

A Publication of
**NEWARK BETH ISRAEL MEDICAL
CENTER AND CHILDREN'S
HOSPITAL OF NEW JERSEY**

healthy *together*

**4 SIMPLE
EXERCISES
FOR A STRONG
HEART**

**COMFORT FOOD:
MAKE IT
HEALTHY!**

**HAVING A BABY
AFTER CANCER**



**CRITICAL CARE
WHEN EVERY MOMENT COUNTS**

SAVING LIVES IS OUR LIFE'S WORK

At RWJBarnabas Health, we take the trust people place in us to heart. It's the bedrock of our commitment to your care, from preventive services to life-saving emergency treatment.

For urgent situations, we have two world-class trauma centers, one in Jersey City and one in New Brunswick, as well as the only burn center in the state, located in Livingston. In addition, we have expanded our emergency response capabilities and have acquired an advanced emergency helicopter, call sign Life Flight, equipped and staffed to provide critical care while transporting badly injured patients.

To help people stay healthy and safe, we reach out with education and prevention programs for people of all ages. We've also invested in creating the new secure and convenient RWJBarnabas Health Connect app, available at your app store. Health Connect lets you access your records, store your insurance information, search for doctors, and make real-time appointments that are automatically added to your phone calendar.

Health Connect, along with the RWJBarnabas Health TeleMed app, which offers online access for a physician visit, are integral parts of efforts to create a truly tech-forward healthcare organization. These efforts led to all RWJBarnabas Health hospitals earning the "Most Wired" designation from the College of Healthcare Information Management Executives this year.

At Newark Beth Israel, technological innovations are transforming the way we practice medicine. Earlier this year, we began using the most advanced state-of-the-art MRI technology to perform cardiac, vascular, neurological and even breast imaging, to detect and diagnose conditions earlier. Our robotic surgery program is the most mature program in northern New Jersey, with more than 30 surgeons and more than 7,000 robotic surgeries performed. In addition, we are expanding our cardiac procedure rooms. The Cardiovascular Catheterization Laboratory (Cath Lab) will include multidisciplinary suites, allowing surgeons and cardiologists to work together to perform innovative, minimally invasive procedures.

Whether you face an emergency or have an everyday health question, we're committed to providing convenient access to the highest-quality care—whenever and wherever you need it.

Yours in good health,



BARRY H. OSTROWSKY
PRESIDENT AND CHIEF EXECUTIVE OFFICER
RWJBARNABAS HEALTH




DARRELL K. TERRY, SR.
PRESIDENT AND CHIEF EXECUTIVE OFFICER
NEWARK BETH ISRAEL MEDICAL CENTER
AND CHILDREN'S HOSPITAL OF NEW JERSEY



HEALTH NEWS

NEWARK BETH ISRAEL MEDICAL CENTER EARNS ACCOLADES

DIAGNOSTIC IMAGING: The Radiology Department has been designated a Diagnostic Imaging Center of Excellence (DICOE), the highest award for Quality and Safety that the American College of Radiology provides to qualified facilities. Only 120 radiology imaging facilities in New Jersey have won the DICOE Award.



ORGAN, EYE AND TISSUE DONATION: The U.S. Department of Health and Human Services has awarded Newark Beth Israel Medical Center Platinum recognition for its efforts to increase enrollment in the New Jersey state donor registry and spread the lifesaving message of organ and tissue donation. Advocates at NBI worked with NJ Sharing Network and Donate Life New Jersey to create outreach and registry campaigns to educate staff, patients and the community.







RESUSCITATION AFTER CARDIAC ARREST: NBI has earned the Get With The Guidelines Resuscitation Gold Award for implementing specific quality improvement measures outlined by the American Heart Association and the American Stroke Association for the treatment of patients who suffer cardiac arrests in the hospital.



Newark Beth Israel Medical Center | **RWJBarnabas HEALTH**
Children's Hospital of New Jersey

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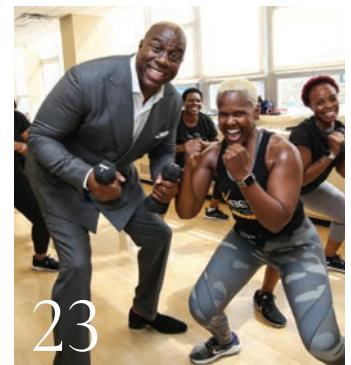
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BIGGER, BETTER, NEWER

A TRANSFORMATIONAL RENOVATION WILL REFLECT NEWARK BETH ISRAEL'S DEEP COMMITMENT TO THE COMMUNITY.



An ambitious \$100 million renovation project by Newark Beth Israel Medical Center (NBI) will literally change the face of the medical center and the Lyons Avenue landscape, as the renderings on these pages show.

“We are an anchor institution in Newark that is providing world-class care to the residents of the South Ward, the greater Newark area and beyond. It is important that our appearance reflect our commitment to the communities we serve,” says Darrell K. Terry, Sr., MHA, MPH, FACHE, President and Chief Executive Officer of NBI and Children’s Hospital of New Jersey. “Our patients and the general public will be able to see the progress we are making as they travel along Lyons Avenue.”

In addition to the images shown here, the renovation will include continued remodeling of the Maternity Unit, renovated Intensive Care Units and new Advanced Heart Failure Treatment and Transplant facilities. The groundbreaking will take place this spring.



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1. The hospital's new main lobby will be a 9,300-square-foot, glass-enclosed space that includes modern seating areas, community meeting spaces, an expansive registration area and cafés. "This transformation will create a more welcoming space filled with transparency and natural light. It will invoke a sense of wellness and renewal for our patients, their families and our community," says Terry.

2. The lobby interior will have a signature wall with a prismatic acrylic panel system and color-changing LED lights.

3. The Emergency Department will increase by 4,000 square feet, including a new fast-track treatment area.

4. The Pediatric Emergency Department will have a separate entrance and waiting room for young patients and their families.

5. The reimagined Emergency Department entrance on Lyons Avenue will have new exterior signage. "For many of our patients, the Emergency Department may be their first experience with our facility, and we want them to know we value that experience," Terry says.

6. The medical center campus as it will appear from the corner of Lyons Avenue and Schuyler Avenue.

To learn about ways to support Newark Beth Israel Medical Center, visit www.newarkbethgiving.org.

Nefertiti Jackson and baby Kalahia visit Yvonne Wright-Cadet, MD.



A BABY AFTER CANCER

A MAPLEWOOD WOMAN'S MEDICAL TEAM AT NEWARK BETH ISRAEL HAS SEEN HER THROUGH IT ALL—FROM CANCER TREATMENT TO THE BIRTH OF A HEALTHY BABY.

Last year, when Nefertiti Jackson discovered she was pregnant at age 37, she was floored. And ecstatic. The Maplewood resident had been through extensive treatments for a life-threatening cancer scare as a child, and then for cancer again as a young adult.

"I was shocked," she says with a laugh. "We weren't necessarily trying to have a baby. And after all I'd been through, I didn't even know I could!"

Nefertiti and her longtime partner, Daniel Plaisimond, were excited to start a family. But she knew she needed the best healthcare available—and she knew exactly where to go.

"Newark Beth Israel Medical Center

is like a second home to me,” she says. “I’ve spent many, many days in treatment and recovery there since I was a child. I even have lifelong friends from Newark Beth—patients and staff members who have shown me and my family so much compassion through the years.”

“At Newark Beth, we take care of women from a young age and through older age,” says OB-GYN and surgeon Yvonne Wright-Cadet, MD. “With either simple exams or with serious health issues like Nefertiti’s, I have confidence in telling my patients that I know they’ll get the very best care here. We have deep relationships with each other, and our specialists are able to blend our skills together to care for mothers and for babies.”

CANCER AND CARING

Nefertiti’s first visit to Newark Beth Israel Medical Center (NBI) and Children’s Hospital of New Jersey came at age 7, when she and her mother learned Nefertiti had non-Hodgkin’s lymphoma, a type of blood cancer that affects the body’s immune system. During the monthslong treatment, staff at NBI cared as much for her mother as they did for her, Nefertiti recalls.

“The support came from nurses and doctors, and also from social workers and nutritionists,” she recalls. “They even brought us groceries, just to take some of those day-to-day tasks off of my mother. I so appreciate that they always extended their care to both of us.”

During this time, Nefertiti was also thrilled to learn she could go to summer camp, all expenses paid, thanks to The Valerie Fund Children’s Center for Cancer and Blood Disorders at NBI. Over the course of eight summers, she met people there who remain her friends today. “My mom grew her support system through camp, too, after meeting other parents in similar situations,” she says.

Remaining healthy and clear of cancer through her teens and early 20s, Nefertiti went off to college and then to teaching jobs in local schools. She still checked in with her cancer team at NBI every two

years, and she had regular visits at NBI with Dr. Wright-Cadet.

“I’ve seen Dr. Wright-Cadet since 2008 for regular exams,” Nefertiti says. “And many of my relatives now go to her. She’s become our family’s doctor of choice.”

FIGHTING LEUKEMIA

At age 25, when Nefertiti developed familiar symptoms—some that reminded her of her childhood illness—she turned once again to her physicians at NBI for answers.

“They knew me, and they had all my records,” Nefertiti says. “Dr. Wright-Cadet called in specialists to figure out what was wrong.” The answer: leukemia, another type of blood cancer. Nefertiti’s care was overseen by Maya Shah, MD, Section Chief, Leukemia/Lymphoma Service, at NBI.

“They talked with me about my options, and they told me what I needed to know,” Nefertiti says. “It was a tough year, but they saw me through.” Nefertiti recovered from that treatment, with the help of her team at NBI, her family and prayer, she says.

Just a few years later, she learned she would continue to need all that support. In her early 30s, she developed severe fibroids. Dr. Wright-Cadet found a large one in the back of the uterus.

“It was the size of a grapefruit, and it needed to be removed,” she says. “Dr. Wright-Cadet told me the effect of surgery on my ability to have a child was uncertain, but I trusted her to do everything possible.”

And as they had done many times before, she and Dr. Wright-Cadet prayed together in the office.

“Throughout every diagnosis I’ve gotten at NBI, my family, my doctors and I have prayed that God would use these specialists for the healing to happen,” she says. “Dr. Wright-Cadet did a phenomenal job. I had absolutely smooth healing.”



RWJBarnabas Health and Newark Beth Israel Medical Center and Children’s Hospital of New Jersey, 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. To learn more, call 844.CANCERNJ or visit www.rwjbh.org/beatcancer.

JOYFUL NEWS

This past fall, three years after fibroid treatment, Nefertiti, Daniel, her physician and her mother learned that the verdict regarding fertility was in: She was pregnant.

Nefertiti had a few more hurdles, however. Dr. Wright-Cadet told her additional fibroids could affect the growing baby. In addition, her age put her and her unborn baby in a high-risk category. Dr. Wright-Cadet brought in maternal fetal medicine specialists, who focus on the care of mothers and their unborn babies, to make sure they caught any symptoms early.

This spring, the diligence of her team at NBI paid off. Fibroids never became an issue for the baby, and Nefertiti had a very healthy pregnancy. In April, she and Daniel welcomed little Kalahia into the world.

It has been over 30 years since Nefertiti began relying on the expertise and compassion of the team at NBI, and she wants to share something with others.

“Everyone I encountered during all my experiences at NBI was genuine and encouraging,” Nefertiti says. “I want everyone to know that serious health issues like I had are not the end of the world. We have a team of awesome doctors here to help us.”

To learn about maternity services or find an OB-GYN at Newark Beth Israel, call **888.724.7123** or visit www.rwjbh.org/maternity.

GIVING TO DO GOOD

FRIENDS AND NEIGHBORS HONOR LOVED ONES THROUGH
MEANINGFUL DONATIONS TO THE MEDICAL CENTER.



COMMEMORATING A MAN WHO LOVED CHILDREN

The Scott Hazelcorn Memorial Children's Foundation recently made a generous donation to renovate the Metropolitan Regional Diagnostic and Treatment Center (Metro RDTC) at Newark Beth Israel Medical Center. The gift was given in memory of Scott Hazelcorn, who died on 9/11. He loved children and had wanted to return to school to become a teacher. After the tragedy, his family established the foundation as a way to honor his memory.

A memorial plaque in the waiting area features one of Scott's memorable quotes, "Play and listen to every child you meet, they have so much to teach."

The Metro RDTC focuses on the trauma of child abuse and neglect and provides trauma-informed medical and mental health services to child victims of maltreatment and their families.

At the ribbon-cutting, from left to right: Christine Baker, PhD, Clinical Director, Metro RDTC; Karyn C. Smarz, PhD, Metro RDTC Supervising Psychologist; Eric Hazelcorn, Janice Hazelcorn and Charles Hazelcorn of the Scott Hazelcorn Memorial Children's Foundation; Beth Tepper, Vice President of Development at Newark Beth Israel Medical Center; and Sheila Stephan, Program Director, Metro RDTC.

A GENEROUS DONATION IN HONOR OF A SPOUSE

Robert J. Benedetto, Executive Vice President at Princeton International Properties Inc., recently honored by the Torch Foundation of New York as Professional of the Year, was allowed to donate \$10,000 to the charity of his choice. He chose to direct the money to the Newark Beth Israel Medical Center Neonatal Intensive Care Unit in honor of his wife, Pat Benedetto, RNC-NIC, BSN, MPA, Neonatal Outreach Coordinator, who recently retired after 34 years. The Torch Foundation supports programs that assist children experiencing social, economic and medical issues.



From left, Beth Tepper, Vice President of Development, Newark Beth Israel Medical Center; Stacie Perry, RN, BSN, CLC, Director of Patient Care Services, Neonatal Intensive Care Unit; Joseph Rutigliano of the Torch Foundation; Pat Benedetto, RNC-NIC, BSN, MPA, Neonatal Outreach Coordinator (retired); Robert J. Benedetto, Executive Vice President, Princeton International Properties; Morris Cohen, MD, Director, Neonatal Intensive Care Unit, Children's Hospital of New Jersey at Newark Beth Israel Medical Center; Darrell K. Terry, Sr., MHA, MPH, FACHE, FHELA, President and Chief Executive Officer, Newark Beth Israel Medical Center and Children's Hospital of New Jersey; Suzanne Cinquemani, BSN, RN, CBC, Nurse Manager, Labor and Delivery; Joshua Rosenblatt, MD, Chair, Department of Pediatrics and Chief Academic Officer; and Douglas A. Zehner, CPA, MSHA, Newark and Union Regional Chief Financial Officer.

To learn about ways you can support Newark Beth Israel Medical Center and Children's Hospital of New Jersey, call **973.322.4302** or visit www.newarkbethgiving.org.



HOW TO SAVE A LIFE

IS IT A HEART ATTACK OR CARDIAC ARREST—AND WHAT SHOULD A BYSTANDER DO?

“Heart attack” and “cardiac arrest” may sound like similar conditions, but they’re not the same—and one is potentially much more life-threatening. “With a heart attack, an artery is clogged, and the majority of patients have 100 percent closure of an artery,” explains Jay H. Stone, MD, Director of the Cardiac Catheterization and Interventional Lab at Community Medical Center in Toms River and a member of the RWJBarnabas Health medical group. “In a cardiac arrest, the heart stops completely and no blood at all is circulating.” Death can be instantaneous.

The two things that determine survival, Dr. Stone explains, are the underlying pathology and the flow of blood to the brain. “If someone passes out in front of you, take action immediately,” he urges. “The patient can’t afford to lose the time that it may take for professional medical help to arrive.” Quick action can double or even triple a cardiac arrest victim’s chance for survival.



JAY H. STONE, MD

HEART ATTACK

WHAT IT IS

A circulation problem. Blood flow stops because of a blockage in an artery. The part of the heart muscle that is deprived of oxygen-rich blood begins to die.

SYMPTOMS

These may begin hours, days or weeks in advance.

- Chest pain or feeling of pressure in the chest, possibly spreading to arms, neck, jaw, back or stomach.
- Feeling sick, sweaty or short of breath.
- The person having a heart attack will usually remain conscious.

WHAT TO DO

If you are having these symptoms, don’t hesitate to contact your doctor or call 911. If someone you are with appears to be having a heart attack, call 911 immediately. Sit the person down and keep them calm while you wait for help.

CARDIAC ARREST (CA)

WHAT IT IS

Usually, an electrical problem that causes the heart to stop pumping. CA can be triggered by a heart attack but can have other causes, such as an undiagnosed heart abnormality or cocaine or amphetamine use.

SYMPTOMS

- Possibly racing heart or dizziness, but CA may occur without warning.
- A person suffering CA will become unconscious and will not breathe normally, or breathe at all.

WHAT TO DO

- Immediately call 911, or have someone else make the call while you perform the steps below.
- If an AED (automated external defibrillator) is available, begin use, following the prompts.
- Do CPR (cardiopulmonary resuscitation). If you don’t know conventional CPR, do hands-only CPR (see below).

GET IT CHECKED

Your heart doesn’t beat just for you. Get it checked. To make an appointment with one of New Jersey’s top cardiac specialists, call **888.724.7123** or visit **www.rwjbh.org/heart**.



HANDS-ONLY CPR

Hands-only CPR can be done successfully even by someone who’s not a professional. The idea is to push hard and fast in the center of the victim’s chest to the beat of a familiar song that has 100 to 120 beats per minute. Think of the song “Stayin’ Alive” by the Bee Gees to help keep compressions in a regular rhythm. If disco doesn’t do it for you, push along to one of these:

- “Crazy in Love” by Beyoncé
- “Hips Don’t Lie” by Shakira
- “I Walk the Line” by Johnny Cash



TRAUMA WITHOUT DRAMA

TOP RWJBARNABAS HEALTH TRAUMA AND BURN CENTERS STAND AT THE READY TO DO WHAT'S NEEDED FOR THE MOST SEVERELY INJURED PATIENTS.

Paramedics are running through the Emergency Department (ED) entrance. Blood is all over. Doctors are shouting, “Get me a clamp—stat!” And ... cut! End scene. That chaotic scenario, a staple of medical shows, happens on TV show sets but not in real life, trauma experts say.

“In a true trauma situation, we have quiet, controlled conditions,” says critical

care surgeon Rajan Gupta, MD, Director of the Level I Trauma Center and Pediatric Trauma Center at Robert Wood Johnson University Hospital (RWJUH) in New Brunswick. “The more we mitigate chaos, the safer the environment, and the better the patient will do.”

Another common misconception, says Dr. Gupta, is that trauma treatment ends after the critical first 30 to 60 minutes of care. “In fact, our system spans the entire gamut of care—emergency services, acute care centers, rehab facilities, radiology, blood banks, clinical labs, data registry and more,” explains Dr. Gupta. “A trauma

center’s job is to bring all these aspects together to help prioritize decisions and get the best possible long-term outcome for the patient.”

Together, experts at the Trauma Center at RWJUH, the Level II Trauma Center at Jersey City Medical Center (JCMC) and The Burn Center at Saint Barnabas Medical Center (SBMC) in Livingston—each an RWJBarnabas Health facility—provide a critical safety net for thousands of New Jersey residents.

TRAUMA OR ED?

Hospital EDs take care of emergencies, of course, like heart attacks and breathing problems. EDs also deal with a broad range of noncritical conditions, such as the flu or broken bones.

A trauma center, however, has a larger scope than an ED. First responders or ED



RAJAN GUPTA, MD



MICHAEL MARANO, MD



BRUNO MOLINO, MD

From left, flight paramedic Michael Brown, FP-C; flight nurse Robert Maiullo, CFRN; and lead pilot Joe Gilbert with the RWJBarnabas Health Airbus 135 helicopter.



physicians make the decision as to whether a patient needs the services of a trauma center.

“A trauma center is designed to immediately treat critically injured patients who have life- or limb-threatening injuries,” explains acute care surgeon Bruno Molino, MD, Trauma Director at JCMC and a member of RWJBarnabas Health medical group. “When seconds count to make the difference between life and death, a whole team is waiting around a stretcher even before the patient arrives.

“To be certified as a trauma center, a facility must have extensive resources available to care for severely injured patients at all times,” says Dr. Molino. “Neurosurgery, maxillofacial surgery, orthopedic surgery, cardiac surgery—all these specialties and more have to be there at our disposal.”

The most common types of injuries seen in trauma centers come from three

situations: falls by elderly people, blunt-force assault or penetrating wounds (such as gunshots), and motor-vehicle crashes, says Dr. Gupta. “Our cars are getting much safer, so traumatic injuries from crashes are decreasing,” he explains. “Meanwhile, for the elderly, even a minor fall can result in devastating injuries. As the population ages, this has become an ever-growing issue for health systems.”

Trauma centers also routinely drill to be prepared for mass casualties in a disaster situation. This training includes close coordination with other trauma centers in case backup is needed. There are 10 state-certified trauma centers in New Jersey.

HELP FOR SEVERE BURNS

Trauma centers across the state coordinate closely with The Burn Center at SBMC, New Jersey’s only state-certified burn-treatment facility. In addition to burns from home accidents, industrial incidents and motor-vehicle crashes, one of the most common injuries the center sees—up to 30 percent of cases—is scalding in children under age 2 who have been splashed accidentally by a hot liquid.

Specialists including burn technicians, nurses and respiratory therapists, as well as the most advanced technology, are available at the center at all times. “If someone comes in with a surface burn, for example, we’re able to immediately treat them with hydrotherapy—water piped through special spigots that removes dead skin and bacteria to minimize the chance of infection,” explains Michael Marano, MD, Medical Director of The Burn Center.

The center has 12 intensive care beds for the most critically injured patients and an 18-bed recovery unit. It also runs The Outpatient Center for Wound and Burn Healing, which works with more than 4,500 patients each year.

AN OUNCE OF PREVENTION

In the hope of minimizing the need for their services, the trauma and burn centers put considerable resources into community education, covering the age spectrum from infants and car seats to geriatric fall prevention, as well as pedestrian safety,



THE NEED FOR SPEED

“In trauma care, timing is everything,” says Jim Smith, Vice President, Mobile Health Services and Patient Transport at RWJBarnabas Health (RWJBH). “The gold standard is to have no more than 60 minutes from the time a patient has a traumatic emergency to the time he or she is in the OR.”

Depending on location and time of day, a trip that takes 45 minutes by road could be done by helicopter in 20 minutes. That’s why RWJBH has partnered with Med-Trans aviation to provide a state-of-the-art Airbus 135 helicopter and two dispatch centers for live satellite tracking. Known as LifeFlight, the service includes on-scene and in-air emergency treatment and transportation to the closest appropriate state-certified trauma center. The crew includes RWJBH Emergency Medical Services flight nurses and paramedics who have had extensive training in emergency, air medical and trauma protocols.

In addition to providing time-critical transportation from emergency events, the LifeFlight system transports patients as needed among RWJBH’s 11 hospitals (and other health systems as appropriate). “The service assists with continuity of care within the same network,” Smith says. “And although it can seem dramatic and scary for patients to hear they are being transported by helicopter, sometimes the issue is not so much medical acuity as it is timing and traffic.”

In either case, he says, “It’s important for New Jersey residents to know that, barring any weather issues, air medical services in the state are robust and coordinate closely with ground providers. Very few states have the availability of resources and capabilities that we do.”

bicycle safety, sports safety, yard-work safety and distracted driving education. “I tell my Injury Prevention Coordinator that it’s her job to put me out of business,” says Dr. Gupta.

Inevitably, accidents will happen. When they do, New Jersey residents are in the fortunate position of having a nearby trauma center ready and able to serve.

To learn more about safety education and training at RWJBarnabas Health hospitals, visit www.rwjbh.org/cpr.



MAKING MATERNITY SAFER

A FOCUS ON WOMEN'S HEALTH BEFORE, DURING AND AFTER PREGNANCY AIMS TO SAVE LIVES.

“I don’t feel well,” said Tara Hansen, 29, of Wanamassa, shortly after giving birth to her son in 2011. But her healthcare providers considered her a healthy postpartum patient, and sent her home. Six days later, she died from an infection that occurred during the birth.

Pregnancy-related deaths are relatively rare—about 700 occur each year in the U.S.—but are on the rise. So is the rate of delivery-related “severe maternal morbidity,” which is defined as significant short- or long-term effects to a woman’s health.

“In New Jersey, healthcare systems, community-based organizations and government agencies are tackling this issue head-on,” says Suzanne Sernal, Vice President of Women’s Services

for RWJBarnabas Health (RWJBH). “We’re collectively looking at the entire continuum of healthcare to see what women want and need to be healthy before, during and after pregnancy.”

EMPOWERING WOMEN

Providing education is a priority. “The majority of maternal adverse events don’t happen on the day a woman gives birth,” Sernal says. “They occur in the days and weeks that follow the birth, when mom is back at home and the warning signs of a serious complication may not be immediately recognized.”

To increase awareness, Tara’s husband, Ryan, partnered with Rutgers Robert Wood Johnson Medical School and Robert Wood Johnson University Hospital, an RWJBH facility, to create the Tara Hansen Foundation’s “Stop. Look. Listen!” program. This initiative empowers women to voice any concerns they have and reminds providers to pay close attention, rather than assuming a symptom is a typical complaint of pregnancy or the postpartum period. The program has been embraced by facilities throughout RWJBH.

ALERT IN THE ED

RWJBH Emergency Departments (EDs) have created a system to ensure that any woman coming to an ED who has given birth within the previous 42 days is identified, and a note made in her electronic health record. “Care management for certain conditions can be quite different for a woman who has recently given birth compared to a woman in the general population,” Sernal says. “This alert system quickly identifies postpartum women and when minutes matter it can save lives.”

Other aspects of RWJBH’s comprehensive approach to maternal health include:

Promoting equality in healthcare to improve pregnancy outcomes. “Our hospitals are exploring the specific needs and challenges of women in their unique communities,” Sernal says.

Providing reproductive planning so women, particularly those with medical conditions, can plan safer pregnancies.

Co-designing initiatives with community groups that address issues such as housing, domestic violence, obesity, diabetes and substance abuse, all of which can negatively affect pregnancy outcomes.

Focusing on maternal mental health. Monmouth Medical Center, an RWJBH facility, has the state’s only perinatal mood and anxiety disorder program.

Participating in Maternal Health Awareness Day, this year on January 23.

“This is new attention to maternity care that is so long overdue,” Sernal says. “Healthcare providers, policy advocates, women’s advocates—together, we’re really going to change the landscape over the next few years.”



To find world-class maternity care near you, call **888.724.7123** or visit www.rwjbh.org/maternity.



LEARNING TO CRAWL AGAIN

A BABY REBOUNDS FROM A TRAUMATIC BRAIN INJURY WITH THE HELP OF CHILDREN'S SPECIALIZED HOSPITAL.

On the afternoon of January 8, 2019, Olivia Lopes got a frightening phone call: Her mother, nephew and 7-month-old son had been in an accident. While the three were walking home from her nephew's school, a vehicle had jumped the curb and struck them from behind.

Olivia's mother and nephew suffered multiple fractures. Infant LJ, who had been in his car seat in a wagon being pulled by his grandmother, suffered the most extensive injuries as the car seat became dislodged and soared 70 feet away. "When we finally got in to see LJ, he was on life support," Olivia recalls. "He had multiple skull fractures, orbital fractures, severe brain trauma and a broken leg, and was having difficulty moving his right arm."

LJ spent 21 days in a Pediatric Intensive Care Unit before being transferred to the Brain Injury Program at Children's Specialized Hospital



An RWJBarnabas Health facility

(CSH) in New Brunswick. There, a team of specialists developed a customized rehabilitation program to address his medical, physical, cognitive and psychosocial needs.

Within a week, however, his family and team realized something wasn't right with LJ. He was transferred to the Emergency Department at Robert Wood Johnson University Hospital in New Brunswick, where a CAT scan led to a diagnosis of hydrocephalus. With this condition, excess cerebrospinal fluid builds up in the ventricles (cavities) of the brain and increases pressure within the head, causing head enlargement, headaches, impaired vision, cognitive difficulties and loss of coordination. A shunt was surgically inserted into a ventricle to drain the excess fluid.

From left to right, LJ Lopes in the playroom at Children's Specialized Hospital; snuggling with his cousin Auggie; getting a boost from visiting Rutgers University football players.

SKILLS REGAINED

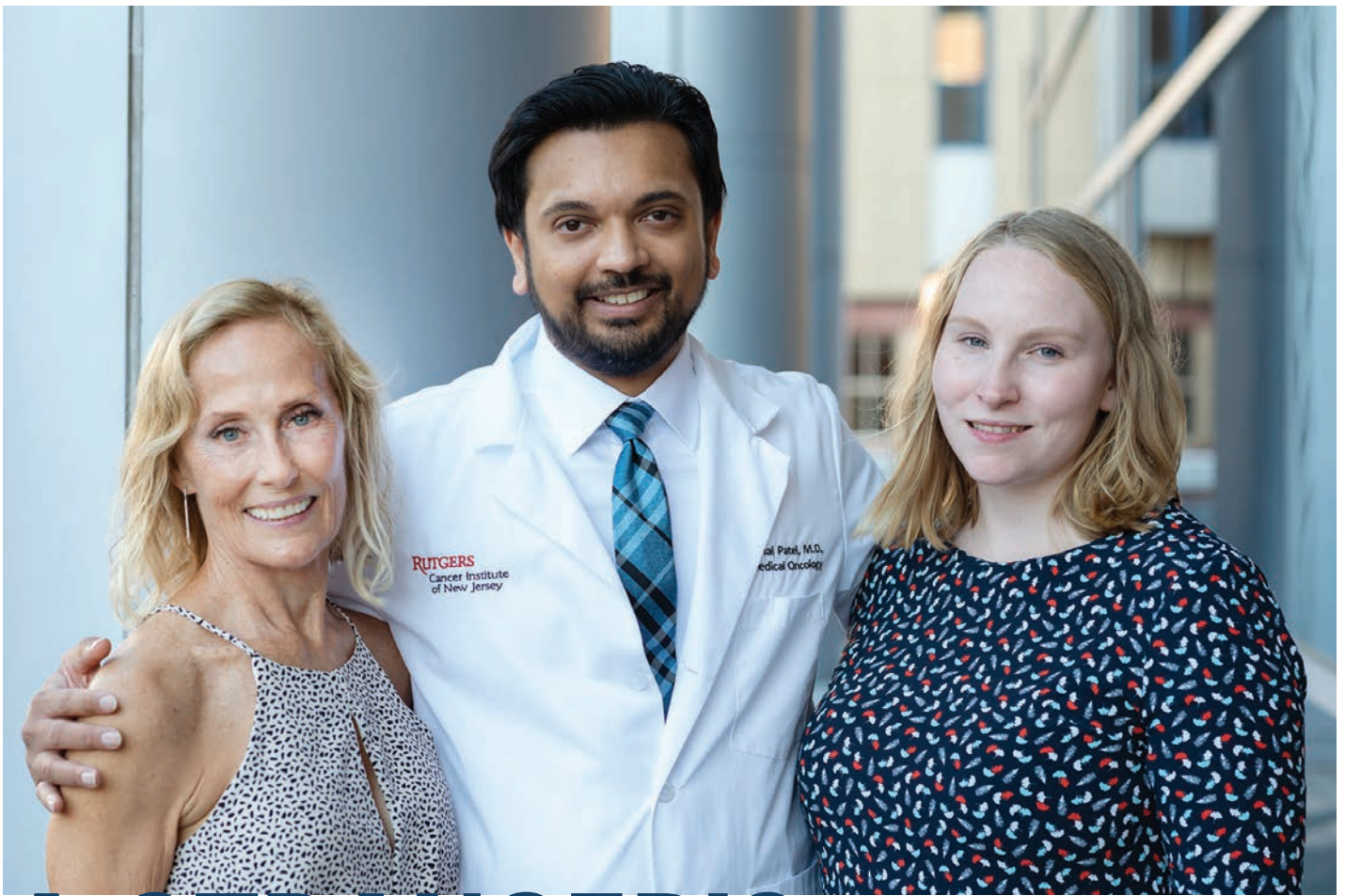
LJ returned to CSH on February 11 to continue his rehabilitation journey. He quickly bonded with his inpatient team, particularly enjoying aquatic therapy. "Once they got LJ into the pool, there was no stopping him," says Olivia. "He loved it, and the resistance of the water forced him to start using his right arm more."

LJ spent another two months at Children's Specialized working with physical, occupational, speech-language and recreational therapists. "The progress he made at Children's Specialized was amazing," says Olivia. "After the accident, he lost all of his muscle memory. The team worked with him day in and day out, helping him to learn how to roll, crawl, stand and walk." LJ went home on April 8. He is now attending outpatient therapy sessions three days a week at the CSH location in Hamilton, working hard to build strength in his right arm and learn how to suck and swallow properly.

"We still keep in touch with the remarkable therapists and care team at Children's Specialized, updating them on LJ's progress," Olivia says. "We're forever grateful for the care that Children's Specialized provided to our son."

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

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. Our locations in Bayonne, Clifton, East Brunswick, Egg Harbor Township, Hamilton, Jersey City, Mountainside, New Brunswick, Newark, Toms River and Warren 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.



A STRANGER'S GIFT

**A BLOOD STEM CELL DONATION—
AND A POWERFUL MEDICAL
PARTNERSHIP—SAVE THE LIFE OF
A TOMS RIVER WOMAN.**

It's a gorgeous day on the boardwalk in Bradley Beach and to look at the two smiling women, you would never guess that they had met in person for the very first time just three days before. They exhibit a strong physical and emotional connection—a bond worth life itself.

"I feel as if I'm with my daughter or my niece," Lael McGrath, 68, admits. She owes her life to Wiebke Rudolph, a 21-year-old recent college graduate from Kassel, Germany. Wiebke donated her stem cells anonymously to Lael after the retired second-grade teacher from Toms River was diagnosed with life-threatening acute myeloid leukemia in 2016. Both had looked forward to this meeting for more than two years.

"To have a donor and patient together like this is truly remarkable," says Vimal Patel, MD, a hematologist/oncologist in the Blood and Marrow Transplant Program at Rutgers Cancer Institute of New Jersey and Robert Wood Johnson University Hospital (RWJUH) New Brunswick. "This is the reason I went into my field: to see moments like this."

AN UNEXPECTED DIAGNOSIS

In August 2016, Lael was not well. She had been a runner for more than 40 years, but that summer she couldn't run more than a block without having to stop to walk. She had fevers, night sweats and a rash on her back. "A friend was diagnosed with Lyme disease and her symptoms sounded like mine, so I

made an appointment with an infectious disease specialist, and his phlebotomist took blood samples," she recalls.

Within 24 hours, the doctor called back to explain that he had sent the blood test results to a hematologist who wanted her in his office that day. "I think you have leukemia," the hematologist told her. "And I think you need to go to Rutgers Cancer Institute of New Jersey in New Brunswick. Today."

Lael's immune system was so suppressed that she was in a life-threatening situation. Within three days she would be admitted to RWJUH, where she would spend the next seven weeks undergoing chemotherapy. Dr. Patel has been by her side since then, along with a vast team of specialists from both



Opposite page, top, Lael and Wiebke with Vimal Patel, MD; this page, with members of the Blood and Marrow Transplant Program at Rutgers Cancer Institute and Robert Wood Johnson University Hospital.



NOT ALL DONORS AND PATIENTS MEET. BUT THERE WAS NEVER ANY DOUBT FOR EITHER OF THESE TWO WOMEN. IN FACT, THE PAIR STARTED EMAILING, TEXTING AND THEN TALKING TO EACH OTHER ON FACETIME RIGHT AFTER BEING GIVEN EACH OTHER'S CONTACT INFORMATION.

RWJUH and Rutgers Cancer Institute.

In the hospital, Lael's treatment involved the use of combination chemotherapy designed to get her into remission. "However, the specific mutations that we identified in her leukemia were high-risk in nature, so we knew that chemotherapy alone would not keep her in remission," says Dr. Patel. "We needed immune therapy in the form of an allogeneic stem cell transplant."

SEARCHING FOR A DONOR

In a bone marrow transplant, cells can be used from your own body, known as an *autologous* transplant. When cells are taken from a donor, the transplant is called *allogeneic*. "In this procedure, the patient's diseased marrow is replaced with a donor's blood stem cells," says Dr. Patel. "It allows for normal blood formation and provides a new immune system to help eliminate the leukemia. It also has the potential for a cure."

At RWJUH, bone marrow transplant coordinator Mary Kate McGrath, MSN, RN, APN, BMTCN, OCN (no relation to Lael), ran the results of Lael's DNA testing through the National Marrow Donor Program (NMDP) registry.

"Within two months of Lael's diagnosis, we identified three potential matches on the registry—but Wiebke turned out to be the perfect match," she explains.

Four thousand miles away in Germany, Wiebke was notified that she matched a patient in dire need. "Not that many people in Germany do this and certainly no one in my family or among my friends," she says. "But when I first heard about this, I said yes, I'm going to do it. I was determined."

Wiebke underwent peripheral blood stem cell donation, a procedure called *apheresis*, in which blood is removed through a needle in one arm and passed through a machine that collects only blood-forming cells. (The remaining blood is returned to the donor through a needle in the other arm.) The procedure took six hours. All the logistics of harvesting Wiebke's stem cells and then transporting them to the U.S. were handled by NMDP. Meanwhile, Lael's repeat blood transfusions were made possible by the RWJUH Blood Services team.

Lael spent weeks in the hospital during the fall and winter of 2016, waiting for the transplant and being closely monitored by her healthcare team.

Finally, in December 2016, she was notified that her transplant was imminent.

"On December 16th, it happened," she recalls. "A team walked in carrying a small cooler and within an hour, the transfusion was over. All I actually knew was that the donor

was female and 19 years old."

Lael did so well post-transplant that she was able to go home on New Year's Day 2017. Over in Germany, Wiebke was told that the transplant had gone well.

Protocol and confidentiality policies don't permit donors and patients to have direct contact with each other until at least one year has passed. In this case, the wait lasted more than two years, until test results showed that Lael's blood cells were 100 percent "donor."

Not all donors and patients meet. But there was never any doubt for either of these two women. In fact, the pair started emailing, texting and then talking to each other on FaceTime right after being given each other's contact information.

Recently, at a celebration hosted by RWJUH, both women held bouquets of flowers and stood happily alongside one another. "If it weren't for Wiebke, I don't know what would have happened," Lael says.

With the breeze blowing off the Atlantic Ocean, these two women look knowingly at one another, smile and agree, "It was a miracle."

RWJBarnabas Health and Robert Wood Johnson University Hospital, 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.**



sunlight tends to boost serotonin. A lack of light causes the brain to release less serotonin, which can lead to depression.

“We’re not sure what makes some people vulnerable to SAD while others aren’t greatly affected by less exposure to sunlight,” says Dr. Kaplan. “The theory is that people with SAD may have some form of imbalance in the regulation of these two hormones. Genetic factors may play a role in this.”

WHAT TO DO

“If you think you may have SAD, consult with a professional to determine whether your condition relates to that or to something else,” advises Dr. Kaplan. “Depression can be due to many different things, so it’s better not to self-

diagnose and possibly waste time on the wrong treatments.”

Having a healthy diet and regular exercise have been shown to improve symptoms of depression. Other possible treatments for SAD include:

Light therapy. The patient sits or works near a device called a light therapy box, which gives off a bright light that mimics natural outdoor light. “For some people, this treatment is very effective, but it’s best to consult your physician about the type of device to use,” says Dr. Kaplan.

Cognitive behavioral therapy. This kind of psychotherapy, or “talk therapy,” focuses on changing inaccurate or negative thinking in order to create new behaviors.

Antidepressant medication. “Generally speaking, antidepressants don’t start working for four to six weeks,” says Dr. Kaplan. “If your depression is seasonal, you may choose to take them for several months and then go off them when winter is over, or continue to take them for the rest of the year to prevent the reappearance of depression. It’s the combined job of the doctor and patient to decide the best course.”

YOU CAN BEAT THE WINTER BLUES

SEASONAL DEPRESSION IS A STRUGGLE, BUT HELP IS AVAILABLE.

In winter, the short hours of daylight can lead to dark moods. It’s a common syndrome—thought to affect up to 10 million people in the U.S.—known as Seasonal Affective Disorder, or SAD.

“SAD is a kind of depression that happens at a specific time of year, usually in the winter,” explains

psychiatrist Gabriel Kaplan, MD, Chief Medical Officer of the RWJBarnabas Health Behavioral Health Network.

Symptoms of SAD are similar to those of clinical depression, such

as feelings of hopelessness, anxiety and problems with appetite. “A couple of symptoms seem to be more common with SAD, however,” says Dr. Kaplan. “People with SAD often crave sweets more, and are more tired and sleep more.”

As with regular depression, there is help for those who suffer from SAD.

WHY WINTER?

While the exact cause of SAD is unknown, two hormones are implicated: melatonin, the hormone that regulates sleep, and serotonin, a key hormone for mood stabilization. “Melatonin tends to be produced when there’s no sunlight,” explains Dr. Kaplan. “More melatonin means people feel sleepier.” Conversely,



GABRIEL KAPLAN, MD

To learn about options for getting help for depression, call the RWJBarnabas Health Behavioral Health Network Access line at **800.300.0628**.



Create a healthy tomorrow by leaving a lasting legacy today.

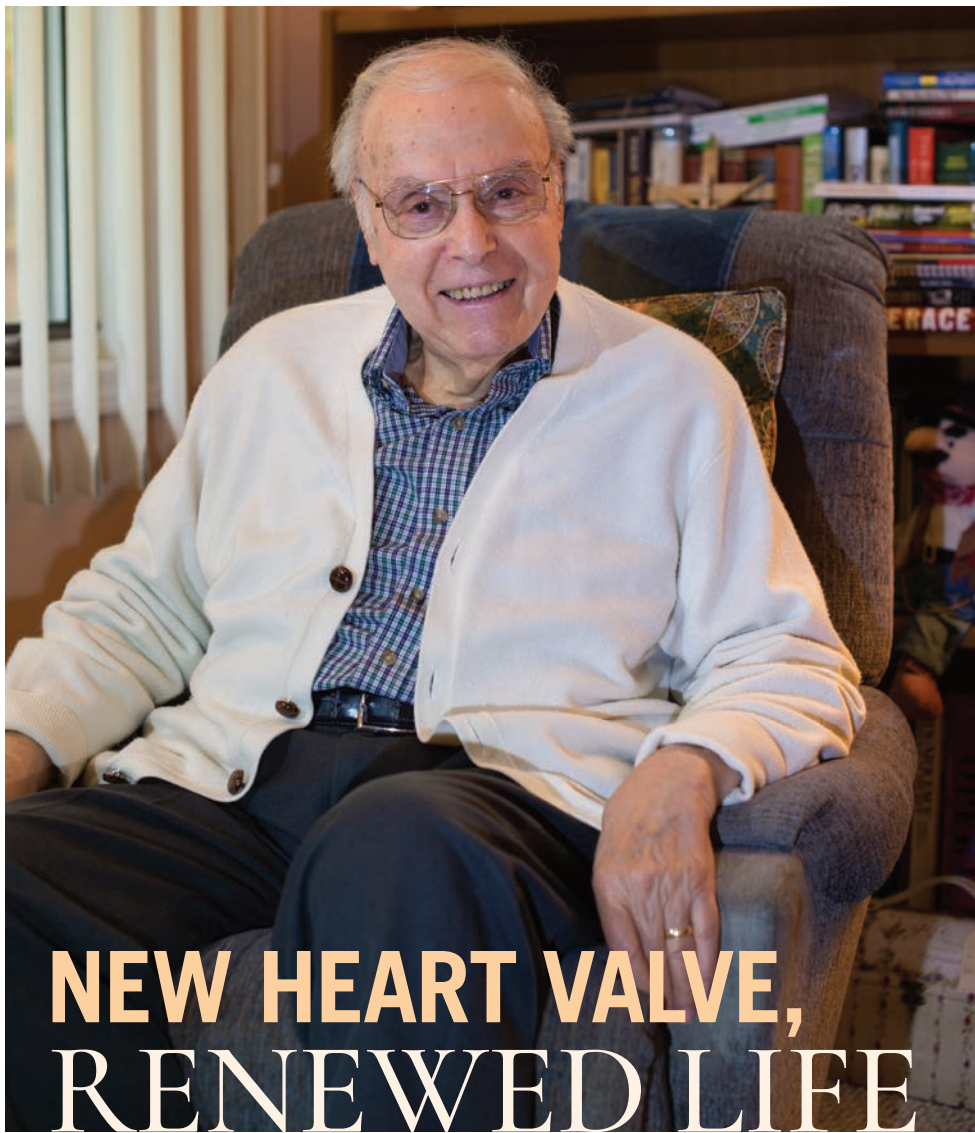
Help ensure that the next generation has easy access to extraordinary health care by including Newark Beth Israel Medical Center or Children's Hospital of New Jersey in your estate plans. You can create your legacy today by including the medical center as a partial beneficiary of your will or retirement account. It's simple. It's impactful. It's lasting.

For more information, please contact Greg Ellmer at **973-322-4302** or **Gregory.Ellmer@rwjbh.org**. Information is also available online by visiting **newarkbethgiving.org**

**Newark Beth Israel
Medical Center**
**Children's Hospital
of New Jersey**

RWJBarnabas
HEALTH





NEW HEART VALVE, RENEWED LIFE

**AN ALTERNATIVE TO OPEN-HEART SURGERY BROUGHT
NEW ENERGY TO A MAN WITH AORTIC STENOSIS.**

“My cardiologist told me last June that if I didn’t get care soon for my faulty heart valve, it could close up within weeks,”

says John Artale of Lakewood. “My life was at risk.”



SERGIO WAXMAN, MD

John had aortic stenosis, or narrowing of one of the major heart valves. His physician connected him immediately to a special team at

Newark Beth Israel Medical Center (NBI) that offers an innovative treatment. It’s a newer procedure called transcatheter aortic valve replacement (TAVR).

“The FDA approved TAVR years ago for people who were not healthy enough for major heart surgery,” says Sergio Waxman, MD, MBA, Division Director of Cardiology at NBI. “Recently, our center was part of a clinical trial to study whether this approach is comparable to open-heart surgery in healthier patients. The study confirmed that it is.”

The traditional method of replacing a faulty aortic valve is open-heart surgery,

John Artale, 90, of Lakewood had his heart valve successfully replaced through TAVR surgery at Newark Beth Israel Medical Center.

which involves cutting the chest open and is followed by about a week in the hospital and a lengthy recovery at home. For people like John, who was just months away from his 90th birthday, TAVR—which is done through very small incisions—is less risky.

“Dr. Waxman explained everything to me, and I had complete faith and trust in everyone there,” he says. NBI staff also made all the transportation arrangements for him and Evelyn, his wife of 63 years, from their home in Lakewood to Newark, 60 miles away.

“A POSITIVE EXPERIENCE”

TAVR specialists at NBI thread a thin tube, the catheter, from an artery in the groin up to the heart. Using tiny tools and specialized techniques, the physician team replaces the faulty valve with a new one.

“It’s a one-hour procedure, and patients are usually home the next day,” Dr. Waxman says. “Many feel better immediately and are back to normal activity in about 10 days.”

That was true for John.

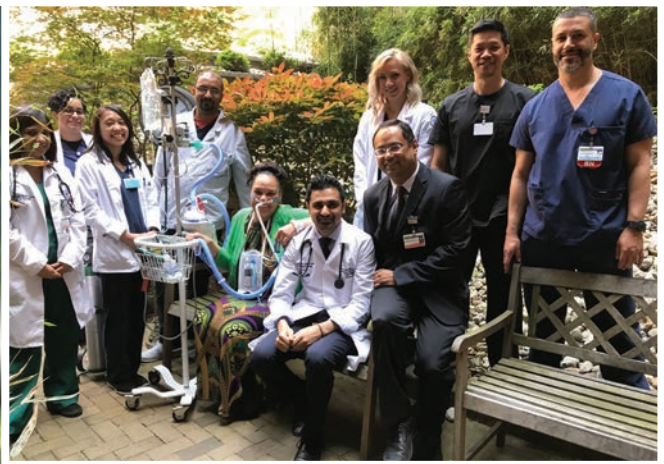
“I had the procedure at about 9 in the morning, was back in my room by 10:30 and walking around by 2 p.m.,” he says, still impressed by the experience. “I attribute my care and recovery to the people at NBI, and to divine help, of course.”

He was home the next day and soon discovered that symptoms were disappearing. For example, he could finally sleep “like a baby,” where before he often woke up breathless, which had been a symptom of his aortic stenosis. And instead of feeling fatigue, he now goes to rehab three days a week at Monmouth Medical Center Southern Campus, an RWJBarnabas Health facility near his home.

“I was very impressed with everyone, everything at NBI,” says the retired engineer, who until this procedure had very little experience with hospital stays. “It was a very positive experience.”

Your heart doesn’t beat just for you. Get it checked. To reach a Newark Beth Israel Medical Center cardiac specialist, call **888.724.7123** or visit www.rwjbh.org/heart.





At left, lung transplant patient Dawn Burke is now doing pulmonary rehabilitation and is training to walk a 5K. Above, Dawn shortly before she received her lung transplant with her care team, including Advanced Mobilization Team members and, to her left, her doctor Harpreet Grewal, MD, and Thomas Kaleekal, MD, Medical Director of the Advanced Lung Diseases and Transplant Program.

A BATTLE FOR TIME

TOP TALENT AND TECHNOLOGY ALLOWED A WOMAN TO SURVIVE UNTIL A LUNG DONATION WAS AVAILABLE.

“I learned in 2016 that I would eventually need a lung transplant,” says Dawn Burke, 60, of Keyport. She had idiopathic pulmonary fibrosis (IPF), a disease that scars the lungs. (“Idiopathic” means the reason is unclear. Dawn had never smoked or, to her knowledge, been exposed to anything to cause the condition.)

Her earliest treatments involved regular monitoring by transplant physicians at Newark Beth Israel Medical Center (NBI) and portable oxygen tanks at home. But by 2019, that was no longer enough.

“In May, I went into the hospital knowing my condition was very advanced,” she says. With IPF, scarring of the lungs cannot be stopped. Further, whether or when a lung would be available for transplant could not be predicted.

Both she and her lung transplant team at NBI were up for the challenges ahead. “Last year, physicians from some of the country’s top lung transplant programs joined the experienced team already in place here,” says Thomas Kaleekal, MD,

specialist in pulmonary critical care and Medical Director of NBI’s Advanced Lung Diseases and Transplant Program. “We’re part of a group of more than a hundred professionals working to make each transplant possible.”

SUPPORT WHILE WAITING

Dawn’s team at NBI needed to give her increasing amounts of oxygen in the following weeks. They also worked to help her to remain physically active, so she would be as strong as possible when a donor lung was available. “Our patients are often in a battle against time, so we’ve put steps in place to make sure they have as much time as possible to wait for transplant,” says Harpreet Grewal, MD, a pulmonary-critical care specialist and part of the lung transplant team at NBI.

“My doctor asked every day how many laps I made around the nursing floor,” Dawn says with a laugh. But her condition worsened, and walking became too difficult.

A month into her hospital stay and despite everyone’s efforts, respiratory failure was imminent. In many other hospitals, patients at this stage would need advanced equipment that requires them to be sedated and in intensive care. But at NBI, the entire transplant team has the skills and training to use the same equipment and still allow a patient to remain mobile.

At day 36 of her stay, Dawn was able to walk down the hall with this advanced equipment—known as “awake ECMO” (extracorporeal membrane oxygenation)—in tow. Literally by her side, helping her with this exercise, were Advanced Mobilization Team (AMT) members. The effort by her AMT helped her to maintain her strength while waiting for her organ.

Four days later, all rejoiced to learn that a suitable organ had become available for Dawn. The transplant was a success. She was home two weeks later, no more oxygen tanks needed.

“I’m at a loss for words to explain what it feels like to have this second chance at life,” she says.

At one point, Dawn couldn’t walk five feet. Today, she’s training to walk a 5K to support transplant programs.

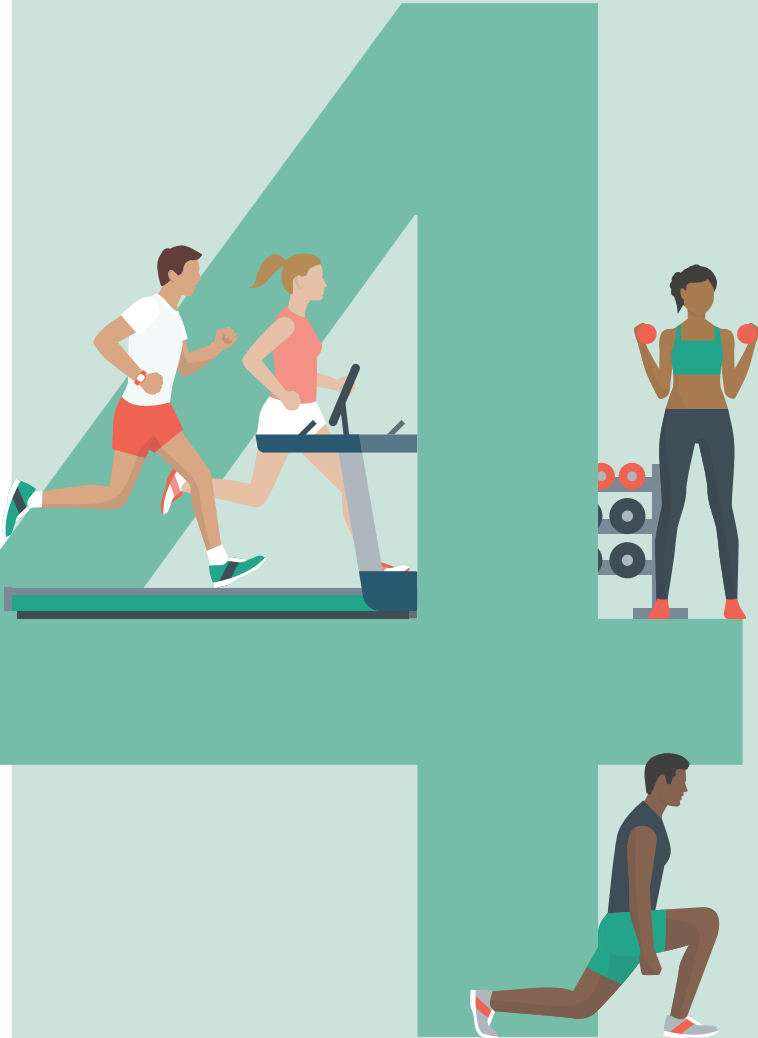
Says Dr. Grewal, “People like Dawn are the reason we do what we do.”

To learn more about the Advanced Lung Diseases and Transplant Program at Newark Beth Israel Medical Center, call **1.888.NJLung1** or visit www.rwjbh.org/lungtransplant.



SIMPLE MOVES FOR A HEALTHY HEART

**HEART-PUMPING EXERCISE
CAN HELP YOU RECOVER
FROM A HEART PROBLEM—
OR HELP PREVENT ONE
FROM HAPPENING.**



“Keepp moving.” That’s the simple message for people who want to maintain or improve their heart health, says Andre Wise, senior exercise physiologist and Manager of Physical Medicine and Rehabilitation in the Cardiac Rehabilitation Department at

Newark Beth Israel Medical Center (NBI).



NAVIN RAJAGOPALAN, MD

“People take that ability—to move without effort—for granted,” he says, “but that’s what we all want to be able to do. Repetitive exercises

increase heart rate and strength. They will give you the ability to sustain activity for a lifetime.”

“We can treat a patient’s heart disease, but what happens after treatment is just as important,” says Navin Rajagopalan, MD, Interim Medical Director, Heart Failure and Transplant Cardiology at NBI. “Cardiac rehabilitation is not only instrumental in improving recovery of patients who suffer from cardiovascular disease, but also in enhancing their ability to perform daily activities and improving their quality of life.”

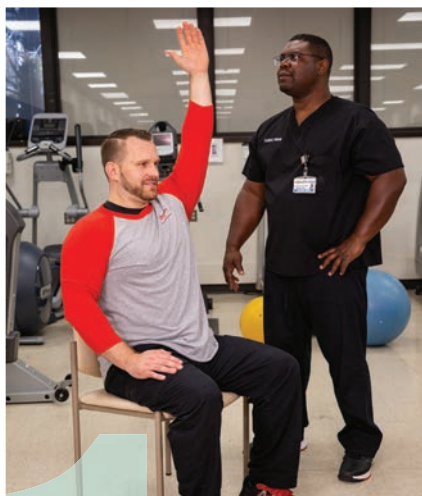
Heart-healthy exercise means getting in 30 to 45 minutes of aerobic training at moderate intensity several times a week. “For beginners, go to your

tolerance,” Wise says. “Fifteen to 20 minutes is a great start. With moderate intensity exercise, you want to elevate your breathing but still be able to hold a conversation. You will develop a light sweat after about 10 minutes, but will not feel exhausted.”

Wise cites a recent experience with a heart-transplant patient he worked with 13 years ago. “This person said to me, ‘You picked me up out of bed and made me walk. You don’t know how much you’ve changed my life. If it weren’t for you, I would not be doing as well as I am now.’ But that’s exactly why we’re here,” says Wise. “We’re here to make sure our patients are able to live the life they want to live.”

GET A MOVE ON

Senior exercise physiologist Andre Wise, at right, and a client demonstrate heart-healthy exercise.



START WITH A STRETCH

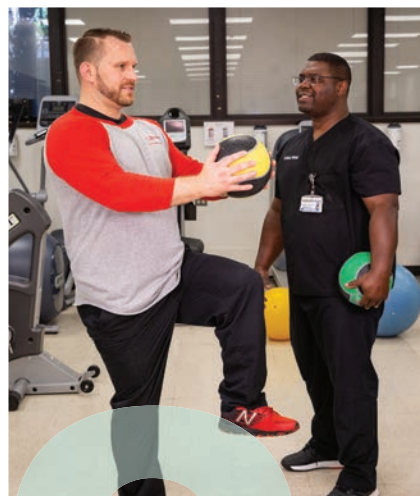
A five-minute core stretch encompassing the lower extremities, back and upper body increases blood flow and temperature to muscle tissue, which helps to prevent injury. Stretches should be static, Wise advises. Stretch to farthest point and hold that position for 15 to 30 seconds; don't pull or pulse the muscle.



WALK OR RUN

AT THE GYM: Time on a treadmill is good for the cardiovascular system and strengthens the heart. For a more vigorous workout, try a stair-stepper.

AT HOME: When weather permits, walk around the neighborhood at a pace that elevates your heart above its resting rate. Try bouncing a ball as you walk; this improves coordination, takes the focus off walking and gives the activity a sport-like feel. If you can't get outside, walk the perimeter of your largest room. Walk up and down the steps for one to three minutes, a few times a day.



ADD WEIGHT

AT THE GYM: Use a medicine ball. Raise it above your head 10 times, or push the ball out directly in front of you. To improve posture and balance, hold the ball in a fixed position and raise one knee at a time, or squat while holding the ball.

AT HOME: Improvise with a soccer ball, basketball or kickball, or grab a bottle of water or a canned good.



JUMP IN!

AT THE GYM: Walk or jog in place on a trampoline for a couple of minutes. This exercise challenges the cardiovascular system and the muscles that help stabilize you, while placing minimal stress on the joints.

AT HOME: Try jumping rope. If that's not for you, modify by taking a rope or broomstick and moving it back and forth like a wheel while alternately raising legs to simulate jumping, or do the same activity from a sitting position and raise both legs at the same time.

Your heart doesn't beat just for you. Get it checked. To reach a Newark Beth Israel Medical Center cardiac specialist, call **888.724.7123** or visit www.rwjbh.org/heart.



EAT FOOD YOU LOVE, THE HEALTHY WAY

**A FEW SIMPLE CHANGES—IN RECIPES AND HABITS—
LET YOU HAVE YOUR COMFORT FOOD AND STAY HEALTHY, TOO.**

The two keys to happy but healthier eating are rethinking recipes and resizing portions, according to Molly Fallon Dixon, MSD, RDN, Community Wellness Coordinator at Newark Beth Israel Medical Center's Reverend Dr. Ronald B. Christian Community Health and Wellness Center.

"When you're giving comfort food classics a healthy recipe makeover, the goal is to preserve the traditional flavors your family loves," she says. "So try easy, healthy swaps, like using low-fat dairy products; choosing skinless, boneless chicken or turkey breast instead of dark meat; and choosing lean cuts of beef or pork."

And while recommended portion sizes may be less than you're used to, "don't let the idea of portion control stress you

out," advises Fallon Dixon. "Focus on the foods you know you tend to go overboard on. For me, that's pasta! Use your hand to estimate a portion and then fill the rest of your plate with salad, roasted veggies and fresh fruit." Put snacks like pretzels or trail mix into snack-size bags.

"You can also preportion casseroles and baked pasta dishes into muffin cups to avoid mindless eating," she says. "Our mac 'n' cheese muffin cups are a great example!"



MAC 'N' CHEESE MUFFIN CUPS

12 servings (1 muffin cup per serving)

You can dig into these healthy Mac 'n' Cheese Muffin Cups and feel good about it—even if you're watching the fat and salt in your diet. These treats cut back on fat by using low-fat and fat-free dairy products. Vitamin A-rich butternut squash enhances the creamy texture of the sauce. A bonus: When mac 'n' cheese is baked in muffin

cups, it's easier to control portion size.

INGREDIENTS:

- ½ pound whole-grain elbow macaroni (½ box)
- 1 12-ounce package frozen pureed butternut squash
- 1 cup fat-free milk
- 1 cup low-fat shredded cheddar cheese
- ¼ cup part-skim ricotta cheese
- ¾ teaspoon mustard powder
- ½ teaspoon paprika
- ¼ teaspoon black pepper
- ⅛ teaspoon cayenne pepper
- ⅛ teaspoon salt
- 2 tablespoons panko breadcrumbs
- 2 tablespoons Parmesan cheese
- 1 tablespoon parsley, chopped

DIRECTIONS:

- Cook macaroni according to package directions. Drain and set aside.
- Preheat oven to 400° F. Using a muffin pan, line 12 muffin cups with foil liners and spray the liners with cooking spray. Set aside.
- Add frozen squash and milk to a large saucepan and cook over low heat, stirring occasionally, until squash is defrosted and smooth. Bring sauce to a simmer.
- Remove sauce from heat and stir in cheddar, ricotta, mustard powder, paprika, black and cayenne pepper and salt. Add in cooked macaroni and stir to combine. Portion into muffin cups.
- In a small bowl, combine breadcrumbs, Parmesan cheese and parsley. Sprinkle mixture over macaroni and cheese. Bake for 12–15 minutes, then broil for 2 minutes until tops are golden brown.

HANDS-ON PORTION CONTROL



CUPPED HAND:
Serving of uncooked whole-wheat pasta or brown rice



THUMB: Peanut butter, nuts



POINTER FINGER: 3 oz. serving of cheese

PALM: Grilled chicken, beef, fish or pork

FIST: A serving of fruit, vegetables, dry cereal, oatmeal, grits or a cup of milk

LEARN MORE ABOUT HEALTHY EATING

The Healthy Lifestyles program meets every Thursday from 1 to 2 p.m. at the Reverend Dr. Ronald B. Christian Community Health and Wellness Center at 208 Lyons Avenue. To learn more about this and other classes, call **973.926.7371** or visit www.rwjbh.org/events.

THE MAGIC OF FRESH FOOD

FORMER NBA SUPERSTAR SHARES NEWARK BETH ISRAEL'S MISSION TO PROMOTE NUTRITIOUS FOOD AND HEALTHY HABITS.



Basketball great Earvin “Magic” Johnson recently visited Newark Beth Israel Medical Center (NBI) to shine a spotlight on NBI’s efforts to promote healthy eating in the community. The former Los Angeles Lakers star is the Chairman and CEO of food management company SodexoMAGIC, a joint venture with Sodexo, one of the nation’s largest food service companies. The company uses fresh vegetables and greens from The Beth Greenhouse to provide healthy entrées and more in the employee cafeteria.

On his visit, Johnson toured The Beth Greenhouse, which grows vegetables in nutrient-rich water instead of soil and distributes about 100 pounds of produce each week to local food pantries and to the Farmers Market held at NBI every Thursday. “I’ve been to a lot of hospitals, but I’ve never seen fresh produce that’s grown and that people can pick up right here,” he said. “That’s been amazing to see.”

Johnson shares NBI’s mission to bring healthy eating to urban areas known as “food deserts,” where fresh produce isn’t readily available. NBI provides healthy living education at the Rev. Dr. Ronald B. Christian Community Health and Wellness Center, and sponsors The Beth Challenge, a wellness program, for NBI employees and various community groups.



Clockwise from top: Johnson at The Beth Greenhouse with Community Wellness Coordinator Lorraine Gibbons; visiting the Beth Fitness Center; making a new friend; with Darrell K. Terry, Sr., President and CEO of NBI, Barbara Mintz, MS, RD, Senior Vice President, Healthy Living and Community Engagement, RWJBarnabas Health and members of the SodexoMAGIC and RWJBH Wellness teams.

To learn more about Healthy Living classes at Newark Beth Israel Medical Center’s Rev. Dr. Ronald B. Christian Community Health and Wellness Center at 208 Lyons Avenue, call **973.926.7371** or visit www.rwjbh.org/events.

201 Lyons Ave., Newark, NJ 07112

Getting Healthy Together!

CHECK OUT SUPPORT GROUPS, HEALTHY LIVING PROGRAMS AND MORE AT
NEWARK BETH ISRAEL MEDICAL CENTER.

FOR MOMS AND MOMS-TO-BE

Maternity Unit Tours

We invite you to visit our facility and experience our commitment to the overall birth experience for our patients. To schedule your tour, please call 973.926.7108 or visit www.rwjbh.org/maternity.

Breastfeeding & Infant Care Basics

3–4:30 p.m., Mondays

Newark Beth Israel
Medical Center
201 Lyons Avenue
To register: 973.926.8022

Childbirth Education (4-week series)

6–8 p.m. Mondays, Jan. 13–Feb. 3; Feb. 10–March 2; March 9–30

Newark Beth Israel
Medical Center
201 Lyons Avenue
To register: 973.926.8022

Breastfeeding Support Group

11 a.m.–1 p.m., Jan. 28, Feb. 24

Rev. Dr. Ronald B. Christian
Community Health and
Wellness Center
208 Lyons Avenue
To register: 973.926.7371 or
janine.marley@rwjbh.org

EDUCATION AND PREVENTION

Diabetes Prevention Program 1–2 p.m., Wednesdays

Discuss ways to help prevent/delay Type 2 diabetes.
Rev. Dr. Ronald B. Christian
Community Health and Wellness
Center, 208 Lyons Avenue
To register: 973.926.7371

Tobacco Cessation Program 10 a.m.–3 p.m., Wednesdays

FREE nicotine patches, gum
and lozenges provided. Rev. Dr.
Ronald B. Christian Community
Health and Wellness Center
208 Lyons Avenue
To register: 973.926.7371

Heart-Healthy Cooking

Tasty recipes low in fat,
cholesterol and sodium.
**1–2 p.m., Tues., Jan. 14 and
Tues., Feb. 11**
Rev. Dr. Ronald B. Christian
Community Health and Wellness
Center, 208 Lyons Avenue
To register: 973.926.7371

SUPPORT GROUPS

Lung Transplant Support Group

For pre-lung transplant patients,
transplant recipients and
caregivers. Newark Beth Israel
Medical Center
201 Lyons Avenue
For information: 973.926.3178

Heart Transplant Support Group

**6:30–8 p.m., first Thursday of
the month**

Newark Beth Israel
Medical Center
201 Lyons Avenue
For information: 973.926.7205

Learning to Live with Cancer 1:30–2:30 p.m., third Thursday of the month

A general cancer support group.
Frederick B. Cohen, MD,
Comprehensive Cancer and
Blood Disorders Center,
201 Lyons Avenue. For
information: 973.926.7565

ESPECIALLY FOR SENIORS

Senior Health and Wellness Center at James C. White Manor

Primary care and health and
wellness programs for senior
residents of the Newark Housing
Authority and the greater
Newark community.
516 Bergen Street
For information: 973.622.2703

JOIN OUR EMAIL LIST!

If you would like to receive **In Good Health**, our monthly e-newsletter, please send an email to nbipr@rwjbh.org to join. The information provided will be used exclusively for this purpose and will not be shared with any third party.



THE BETH GREENHOUSE FARMERS MARKET

**Thursdays,
11 a.m.–4 p.m.**
Newark Beth Israel
Medical Center, ABC
Discharge Lobby
201 Lyons Avenue
973.926.7371

Caring for You, Caring for Me—Caregivers Support 11 a.m.–12:30 p.m.

Weds., Jan. 22, Feb. 26
Caring for others presents
challenges. Join the discussion
and gain information and
support for you as a caregiver.
The Center for Geriatric Health
Care, Lower Level
156 Lyons Avenue
To register: 973.926.6771