “She showed up for all her appointments, got her primary care physician involved, followed her dietician’s advice, took her vitamins as prescribed and got activity in each week.”

Marilyn also changed her work schedule so that she now works 52 hours a week instead of 70, leaving her more energy for exercise and other activities during her off time. “Marilyn put her health first despite life’s obstacles,” says Errichetti.

“My spouse has been the biggest support system,” Marilyn says. “I made the decisions myself, but I really thank her for all she did to help us change what we eat and how we ate, and to be with me through all of this.”

The Surgical Weight Loss Program offers monthly support group meetings, which include professionals and peers who have gone through the process. “We address mindful eating, good habits, stress management and the importance of exercise and movement,” says Errichetti. “The group provides patients with a sense of community.”

Marilyn has become an advocate and support person for those who want to be proactive in their own health. She wants to see other people who are struggling with weight begin to take care of themselves as she did.

“Start with small changes,” she advises. “Take a walk. Change something about the way you eat. Park farther from the supermarket because little changes go a long way.

“Weight loss is not about the surgery,” she concludes. “Surgery gives you a fresh start, but it’s part of an opportunity to change your life.”

To learn more about weight loss surgery at RWJUH Rahway, call 732.499.6300 or visit www.rwjbh.org/weightloss.

WHAT IS A SLEEVE GASTRECTOMY?
• In a sleeve gastrectomy, approximately 80 percent of the stomach is removed. The remaining stomach is the size and shape of a banana.
• The smaller stomach holds less food and liquid, reducing the amount of food that is consumed.
• The surgery also removes the portion of the stomach that produces most of the “hunger hormone.”
• It is a simple and safe surgery, but is irreversible.

Source: American Society of Metabolic and Bariatric Surgeons
HOW TO CHOOSE THE MILK OR MILK ALTERNATIVE THAT’S BEST FOR YOU.

Today, a wide range of milk types is available on supermarket shelves. If you’re looking for the “best” kind, however, you may be surprised to learn that there isn’t one. “Each type of milk and milk alternative has its good qualities, and every person has different needs, goals, conditions and preferences,” explains Lindsay Whelan, MS, RDN, inpatient/outpatient registered dietitian at Robert Wood Johnson University Hospital (RWJUH) Rahway. “There’s no one kind that’s best for everyone.”

For example, people with diabetes may want to consider low-carb milks, such as soy, almond or pea. A person with lactose intolerance or milk sensitivities might seek a nondairy milk alternative. A person with a nut allergy will avoid almond or coconut milk, and a vegan will want to consider coconut, soy, pea or almond milk. “Individual tastes also play a role. You have to like what you’re consuming,” Whelan says. “When I’m working with a patient, we find foods they like and work them into their diet appropriately.”

No matter what type of milk you choose, however, select a lower-fat or unsweetened version, Whelan advises. “Some alternative milks add flavors or sweeteners to give them a better taste, but they may also be adding sugar and calories,” she says.

RETHINKING DAIRY

While each type of milk has its pros and cons, Whelan thinks that familiar...
How to Choose the Milk or Milk Alternative That’s Best for You.

Old cow’s milk sometimes gets a bad rap, health-wise. “People talk about the fat in cow’s milk, but they don’t realize that alternatives are not necessarily going to provide you with the same nutrients, protein, vitamins and minerals,” she says. “A little bit of fat is good, such as in the fat in 1 or 2 percent milk, because the body needs it to absorb vitamin D. Whole milk is about 3.5 percent fat, and I wouldn’t recommend it for anyone except a baby from 1 to 2 years old, who needs it for proper growth, or for someone who is trying to gain weight.”

Concerns about the environmental impact of cow’s milk have played a large role in driving the recent explosion of milk alternatives, Whelan says. Research has shown that greenhouse gas emissions produced by dairy cows and their manure contribute to climate change. “However, milk alternatives have environmental impacts also,” she points out. Almond milk requires an enormous amount of water, and methods of producing coconut and soy milk are leading to destruction of rain forests. While the production of oat milk is more sustainable, “Oat milk is more expensive, has more calories than most alternatives and has very little protein,” Whelan notes. “One way or another, there’s a cost as well as a benefit to any milk choice we make.”

In the end, says Whelan, an informed choice is the best one. “Consider all the factors and your personal goals,” she says, “and drink the milk that’s best for you.”

GOT MILK VS. MILK ALTERNATIVES

All information is given per 8-ounce serving.

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<th>CALORIES</th>
<th>CARBOHYDRATES</th>
<th>PROTEIN</th>
<th>FAT</th>
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</table>

To learn about outpatient dietitian services at RWJUH Rahway, call 732.499.6210.
You probably know that vitamin D helps strengthen bones and teeth, but did you know that research also links it to a reduced risk of cancer, heart disease, stroke, diabetes and autoimmune diseases?

There are two ways to get vitamin D: through food and through exposure to sunlight, which causes your body to create this nutrient. However, because vitamin D is only available in a few foods, it may be difficult to eat enough to get the recommended dose. In addition, many people whose work is indoors or who live in latitudes far from the equator don’t have sufficient exposure to the sun to create vitamin D, especially as days get shorter in fall and winter.

Your primary care provider can have your vitamin D level checked during a routine blood test. In the meantime, try these tactics to get the most out of this essential vitamin:

**Eat a variety of foods that provide vitamin D.** These include fatty fish, like tuna, mackerel and salmon; foods fortified with vitamin D, like some dairy products, orange juice and cereals; beef liver; ricotta cheese; and egg yolks.

**Consume vitamin D along with a fatty food.** It is best absorbed in fat rather than water.

**Consider taking a vitamin D supplement,** but know that too much vitamin D can be harmful. Very high levels of vitamin D in the blood can cause nausea, pain, dehydration and even kidney failure. The recommended amount for adults ages 19 to 70 is 600 IU (international units) per day. Consult with your physician about possible interactions with any supplement if you’re also taking prescription medication.
You probably know that cholesterol is a fat-like substance in the blood that can cling to the walls of arteries, leading to cardiovascular disease or stroke. And you know that controlling cholesterol involves eating right, exercising and taking medication as prescribed.

But because it takes years before a person really feels the effects of high cholesterol, you may not realize just how big an impact it will have on your future.

“Managing cholesterol is a way of investing in your health decades from now,” says David Feldman, MD, Section Chief of Advanced Heart Failure and Transplantation at Newark Beth Israel Medical Center. “In my field, we take care of patients who have had acute heart attacks, or are in cardiogenic shock, or who need a heart transplant. But many serious heart problems can be prevented through decades of maintaining healthy cholesterol levels.”

Here, Dr. Feldman clears up some common misunderstandings:

• **We need cholesterol.** “It’s the basic building block for all the male and female hormones in the body and helps enhance brain function,” he says. “That’s why the cholesterol levels in pregnant women shoot up; they need it to help create another life.”

• **It’s not all about the numbers.** We’re used to hearing that an overall cholesterol level above 200 is outside the healthy range, but Dr. Feldman says the thinking on that has evolved. “There are many variables—how much medication you can tolerate, what your genetic predisposition is, what level you’re starting from,” says Dr. Feldman. “In some cases, reducing cholesterol too far can be dangerous.” Your doctor can customize a target to best suit your individual situation.

• **Some foods are more equal than others when it comes to combating cholesterol.** “A niacin, or vitamin B₃, supplement is especially helpful in lowering ‘bad’ LDL [low-density lipoprotein] levels, as are fish, flaxseed oil and foods with lots of fiber,” says Dr. Feldman. Consult your physician before adding any supplements to your diet.

• **A moderate amount of alcohol may help keep cholesterol low.** “Moderate’ means one drink a day for women, two for men. That’s defined as one beer, 1.5 ounces of liquor or 4 ounces of wine,” Dr. Feldman explains. “Also, you can’t skip Wednesday and Thursday and then have triple the amount on Friday—that’s not a healthy approach.”

• **Any amount of activity helps reduce cholesterol.** “It may not be realistic for you to run a few miles every day and lift weights every other day,” says Dr. Feldman. “You just have to work on yourself. If you’ve been sedentary and you get off the couch and go for a walk for 30 minutes every day, or even a few times per week, you’ll improve your life, keep your cholesterol and blood sugar down, feel better and have the potential to live longer.”

PUMPKIN POWER

What does pumpkin have to do with reducing your risk of cardiovascular disease? More than you may think.

“Pumpkin’s high in vitamins A, C and E, and as a consequence is related to decreasing inflammation in the body’s immune system. That means decreasing risk for heart disease and cancer,” says cardiologist David Feldman, MD. “Pumpkin has twice as much fiber, which helps lower cholesterol, as kale. And unlike many canned foods, canned pumpkin retains its nutritional value.”
If you or a loved one has Medicare, one of its most important benefits is the annual wellness visit. This no-copay visit is not the same as an annual physical. Instead, it’s a chance for you and your provider to create a personalized preventative plan to help you stay well and get any help you may need. “The annual visit is my favorite visit to have with patients because I really get a chance to talk to them and to hear about how they live every single day,” says Jessica Israel, MD, Senior Vice President, Geriatrics and Palliative Care, for RWJBarnabas Health (RWJBH) and a member of RWJBarnabas Health Medical Group.

“We touch on areas of the patient’s life that might not come up otherwise.”

The range of subjects covered is broad. “I ask about whether they have access to healthy foods and whether their teeth hurt when they chew,” Dr. Israel says. “I ask about throw rugs in their home that might be a tripping hazard, and whether they need safety bars in the shower. I ask if they have someone to call if they need help.”

Patients shouldn’t feel intimidated by these questions, but should welcome and even demand them. “You can never put too much value on what comes out of an honest conversation,” Dr. Israel says.

THE RIGHT QUESTIONS

Dr. Israel’s philosophy is shared by providers of geriatric care throughout the RWJBH system and RWJBarnabas Health Medical Group. RWJBH is a member of the Age-Friendly Health
System action community, an initiative spearheaded by the John A. Hartford Foundation, the American Hospital Association and the Catholic Health Association of the United States.

Being an Age-Friendly Health System means applying four evidence-based elements of high-quality care, known as the 4M Framework, to all older adults. “We apply the 4Ms—medications, mobility, mentation and what matters—to elder healthcare in all our hospitals as well as outpatient settings, including in the annual wellness visit,” Dr. Israel says.

“For example, elderly people are often taking multiple medications because they have more than one health condition. We’ll ask about all of them to be sure there are no negative interactions or side effects,” she explains. “We’ll ask about mobility—how much and how well they’re moving around and whether physical therapy or equipment is needed. We’ll talk about areas related to mentation, or the mind—are there any issues with anxiety or depression, or perhaps forgetfulness?”

Equally important, she says, is the “what matters” aspect of the conversation, which covers patients’ goals for their healthcare and what they don’t want, as well as the importance of having an advance directive. “The ‘what matters’ talk will vary from patient to patient,” Dr. Israel says. “We have a saying in geriatrics: ‘If you’ve seen one 80-year-old, you’ve seen one 80-year-old.’ Each patient is different, and the art of medicine is getting to know your patients.”

Annual wellness visits are inevitably revealing, says Dr. Israel. “Each time, something comes up that I didn’t know about the patient,” she says. “Then, we can have the next discussion: ‘How can we make this better?’”

“A MEDICARE ADVANTAGE PLAN FOR NEW JERSEY

Braven Health, a new Medicare Advantage offering, was created with New Jersey senior citizens in mind. A partnership between three New Jersey healthcare leaders—RWJBarnabas Health, Hackensack Meridian Health and Horizon Blue Cross Blue Shield of New Jersey—Braven Health offers access to 51,000 in-network healthcare professionals and 82 in-network hospitals and healthcare facilities.

“Having a partnership between our medical system and Horizon together means that patients have a lot of choices in their network,” explains Jessica Israel, MD, a Braven Health Provider Council Member and Senior Vice President, Geriatrics and Palliative Care, for RWJBarnabas Health. “In addition, procedures and prescriptions get approved more quickly because we’re all working together with the goal of eliminating the hassle that can come with healthcare plans.”

Braven Health also helps patients focus on wellness by offering flexible benefits for a range of wellness activities, such as joining a gym, getting a mammogram, taking a fitness class and getting bars installed in the shower for safety.

Launched in January 2021, the plan is available for residents of Bergen, Essex, Hudson, Middlesex, Monmouth, Ocean, Passaic and Union counties. (The program is not available in Somerset and Mercer counties.) As of May 31 this year, Braven had a higher enrollment than any other Medicare Advantage plan in the eight counties it serves.

To learn about Medicare and Medicare Advantage programs, including Braven Health, visit www.rwjbh.org/braven.

To learn more about senior healthcare and geriatric medicine at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.
soccer is the most popular sport in the world—but for many kids in urban communities, there’s no good local place to play it. Now there is for kids in Newark, New Brunswick and Hamilton. During the height of the COVID-19 pandemic, the Somerset-based Players Development Academy (PDA) created its Urban Initiative to bring soccer facilities and coaching to underserved communities across the nation. Thanks to strong partnerships with RWJBarnabas Health (RWJBH) and local communities, the initiative is up and running in New Jersey.

In May, Robert Wood Johnson University Hospital Community Field opened at Kossuth Park in New Brunswick. In July, Newark Beth Israel Medical Center Community Field opened at the Marquis “Bo” Porter Sports Complex in Newark. Also in July, the RWJUH Hamilton Community Field opened at the Bromley Sports Complex in Hamilton Township. More fields will open across the state in the RWJBH service area this year and in 2022.

The fields are part of RWJBH’s commitment to enhance well-being in the communities it serves. “Our mission, improving the health and lives of the people in our communities, is an audacious goal,” says Barry Ostrowsky, President and CEO of RWJBH. “In order to do that effectively, you have to have a team of people dedicated to big ideas, and you have to have similarly minded partners.”

In addition to providing funding to build the fields, RWJBH will provide off-the-field education in nutrition, wellness and sports performance. The PDA will run soccer clinics and other training sessions, and local recreation departments will manage the fields. Often, the fields serve as

GAME ON!

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an anchor for further revitalization of a neighborhood or expansion of community sports facilities.

**A SOCCER OASIS**

Each field is approximately 40’ by 70’, allowing for a scaled-down version of the game known as futsal. These relatively small areas make the most sense for urban settings and allow players to have more time on the ball. The fields are made of artificial turf, allowing for nearly year-round play.

“PDA has been an incredible partner as we create a home for soccer programs as well as community-member pickup games in underserved urban areas,” says Justin Edelman, Senior Vice President, Corporate Partnerships, at RWJBH. “The reaction has been overwhelmingly positive. You see such a wide range of people—friends, family, all ages—using the facilities.”

“This type of field is important for the community because it’s an oasis for the game,” says Gerry McKeown, Boys Coaching Director, PDA. “The benefit of putting fields in these locations is that children can walk to them right in their neighborhood, and play or compete or just have fun, and fall in love with the game any way they would like. We’re bringing the best of the beautiful game to boys and girls that need our support. We hope this initiative sparks greater interest in the game, leading to more opportunities for kids from diverse backgrounds.”

To learn more about the Urban Initiative, visit [www.urbaninitiativepda.org](http://www.urbaninitiativepda.org). To learn more about RWJBarnabas Health social impact initiatives, visit [www.rwjbh.org/socialimpact](http://www.rwjbh.org/socialimpact).
It will soar 12 stories and cover 510,000 square feet. It will cost an estimated $750 million and will be completed in 2024.

Most important, the Jack & Sheryl Morris Cancer Center, which broke ground in June, will transform cancer research and care throughout New Jersey and beyond. The state’s first and only freestanding cancer hospital is a joint venture of RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, in partnership with the New Brunswick Development Corporation.

“The Jack & Sheryl Morris Cancer Center will be a model for cancer care delivery, bringing together the three mission areas of academic medicine—
research, education and patient care—under one roof,” says Barry Ostrowsky, President and Chief Executive Officer, RWJBH.

**COMPREHENSIVE SERVICES**

“The new cancer center brings together all the facets of research, prevention and clinical care that we drive and deliver into one location,” says Rutgers Cancer Institute of New Jersey Director Steven K. Libutti, MD, who is also the Senior Vice President of Oncology Services at RWJBH.

The facility will have 10 state-of-the-art laboratories where teams of scientists will study cancer as a disease and develop new treatments. Many of the discoveries from these laboratories will be translated directly to the clinical setting at Rutgers Cancer Institute and across the RWJBH system.

“We will be bringing science from the bench to the patient’s bedside and back again,” says Dr. Libutti. “That means we’ll be able to further tailor patient treatments and collect important research data more rapidly and directly.”

Patients will be able to receive a wide range of both inpatient and outpatient cancer care in the new cancer center, including advanced imaging services as well as radiation and chemotherapy treatments.

The facility will have 96 inpatient beds, including an entire floor dedicated to surgical services.

Exam rooms have been designed so that a multidisciplinary team of specialists can see a patient in one location, rather than having the patient travel from doctor office to doctor office. Specially trained oncology nurse navigators will guide patients on their journey from diagnosis through survivorship.

Wellness, prevention and education resources, including a wellness garden, will be available for the community, patients, caregivers and families.

**A POWERFUL PARTNERSHIP**

RWJBH and Rutgers Cancer Institute, the state’s only National Cancer Institute-Designated Comprehensive Cancer Center, have partnered to provide close-to-home access to the most advanced cancer care.

Cancer specialists throughout RWJBH collaborate with experts at Rutgers Cancer Institute to devise the best treatment plan for each patient, including clinical trials, immunotherapy and precision medicine. That means that a patient being treated for cancer at any RWJBH hospital will have access to the treatment options and clinical expertise anywhere in the hospital system, as well as at Rutgers Cancer Institute.

“The new cancer center will be integrated into our multidisciplinary care paradigm, which is across the entire RWJBarnabas Health system,” says Dr. Libutti.

“We believe it is critically important that we have sites and facilities all across the state to bring cancer care as close to home as possible,” he says. “We also believe that we need one hub that allows us to bring the highest level of extremely specialized, multidisciplinary cancer care in the setting of groundbreaking research.”

The center is named in recognition of the philanthropic leadership of Jack Morris, who has been a longtime supporter and pillar in New Brunswick development, and his wife, Sheryl.

“People shouldn’t have to go all over the country to get great care,” says Jack Morris. “We’re doing it right here. It has been our vision, our hope and our dream to have the top cancer center in the nation here in New Brunswick. Sheryl and I are so proud that we can play a role in helping to make this dream a reality.”

To learn more about the Jack & Sheryl Morris Cancer Center, visit [www.cinj.org/jackandsherylmorriscancercenter](http://www.cinj.org/jackandsherylmorriscancercenter).
At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Somerset, Toms River, Warren and West Orange.
STAYING HEALTHY TOGETHER

GENEROUS PARTNERS AND DONORS HELP RWJUH RAHWAY SAFEGUARD COMMUNITY HEALTH.

A WARM WELCOME

Local businessman and philanthropist John Samsel is supporting a beautification project along the entrance to RWJUH Rahway. It includes a Healing Garden and the refurbishment of the decades-old gazebo, which served as a place for families to meet throughout the pandemic when visitor restrictions were in place.

“The gazebo has a place in the hearts of many of our healthcare heroes and our patients’ families who could not visit inside the hospital,” says Heather Hays, Vice President of Development for the hospital. “The vision for the Healing Garden is one of meditation, reflection and rejuvenation.” To contribute to this project, call the RWJUH Rahway Development Office at 732.499.6135.

Above, the RWJUH Rahway Development Office’s Maddie Warshauer, Realtor John Samsel, Development VP Heather Hays and hospital employee and Samsel & Associates Realtor Shawna Jones in the gazebo.

GETTING SHOTS IN ARMS

More than 200 residents received the COVID-19 vaccine when Robert Wood Johnson University Hospital (RWJUH) Rahway partnered with the Agape Family Worship Center for a vaccination clinic at the church in June. Because RWJUH Rahway offered the Pfizer-BioNTech vaccine, the clinic was able to vaccinate adolescents age 12 and older, including many students from Rahway schools. Heather Hays, Vice President of Development for RWJUH Rahway, served as clinic manager. Partners in the vaccination clinic included FEMA, the National Guard and volunteers from Agape Family Worship.

COMPREHENSIVE CARDIO-PULMONARY MONITORING

Nurses in the Cardiac and Pulmonary Rehabilitation programs at RWJUH Rahway now have a monitoring system that includes a detailed health picture of their patients. The new technology means that therapists and nurses can see patient history, the treatment plan, blood oxygen, blood sugar and much more.

“It’s comprehensive in that we can see risk factors, as well as the protocol for patient treatment,” says Denise Cherepanya, RN, a cardiac rehabilitation nurse at the Nicholas Quadrel Healthy Heart Center for Cardio-Pulmonary Rehabilitation. Funding for the system came from the philanthropic support of the Nicholas and Catherine Quadrel Foundation through the RWJUH Rahway Development Office.

To make a donation to RWJUH Rahway, call 732.499.6135 or visit www.rwjr ahwaygiving.org.
After spending six months recovering at Kindred Hospital New Jersey Rahway, Jacquelynne Goode says, “Now I can do anything.”

OFF THE VENTILATOR AND BACK TO LIFE

HARD WORK BY PROVIDERS AND PATIENT ENABLED A RECOVERY FROM COVID-19.
Jacquelynne Goode's dramatic journey into the frightening depths of COVID-19 complications began innocently enough.

“I couldn’t smell my perfume,” says Jacquelynne, 56, a Plainfield resident who credits the determined professionals at Kindred Hospital New Jersey Rahway and Robert Wood Johnson University Hospital (RWJUH) Rahway for her recovery.

“I kept spraying it and I still couldn’t smell it,” she recalls of her initial COVID symptoms in March of 2020, just as the pandemic was overrunning northern New Jersey. “I tried another perfume and I couldn’t smell that. Then I noticed I couldn’t taste.”

Before long, she developed a “horrific cough” and became so weak “I couldn’t make it past the front door.” That’s when her husband took her to a local urgent care facility.

Jacquelynne’s condition rapidly deteriorated as she developed acute respiratory failure, requiring her to be hospitalized and placed on a ventilator. She also underwent blood transfusions and other treatments to stabilize her condition.

By early May, Jacquelynne, who was still on a ventilator and was experiencing cognitive issues, was transferred to Kindred, a 34-bed transitional care hospital on the fourth floor of RWJUH Rahway. This specialized “hospital within a hospital” is a long-term acute care facility. One of its specialties is weaning patients off ventilators.

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In Jacquelynne’s case, treatment would mean respiratory therapy, ongoing medical treatment and physical and occupational rehabilitation.

A LONG ROAD

“We thought once she had survived the initial onslaught of COVID that eventually, with a lot of work, mostly on her part and some on our part, she would be able to come off the ventilator,” says Barry Wolf, MD, a pulmonary internist at Kindred. “Whether that would be two weeks, two months, we didn’t really know.”

“I woke up in June and that was my first idea of consciousness,” Jacquelynne remembers. Still having cognitive issues, she kept trying to remove her trachea tube and frequently resisted the efforts of physical therapists as they tried to exercise her arms and legs. “I was a horrible patient at first,” she says.

But her caregivers understood. “Most of us do not have a chunk of plastic sticking out of our neck,” says Mitch Fircha, LPN, who coordinated the various aspects of Jacquelynne’s care. “Very uncomfortable, I’m sure.”

Fortunately, she was in the hands of experienced clinicians. Her team included physical therapist Terri Lander, PT/MSPT, DPT, and occupational therapist Louella Minoza, OTR/L, who work downstairs from Kindred in the Rehabilitation Services Department at RWJUH Rahway.

“Early on, usually physical therapy and occupational therapy co-treat,” Minoza explains. “You really need two people to handle the patient, especially one who has become deconditioned after a long period of illness and lack of movement.”

STARTING OVER

After several weeks, Fircha recalls, there was a moment when Jacquelynne finally began to understand where she was and what these strangers were trying to do.

“I came in one morning and the look on her face was different,” he says. “It went from that frantic, panicked expression to a look of recognition, a calm look. From that day on, she was much more cooperative and involved in her care to get better. It’s like she woke up from being ill, is the best way I can explain it.”

Her caregivers were relieved. “Eventually we were able to get her off the ventilator and take out her tracheostomy,” says Dr. Wolf.

From there, Lander focused on the physical therapy portion of Jacquelynne’s recovery, pairing with Minoza to help their patient out of bed.

“Physical therapy deals with bigger movements,” Lander explains. “You want to make sure the patient can stand up and balance, walk, do stairs.”

During the same time period, Minoza worked with Jacquelynne on occupational therapy, helping her regain fine motor skills and reacclimate to the activities of daily living.

“They worked really hard,” Jacquelynne says. “I remember my first step. I cried because I had thought I was never going to walk again.”

All of this went on during the peak of the pandemic, a difficult period for both patients and staff, when visits and even movements within the building were limited. Jacquelynne praises her caregivers for going above the call of duty.

“I made sure to give Jacquelynne pep talks every day,” Dr. Wolf says. “I would tell her, ‘You can do this. Stay calm and you will be able to get well and go home.’”

Jacquelynne’s stay at Kindred lasted six months but, in the end, she was indeed able to return home to continue her recovery.

Fircha remembers the staff gathering in the hall to clap her out. Patrick O’Connor, MPT, MBA, CEO of Kindred Hospital New Jersey Rahway, wheeled Jacquelynne out as “Here Comes the Sun” played on the loudspeakers.

“Stuck in the hospital with a machine and tied to the bed for her own safety,” Fircha said. “To see her heading out of the building was great. It was a wonderful feeling to know that I was able to help her get to that point.”

“My faith in Jesus Christ strengthens me and brings everything together,” Jacquelynne says. But she will always remember the caregivers who helped her get her life back.

“They still call me every day,” she says. “They are an amazing group of people who came together and said no matter what, they were going to be there for me and get me through this.”

To learn more about the Post-COVID Recovery Program and about physical and occupational therapy at RWJUH Rahway, call 732.499.6012 or visit www.rwjbh.org/rahway.
WHAT EVERY MAN SHOULD KNOW ABOUT HIS PROSTATE

IT'S ABOUT THE SIZE OF A WALNUT, JUST BELOW THE BLADDER AND SURROUNDING THE URETHRA. MOST MEN DON'T EVEN REALIZE IT'S THERE DURING THEIR FIRST FEW DECADES OF LIFE. BUT THE PROSTATE GLAND BECOMES MORE IMPORTANT TO MEN AS THEY AGE, AND IT COULD CAUSE MAJOR TROUBLE IF IT'S LEFT UNCHECKED.

“MEN OFTEN HAVE FEW TO NO SYMPTOMS IN THE EARLY STAGES OF A PROSTATE ISSUE, EVEN WITH A SERIOUS DISEASE LIKE PROSTATE CANCER,” SAYS BRETT OPELL, MD, A UROLOGIST WITH ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL (RWJUH) RAHWAY. “THAT’S WHY ROUTINE PROSTATE SCREENING IS SO IMPORTANT.”

WHAT DOES THE PROSTATE DO?
Located at the base of the bladder, the prostate gland produces fluid that nourishes and protects a man’s sperm. Also, the muscles inside the prostate gland function as a valve. Those muscles close the bladder and keep urine in.

HOW CAN I KEEP MY PROSTATE GLAND HEALTHY?
Being in overall good health will help your prostate gland stay in tip-top shape. Follow a heart-healthy diet. “Broccoli, brussels sprouts and cauliflower have proven anticancer properties,” Dr. Opell says. “A diet with a variety of vegetables is best.” Limit the amount of foods associated with a high risk of prostate cancer, such as red meat and saturated fats. Also, exercise regularly to improve your circulation.
How can I tell if my prostate isn’t healthy?
“Symptoms of prostate issues include having a weak urine stream, urinary frequency, burning on urination, pelvic pressure sensation, waking up more than two times a night to urinate, feeling the need to strain or push when urinating, or having blood in the urine,” Dr. Opell says.

What changes to the prostate occur over time?
It grows bigger, which is a natural part of aging. “Most men's prostate glands grow between 1 to 3 percent per year during their adulthood, and inflammation may accelerate this growth,” Dr. Opell says.

However, about 50 percent of men at age 50 will develop an enlarged prostate (also called benign prostatic hyperplasia, or BPH), which can cause discomfort and difficulty with urinating. By age 80, up to 90 percent of men have BPH.

BPH is the most common prostate-related health concern. Other prostate problems include prostatitis, an inflammation of the prostate most often caused by infection, and prostate cancer.

How is BPH treated?
Treatment may include behavioral changes, such as minimizing caffeine and evening fluids, or medication to relax muscles in and around the prostate and make urination easier. If these measures aren't effective, next steps may include:

- **Transurethral resection of the prostate (TURP).** This procedure trims away excess tissue blocking urine flow.
- **Simple prostatectomy.** This is the removal of only the inner part of the prostate, often done with minimally invasive robotic surgery.
- **UroLift.** In this brief, minimally invasive procedure, tiny implants lift the enlarged prostate out of the way to help improve urine stream and reduce urination frequency.
- **Rezūm.** Done under mild anesthesia, this water vapor therapy infuses steam into the urethra, which relaxes the gland and opens the urethra. Like UroLift, it is brief and can be done in the office.
- **UroLift.** This is a brief, minimally invasive procedure, tiny implants lift the enlarged prostate out of the way to help improve urine stream and reduce urination frequency.
- **Transurethral resection of the prostate (TURP).** This procedure trims away excess tissue blocking urine flow.
- **Simple prostatectomy.** This is the removal of only the inner part of the prostate, often done with minimally invasive robotic surgery.

When should men begin screening for prostate cancer?
Most men should start talking with a doctor about routine prostate cancer screening between the ages of 40 and 45. “A shared decision-making process is used to determine the appropriate time and frequency of screening, depending on personal risk factors,” says Dr. Opell.

“If after initial evaluation men fall into a low-risk category, they may safely resume screening around age 50 to 55. Black men and men with a family history of prostate, breast or ovarian cancer are encouraged to start the discussion at age 40.”

Screening includes two tests—a physical exam of the prostate, also called a digital rectal exam, and a blood test called prostate-specific antigen (PSA), a protein made by cells in the prostate gland. Your doctor will determine follow-up screenings based on the results.

What do PSA tests reveal?
Doctors evaluate two factors. One is PSA velocity, a measure of PSA levels over time. “If the velocity is more than 0.75 per year, this is considered significant and may indicate the need for a prostate biopsy to rule out cancer,” Dr. Opell says. The other is PSA density, which compares the PSA to the size or volume of the prostate.

If your PSA results indicate possible prostate cancer, your doctor will ask you to get a biopsy of the prostate, which will determine whether or not you have cancer.

Some newer blood tests, such as 4Kscore and other genetic and genomic tests, can also help assess the risk of aggressive prostate cancer after an abnormal PSA or digital rectal exam.

TREATMENTS FOR PROSTATE CANCER
After skin and lung cancers, prostate cancer is the most common cancer in men. One in eight men will be diagnosed with prostate cancer during his lifetime. “However, survival rates are high, especially when the cancer is caught early,” says Pawan Gundavaram, MD, a hematologist/oncologist at RWJUH Rahway. Because prostate cancer can be slow-growing, not every man will need to be treated right away. In many cases, “watchful waiting” may be advised. However, depending on the stage of the cancer, treatments may include:

- **Radiation therapy,** utilizing a linear accelerator that delivers external beam radiation with precision, or brachytherapy, in which radioactive material is sealed in a seed and placed inside the body.
- **Cryotherapy,** which uses extreme cold to freeze and kill prostate cancer cells.
- **Radical prostatectomy,** which removes the entire prostate gland, sometimes with nearby tissue, such as lymph nodes. Surgeons may use the da Vinci Robotic Surgical System, with tiny incisions and up to 10 times magnification.
- **Androgen deprivation therapy and chemotherapy** may be used if there is high risk or advanced disease at presentation.
- **Newer treatments include immunotherapy and PARP (poly adenosine diphosphate-ribose polymerase) inhibitors,** a drug that helps repair DNA damage in cells.

To find a urologist at RWJUH Rahway, call 888.724.7123 or visit www.rwjbh.org/rahway.

Robert Wood Johnson University Hospital Rahway  |  RWJBH.ORG/RAHWAY
Plantar fasciitis is all too common and often causes pain in the heel. It's caused by an inflammation of a thick band of tissue known as the plantar fascia, which runs along the bottom of the foot from the toes to the heel.

This connective tissue is a supporting structure for the arch of the foot that can be overstressed by many activities, including running, repetitive jumping or even walking much longer distances than usual.

Other contributing factors include being overweight, wearing shoes that are too flat or too high, or doing work that requires standing for long hours.

If you have sharp, stabbing heel pain, your doctor may order an MRI or an X-ray to check for arthritis or a fracture. If the diagnosis is plantar fasciitis, physical therapy can be an effective treatment.

**A GOOD LOOK AT THE FOOT**
“We will perform an initial evaluation to assess and uncover underlying deficits in strength, joint mobility or flexibility, not only at the foot and ankle, but in the individual as a whole,” says Linda Bernot, PT, OCS, CLT, a physical therapist at RWJ Rahway Fitness & Wellness at Carteret. “We will also look at how your feet perform during daily activities, such as walking, standing and squatting. An individualized treatment plan will be devised to best meet the patient’s need.”

If footwear is determined to be a contributing factor, the physical therapist can make the appropriate referral to a podiatrist for custom orthotics, or for an off-the-shelf insert to start, which will help control the alignment and function of the foot as you walk. The physical therapist may also suggest modifications for activities.

**HELP FOR PAIN FROM PLANTAR FASCIITIS**

Physical therapy can help patients walk comfortably again.

**STEPS TOWARD HEALING**
The duration of treatment can depend on many factors, including how long symptoms have persisted, how severe symptoms are and how compliant the patient is with the physical therapy.

Typically, says Bernot, patients are seen two to three times per week for three to six weeks.

“With every physical therapy program, a home exercise program is prescribed for each patient,” Bernot says. “Patients are given detailed instructions for which exercises need to be performed at home on a regular basis. They should take what they have learned and ‘walk or run’ with it. Again, the use of appropriate footwear and keeping up with the exercise program that the patient learned in therapy is key.”

Bernot adds that the physical therapists at her site offer a range of treatments, including Graston Technique, a form of instrument-assisted soft tissue mobilization that enables clinicians to detect and treat restrictions caused by tissue dysfunction.

**RWJUH RAHWAY CAN HELP**
To learn more about physical therapy at RWJ Rahway Fitness & Wellness at 2120 Lamberts Mill Road in Scotch Plains, call 908.389.5400. To learn about physical therapy at RWJ Rahway Fitness & Wellness at 60 Cooke Avenue in Carteret, call 732.969.8030. To learn about physical therapy at RWJUH Rahway, call 732.499.6012.
ADULT BEREAVEMENT SUPPORT GROUP: First Wednesday of each month at 1:30 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call 732.499.6193.

ALL RECOVERY MEETINGS are for everyone who supports recovery. Find a full calendar of All Recovery meetings that you can join online or by phone at www.rwjbh.org/allrecovery.

BREAST CANCER SUPPORT GROUP: Virtual meeting on the first Tuesday of each month from 7 to 8:30 p.m. and on the first Wednesday of each month from 5:30 to 7 p.m.

CAREGIVER SUPPORT: Virtual meeting on the first Wednesday of each month from 7 to 8:30 p.m.

DIABETES SUPPORT: In-person support group from 6 to 7 p.m., first Thursday of the month, Conference Room 3 at RWJUH Rahway, 865 Stone Street, Rahway.

FIBROMYALGIA SUPPORT: Virtual meeting on the first Thursday of each month from 5:30 to 7 p.m. or 7 to 8:30 p.m.

LUNG DISEASE SUPPORT GROUP: For people with COPD, interstitial lung disease, pulmonary fibrosis or breathing problems related to COVID-19. The group meets virtually on the first Friday of every month from 3:30 to 4:30 p.m. This group offers both support and education and is professionally facilitated by a respiratory therapist. The program is free, but registration is required. To register or for more information, call 732.499.6193.

PARKINSON’S SUPPORT GROUP: Virtual meeting on the second Wednesday of each month at 1 p.m. The group is open to all people with Parkinson’s and their care partners. Call Community Education at 732.499.6193 and provide an email or phone number for an invitation to this meeting. If you don’t have a computer, tablet or smartphone, you can join by phone.

SPOUSAL BEREAVEMENT GROUP: Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To register, call 732.499.6193.

WEIGHT LOSS SURGERY SUPPORT: Get started on a path to better health with weight loss surgery. Virtual seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is available for virtual consultations. Call 732.499.6300.

FREE BREAST SCREENINGS
Saturday, November 6, 10 a.m. to 2 p.m.
RWJUH Rahway, 865 Stone Street. Free mammography and clinical breast exams for uninsured or underinsured women ages 40 to 74. Appointments necessary; certain conditions apply. To make an appointment, call 732.499.6082. Program is made possible by a grant from the New Jersey Department of Health and administered by Hoboken Family Planning.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

• Breastfeeding Support, every Monday from 12 to 1 p.m. International Board-Certified Lactation Consultants will provide guidance. Register at www.rwjbh.org/breastfeedingsupport.

• Perinatal Mood and Anxiety Disorders, every Wednesday from 11 a.m. to 12 p.m. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.

VIRTUAL HEALTHY COOKING DEMOS
Diane Weeks, RDN, MS, CDE. All classes take place from 7 to 8 p.m. To register, call 732.499.6193 and leave your name, email address and phone number.

• Tuesday, October 12 Healthy and Delicious: Southern Plant-Based Recipes
• Tuesday, November 16 Carb-Friendly Meals
• Tuesday, December 14 Healthy and Delicious: Dishes to Celebrate the Holiday Season

DIABETES: THE GOAL IS CONTROL
Six Tuesdays starting September 21, 12:30 to 2 p.m., The Gateway Regional YMCA–Rahway Branch, 1564 Irving Street, Rahway, 2nd floor. Having problems controlling your blood sugar? Consider the fall session of The Goal Is Control Diabetes Lunch and Learn. Expert-led small class sessions include education, support, exercise and a healthy lunch. Program is free, but registration and proof of vaccination are required. To register, call 732.388.0057.

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

• FAMILY SUPPORT GROUP: Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one’s mental illness? This peer-led group for family members and caregivers of persons with mental illness can help. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.

• SPEAKER PRESENTATIONS: Fourth Tuesday of the month, 7:30 to 9 p.m., for anyone who wants to find out about mental illnesses, treatments and community resources. Professional speakers on relevant topics with Q&A to follow. Free resource guide for Union County available. To register, go to www.naminj.org/support/affiliates/union for upcoming events.

• FAMILY TO FAMILY: NAMI offers a program in which experienced family members help others learn more about the mental illness of their loved one, how to get through crisis periods and practice self-care, and explore recovery, advocacy and better communication. Eight-week course, offered one night a week. If interested, contact patroman2@aol.com.
Your family has no history of breast cancer.

You still need a mammogram.

Now offering 3D and SmartCurve imaging.

An annual mammogram provides peace of mind and allows for early detection. Now, we can offer a more comfortable mammogram, too. Our new 3D mammography system is clinically proven to significantly improve the detection of breast cancer and reduce the need for additional testing.

To schedule your 3D mammogram at RWJUH Rahway, visit rwjbh.org/mammo

Rutgers Cancer Institute of New Jersey
Rutgers Health

Robert Wood Johnson University Hospital Rahway

Let's beat breast cancer together.

Rutgers Cancer Institute of New Jersey is the state's only NCI-designated Comprehensive Cancer Center. Together RWJBarnabas Health and Rutgers Cancer Institute offer the most advanced cancer treatment options close to home.