

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

WINTER 2019

healthy *together*

**DIABETES &
YOUR HEART**

**GET UP!
FUN EXERCISES
AT WORK**

**CARDIOLOGY: A
NEW LEVEL OF CARE**

**EAT LIKE
AN MVP!
NJ DEVILS STAR
TAYLOR HALL
TELLS HOW**



We're Focused on COMMUNITY

Coretta Scott King once said that the greatness of a community is best measured by the compassionate actions of its members. At RWJBarnabas Health, we share King's belief in the power of compassionate action.

Each of our hospitals is actively engaged in making a difference on critical community issues, including housing, employment, food security and economic empowerment. That includes everything from hiring locally to helping to make fresh, affordable produce widely available. System-wide, we've added RWJBarnabas Health TeleMed, a telemedicine service that improves access to care for people with transportation or scheduling challenges.

To expand our community reach, we partner with other organizations, like the New Jersey Devils, to bring about positive change. One example: Collaborating with the staff of the Barnabas Health Hockey House at Newark's Prudential Center, our specialty physicians and nutrition experts have developed a youth hockey program that promotes optimal performance and good health while building confidence, sportsmanship and life skills. It's now available at ice-hockey rinks throughout the state. The Devils organization and players, including NHL MVP Taylor Hall, also work closely with us to bring encouragement and moments of joy to hospitalized children.

Robert Wood Johnson University Hospital Somerset will launch a new Healing Homes transitional housing program this spring. We are currently renovating two homes in Somerville, which will offer housing for up to 24 months for Somerset County families who cannot afford to live on their own. Participants will learn to manage their finances, take care of their health and become successfully independent. At RWJBarnabas Health, we believe in the greatness of the New Jersey community and are glad to help improve quality of life for everyone who, like us, calls the Garden State home.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



ANTHONY CAVA
PRESIDENT
ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL SOMERSET



HEALTH NEWS

LEAPFROG "A" PATIENT SAFETY RATING

Robert Wood Johnson University Hospital Somerset has earned the highest patient safety rating—an "A"—from The Leapfrog Group for Fall 2018. In addition, the hospital has been designated by The Leapfrog Group as a Top Small Teaching Hospital—just one of 53 in the nation.

The Leapfrog Group is an independent national nonprofit run by employers and other large purchasers of health benefits.



"MOST WIRED"

Robert Wood Johnson University Hospital Somerset is proud to once again be named one of the nation's "Most Wired" hospitals. The College of Healthcare Information Management Executives (CHIME) announced the 2018 CHIME

HealthCare's Most Wired recipients at the CHIME Fall CIO Forum in San Diego. Hospitals designated "Most Wired" are on the forefront of using healthcare IT to enhance the delivery of care, improving patient safety and outcomes.



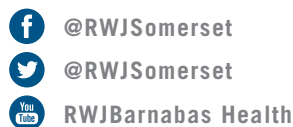
LET'S BE HEALTHY TOGETHER, BRIDGEWATER

Robert Wood Johnson Physician Enterprise, a part of RWJBarnabas Health and affiliated with Robert Wood Johnson University Hospital Somerset, is now offering cardiology and primary care services in new office space on the third floor of 1200 US Highway 22 East in Bridgewater (The Greymark Building). Providers at this location include Cardio MD (Chandreshwar Shahi, MD, Sharan Mahal, MD, Alpesh A. Patel, MD) and Bridgewater Primary Care (Elizabeth Balint, MD, David Berkowitz, MD, Sarah Uddin, MD). The site includes a blood-draw station and free on-site parking. For more information, visit rwjbh.org/medicalgroup.

Robert Wood Johnson | RWJBarnabas
University Hospital | HEALTH
Somerset

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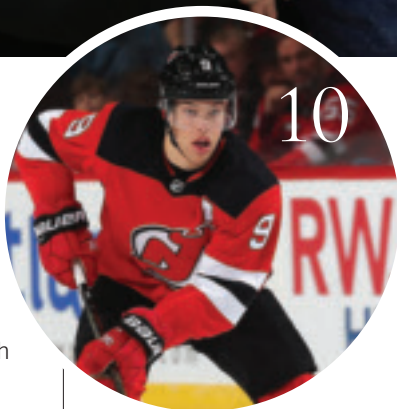
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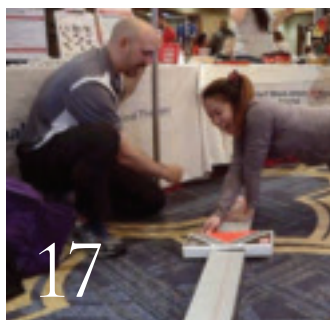
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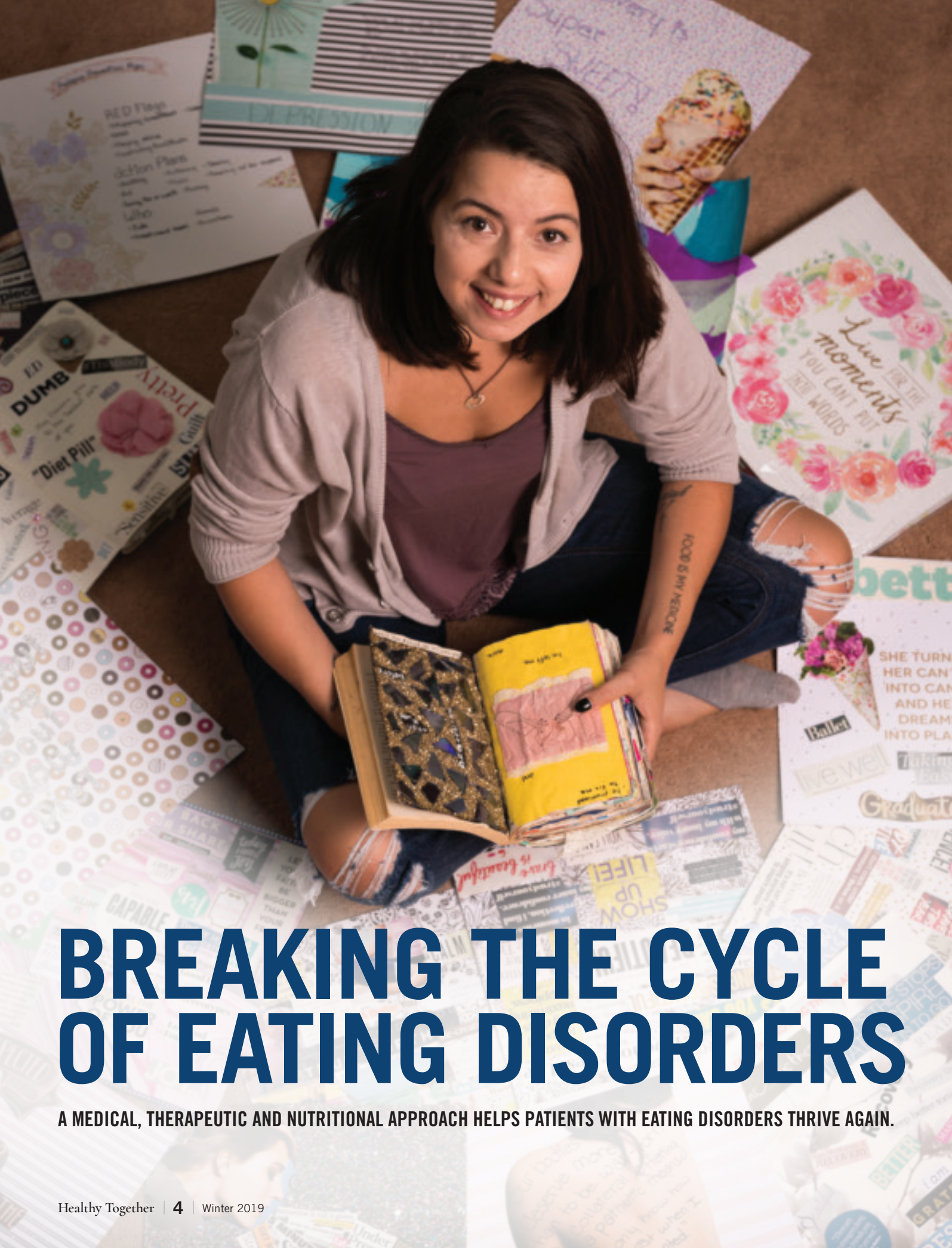
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BREAKING THE CYCLE OF EATING DISORDERS

A MEDICAL, THERAPEUTIC AND NUTRITIONAL APPROACH HELPS PATIENTS WITH EATING DISORDERS THRIVE AGAIN.

“Food is my medicine.” It’s a mantra Cassandra Peterson repeats often to herself. It’s also a tattoo the 24-year-old wears proudly on her arm. Cassie got the ink last year while receiving treatment for bulimia nervosa at Robert Wood Johnson University Hospital Somerset’s Eating Disorders Program.

The tattoo reflects Cassie’s changed perception as she progressed through the program. For Cassie, who continues to make the one-hour drive to RWJUH Somerset from her home in Franklin Lakes, the journey has been a hard-fought one. “I’ve been struggling with my eating disorder since I was 10 years old,” she says. “I didn’t expect to get better overnight.”

DIET CULTURE

Cassie says she grew up in a “diet culture,” in an atmosphere where thinness was praised. When she reached puberty and her body changed, she felt the rebukes keenly. “Comments about my body triggered intense dieting,” she says. In secret, Cassie began a litany of unhealthy behaviors.

“Some days I’d eat six almonds and the next, everything in the house,” she says. She’d then “purge” and empty her stomach with self-induced vomiting, laxatives and diuretics. She worked out at the gym for hours.

When Cassie entered college, dormitory life offered a free-for-all for her eating disorder. “I had my own place to binge and purge and use pills,” she says. “I had too much freedom and my eating disorder had full reign.”

Cassie’s primary care doctor became alarmed with her rapid weight loss and visible physical symptoms. She was experiencing chest pain and was prone to fainting. “I had the shakes and couldn’t handle anything in my stomach,” she recalls. Her appearance lost its vibrance.

WILLING BUT RESISTANT

Though Cassie followed doctor’s orders and went willingly to RWJUH Somerset’s Eating Disorders Program, she was not convinced she had a problem. “I told them, ‘Sure, I do weird things but I’m still fat. Lots of girls use diuretics.’” When admitted to the inpatient program in December 2017, Cassie was using 40 a day.

She was assigned a team of experts

that included a psychiatrist as well as a therapist, dietitian and occupational therapist.

“Eating disorders often stem from a major life event, family or social problems or emotional issues such as anxiety, obsessive-compulsive disorder, low self-esteem and stress,” says Mary Ann Piro, RN, director, Behavioral Health Services, RWJUH Somerset. “Individuals use the disorder to cope with these stressors and to feel ‘in control’ when life is unmanageable.”

According to the National Eating Disorders Association, an estimated 20 million American females and 10 million males between 12 and 25 years old will have an eating disorder at some point in their lives. Potentially life-threatening, eating disorders can affect every organ system in the body. Just one in 10 individuals seeks treatment.

TEAM APPROACH


RWJUH Somerset stands out as one of only two locations in New Jersey offering inpatient care for patients 14 and older with anorexia, bulimia, bingeing and other eating disorders. Each patient receives a comprehensive psychological assessment and physical evaluation upon admission. The hospital-based location means medical center specialists are easily accessible.

A multidisciplinary team—psychiatrists, nurses, therapists, social workers, dietitians, occupational therapists, physical therapists and teachers—addresses medical issues and psycho-social concerns in a supportive and structured environment.

The program tailors a scope of services to individual needs, from goal-oriented hospitalization on the 14-bed inpatient unit to a continuum of outpatient treatment and support groups for patients and families.

IN RECOVERY

As Cassie recovers at home, she continues to see her therapist and dietitian. She’s working full-time, hanging out with friends



SIGNS OF AN EATING DISORDER:

- Rapid weight loss
- Intolerance to cold
- Cessation of menstrual periods
- Tiredness and dizziness
- Physical changes in hair and skin
- Unusual food behaviors
- Excessive exercise
- Emotional changes and social withdrawal

and dating again. “I plan to return to college and study occupational therapy,” says Cassie, who learned to express her emotions through art while in treatment.

“It was a slow process,” she admits. “I thought my meal plan had too much food initially. I didn’t want to hear that behaviors I felt were OK weren’t normal. But my team continued to support and teach me, even in my worst moments.”

Cassie said once she broke the cycle of her eating disorder, she learned to respect her body and the food she puts into it. “Food is my medicine now,” she affirms.

To learn more about the Eating Disorders Program at RWJUH Somerset or to schedule an evaluation, call 800-300-0268.

Hear from members of our eating disorders team on a recent HealthTalk show. Visit rwjbh.org/SomersetEatingDisorders.



A NEW HEART OF THE HOSPITAL

OUR STATE-OF-THE-ART CARDIOLOGY PAVILION LEADS THE WAY TO HEALTHIER HEARTS.

Robert Wood Johnson University Hospital Somerset has long been the community's go-to resource for top-quality health services. Now, newly completed renovations to its Cardiology Pavilion are taking patient comfort and care to an even higher level.

The freshly reimagined Pavilion features 12 private rooms and nine semi-private ones, each outfitted with patients' unique needs in mind. The bathrooms now boast wider doorways for ease of entry and exit, while wood-look vinyl floors lend a homier feel. The rooms are also equipped with 43-inch flat-screen televisions, on which

patients can enjoy movies, surf the internet and watch the GetWellNetwork to learn about their medical condition and how to take care of their health. Patients' loved ones haven't been forgotten, either: A family day room, conveniently situated in the unit, provides a comfortable waiting area.

Yet the changes to the Pavilion go way beyond its sleek and attractive appearance.

"This renovation project was more than just a cosmetic face-lift," says Tony Cava, President, RWJUH Somerset. "We also made significant investments in state-of-the-art technology to advance the quality of care and patient safety."



Opposite page: **Sindy Serrano-Maradiaga, RN**, cares for **Ken Campbell** of **Bridgewater** in the newly renovated **Cardiology Pavilion**. Above, the Pavilion's updated spaces include private patient rooms and treatment areas that utilize the latest technology, including smart beds (above right).

For starters, the hospital has installed the latest wireless telemetry systems to track patients' heart activity. No longer must patients remain tethered to a bedside monitor—they can move about freely, secure in the knowledge that their cardiac data is still being closely watched.

Time spent lying down is safer and more comfortable than ever before. That's because the upgraded rooms feature "smart beds" that offer verbal safety prompts. If a patient tries to get out of bed unassisted, for example, a message will play cautioning, "Please, don't get up." For patients who don't speak English, the bed can be programmed to "talk" in a variety of languages. In addition, the bed projects visual symbols on the floor so caregivers can monitor all aspects of bed safety—from whether side rails are in place to whether a mattress is positioned correctly—at a glance. There are even built-in USB ports so patients

can charge their personal devices at their convenience.

The call bell has been upgraded, too. The new system allows patients to control the television and room lights, as well as request a nurse to come by. And patients don't have to wait for the nurse to appear before explaining what they need—they can indicate on their control whether they'd like such things as a drink of water, additional pain medication or assistance with a trip to the bathroom. When they do so, a light outside of their room turns a corresponding color based on their request, alerting the staff and helping them work more efficiently.

Even more great changes are on the way: These remarkable renovations are merely the initial phase of the hospital's cardiology expansion project, which will consolidate all cardiology services, including outpatient cardiac testing, on the hospital's second floor.

WITH HEARTFELT APPRECIATION

For every patient, our goal is to provide state-of-the-art care in a compassionate and caring environment. The facilities, services and staff of the new Cardiology Pavilion exemplify that goal. With our future renovations to our outpatient cardiovascular testing and treatment services, we will bring RWJUH Somerset to the forefront for cardiovascular care.

We recognize that this would not be possible without the generous support of our donors. Your dedication to making the lives of our patients better is overwhelming and extraordinary. It is because of you that we can support and care for patients through innovative diagnostic and therapeutic strategies. It is because of you that we can assure our patients that they are receiving top-level care in their own community. It is because of you that families are given a second chance.

Your support of the RWJUH Somerset Cardiology Pavilion allows us to save and change lives, one heartbeat at a time. If you have not already supported the Somerset Health Care Foundation or wish to make an additional donation to our Cardiology Fund, please contact the Foundation at **908.685.2885** or email foundation@somersethealthcare.com.

GETTING TO THE HEART OF THE MATTER

RWJUH Somerset offers a wide variety of cardiology services, including:

- emergency and elective coronary angioplasty
- a complete range of diagnostic testing, including cardiac catheterization
- pacemaker implantations
- a three-phase cardiac rehabilitation program.

Your heart doesn't beat just for you. Get it checked. To learn more about the full range of cardiac services at RWJUH Somerset or to schedule an appointment with one of New Jersey's top cardiac specialists, visit rwjbh.org/heart.

DON'T BE A "SWEET HEART"

HIGH BLOOD SUGAR CAN WREAK HAVOC ON YOUR HEART, BUT THE GOOD NEWS IS IT'S NEVER TOO LATE TO DO SOMETHING ABOUT IT.

Simply put, diabetes is a condition of having excess sugar in your blood. But what does that have to do with heart disease? Quite a lot, it turns out. People diagnosed with type 2 diabetes, the most common form of diabetes, are two to four times as likely to die from heart disease as people who don't have diabetes. Sharan Mahal, MD, a cardiologist with Robert Wood Johnson University Hospital Somerset and RWJ Physician Enterprise's Cardio MD, explains the connection between the two and the critical importance of treating diabetes to help prevent heart disease.

Could you summarize the link between what seem to be two very different conditions?

A. The number one cause of death in diabetics is cardiovascular disease. When your blood sugar remains chronically elevated, it causes inflammation in your body, which puts stress on blood vessels, ultimately damaging them. This increased inflammation in diabetics also causes more plaque buildup, reducing blood flow, which also causes damage. In addition, diabetes is often associated with hypertension, or high blood pressure, another source of vascular damage. This slowly accumulating damage

throughout the body will manifest itself in different ways—leading not just to more heart attacks and arterial disease but also to more strokes. This same vascular damage is also what causes kidney failure, blindness and limb amputations in those with diabetes.

What happens to the risk for vascular complications when someone with diabetes keeps their blood sugar under control?

A. That's the good news—you can reverse the process. When you keep your sugar under control, you have less inflammation, so you have less vascular disease. Keeping your blood sugar controlled has been shown to cut your risk for heart and vascular disease in half. You also can take it to the next level—if you control your blood sugar and other numbers long enough, you can reverse the diabetes itself, too.

What can people do to prevent diabetes?

A. Control the major risk factors. That means not smoking, losing weight and controlling blood pressure and cholesterol. Recent studies have shown that even if you lose just 5 percent of your body weight, it will result in a significant reduction in your diabetes risk.



SHARAN MAHAL, MD

EATING HEALTHY TO AVOID TYPE 2 DIABETES

Amy Walsh, MS, RD, CDE, Program Coordinator of the Diabetes Center at RWJUH Somerset, offers these dietary tips for diabetes prevention.

- Skip the sugary drinks to reduce calorie intake and promote weight loss. According to large studies that tracked long-term dietary habits of women, just 1–2 cans a day of such beverages increased risk of developing diabetes by 26 percent.
- Choose whole grains. Studies have shown that people who consume 2–3 servings of whole grains per day are 30 percent less likely to develop type 2 diabetes than those who rarely eat whole grains.
- Choose healthy proteins and fats. Lean and plant-based proteins are the best choices to prevent diabetes. Avoid saturated fats and trans fats.
 - Above all, if you're overweight, weight loss is key to preventing diabetes.

To schedule an appointment with RWJUH Somerset's Diabetes Center, call **908.685.2846**.

Your heart doesn't beat just for you. Get it checked. To learn more about the full range of cardiac services at Robert Wood Johnson University Hospital Somerset or to schedule an appointment with one of New Jersey's top cardiac specialists, visit www.rwjbh.org/heart.**



THE DOCTOR IS IN ONLINE

WITH RWJBARNABAS
HEALTH TELEMED,
A DOCTOR CAN BE
AVAILABLE 24/7.

Health needs have a way of happening at inconvenient times. You're on a business trip and forgot a prescription. It is after hours and your doctor's office is closed. Your family is on vacation and you have a sick child. Or you're simply too sick to get out of bed.

For those situations and more, RWJBarnabas Health TeleMed now offers telemedicine—medical care available through a smartphone, tablet or computer—for urgent needs, or for people who feel they just don't have time to visit a doctor.

"At RWJBarnabas Health, we've been doing telemedicine for a long time in specific specialty services," says Amy Mansue, President, Southern Region, RWJBH. "For example, when very fragile babies are sent home, telemedicine lets doctors and nurses see a baby in real time if parents have a concern."

The rollout of the broader RWJBarnabas Health TeleMed program to the general public follows a successful pilot program with the system's 30,000 employees. "We know that telemedicine is not a one-size-fits-all solution for every demographic,"

Mansue says. "But we also know that people's lives are increasingly time-pressed, and that we're in a world of one-click expectations when it comes to service."

"Our job is to find ways to get people access to the services they need, at the right level of care, at the time they need it."

HOW IT WORKS

Once enrolled, patients can log in at any time of night or day for a videoconference with one of the on-call, U.S. board-certified physicians. There's a flat fee of \$45, payable by credit card at the time of service. (Many private insurance plans cover telemedicine, and in New Jersey, state-funded health insurance plans are required to, as long as certain standards are met.) RWJBarnabas Health TeleMed is secure and compliant with HIPAA, a federal law that sets standards for, among other things, the privacy of health information.

The doctor at the other end of the camera can assess symptoms, look at the area in question and make a judgment as to whether follow-up tests are needed. Though telemedicine is not meant to replace a patient's relationship with his or

her primary care doctor, "we do know that there are people who don't have access to primary care, or don't go routinely," Mansue says. "This is a way to connect them with healthcare."

Older patients may find telemedicine easier to adopt because long-distance healthcare has become common for chronic conditions, such as checking pacemakers or heart monitors over the phone. Younger patients, on the other hand, may actually prefer telemedicine to the in-person kind.

"One study showed that 70 percent of people under age 35 had accessed medical care through telemedicine," Mansue says. "They do everything through their phones—create relationships, order pizza—so it feels natural to do healthcare that way as well."

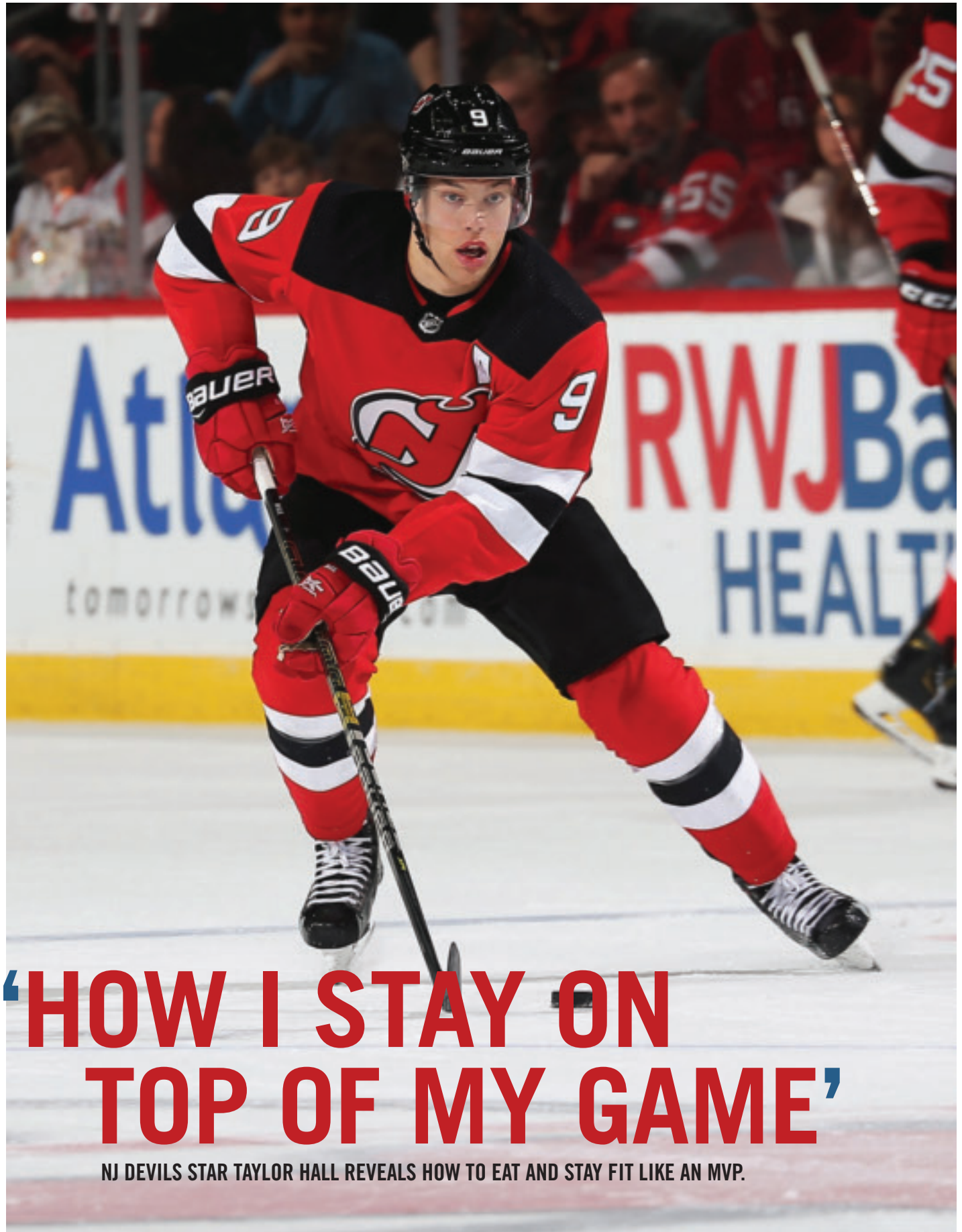
Ultimately, the goal for RWJBarnabas Health TeleMed is for physicians to be able to access, with patient permission, a patient's entire medical record in order to help make better diagnoses.

"That's an aspirational goal right now, because electronic medical record systems don't communicate between themselves as well as they need to yet," Mansue says. "But the technology improves every year."



AMY MANSUE

To enroll or learn more about RWJBarnabas Health TeleMed, powered by American Well, visit www.rwjbh.org/telemed, or download the app at the App Store or Google Play.



‘HOW I STAY ON TOP OF MY GAME’

NJ DEVILS STAR TAYLOR HALL REVEALS HOW TO EAT AND STAY FIT LIKE AN MVP.

PHOTO CREDIT © JERSEY DEVILS/ANDY MARLIN

Taylor Hall's healthy eating habits started young. "I can remember being at tournaments with my parents. All the other kids would be having Slurpees and chocolate bars after the game, but my parents had oranges and granola bars ready for me," the 26-year-old New Jersey Devils left wing recalled during a post-practice interview at RWJBarnabas Health Hockey House in Newark. "Eating well was instilled in me at an early age and it's something I take pride in, for sure."

Those healthy habits—along with hard work and amazing talent—have paid off, for Hall's career as well as for his team. Last year, he scored a career-high 93 points and led the Devils to the Stanley Cup playoffs for the first time in five years. He also became the first-ever Devils player to win the Hart Trophy as the league's most valuable player.

What's his secret for staying at peak fitness? It turns out that Hall's regimen, while serious, is also simple, with principles that can be followed by athletes at any level.

EATING TO WIN

Ask Hall to name a favorite food, and you won't hear anything about ice cream or cake. "I tend to avoid sugar," he says. "I'm lucky that I don't often have a craving for it. But with the calories we expend, it's very important for me to digest healthy carbohydrates and lots of protein."

"I keep my diet pretty simple. Protein, carbohydrates and then as much roughage as I can—a side dish like asparagus or sweet potatoes, and always a salad with dinner. Gluten-free pasta, rice and quinoa—those are really good for people like me who expend a lot of energy."

Hall sticks to snacks that are low in carbohydrates and high in fat, like nuts, or high in protein, like Greek yogurt. "That kind of snack is not going to give you a big burst of energy before bedtime, so it will allow you to rest properly," he says.

Less nutritionally worthy foods are limited, but not eliminated. "My cheat foods are cheeseburgers and pizza," Hall says. "Maybe once a week you have yourself a night where you have those things. Certainly, you've got to live your life."

Getting enough fluid takes on special urgency for professional athletes. "Staying as well-hydrated as possible is huge. You don't want cramps during the game," Hall says.

HELPING KIDS GET HEALTHIER, TOGETHER

RWJBarnabas Health (RWJBH) and the New Jersey Devils have built a robust partnership focused on promoting health and good, clean hockey fun.

RWJBH is the official healthcare provider for the Devils and their home base, the Prudential Center, where healthy snacks are available at all events. With the help of its specialty physicians and experts in nutrition and wellness, RWJBH collaborates with the Devils to benefit pro players, young athletes and children in need. Some examples:

- A rink affiliate program brings youth hockey clinics and wellness and nutrition education to players and coaches at ice hockey rinks statewide.
- The two organizations partner each year on the Running With the Devils 5K Run and Walk, with proceeds benefiting RWJBH hospitals.
- Devils players visit RWJBH hospitals to participate in special events for children. "That's a huge part of being a hockey player," says Devils star Taylor Hall. "We have a platform to give back, whether with a smile or simple encouragement. And not only is it great for the patients, it's also good for us."



From top: practicing shots in the Little Devils zone; membership is free for ages 12 and under; healthy snack options for all Devils fans.

He starts each day with two 500-milliliter bottles of water as soon as he wakes up, to get his metabolism going. "All day, I drink a ton of water, and during games, as many fluids with electrolytes as possible."

BODY AND MIND

During the 82-game season, players expend energy where it counts—on the ice. After the season, Hall takes up to a month off from any physical activity, to give his body a rest. From then on, he works out and skates three times a day, five days a week.

His advice for other athletes is to focus their workouts on what their weaknesses are. "Some athletes might already have a very strong core, but need to work on their foot speed," he says. "Overall, don't worry about what you're good at. Just try and correct stuff that might be hampering you a little bit."

To prepare mentally, Hall uses meditation and relaxation techniques. "When I have a calm brain and everything seems easy

to me, I seem to play my best," he says.

A WORD TO YOUNG ATHLETES

Perhaps surprisingly, Hall's advice to aspiring young hockey stars is not necessarily to work harder, but to take a step back. "Some parents have their kids in hockey year-round," he says. "You see these kids who are amazing hockey players, but they just don't seem to have a passion for it. I would say that you have to try out different things and have some free time."

"You have to really love whatever you do," he says. "The thing that you have the most passion for in life is what you're going to be successful at."

To learn more about the RWJBarnabas Health/New Jersey Devils partnership, visit www.rwjbh.org/devils.



GOOD FOOD FOR EVERY BODY

WELLNESS ON WHEELS MOBILE EDUCATION VAN PROVIDES A HANDS-ON APPROACH TO HEALTHY EATING.

When the big green van pulls up, the kids say “Wow!”—and that’s just the reaction RWJBarnabas Health healthcare providers and their partners are looking for.

The 35-foot vehicle, decorated with bright fruits and vegetables, is the hub of the Wellness on Wheels mobile education initiative, which launched in the fall of 2018. Equipped with a hydroponic and earth-box greenhouse and a full kitchen, the van travels to places like preschools, senior homes and houses of worship in areas where affordable, healthy food is hard to come by.



BARBARA MINTZ

It’s fun to see young kids marvel at what an herb’s root looks like, run their fingers through soil, sort plastic fruits and vegetables or smile as they taste-test healthy recipes. Behind those

hands-on activities is an overarching goal: to help communities get healthier.

“At RWJBarnabas Health, we embrace the concept of bringing health and wellness to communities by teaching people in places where they live, work, earn and learn,” says Barbara Mintz, Senior Vice President, Healthy Living and Community Engagement. “We want to make sure that people in underserved communities have a level playing field when it comes to being healthy.”

HELP FOR HUNGER

More than 900,000 New Jersey residents face hunger every day, according to the Community Food Bank of New Jersey. Unemployment, low wages and high housing costs contribute to the problem. So does the prevalence of “food deserts,” areas where residents live more than one mile from a supermarket and, without a car, must depend on public transportation to get there. Too often, those residents resort to unhealthy packaged or fast foods.

Wellness on Wheels aims to change those patterns and, to increase its impact, partners with local community groups. At a recent event at a New Brunswick preschool, hosted in conjunction with the Puerto Rican Action Board, a dietitian fluent in conversational Spanish showed children how to fill a plate with colorful food and

The Wellness on Wheels van is rolling to communities throughout the state.

demonstrated a simple, healthy recipe. Says Mintz, “We partner with local food banks and farmers markets to distribute healthy foods at our events.” Simple, culturally appropriate recipes are also provided to further support the mission of helping good health begin at home.

EATING WELL

CORN AND BLACK BEAN SALSA

We can get protein from plants as well as animals. Corn and black bean salsa makes a protein-packed after-school snack, or the perfect side dish with dinner.

- 1½ cups frozen corn, thawed and drained
- 1 cup low-sodium black beans, drained and rinsed
- 1 tomato, diced
- ½ red bell pepper, diced
- ¼ red onion, diced
- ½ jalapeño pepper, minced (optional)
- 2 tablespoons chopped parsley (or 1 tablespoon dried)
- zest and juice of 1 lime
- 1 tablespoon olive oil
- 1/8 teaspoon salt
- 1/8 teaspoon black pepper

In a large bowl, combine all the ingredients and stir. Set salsa aside to allow flavors to come together. Serve with tortilla chips or on top of your favorite Latin-inspired dishes.



To see a video of the Wellness on Wheels inaugural outing and to learn more, visit www.rwjbh.org/WellnessWheels.

GETTING OLDER, GETTING BETTER

GERIATRIC PSYCHIATRY CAN HELP ADULTS NAVIGATE ALL THE TRANSITIONS THAT COME WITH AGING.

“Improving with Age” is the title of a presentation that Lina Shihabuddin, MD, Chief Medical Officer, Behavioral Health Network at RWJBarnabas Health (RWJBH), likes to give.

“A lot of things do get better with age,” says Dr. Shihabuddin, who is board-certified in adult and geriatric psychiatry as well as hospice and palliative medicine. “Growing older should not be thought of as a bad thing, but as a transition to a different phase of life.”

That’s a call not just to think positive, but also to think about aging and health in a new way. It’s the approach healthcare practitioners like those in the RWJBH Behavioral Health Network are taking when they proactively screen for depression and anxiety in primary care settings.

“It’s no longer ‘I have a disease, so I need to see a doctor,’” Dr. Shihabuddin explains. “It’s ‘I need to be well.’ Screening and early intervention helps patients of every age stay ahead of the game.”

ISSUES OF AGING



LINA SHIHABUDDIN, MD

Geriatric psychiatry, also known as geropsychiatry, refers to mental health care of a person 65 years or older. “People seek out geriatric psychiatry for two reasons,”

Dr. Shihabuddin says. “One, they may be dealing with very normal life adjustments that come with aging, which may include retirement, loss of a partner or distance from family.

“A second level of the issue is the start of memory problems, erratic behavior, possibly unsafe driving,” Dr. Shihabuddin says. “Is this the beginning of dementia, or a reversible medical problem? That’s where the intersection of primary care, neurology and geriatric psychiatry really comes into play.” Anxiety, depression and other issues can be triggered by a wide range of conditions, such as thyroid dysfunction, vascular problems, obesity or untreated diabetes.

Once the problem is diagnosed, healthcare providers can come up with a treatment plan, which may include anything from treating a disease, to creating a safer environment at home, to finding ways to be sure the patient has activity during the day, to teaching family members how to minimize conflict.

“The last resort, for us, is to offer medications,” such as antidepressants or sleep aids, Dr. Shihabuddin says.

“Medications have more side effects for geriatric patients, and take longer to get out of the system. In treating geriatric patients, you have to start at very low dosages and slowly increase the dose if needed.”

TAKING THE FIRST STEP

Dr. Shihabuddin urges older adults (or their loved ones) to speak with their primary care provider as soon as signs of depression or anxiety appear. “The earlier you detect and treat a disorder, the better off you are,” she says.

Getting older gets a bad rap, Dr. Shihabuddin believes. “Yes, as the body ages, the neurons in the brain cells get less flexible, so it may be harder to learn new things,” she says. “On the other hand, the mind is more mature, giving older people the ability to look more analytically at situations and take them in stride. That’s what we call wisdom.

“People think about aging and they tend to think about things falling apart,” Dr. Shihabuddin says. “If we do enough early detection and prevention, it does not have to be like that.”



To learn more about geriatric psychiatry services in the RWJBarnabas Health system, visit www.rwjbh.org/geriatricpsych.

EVALUATING HEART FAILURE

Determining the degree of a patient's heart failure allows doctors to make the best recommendations for preventing, delaying or treating the condition. Cardiologists put heart failure into one of four classes, starting with symptoms. Here is the New York Heart Association Classification:

- **CLASS I:** Ordinary physical activity does not cause undue fatigue or shortness of breath
- **CLASS II:** Comfortable at rest, excessive physical activity results in fatigue and shortness of breath
- **CLASS III:** Symptoms with non-excessive physical activity
- **CLASS IV:** Symptoms at rest

The cardiologist will then do an objective assessment of the degree of heart failure based on observations as well as tests such as a blood test, X-ray, electrocardiogram, stress test and echocardiogram.

LIVING WELL WITH HEART FAILURE



IT'S POSSIBLE TO FEEL GOOD AND STAY ACTIVE, EVEN WITH A DIAGNOSIS OF HEART FAILURE.

The term “heart failure” means that this vital organ is damaged in some way. Despite the dire-sounding nature of the term, however, a diagnosis of heart failure is far from a death sentence.

“Care for heart failure patients has improved so dramatically that, although this is a chronic problem, patients who have it can live long and productive lives,” says Gary Rogal, MD, Chief of Cardiology for RWJBarnabas Health and a member of Barnabas Health Medical Group.

The key to this positive outcome is simple—but not necessarily easy. The heart failure patient must take medicine as directed and make the recommended lifestyle changes.

“The patient who listens to the things their doctor recommends they do will do better in the long term,” Dr. Rogal says. “I always tell my patients, ‘50 percent of your outcome is based on what I do, and 50 percent is based on what you do.’”

UNDERSTANDING THE TERMS

About 5.7 million U.S. adults have heart failure, according to the Centers for Disease Control and Prevention.

“‘Heart failure’ is a generic, umbrella term that covers many different disease entities,” Dr. Rogal says. “In the simplest terms, the heart is a pump, and it is failing as a pump.” The failure can fall into two different categories that often exist together: left-sided and right-sided dysfunction. (See sidebar at right.)



GARY ROGAL, MD

“People

sometimes get confused when they hear ‘heart failure,’ and ask, ‘Am I going to have a heart attack?’” Dr. Rogal says. “The reality is that they’re two different types of pathologies.”

Heart failure does not lead to a heart attack, he explains. Also, heart failure develops gradually, but a heart attack happens suddenly, when blood flow to an artery leading to the heart is blocked.

In either case, patients will receive similar advice for a heart-healthy lifestyle.

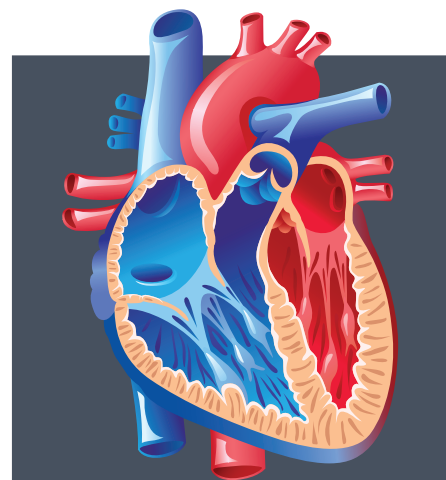
GETTING TO GOOD HABITS

Those recommendations likely come as no surprise: Take medication as directed. Exercise. Eat a healthy, low-salt diet. Stop smoking. Get enough sleep. Manage stress. Still, many patients don’t follow doctors’ orders, Dr. Rogal says. “People’s lives are so busy, and this tends to be a problem that’s not an immediate issue staring them in the face,” he says. “They think they can pay attention to it tomorrow.”

At the first sign of weakening or abnormality of the heart muscle, “I tell patients they need to start medications to help their heart muscle and begin to exercise,” Dr. Rogal says. “Walking is the easiest way to begin. And over the years, the pharmacology for heart failure has dramatically improved, so that we have a broad spectrum of medicines we can use.”

Dr. Rogal also recommends that patients with heart failure stop drinking. “Alcohol is a direct toxin to the heart muscle,” he says. “It can also lead to other issues, such as excessive sodium intake and dietary indiscretion. In my view, once you’ve started to develop any sign of heart muscle impairment, it’s time to hang up the alcohol.”

The same caution does not hold true for sexual activity. “In most cases, patients



TWO SIDES OF HEART FAILURE

WITH LEFT-SIDED HEART FAILURE, the muscle in the left side of the heart weakens so that the heart can’t pump enough blood properly (systolic dysfunction), or stiffens (diastolic dysfunction) so that the pressure in the heart goes up. Either case can result in fluid in the lungs and reduced heart output, resulting in marked reduction in exercise capacity, breathing difficulty and fatigue.

IN RIGHT-SIDED, OR RIGHT VENTRICULAR (RV) HEART FAILURE, the right side of the heart loses pumping power, leading to a backup of blood in the veins that results in swelling and congestion.

can remain sexually active,” Dr. Rogal says. “But be sure to discuss this with your doctor to ensure there are no limitations.”

Heart failure patients will find that the benefits of a heart-healthy lifestyle far outweigh the effort required to create new habits. Says Dr. Rogal, “You can live a very productive and positive life with heart failure—as long as you follow the guidelines shared by your doctor.”

YOUR HEART DOESN'T BEAT JUST FOR YOU. GET IT CHECKED.

The cardiac specialists at RWJBarnabas Health care for approximately 20,000 heart failure patients in New Jersey each year. RWJBH provides cardiac care for patients of every age and every condition, from wellness programs to heart transplants. To schedule a checkup or to learn more about world-class heart care near you, visit www.rwjbh.org/heart.



Harley (third from right) came back to Children's Specialized Hospital for a visit with friends and fellow alumni of the Chronic Pain Management Program.

WORKING THROUGH THE PAIN

HOW A BRAVE YOUNG WOMAN GOT HER LIFE BACK, WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL

When Katherine Bentley, MD, Director of the Pain Program at Children's Specialized Hospital, first met Harley Bourgeois, the 20-year-old had been confined to a wheelchair for more than a year.

Harley had traveled with her mother from their North Carolina home to New Brunswick so that the young woman could be evaluated for the hospital's Chronic Pain Management Program. It had been six years since Harley had been diagnosed with complex regional pain syndrome (CRPS), a chronic condition

that is thought to be caused by an injury to the nervous system, and that grows more excruciating over time.

"It was a long way to come just to be evaluated, but we had to



KATHERINE BENTLEY, MD

meet her, and she had to know what she would be getting into if she came back for the program," Dr. Bentley says. "It's a huge commitment. But she was ready for it."

UNEXPLAINED ACHES

Harley's problem started when, as a healthy middle-schooler, she had an X-ray for a minor injury that caught a suspicious abnormality on her right femur. An oncologist removed the lump, and all seemed well—but the aching in Harley's right leg never went away.

One day, the horse she was riding bucked, shooting her into the air. She landed on the same aching femur. For many months thereafter, she and her parents traveled from doctor to doctor as the pain escalated. By the time Harley got to Children's Specialized Hospital, the slightest touch—even a breeze—sent pain shooting through her body.

"CRPS is a hard diagnosis because it's a diagnosis of exclusion. You rule out everything else, test by test," Dr. Bentley says. "While we don't know everything about why a youngster might be experiencing this chronic pain, we know that intensive therapies and multidisciplinary treatment plans can help them." Harley worked with a dedicated team of physical therapists, occupational therapists, psychologists, child life specialists and physician/advanced practice nurses.

The Chronic Pain Management Program is not for the faint of heart. "Harley was

weaned off her pain meds, and had hours of therapy every day, six days a week," Dr. Bentley says. The goal of therapy is to re-train the brain to decrease sensitivity to pain. Patients can take advantage of aqua therapy in the hospital's pool, as well as cutting-edge technology like the ZeroG, a dynamic support harness that helps people walk without using their full body weight.

The program also emphasizes mental preparation for reentering the normal life that so many have lost. A typical day would include meditation, individual and group psychology sessions, peer mentoring and evening recreation.

Over the course of eight demanding weeks, Harley made progress: mastering the parallel bars, walking up a stair, walking with a walker and the ZeroG harness. Finally, one day when her mother visited, Harley surprised her by walking to her without assistance, and giving her a big hug.

That was in March 2018. Harley is now a student at North Carolina State University, fulfilling her dream of studying livestock and poultry management. She still makes time to visit her friends and former therapists at Children's Specialized.

"The takeaway of this story is, 'never give up hope,'" Dr. Bentley says. "Harley had been in such pain and dysfunction for a long time, but she kept looking for a way to get better. And thanks to her perseverance and commitment, she did."



To learn more about the Chronic Pain Management Program and other services at Children's Specialized Hospital, visit www.childrens-specialized.org.



OFFICE EXERCISES 101

RWJUH SOMERSET'S PHYSICAL THERAPY AND PERFORMANCE FITNESS TEAMS STAND UP TO THE NEWEST PUBLIC HEALTH PROBLEM: SITTING DOWN.

“Sitting is the new smoking” may sound like an exaggeration, but it's not that far from the truth. In addition to causing stiff muscles and achy joints, prolonged sitting has been shown in recent studies to increase the risk of developing serious illnesses including heart disease, type 2 diabetes and even cancer.

The results of such research quickly caught the attention of Ryan Stevens, RWJUH Somerset's Manager of Physical Therapy, Athletic Training and Performance Fitness. “We're used to helping athletes and people who have physically demanding jobs keep their bodies highly tuned and working the way they're supposed to,” says Stevens. “But we saw a new need, for everyday people who work in jobs where they sit at their desks all day, to help them keep their bodies in tune, as well.”

The result? The “Daily Desk Routine,”

a series of mini exercises that can be done literally at one's desk for 30 seconds each; combined, the entire set takes only eight minutes to finish. Stevens promises that completing the routine once in the morning and again in the afternoon will yield noticeable results and “keep you feeling really good throughout the day.” With fun, memorable names like the “Seated Elvis,” “Back Scratchers” and “Desk Dog,” the exercises focus on a few key areas prone to problems from remaining sedentary.

FEET AND ANKLES: The primary goal here is improved mobility of the joints. “When you're sitting for such a long period, you don't flex your ankles as much,” says Stevens. “Over time that could lead to your ankles becoming stiff and losing range of motion. In addition, people tend to lose stability in their feet, which affects balance.”

Left: Ryan Stevens (in red shirt) leads a class on how to effectively and efficiently incorporate exercise into the office workday. Below: Stevens coaches someone on proper technique.



Want help improving how you move? Wish to have an expert give a “Daily Desk Routine” seminar at your workplace? Email performance@rwjbh.org.

HIPS: Your hips tighten up from remaining seated, which can lead to sciatica and similar problems. “So the goal here is to preserve range of motion,” says Stevens. “Another goal is to engage the lower back muscles because when they're tight or not activated, stability issues can arise.”

SHOULDERS AND UPPER BACK: The objective here is to correct posture. “Sitting in the same position all day leads to a tightness in the front of the shoulders, restricting range of motion,” says Stevens. “It also leads to a weakness in the back between the shoulder blades that puts you at risk of injury when reaching to your side and twisting your torso.”

No matter how you do it, Stevens stresses that “there's a need to find ways to mix in movement throughout the workday because movement is function. If you lose movement, you lose the ability to do the things you love to do, and you also potentially lose the ability to do the things you need to do, that may be required for your job.”

You can learn the Daily Desk Routine by watching a video of Stevens demonstrating the exercises step-by-step. Visit rwjbh.org/sportsperformance.



KATHY BEFORE HER SURGERY.



**OUR BARIATRIC
SUPPORT GROUP
MEETS THE FOURTH
TUESDAY OF EVERY
MONTH AT 6:30 P.M.**

RWJ University Hospital Somerset
Steeplechase Cancer Center
30 Rehill Avenue
Somerville, NJ

COCON
**SHEDDING
HER Z**

A BRANCBURG RESIDENT LOSES 115 POUNDS FOLLOWING GASTRIC SLEEVE SURGERY AND EMBRACES A NEW LIFE.

For years, Kathy Hein hid behind her extra pounds. The weight masked Kathy's worries and reflected past trauma. When her dad became gravely ill, Kathy, 57, knew it was time for a change. Her father's dying wish was that Kathy take charge of her health and not follow in his footsteps.

She researched bariatric surgery programs and attended an informational session by the Bariatric Program at Robert Wood Johnson University Hospital (RWJUH) Somerset, a designated Center of Excellence in Metabolic and Bariatric Surgery. During an initial consultation, Kathy met with bariatric surgeons Ajay Goyal, MD, FACS, Chief of Bariatric Surgery at RWJUH Somerset and Founder of the New Jersey Bariatric Center, and Angela Glasnapp, MD, FACS, of the New Jersey Bariatric Center, to review her medical history and discuss her weight-loss surgery options.

A lifelong dieter, Kathy says, "I was never able to get below the 200-pound mark and was skeptical when Dr. Goyal said surgery could help me get there." Kathy's pattern was to lose weight—70 pounds with Weight Watchers in recent years—and then backslide when life threw her a curveball. "My dad got sick and I gained 50 of the 70 back."

When Kathy described how her father's illness impacted her weight, "Dr. Glasnapp was frank and said, 'Life will still happen after surgery. You need to learn to deal with your stressors without resorting to food.' That was a light bulb moment for me. I realized surgery was not a magic pill. It was a great tool, but it wouldn't make my issues go away."

IT TAKES A TEAM

According to Dr. Goyal, obesity is a chronic progressive disease—the result of genetic, emotional and environmental factors. Bariatric surgery resets the body's thermostat and decreases hunger by reducing the size of the stomach resulting in weight loss. "But surgery doesn't change how you live your life. That's why it's so important to surround patients with support. We provide a team approach

before and after surgery to make sure weight stays off for the long run," says Dr. Goyal.

Prior to surgery, each patient undergoes a comprehensive medical review, including nutritional and psychological evaluations plus medical testing relevant to their current health. This approach, combined with an experienced, board-certified surgeon, leads to safe and effective long-term results.

Despite weighing 265 pounds, Kathy didn't have obesity-related concerns such as high blood pressure or diabetes. She met with a dietitian who conducted a nutritional evaluation and prepared a dietary plan.

And Kathy began taking steps. She bought a Fitbit and logged mile after mile, challenging herself to further distances. She increased her water and protein intake and began weaning herself off sugar and carbohydrates. "That was tough," recalls Kathy. "Cookies and candy were my downfall."

In July 2017, Kathy's father died as she was preparing for surgery. With the support of her family and medical team, she had bariatric surgery at RWJUH Somerset two months later. "Kathy had a gastric sleeve, the most frequently performed weight-loss surgery," says Dr. Goyal. The procedure causes weight loss by reducing stomach size and decreasing hunger hormone secretions, leading to lower food intake.

ONE STEP AT A TIME

Kathy lost 35 pounds the first two months after surgery and continued dropping weight steadily with a healthy lifestyle. She met regularly with her nutritionist and kept a food diary. "I still log everything I eat," says Kathy. "It holds me accountable." Now down 115 pounds, Kathy weighs less than she did in high school.

And she's still counting her steps. "I move whenever I can," she says. "I jog in place in my office and at home while brushing my teeth or blow-drying my hair!" Six months after surgery, Kathy enjoyed a girls' weekend in Antigua. "I stuck to my food plan and indulged a



ARE YOU DECIDING ABOUT BARIATRIC SURGERY?

A laparoscopic gastric bypass or sleeve gastrectomy could be an option if:

- You have a body mass index of 40 or greater
- Your BMI is 35 or more and you have weight-related health issues such as sleep apnea or diabetes
- You've tried unsuccessfully to lose weight
- Excess weight is interfering with your quality of life

Combined with a healthy lifestyle, bariatric surgery can provide life-saving benefits, including:

- Type 2 diabetes remission
- Improved cardiovascular health
- Improved respiratory health
- Reduced cancer risk
- Elimination of sleep apnea
- Relief from bone and joint pain
- Improved fertility
- Relief of depression

little. We swam, kayaked and did water aerobics—things I couldn't do when I was heavy," says Kathy, who returned from vacation seven pounds lighter.

Today, Kathy has taken a cue from her supportive team at RWJUH Somerset and is coaching women in an online bariatric surgery support group. She's looking forward to a family vacation in Ireland, capped off with a weekend getaway to Paris with her husband.

"I was hiding for years and now I've shed my cocoon," says Kathy of her newfound confidence. "My dad would be proud."

To learn more about bariatric surgery, register for a free informational seminar by calling **888.724.7123**.

Rachel, Abigail and
Melanie.

STRONG MOMS, HAPPY BABIES

**MATERNITY CARE AND THE “STRONG AS A
MOTHER” SUPPORT GROUP STRENGTHENS A
NEW MOM, AND KEEPS BABY HEALTHY.**



Abigail made her way into the world during New Jersey's first winter storm of 2018. Her mom, Rachel Born, 32, woke to five-minute contractions, five inches of snow and an unplowed driveway. She and her wife, Melanie, bundled up and drove slowly from Califon through the snow-covered streets to Robert Wood Johnson University Hospital (RWJUH) Somerset.

The couple settled into a private labor and delivery room in the Mother-Baby Pavilion—and breathed a sigh of relief. “I had an epidural within the first hour. The nurses were great and helped me relax, joking with us and answering my many questions,” says Rachel. “We distracted ourselves with TV.” After her obstetrician, Margaret Andrin, MD, arrived, it was a quick labor. “Abbie was born during *Wheel of Fortune!*” recalls Rachel.

MOTHER-BABY SUPPORT

Rachel's medical team was concerned about meconium in the amniotic fluid and made sure a neonatologist was on hand to address any related problems. “The delivery room filled up quickly,” says Rachel. “But Mel and I felt secure knowing every specialist our baby might need was in that room at that moment.”

Rachel and Mel had prepared carefully for their daughter's arrival. They attended classes at RWJUH Somerset, including Childbirth Experience, Breastfeeding and Baby Basics, and toured the Mother-Baby Unit.

Despite her preparedness and gratitude that Abbie was born 100 percent healthy, Rachel was overwhelmed by emotions. “I couldn't stop beating myself up,” she says. She felt like a failure when breastfeeding went poorly despite repeated attempts. “I was distraught during the discharge class. The instructor pulled me aside, hugged me and assured me it was OK to bottle feed. I was grateful for her support.”

MORE THAN BABY BLUES

About 4 in 5 new moms experience postpartum blues—a short-lived period of feeling sad or moody, triggered by hormonal changes, after giving birth.

Rachel, who had a history of anxiety, recognized that her mental health symptoms were more than “baby blues.” They were intense and unshakable.

Dr. Andrin, who is chief of obstetrics/gynecology at RWJUH Somerset, agreed and referred her to the “Strong as a Mother” Perinatal Mood and Anxiety Disorders (PMADs) support group at RWJUH Somerset.

The group facilitator, Elizabeth Veltrie, is a new mom herself and a survivor of PMAD—a condition that can appear anytime during pregnancy and in the year after childbirth. It affects women who are pregnant or who recently had a baby. It also impacts women who ended a pregnancy, miscarried or have stopped breastfeeding.

A woman with PMAD may experience mild to severe symptoms including exhaustion and insomnia, eating disturbances, hopelessness, irritability and mood swings. Women may limit contact with their baby or partner or have thoughts of harming themselves or their child.

“There's a stigma and shame about anxiety and depression in motherhood,” says Veltrie, who trained as a support group leader through the Bloom Foundation under Lisa Tremayne, RN, founder of the Center for Perinatal Mood and Anxiety Disorders at Monmouth Medical Center, the only one of its kind in New Jersey. “Women often keep their feelings quiet.”

Rachel says the physical symptoms that plagued her pregnancy—morning sickness and dizziness—were likely due to PMAD. “My anxiety during pregnancy was because I wasn't in control of my body or the situation. It was terrifying. My Somerset team recognized my anxiety from start to finish and gave me the behavioral resources I needed,” she says. “A social worker called me weekly after Abbie was born.”

SUPPORT GROUP BRINGS STRENGTH

As new moms shift their identity to becoming a parent, they still juggle family and career demands. Sleep is fleeting and me time is hard to come by. Images of

“STRONG AS A MOTHER” SUPPORT GROUP

A safe, non-threatening support group for moms or expectant moms experiencing perinatal mood and anxiety disorders (PMADs), including sadness, anger, anxiety, OCD, intrusive/compulsive thoughts, panic or PTSD.

- Tuesdays from 11 a.m. to 12 p.m.
- Family Practice conference room at RWJUH Somerset

For information, email Elizabeth Veltrie at strongasamother@yahoo.com. Babies in arms are welcome.

ADDITIONAL RESOURCES:

Speak Up When You're Down

- NJ Family Health Line/Postpartum Depression Helpline
- 24 hours a day/7 days a week
800.328.3838

The Bloom Foundation

- thebloomfoundation.org

mother-baby bliss surround them.

“I worried I wasn't creating a perfect world for my baby,” says Rachel, who attended the support group with Mel and Abbie. “The group reassured me. The women said, ‘Look at your baby. She's happy, she's loved.’” Along with peer support, Rachel learned practical strategies about reducing panic, quieting irrational thoughts and letting go of unrealistic expectations.

“Baby books, Instagram and friends painted a picture of new mom life as joyous. I was supposed to be super happy about this new baby in front of me, and all I could feel was anger, physical pain and guilt. I needed people like Elizabeth and the women in my group. They lifted me up during a dark time,” says Rachel, who left the group after six months a stronger, more confident mom. “I won't ever forget them.”

To register for maternity classes or to schedule a tour of RWJUH Somerset's Mother-Baby Pavilion, call **908.704.3766** or go to www.rwjbh.org/somerset for a virtual tour.



Community Education

To register, call **888.724.7123** or visit **rwjbh.org/somerset**. Unless otherwise noted, events are FREE and registration is required. For fee-based events, cancellations within two weeks of the program are non-refundable under any circumstances.

Women & Coronary Disease: Your Best Interest at Heart

During this webinar, discover strategies for the prevention of heart disease, the differences in signs and symptoms of a heart attack between genders, the cause of heart disease, diagnosis and treatments.

Rachana Kulkarni, MD, cardiologist; offered in collaboration with Friends Health Connection.

**Friday, February 1
12 to 12:30 p.m.**

To register, visit tinyurl.com/y7lko5zs

HealthHike Walking Program: Have a Big Heart? Enlarge Your Understanding of Cardiomyopathy

Understand cardiomyopathy, the different types (i.e. dilated, hypertrophic, peripartum and restrictive), modifiable and unmodifiable risk factors, signs and symptoms, diagnostic tools, the latest treatments and prevention strategies.

Alpesh Patel, MD, cardiologist
**Wednesday, February 6
10 to 11 a.m.**

AMC Theatres at Bridgewater Commons

Breakfast with the Cardiologist: An Upbeat Conversation on Congestive Heart Failure

Understand congestive heart failure, the various types, numerous causes, symptoms, stages of the disease, diagnosis, medical interventions and strategies to improve quality of life. A heart-healthy breakfast will be served.

Oxana Ovakimyan, MD, cardiologist

**Tuesday, February 12
9:30 to 11:30 a.m.**

Venue 518, Bound Brook

Finding Its Way Into One's Heart

Discover the difference between embolism, aneurysm and thrombosis; the difference between clots and plaque (atherosclerosis); the difference between stroke and heart attack; the correlation with plaque on teeth; causes of clots; signs and symptoms; diagnostic tools including the role of the Cardiac Catheterization Lab; treatments including medications such as blood thinners and the most effective medications on

the market; and prevention strategies such as foods that unclog arteries. A light breakfast will be served.

Daniel Fung, MD, cardiologist
**Thursday, February 21
10 to 11:30 a.m.**
Somerville Elks

HealthHike Walking Program: Hear Ye, Hear Ye! Listen to the Latest Word on Hearing

Discover the signs of hearing loss, risk factors, prevention strategies, the causes of impairment, the difference between tinnitus and hearing loss, diagnosing the root problem and advances in hearing restoration and hearing aids. Hearing screenings will be offered at the conclusion of the program.

Jill Bambaci, CCC/A, audiologist
**Wednesday, March 6
10 to 11 a.m.**
AMC Theatres at Bridgewater Commons

Intestinal Fortitude: The Guts to Promote Colon Health

In this moderated webinar, understand strategies to

prevent colon conditions, the various types of disorders (i.e. irritable bowel syndrome, ulcerative colitis, colon cancer, etc.), risk factors, causes, the difference between endoscopy and colonoscopy and the latest treatments available.

Alan Gingold, DO, board-certified gastroenterologist; offered in collaboration with Friends Health Connection.
**Wednesday, March 13
12 to 12:30 p.m.**
To register, visit tinyurl.com/y7wjmwet

BLAST! Babysitter Lessons and Safety Training

This course provides teenagers ages 11+ with everything they need to know to care for younger children, including sitter tips for working with parents and kids, safety, caregiving and first aid. Each student receives a two-year certification in Child and Babysitting Safety and a two-year certification in Heartsaver AED (Adult Child Infant CPR, AED and First Aid).
**Saturday, March 16
8 a.m. to 4 p.m.**
Fuld Auditorium, \$65 (includes course material and lunch)



HAPPY COOKING FOR CARDIOVASCULAR HEALTH WITH DAPHNE OZ, CHEF, BEST-SELLING COOKBOOK AUTHOR AND EMMY AWARD-WINNING TV HOST

RWJUH Somerset Cardiologist Sharan Mahal, MD, of RWJ Physician Enterprise's CardioMD, will help you to understand the various types of heart disease, causes of sudden cardiac arrest, the role of hypertension in heart attacks, risk factors, signs, diagnosis and treatments such as therapeutic hypothermia. Prevention strategies will also be provided. Then, during a keynote presentation, learn the basics and benefits of a healthy diet for cardiac wellness with Daphne Oz, chef, best-selling cookbook author, Emmy Award-winning former cohost of *The Chew* and current host of *The Dish* on *The Dr. Oz Show*. Ms. Oz will share healthy and delicious time-saving meals that are easy to create and maximize your health and happiness. Participants will receive a copy of her cookbook. A book signing will follow.

Daphne Oz, Emmy Award-winning television host and best-selling cookbook author
Sharan Mahal, MD, cardiologist

**Wednesday, February 27
5:30 to 9 p.m.**

Bridgewater Manor, \$20 (includes dinner and copy of book)

Aerobics for the Mind: Sleep Deprived? Awaken Your Memory

Discover the various causes of insomnia, risk factors for sleeplessness, signs and symptoms of exhaustion, tools to diagnose possible sleep disorders, the effects of sleep deprivation, recommended treatments and strategies for getting a good night's sleep. Staff will then lead memory-strengthening activities. Participants will be offered a sleep assessment.

Samer Gerdes, RPSGT, CCSH (Certificate in Sleep Health), Supervisor of Sleep Center.
Karen De Russo, BS, RPSGT, Manager of Sleep Center.

Thursday, March 21
10 a.m. to 12:30 p.m.
Somerville Elks, \$10

Immunotherapy: Making a Mark on Colorectal Cancer

Discover the causes of colorectal cancer, risk factors, types of screenings, the different diagnostic tools and treatments (i.e., radiation, the Da Vinci Robotic Surgical System), including immunotherapy. Understand immunotherapy, the different medications or check inhibitors, the effectiveness of each and the molecular markers used to identify reoccurrences. A high-fiber lunch will follow.

Miral Grandhi, MD, colorectal surgeon.

Gary Ciambotti, MD, gastroenterologist.

Wednesday, March 27
12 to 2:30 p.m.

Steeplechase Cancer Center
Offered in collaboration with the Regional Chronic Disease Coalition of Morris/Somerset Counties.

HealthHike Walking Program: Getting the Skinny on Weight Management

Learn a lifestyle approach to effectively manage your weight. Topics will include an appropriate breakdown of carbohydrates, protein and fat; 10 Tips for a Great Plate; the role of physical activity;

and real life examples of positive nutrition practices.
Tia Hagins, RD, community nutritionist.

Sandra Calado, MSN, RN, bariatric program coordinator.

Wednesday, April 3
10 to 11 a.m.

AMC Theatres at Bridgewater Commons

Singing the Mommy Blues?

Are you feeling sad or worried? Are you having difficulty bonding with your baby? In this moderated webinar, learn about normal adjustment and myths about motherhood, postpartum anxiety and depression and strategies to improve moods.
Leslie Becker-Phelps, PhD, psychologist; offered in collaboration with Friends Health Connection.

Wednesday, April 10
12 to 12:30 p.m.

tinyurl.com/y8zvqqf

National Blue and Green Day: Save Lives...Become an Organ Donor!

During this moderated webinar, understand the organ donation process, who qualifies and how to become a registered donor.

David Pinsky, RN, director of Critical Care and Cardiology.
Brooke Hartrum, manager of hospital service at NJ Sharing Network.

Friday, April 12
12 to 12:30 p.m.

tinyurl.com/ya39fdzn

Offered in collaboration with Friends Health Connection.

AARP Driver Safety Program

Participants will learn techniques to prevent accidents and/or tickets in this AARP defensive driving course. Certificates are awarded to participants upon completion of the course and will entitle you to a savings on your insurance.

Tuesday, April 16
8:30 a.m. to 2:30 p.m.

Sunrise Senior Living of Basking Ridge, \$24 (Non-members) and \$20 (Members)
Breakfast and lunch included.

The Aches and Pains of Life...Keeping Your Joints Healthy

Understand the role of nutrition in joint health, the importance of exercise and healthy weight, how arthritis impacts joints, treatments for joint pain, when to consider joint surgery and what to expect. A light and calcium-enriched lunch will be offered.

Dr. Stephen Kayairos, Orthopedic surgeon

Tuesday, April 23
11 a.m. to 1 p.m.

Fuld Auditorium



Bariatric Programs

WEIGHT-LOSS SURGERY SEMINAR

Have you been unsuccessful at keeping the weight off? Weight-loss surgery may be the right choice for you. But how do you know if you qualify and which procedure is your best option? Join bariatric surgeons at Robert Wood Johnson University Hospital Somerset for free seminars to learn about your weight-loss surgery options, including detailed information about gastric banding, gastric sleeve and gastric bypass.

Tuesday, March 19 (Glenn Forrester, MD)

6:30 to 8 p.m.

Steeplechase Cancer Center, First Floor Conference Room

For more information or to register, call 888.724.7123.

Community Health Screenings

CARDIAC ATHLETIC SCREENING (FREE)

A free cardiac screening is being offered to young athletes ages 14 to 18. This screening can help to identify those at risk for sudden cardiac arrest.

Saturday, February 2

8 a.m. to 12 p.m.

Somerset Family Practice

For an appointment, call 908.685.2414.

BLOOD PRESSURE AND CHOLESTEROL SCREENINGS

Wednesday, February 13

9 a.m. to 12 p.m.

Tarantino Promenade at RWJUH Somerset

Cost is \$15 for cholesterol screening, which includes HDL, ratio and glucose

No pre-registration required.



110 Rehill Avenue, Somerville, NJ 08876

Robert Wood Johnson University Hospital Somerset: Among the best in the US

**Nationally recognized for patient safety and
quality for the 4th time.**

Continuing a tradition of delivering health care excellence, Robert Wood Johnson University Hospital Somerset (RWJUH Somerset) earned its fourth A grade for patient safety from The Leapfrog Group for Fall 2018.

RWJUH Somerset continues to maintain the highest national standards for the quality and safety of the care it provides, and remains committed to putting patients first.

Congratulations to the entire RWJUH Somerset family on this remarkable achievement.



Robert Wood Johnson
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