

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

Summer 2022

healthy *together*



**GETTING
STRONGER
AFTER BREAST
CANCER**

**HOW TO STAY
HYDRATED AND
HEALTHY**

**'WEIGHT LOSS
SURGERY
CHANGED
MY LIFE'**

**HEALING HEARTS:
IT TAKES A TEAM**

MESSAGES FROM LEADERSHIP



“The newly opened RWJBarnabas Health Field of Dreams in Toms River, a recreational complex for people of all ages and abilities, is emblematic of our mission: to help the people who live in our communities feel healthier and enjoy their lives to the fullest.”

BARRY H. OSTROWSKY | Chief Executive Officer, RWJBarnabas Health



“I am deeply moved by the commitment my outstanding RWJBarnabas Health colleagues have to our mission and to serving everyone in our communities with inclusiveness for all, regardless of race, age, gender, background and ability.”

MARK E. MANIGAN | President, RWJBarnabas Health



“With our fitness centers in Scotch Plains and Carteret that serve all abilities, our relationship with our local YMCA in Rahway, our nutrition and education programs in the community, our work with our local food pantry and soup kitchen and our free support groups, we are reaching out to keep our communities healthy.”

KIRK C. TICE | President and Chief Executive Officer, Robert Wood Johnson University Hospital Rahway

Robert Wood Johnson University Hospital Rahway | **RWJBarnabas HEALTH**
Let's be healthy together.

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HEALTH NEWS



ANOTHER 'A' FOR SAFETY

Robert Wood Johnson University Hospital (RWJUH) Rahway received an A rating from The Leapfrog Group, a hospital safety watchdog that assigns letter grades to 3,000 facilities nationwide based on 30 measures of patient safety. The hospital maintained its A rating from fall 2021. The Safety Grade is the only rating solely focused on a hospital's ability to protect patients from preventable errors, accidents, injuries and infections.

“We are pleased with our rating and congratulate our staff for their attention to quality and safety. Patient safety remains front and center in everything we do,” says President and CEO Kirk Tice.



A LEADER IN HEALTHCARE EQUITY

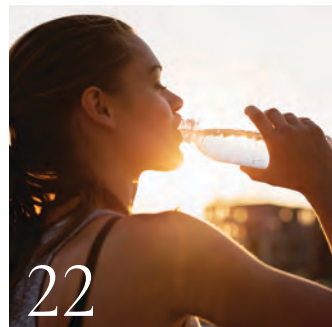
RWJUH Rahway has been recognized as a Leader in LGBTQ+ Healthcare Equality by the Human Rights Campaign Foundation, the educational arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender and queer people.

A CONVENIENT PLACE FOR BLOOD WORK

Customers of Twin City Pharmacy in South Plainfield will be able to get blood work and other lab services performed at the pharmacy under an innovative agreement between the pharmacy and RWJUH Rahway's Laboratory Services. A full range of laboratory services can be done at the pharmacy, with results sent to the patient's doctor. If the patient is receiving services through the RWJBarnabas Health system, results can go through Epic, the inclusive electronic medical record.

healthy *together* contents

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'HOW WEIGHT LOSS SURGERY CHANGED MY LIFE'

THE EFFECTS GO FAR BEYOND A SMALLER WAISTLINE.

“Bariatric surgery changes a person physically, but patients find it transforms their lives as well,” says Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program at Robert Wood Johnson University Hospital (RWJUH) Rahway. “They develop new habits and new attitudes, as well as the understanding



ANISH NIHALANI, MD

that surgery is the first step of a journey.”

Here, patients who've undergone weight loss surgery at RWJUH Rahway explain the transformation they've seen in their lives.



“Now I can cross my legs, and my husband can hug me with one arm.”

Cindy Valente, 48
Kenilworth Borough employee

Year of surgery: 2019

Pounds lost: 85

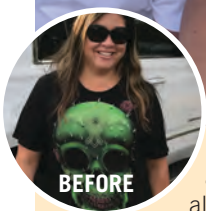
Biggest benefit:
Improved health. I suffered from uncontrolled high blood

pressure, severe sleep apnea, anemia and arthritis. Three years post-surgery, I'm off all meds and don't need my apnea machine.

I even had to gain a little weight, because I'd become too skinny.

Lifestyle change: I'm on a high protein diet, almost keto. My tastes have changed. I used to eat fish only rarely but now I have it more often, and I rarely eat red meat.

For exercise, I take brisk walks with my dog. And I love to go out on the motorcycle with my husband, who doesn't have to put extra air in his tires anymore!



“I lost the weight of a whole other person.”

Devang Merchant, 46
Manager, Superior Court of NJ

Year of surgery: 2019

Pounds lost: 150

Biggest benefit:
Heightened energy. I'd never had the desire to exercise before, and now I regularly walk and do three miles in under an hour. In

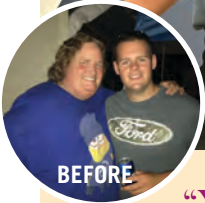
the past I wouldn't head outside if it were raining or cold, but then Dianne Errichetti, the program coordinator, asked me, “Do you think you're going to melt?” I think of her now, and just layer up, even if it's snowing.

Lifestyle change: I avoid fast food and eating out. I plan my meals, and I don't keep snacks in the house.



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





“You have to deal with mental and emotional changes as well as your new body.”

Kathleen Curran, 54
Lecturer at Kean University

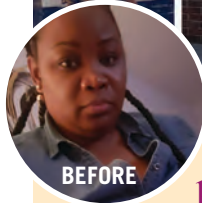
Year of surgery: 2020

Pounds lost: 113

Biggest benefit: I'm not as short of breath, and I'm more active and generally happier since my surgery. People also treat me differently; they speak to me more and they're friendlier. I don't think I realized how big I'd become.

Lifestyle change: I hired a personal trainer who blocks out exercises for me each week. I walk two to three miles a day and go to the gym.

After 15 months, I wanted to lose 20 to 30 more pounds, but I was stalled. I had been a horrible eater before, but my trainer taught me about carbs and proteins and the importance of vegetables and fruits.



“I love that I can wear my bathing suit without having to hide under a cover-up!”

Stephanie Chambers, 48
Litigation paralegal and tax preparer

Year of surgery: 2019

Pounds lost: 70

Biggest benefit: I suffered from high blood pressure and sleep apnea. Now I no longer have to take any medication.

Lifestyle change: I stopped eating pasta and fast food, but especially soda. I'm a water drinker now. And I regularly have protein shakes and take special vitamins.

For exercise, I walk and dance with my kids instead of going to a gym. And I'm part of a group where I can share my experiences with others who've undergone this surgery.



“This surgery was the best thing I've ever done.”

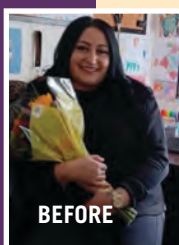
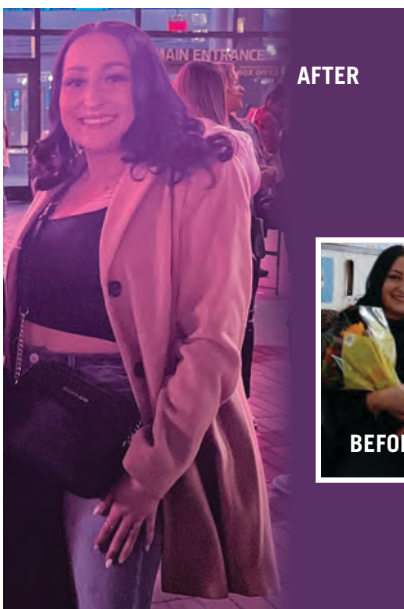
Robert Dolan, 58
Emergency medical technician

Year of surgery: 2021

Pounds lost: 64

Biggest benefit: I'm more energetic. As an EMT, I can run up and down stairs without getting out of breath. My knees and back don't hurt anymore, and my sleep apnea went away.

Lifestyle change: I had to prepare for the surgery for six months, meeting with dietitians and doctors and even a psychiatrist. Now I do cardio exercise in the gym several times a week and I've altered my diet. When you work for Emergency Medical Services, you don't sit down—you're eating on the go, and that makes it hard. But now I avoid junk food and soda, and I eat more slowly and in small portions.



“Surgery is a big change, and you have to be mentally and physically prepared.”

Triny Diaz, 26
Surgical coordinator and medical assistant

Pounds lost: 108

Year of Surgery: 2021

Biggest benefit: I love being able to wear cute, age-appropriate clothes and using a regular-sized bath towel.

Lifestyle change: On days when I get an hour break for lunch, I take a 30-minute walk; once a week I take a 45-minute walk. And when I can't do either, I run up and down the stairs to my third-floor apartment five times.

As for eating: no more “fat girl!” mentality! I don't graze on garbage fast food anymore. I focus on protein and water, and no more soda.



GETTING STRONGER AFTER BREAST CANCER SURGERY

PHYSICAL THERAPY IS KEY TO REGAINING FLEXIBILITY AND FUNCTION.

Breast cancer surgery and radiation treatment can have wide-ranging effects on the body, including loss of strength, mobility and function. Fortunately, physical therapists with specialized education can help a patient get back to optimal function.

“As physical therapists, we’re a key part of a patient’s care,” says orthopedic clinical specialist and certified lymphedema therapist Linda Bernot, PT, OCS, CLT, at RWJ Physical Therapy at RWJ Rahway Fitness & Wellness Center in Carteret.

While many breast surgeons refer patients to physical therapy (PT), not

all do. “Patients should know that PT is appropriate in postoperative management. It is also effective for individuals further in the healing process, who are looking to improve their outcomes,” Bernot says. “We don’t want anyone to lose function because they didn’t have the benefits of physical therapy.”

WHAT PT CAN DO

Common side effects of breast surgery include:

- **Lymphedema of the arm:** Swelling occurs if lymph vessels (vital to the body’s lymphatic circulation and

immune systems) are damaged and are not able to move fluid efficiently.

“Lymphedema is more likely in those who’ve had lymph node biopsy or dissection,” Bernot says. “The more nodes that are removed, the greater the likelihood of developing it.”

Radiation treatment can lead to lymphedema as well. “Radiation can tighten and harden soft tissue, which can constrict delicate lymphatic channels,” she says.

How physical therapy helps: “PT can assist in improving the mobility of those tissues,” Bernot says. “We monitor swelling vigilantly and treat it when



Gentle massage and compression can help swelling related to lymphedema, a common side effect of breast surgery. Linda Bernot, PT, OCS, CLT, demonstrates at RWJ Rahway Fitness & Wellness Center in Carteret.

needed.” Therapy can include gentle exercise, compression therapy with bandages and/or compression garments and manual lymphatic drainage/massage. Patients also learn techniques for managing their symptoms at home.

“Whether they have swelling or not, all my patients receive educational instruction on what lymphedema is, what to look for and preventative strategies,” Bernot says. “That’s an important component of treatment and the rehabilitation process.”

• **Pain and loss of mobility:** After surgery or radiation to the breast or chest wall, many patients experience pain, weakness and stiffness in the arm and shoulder, leading to a loss of flexibility that interferes with daily activities of living. This can be the effect of scar tissue or physical inactivity resulting from simple fear of moving after surgery.

How physical therapy helps: Physical therapists use manual techniques, stretching and exercise to restore full

movement and capabilities. “On the initial visit, we try to set goals, such as getting enough strength and motion in your shoulder to lift your arm to reach the highest shelf or hook your bra behind your body,” Bernot says.

She and other physical therapists work on joint and soft tissue mobility to correct posture and spinal alignment, tightness, scarring and pain that can lead to limited function. To relieve discomfort, people may adapt poor postures such as rounding their back or favoring one side while standing, sitting, walking and even sleeping as they heal. “That, in turn, causes compensatory problems to the spine,” Bernot explains.

GETTING STARTED

Physical therapy often begins four to eight weeks post-op. “However, it’s never too late to start physical therapy,” Bernot says. “I’ve had patients come years after

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

their surgery. We still can make positive changes.” Most patients are seen twice weekly for six to eight weeks, but doctors and individuals may extend that time as needed. Manual techniques, stretching, exercise and education are useful at each stage of a patient’s treatment and breast reconstruction.

“We also are patients’ coaches,” Bernot says. “We form a strong bond and empower them to take control of their health so they can maintain gains that they’ve made and reach optimal function.”

For the most comprehensive post-breast surgery rehabilitation, seek a physical therapist specializing in clinical lymphatic therapy (CLT) and/or orthopedic management following breast surgery. These therapists address not only lymphedema but also the complicated musculoskeletal dysfunctions arising from these complex surgeries.

To learn more about post-breast cancer physical therapy at RWJ Rahway Fitness & Wellness Center in Carteret, call **732.969.8030** or visit www.rwjfitnesscarteret.com.



MEET THE CHAMPIONS OF THE ROSE

FOUR OUTSTANDING EMPLOYEES ARE HONORED FOR THEIR SERVICE.

At its annual Rose Ball Gala in May, Robert Wood Johnson University Hospital (RWJUH) Rahway honored four Champions of the Rose for their work embodying the hospital's high standards of healthcare. Proceeds from the gala will benefit patient care services and facilities at RWJUH Rahway.



An advocate for patient satisfaction

Nora Grillo, PT, DPT

Director, Rehabilitation Services

In 2009, Nora became the lead PT for the launch of the Joint Replacement Center. In 2011, she completed her Doctorate in Physical Therapy and became coordinator, and then manager, of the RWJ

Rahway Fitness & Wellness Center in Carteret.

In 2021, Nora returned to the main hospital in Rahway as the Director of Rehabilitation Services, assuming responsibility for physical therapy, occupational therapy and speech language pathology, as well as physical therapy at the RWJ Fitness & Wellness Centers in Carteret and Scotch Plains. Nora plays an active role in promoting patient safety and ensuring patient satisfaction.



Innovation and patient-centered outcomes

Mityanand Ramnarine, MD, FACEP, FACP

Chair, Emergency Department

*Accepting on behalf of the RWJUH Rahway
Emergency Department*

Mityanand graduated from Brooklyn College/SUNY Downstate's combined BA-MD program and graduated as a member of Alpha Omega Alpha Honor Society. He was named Program Director for the Combined Emergency/Internal Medicine residency training program at Northwell Health Long Island Jewish Medical Center in New York, followed by the Associate Chair role. He next held a medical directorship role in Citrus County, Florida, where he was awarded National Site Director of the Year by Envision Physicians. "Now, as the Chair of RWJUH Rahway's Emergency Department, I look forward to continuing to innovate and maintain a supportive environment for our medical team, without losing focus on patient-centered outcomes," he says.



Navigating through a pandemic

Courtney Kovacs, MSN, RN-BC

*RWJUH Rahway Nurse
Manager, Unit 2E*

In 2017, Courtney graduated with a B.S. in Nursing from the University of Delaware and started at RWJUH Rahway as a staff nurse on Unit 2E. In 2019, Courtney was promoted to Nurse Manager of 2E, a Medical-Surgical/Telemetry unit. She is certified by the ANCC in Medical-Surgical Nursing and is a member of the Organization of Nurse Leaders and Sigma Theta Tau International Honor Society of Nursing.

In March of 2020, 2E became the primary COVID-19 unit. Navigating through a pandemic was challenging but also rewarding as she watched her team foster new ideas and innovations to shape patient care. In May of 2021, Courtney received her Master of Science in Nursing, with a focus on Nursing Administration.



A specialty in patient safety

Sandra Sanford, BSN, RN-BC

*Director, Patient Care
Services, 3C*

Sandra is Director of Patient Care Services on 3C. She obtained her B.S. in Nursing from Thomas Edison University in 2019 and is a member of the American Nurses Association and the Organization of Nurse Leaders. As a clinical nurse, she was appointed Chair-elect of the organization's Professional Nursing Practice Council. She spearheaded the "Stand by Me" program, which yielded a substantial reduction of falls, a nursing-sensitive indicator for quality and safety. A form of the program has now been adopted in all RWJBarnabas Health hospitals. She is Chair of the Falls Committee, where she continues to promote patient safety and guide clinical nurses.

To make a donation to RWJUH Rahway, call
732.499.6135 or visit www.rwjrahwaygiving.org.



HEALING HEARTS

A TEAM APPROACH TO CORONARY ARTERY DISEASE



Coronary artery disease (CAD)—when major arteries to the heart are damaged and blood flow is partially or totally blocked—is the most common type of heart disease in the U.S.

However, new technology, along with a team-based approach to treatment, have greatly improved patient outcomes, says interventional cardiologist Bruce Haik, MD, Chief of the Division of Cardiology and Director of the Cardiac Catheterization Lab at Cooperman Barnabas Medical Center (CBMC), who is also a member of RWJBarnabas Health Medical Group.

“Treating CAD sometimes involves a complex decision tree requiring a Heart Team consultation,” says Dr. Haik. “When a patient and family have input from cardiac specialists with a wide array of expertise, they can feel confident in making a decision about treatment.”



BRUCE HAIK, MD

MEMBERS OF THE TEAM

CAD can be diagnosed in a variety of ways, including cardiac stress tests, which show how the heart works during physical activity; a

coronary CT scan, a specialized, ultra-fast imaging test that can provide a calcium score and also provide noninvasive information about the arteries; and an angiogram, an X-ray that can accurately detect blockages. These tests are often ordered by a **cardiologist**, a doctor trained in finding, treating and preventing cardiac disease.

The noninvasive cardiologist may refer the patient to an **interventional cardiologist**. “This is a specialist in the nonsurgical opening of arteries,” says Dr. Haik. A procedure done by an interventional cardiologist is angioplasty, also known as percutaneous coronary intervention (PCI). In this procedure, a soft, flexible guide wire and various balloon catheters and devices are inserted into a narrowed blood vessel in order to open the artery with stents. The process is sometimes aided by imaging from within the blood vessel utilizing specialized imaging systems.

The interventional cardiologist will consult with a **cardiac surgeon**, whose specialty is open heart surgery, in which an incision is made in the chest in order to perform coronary artery bypass graft surgery, sometimes combined with valve repair or replacement.

Both of those doctors will rely on the information provided by a **cardiac**

imaging specialist, who uses sophisticated technology to provide detailed images of a heart’s chambers, valves, walls and blood vessels. “It’s important to know the severity, location and extent of the narrowing, but also to understand whether the blockage is rigid and calcified, or is more consistent with soft plaque,” says Dr. Haik.

MAKING THE CALL

The Heart Team approaches each patient’s individual treatment plan by considering many clinical factors, including age, frailty and coexisting medical conditions like diabetes in order to achieve the best possible outcomes.

“The cardiology field has evolved so that we now have many effective ways of treating CAD and related conditions,” says Dr. Haik. “For example, the Shockwave balloon utilizes ultrasound waves to break up calcified plaque before placing a stent, allowing for more complete expansion.

“All of these options are weighed along with the particular patient’s risk profile,” he explains. “A major benefit of the Heart Team process is that sometimes a hybrid approach using both catheter-based procedures and surgery turns out to be the safest and most effective means of treatment.”

RWJBarnabas Health supports the largest-volume elective and emergent angioplasty program in New Jersey. To connect with a top cardiovascular specialist at RWJBarnabas Health, call **888.724.7123** or visit **www.rwjbh.org/heart**.



NEW WAYS TO TREAT SKIN CANCER

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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.

OUR PATIENTS HAVE THE BENEFIT OF ADVANCED TREATMENT OPTIONS, CLINICAL TRIALS AND GREATER ACCESS TO EXPERT CARE.

“Over the years, there’s been a revolution in the way we treat skin cancers, especially melanoma,” says Sarah Weiss, MD, Director, Melanoma/Cutaneous



ADAM BERGER, MD



SARAH WEISS, MD

Oncology Program at Rutgers Cancer Institute of New Jersey, the state’s only NCI-Designated Comprehensive Cancer Center. “The important thing to know is that with skin cancer, even if it’s advanced, there are now a number of potentially effective therapies available.”

“A diagnosis of skin cancer can be scary,” says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute, “but when you’re treated by a multidisciplinary team, the chances of a good outcome are excellent.”



MELANOMA: WHAT TO KNOW

Melanoma is a type of skin cancer that develops when melanocytes (the cells that give the skin its tan or brown color) start to grow out of control. It's more likely than other skin cancers to spread to other parts of the body if not treated early.

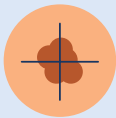
"I advise patients to see a dermatologist for a skin check regularly, and if there's any change in a mole, to be seen right away," says Adam Berger, MD, FACS, Chief, Melanoma and Soft Tissue Surgical Oncology at Rutgers Cancer Institute.

The most important warning sign of melanoma is a new spot on the skin or a spot that is changing in size, shape or color. Be on the lookout for spots that have any of the following features:

A

A IS FOR ASYMMETRY:

One half of a mole or birthmark does not match the other.



B

B IS FOR BORDER:

The edges are irregular, ragged, notched or blurred.



C

C IS FOR COLOR:

The color is not the same all over and may include different shades of brown or black, or sometimes patches of pink, red, white or blue.



D

D IS FOR DIAMETER:

The spot is larger than 6 millimeters across (about ¼ inch—the size of a pencil eraser), although melanomas can sometimes be smaller than this.



E

E IS FOR EVOLVING:

The mole is changing in size, shape or color.



Source: American Cancer Society

ADVANCED TREATMENTS

Although melanoma accounts for only 1 percent of skin cancers, it causes the majority of skin cancer deaths. "Physicians at Rutgers Cancer Institute and RWJBarnabas Health treat all types of skin cancers, but we worry about melanoma because it has the highest chance of spreading in the body," says Dr. Weiss.

"The majority of patients we see will have surgery to remove the melanoma, and that will be the only treatment they'll need," explains Dr. Berger. However, if a lymph node biopsy reveals that the cancer has spread, systemic treatment may be given. This may include targeted therapy or immunotherapy.

"The FDA has approved many new therapies over the past 10 years, including several new ones just this year, that enable us to harness a patient's immune system to fight melanoma as well as other skin cancers," says Dr. Weiss.

Patients may be eligible for one of

a number of clinical trials available at Rutgers Cancer Institute or one of the RWJBarnabas Health (RWJBH) hospitals. "Our goal is to offer clinical trials in every setting of the disease, for patients who've never had treatment to patients who've had prior treatments but are in need of new therapies," says Dr. Weiss.

MANY MINDS

Multidisciplinary care means that patients at RWJBH hospitals and Rutgers Cancer Institute benefit from the expertise of a dedicated team of specialists, including surgical oncologists, radiation oncologists, medical oncologists, radiologists, dermatologists, pathologists, nurses, nurse navigators and social workers.

"We meet on a weekly basis to discuss each patient's case," says Dr. Berger. "We put our heads together to create a personalized plan of care for each individual."

Physicians throughout Rutgers

Cancer Institute and RWJBH coordinate care across the state at RWJBH hospitals. Their mission, says Dr. Berger, is to make top-level cutaneous oncology (skin cancer) care available for patients close to home.

Franz O. Smith, MD, MAcM, MMM, FACS, Northern Lead, Melanoma and Soft Tissue Oncology Program, RWJBarnabas Health, and Medical Director, The Melanoma Center at Cooperman Barnabas Medical Center, collaborates with the cutaneous oncology team at Rutgers Cancer Institute, attends the weekly multidisciplinary tumor board meetings and offers patients access to clinical trials. He also sees patients at Clara Maass Medical Center in Belleville.

The cutaneous oncology team at Rutgers Cancer Institute also works closely with surgical oncologist Victor Gall, MD, who treats melanoma and skin cancer patients at Community Medical Center in Toms River, Monmouth Medical Center in Long Branch and Monmouth Medical Center Southern Campus in Lakewood.

To learn more about treatment for skin cancers at RWJBarnabas Health and Rutgers Cancer Institute of New Jersey, call **844.CANCERNJ** or visit **www.rwjbh.org/beatcancer**.





A PLACE WHERE EVERYONE CAN PLAY





At the ribbon cutting for the RWJBarnabas Health Field of Dreams, opposite page, from left: Maurice Hill, Mayor, Toms River; Mitchell Little, Police Chief, Toms River; Barry Ostrowsky, CEO, RWJBarnabas Health; Christian, Gavin and Mary Kane; Michael Ritacco, Board President, Field of Dreams; Michelle Minnelli, Kane family friend; and Todd Frazier, former Major League Baseball All-Star and supporter of Children's Specialized Hospital.

THE RWJBARNABAS HEALTH FIELD OF DREAMS IS OPEN TO KIDS OF ALL ABILITIES.

“Gavin has no place to go. He used to have places to go, but a beer truck changed all that. And that can happen to you or someone you love in the blink of an eye.”

That's how Christian Kane explained the need for a recreational complex for people with disabilities to potential donors. In 2012, the car Christian was driving was hit by a truck, leaving his son, Gavin, just 19 months old, with a fractured skull and severe disabilities.

Since then, Kane and his wife, Mary, who also have four other children, have spared no effort to help Gavin have as normal a childhood as possible. That's how they learned that even “inclusive” playgrounds—“with some rubber flooring and a big red swing chair”—can create an environment in which disabled children feel unwelcome. And that's why they decided it was necessary to build a comprehensive recreational facility where children of all abilities, and their caretakers, would feel at home.

So Kane, a math teacher at Toms River North High School, became the chief organizer, fundraiser and salesperson for their dream. “To sell teenagers on the idea that math is cool, you have to know how to sell,” he says with a laugh.

Five years and one month from the day the couple had the idea, the RWJBarnabas Health Field of Dreams opened in Toms River. It features a basketball court, baseball field, nine-hole miniature golf course and a playground

area specially designed for wheelchairs and adaptive equipment. The complex has a “quiet corner” pavilion for children with autism, strategically placed outlets for recharging wheelchairs and more. There's nothing like it anywhere in the country.

“The Kanes' passion project aligned perfectly with RWJBarnabas Health's commitment to health equity and supporting community-based initiatives,” says Barry Ostrowsky, Chief Executive Officer of RWJBarnabas Health (RWJBH).

OUTSIDE THE BOX

The Kanes already had a connection with RWJBH through Children's Specialized Hospital in Toms River, an RWJBH facility, where Gavin has been receiving physical and occupational therapy since the accident.

“Mind you, most of the doctors we were seeing early on told us to put Gavin in a home because he would amount to nothing,” says Kane. “We said, we'll take him to *our* home, and we found help for Gavin at Children's Specialized. The physical and occupational therapists there have basically treated Gavin like their own child. They're always thinking outside the box, trying new things—

anything to help him get better.”

Gavin is now in fourth grade in the Toms River public school system. “Through the use of a tablet, he's able to communicate and learn,” says Kane. “Through the use of my body and my wife's body, he's able to walk around. He's come a long way, but he's still not where we want him to be. That's our number one project.”

After that priority comes Field of Dreams, which now needs to be maintained and to grow. Adults with disabilities—who often have limited options after they age out of support provided by the public school system—will make up a large part of the staff. Sports leagues are being formed. Since the complex is a private entity and doesn't get state funding, fundraising will be a constant need.

“This project is immensely important to individuals with special healthcare needs,” says Matthew McDonald III, MD, Chief Executive Officer of Children's Specialized Hospital. “It gives folks an opportunity to socialize and exercise. We are so looking forward to packing this place.”

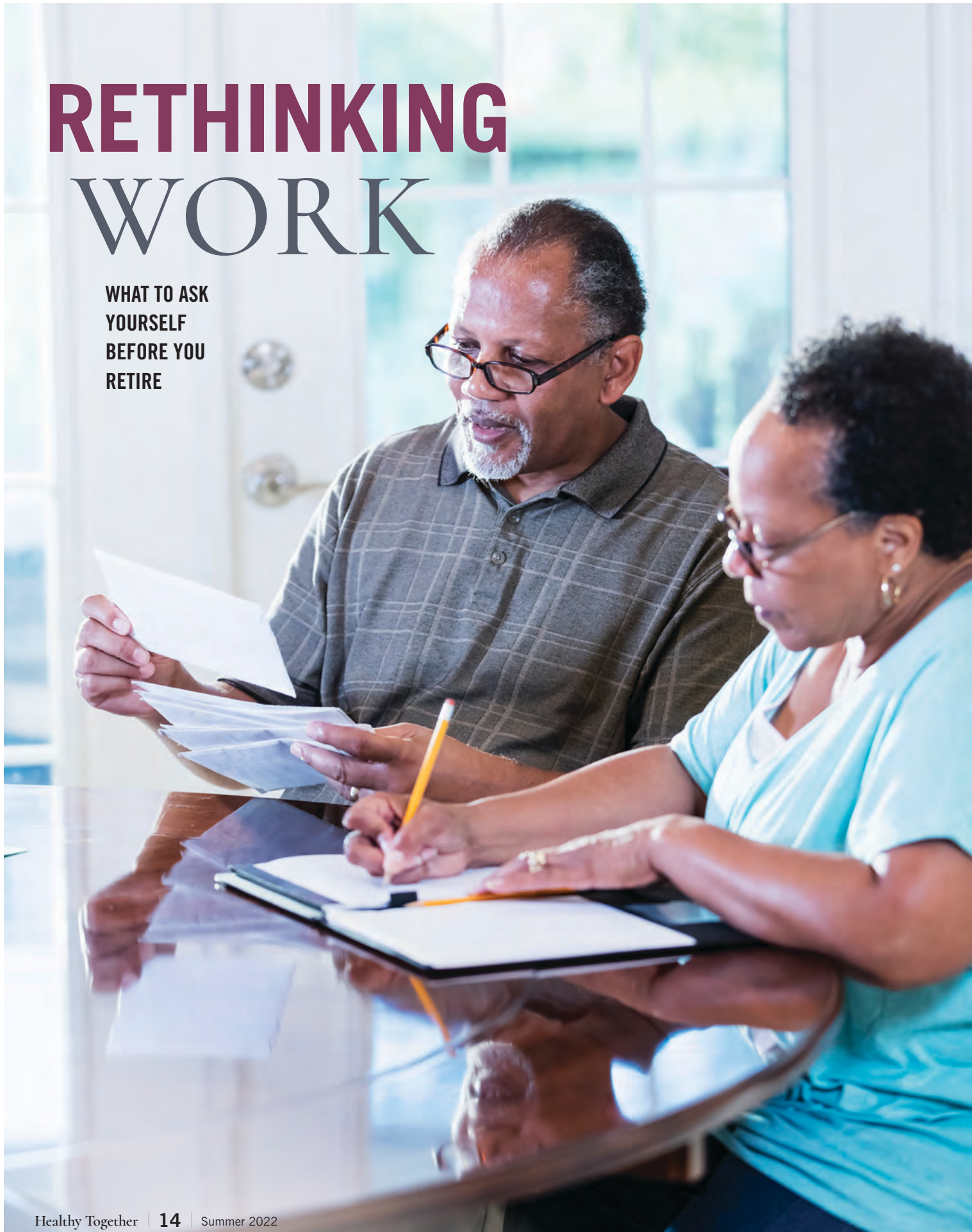
“Gavin is extremely excited,” says Kane. “Now he can play with his friends and meet new people.”

To learn more, visit
www.rwjbfldofdreams.com.



RETHINKING WORK

WHAT TO ASK
YOURSELF
BEFORE YOU
RETIRE



For most of the past 20 years, retirement rates in the U.S. were declining. People were staying in jobs longer, experts speculated, because of factors such as increased life expectancy, higher education levels and the rise in the minimum age to collect full Social Security benefits.

In the past two years, that trend began to reverse: Beginning with the pandemic-related economic shutdown, a significant number of U.S. adults who hadn't necessarily planned to retire did so. It's estimated that two and a half million "excess" retirements took place between March 2020 and the second quarter of 2021.

"What we've been seeing is a wave of people who have rethought the contract between themselves and the world of work," says Frank A. Ghinassi, PhD, Senior Vice President of Behavioral Health and Addictions at RWJBarnabas Health and President and CEO of Rutgers University Behavioral Health Care. "The question is whether they made the choice with a complete understanding of what the consequences would be."

REASONS TO LEAVE

Fear was a motivator for many, Dr. Ghinassi says. "Early in the pandemic, before we had vaccinations and better medications, lots of people were dying," he says. "People began to ask themselves, is going into work worth my personal risk? You saw this in people who couldn't work from home, such as environmental services workers, first responders and healthcare workers.

"Also, many individuals began to experience symptoms of anxiety and depression. Surveys indicate that's been true for an increasing number of people in the past two years.



FRANK A. GHINASSI, PHD

"Then, as the

pandemic ground on, making decisions about vaccination and risks and new variants have all begun to weigh on people," Dr. Ghinassi explains. "Older adults started thinking about how they wanted to spend the rest of their lives. A lot of employees began to examine whether they could make retirement work earlier than previously planned."

For a fortunate subset of people, personal wealth grew during this time period due to a heated housing market and booming stock market. With more money came more options.

AND THEN WHAT?

"Some people have a good plan for retirement and have really thought out the budget and what they'll do," says Dr. Ghinassi. "But often, people have a fantasy of retirement life that's based on their vacations: You don't have the stress of work, you go somewhere nice and spend more money than you usually do. The reality of retirement is that you have to create a lifestyle that can fit your budget, 52 weeks a year for the next 25 to 30 years."

Retirees also need to be prepared to find new ways of being with their families, he says. "Americans tend to be very hardworking. That means you were away from your family 45, 55, sometimes more hours a week," he says.

"When you retire, your family members are going to see you infinitely more than they have before and that's a big change, even in happy, well-adjusted families," he says. "Now you have to find structured ways not only to be together, but to be apart. People deal with issues like, how do you get your alone time when your spouse is always around?"

Selling a house and downsizing to a smaller space can present challenges as well. "You're not only spending way more time together, but now you're doing it in a smaller space," Dr. Ghinassi says. "That's not necessarily good or bad, but it does require renegotiation. Ideally, retirement is based on a realistic plan."

If it turns out that full-time retirement doesn't suit, the current

8 QUESTIONS TO ASK

"It's important to walk through the actual realities of retirement as thoroughly as you can before you take that step," says behavioral health specialist Frank A. Ghinassi, PhD.



- How are you going to cover medical costs?



- What is your debt situation? How much of your nest egg is tied to the stock market? Finances can be a source of significant stress.



- Are your friends retired and if not, how will that affect your social life?



- How will you structure a typical day, from the time you get up until the time you go to bed? What will a typical week look like? A month?



- What are your hobbies, and how will they help provide structure for your time?



- Have you talked to people you know well and asked them what retirement has meant for them?



- If you've decided to move away from where you've lived, how will you make new friends?



- If your partner is also retired or not working, how will you negotiate daily life now that you're together for a greater part of the day?

shortage of employees in the U.S. offers opportunities to return to the workforce. "Some people," says Dr. Ghinassi, "decide to rejoin the workforce in a totally different profession and become reinvigorated about work."

To learn about mental health services at RWJBarnabas Health, call the Behavioral Health Access Center, which is open 24 hours a day, at **800.300.0628**.





Opportunity Project now provides a combination of hybrid and virtual support to adults with brain injuries.

THE VIRTUAL CLUBHOUSE

A UNIQUE PROGRAM INNOVATES TO HELP ADULTS RECOVER FROM BRAIN INJURY.

When lockdowns created by the pandemic began, the staff at Opportunity Project, a program for adults with brain injury, knew they had to pivot quickly. Members of the Opportunity Project Clubhouse were relying on them as they worked to rebuild their life skills—and they were used to meeting in person at the Millburn-based facility.

“People were in a panic,” says Jacqueline Marino Rizzi, Cognitive and Community Integration Skills Counselor. “We had to think fast. Right away, we created a Facebook private group for members. But we knew our members varied greatly in technology know-how and access.”

The staff learned how to create meetings that members could join by either video or phone. They helped those without an internet connection get one. Members left their iPads out on their porches so a staffer could download the apps needed for virtual meetings. Soon, just about everyone had the appropriate technology to participate in video calls.

“Then we made sure to keep our programs very consistent, because our members are routine-oriented,” Marino Rizzi says. “We held the groups at the same times and we provided reminders to make sure people would stay engaged.”

A NEW MODEL

Now there’s a range of new services, including Mental Health Mondays, Grief Counseling Tuesdays, Wellness Wednesdays, Team-Building Fridays and an Adjustment Counseling Group on Saturdays. There’s virtual cognitive retraining, adaptive chair yoga, music therapy, team building, stress relief and more. The OP Resilience Squad, where members provide peer-to-peer support, was launched, as was the OP Caregiver Support Group.



Similarly, Melissa Moyer, Nutrition Counselor, adapted her wellness groups to the virtual world. Fitness classes became videos that groups watched together, following along at home. Opportunity Project teamed with the SPIRIT Club to connect with its online database of inclusive fitness classes. Healthy cooking classes were livestreamed from the Clubhouse.

In individual and group sessions, members discussed ways to overcome limitations related to their brain injury that hinder them from meeting their health and wellness goals.

Now, as COVID-19 health protocols permit, the Opportunity Project Clubhouse has transitioned to a hybrid model, with limited in-person activities. Counselors say, however, that a virtual component is here to stay.

“Sometimes members had transportation barriers to coming to our in-person programs,” Moyer says. “Others struggled with the amount of preparation it takes to get out of the house. The fact that they can participate from their living rooms has been a great thing for them.”

“We’ve evolved and been able to keep providing positive support,” says Marino Rizzi. “Our members are continuing to make progress!”

Children’s Specialized Hospital partners with Opportunity Project to ensure that children in its brain injury programs can continue to have the support they need throughout adulthood. To learn more, visit www.opportunityproject.org. For more information about Children’s Specialized Hospital, call **888.244.5373** or visit www.rwjbh.org/childrensspecialized.

At Children’s Specialized Hospital, we provide world-class care for children and young adults who face special health challenges across the state of New Jersey and beyond. We treat everything from chronic illnesses and complex physical disabilities, like brain and spinal cord injuries, to a full scope of developmental, behavioral and mental health concerns. We have convenient locations throughout the state: Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Monmouth, New Brunswick, Newark, Somerset, Toms River, Union and West Orange.

THE HEAD-HEART CONNECTION

HOW CARDIOVASCULAR HEALTH AND MENTAL HEALTH ARE INTERTWINED.



THE RELATIONSHIP GOES BOTH WAYS.

64%

Increased risk of developing coronary artery disease (CAD) for adults with depression

1 IN 5

People diagnosed with heart disease who experience major depression

26%

Increased risk of developing CAD for adults with anxiety

20%-30%

Adults with elevated anxiety following the onset of acute coronary syndrome

WHAT DOES ANXIETY DO TO THE BODY?

Anxiety and stress may be associated with the following cardiac risk factors:

- Release of the stress hormone cortisol, which can overstimulate the cardiovascular system
- Rapid heart rate (tachycardia)
- Increased blood pressure
- Decreased heart rate variability

HOW DOES DEPRESSION AFFECT THE HEART?

- **Biological:** It's linked with elevated blood pressure and heart rate, greater levels of inflammation and increased risk of blood clots.
- **Behavioral:** Depressed people are less likely to be physically active and more likely to smoke, overeat and not take medications as prescribed.

WHAT SHOULD YOU DO?



Tell your healthcare provider how you're feeling.



Follow a healthy diet.



Limit alcohol: for women, no more than one drink a day; for men, two drinks.



Increase physical activity.




Consider talking with a mental health counselor.



Prescription medications may help.

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular expert at Robert Wood Johnson University Hospital Rahway, call **888.724.7123** or visit www.rwjbh.org/heart.





Norbert Perez walks with his daughter, Alyssa, 16, at Rahway River Park, where he regularly exercises. “She was a big part of my motivation to get healthy,” he says.

BACK ON HIS FEET

HOW A SERIOUS DIABETIC FOOT WOUND WAS FINALLY HEALED

By his own admission, Norbert Perez is a stubborn man. He initially rebelled against the counseling he received after a diagnosis of Type 2 diabetes four years ago.



KYONG KIM, DPM

“They started giving me pills, but they weren’t working,” says Perez, 39, a forklift operator and Rahway resident. “They told me to change my eating habits, my lifestyle.

At first, I didn’t pay any attention to it. That typical man thing we do. We just go until we drop dead.”

But when a callus blistered and his foot swelled “beyond belief,” he ended up at the Center for Wound Healing and Hyperbaric Medicine at Robert Wood Johnson University Hospital (RWJUH) Rahway. The diagnosis: a diabetic foot ulcer.

“The first time we saw him, the wound was in very bad shape,” says podiatrist and wound care specialist Kyong Kim, DPM. “He had a bone infection, a nonhealing wound on the

fifth metatarsal, from the bottom to the top of the foot, very extensive.”

“I was terrified because the first word that came out of everybody’s mouth was amputation,” Perez recalls. “I said, ‘No, I’m too young for that, you’re not amputating anything.’ I fought it.”

“We were all in to help this patient,” Dr. Kim says. “We decided to go with an aggressive treatment of debridement—the removal of dead tissue—and hyperbaric oxygen therapy.” A hyperbaric oxygen chamber puts a patient in a pressurized environment in which he breathes pure oxygen, which



FOOT CARE FOR PEOPLE WITH DIABETES

People with diabetes are more prone to wounds and wound infections in part because the disease compromises blood circulation in the skin and makes it more fragile. Feet are especially susceptible because the skin there encounters more weight and friction, according to Kyong Kim, DPM, a podiatrist at RWJUH Rahway's Center for Wound Healing and Hyperbaric Medicine.

Warning signs for people with diabetes include ulcers or sores on the foot, leg or elsewhere; slow-healing wounds; black or brown tissue discoloration around a wound; pus or other fluid discharge; pain, redness or swelling.

The wound care team is ready for anything, Dr. Kim says. Treatment options include the latest in hyperbaric therapy, skin grafting, skin substitutes and more.

"I ACTUALLY FEEL BETTER NOW THAN BEFORE THE AMPUTATION. I'M STILL LEARNING HOW TO MAINTAIN—CHANGING MY EATING HABITS, WALKING MORE."

—Norbert Perez

he says. "I stopped checking my sugar level. I stopped taking my medicine. The infection came back. They had to treat it all over again. Took out a piece of the bone that was infected."

The setback eventually led to a partial amputation of the foot, known as a transmetatarsal amputation.

"The infection was starting to get into my bloodstream, which could actually have been fatal," Perez recalls. "That right there was what made me agree to the amputation. I pretty much lost half my foot."

He credits the determination of the staff at RWJUH Rahway for the fact that he was able to get back on his feet in about a month, less than the predicted three-to-six-month recovery time. The wound care specialists worked closely with vascular surgeons to be sure blood flow would continue to circulate adequately. Perez was given a prosthetic filler with a carbon plate to replace the missing part of his foot, which allows him to walk in regular shoes.

"The team at Rahway continued to be there for me, even though I was the one messing up," Perez says. "They still stood in there and helped me get through it. I think that's what clicked that little button in my mind that made me realize, 'You can do this.'" In addition to Dr.

Kim, Perez says he formed an especially strong bond with podiatrist Sarah Haller, DPM.

"I realized this is not going to kill you, this is not going to beat you," he says. "I don't have to be on disability the rest of my life. They always gave me that positive push."

Perez is back to work and preparing for a wedding with his fiancée, Charlene Marrow, who, he says, was also an essential part of his care team.

"I actually feel better now than before the amputation," he says. "I'm still learning how to maintain—changing my eating habits, walking more."

"Mr. Perez is not the only patient who has undergone this transformation," says Dr. Kim. "When a person who had a wound like that for over a year is able to walk out, it makes us very happy. I study for them. I train for them. My grandmother has diabetes. It's a great honor to do this."

"The key to managing diabetes, I realized, is honestly, just love yourself and you'll be fine," Perez says.

"It's a matter of changing how you go about doing things. You just have to learn to moderate yourself. This last go-around was the final wake-up for me because I'm not even 40 yet. I've still got a lot of living to go."

stimulates wound healing.

The treatment was successful, and Perez was able to walk again.


A NEAR-FATAL INFECTION

However, Perez again failed to follow the lifestyle advice he was given.

"Everything was working, but once again, I stopped following my orders,"

RWJUH Rahway offers a Diabetes Self-Management Program for people with diabetes or prediabetes. To learn more, call **732.499.6109**. To learn more about the Center for Wound Healing and Hyperbaric Medicine, call **732.453.2915** or visit www.rwjbh.org/rahwaywoundcare.





Cardiac patient Kjersti Myhre Cronin now walks regularly to stay fit.

'I TRUST MY BODY NOW'

**CARDIAC
REHABILITATION
HELPS A WOMAN
CHANGE HER LIFE.**

Kjersti Myhre Cronin hadn't felt really well for several years. The 51-year-old Woodbridge resident was suffering from breathlessness, which she attributed to her pack-a-day cigarette habit. She was always worried about her ability to pull off even simple physical tasks—something she refers to as “asking permission to do everything.” She remembers, prior to a vacation, asking her husband, “Well, do you think I can climb a hill?” Yet she didn't see a doctor because, as she later realized, she wasn't in the habit of listening to her own body.

In March of 2021, she began to feel bloated and “off.” On March 15, she came home from work feeling ill and exhausted. She slept for a couple of hours and then, she says, stopped breathing.

Her husband called 911, and she was rushed by ambulance to the Emergency Department at Robert Wood Johnson University Hospital (RWJUH) Rahway. There, she was diagnosed with congestive heart failure—a condition in which the heart is unable to pump efficiently—and a blocked coronary artery.

Myhre Cronin was transferred to Robert Wood Johnson University Hospital in New Brunswick (which, like RWJUH Rahway, is an RWJBarnabas Health facility). She underwent triple coronary artery bypass surgery and a valve replacement, and later, a procedure known as a pericardial window, in which a piece of the sac surrounding the heart is removed to drain excess fluid.

“The medical crisis was terrible and scary—I was very, very afraid of what my future was going to look like—but it solved a huge mystery for me about the way I'd been feeling,” Myhre Cronin says.

Now, she just needed to get better. Two months after her final surgery, that started to happen when she began a 12-week course of cardiac rehabilitation at RWJUH Rahway.

A NEW BEGINNING

“The goal of cardiac rehabilitation is to help patients feel better, reduce their stress, reduce their blood pressure, help strengthen their heart muscle and improve their overall conditioning,” explains cardiac rehab nurse Denise Cherepanya, RN, who worked with Myhre Cronin. Research has shown that cardiac rehab programs reduce the risk of future cardiovascular problems and death from heart disease.

Patients attend rehab three times a week for 12 weeks, with each session lasting roughly an hour. Workouts are individually tailored and involve the use of a variety of exercise machines.

Because a herniated disc in her neck made using the rowing machine difficult, Myhre Cronin was put on the treadmill, the NuStep (a recumbent cross-trainer) and the

arm machine. Like all patients, she started her workout with a five-minute warm-up and ended it with a five-minute cooldown, alternating time on the machines with walking. Her blood pressure and heart rate were carefully monitored to ensure that she was working out safely. “If patients need to sit at any point because they're tired or out of breath, we let them sit,” says Cherepanya.

Initially, Myhre Cronin was frustrated by the pace of her progress. “I was walking 1.6 miles per hour on the treadmill, and I thought that was insanely slow,” she says. But the nurses—she calls them her “cheerleaders”—told her she was actually doing well and setting a good foundation for her recovery.

“The nurses were really good at explaining why I needed cardiac rehab,” Myhre Cronin says. “I felt very safe. Their level of expertise came across for sure, but in a very, very supportive way.”

“It's common for rehab to be a little bit daunting at first,” says Cherepanya. “All our patients are deconditioned in the beginning, but over time—it could be three weeks, it could be a month—they start to feel better.”

For Myhre Cronin, cardiac rehab was a process not just of strengthening her heart but also of learning to listen to her body. She noticed, for example, that her heart would race when she became dehydrated, so hydration became an essential part of her workout.

At about the four-week mark, she says, she started to turn a corner. After completing rehab, she was given an exercise program and was strongly advised to follow it. She joined a gym a week later. Working out had become such a habit, she says, that she couldn't imagine not continuing.

Cherepanya stresses that faithful attendance at rehab is essential to its success, and Myhre Cronin, she says, was diligent about coming regularly. A major reward of Cherepanya's job, she notes, “is seeing a patient walk out of rehab a totally different person.”

That was certainly the case for Myhre Cronin. Before rehab, she couldn't comfortably walk more than a block. Today, walking is an intrinsic part of her life.

Nearly a year after her first surgery, she's no longer asking for permission to do the things she wants to do. “I feel fantastic,” she says. “There's nothing that comes up that makes me nervous, and I trust my body so much more than I did a year ago.”



To connect with a top cardiovascular specialist at RWJUH Rahway, call

888.724.7123 or visit www.rwjbh.org/heart.

To learn about cardiac rehabilitation at RWJUH Rahway, call **732.499.6056**.



WHY DO WE NEED TO DRINK SO MUCH WATER?

THE HEALTH REASONS BEHIND THE RECOMMENDATIONS

Lindsay Whelan, MS, RDN, inpatient/outpatient registered dietitian at Robert Wood Johnson University Hospital (RWJUH) Rahway, explains the importance of staying hydrated.



What does drinking water do for the body?

Hydration does much more in the body than many people realize. It regulates body temperature, helps with digestion, delivers nutrients to cells, cushions our organs and joints and helps us get rid of waste through perspiration, urination and bowel movements.

If you aren't well hydrated, you may have digestion issues—cramps, abdominal discomfort, nausea, vomiting—and a change in blood pressure or heart rate.

losing fluid because of a fever, vomiting or diarrhea.

Pregnant and breastfeeding women need more fluid. Older adults need to be especially aware of how much they're drinking because our sense of thirst declines as we age.

Some conditions, such as congestive heart failure and kidney disease, may cause the body to retain too much water, so your doctor may actually advise that you decrease your fluid intake.



What are some ways to remind yourself to drink more water?

Don't rely on thirst, because that happens when you're already past the point where you should

have had more fluids.

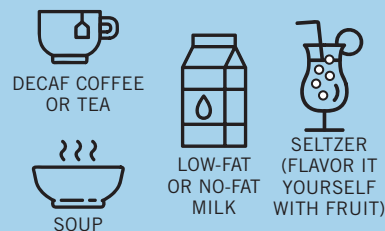
Set reminders on your phone. Have a glass of water as soon as you wake up and every time you eat. Dilute your morning orange juice with water. Have a water bottle with you throughout the day. For some people, drinking out of a straw helps them consume more fluid.



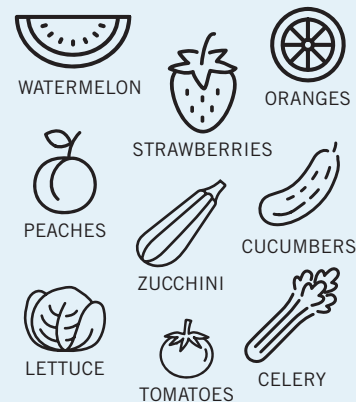
Does all of the fluid we drink have to be water?

Plain water is the best kind of hydration, but other beverages, such as milk or seltzer, can add to your hydration goals. Caffeinated beverages have a diuretic (creating more urine) effect, and so does alcohol, so you lose

BEYOND WATER: WAYS TO INCREASE FLUID INTAKE



HIGH WATER CONTENT FRUITS AND VEGGIES:



Drink caffeinated and alcoholic drinks, which have a dehydrating effect, only in moderation.

a bit of hydration there.

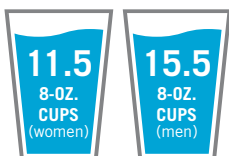
Fruits and vegetables contribute to hydration as well. Try watermelon, cucumbers, blueberries, strawberries and oranges.



What if someone doesn't really like water?

If the tap water in your area doesn't taste good, use a filtration process, or buy spring or filtered water by the gallon. Try adding your own fruits or herbs, rather than buying flavored water, which tends to have added sugars or artificial sweeteners that could cause gastrointestinal distress. Blueberries and basil are a good combination, as are cucumbers with fresh mint leaves.

For a fun summer drink, take frozen fruit and put it in the blender with an equal amount of water. You'll get good hydration from that.



How much fluid do we need daily?

One cup is equal to eight ounces.

The U.S. National

Academies of Sciences, Engineering and Medicine recommend at least 15.5 cups of fluids a day for men and 11.5 cups daily for women.

However, you may need more fluid at times when it's very hot or humid, when you're exercising and if you're

To learn about outpatient dietitian services at RWJUH Rahway, call **732.499.6210**.

RWJUH Rahway Is Here for You

When in-person meetings can't happen, we can still help. RWJUH Rahway is ready to meet you virtually for a telemedicine appointment, consultation or support. Below are some of our virtual as well as in-person support groups and educational programs. If you have a healthcare need or would like an email invitation to these professionally run meetings, call Community Education at 732.499.6193.



ADULT BEREAVEMENT SUPPORT GROUP:

First Wednesday of each month at 1:30 p.m. at RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. Registration required. Call **732.499.6193**.

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

BREAST CANCER SUPPORT GROUP:

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

CAREGIVER SUPPORT:

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

DIABETES SUPPORT:

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

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

LUNG DISEASE SUPPORT GROUP:

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

SPOUSAL BEREAVEMENT GROUP:

Wednesdays at 10:30 a.m. Eight-week session that meets in person at the RWJ Rahway Fitness & Wellness Center, 2120 Lamberts Mill Road, Scotch Plains. To find out when the next session begins, call **732.499.6193**.

COOK WELL, EAT WELL

Nutrition talks and healthy cooking demonstrations will be presented by dietitian and diabetes educator Aliz Alaman, RDN, CDE.

June 13 Sensational Summer Salads

July 19 Blueberries: NJ's Super Food

August 16 Too Hot to Cook! Cool Sides and Salads

September 20 Keep Summer Alive: Garden Produce in Sauces, Soups, Stews

These in-person events will take place at the RWJ Rahway Fitness & Wellness Center at 6 p.m.

Call to reserve a seat. Seating is limited. Masks required. **732.499.6193**



QUITTING SMOKING OR VAPING STARTS WITH A CALL.

Free program with all the tools you need to quit. **CALL 833.795.QUIT (7848).**

WEIGHT LOSS SURGERY SUPPORT

Get started on a path to better health with weight loss surgery. Virtual and in-person seminars and support groups are available. Anish Nihalani, MD, Medical Director of the Surgical Weight Loss Program, is also available for consultations.

Weight loss seminars are at 6:30 p.m. and support groups are at 5:30 p.m. on these dates:

• **June 23**

• **July 28**

• **August 25**

• **September 22**

To register, for a support group or seminar or to request a consultation, call the program at **732.499.6300**.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

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

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

THE GOAL IS CONTROL: DIABETES LUNCH AND LEARN

Thursdays, September 8 to October 13, 11:30 a.m. to 1:30 p.m.

The Gateway Regional YMCA—Rahway Branch, 1564 Irving St., Rahway. Education, support, exercise and a light lunch. Plus, free six-week membership to the YMCA for duration of the program. Program is free, but registration and proof of vaccination are required. Classes are small and fill up quickly. Call **732.388.0057**.

NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF UNION COUNTY

• **FAMILY SUPPORT GROUP:** Virtual meeting, third Tuesday of the month, 7 to 8:30 p.m. Are you feeling stressed and alone in trying to cope with the effects of a loved one's mental illness? This is a peer support group led by trained facilitators for all families and caregivers of persons with a mental illness. To register, email Denise at namiunioncounty@yahoo.com with your name, town and phone number.

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

• **FAMILY TO FAMILY:** NAMI offers a program in which experienced family members help others learn more about the mental illness of their loved one, how to get through crisis periods and practice self-care, and explore recovery, advocacy and better communication. Eight-week course, offered one night a week. If interested, contact patroman2@aol.com.

RWJBarnabas Health Medical Group

Let's be healthy together, Clark.

Clark residents and surrounding areas have access to convenient, comprehensive primary and specialty care services while connected to a full network of professionals and services at Robert Wood Johnson University Hospital Rahway.

NEW LOCATION:

999 Raritan Road, Clark

Internal Medicine:
Karan Kochhar, MD

General Surgery:
Kevin Clark, MD
Adam Kopelan, MD
David Pertsemliadis, MD

Cardiology:
Dory Altmann, MD
Brandon Oberweis, MD
David Schaer, MD
Marc Scheiner, MD
Dwayne Siu, DO
Delphine Tang, DO
Danny Wang, MD

888-724-7123

rwjbh.org/medicalgroup

Most insurances accepted.