

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

FALL 2020

healthy *together*

**THE LATEST IN
BREAST CARE**

**HELP FOR
MENTAL HEALTH
PROBLEMS**

**THE BENEFITS OF
LONG-TERM
WEIGHT LOSS**

**PROTECT
YOUR HEART
FROM STRESS**



Rising to the Challenge

During the COVID-19 pandemic, changes in healthcare have been unprecedented. Fighting a new and unpredictable virus and making it safe for patients to receive all types of care under these extraordinary conditions have become our top priorities.

We're proud of how RWJBarnabas Health has risen to these challenges, as stories in this issue show. From new mothers who need help with breastfeeding to seniors looking for advice on how and whether to have social interactions, we're here for you with support and guidance.

We offer telehealth services for children and adults through RWJBarnabas Health TeleMed,® which makes virtual visits available for many issues in both primary and specialty care. If an in-person doctor visit is required, know that all physicians in our RWJBarnabas Health Medical Group have implemented additional safety standards for their offices, including social distancing, mask wearing, intensified disinfection protocols, and COVID-19 screening of patients and staff.

Of course, in the event you or a loved one need to go to the hospital, you can rest assured that each facility in the RWJBarnabas Health system has taken every precaution for the safety of patients, visitors and team members.

At Robert Wood Johnson University Hospital Somerset, everyone entering the hospital is screened for COVID-19, which includes a temperature check, and given a mask to wear while in the hospital. The hospital follows stringent cleaning protocols, including UV light decontamination, and social distancing practices in waiting areas. In most cases, visitors are restricted to one person per patient at a time. Our Rehabilitation Services and Babs Siperstein PROUD Center now offer telehealth options. Support groups and community health education programs are now offered virtually.

At RWJBarnabas Health, caring for the community is our mission and our passion. Please take good care of yourselves by wearing a mask when needed, washing your hands frequently and practicing social distancing.

Yours in good health,

BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH



ANTHONY CAVA
PRESIDENT AND CHIEF EXECUTIVE OFFICER
ROBERT WOOD JOHNSON UNIVERSITY
HOSPITAL SOMERSET



From left: Brandon and Paul Hubert, Chairman of the Somerset Health Care Foundation Board of Trustees

A CHERISHED VOLUNTEER

Last summer, Robert Wood Johnson University Hospital (RWJUH) Somerset dedicated the Karen Siplak Hubert Reception Desk in the main lobby. Hubert began volunteering at the hospital in 2008 and, over the course of 11 years, donated 1,636 hours of service. After she passed away in December 2019, her husband, Paul, chairman of the Somerset Health Care Foundation's Board of Trustees, her son, Brandon, and family and friends donated more than \$107,000 to the Foundation in her memory. To learn more about how you can support RWJUH Somerset, contact the Somerset Health Care Foundation at 908.685.2885.

A STATE-OF-THE-ART ENDOSCOPY SUITE



RWJUH Somerset recently renovated the Endoscopy Suite—where colonoscopies, bronchoscopies and other procedures are performed—on the hospital's third floor. The suite now features three

procedure rooms, five preoperative patient bays, six postoperative patient bays and one private isolation room. New equipment was purchased, and there's a new waiting area for family members, which includes a private space where doctors can meet with family members. For more information about the Endoscopy Suite, call 908.685.2948.

Robert Wood Johnson University Hospital Somerset | **RWJBarnabas HEALTH**

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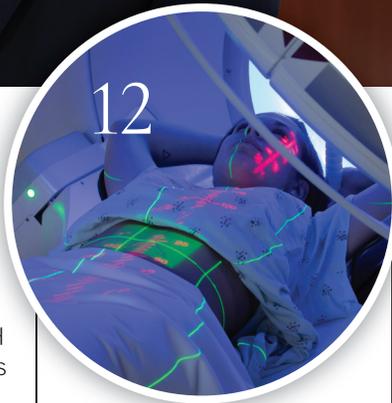
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 RWJBarnabas Health and Robert Wood Johnson University Hospital Somerset, in partnership with Rutgers Cancer Institute of New Jersey—the state’s only NCI-Designated Comprehensive Cancer Center—provide close-to-home access to the most advanced treatment options. Call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

THE BEST BREAST CARE

THE STEEPLCHASE CANCER CENTER AT RWJUH SOMERSET NOW OFFERS A PROGRAM TAILORED TO HIGH-RISK PATIENTS, SECOND OPINIONS AND MORE COMFORTABLE BREAST BIOPSIES.



From left: Simona Schneider, APN, and Attiyah Muhammad-Callaway, BSN, RN, of the Sanofi US Breast Care Program at the Steeplechase Cancer Center work with patients who are at high risk for breast cancer.

PROTECTING YOURSELF WHEN YOU’RE HIGH-RISK

If you’re at high risk for breast cancer, you might benefit from the Steeplechase Cancer Center’s new High Risk Breast Screening and Risk Reduction Program. Women who fall into this category typically have a mother, sister or daughter—or multiple relatives—who have had breast cancer. According to the American Cancer Society, “high risk” means you have a 20 percent or higher lifetime risk of developing the disease. In contrast, women at average risk have a 1 in 8 or 13 percent risk of having breast cancer over the course of their lifetime.

“Our multidisciplinary team of specially trained physicians, nurses and genetic counselors help women understand their risk factors and determine what actions they can take to protect themselves,” says breast surgeon Deborah Lue, MD, Medical Director of Breast Services at the Steeplechase Cancer Center. “We can help women develop an individualized program to address their elevated risk, which may include additional imaging studies, genetic counseling and testing, lifestyle and dietary changes, and meetings with breast surgeons and medical oncologists.” Women who are at high risk of breast cancer and have a strong family history of other cancers may need genetic counseling.

To participate in the program, a woman must complete a risk evaluation form at the time of her annual mammogram at the Sanofi US Breast Care Program. The calculated risk assessment results are provided to the patient and her physician. For more information about the High Risk Breast Screening and Risk Reduction Program or to make an appointment, call **908.243.8660**.

KNOWING ALL OF YOUR OPTIONS

If you've received a breast cancer diagnosis, you'll want to know all of your treatment options. Experts recommend getting a second opinion before settling on a treatment plan. Now Robert Wood Johnson University Hospital (RWJUH) Somerset offers a second-opinion program, which allows you to connect with a breast cancer specialist at the Steeplechase Cancer Center. "Our multidisciplinary approach to breast cancer care can help you feel confident about your treatment options," says Cynthia Lee, MD, a fellowship-trained breast surgeon with 20 years of experience who recently joined Steeplechase Breast Specialists and is affiliated with the RWJBarnabas Medical Group.

It's especially important to get a second opinion if there's any uncertainty about the type or extent of the cancer; you were diagnosed with a rare or complex breast cancer; you're confused about your treatment options or want to explore others; or your insurance company or doctor recommends it.

A breast cancer specialist at the Steeplechase Cancer Center can help you make an informed decision about your treatment plan by doing the following:

- Review your test results
- Evaluate your diagnosis
- Review your treatment options, which may include surgery, radiation therapy, chemotherapy and reconstructive surgery
- Determine whether you're eligible to participate in one of the many clinical trials offered at RWJUH Somerset in partnership with Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center
- Consult with other specialists at the Steeplechase Cancer Center. They may include medical oncologists, radiation oncologists, pathologists, radiologists, plastic surgeons, genetic counselors and patient navigators.

To arrange for a consultation with a specialist through the Second Opinion Program, contact Kimberly Cromwell-Piniella, CBCN, RN, BSN, Breast Cancer Patient Navigator at the Steeplechase Cancer Center. Call **908.252.4053**.



A new breast biopsy system that uses three-dimensional imaging provides faster, more comfortable and less painful biopsies.

A BETTER BIOPSY

At RWJUH Somerset, patients can have a breast biopsy guided by a system that uses three-dimensional (3D) imaging, also known as tomosynthesis. (This is the same imaging technology that's used for mammograms.) The system gives the radiologist a better view of breast tissue, enabling him or her to quickly identify subtle lesions and faint calcifications that may not be visible on other systems. The biopsy is performed while you're lying on a table, which allows the radiologist to access the breast from any side. He or she may be able to sample lesions that are difficult to reach with traditional, two-dimensional tables. Patients report that the biopsy was faster, more comfortable and less painful than expected. "Our state-of-the-art technology enhances the quality of care patients receive at RWJUH Somerset," says Dr. Lue.



DEBORAH LUE, MD



CYNTHIA LEE, MD

For more information about breast cancer services at Robert Wood Johnson University Hospital Somerset, visit www.rwjbh.org/somerset.



John Vingara enjoys spending time with his 4-year-old grandson, Tyler, who lives with him, his wife and daughter.

SECRETS OF LONG-TERM WEIGHT LOSS

THANKS TO BARIATRIC SURGERY AND SELF-DISCIPLINE, ONE PATIENT HAS MANAGED TO KEEP 165 POUNDS OFF FOR 14 YEARS.

John Vingara, 57, had always struggled with his weight. Growing up, he always had second helpings of food at meals, and he's a chef (he taught in a vocational school and ran a catering business). By the time he was in his 40s, John, who is 5'5", weighed around 320 pounds and had developed diabetes, sleep apnea and



DAVID WARD, MD

multiple hernias. "I thought, if I want to see my daughter get married and have grandkids, I need to address this," recalls the Raritan resident.

John learned that a fellow teacher had lost weight after having bariatric surgery at Robert Wood Johnson University Hospital (RWJUH) Somerset. "You should give it a try," his colleague said. John saw his primary care provider and asked about the procedure, but his doctor wasn't enthusiastic. "You realize you'll never be able to eat Thanksgiving dinner again," he said. "And you'll have to take vitamins for



the rest of your life.” John wasn’t deterred. “I knew what I was getting myself into,” he recalls. “I said, ‘If I don’t do anything, I might develop heart disease or have a stroke. I’ll take my chances.’”

A NEW WAY OF EATING

In the fall of 2005, John saw David Ward, MD, the RWJUH Somerset bariatric surgeon who had operated on his friend. Dr. Ward recommended the gastric bypass procedure, in which the stomach is divided into two sections. The top part becomes a small pouch the size of a walnut, limiting the amount of food that can be eaten, and is connected to the middle of the small intestine. The remaining parts of the stomach and intestinal tract don’t absorb food. The procedure leads to hormonal changes that reduce appetite, and it works especially well for people with diabetes. “The procedure has a metabolic effect,” says Dr. Ward. “Insulin (a hormone that regulates blood sugar) becomes more effective, and blood sugar levels go down.”

John told Dr. Ward that he couldn’t have the procedure until August due to his teaching schedule. Over the next nine months, he saw a nutritionist in Dr. Ward’s office. “Patients learn to count calories and weigh their foods,” says Dr. Ward. “Those who lose weight before they

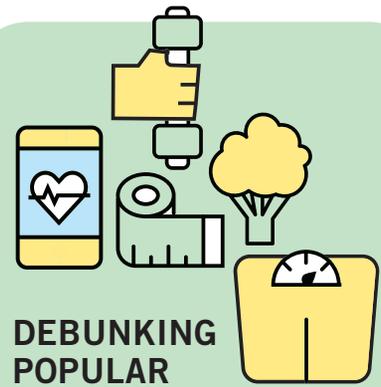
have surgery do the best afterward.”

In August 2006, John had the procedure at RWJUH Somerset. He spent several days in the hospital and recovered over the course of two weeks. “I started out with a liquid diet, and then I began to eat small pieces of chicken and drink protein shakes,” he says. “I always made sure I ate protein at the start of every meal.” Today, John limits starches, controls portion sizes and stays away from soda. “I eat around 25 percent of the amount of food I used to eat,” he says.

A SUCCESSFUL OUTCOME

John lost an impressive 165 pounds in the first year after his surgery, and he’s managed to keep it off for 14 years. His sleep apnea and diabetes have disappeared. At 155 pounds, John was happy to learn that he fit into the “super preferred category” for his life insurance policy. “John is very motivated because he was miserable before the surgery,” says Dr. Ward. “He fears regaining the weight and going back to the way he was. He knew the surgery was a lifelong commitment.”

Today, John enjoys teaching classes on food safety for the restaurant industry, working for an entertainment company and playing with his 4-year-old grandson, Tyler. “He’s one of the greatest parts of my life,” says John.



DEBUNKING POPULAR DIET MYTHS

MYTH: A few extra pounds won’t hurt me.

Not only can obesity and diabetes lead to a host of health problems and premature death, but they’re also known to increase the chances of dying from COVID-19 by tenfold, says David Ward, MD, a bariatric surgeon at Robert Wood Johnson University Hospital Somerset.

MYTH: I can easily lose weight through diet and exercise.

While it’s possible to lose weight through diet and exercise, surgery is far more effective for people who are obese. “Two out of 100 people will lose weight and keep it off through diet and exercise, and 70 out of 100 will do it with bariatric surgery,” says Dr. Ward.

MYTH: If I gain weight, I’ll just go on a diet.

If you gain a few extra pounds and keep them on for a year, you’ll have a tough time shedding them. “Your body’s ‘set point’—the weight it recognizes as ‘normal’—will ‘reset,’ and your body will try to hang on to those extra pounds,” says Dr. Ward. Try to lose any extra weight as quickly as possible.

MYTH: People gain weight when they’re older because their metabolism slows.

Actually, it’s more of a lifestyle issue, says Dr. Ward. “When people’s kids grow up, they have more time to eat,” he points out. “They also might eat out more.” In addition, some older people become sedentary, so it’s important to stay active.

COULD YOU BENEFIT FROM BARIATRIC SURGERY?

If you’ve been unsuccessful at slimming down, weight-loss surgery may help to improve your health and quality of life. Join bariatric surgeons at Robert Wood Johnson University Hospital Somerset for free online seminars to learn about your options, including gastric banding, sleeve gastrectomy and gastric bypass. Upon registering, you will receive a separate email with all log-in information.

Tuesday, November 17 (Ajay Goyal, MD) | 6:30 to 8 p.m.
www.rwjbh.org/~events/event/?event=18425

Thursday, December 17 (David Ward, MD) | 6:30 to 8 p.m.
www.rwjbh.org/~events/event/?event=18426

For more information about bariatric surgery, visit www.rwjbh.org/weightloss.



A HEALTHIER STATE OF MIND

THE HEAD OF BEHAVIORAL HEALTH EXPLAINS THE HOSPITAL'S EXPANDED SERVICES.



TAMER WASSEF, MD

To meet the needs of a growing number of patients with mental health disorders, Robert Wood Johnson University Hospital (RWJUH) Somerset has expanded its services. Tamer Wassef, MD, Medical Director of Behavioral Health Services at RWJUH Somerset, describes the hospital's unique programs.

What services are available for people with severe mental illness?

The unit is licensed by the New Jersey Department of Health to offer voluntary and involuntary treatment for people who have severe mental illness—such as depression and psychosis—and can't seek care on their own. Some are dangerous to themselves or the community, so it's important for them to be in a safe environment where they can receive the appropriate treatment. There are very few inpatient beds available in the state, so some patients spend weeks in an Emergency Department waiting for placement. At RWJUH Somerset, we now have 12 beds for involuntary patients and 18 beds for voluntary patients. Services include partial hospitalization and intensive outpatient treatment. The hospital also has a Crisis Center, which provides emergency care for patients in crisis situations.

What changes have been made to the Eating Disorders Unit?

The unit at RWJUH Somerset is one of only two inpatient programs in the state.

Eating disorders, such as anorexia nervosa and bulimia nervosa, are common and have the highest mortality rate of any mental health problems. Our state-of-the-art Eating Disorders Unit, which is undergoing a \$9 million renovation, currently has 14 beds. In 2021, it will have six additional beds and a kitchen, where patients can prepare their own food. The unit provides occupational and group therapy as well as art therapy. We offer inpatient treatment, an intensive outpatient program and a partial program, which runs from 9 a.m. to 2 p.m. Treating an eating disorder in a hospital setting benefits patients because some develop medical disorders, such as renal failure, heart problems and gastric ulcers. We have medical consultants on staff in all different specialties to monitor and treat these problems.

Has there been an uptick in patients experiencing mental health problems?

Yes. There's been a 30 to 40 percent increase in

patients experiencing anxiety, panic attacks, depression and suicidal thoughts since the beginning of the pandemic. People have lost their jobs and have been isolated in their homes. As a result, some are self-medicating with alcohol, which exacerbates mental health problems. Alcohol cravings can be treated with therapy and a new medication approved by the Food and Drug Administration.

What types of healthcare providers treat patients with mental health disorders?

A multidisciplinary team of specialists cares for all of our patients, which enhances their treatment. Patients with mental health disorders such as depression and anxiety are treated by psychiatrists, psychiatric nurses, psychotherapists and licensed clinical social workers. Those with eating disorders receive care from dietitians, occupational therapists, social workers, psychiatrists, psychotherapists and art therapists.



For more information about our Behavioral Health Services, call our Access Center at **800.300.0628**.



GOING OUT: WHAT'S SAFE FOR SENIORS?

**WHEN IT COMES TO COVID-19 AND SOCIAL CONTACT,
IT PAYS TO WEIGH THE RISKS AND BENEFITS.**

A senior citizen who lives alone had become depressed. Her family said she seemed confused when they spoke to her on the phone. Should she allow visitors into her home to help her, or was the risk of contagion too great?

An elderly couple was being urged to attend the wedding of a dear family member, and they very much wanted to be there. Should they go?

These and similar questions are being debated daily by older adults, who are among the groups most at risk for severe illness from COVID-19.

“When stay-at-home recommendations began, many assumed that there would be a clear end date and kept a stiff upper lip as they socially isolated,” says Jessica Israel, MD, Senior Vice



JESSICA ISRAEL, MD

President of Geriatrics and Palliative Care for RWJBarnabas Health and a member of RWJBarnabas Health Medical Group.

However, as questions about transmission and treatment persist, it's become clear that life will not be going back to “normal” anytime soon—and prolonged isolation has health risks as well.

“Today, older adults need to evaluate the risk of having an interaction vs. the risk of not having it,” says Dr. Israel. “And we all need to be open to the fact that there's no one-size-fits-all answer for everybody.”

THREE QUESTIONS

To weigh out the pluses and minuses of a social interaction, Dr. Israel advises, ask yourself three questions:

“What are the risks of what I'm thinking about doing?” Will people be masked, will there be the ability to wash or sanitize hands, and will commonly touched surfaces be sanitized? Will the event be indoors or outdoors?

“How am I feeling emotionally?” Are you emotionally OK, or is staying inside affecting your ability to live your life successfully? For example, do you have a hard time getting motivated to get out of bed to begin your day? Have you lost interest in talking to people on the phone or in doing things you could enjoy, such as sitting outside?

“How am I feeling physically?” Is your health good, or do you have trouble with normal activities, such as walking from room to room? Have you been putting off care for a health condition?

Based on these considerations, Dr. Israel advised the family of the depressed older woman that she should have visitors. “It was becoming an unsafe situation, and when it comes to depression, you can't solve everything with medication,” she says. “The family had been trying to protect her by staying away, but she needed to see them in person, with all appropriate safety measures taken, of course.”

As for the elderly couple who were invited to the wedding, Dr. Israel asked them whether all guests would be masked and practice social distancing. The answer was no. “I had to tell them that I thought it would be too unsafe for them. They actually felt relieved,” she says.

“People come to me all the time and say, ‘Can I go to the hairdresser? Can I go to a restaurant that has outdoor seating?’” says Dr. Israel. “I tell them there may not be a great answer. No activity is without any risk at all, so you have to consider what you can do to mitigate that risk.”

The one activity that's definitely off-limits for now is hugging grandchildren, says Dr. Israel. “We're still learning, but it looks like young people spread the virus very easily, even if they show no symptoms at all,” she says. “I hate to say it, but hugging grandkids should be on hold for a while longer.”

To learn more about healthcare for seniors at RWJBarnabas Health, visit www.rwjbh.org/seniorhealth.



A pregnant woman with curly hair, wearing a light blue long-sleeved shirt, is smiling and holding a white tablet computer in front of her. The background is a soft-focus indoor setting with a white brick wall.

NEW MOTHERS, NEW CHALLENGES

**VIRTUAL SUPPORT IS HELPING NEW AND EXPECTING
MOMS GET THROUGH THE PANDEMIC SAFELY.**

The experience of being pregnant and having a baby is different during the era of COVID-19.

In-person baby showers aren't happening. Pregnant women aren't seeing friends and coworkers on a daily basis, so they can't have the kind of "Is this normal?" discussions that tend to come up between expecting and experienced mothers.

After the baby is born, many women have to go without help from other family members because of travel restrictions or fears of bringing COVID-19 into a home with a newborn.

"Many families are trying to navigate the emotional, physical and social challenges often experienced after the birth of a baby without the traditional support of friends and family," says Suzanne Sernal, Vice President for Women's Services at RWJBarnabas Health (RWJBH). "We've been hearing that pregnant women feel anxious because they're isolated and not able to experience pregnancy and new motherhood as they'd imagined they would."

For many women, help has come in the form of virtual support groups, facilitated by experts at RWJBH hospitals. Specific topics vary from hospital to hospital, but two groups are open to all: virtual support for women who are experiencing perinatal mood and anxiety disorders (PMADs) and virtual support for breastfeeding.

"One of the most important things women learn in these groups is that the things they're feeling are normal and they can talk about them," Sernal says. "We've created comfortable, safe virtual spaces for expecting and new mothers."

MANAGING ANXIETY

Women may come to a PMAD group feeling that they're alone, but in fact, PMAD—which used to be called postpartum depression—affects 1 in 5 pregnant and new moms. Though a very real illness, it is temporary and treatable, and peer support has been shown to be a powerful help.

In the group, new and expecting

mothers may express their sadness or anger, or feelings of being overwhelmed, without feeling judged.

"The conversations these women are having are so meaningful," Sernal says. "Some of them feel so isolated and sad at the beginning of a session, and by the end they're actually smiling and have been given a handful of resources they can immediately tap into as soon as the session is over."

Conversations can continue in a private Facebook community, and telehealth visits with a behavioral health specialist can be arranged. "We've been able to open the doors for more women to get support for mood and anxiety disorders because the virtual groups have eliminated geographic barriers," Sernal says.

BREASTFEEDING BASICS

Breastfeeding is good for both mother and baby, but it comes with many challenges—from latching-on to milk supply, tongue-tie, pain, pumping, diet, weaning and more. In virtual breastfeeding support groups, women connect with other new mothers as well as International Board-Certified Lactation Consultants to get the answers they need.

Lactation consultants allow moms to take the lead by raising issues that are of concern to them and provide their professional advice and insight as needed.

"When I got home from the hospital, I missed the support of the great lactation consultants and nurses there," says Lauren Tran, 34, of South Orange, who had a baby boy in mid-June. "I wondered if it would feel silly to do a breastfeeding group virtually instead of in person. But that feeling went away quickly, and we are building camaraderie and getting to know each other just as we would if we were in person."

"Knowing I'm not alone in challenges I'm dealing with is so helpful," says Shlomit Sanders, 33, of Elizabeth, who gave birth in April. "There are breastfeeding behaviors in babies that first-time moms have no idea about—for example, a feeding position that



PROTECTING MOMS AND BABIES FROM COVID-19

"The medical community is still learning about all of the potential effects COVID-19 may have on pregnancy and newborns," says Suzanne Sernal, Vice President for Women's Services at RWJBH. "What we do know is that all of the stay-safe recommendations—mask wearing, distancing, and frequent and thorough handwashing—that apply to us all are especially important for pregnant women and infants, and those who visit or care for them."

The Centers for Disease Control and Prevention recommends that mothers who come into a hospital for delivery be tested for COVID-19, even if they have no symptoms (cough, shortness of breath, fever or chills, loss of taste or smell). "At RWJBarnabas Health hospitals, we've put every precaution in place to ensure the safety of everyone in our facilities, including mothers and their birth partners," says Sernal. "So far, we've delivered more than 10,000 babies during this pandemic and have kept every one of those mothers and babies safe and healthy."

works great one time and not at all the next. It's so comforting to normalize these behaviors."

"At RWJBarnabas Health, we've made ourselves available to all of the pregnant and parenting women in our communities, and we welcome their questions," Sernal says. "We want them to have a great experience, even as they take all the measures needed to stay safe and healthy during the pandemic."

To learn more about virtual breastfeeding support, visit www.rwjbh.org/breastfeedingsupport. To learn about the PMAD group, visit www.rwjbh.org/PMADsupport. To learn more about maternity care at RWJBarnabas Health, visit www.rwjbh.org/maternity.





RADIATION ONCOLOGY: IT TAKES A TEAM

PATIENTS IN THE RWJBARNABAS HEALTH SYSTEM HAVE ACCESS
TO THE MOST ADVANCED TREATMENTS FOR CANCER.



RWJBarnabas Health, together with Rutgers Cancer Institute of New Jersey—the state's only NCI-Designated Comprehensive Cancer Center—provides close-to-home access to the latest treatment options. For more information, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

Radiation oncology, which uses precisely targeted doses of high-energy radiation to eliminate cancer cells, is an effective treatment for a wide range of cancers.

Within the field, though, are numerous treatment options, and that leads to crucial questions. Would a patient's cancer respond best to external beam radiation therapy, in which high-energy rays are directed from the outside into a specific part of the body? Or internal radiation, which involves putting a source of radiation inside the patient's body? And within those two categories, which specific treatment is most likely to be more effective for a particular patient?

Cancer patients in New Jersey can be assured that they have the best minds in the field on their cases, thanks to the unique partnership between RWJBarnabas Health (RWJBH) and Rutgers Cancer Institute of New Jersey, the state's only National Cancer Institute-Designated Comprehensive Cancer Center.

"All of the radiation oncology doctors at the 11 hospitals in the RWJBarnabas Health system and Rutgers Cancer Institute consult with each other. We don't hesitate to pick up the phone," says Bruce Haffty, MD, FACR, FASTRO, FASCO, Chair of Radiation Oncology for Rutgers Cancer Institute and for Rutgers Robert Wood Johnson Medical School and New Jersey Medical School.

"Moreover, we all know what technologies are available throughout the system. So if a patient at one of our cancer centers needs a treatment that's available at Rutgers Cancer Institute or any RWJBarnabas Health facility, we ensure that treatment can be offered based on the individual patient needs. If a clinical trial at any of those places could benefit a patient, his or her oncologist will know about



BRUCE HAFFTY, MD

it and the patient will have access to it," explains Dr. Haffty, who is also the Associate Vice Chancellor for Cancer Programs.

"In this way, we can provide a seamless continuity of advanced care that's of great benefit to our patients," he says.

CONSISTENT CONNECTION

Physicians at RWJBH and Rutgers Cancer Institute represent a vast array of cancer specialties. "A physician can call a specialist at another RWJBarnabas Health hospital to consult on any case," Dr. Haffty says. "For example, I get calls all the time about cases in my specialties, breast cancers and head and neck cancers. The same kind of discussions go on among experts in gastrointestinal, brain, blood cancers—all kinds of subspecialties within radiation oncology."

Such consultations aren't left to chance. Cancer specialists at RWJBH and Rutgers Cancer Institute meet regularly to discuss their cases. "We've implemented peer-review planning sessions, where every new patient case at each facility is peer-reviewed by multiple physicians," says Dr. Haffty. "Physicians share their ideas about what treatments might best benefit the patient—perhaps Gamma Knife, CyberKnife, proton therapy or other sophisticated radiation therapy techniques. Very few health systems have all of these options available."

Physicians and patients also have the benefit of the most up-to-date national research and the latest clinical trials. As one of just 51 U.S. institutions designated a Comprehensive Cancer Center by the National Cancer Institute, Rutgers Cancer Institute is a leader in conducting cancer research and translating scientific discoveries into novel treatments.

"The partnership between Rutgers Cancer Institute and RWJBarnabas Health is unique in that it offers the latest technology available in combination with all of our subspecialty expertise," says Dr. Haffty, "and anybody who walks in the door anywhere in the system has the benefit of all of it."



ADVANCED TREATMENTS

Radiation oncologists at Rutgers Cancer Institute of New Jersey and throughout the RWJBarnabas Health system are experts in the most advanced radiation treatments available, including but not limited to:

BRACHYTHERAPY: In this type of radiation therapy, the radioactive source is delivered through seeds, ribbons, catheters or wires placed within or just next to a tumor.

CYBERKNIFE: This robotic radiosurgery system is noninvasive and delivers intense, highly focused doses of radiation directed by a sophisticated computer guidance system.

GAMMA KNIFE RADIOSURGERY: This treatment uses multiple beams of radiation focused with extreme accuracy on the tumor or area to be treated. With Gamma Knife, no incision is required to treat tumors and other abnormalities of the brain.

INTENSITY MODULATED RADIATION THERAPY (IMRT) AND IMAGE GUIDED RADIATION THERAPY (IGRT): These therapies utilize advanced imaging and computerized radiation delivery techniques that provide high-resolution, three-dimensional imaging to pinpoint tumor sites while protecting healthy tissue.

PROTON BEAM THERAPY: This type of therapy uses protons (subatomic particles with a positive electric charge) to precisely target locations within tumors while protecting surrounding tissues and organs.

Your cancer care is too important to wait. Our cancer centers and our hospitals have taken every precaution as we continue to provide the most advanced cancer care. To schedule an appointment with one of our cancer specialists, call **844.CANCERNJ (844.226.2376)**.





Aiden Shanklin, left, has a custom treatment plan designed by his doctors to alleviate symptoms caused by a genetic mutation.

muscle tone or motor skills caused by damage to or abnormal development of the brain. CP symptoms often include exaggerated reflexes, floppy or rigid limbs and involuntary motions.

Aiden lived with this diagnosis for six years. Then he was taken to see Adam Aronsky, MD, a developmental and behavioral pediatrician at CSH in Mountainside. Dr. Aronsky felt that Aiden's clinical picture did not align with those of CP patients and suggested that he undergo genetic testing. That led to the discovery that Aiden actually had a GRIN2B mutation, a genetic disorder with symptoms very similar to those of CP.

"Because the symptoms of CP and GRIN2B-related syndrome are so similar, our treatment plan has not changed," Nicole says. "However, the new diagnosis has provided a lot of answers to my questions."

Aiden now sees three physicians at the CSH Mountainside location who work together to help with his treatment plan. Dr. Aronsky treats Aiden's bone and muscle function. JenFu Cheng, MD, a physical medicine and rehabilitation physician (physiatrist), provides Botox injections that assist with the parts of Aiden's body that have high muscle tone (spasticity). Neurologist Andrea Richards, MD, assesses any episodes he may have. For example, when there was concern that a laughing condition was a sign of a seizure, she was able to determine that it was just part of Aiden's personality.

"This experience has taught me that it's OK to ask questions, even if you think they don't make sense or seem silly," Nicole says.

"I encourage other families going through similar experiences to go with their gut, ask questions, research everything you can and share your experiences with others. You never know who will benefit from your story."

To learn more about Children's Specialized Hospital, call **888.244.5373** or visit **www.childrens-specialized.org**.

EVERYDAY JOYS

EXPERT CARE PROVIDES A YOUNG PATIENT WITH THE BEST POSSIBLE QUALITY OF LIFE.



Children's Specialized Hospital®

An RWJBarnabas Health facility

At 8 years old, Aiden Shanklin is wheelchair-dependent, has a sensory processing disorder and functions at the level of a 1-and-a-half-year-old.

He also loves to laugh, listen to the acoustic guitar, ride horseback and swim or run his hands under water. Aiden is doing these things and living his best possible life, thanks to the loving care of his family and the expertise of doctors at Children's Specialized Hospital (CSH).

"Children's Specialized Hospital has provided us with such excellent care. I couldn't ask for a better team for Aiden," says his mother, Nicole. "They have given

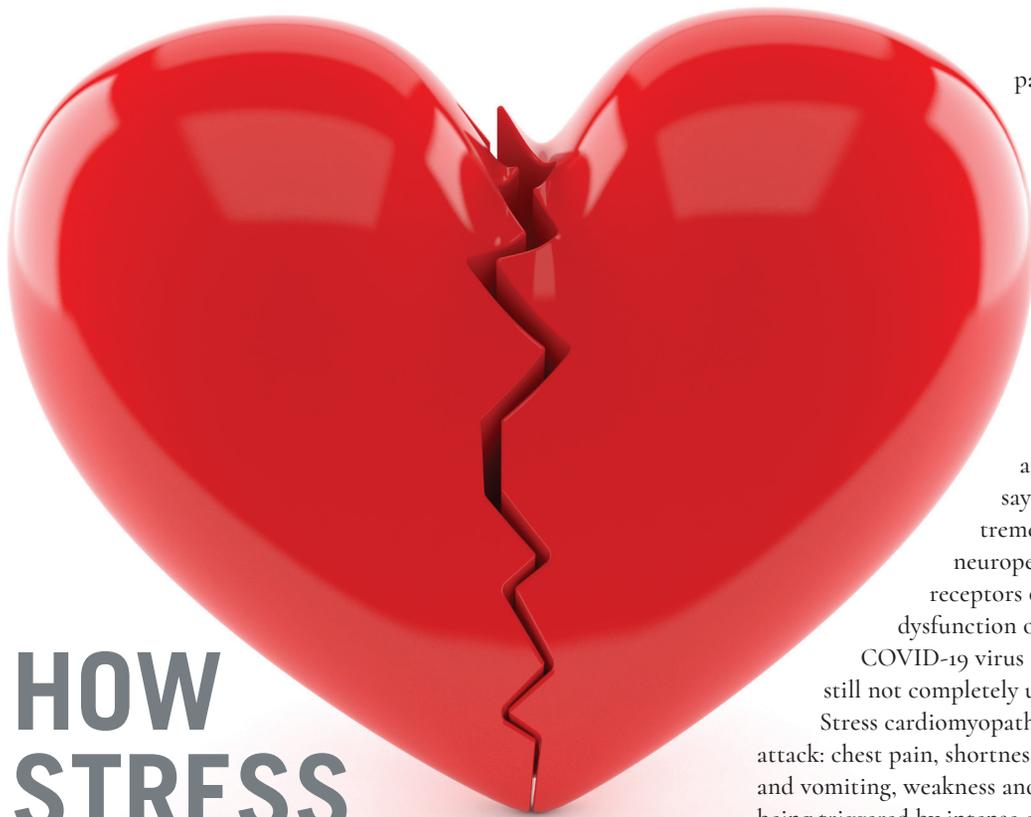
us the opportunity to provide him the best quality of life that we can."

QUESTIONS ANSWERED

When Aiden was 9 months old, Nicole became concerned because he had trouble holding his head up and had no trunk control. "When I would go to lift him, it felt as if I were picking up a rag doll," she says.

A pediatrician diagnosed Aiden with cerebral palsy (CP), a disorder of movement,

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 developmental and behavioral issues, like autism and mental health conditions. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren.



HOW STRESS HARMS THE HEART

HEART MUSCLE DISEASE IS INCREASING, AND EXPERTS THINK EMOTIONAL DISTRESS IS A MAJOR CAUSE.

If someone says their heart is broken, you instantly know what that means: The person is feeling deep grief, usually from the loss of a love relationship or the passing of a loved one.

The pain is emotional, but it can feel—and be—physical as well.



FADI CHAABAN, MD

In fact, cardiac specialists know extreme emotional stress can actually “break” a heart’s functioning by reducing the ability of heart muscles to pump, thereby depriving the brain and organs of oxygen-rich blood. This is called stress cardiomyopathy, also known as “broken heart syndrome,” and cases have been on the rise.

“Recent data show an increase of four times the number of stress cardiomyopathy cases compared to before the COVID-19

pandemic,” says Fadi Chaaban, MD, Director and Chief of Cardiology at Clara Maass Medical Center and a member of RWJBarnabas Health Medical Group.

HOW IT HAPPENS

“The mechanism for triggering stress cardiomyopathy is not completely understood, but it’s possible that there is a link between the brain and the heart where you have a high activation of neurons in the brain stem,” says Dr. Chaaban. “These in turn secrete a tremendous amount of stress hormones and neuropeptides, which could be captured by the receptors of the heart, leading to a temporary dysfunction of an area in the heart.” However, the COVID-19 virus attacks the heart in many ways that are still not completely understood, he notes.

Stress cardiomyopathy has the same symptoms as a heart attack: chest pain, shortness of breath, sweating, dizziness, nausea and vomiting, weakness and pounding of the heart. In addition to being triggered by intense emotion, it can be caused by significant physical stress, such as a severe asthma attack or a broken bone.

“Many times, a patient comes in with what presents as a heart attack, and we discover it was actually stress cardiomyopathy only after further testing, such as an echocardiogram or angiogram,” says Dr. Chaaban.

Women, especially those over 50, seem to be more at risk of emotion-caused stress cardiomyopathy. When men have the condition, it is more often caused by physical stress.

MANAGING STRESS

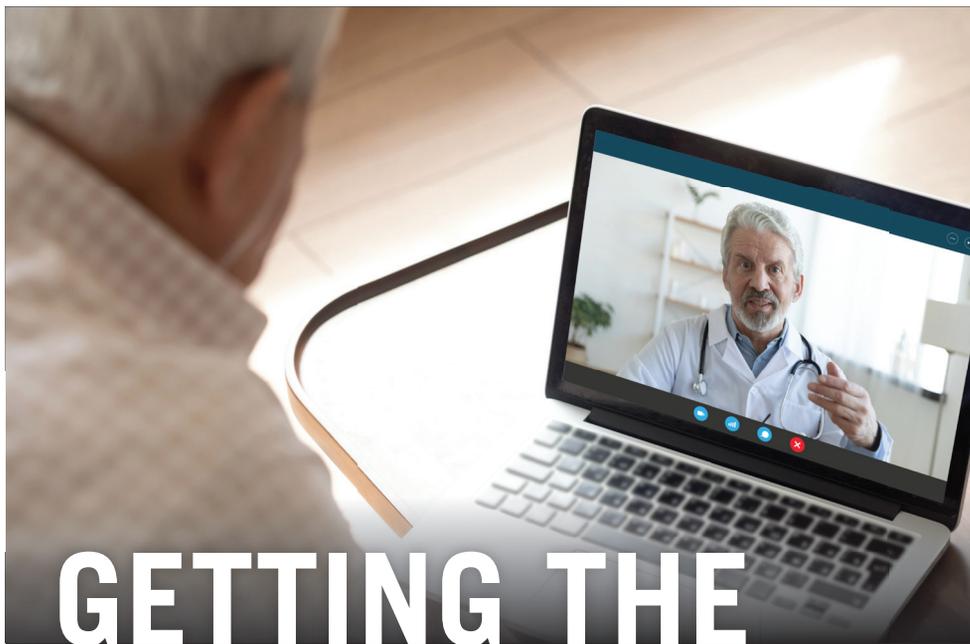
“We don’t know why some people get stress cardiomyopathy and others don’t, but what we can tell patients is that they are highly likely to fully recover,” says Dr. Chaaban. “We generally need to provide supportive treatment for several weeks, with medications to help improve blood pressure, remove fluid from the lungs and prevent blood clots.” For very sick patients, a ventilator or an intra-aortic balloon pump may be needed.

Managing stress is the most important thing anyone can do to protect the heart, he says. “The best way to de-stress yourself is to live a healthy life—stay active, eat well and maintain a healthy weight as well as a positive attitude,” he says. “Life is stress, but you can learn not to take things personally and become more resilient to whatever life throws at you.”

The most urgent message Dr. Chaaban has is for people to pay attention to their symptoms. “If you’re stressed out and suddenly feeling chest pain, don’t ignore it,” he says. “Get checked as quickly as possible. Call 911 or go to the Emergency Department. That’s a controlled environment where we can help you and support you until the stress has passed and your heart has healed.”

Your heart doesn’t beat just for you. Get it checked. To find a cardiac specialist at RWJBarnabas Health, call **888.724.7123** or visit www.rwjbh.org/heart.





GETTING THE MOST OUT OF TELEHEALTH

VIRTUAL VISITS WON'T REPLACE IN-PERSON APPOINTMENTS, BUT THEY CAN PROVIDE SIGNIFICANT BENEFITS.

Not long ago, virtual doctor visits—appointments conducted via video or phone—were relatively rare. Now they're commonplace, and they're here to stay. "The pandemic gave telehealth a jump-start, but I believe it will become a permanent part of the healthcare delivery system," says Andy Anderson, MD, President and Chief Executive Officer of the combined medical group of RWJBarnabas Health and Rutgers Health. "We are seeing

ever-increasing use of our RWJBarnabas Health TeleMed services."

Telehealth can be used for primary and routine medical care, as well as for some aspects of specialty care. "There's still enormous value in

face-to-face appointments and physical examinations, and that will never go away," says Dr. Anderson. "But telehealth has many uses, both for convenience and for making and maintaining the doctor-patient connection." Here, he explains why.

Can a wellness visit be done through telehealth?

A good deal of preventive screening can be done this way. A doctor can ask, "Have you had your mammogram? Have you scheduled your colonoscopy? What kind of diet are you consuming? Are you sleeping well?" Patients can self-report their weight and, if they have a blood pressure cuff at home—as many patients do—their blood pressure numbers. A doctor can screen for cognitive issues, give referrals, advise on a plan for self-care and recommend future tests and appointments.

Telehealth is not, clearly, a full substitute for an in-person visit and

examination. But it is a valuable way for people to get many of their healthcare needs met.

Besides wellness visits, what other kinds of primary care can be conducted virtually?

If you have an acute issue—for example, a cut or sprain, or a possible urinary tract infection—telehealth is a way to sort out the next steps, such as a doctor office visit, trip to urgent care or a prescription.

Also, aspects of care for chronic conditions like diabetes, heart failure and high blood pressure can be managed via telehealth. A doctor can ask about blood sugar levels, about symptoms and about medication side effects. The physician can see certain symptoms over video, such as swelling in legs.

Chronic disease management should be done in a combination of in-person and telehealth visits. But many patients have been very happy to have routine check-ins take place in a video visit, sparing them time they'd have to spend traveling to the doctor's office.

When an in-person visit isn't practical, why not just have a telephone call?

We encourage a video visit whenever possible, and fortunately, the technology for having one has become very simple to use. There's a huge visual component to communication—body language, expression. It's important to see the patient and have them see you when you're counseling or coaching them, or asking about side effects.

Are there any special issues for children?

For kids, much of their preventive care has to do with getting vaccines on schedule, so they'll need in-person visits more than most adults.

Can telehealth be used for COVID-19 screening?

Absolutely. In fact, it's a very important screening tool because, ideally, you don't want a person to show up to a medical office and potentially expose other people. An initial screening can be done effectively over the phone or via a video call by asking about the patient's health history and symptoms. Then prescriptions, tests or other next steps can be arranged as needed. The same is true, by the way, for people who have a bad cold or the flu.



ANDY ANDERSON, MD

To learn more about RWJBarnabas Health TeleMed®, call **888.724.7123** or visit www.rwjbh.org/telemed.





Community Education

Robert Wood Johnson University Hospital (RWJUH) Somerset offers a wide range of community health education programs and screenings to promote the health and wellness of our community. Due to the COVID-19 pandemic, most programs will be conducted virtually. Please note registration information for each event.

COMMUNITY ANNUAL MEETING

Robert Wood Johnson University Hospital (RWJUH) Somerset has invested in the health of our community. Learn about the clinical and preventive services the hospital provides to the community, the latest state-of-the-art technologies available at RWJUH Somerset and the hospital's plans for growth and development. Light refreshments served.

Tony Cava, President and CEO; Serena Collado, Director of Community Health

Wednesday, November 4, 6 to 7 p.m.

To register for this virtual meeting, call 908.685.2525.

COMMUNITY HEALTH SCREENINGS

Flu Vaccinations

For adults ages 18 and older. Participants will be seen on a first-come, first-served basis.

• **Tuesday, November 3, 6 to 8 p.m.**

Steeplechase Cancer Center 1st Floor Conference Room

\$25 for quadrivalent flu vaccine or free with Medicare Part B card

• **Saturday, November 7, 9 a.m. to 12 p.m.**

Steeplechase Cancer Center 1st Floor Conference Room

\$25 for quadrivalent flu vaccine or free with Medicare Part B card

To schedule an appointment, call 908.685.2814.

Glucose and Blood Pressure Screenings

A registered nurse and dietitian will be available to answer your questions about diabetes management and meal planning.

Wednesday, November 11, 9 to 11 a.m. | Tarantino Promenade, free

To schedule an appointment, call 908.685.2814. Fasting is not required.

Youth Mental Health First Aid Training

Children face many stressors, including bullying and peer pressure to vape or consume other substances. Discover how to help children or youth who are experiencing challenges or addictions by learning about typical adolescent development and a five-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety, depression and substance use. A two-hour online course will be completed by November 7, and an instructor-led portion will be hosted on Zoom on November 10. *Catherine Hoben, Certified Youth Mental Health First Aid instructor*
Brenda Esler, LSW, Certified Youth Mental Health First Aid instructor
Tuesday, November 10 9 a.m. to 2 p.m.
Registration link: tinyurl.com/virtual-YMHFA
Registration closes on October 27. Offered in collaboration with EmPoWER Somerset.

Adult Mental Health First Aid Training

Learn how to identify, understand and respond to signs of mental illness and substance use disorders in adults ages 18 and older. This course gives you the skills you need to provide initial support to someone who may be developing a mental health or substance-use problem and connect him or her with the appropriate care. It also provides a five-step action plan on how to help people in crisis and non-crisis situations. A two-hour online course will be completed by November 12, and an instructor-led portion will be hosted on Zoom on November 16. *Gail Schoenbach, Certified Mental Health First Aid instructor*
Jennifer N. Sorensen, MA, CPS, CPRS,

DRCC, Certified Adult Mental Health First Aid instructor

Monday, November 16 9 a.m. to 4 p.m.

Registration link: tinyurl.com/virtual-AMHFA

Registration closes on November 2. Offered in collaboration with EmPoWER Somerset.

The Indian Medical Program: Meeting the Needs of the Asian Community

During this webinar, you'll learn about the health disparities that affect the Asian community, how their needs differ from others, barriers to care and services this new medical program provides. *Shisha Patel, Program Coordinator*
Wednesday, November 18 12 to 12:30 p.m.

To register, visit tinyurl.com/y2k9gkrz
Offered in collaboration with Friends Health Connection.

Great American Smokeout

Learn strategies to stop smoking, vaping or chewing tobacco and how to access free counseling and nicotine replacement therapy through our quit center. Also, learn about the Lung Cancer Screening Consult with cessation experts. *Jasmine Davis, MPH, CHES, CTTS, Tobacco Treatment Specialist*
Monica Hanna, MPH, CHES, NCTTP, Community Educator
Simona Schneider, APN, lung navigator
Thursday, November 19 10 to 10:30 a.m.



The Viral Mask: Is it the Flu or COVID-19?

Understand the differences between the flu and COVID-19, at-risk populations, causes, transmission, symptoms, diagnosis, treatment and prevention strategies.

Ron Nahass, MD, infectious disease specialist

Wednesday, November 4 | 12 to 12:30 p.m.

To register, visit tinyurl.com/y4htro56

Offered in collaboration with Friends Health Connection.

To register, visit tinyurl.com/yxjyhbs4
Offered in collaboration with Friends Health Connection.

COVID Cautions and Pregnancy Precautions: Ensuring the Health of Mom and Baby

Understand the risks that the coronavirus presents to the fetus and mother, precautions, wellness during pregnancy and measures RWJUH Somerset has implemented to ensure safe deliveries and post-delivery care for moms and newborns. *Thomas DeAngelis, MD, obstetrician and gynecologist*

Tuesday, November 24 12 to 12:30 p.m.

To register, visit tinyurl.com/yxmgjbbby
Offered in collaboration with Friends Health Connection.

Are You Dizzy Over Vestibular Disorders?

Recognize the symptoms of a vestibular disorder and diagnosis and treatment options, including physical therapy and prevention strategies.

Eileen Inciong, DPT, physical therapist
Jill Bambaci, AuD, audiologist

Wednesday, December 2 12 to 12:30 p.m.

To register, visit tinyurl.com/y4nwuyxm
Offered in collaboration with Friends Health Connection.

Brachytherapy: Gets Under Your Skin

During this webinar, you'll discover the causes of skin cancer, symptoms, diagnosis and the latest treatments, such as skin brachytherapy. Learn about the benefits of this procedure, the types of cancer it treats and the side effects.

Simi Agarwal, MD, dermatologist
Joel Braver, MD, radiation oncologist
Wednesday, December 9 12 to 12:30 p.m.

To register, visit tinyurl.com/y5bqfz7
Offered in collaboration with Friends Health Connection.

A Work of Art: Creative Therapies for Stress Reduction

During this webinar, discover the impact COVID-19 has had psychologically on individuals, strategies for reducing stress, symptoms of anxiety and screenings. You will also learn more about RWJUH Somerset's Behavioral Health Services—Creative Arts Therapy Program. *Emma Walker Lanese, MA, MT-BC, creative art therapist*

Wednesday, December 16 12 to 12:30 p.m.

To register, visit tinyurl.com/y2crxaxt
Offered in collaboration with Friends Health Connection.

JOINT SURGERY CENTER



Thomas Nordstrom, MD, made a substantial donation to the Joint Surgery Program to maintain the high quality of care.

WHEN A SURGEON NEEDS SURGERY

HOW ONE PHYSICIAN'S TENNIS GAME—AND QUALITY OF LIFE—IMPROVED AFTER HIS SHOULDER WAS REPAIRED.

In July 2019, Thomas Nordstrom, MD, an orthopedic surgeon at Robert Wood Johnson University Hospital (RWJUH) Somerset, was playing in a tennis tournament in Florida when his backhand suddenly went weak and he was unable to serve. “I couldn’t lift my right arm,” recalls Dr. Nordstrom, who was the Chief of Orthopedics from 2003 to 2007. “I thought, ‘I must have tendonitis in my shoulder.’” He called his partner, David Abrutyn, MD, who advised that Dr. Nordstrom rest and ice his arm and take anti-inflammatory medications.

Dr. Nordstrom flew home to New Jersey and saw Dr. Abrutyn on July 19. Dr. Abrutyn gave him a cortisone shot and prescribed physical therapy (PT). Unfortunately, Dr. Nordstrom didn’t feel any better. “I couldn’t lift my arm, and my pain was a six out of 10,” he recalls. “I couldn’t sleep on my shoulder.”

Despite his pain, Dr. Nordstrom, a third-degree black belt and team physician for a Tae Kwon Do black belt camp, attended the camp for four days in late July. He was able to participate but didn't use his arm much. When he got home, he decided to have an MRI, which showed he had a tear in his rotator cuff, a group of muscles and tendons that help you lift and rotate your arm.

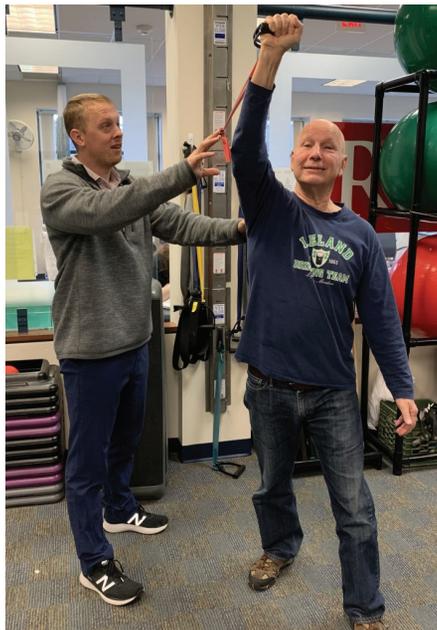
AN EASY DECISION

A rotator cuff tear can be treated conservatively—with cortisone injections, rest and PT for about three months—or repaired through surgery. Dr. Nordstrom decided to get two medical opinions: one from Dr. Abrutyn and one from an orthopedic surgeon he knew in New York City. Dr. Nordstrom chose surgery after learning that his odds of returning to a high level of tennis playing would be potentially 80 to 85 percent with nonoperative treatment and could be 90 to 93 percent with surgery. "I consider myself a high-caliber tennis player," says Dr. Nordstrom, who played tennis in college and in regional and national tournaments. "Plus, I need my right arm to be at its best in order to handle the heavy equipment used to perform orthopedic surgery and spar with someone in Tae Kwon Do."

Choosing a surgeon was easy. "My partner has had fellowship training in sports medicine and shoulder surgery," says Dr. Nordstrom, who has practiced with Dr. Abrutyn for 15 years. "I know his technique is excellent, and I've seen his good surgical results. Plus, it's convenient to have surgery at RWJUH Somerset. You don't need to cross any bridges to get good care."

THE CHALLENGE OF 'TAKING IT SLOW'

On August 7, 2019, Dr. Nordstrom had arthroscopic rotator cuff repair, a minimally invasive surgery that involves the use of an arthroscope, a thin, flexible tube attached to a small camera. He had general anesthesia and a nerve block, which reduces the need for opioid medication after surgery. "Even though I'm a surgeon,



Six weeks of outpatient physical therapy helped Thomas Nordstrom, MD, make a full recovery.

NOTE: This photo was taken before mask and social distancing recommendations were in place.

you never know what to expect when you have surgery," he says. "I didn't have much shoulder pain after the surgery."

Dr. Nordstrom had six weeks of outpatient therapy at the RWJBH Physical Therapy & Sports Performance Center at TD Bank Ballpark and was able to return to office work in November 2019. At home, he trained with a mini indoor climbing ladder, pulleys, light weights and elastic bands, which helped to strengthen his shoulders. During his recovery, he gained newfound empathy for his patients. "I found it surprisingly difficult to follow doctor's orders to take it slow," he says. "But I trusted Dr. Abrutyn and knew he was trying to help me get the most optimal results."

Dr. Nordstrom's recovery went well. Two weeks after the surgery, he was able to perform some Tae Kwon Do moves in his sling, as mandated. Six months after the surgery, he was sparring and hitting tennis balls. In February, Dr. Nordstrom had an ultrasound exam of his shoulder. "It showed the rotator cuff was 100 percent closed," he says. "It looked perfect. Dr. Abrutyn did a great job."

As an orthopedic surgeon, Dr. Nordstrom knows he can't expect to regain

A NEW NAME FOR THE JOINT SURGERY CENTER

In 2005, the state-of-the-art John and Mary Obzansky Orthopedic Pavilion—a new floor for joint surgery patients—was opened. Each of the 13 private rooms has a private bathroom, flat-screen TV, phone, refrigerator and accommodations for overnight guests. The Joint Studio, located adjacent to the unit, offers space for physical therapy. In 2010, the hospital's Joint Surgery Institute was launched. It features a patient-centric program with extensive preoperative education for patients and their families and a joint care coordinator, who facilitates all aspects of patients' care. Orthopedic surgeon Thomas Nordstrom, MD, who was the Chief of Orthopedics at Robert Wood Johnson University Hospital (RWJUH) Somerset from 2003 to 2007, was instrumental in launching the Institute.

To maintain the hospital's high-quality care, Dr. Nordstrom made a substantial donation to the Joint Surgery Program. In addition, one of his former patients made a donation to the hospital in Dr. Nordstrom's name to thank him for the care he provided to her and her family for more than 30 years. The Joint Surgery Center will be called the Dr. Thomas Nordstrom and Family Joint Replacement Center, and photos of Dr. Nordstrom and his family will be on display in an alcove. "It was moving that my patient wanted to do this to show her appreciation," he says. "Total joint replacement changes people's lives. It can take away your pain in a day."

100 percent of his shoulder function, but he feels he has 90 to 95 percent of it. At press time, he was playing tennis three times a week and wasn't in any pain. "I wasn't expecting to be able to serve for a year after my surgery, but I beat that schedule by at least four months," he says. "I'm pleased with my progress."

To learn more about opportunities to support Robert Wood Johnson University Hospital Somerset, call the Somerset Health Care Foundation at **908.685.2885**.





Robert Wood Johnson University Hospital Somerset employees at a community outreach event in Somerset on August 1. John DiLeo, Vice President of Finance, distributes materials. Below, left to right: Employees with masks and Paula Gutierrez and Serena Collado with handmade masks.

SUPPORTING

THE COMMUNITY



AT THE HEIGHT OF THE PANDEMIC, ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET STAFF MEMBERS PROVIDED EDUCATION AND PROTECTIVE EQUIPMENT TO LATINO RESIDENTS.

In early April, as the pandemic intensified, Robert Wood Johnson University Hospital (RWJUH) Somerset experienced a surge in COVID-19 cases among members of the Latino community. At one time, as high as 70 percent of the COVID-19-positive patients who were admitted to the hospital were Spanish-speaking. For many members of this community, working from home was not an option, multigenerational families were living together, and people were afraid to come to the hospital because they didn't have health insurance. They also lacked masks. "We felt there was a need for

education," says Serena Collado, Director of Community Health at RWJUH Somerset.

On April 14, the Community Health department, along with other bilingual hospital staff members, began making phone calls to our database of Latino patients. Team members educated the Latino community on how to practice social distancing, wash their hands often with soap and water for 20 seconds or more, wear a mask in public places and stay home if they were sick. The team also provided information about food pantries, local COVID-19 testing sites, health clinics and mental health and domestic violence hotlines. Between April 14 and

May 7, the Community Health department made 4,153 educational calls to the Hispanic population. The team also mailed educational materials and additional resources, such as masks, to more than 3,000 people who had used RWJUH Somerset's services in the past.

SPREADING THE WORD ABOUT PREVENTION

To reach even more members of the Latino community, the Community Health department partnered with the Diversity & Inclusion department and its SALUD Business Resource Group (a group of RWJUH Somerset employees who are

Spanish-speaking or Latino) to distribute educational materials, masks, hand sanitizer, soap and hygiene kits. Many of the masks were handmade by donors and community members. The team traveled to Bound Brook, North Plainfield, Franklin, Manville and Somerville to hand out information and masks. In total, more than 13,000 masks were distributed at nearly 20 events.

The Community Health team also distributed \$50 ShopRite gift cards to 420 people in Bound Brook and South Bound Brook. “At the peak of the surge, people lost their jobs or couldn’t get food,” says Collado. “Public transportation was shut down.” Somerset Health Care Foundation, the hospital’s fundraising arm, provided funding for the gift cards through a Culture of Health grant.

One of the reasons the initiative was so successful was that the RWJUH Somerset SALUD Business Resource Group was able to bridge the communication and cultural gap with the Latino community. SALUD stands for “Service and Advocacy for Latinos United

for Development.” “It makes a difference when you can speak to people in their native language and understand their culture,” says Paula A. Gutierrez, MHA, CPTC, Director of Diversity & Inclusion.

Interestingly, after launching the education and outreach initiatives, RWJUH Somerset experienced a decline in COVID-19 cases among the Latino community. “We think the educational outreach helped to reduce the number of cases,” says Collado. In August, the RWJUH Community Health and Diversity & Inclusion teams began reaching out to the African American community through the hospital’s Black Professionals Network (BPN). This community and many communities of color have been disproportionately affected by COVID-19.

COLLABORATING WITH LOCAL LEADERS

RWJUH Somerset is continuing to support the Latino community through outreach events to help people prepare for flu season. As a result of the need to continue

OUR PARTNERS

The following organizations made the COVID-19 outreach possible:

- Salvation Army, Bound Brook
- Borough of Bound Brook
- Arc of Somerset County, Manville
- St. Joseph Catholic Church, North Plainfield
- Franklin Food Bank, Franklin
- Feeding Hands, Manville
- Zarephath Church, Somerset
- North Plainfield Middle School, North Plainfield
- Alexander Batcho Intermediate School
- South Bound Brook
- Franklin School District, Franklin
- Bound Brook High School, Bound Brook
- Feeding Hands, Somerville
- JFK Elementary School, Raritan
- First Baptist Church of Lincoln Gardens
- Hillsborough Township Health Department



Employees at RWJUH Somerset ordered 98 Italian lunches from Café Picasso in Somerville to give back to the restaurant for its generous support. From left to right: Salvatore Moffa, MD, Chief Medical Officer; Lorenzo Deluca, owner of Café Picasso; Anthony Cava, President and CEO; and George Jonkoski, Director of Food and Nutrition.

PAYING IT FORWARD

In July, Robert Wood Johnson University Hospital (RWJUH) Somerset launched the “Pay it Forward” campaign, in which hospital employees were encouraged to support local restaurants that supported the hospital with donated meals throughout the COVID-19 pandemic. They presented “Heroes Eat Here” thank-you cards at restaurants for takeout or outdoor dining. In addition, during “Pay It Forward” Fridays, employees ordered takeout meals from designated restaurants. The hospital presented each restaurant with a “Heroes Eat Here” certificate.

Since March, RWJUH Somerset has received nearly \$400,000 in food donations. “The support from our community has been simply extraordinary,” says Anthony Cava, President and Chief Executive Officer of RWJUH Somerset. “It lifted our spirits and helped carry us through a very challenging time. Through the ‘Pay It Forward’ campaign, we can show our appreciation for all that our community has done for us.”

education, the hospital formed a Latino Advisory Council. The Council includes two councilmen, a freeholder, the president of the Somerset County Democratic Hispanic Caucus and a clergy leader. “We wanted to collaborate with community leaders to share information and develop programs to keep people healthy,” says Gutierrez. The group meets monthly and plans webinars for community members.

On July 14, RWJUH Somerset held a webinar on how to stay healthy during COVID-19. In August, the group had a second webinar on how to keep kids safe when they return to school. The Council was also planning an event for Hispanic Heritage Month. Members are developing a comprehensive resource guide, which includes information about food and housing for the Latino community. The goals are to keep the Latino community healthy and “build relationships with them so that when they need help, they will seek us out,” says Collado.

For more information about Robert Wood Johnson University Hospital Somerset’s community outreach events, visit www.rwjbh.org/somerset.



The PROUD Center helped Abraham Linares get started on PrEP, a medication for HIV prevention.

TAKING CONTROL OF YOUR SEXUAL HEALTH

THE BABS SIPERSTEIN PROUD CENTER OFFERS MEDICATION TO REDUCE THE RISK OF HIV INFECTION.

Abraham Linares, 26, a bilingual sexual health counselor at the Hyacinth Foundation in Plainfield, was searching for a primary care doctor who would take a more holistic approach to his health. As a cisgender gay man, he was also hoping to find a clinic that would be sensitive to his needs. In addition, he was interested in taking PrEP, a medication that reduces a person's risk of contracting HIV.

As a sexual health counselor, Abraham had heard of the Babs Siperstein PROUD Center at Robert Wood Johnson University Hospital (RWJUH) Somerset

and decided to make an appointment. The PROUD Center provides LGBTQIA health services, including primary care, immunization, HIV prevention, hormone therapy, sick visits, chronic illness management, health education and counseling and support groups. It also offers telehealth visits. "The environment was very welcoming," says Abraham, whose first appointment was in March 2019. "Also, I saw myself represented at PROUD. There are people from all ethnicities and racial groups." He saw his new physician, Amanda Francis, DO, and had a physical exam. "The doctors at



The healthcare team at the Babs Siperstein PROUD Center. Rear, from left: Amanda Francis, DO; Jamila Carter, RN, BSN; Alicia Rogers, MSN, APN-BC; and Danielle King, MPH, patient navigator. Front, from left: Paula Gutierrez, director, and Aminah Williams, practice manager.

PROUD explain how they do things and why they do them,” he says. “They look at you as a whole person. They also have an accepting and nonjudgmental approach to sexual health.”

PREVENTING HIV

PROUD has offered PrEP, which stands for “pre-exposure prophylaxis,” for three years. About 10 percent of patients are taking it, says Alicia K. Rogers, MSN, APN-BC, a nurse at PROUD. “It’s lifesaving,” she says. “Also, it allows people to take their sexual health into their own hands.” There are two types of PrEP. The newer medication has fewer side effects, but it hasn’t been tested on people who were born female, says Rogers. Side effects include nausea, diarrhea, headache, fatigue and abdominal pain. They’re usually mild and short-lived.

In order to get a prescription, a patient needs a physical exam first. At the end of the visit, a nurse tests the patient for sexually transmitted diseases (STDs) like hepatitis, gonorrhea and herpes. “We want to make sure the patient doesn’t have any STDs,” says Rogers. The drug doesn’t protect against other STDs, although it can be used as a treatment for hepatitis B. Every three months, the patient is retested for all STDs.

FINANCIAL ASSISTANCE

PrEP is costly; a 30-day supply runs about \$2,000 without insurance or financial assistance, says Rogers. PROUD works with PrEP’s manufacturer, Gilead, to ensure the drug is available to patients. “Gilead gives us discount cards for the underinsured population,” says Rogers. “Some insurance companies cover it, and some don’t. The newest type of PrEP is less likely to be covered.”

Abraham was concerned about the cost. “I was afraid I’d need to pay for it myself,” he says. Fortunately, the PROUD staff helped Abraham sign up for a program through Gilead. He received the drug for free initially, then his insurance covered it. “It was a smooth process,” he says.

Abraham returns to PROUD for the PrEP-related blood work every three months. He’s grateful for the care he receives. “When I went to my previous healthcare providers, I felt like I was just another patient,” he says. “At PROUD, the staff members look at you as a person. I recommend it to everyone I know. My friends think it’s amazing, too.”



BEST CANDIDATES

The drug is designed for people who are HIV-negative and are at risk for contracting the virus. You may be able to take the medication if you meet the following criteria, according to the Centers for Disease Control and Prevention:

- You’ve had sex in the past six months and you have a sexual partner with HIV, haven’t consistently used a condom or have been diagnosed with a sexually transmitted disease recently.
- You inject drugs and have an injection partner with HIV or you share needles, syringes or other equipment to inject drugs.

HOW EFFECTIVE IS PrEP?

Studies show that pre-exposure prophylaxis, or PrEP, reduces the risk of contracting HIV through sex by about 99 percent when taken daily, according to the Centers for Disease Control and Prevention. It also reduces the risk of developing the infection by 74 percent among people who inject drugs. The medication, which must be taken daily, works by stopping HIV from spreading.

For more information, visit www.rwjbh.org/proud or call **855.776.8334** for an appointment.



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