

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

Winter 2023

healthy

together

**HELPING YOUNG
HEARTS BEAT BETTER**

**NEW LUNGS
NEW LIFE**

**BLACK MEN AND
PROSTATE CANCER**

**BETTER
WOMEN'S
HEALTH
AT EVERY AGE**





“As we enter into 2023 with a renewed sense of purpose, accomplishment and optimism, it’s a great time to focus on getting and staying healthy by making preventive care a priority. And we’re making it easier for you to do all of these things at RWJBarnabas Health. We’ve welcomed even more nationally recognized clinicians; expanded telehealth; built ambulatory and satellite facilities so that our patients can receive healthcare closer to home; and we continue to improve, expand and modernize our facilities with state-of-the-art equipment and technology. We wish you the best of health in the New Year.”

MARK E. MANIGAN

PRESIDENT AND CHIEF EXECUTIVE OFFICER, RWJBARNABAS HEALTH



“Newark Beth Israel Medical Center is ushering in an era of growth and transformation. In 2023, we will complete the most visible portions of our historic Newark Strong expansion. We will open our new 17,500-square-foot glass-enclosed lobby, our newly expanded adult and pediatric emergency department, and our new critical care unit. Our community will experience new and improved access to the hospital, with expanded green spaces and conveniently located pick-up and drop-off areas. In addition, we continue to expand our presence in the greater Newark region, ensuring that our patients have access to world-class care, close to home.”

DARRELL K. TERRY, SR.

PRESIDENT AND CHIEF EXECUTIVE OFFICER, NEWARK BETH ISRAEL MEDICAL CENTER AND CHILDREN’S HOSPITAL OF NEW JERSEY

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WINTER 2023 AWARDS



BEST HOSPITAL FOR MATERNITY CARE

Newark Beth Israel Medical Center was named one of the Best Hospitals for Maternity Care by Money and The Leapfrog Group and

is among just 259 U.S. hospitals to have received this award. Eligible hospitals were required to meet specific maternity care standards in areas such as early elective deliveries, cesarean birth, episiotomy, deep vein thrombosis (DVT) prophylaxis, bilirubin screening and high-risk deliveries.



TWENTY-FIVE YEARS OF QUALITY NON-INVASIVE VASCULAR TESTING

Newark Beth Israel Medical Center’s Vascular Non-Invasive Laboratory has been granted a

three-year term of accreditation by the Intersocietal Accreditation Commission (IAC) in Vascular Testing in the areas of Peripheral Arterial Testing, Extracranial Cerebrovascular Testing and Peripheral Venous Testing. An accredited site since 1998, it was one of the first in New Jersey to receive this designation, an indicator of consistent quality care and a dedication to continuous improvement.



MOST WIRED FOR A BETTER PATIENT EXPERIENCE

The College of Healthcare Information Management Executives (CHIME) recognized NBI as

“Healthcare’s Most Wired” ranking above peers in categories like analytics and data management, population health, infrastructure and patient engagement. This designation demonstrates that NBI is at the forefront of using healthcare information technology to improve the delivery of safe, effective and efficient care to our patients and improve our outcomes, quality of care and patient experience.

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Shannon O'Donnell, who was diagnosed at birth with cystic fibrosis, received a double lung transplant at NBI.



A BREATH OF FRESH AIR

HOW A DOUBLE LUNG TRANSPLANT CHANGED THE LIFE OF A YOUNG NEW JERSEY WOMAN WITH CYSTIC FIBROSIS

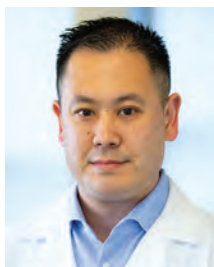
Shannon O'Donnell is, in some ways, a typical Jersey girl. She loves to spend summer weekends in the sun, roaming the beach at Island Beach State Park with her family, friends and her dog.

But 35-year-old Shannon doesn't take those seasonal pleasures for granted. She was diagnosed at birth with cystic fibrosis (CF), a progressive genetic disorder that affects about 35,000 people in the United States.

HOW CYSTIC FIBROSIS AFFECTS THE LUNGS AND OTHER ORGANS

CF can range in severity, but it causes, among other problems, damage to the lungs, pancreas and other organs. In people who have CF, mucus—which is normally thin and slippery—becomes thick and sticky. In the lungs, thick mucus can block airways, making breathing difficult and trapping germs, which can lead to infection. In the pancreas, a buildup of mucus can decrease the absorption of nutrients from food, and, in the liver, thick mucus can block the bile duct, resulting in liver disease.

"I was in the hospital until I was four months old," says Shannon, a lifelong resident of Toms River. But that was just the beginning. Over the next 25 years, Shannon endured numerous tests, treatments and hospital stays. Still, despite her life-threatening disease, "I was treated like a normal kid," Shannon says. "I went to school, and I had chores and responsibilities at home." She even spent three years on her high school swim team before earning a teaching



JOSHUA LEE, MD

degree at Seton Hall University. But, as is often the case for people with CF, Shannon's condition soon deteriorated. "After college, my health took a big decline," she recalls. "At

the time, I was not using oxygen all that much, but, unfortunately with CF, you can get one cold and your lung function can drop."

THE TRANSPLANT

Shannon found it more and more difficult to breathe, and, in May 2012, she was referred to the RWJBarnabas Health Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center (NBI), where she underwent a double lung transplant. According to Joshua Lee, MD, director of the program, 20 percent of lung transplants are performed on patients with CF.

"When we first see patients, they are sick and don't have a great quality of life," says Dr. Lee. "Transplant is not easy, but, when they make it through and you see them not needing to use oxygen, going back to their daily life and able to live a longer life...that's why we do it."

Dr. Lee says that patients with CF who undergo double lung transplants generally do well after surgery, and, while they still have the disease, it does not invade or compromise the transplanted lungs. Because only about 23 percent of donor lungs are accepted nationwide, according to Dr. Lee, double lung transplants are not always possible. Still, while a double lung transplant is more complicated than a single lung transplant, "We know the outcome is better," says Dr. Lee.

As someone who had been in and out of hospitals for many years, Shannon liked the intimate atmosphere at NBI, which she felt was large enough to be fully equipped and staffed for excellence, but small enough to allow her to develop close relationships with her caregivers.

Though the program at NBI offers the same level of expertise and the latest advances in technology that larger programs provide, "There are advantages to being a small program," says Dr. Lee. "The physicians in our program are more closely aligned and the way we communicate is much easier than in a program that performs 100 or more transplants a year."

THE RECOVERY

Though her recovery was not without the expected complications, including stomach ailments and adjustments of antirejection medicines, Shannon was soon able to disconnect from her oxygen tank and breathe without the regular lung-clearing treatments she periodically needed for most of her life. She was discharged from the hospital just eight days after her transplant. "I held the record at the time," she says. "I was initially told it would be two weeks."

Presurgery, Shannon's lung function was at 19 percent. "Two months after my surgery, I was up to 66 percent," she says. The following year, her lung function was in the high 80s.

A NEW LEASE ON LIFE


After her transplant, Shannon was able to go back to work for the medical-supply company that used to deliver her oxygen, and later pursued new career opportunities while tutoring part-time. Today, she says proudly, "I'm finally putting my education degree to use." In 2021, Shannon was diagnosed with lymphoma. She underwent six rounds of chemotherapy and was declared cancer-free in September. Shannon notes that one of the nurses at NBI was a nurse in the NICU when she was born. "I've been through all the teams at NBI, and I'm still here," she says. "So they must be doing something right."



LEARN MORE

To learn more about organ donation, visit www.NJSharingNetwork.org. To learn more about the Advanced Lung Disease and Transplant Program at Newark Beth Israel Medical Center, call **973.926.4430** or visit www.rwjbh.org/lungtransplant.




RWJBarnabas Health and the Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center at Newark Beth Israel Medical Center, 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.

PROSTATE CANCER IN AFRICAN AMERICAN MEN

HERE’S WHY BLACK MEN MAY BE AT HIGHER RISK.

Prostate cancer is the most common cancer, after skin cancer, in American men. In fact, one in eight men (for Black men, the figure is one in six) will be diagnosed with prostate cancer. Early last year, the American Cancer Society estimated that there would be close to 270,000 new cases of prostate cancer and 34,500 deaths from the disease by year’s end.



ERIC CHAN, MD

Black men develop prostate cancer and die from the disease at a higher rate than other men. African

American men in the United States are 1.7 times more likely to develop prostate cancer and 2.3 times more likely to die from the disease than European American men. When they do develop prostate cancer, Black men are also more likely to be diagnosed with an aggressive form of the disease. The question is: Why are Black men so disproportionately impacted by prostate cancer?

“There is some evidence that it has to do, in part, with biology,” says Eric Chan, MD, a urologist at Essex Hudson Urology who is affiliated with Newark Beth Israel Medical Center (NBI). “There may be genetic reasons that Black men are more likely to have aggressive types of cancer.” Recent

studies suggest that the prostate tumors of men with African ancestry are more likely to have gene mutations that have been linked to aggressive cancer.

Beyond biology and genetics, however, there are socioeconomic, educational and cultural factors that likely contribute to the higher risk and higher mortality rates in Black men. “African American men are less likely to have access to quality medical care and clinical trials due to socioeconomic factors,” says Dr. Chan.

In addition, Black men are less likely to be screened for prostate cancer than white men, and they experience longer delays between diagnosis and treatment.

According to the National Cancer Institute, cancer disparities are due to a combination of many factors, including social determinants of health, behavior, biology and genetics. Though there is no sure way to prevent prostate cancer, there are steps African American men can take to lower their risks and to find cancer early, when it is more likely to be treatable.

The most important step is to get screened early and often. “Around age 40 to 45, African American men should get a PSA (prostate-specific antigen) blood test as well as a digital rectal exam,” says Dr. Chan. Elevated PSA levels may indicate prostate cancer. Follow up with your doctor, who will tell you how often you should get screened based on your PSA levels and risk factors.

CONNECTED TO THE COMMUNITY

REACHING OUT IN COUNTLESS WAYS



Left to right: Michael Chan, MD; Ronnie Barnes; Jose Bustillo, DO; Smruti Mohanty, MD, MS; Darrell K. Terry, Sr., MHA, MPH, FACHE, FHELA; Matthew Montgomery, DO, MBA, MPH; Domenico Savatta, MD; George Martin.

MAKING MEN'S HEALTH A PRIORITY

Newark Beth Israel Medical Center (NBI) presented its Annual Ray Murphy Men's Health and Wellness Night on October 27 at Cedar Hill Golf and Country Club. More than 175 area men attended the event with guest moderator NY Giants Super Bowl Champion George Martin and special guest speaker NY Giants athletic trainer and Senior VP, Medical Services Ronnie Barnes. The networking/health fair included a number of health screenings and PSA testing followed by an informative panel discussion that included questions from the audience. The event also included a full tailgate menu, silent auction and raffle prizes along with watching the Ravens beat the Buccaneers on the big screen.



Left to right: Kim Cook, Director, Social Impact and Community Investment; Bonita C. Hickman, PR/CR Coordinator; Laura Budinick, VP, Behavioral Health and Experience and Chief Administrative Officer; Marilyn M. Harris, VP, Ambulatory Services; Atiya Jaha-Rashidi, Chief Equity Officer and VP, Community Relations; South Ward Councilman Patrick Council and Councilwoman-at-Large Reverend Louise Scott-Rountree, both City of Newark; NBI/CHoNJ President and CEO Darrell K. Terry Sr.; Amy Doran, Chief Nursing Officer and VP, Patient Care Services; and Brenda Gibson, Community Relations Program Coordinator and Health Fair Chair.

THE ALMA BEATTY HEALTH AND WELLNESS FAIR

The City of Newark partnered with Newark Beth Israel Medical Center (NBI) and Back Together Again to host the annual Alma Beatty Health and Wellness Fair at the Marquis "Bo" Porter Sports Complex on September 24. The health fair offered free blood pressure screenings, diabetes screenings and health information tables, including education sessions with expert clinicians at an "Ask the Doctor" information table and CPR demonstrations with take-home learning kits. There were also opportunities for attendees to make appointments for mammograms, colorectal cancer screenings, lung cancer screenings and more. NBI brought its Farmers Market to the park, too, offering a wide selection of fresh, locally grown fruits and vegetables and discount vouchers for seniors. In addition, there were special giveaways, raffles and a food truck corridor on Lyons Avenue, in front of the sports complex.

AT NEWARK BETH ISRAEL, TACKLING BREAST CANCER IS A TEAM EFFORT.

During Breast Cancer Awareness Month, the Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center at Newark Beth Israel Medical Center (NBI) hosted its annual Breast Health Screening event on two Fridays in October as part of its mission to make breast screenings more accessible to those who don't have health insurance. Together with Rutgers Cancer Institute of New Jersey, the state's only NCI-Designated Comprehensive Cancer Center, NBI provides close-to-home access to the latest treatment options. More than 60 women received a breast exam and a screening mammogram voucher. A portion of the program was supported by New Jersey Cancer Education and Early Detection, designed to help reduce cancer risk and promote early detection of cancer for the uninsured and underinsured in the community. NBI's patient navigator, Loretta Muriel, provides outreach in the community and is available to speak at any organization.



Newark Beth Israel Medical Center's Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorders Center goes Pink for Breast Cancer Awareness Month.

To learn more about upcoming community events sponsored by Newark Beth Israel Medical Center, visit www.rwjbh.org/NBlevents.

Whoever your heart beats for, our hearts beat for you.

One of the top 15 heart transplant programs in the nation.

Newark Beth Israel Medical Center has a passion for heart health. As the most comprehensive cardiothoracic surgery program in the state, our Heart Failure and Transplant program has performed more than 1,100 heart transplants, including the first in the state of New Jersey. We've been at the forefront of highly-specialized heart care for more than 30 years, improving the quality of life for transplant candidates and recipients, leading groundbreaking research and helping to increase access to transplants. Hope. Health. Hearts. All transplanted here.

[Learn more at \[rwjbh.org/hearttransplant\]\(https://www.rwjbh.org/hearttransplant\)](https://www.rwjbh.org/hearttransplant)

Newark Beth Israel Medical Center


RWJBarnabas
HEALTH

Let's be healthy together.





HELP AND HOPE FOR THOSE AT RISK FOR SUICIDE



Contact the RWJBarnabas Health Behavioral Health Access Center at 800.300.0628 for information about services or a referral to a mental health specialist.

SUICIDE WARNING SIGNS

According to the National Institute of Mental Health, signs that a person may be thinking about suicide include:

Talking about:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped or having no reason to live
- Extremely sad, anxious, agitated or full of rage
- Unbearable emotional or physical pain

Changing behavior:

- Making a plan or researching ways to die
- Withdrawing from friends, saying goodbye, giving away important items or making a will
- Taking dangerous risks such as driving extremely fast
- Displaying extreme mood swings
- Eating or sleeping more or less
- Using drugs or alcohol more often

A RETIRED U.S. ARMY MAJOR GENERAL AND HIS STAFF HELP PREVENT SUICIDE—ONE CALL AT A TIME.

Suicide. It's a scary word. According to the Centers for Disease Control and Prevention (CDC), close to 48,000 people in the U.S. died by suicide in 2020—that's one person approximately every 11 minutes. You may have a family member or friend who is contemplating, or who has attempted, suicide—and chances are you don't even realize it.

- There are several reasons for that.
- The warning signs are not always clear—and not every person exhibits them.
- The associated stigma is so widespread that many people in crisis are afraid or ashamed to reach out for help.
- There's often a very brief period



MAJ. GEN. (RETIRED) MARK A. GRAHAM

between thought and action. Studies have shown that nearly half of those who've attempted suicide did so within 10 minutes of first thinking about attempting.

Nobody knows this better than

Mark A. Graham, a retired U.S. Army Major General who serves as Executive Director, Rutgers University Behavioral Health Care (UBHC) and RWJBH Behavioral Health and Addictions Services, National Call Center and Vets4Warriors, which includes the New Jersey Suicide Prevention Hopeline (NJ Hopeline). One of his sons died by suicide in 2003 and since then, Maj. Gen. Graham and his wife, Carol, have been tireless champions of efforts to promote suicide-prevention awareness.

One in five adults in the U.S. (nearly 53 million people) lives with a mental illness. Yet, it still is not widely acknowledged as "real" sickness. "We've made some progress in changing that perception," says Maj. Gen. Graham, "but we're going to have the stigma until we make mental healthcare part of healthcare. Mental health is health."

One of the goals of the NJ Hopeline, which launched a decade ago, is to make it easier for people contemplating suicide to seek help without fear of judgment. All NJ Hopeline employees have extensive training and are well

prepared to help callers. "During a crisis, quick access to support and care can prevent death by suicide," says NJ Hopeline Program Director William Zimmerman. "We listen, support and assess people for needs. There's no time limit for a call, and we're available 24/7. If we can keep that person engaged and supported, the suicidal action may never happen," he says. Maj. Gen. Graham agrees. "The last thing we want to do is make a person regret that they called," he says. "We want people to feel better, to know that there's hope and help and that they're not alone."

If you or someone you know is experiencing warning signs of suicide, get help immediately. Call 988 or NJ Hopeline at 855.654.6735. For more information, visit rwjbh.org/behavioralhealth.





THE GREAT DEBATE:

CARDIO VS. STRENGTH TRAINING

FIND OUT WHICH ONE IS BEST FOR YOUR HEART HEALTH.

Everyone knows that exercise is good for the heart. But what kind of exercise is most beneficial for optimum heart health—cardio or strength training? Anthony Altobelli III, MD, Clinical Chief of Cardiology, Robert Wood Johnson University Hospital (RWJUH) and RWJBarnabas Health (RWJBH) Medical Group, sheds some light on this decades-old debate.

When it comes to cardio vs. strength training for heart health, is one more beneficial than the other?

The scientific evidence is still building around which form of exercise is best to prevent chronic disease. Historically, aerobic (or cardio) exercise was always recommended for heart and lung health with little attention paid to strength (or resistance) training. What's clear now, however, is that strength training is as



ANTHONY ALTOBELLI III, MD

important to heart health as aerobic exercise and that a combination of both yields the best heart outcomes with regard to blood pressure, body composition,

fitness, strength and metabolism. In turn, beneficial change in a person's physiology yields a lower risk of diabetes, hyperlipidemia (high cholesterol), heart attack and stroke.

What's the best way to combine these exercises?

Physical Activity Guidelines for Americans, a 2018 report from the Department of Health and Human Services, recommends that each week, adults aged 18 to 64 do at least 150 to 300 minutes of moderate-intensity aerobic activity, 75 to 150 minutes of vigorous-intensity aerobic activity or an equivalent combination of both. Strength training should be performed at least twice a week on nonconsecutive days to allow a period of rest for the muscle groups being stressed.

How does age affect the type of exercise(s) a person should do?

As we age, safety becomes an issue. The aging adult should do both forms of exercise, but participation should take into account chronic medical conditions,

such as musculoskeletal disorders, that may place the individual at risk for injury. For people at risk for falls or with balance issues, resistance exercises, such as chair squats, heel lifts, rowing, resistance bands, bicep curls and shoulder presses, may be effectively and safely performed. Research continues to support strength/resistance training for older individuals.

What advice do you have for the average person who wants to start an exercise regimen to improve their heart health?

Recommendations are based on age and whether the individual is new to an exercise program. First, choose exercise that you may find enjoyable. Second, set realistic expectations for how often and how long you'll exercise. Third, choose exercises that you can safely perform. Fourth, consider partnering with others for motivation and socialization. Fifth, communicate with your physicians.

Whoever your heart beats for, our hearts beat for you. To connect with a top cardiovascular specialist at RWJBarnabas Health, call 888.724.7123 or visit www.rwjbh.org/heart.



WORLD-CLASS CARE FOR BLOOD CANCERS CLOSE TO HOME

RENOWNED CANCER DOCTORS ARE HELPING TO ENHANCE AND EXPAND THE HEMATOLOGIC MALIGNANCIES PROGRAM AT RUTGERS CANCER INSTITUTE OF NEW JERSEY AND RWJBARNABAS HEALTH.

The Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey and RWJBarnabas Health is known in New Jersey and beyond for its world-class multidisciplinary team of cancer experts and for its coveted place at the forefront of cancer research. As the state's only National Cancer Institute-Designated Comprehensive Cancer Center, it offers patients access to the most advanced treatment options for blood cancers, including blood and marrow transplantation, CAR T-cell therapy, immunotherapies and innovative clinical trials, many not available elsewhere.

Now, the highly regarded program

has extended its reach—and its potential—with the addition of two nationally recognized leaders in the field of hematologic malignancies to lead and complement the already outstanding team in place.

As the new Chief of Blood Disorders, Matthew Matasar, MD, MS, brings extensive expertise to the program and is among the nation's most experienced clinicians and researchers in routine, rare and complex hematologic malignancies, with extensive expertise in treating these types of cancers with clinical trials, immunotherapy and other cellular therapies. Dr. Matasar will lead the enhancement of multidisciplinary clinical services, including programmatic growth of the bone marrow transplant and cellular therapy programs across the health system.

“My goal is to grow what already is an amazing program with extraordinary physicians,” says Dr. Matasar. “My vision is to continue to develop the health system's ability to give best-in-class care; to deliver the most promising novel

therapies in the context of ongoing and new clinical trials; to educate our patients, their families and the community; and to train physicians how best to take care of these patients.”

Ira Braunschweig, MD, Chief of Transplant and Cell Therapy, is an expert at treating blood cancers with blood and marrow transplantation as well as with CAR T-cell therapy, in which, he says, “We take the cells of a patient's own immune system and reengineer them to become super-powerful cancer-fighting cells.” Dr. Braunschweig was one of the physician-scientists leading the pivotal study in late 2015 that established CAR T-cell therapy as a standard for relapsed and refractory aggressive lymphoma.

“The Rutgers Cancer Institute/RWJBarnabas Health program has a strong foundation,” he says. “I want to take it to the next level by expanding it and ensuring that more patients have these therapies available to them close to home, and by further enhancing the availability of cutting-edge therapies.”



MATTHEW MATASAR, MD, MS



IRA BRAUNSCHEWIG, MD

To learn more about the Hematologic Malignancies Program at Rutgers Cancer Institute of New Jersey/RWJBarnabas Health, please visit www.rwjbh.org/beatcancer.





BETTER WOMEN'S HEALTH AT EVERY AGE

**WHAT WOMEN NEED TO KNOW TO STAY WELL—
FROM ADOLESCENCE TO AGELESS.**

Throughout a woman's life, her body and her healthcare needs evolve. From adolescence through menopause and beyond, women experience many changes. Staying healthy through all those changes can be daunting—but it doesn't have to be. We asked doctors at RWJBarnabas Health to share some of their best advice on how women can maintain optimal

health at every age and stage.

PREVENTIVE AND GENERAL HEALTHCARE

Being proactive about preventing illness and injury should start early in a woman's life. "Adolescent women should be encouraged to establish healthy eating and sleeping habits, exercise regularly and avoid excessive screen time," says

Robert A. Graebe, MD, Chair and Program Director of the Department of Obstetrics and Gynecology at Monmouth Medical Center. Preventive care, he says, can include taking seemingly simple but important measures such as consistently using sunblock and always wearing a seat belt.

Dr. Graebe also stresses the importance of caring for mental health and says that adolescent and young women should be encouraged to seek support for feelings of anxiety and depression or other mental health problems. In addition, women should schedule an annual well-woman visit. "During this visit, the care you receive will focus on you, your body and your reproductive health," says Dr. Graebe. "A well-woman visit also provides a time



ROBERT A. GRAEBE, MD



LENA L. MERJANIAN, MD



JULIE MASTER, DO, FACC



NICOLE M. MONTERO LOPEZ, MD

to discuss fertility questions and family planning options and to get screened for sexually transmitted diseases.”

GYNECOLOGIC AND REPRODUCTIVE HEALTH

• First OB/GYN Visits

“The American College of Obstetricians and Gynecologists recommends that a girl establish care with a gynecologist between the ages of 13 and 15,” says Lena L. Merjanian, MD, an obstetrician and gynecologist at Rutgers Health. “This visit is an opportunity for her to establish a trusting rapport with her physician. It’s a confidential visit to discuss reproductive health concerns, contraception, relationships, adolescent sexuality and avoiding risky behaviors.”

According to Dr. Graebe, the first OB/GYN visit is also an opportunity to establish the diagnosis of common problems such as polycystic ovarian syndrome, hypothyroidism, eating disorders, etc. “The majority of bone formation occurs during the early years, so discussion concerning proper bone health is vital to prevent future osteoporosis,” says Dr. Graebe. A first gynecologic visit usually doesn’t include a pelvic exam or Pap smear.

• Reproductive Years

During a woman’s reproductive years, maintaining optimal health can increase her chances of a healthy pregnancy and birth if she chooses to start or grow a family. Folic acid supplementation is important, especially when planning a pregnancy. In addition, women should be proactive with age-appropriate screenings, such as Pap and HPV (human papillomavirus) tests. They should use condoms with new sexual partners to prevent sexually transmitted diseases, such as chlamydia and gonorrhea, which can negatively impact fertility. And, says Dr. Graebe, they should be aware that “a woman’s peak fertile years are from about age 27 to 29, with a steady decline starting in the mid-30s.”

Some women, including those receiving cancer therapies and those wishing to postpone pregnancy until beyond their mid-30s, may want to consider egg freezing and subsequent

HEALTH EQUITY

The importance of women’s health equity cannot be understated. According to Meika Neblett, MD, MS, Chief Medical Officer at Community Medical Center,



MEIKA NEBLETT, MD, MS

“Women’s health equity requires an integrated approach that recognizes the need for progress in understanding the social determinants of health, diversity and inclusion, and their intersectionality.

“RWJBarnabas Health has made equity a priority in women’s health,” says Dr. Neblett, “and it has taken steps toward removing barriers to preventive screenings that lead to earlier diagnosis and treatment of certain types of cancers as well as improving access to family planning services.”



in-vitro fertilization, says Dr. Graebe.

• Breast Health

Breast self-awareness should start at about age 20, when women should focus on knowing what’s normal for their breasts. If changes are noticed, women should talk to their primary care provider or OB/GYN. Regular breast screening can help detect cancer at an early and more treatable stage. For women at average risk for breast cancer, a clinical breast exam is recommended every one to three years between the ages of 25 and 39, and a mammogram is recommended every one to two years beginning at age 40. “It’s important for women to be aware of their family history,” says Dr. Graebe. “Women at increased risk, such as those with a family history of breast cancer and other hereditary cancer syndromes, may benefit from seeing a genetic counselor.”

HEART HEALTH

“It’s important for a woman to know her risk factors for heart disease, including her cholesterol numbers, blood pressure, family history and smoking status,” says Julie Master, DO, FACC, Director of Noninvasive Cardiac Services at Monmouth Medical Center. “There are also novel risk factors such as pregnancy complications that can put a woman at

higher risk of heart disease in the future. A history of cancer treatment may also increase her risk. Having a yearly physical and not ignoring symptoms are of the utmost importance.”

BONE HEALTH

Most women don’t think about their bones until there’s a problem with them, but bones need care to stay healthy just like the rest of the body.

Bone density testing is one way to measure bone health. This is especially important for women because, according to Nicole M. Montero Lopez, MD, an orthopedist at Clara Maass Medical Center, hormonal changes during menopause can directly affect bone density. Women 65 and older and women under 65 with risk factors, such as a family history of the disease or fracture, should have a bone density test. Frequency of testing depends on age, results of prior tests and individual risk of fracture. The goal in osteoporosis prevention is to slow down the loss of bone mass to reduce the risk of fractures. You can strengthen your bones with certain exercises and lifestyle changes. Weight-bearing exercise is the most important type of exercise for preventing osteoporosis, and a diet rich in calcium and vitamin D is good for bone health.

To learn more about women’s health services at RWJBarnabas Health, visit www.rwjbh.org/treatment-care/womens-health.



CHILDREN'S CARE CLOSE TO HOME

WHERE TO TURN FOR SPECIALIZED OUTPATIENT SERVICES THROUGHOUT NEW JERSEY

As a leading provider of inpatient and outpatient care for children who face special health challenges from birth to age 21, Children's Specialized Hospital, part of the RWJBarnabas Health Children's Health Network of hospitals, partners with families to treat a wide range of developmental, physical, mental and behavioral concerns. You'll find outpatient services close to home at these New Jersey locations.



Children's Specialized Hospital®

An RWJBarnabas Health facility



Outpatient services include facilities and equipment specially designed to meet children's needs.

BAYONNE

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

CLIFTON

- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Orthopedics
- Physical therapy
- Psychology
- Speech and language therapy

EAST BRUNSWICK

- Occupational therapy specializing in upper extremity and hand therapy
- Physical therapy specializing in orthopedic and sports medicine

EATONTOWN

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychology
- Speech and language therapy

EGG HARBOR TOWNSHIP

- Developmental and behavioral pediatrics
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

HAMILTON

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

NEWARK

- Developmental and behavioral pediatrics
- Occupational therapy
- Physical therapy
- Speech and language therapy

NEW BRUNSWICK—PLUM STREET

- Developmental and behavioral pediatrics
- Neurology
- Neuropsychology
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Speech and language therapy

TOMS RIVER—LAKEHURST ROAD AND STEVENS ROAD

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Nutrition
- Occupational therapy
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Rehabilitation technology
- Speech and language therapy

UNION

- Audiology
- Developmental and behavioral pediatrics
- Neurology
- Neurorehabilitation
- Occupational therapy
- Orthopedics
- Physiatry
- Physical therapy
- Psychiatry
- Psychology
- Special needs primary care
- Speech and language therapy

SOMERSET

- CSH RUCARES Severe Behavioral Program
- Intensive Feeding Disorders Program

WEST ORANGE

- Occupational therapy
- Physical therapy
- Speech and language therapy

To learn more about outpatient programs and services or to schedule an appointment, call **888.244.5373** or visit **www.rwjbh.org/cshoutpatient**.

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, Eatontown, Egg Harbor Township, Hamilton, Newark, New Brunswick, Somerset, Toms River, Union and West Orange.



BEYOND BED-WETTING

A TOP PEDIATRIC UROLOGIST SHARES THE LATEST TREATMENTS FOR URINARY TRACT PROBLEMS IN CHILDREN.

Joseph Barone, MD, a nationally recognized expert in the field of pediatric urology, was recently appointed Medical Director of Pediatric Urology for the Children's Health Network of RWJBarnabas Health (RWJBH). Dr. Barone is also Chief of the Division of Urology and Professor of Surgery at Rutgers Robert Wood Johnson Medical School. Here, Dr. Barone talks about children's urologic conditions as well as what's new in the field.

How has the RWJBH pediatric urology program changed recently?



JOSEPH BARONE, MD

We're now a system-based program with all pediatric urologists in all RWJBH children's hospitals working as one group. This allows us to take advantage of

synergistic opportunities for clinical access, safety, quality and diversity. With integration, patients will receive the same pediatric urology care no matter where they are in the system.

How are children's urologic issues different from those of adults?

Children mostly have congenital problems and adults deal with problems that develop during life. Because of this, the practice of pediatric urology now has its own board certification by the American Urological Association.

What are some common urologic issues in children?

The most common is bed-wetting, affecting 10 million children in the United States each year. Other

common conditions include urinary tract infections (UTIs) and daytime accidents. There are also some common surgical conditions, such as undescended testes and hernia.

What are some serious pediatric urologic conditions that you treat?

Some children born with neurological diseases, such as spina bifida, lack the nerves that control the bladder. As a result, they're incontinent. To restore continence, we use the small intestine to make a new bladder with a procedure called bladder augmentation. Twisting, or torsion, of the testes—when a boy's testicle twists spontaneously and cuts off its blood supply—is another serious issue that not many people know about. Sudden, severe testis pain is an emergency and parents should take their child to the emergency department if this happens.

What robotic surgical techniques are used for children?

We offer minimally invasive robotic surgery for nearly all pediatric urology conditions that historically would require an incision. The robot is controlled by the surgeon, and three or four laparoscopic ports are placed into the child's abdomen. Robotic surgery speeds recovery and results in less pain. For older children, we offer single-port robotics. There are only a handful of centers that offer this robotic procedure.

Are there any exciting new developments in this area?

We're working on developing a new electrical surgical tool designed for pediatric surgery. We currently use similar tools designed for adults and when working in a very tiny space, they can be cumbersome. We've designed the pediatric surgical tool and are in the process of making a 3D model.

To find a pediatric urologist or for more information on children's urologic issues, visit www.rwjbh.org/childrenshealth.





BANKING ON LIFE

WHERE AND HOW TO DONATE BLOOD THIS WINTER

It's estimated that someone in the United States needs blood every two seconds, and, since January is National Blood Donor Month, there couldn't be a better time to donate. Blood doesn't have a long shelf life—between five and 35 days, depending on the component—so there's rarely, if ever, a surplus. This is especially true in winter, when donations typically slow down because of bad weather, winter holidays and seasonal illnesses like colds and flu.

“Simply put, there's no substitute for blood,” says Sally Wells, Business Development Liaison, Robert Wood Johnson University Hospital Blood Services. “Blood cannot be manufactured. We always say that ‘it's the blood on the shelf’ that makes it possible to treat traumatic injuries, perform surgeries, support premature babies and treat patients who are going through advanced cancer therapies, to name a few of its uses.”

While all RWJBarnabas Health facilities run blood drives several times

a year, Wells says that multiple blood drives will occur in January, noting that donor centers in New Brunswick and Somerset will be open daily. “Our message for National Blood Donor Month is ‘Donate 3 in 2023,’” she says, referring to three pints of blood.

The ripple effect of the pandemic is still being felt in many areas, including blood donation. “People aren't donating as often as before the pandemic, so we're still experiencing periodic shortages,” says Wells. “We haven't been able to build up a reserve, so certain blood types and products are always in high demand.”

The blood type that is most in demand is type O-negative (O-). “This is the universal blood type because it can be used in an emergency to transfuse anyone until the person's blood type can be verified,” says Wells.

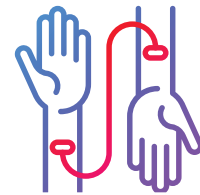
If you don't know your type, don't worry. When you donate, you'll be issued a blood-donor card that will list your blood type.



HOW TO DONATE

The four basic steps to donating blood are:

1. Registration (to gather demographic information)
2. Medical interview and mini physical (to determine if the donor is suitable)
3. Phlebotomy (the actual donation, drawing blood)
4. Rest and refreshments (after blood is donated)



REQUIREMENTS FOR DONORS

To donate blood, you must:

- Be in overall good health
- Be at least 17 years old (16 with parental consent)
- Weigh at least 110 pounds (120 pounds if 16 years old)
- Present a valid photo identification with signature

For more information or to schedule an appointment to donate blood, visit www.rwjbh.org/treatment-care/blood-donation or www.rwjhdonorclub.org, or call 732.235.8100 ext. 221 (New Brunswick) or 908.685.2926 (Somerset).

NATIONAL
**BLOOD
DONOR**
MONTH



MATTERS OF THE HEART

HERE'S HOW WOMEN CAN HELP PREVENT HEART DISEASE AT ANY AGE.

Heart disease is the number one killer of women, accounting for more women's deaths than all forms of cancer combined. According to the Centers for Disease Control and Prevention (CDC), more than 314,000 women in the United States died of heart disease in 2020. "One in nine women over age 45 has heart disease," says Howard Levitt, MD, Medical Director of Ambulatory Cardiology and Director of the Cardiovascular Training Program at Newark Beth Israel Medical Center (NBI). "That number jumps to one in three for women over 65."

The statistics are sobering. But the good news is that there are many things women can do to avoid becoming one of those statistics.

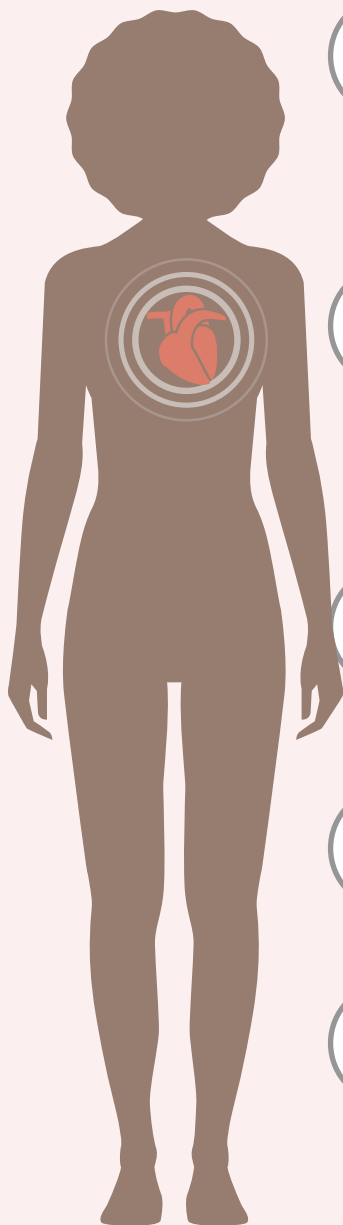
Dr. Levitt likens the prevention of heart disease to a card game. "Much of it has to do with knowing how to play the hand you're dealt," he says. "There are some risk factors that can't be modified, like genetics, and some that can, like lifestyle. You can win with a bad hand if you play properly, just as you can lose with a 'good' hand if you play poorly."

When it comes to heart disease, some women make the mistake of thinking that they don't have to worry because they have "good genes," while others think there's nothing they can do to prevent what they consider inevitable due to a family history. "Both of those views are inaccurate," says Dr. Levitt.



HOWARD LEVITT, MD

Here are some things every woman can do to lower her risks of heart disease:



Blood Pressure: High blood pressure is known as "the silent killer" because it often shows no symptoms but can lead to heart disease, heart failure or stroke, among other things. "That's why it's important to know your blood pressure and, if it's high, to get it treated and/or make lifestyle changes to lower it," says Dr. Levitt.



Cholesterol: A study published in 2021 in *JAMA Cardiology* indicates that low-density lipoprotein (LDL), or "bad" cholesterol, poses a major risk for coronary heart disease and that its effects are cumulative. "Know your cholesterol numbers," says Dr. Levitt. "At your annual physical, talk to your doctor about how to reach your target range."



Diet: Eat a heart-healthy diet, which generally means one that is rich in whole grains, lean proteins, fruits and vegetables, and low in saturated fat and cholesterol. Reduce salt and sugar, and skip processed foods.



Exercise: "Most people should do cardiovascular exercise three to four times a week," says Dr. Levitt. Talk to your provider about a regimen tailored to your specific needs and goals.



Smoking: "If you smoke, stop," says Dr. Levitt. "It will do so much to improve your heart health." Research has shown that after just one year of quitting, your risk of developing heart disease will be cut by as much as 50 percent.



Whoever Your heart beats for, our hearts beat for you. To connect with a top cardiovascular expert at Newark Beth Israel Medical Center, call 888.724.7123 or visit www.rwjbh.org/heart.

HEALING YOUNG HEARTS

**A NEW PROCEDURE
REPAIRS AILING
HEARTS IN
TEENAGERS AND
YOUNG ADULTS,
ALLOWING THEM
TO AVOID MULTIPLE
OPEN-HEART
SURGERIES.**

The U.S. Food and Drug Administration (FDA) has given its approval for an expanded indication study of the Edwards Sapien 3 valve system in low-risk patients.



Whoever your heart beats for, our hearts beat for you. To learn more about the Children's Heart Center at Children's Hospital of New Jersey at Newark Beth Israel Medical Center, call 973-926-3500 or visit www.rwjbh.org/heart.

IMAGE COURTESY OF EDWARDS

It's a classic "good news/bad news" scenario: Given advances in diagnosis and treatment, patients with congenital heart disease (CHD) are living longer, more active lives. But with all those extra years come additional open-heart surgeries to address problems like valve degeneration causing leaking or narrowed pulmonary valves, common among CHD patients.

Many adults with the condition may be able to avoid some of those surgeries, thanks to the development of transcatheter pulmonary valve systems, which allow interventional cardiologists to replace degenerated valves using a minimally invasive percutaneous procedure. But until now, the majority of teenagers and young adults who'd had open-heart surgery as children haven't been able to take advantage of these systems because, over time, the surgery itself almost always leads to physical changes in the heart that make implantation very difficult.

An alternative to open-heart surgery for teens and young adults

In July 2022, a team of interventional cardiologists at the Children's Heart Center at Newark Beth Israel Medical Center (NBI) helped to usher in a new age for those young CHD patients when NBI became the first in the state of New Jersey to implant the new Edwards Sapien 3 Transcatheter Pulmonary Valve System with Alterra Adaptive Prestant—approved by the U.S. Food and Drug Administration (FDA) in late December 2021—which was designed for patients who previously were ineligible for this sort of percutaneous valve replacement, including many teenagers and young adults.

"The enhancement of this technology allows us to offer transcatheter

pulmonary valves to many more patients," says Rajiv Verma, MD, a pediatric and adult congenital heart disease specialist, interventional cardiologist and Director of the Children's Heart Center at NBI, who performed the groundbreaking procedure. In New Jersey, the procedure is offered only at NBI.

The system comprises an artificial valve encased in metal scaffolding, connected to a delivery device that includes a small balloon. Inserted through a tiny puncture in the groin area, the device is then threaded up into the heart through the femoral vein and placed across the damaged valve. To deploy the new valve and its scaffolding, the balloon is inflated. Then, the scaffolding, along with the delivery system, is withdrawn, leaving the valve securely in place. "The system allows us to fit the valve in a way that it's not going to move or slide up or down with every heartbeat," says Marc Cohen, MD, Chair of Newark Beth Israel's Department of Medicine and former Chief of Adult Cardiology. "That valve is in there as if someone had poured a layer of concrete around it."

Because the system is so new, no one knows for sure how long the artificial valve will last until it, too, needs to be replaced, though it's hoped that, in some patients, that interval could last a decade or longer. (Previous versions of transcatheter pulmonary valves have been utilized for 12 to 14 years with excellent results in most patients.) "The treatment can significantly reduce the number of surgeries and procedures during patients' lifetimes and help improve their overall quality of life," says Dr. Cohen.

Other advantages of the procedure

A major advantage of the procedure is that it's minimally invasive compared to open-heart surgery—a small puncture in the groin area versus an 8- to 10-inch incision through the chest wall—and entails far less recovery time, less pain and fewer risks. To determine whether a patient qualifies for the procedure, he or she will be given a cardiac CT scan, the results of which will be sent off to

Edwards, the company that produces the Alterra Adaptive Prestant system, where the scan will be used to create a three-dimensional model to check for suitability and safety. Eligibility for the procedure is based on a patient's weight, severity of disease, size of the dysfunctional natural pulmonary valve, size of the pulmonary arteries and consultation with pediatric cardiac surgeons.

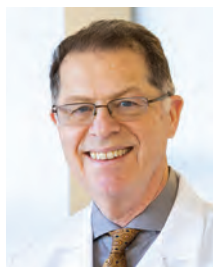
The procedure can be performed in about two hours. Patients are administered general anesthesia, not just for their comfort but also because insertion of the new valve requires that they remain entirely still. The 3D model, Dr. Verma explains, helps the cardiology team pinpoint exactly where the valve needs to be implanted. After cardiac catheterization, most patients are kept in bed for six hours or so. After that, most can get up and move around. Patients usually stay in the hospital overnight, primarily so doctors can make sure they don't develop an irregular heartbeat, a transient side effect of the procedure. By comparison, the average length of a hospital stay after open-heart surgery is five to seven days.

After discharge, patients are asked to refrain from sports and other vigorous physical activities for a week to 10 days. They may then resume normal levels of activity, though it takes about six to 12 months, in teens and young adults, for the heart's right ventricle to reach optimal size and function. Twelve to 18 months after the surgery, patients undergo another cardiac CT scan to determine the extent to which that's occurred.

A decade or more later, most patients may need to have the valve replaced. The system's greatest advantage, says Dr. Verma, is the fact that "because the valve is 29 millimeters in diameter, we can easily go in when necessary and implant a new 27-millimeter valve within that 29-millimeter valve," once again deferring what used to be requisite open-heart surgery. That means potentially putting off surgery for 20 to nearly 30 years—a major leap forward in terms of comfort and quality of life.



RAJIV VERMA, MD



MARC COHEN, MD



Ashely Restrepo and her 5-year-old son, Samuel

LIGHT and HEALTHY

BARIATRIC SURGERY HELPS A YOUNG MOM DROP 120 POUNDS AND LIVE A HEALTHIER LIFE WITH HER SON.

After years of trying to lose weight without success, Ashely Restrepo was ready to make a big change. “I’ve always struggled with my weight,” says the 25-year-old Newark resident. But no matter what type of diet she tried, nothing seemed to work. “I just kept going up on the scale,” she says. In 2021, when 5’4” Ashely’s weight had reached 292 pounds, she decided to undergo gastric bypass surgery. Alan A.

Saber, MD, Director of the Bariatric and Metabolic Surgery Program at Newark Beth Israel Medical Center (NBI), performed the surgery that April. Since then, Ashely has shed about 120 pounds, and, she says, “I feel so much better and more confident.”

Ashely decided to explore bariatric surgery when she realized that she was struggling to keep up with her son, Samuel, now 5. “I was playing with him on the floor, and I couldn’t really move or breathe well,” she recalls. Her mom, Selenia,



ALAN A. SABER, MD

had already undergone successful bariatric surgery with Dr. Saber, and Ashely wanted to see if she was a candidate.

Launched in 2018, NBI's Bariatric and Metabolic Surgery Program—which has been accredited as a Comprehensive Center by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP®) for meeting the highest patient safety and quality standards—offers patients a range of minimally invasive weight loss surgery options. Led by Dr. Saber, the program features a multidisciplinary team of specialists who collaborate to address patients' weight-loss needs as well as comorbidities associated with obesity.

To be considered for bariatric surgery at NBI, patients must have a body mass index (BMI) of 35 to 40 and medical problems associated with obesity, or a BMI higher than 40 with or without medical problems. They must show that they've tried to lose weight prior to surgery but were not successful, and they must be committed to making permanent changes to their lifestyle through diet and exercise.

In addition, prior to surgery, patients must gain medical clearance for surgery and undergo a psychological evaluation to ensure that they understand the risks and benefits of the surgery and will be compliant with diet and exercise guidelines. Patients also must meet with a registered dietitian to discuss eating behavior and learn what will be expected of them before and after surgery and must also undergo an endoscopy to check for abnormalities in the stomach, such as tumors. Additional evaluations are sometimes needed for patients with special health issues, such as heart or lung problems.

"There are many benefits to bariatric surgery since every system in the body can be affected by obesity, including the heart, lungs, GI tract, kidneys and liver," says Dr. Saber. According to the Centers for Disease Control and Prevention, obesity affects nearly 42 percent of U.S. adults, and obesity-related conditions including heart disease, stroke, Type 2 diabetes and certain types of cancer are among the leading causes of preventable,



3 POPULAR TYPES OF BARIATRIC SURGERY

NBI's Bariatric and Metabolic Surgery Program offers three bariatric surgery options. "All are minimally invasive laparoscopic procedures involving four to five small incisions," says Dr. Saber. "We have excellent outcomes and almost all of our patients require just one night in the hospital." The three bariatric surgeries offered at NBI are:

- **SLEEVE GASTRECTOMY** ("gastric sleeve"): The surgeon removes a large portion (about 80 percent) of a patient's stomach, leaving behind a narrow sleeve. The smaller stomach helps restrict the amount of food patients can eat in one sitting. "About 50 percent of our bariatric surgeries are gastric sleeve," says Dr. Saber, who performs the procedure in 30 to 45 minutes.
- **ROUX-EN-Y GASTRIC BYPASS**: In this procedure, the surgeon creates a small pouch by dividing the top of the stomach from the rest of the stomach. The small pouch holds less food, which can help patients eat less. The surgeon connects the new pouch directly to a limb of the small intestine, so food bypasses the larger part of the stomach and part of the small intestine. Dr. Saber performs the procedure in one hour and says about 30 percent of bariatric surgeries performed at NBI are Roux-en-Y gastric bypass.
- **REVISIONAL SURGERY**: Revisional bariatric surgery, which Dr. Saber generally performs in one-and-a-half to two hours, is used to correct or improve a prior weight loss surgery and is usually performed because of inadequate weight loss or a complication with the initial surgery. "We are a destination center in the entire area for revisional procedures," says Dr. Saber, noting that about 20 percent of the bariatric surgeries at NBI are revisional procedures.

premature death. "When you lose weight and because of hormonal changes from bariatric and metabolic surgery, you can have improvement or even resolution of these medical problems," Dr. Saber explains.

With a BMI of about 50, Ashely met the requirements for bariatric surgery. She chose to have gastric bypass surgery due to its high weight loss success rates. NBI offers Roux-en-Y gastric bypass surgery, the most common type of gastric bypass, which involves creating a small pouch from the stomach and connecting it directly to part of the small intestine. "After gastric bypass, food goes from the mouth to the esophagus to the gastric pouch, then to the small intestine, bypassing the stomach," says Dr. Saber. The pouch holds less food, which can help patients eat less and feel full faster. The rerouting of the digestive system

allows patients to absorb fewer calories, though they also absorb fewer nutrients, from food.

Ashely returned home the day after her surgery. She followed a liquid diet for two weeks before transitioning to soft foods and then to solid foods after four weeks. She experienced rapid weight loss at first, about five to six pounds per week. She continued to lose weight by eating smaller meals packed with more vegetables and protein and working out with a personal trainer three times a week. "On the days I don't meet with my trainer, I do cardio at the park or the gym," she says.

Thanks to her dramatic weight loss, Ashely says she can finally live her life to the fullest. "I can walk up and down the stairs without being breathless, and it feels great," she says. "I can even chase my son around the house and yard!"

To learn more about weight loss surgery at Newark Beth Israel Medical Center, 973.926.7000 or visit www.rwjbh.org/weightloss.





NEW YEAR'S RESOLUTIONS

WHY WE BREAK THEM, HOW TO KEEP THEM

Every year, millions of people make New Year's resolutions—usually, a vow to improve one's life, health or behavior by making a significant change. And every year, many of those people break their resolutions, some within hours of singing "Auld Lang Syne." Reetuparna Bhattacharjee, MD, who practices internal medicine and is a physician trainer at Newark Beth Israel Medical Center, offers some practical advice for how to keep your resolutions this year.



REETUPARNA BHATTACHARJEE, MD

WHY WE MAKE NEW YEAR'S RESOLUTIONS

On New Year's Eve, we ring out

the old. At midnight, we have a clean slate. "It's a new year, a new beginning, and it's natural for people to want to set new goals," says Dr. Bhattacharjee. "We want to be better, happier and healthier."

WHY WE BREAK THEM

Too often, we want to change everything at once, and that's not practical—or possible. "We set ourselves up for failure and disappointment when we set lofty goals," says Dr. Bhattacharjee.

HOW TO KEEP THEM

Set realistic, achievable goals to avoid disappointment. "For instance, if you want to lose weight, do it in small, manageable increments," says Dr. Bhattacharjee. "When you achieve that goal, you're more likely to keep going."

3 WORTHY RESOLUTIONS

1. Quit Smoking

Smoking causes lung cancer, the leading cause of cancer deaths in the United States. Quitting will start improving your health almost immediately and, says Dr. Bhattacharjee, "three to five years after quitting, your lung cancer risk will be almost equal to that of a nonsmoker."

How to Do It: "RWJBarnabas Health's IFPR (Institute for Prevention and Recovery) Quit Center offers a free eight-week program," says Dr. Bhattacharjee. For a confidential assessment, call 833.795.QUIT (833.795.7848) or email quitcenter@rwjbh.org.

2. Get More Exercise

You don't have to go to a gym; the key is movement. Walking, for instance, has many benefits—and it's free. "Brisk walking 30 minutes a day makes you feel lighter and improves digestion, among other benefits" says Dr. Bhattacharjee.

How to Do It: Start small. If you've been sedentary, start with 10 minutes a day. Add five minutes each day until you get up to 30. Try to find an exercise you enjoy; it will help you stay motivated.

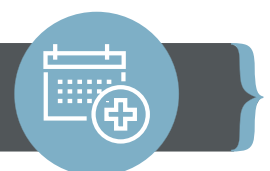
3. Eat Healthier

"Bad eating habits lead to many chronic diseases, including heart disease and diabetes," says Dr. Bhattacharjee.

How to Do It: Start by eliminating one bad food or habit every couple of days and replacing them with a healthier option. Switch out potato chips for nuts. Replace fried foods with broiled. Find a nutrition program; RWJBarnabas Health offers several.

"Establishing new habits is hard in the beginning," says Dr. Bhattacharjee. "But don't give up." After a few weeks, your new, healthier habits will be second nature.

To learn more about primary care, preventive care and advanced treatments offered at Newark Beth Israel Medical Center, visit www.rwjbh.org/newarkbeth.





GOING BACK TO BASICS

GOOD FOOD DOESN'T HAVE TO BE COMPLICATED. HERE'S HOW TO EAT A HEALTHY, WHOLESOME, NUTRITIOUS DIET— FILLED WITH SIMPLE, DELICIOUS FOODS!

It's a new year and, if you're like most people, eating healthier is one of your resolutions. Unfortunately, many resolutions fail because they're based on lofty, unattainable goals. So why not simplify your goals by simplifying your diet? You can start by using the USDA's recommended food groups (fruits, vegetables, grains, protein and dairy) and proportions, available at www.MyPlate.gov, as a guide and then customize from there. Here's a delicious, nutrient-dense recipe based on MyPlate principles.

To get more healthy eating ideas and recipes from the Reverend Dr. Ronald B. Christian Community Health and Wellness Center at Newark Beth Israel Medical Center, call **973.926.7371**.

CHICKEN WITH SWEET POTATO DUMPLINGS

Yield: 8 servings (2 muffin cups per serving)



"These muffin cups—packed with protein as well as vitamins A and C—are a great way to turn boring leftovers into an exciting dish," says Molly Fallon Dixon, Manager, Community Wellness Services at Newark Beth Israel Medical Center.

INGREDIENTS:

- 1 Tbsp. extra-virgin olive oil
- 1 small yellow onion, diced
- 1 cup carrots, sliced
- 1 cup green beans, ends trimmed and cut in half
- 1 cup frozen peas
- 1 cup kale, stems removed and roughly chopped
- 2 cloves garlic, minced
- ½ tsp. black pepper, divided
- ½ cup all-purpose flour, divided
- 2 cups low-sodium chicken broth
- 3 cups cooked chicken breast, shredded
- 1 medium sweet potato (about ¾ pound)
- 1 cup whole wheat flour
- 1 tsp. baking soda
- ¼ tsp. salt
- 1 cup buttermilk

DIRECTIONS:

- Preheat oven to 400° F. Line two, 12-cup muffin tins with foil liners and set aside. Heat oil in a large skillet over medium-high heat. Add onions and cook 5-6 minutes, until softened.
- Add carrots, green beans, peas, kale, garlic and ¼ teaspoon of pepper to the cooked onions. Stir vegetable mixture occasionally and cook until softened, 6-8 minutes.
- Add ¼ cup of all-purpose flour to vegetables, stir and cook 2-3 minutes until raw flavor is cooked out. Whisk broth into vegetables and flour mixture, and bring to a boil. Reduce heat to medium low and simmer until thickened, 3-5 minutes.
- Add shredded chicken into vegetable mixture. Once combined, spoon mixture into 16 prepared muffin cups, dividing evenly. Set aside.
- Meanwhile, poke holes in sweet potato with a fork. Microwave on high for 5-8 minutes until soft, turning halfway through. Allow to cool, remove skin and mash potato flesh with a fork.
- In a large bowl, whisk together whole wheat flour with remaining ¼ cup of all-purpose flour, baking soda, salt and remaining ¼ teaspoon of pepper. Add in mashed sweet potato and buttermilk. Stir to create a thick batter, careful not to overmix.
- Spoon batter on top of 16 muffins, dividing evenly. Bake for 15-18 minutes or until top is golden brown and a knife inserted in the dough comes out clean. Allow to cool slightly before removing from pan. Serve and enjoy!

Nutrition Facts: 193 Calories; 4 g Fat (1 g Saturated Fat; 0 g Trans Fat); 18 mg Cholesterol; 385 mg Sodium; 29 g Carbohydrate (5 g Fiber, 5 g Sugar, 0 g Added Sugar); 12 g Protein; 44% Daily Value (DV) Vitamin A; 27% DV Vitamin C; 0% DV Vitamin D; 8% DV Calcium; 10% DV Iron; 10% DV Potassium

Getting Healthy Together!

When in-person meetings can't happen, we can still help. Newark Beth Israel Medical Center is ready to meet you virtually for a telehealth appointment, consultation or support. Below are some of our in-person and virtual support groups and educational programs. To learn about more of our programs, visit www.rwjbh.org/NBLevents.

SUPPORT GROUPS

Heart Transplant Support Group

Second Wednesday of the month, 1 to 2 p.m.

A transplant education and psychosocial support group for patients listed and awaiting transplant. To register and receive call-in information, call 973.926.2416.

Lung Transplant Support Group

First Thursday of the month, 2 to 3 p.m.

A variety of topics presented by a member of the Advanced Lung Disease and Transplant Program team. To register and receive call-in information, call 973.926.2280.

Bariatric Surgery Support Group

Open to those who have had surgery and those who are considering a lifestyle change. Led by a bariatric specialist registered dietitian. Learn more about the process and how to make healthy food choices to support your goals. For more information or to register, call 973.926.7402.

Cancer Support Groups

Offered at the Frederick B. Cohen, MD, Comprehensive Cancer and Blood Disorder Center at NBI. For more info call, 973.926.7230 or 973.926.7565

PREVENTION GROUPS

Home Friend Program

FREE light chore services to qualified seniors, age 60 and older, and to disabled adults in Newark's South Ward or in Irvington who do not have Medicaid. For more information or to see if you qualify, call 973.926.6771.

Senior Wellness Connect (Virtual)

Mondays, 10 to 11 a.m.
Focused on health and longevity for adults 55 and over. To register and receive call-in information, call 973.926.3312.

Seasonal Eats (Virtual)

Mondays, 1 p.m.
Simple recipes using local, farm-fresh food. To register and receive call-in information, call 973.926.7371.

Healthy Kids in Hannah's Kitchen New! In-Person and Virtual Options

Tuesdays, 4:30 to 5:30 p.m.
Healthy cooking class

for ages 8–12 (adult supervision required). To register and receive call-in information, call 973.926.7371.

Healthy Lifestyles Thursdays, 1 to 2 p.m.

Nutrition, exercise and healthy living information for all ages. To register and receive call-in information, call 973.926.7371.

Learning to Live with Cancer (Virtual)

Third Thursday of the month, 1:30 to 2:30 p.m.
Offered by the Frederick B. Cohen, MD, Cancer Center. To register and receive call-in information, call 973.926.7976.

Kiss & Tell

An educational group discussion for focus populations highlighting key topics such as Partner Communication Styles, HIV Risk Reduction, Prevention and more. Learn about healthcare resources and know your HIV status. For more information, call 973.926.6771.



FARMERS MARKET WILL REOPEN IN SPRING 2023

Through our partnership with Urban Agriculture Cooperative, online ordering is available year-round. Visit: bit.ly/ourmarket.

ONLINE SUPPORT FOR NEW AND EXPECTING MOTHERS

Maternity Tours at Newark Beth Israel

Expecting a baby? We are ready to welcome you and help you plan for the big day. Let us show you our rooms and amenities, expert labor and delivery support, and high-tech neonatal intensive care unit (NICU) so you will be absolutely comfortable with choosing us for your maternity care.

Tours offered 7 days a week 9:30 to 11 a.m.; 4 to 6 p.m. & 8 to 9 p.m.
RSVP required.
Call 973-926-7108

Breastfeeding Support

Every Monday from noon to 1 p.m.
International Board-Certified Lactation Consultants will provide guidance and answer questions about latch issues, breast/nipple pain, milk supply concerns, pumping, supplementation, returning to work and weaning. Register at www.rwjbh.org/breastfeedingsupport.

Perinatal Mood and Anxiety Disorders

Every Wednesday from 11 a.m. to noon.
One of the most common complications of childbirth is anxiety or feelings of anger or sadness. You are not alone. Join our judgment-free and supportive virtual community, led by a perinatal mood disorder certified specialist. Register at www.rwjbh.org/PMADsupport.

Beth Babies Breastfeeding Class

Every Tuesday from 1 to 2 p.m.
Receive skilled guidance from lactation counselors. To register and receive call-in information, email janine.marley@rwjbjh.org.

Prenatal Yoga with Ignite One (Virtual)

Saturdays, noon to 1 p.m.
Gentle yoga for expecting moms. To register and receive call-in information, call 973.926.7371.