

HEALTH SCIENCES®

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MESSAGE FROM THE CEO: WELCOME, 2011!

At St. Joseph and Redwood Memorial



Joseph Mark,
president and CEO

hospitals, we are very excited to ring in 2011, because this year we are anticipating positive changes at both hospitals.

SJH's Northeast Tower. Progress continues on the new addition, and we are expecting to begin

treating patients in the new facility later this year. We are very excited to finish this project, which has been in the works for several years now. See page 3 for more information about the upgrades the facility will include.

New technology at RMH. In 2010 we welcomed several new and important pieces of technology.

A 32-slice CT scanner was installed last spring in our diagnostic imaging department and a telemedicine robot arrived last fall. In January we also held an open house celebrating the arrival of digital mammography equipment and dedicated the mammography suite to longtime hospital supporter Gwynna Morris.

Caring for the community. Our mission as a Catholic health care organization is to identify and meet needs in our community. Part of this commitment includes absorbing charity care costs for the poor and offering other community benefits. In fiscal year 2010, St. Joseph and Redwood Memorial hospitals provided \$23 million in community benefit services and nearly \$3 million in charity care services—a 31.5 percent increase in community benefits and a 9 percent increase in charity care from fiscal year 2009.

Learn more about our commitment to the North Coast community at www.stjoe.org/annualreport.

On behalf of St. Joseph and Redwood Memorial hospitals, I would like to wish you a healthy and happy 2011, and beyond.

A TEAM APPROACH TO HEART CARE

HEART DISEASE IS the leading cause of death in the United States. For that reason, we recognize February as American Heart Month. St. Joseph and Redwood Memorial hospitals have joined the fight against heart disease by establishing themselves as the leading providers of high-quality cardiovascular care on the North Coast.

St. Joseph and Redwood Memorial hospitals' Heart Institute offers comprehensive cardiovascular services for the North Coast community. Our team of highly trained physicians and clinical caregivers offers prevention and education, diagnostic and treatment services, and a full cardiovascular rehabilitation program.

We also offer cutting-edge cardiovascular procedures, including open-heart surgeries and catheterization lab procedures that clear your arteries using angioplasty and stents.

Our team approach to cardiovascular care means you and your loved ones have high-quality heart services right here in your backyard.



THEY HAVE YOUR HEART COVERED: (from left): John M. Postel, MD, PhD, chief cardiac surgeon; Andrew D. Michaels, MD, MAS, FACC, FAHA, interventional cardiologist; Kevin M. Brady, MD, cardiac anesthesiologist; Robert J. Lock, MD, FACC, FSCAI, interventional cardiologist; David R. Ploss, MD, FACC, cardiologist, electrophysiologist

Heart disease is one of our nation's most costly and widespread health problems—it is also among the most preventable. Some of the things you can do to help ward off heart disease include: ● Quit smoking.

● Maintain a healthy diet. ● Exercise regularly. ● Drink plenty of water.

Go Learn more about the Heart Institute at www.stjosepheureka.org or call 707-269-3770.



FIELD OF DREAMS: Longtime St. Joseph Hospital volunteers Betty and Gene Senestraro are donating 45 acres behind their Eureka home to the hospital.

PRESERVING HISTORY

Couple's gift protects family property while supporting hospital

LONGTIME ST. JOSEPH HOSPITAL volunteer Betty Senestraro looks out the windows of the house she's lived in for 20 years and sees nothing but lush green pastures dotted with cattle.

"My family has owned this land for generations," she says. "We used to run a dairy."

Recently, though, the 45 acres behind Betty's house in Eureka became part of a charitable remainder trust supporting St. Joseph Hospital.

A DIFFERENT WAY TO DONATE According to Paul McGinty, development director for the St. Joseph Hospital Foundation, a charitable remainder trust is like a retirement plan. Betty and her husband, Gene, transferred the

—Continued on page 3

InSide

5 BREAST CANCER KNOW YOUR FAMILY HISTORY 7 FREE HEALTH COACHING ADVICE AND OPTIONS
8 FOUNDATION THANK YOU TO OUR DONORS 15 FREE SCREENING SIGN UP FOR A COLONOSCOPY

HIGH BLOOD PRESSURE: IT'S A BIG DEAL

HIGH BLOOD PRESSURE can be a sneaky problem. It usually takes many years to develop, and there are almost never any symptoms. In fact, most people who have high blood pressure feel perfectly healthy.

But slowly and behind the scenes, high blood pressure—also called hypertension—can cause serious health problems. Increased risk of stroke, heart problems and kidney trouble are among the maladies linked to the condition.

That's why it's important to have your blood pressure checked regularly. If it's too high, there are ways to get it under control. If it's normal, good health practices can help keep it there.

BLOOD PRESSURE BASICS Blood moves through your blood vessels under pressure. The pressure during a beat is called systolic pressure. The pressure between beats is called diastolic pressure. Those two measurements make up your overall blood pressure reading.

Have diabetes? If so, it's vital to keep your blood pressure under control. Our Diabetes Support group can help. See page 16.

According to the National Heart, Lung, and Blood Institute (NHLBI), normal blood pressure is less than 120 millimeters of mercury (mm Hg) systolic and less than 80 mm Hg diastolic. As those readings increase, the risk of health problems also rises.

That's why the NHLBI recommends that most people try to keep their blood pressure below 140/90. One exception: people with diabetes. The goal for them is to keep blood pressure below 130/80.

WHO'S AT RISK? About 1 in 3 American adults have high blood pressure, according to the NHLBI. The risk of developing it goes up with age. For men, the risk starts at about age 45, and for women, at about age 55. Over half of all Americans 60 and older have blood pressure that is too high.

Other risk factors include: ● Having a family history of high blood pressure. ● Being African American. ● Smoking. ● Being overweight or obese. ● Eating



too much salt. ● Not getting enough physical activity.

HOW TO LOWER YOUR RISK If your blood pressure is normal, good for you. Controlling certain risk factors can help keep it that way.

Of course, some things—like your age, sex, race or family history—can't be changed. But you can lower your risk of developing high blood pressure by paying attention to factors involving your lifestyle. For example:

- If you smoke, try hard to quit. Ask your doctor for help if you need it.
- If you're overweight, lose the extra pounds. Your doctor can help here as well.
- Limit your salt intake.
- Be physically active. Aim for at least 2½ hours a week of any activity that raises your heart rate, such as walking, doing yard work or playing sports.

If you already have high blood pressure, those same lifestyle practices can help bring it under control. If lifestyle changes alone aren't enough, your doctor may prescribe medicine to lower your readings.

Ask your doctor how often you should have your blood pressure checked to make sure your treatment plan is working.



Seeing white

Your blood pressure can go up and down depending on what you eat, the medications you take, the emotions you feel and other factors.

For some people, even the stress of going to the doctor's office can temporarily raise blood pressure. This phenomenon is called white-coat hypertension.

If your doctor suspects that your pressure is high

only while you're in the office, he or she may ask you to use a personal blood pressure monitor and record your levels at home. Or you may be asked to wear a device that automatically records blood pressure every 30 minutes for 24 hours.

By working with your doctor, you can get an accurate assessment of your blood pressure.

Sources: American Heart Association; National Institutes of Health

PRECIOUS CARGO

Use your child's safety seat correctly

SAFETY SEATS save lives—and no life is more precious than your child's.

Taking steps to make sure that your child is properly restrained in vehicles can help prevent him or her from being one of the thousands of children who die or are injured each year in traffic accidents.

FOUR FOR SAFETY Practice these key safety seat recommendations from the National Highway Traffic Safety

Administration (NHTSA):

- 1 Infants should be secured in the back seat in rear-facing child safety seats. They should travel that way until they reach the height or weight limit of the particular seat—at a minimum, until they're 1 year old and at least 20 pounds.
- 2 Toddlers should ride in the back seat in forward-facing child safety seats when they outgrow rear-facing seats. They should use these seats until they reach the upper weight or height limit of the seat (usually at about 4 years old and 40 pounds).
- 3 Children who outgrow forward-facing seats should ride in booster seats in the back seat. Kids should use boosters until the vehicle seat belt fits properly—the lap belt lays across the upper thighs and the shoulder belt fits across the chest (usually at about 8 years old or when children are 4 feet 9 inches tall).
- 4 Tweens who have outgrown their booster seats can sit in the back seat and use adult seat belts if they fit properly.

Remember: All children younger than 13 should ride in the back seat.

BE SURE: GET CHECKED According to the NHTSA, 3 out of 4 child safety seats are installed improperly.

Go Have your child's safety seat inspected. Visit www.nhtsa.gov/Safety/CPS to find the child safety seat inspection station nearest you.





GIVING YOU THE INSIDE VIEW: St. Joseph Hospital diagnostic imaging director Neil McDonald discusses imaging services with a community member at the 2010 health fair.

2011 Health Fair a success

Thousands of community residents ventured out to the Bayshore Mall in Eureka on Saturday, Feb. 5, for St. Joseph and Redwood Memorial hospitals' annual Health Fair. Every year this event draws people from all over the North Coast who come to learn more about their health and the services and resources available to them. Many also attend the fair for the low-cost and free screenings and available.

As always, one of the most popular stations for kids this year was the Germbuster, where children and adults alike had the opportunity to learn how to properly wash

their hands with special Glo Germ lotion. The lotion, which represents germs but is actually harmless, is rubbed onto both hands, and then participants are asked to wash and dry their hands as they usually do. Afterward, they place their hands under a black light and see which spots they missed. Many Germbuster participants were amazed to see how many "germs" they missed!

Check out more photos of the health fair and learn about upcoming community classes and events at www.stjosepheureka.org or www.redwoodmemorial.org.

ELECTRONIC HEALTH RECORDS

A cornerstone of modern care

This is an exciting time in the health care industry. It is a time when hospitals, medical centers, home health networks and physician offices are integrating state-of-the-art technology into their processes and practices to improve patient health, safety and satisfaction.

At St. Joseph Hospital in Eureka and Redwood Memorial Hospital in Fortuna, we have begun the journey of implementing electronic health records (EHRs) for our patients. Our goal is to connect our clinicians with the right information when they need it; connect our patients with information that they need to make decisions about their own health care; and keep us connected with the communities we serve.

Studies have also shown that Americans who have electronic access to personal health information know more about their health, ask more questions of their clinicians and take better care of themselves.

The government has spurred much of



the progress by passing the Health Information Technology for Economic and Clinical Health Act, part of the American Recovery and Reinvestment Act, in an effort to improve health care outcomes and stimulate economic recovery.

In October, the emergency departments began using an electronic record. In April, we will be expanding our EHR technology to include all inpatient units.

Learn more about what we're doing to enhance patient safety and satisfaction at our hospitals on our websites, www.stjosepheureka.org and www.redwoodmemorial.org.

CONSTRUCTION UPDATE

New tower opening delayed


As so often happens in construction, delays are pushing back the opening date of the new Northeast Tower at St. Joseph Hospital. At this point we anticipate opening the facility later this year.

Despite the delays, overall progress remains positive. The new facility will be an incredible boon to the community, enabling us to offer state-of-the-art health

care services for the entire North Coast.

About the tower The Northeast Tower is St. Joseph Hospital's largest construction undertaking in the region to date, even exceeding in size the construction of the original hospital in 1952. The new 100,000-square-foot building will include a 20-bay emergency department, a surgery

department with eight state-of-the-art operating rooms and a catheterization lab, a 12-bed intensive care unit, a 40-bed telemetry unit, and more.

For the latest information about the progress on the Northeast Tower, call the Construction Hotline at 707- 269-3650 or check us out on the web at www.stjosepheureka.org.



A FAMILY'S LEGACY: The donated property has been in Betty and Gene Senestraro's family for generations. (Picture dated early 1920s.)

History

—Continued from page 1

property to their charitable remainder trust, which will pay them income for both of their lifetimes. They also bypass paying capital gains tax at the time of sale and receive a charitable income tax deduction for their gift. In the future, the remainder will benefit St. Joseph Hospital.

"Betty and Gene can add to their charitable remainder trust and receive additional income throughout the course of their lives," McGinty says. "And they will also enjoy significant tax savings and deductions."


Gene and Betty say the donation was a natural choice for them.

"We're devoted to the hospital," Gene says. That might be an understatement. Betty

and Gene have volunteered at St. Joseph Hospital for 30 and 15 years respectively, Betty serving as a link between patients and staff and Gene as a shuttle driver.

All in the family Despite vowing to never marry a dairyman, Betty met Gene when she was 18, and they went on to have six children. The couple bought the property donated to St. Joseph Hospital from Betty's uncle in 1960.

To the couple, donating the land that has been in their family for decades seemed like the right thing to do. And with the dollar-for-dollar match from St. Joseph Health System, Betty and Gene's gift will go twice as far.

Invest in the future Learn more about charitable giving options by calling  McGinty at 707-269-4283 or visiting stjoelegacy.com.

Is a living trust right for you?

You may have heard of a living trust and wondered how it differs from a will and whether it's something you should have. Here are a few things you need to know as you decide.

A living trust is similar to a will in that it states what should happen to your property after you pass away.

But a living trust is also a valuable tool long before you die because it directs how you want your assets managed during your lifetime.

In creating a trust, you transfer ownership of your assets, including any property, to the trust. Don't worry: You are still in charge of your assets as long as you appoint yourself as the trustee. (You will need to name a successor trustee to distribute the assets after your death, however.)

You can also arrange for an alternate trustee in case you become incapacitated and can no longer manage the trust. You could appoint a trusted friend or family member as a trustee. Or you may prefer to appoint a neutral third party, such as a bank or trust company, although you may have to pay a fee to this type of trustee.

Even if you have a living trust, you may still need a will. The will can cover any property or items that are not part of the trust.

Some people set up a living trust in order to avoid the probate process. Probate isn't necessary with a trust because the trust, not you, owns the assets. Avoiding probate can often save time and money.

A living trust isn't for everyone. And the laws regarding trusts vary from state to state. In general, it may be helpful to have a trust if you:

- Need help in managing your assets during a time when you are incapacitated.
- Have children or grandchildren with special needs.
- Own property in more than one state.

Talk with an attorney who specializes in estate planning. He or she can help you decide if a living trust is the right tool to manage your assets.

Sources: AARP; Family Caregiver Alliance



SAFE SALADS

Bid good riddance to bacteria

Fresh. Crisp. Colorful. Fabulously fruity. Very veggie-licious.

There are plenty of words you might use to describe your favorite salad—but *dangerous* probably isn't one of them. Yet the fresh produce you toss into your salad can be just that if it isn't properly stored and prepared.

Harmful bacteria can lurk on fresh fruits and veggies. These bacteria, which can make you seriously sick, may come from the water or soil used to grow the produce. Or they may find their way onto the produce after harvest, at the grocery store or even in your own kitchen.

To enjoy salads safely, consider these suggestions from the U.S. Food and Drug Administration.

When buying fruits and vegetables:

- Choose unblemished produce that is free of bruises.
- Be sure precut or prepackaged fruits and veggies are refrigerated or stored on ice.
- Keep your meat, fish and poultry bagged separately from your produce to avoid cross-contamination.

When storing them:

- Keep certain perishable produce (such as strawberries, mushrooms and lettuce) and any precut items in the refrigerator.
- Be sure your refrigerator is clean, and keep the temperature at or below 40 degrees.

When preparing them:

- Wash your hands with soap and water before you start chopping, slicing and dicing.
- Wash produce under running water just before you prepare it—even if you plan to peel it. You can use a produce brush to help scrub firm produce, such as melons.

YOUR HEART ON HERBS

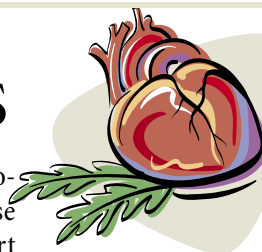
Know the risks

Some herbal supplements may help promote good health. But others can cause harm when mixed with certain heart disease medications.

Studies have found that many popular supplements can pose serious health risks when taken with heart disease drugs.

The use of herbal supplements can be especially dangerous for older people who have more than one health problem, take multiple medications or are already at increased risk for bleeding, according to the American College of Cardiology.

When mixed, the supplements can sometimes reduce the effectiveness or increase the potency of heart disease medications. This can lead to bleeding or a greater risk for an irregular heartbeat.



Examples of herbs that may harm include:

- St. John's wort—often used to treat depression, anxiety and

sleep disorders—can contribute to an irregular heartbeat, high blood pressure or high cholesterol levels when taken with heart disease drugs.

- Ginkgo—which supposedly improves circulation and sharpens the mind—can increase bleeding risk in those taking warfarin or aspirin.

- Garlic—which is often used to help lower blood pressure and cholesterol—can also increase the risk for bleeding in those taking warfarin.

To be on the safe side, talk to your doctor before you begin taking any herbal supplements.

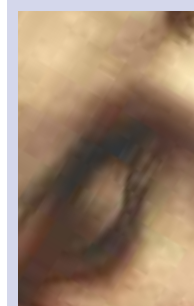
Journal Digest

SLEEP APNEA INCREASES RISK OF STROKE

Adults with obstructive sleep apnea—a common disorder that disrupts breathing during sleep—are much more likely to have a stroke than those who sleep more soundly.

To see if sleep apnea increases the risk for stroke, researchers with the Sleep Heart Health Study followed 5,422 men and women 40 and older for an average of about nine years.

The researchers found that for men



overall, having sleep apnea doubled the likelihood of stroke. The risk was tripled for men with moderate to severe sleep apnea. The risk among women was less striking—only those with severe

sleep apnea were at increased risk for stroke.

The increased risk of stroke from sleep apnea was independent of other risk factors, such as weight, high blood pressure, diabetes or smoking.

American Journal of Respiratory and Critical Care Medicine, Vol. 182, No. 2



DIET MAY AFFECT THE RISK FOR ALZHEIMER'S DISEASE

A study of older adults and their diets suggests that what you eat can make a difference in your risk for Alzheimer's disease.

The study looked at 2,148 people 65 and older who didn't have dementia. Researchers gathered information about their diets and then assessed them about every 1.5 years for an average of four years to check for the development of Alzheimer's.

During that time, 253 people were diagnosed with Alzheimer's. Those who didn't get the disease were much more likely than those who did to eat a lot of salad dressing; nuts; fish; tomatoes; poultry; fruits; cruciferous vegetables; and dark green, leafy vegetables. They also ate very small amounts of high-fat dairy products—such as butter—and red meats.

Archives of Neurology, Vol. 674, No. 6



GRANDMA'S CHEERING SECTION: Barbara Rincon of Fieldbrook (pictured with her grandchildren) received treatment for breast cancer at St. Joseph Hospital. Find out more about St. Joseph and Redwood Memorial hospitals' Cancer Program at www.redwoodmemorial.org.

BREAST CANCER YOUR FAMILY, YOUR RISK

WHEN BREAST CANCER affects your family—whether it's your aunt a thousand miles away or your mom two blocks down the street—it's natural for you to be worried about your loved one.

But part of you may also wonder how the diagnosis affects your health.

You probably know that having someone in the family with breast cancer means that your risk is higher too. In fact, having one first-degree relative (mother, sister or daughter) diagnosed with breast cancer may double your risk of getting the disease, according to the American Cancer Society (ACS).

Yet your overall risk still could be low. How can that be?

"We use the term 'strong family history' when we are considering who is at the highest risk," explains Debbie Saslow, PhD, director of breast and gynecologic cancers for the ACS. "It's a continuum. Having three relatives with breast cancer increases your risk more than having two. Having four relatives increases your risk more than three."

DEFINING FAMILY AND RISK Some families have harmful mutations of certain genes, such as the BRCA1

or BRCA2 genes, which are linked to significant increases in breast and ovarian cancer.

According to the National Cancer Institute (NCI) and Dr. Saslow, factors that could either put you in a high-risk category or signal that your family has one of these mutations include:

- Breast cancer in several close relatives on one side of your family—mother's or father's side—especially if diagnosed before age 50.
- A family history of ovarian cancer.
- Breast cancer in a male relative.
- A close relative who had cancer in both breasts.

Of course, not all family members may carry a harmful gene. And even if they do, that doesn't mean they're automatically going to get breast or ovarian cancer. Moreover, if they get cancer, it may or may not be caused by a mutated gene.

Still, despite all these caveats, the importance of family history can't be ignored.

About 12 percent of women in the U.S. develop breast cancer. But about 60 percent of women who inherit a harmful BRCA1 or BRCA2 gene get breast cancer, reports the NCI. These women are also more likely to develop cancer at an earlier age than women without the faulty gene.

TO TEST OR NOT TO TEST? Tests are available that can reveal whether someone has a mutation of the BRCA1 or BRCA2 gene.

However, genetic testing is not appropriate for every woman or man and remains a personal choice, Dr. Saslow

Options if you're at high risk

If your family tree plants you in a high-risk pool for breast or ovarian cancer, there are steps that may lower your risk. Your doctor may discuss:

Extra screening. This approach doesn't change the risk of getting cancer. But it may help find cancer early, when treatment is most likely to be successful. Some women at high risk for breast cancer are advised to start mammograms earlier and have them more often than women who are at average risk for the disease. Doctors also may recommend screening with magnetic resonance imaging (MRI) in addition to mammograms.

Prophylactic surgery. Some women decide to have their healthy breasts or healthy ovaries and fallopian tubes removed in the hopes of preventing breast or ovarian cancer. Although this significantly lowers the risk of developing these cancers, it doesn't eliminate it.

Chemoprevention. This involves taking prescription medicine to decrease the risk of getting breast cancer. Two drugs are available: tamoxifen and raloxifene. Both are for women deemed at high risk for breast cancer, and both drugs help lower the risk for the disease by about 50 percent.

Suggestions for everyone

Research suggests that healthy lifestyle choices can help prevent many cancers, including some breast and ovarian cancers.

According to the American Cancer Society, all women—regardless of their family history of cancer—should: ■ Not smoke. ■ Achieve, and stay at, a healthy weight throughout life. ■ Eat five or more servings of vegetables and fruits a day. ■ Choose whole grains over processed grains. ■ Limit the consumption of processed meats (such as lunch meats) and red meat. ■ Exercise at least 30 minutes a day, five days a week—more is even better.

says. Results can be emotionally hard to handle and can affect family relationships, finances and future medical decisions. Privacy and confidentiality also are concerns.

If you're a man or woman with relatives who have been diagnosed with breast or ovarian cancer, the best advice is to talk to your doctor about your personal cancer risks, Dr. Saslow says.

Having a harmful BRCA1 or BRCA2 gene increases the risk for several types of cancer, including pancreatic cancer, cervical cancer, testicular cancer and early-onset prostate cancer.

"Everyone should know his or her family medical history," she says. "And update that information from time to time. There could be a new diagnosis that your doctor doesn't know about. It could change your risk."

If you do fall into a high-risk category, you may want to see someone trained to understand genetics and its role in breast and other cancers, Dr. Saslow advises.

And if you're fortunate enough to not be considered at high risk for breast cancer, keep this important fact in mind: Roughly 85 percent of the people who get the disease don't have a family history of it, according to the ACS, which means you still need to be vigilant about screening.

"There are lots of people who think that because nobody in their family has breast cancer, they are not at risk," Dr. Saslow says. "That's just not true."

Visit the ACS website at www.cancer.org to learn more about breast cancer, genetic risks and screening tests.



LUNCH LINE: Kids collect their lunches at the Rio Dell Community Resource Center's Summer Lunch Program. The program is open to children up to age 18. Call 707-764-5239 for more information.



TAKE A PEEK: A group of boys at Rio Dell Community Resource Center's Summer Lunch Program check out what's on the menu.

A HEALTHY LUNCH

IT'S ALL IN THE BAG

PUTTING TOGETHER a school lunch is pretty easy. Putting together a school lunch that is nutritious and tasty and that your child will actually eat—not so simple.

Yet that midday meal is important for schoolkids. Eating a healthy lunch helps your child concentrate better in class and have more energy for sports. It also means your child is less likely to indulge in junk food after school, notes the American Dietetic Association (ADA).

STRATEGY FOR NUTRITION You'll want to plan a lunch that gives your child the nutrients needed for healthy growth and development. So try to include a choice from each of the five food groups: fruits, vegetables, protein, dairy and grains.

Eating a healthy lunch helps your child concentrate better in class and have more energy for sports.

Next, make a list of some lunch box-friendly foods your child likes in each category. Don't be afraid to try something different—if your child loves leftover pizza or enjoys cold cereal, those can be great starting points to build lunch around.

Make sure you have the proper gear too. An insulated lunch box, an ice pack and a thermos open up a whole new world of options, from hot soups to cold pasta salads.

MAKE IT FUN Once you have the basics taken care of, find ways to make those

lunches creative and tasty too. Here are some ideas:

- Offer new shapes and sizes of food, like star fruit or minimuffins. Cut sandwiches into fun shapes with cookie cutters.
- Make theme lunches—try all red food and utensils for Valentine's Day, or go green in honor of Earth Day.
- Add a special note to the lunch to let your child know you're thinking of him or her.

MORE OPTIONS Need more inspiration? Try these innovative lunchtime treats from the ADA:

- Make skewers with chunks of turkey, cheese, melon and cucumber. Serve them with whole-grain crackers and low-fat chocolate milk.
- Spread a cinnamon raisin bagel with peanut butter and banana slices. Pair it with some baby carrots and milk.
- Spread refried beans on a whole-grain tortilla and sprinkle it with cheese for a quick and easy burrito. Then toss in some salsa for dipping, along with fruit slices and milk.

How to cope with a picky eater

When your child is a picky eater, the dinner table may end up feeling like a tug-of-war. Here are some ways to handle the struggle.

- **Don't make a big deal about it.** To help keep meal-times relaxed, don't focus on the picky eating. For some kids, being choosy about their food is one way to exercise their independence. Trying to force them to eat certain foods will just make them dig in their heels even more.
- **Offer variety.** Have several nutritious options at each meal. That doesn't mean you have to be a short-order cook. But you could offer fruit and whole-grain rolls, for instance, alongside the entree so that your child has some wholesome choices.
- **Be persistent.** You may need to offer a new food on several occasions before your child will try it. And it may take a few more attempts before he or she really starts to like it. In the meantime, you can set a good example by letting your child see you enjoying those nutritious foods.
- **Plan a menu together.** And let your child help in the kitchen too—kids are more likely to eat a meal that they've helped plan and prepare.

Sources: American Academy of Pediatrics; American Dietetic Association

A PARENT'S GUIDE TO KIDS' EAR INFECTIONS

EAR INFECTIONS ARE PRETTY MUCH a rite of passage for kids. By age 3, nearly all children have had at least one middle ear infection (acute otitis media), according to the American Academy of Pediatrics (AAP).

Because ear infections are so common, it's best to know the signs your child may have one and how to treat it.

INNER WORKINGS Ear infections occur when fluid builds up in the middle ear and gets infected by either bacteria or a virus. This can happen when a child has a cold, allergies, or a nose or throat infection.

The infection can cause swelling and a great deal of pain. In infants, you may notice a lot of irritability and crying—especially during feeding, since sucking and swallowing create pressure changes in the ear that can be painful.

Children who have an ear infection may also: ● Pull at their ear. ● Lose their appetite. ● Have trouble sleeping. ● Have a fever. ● Have yellow or white fluid draining from their ear. ● Have difficulty hearing (usually a temporary problem that goes away when the fluid in the ear is gone). ● Have trouble with their balance.

TREATMENT OPTIONS About 80 percent of middle ear infections get better without antibiotic treatment, notes the AAP.

If your child doesn't have a high fever and doesn't seem too ill, your doctor may recommend watchful waiting for a few days. If your child's symptoms don't get better within two days, your doctor may decide to prescribe an antibiotic.

In the meantime, over-the-counter products, such as

acetaminophen or ibuprofen, can help relieve the pain. (Don't give your child aspirin, however. It may trigger a potentially dangerous condition called Reye's syndrome.)

See your child's doctor if: ● There is blood or pus coming from your child's ear. ● Your child seems very sick, can't sleep or won't eat. ● Symptoms don't improve within a few days. ● Your child has a fever higher than 102.5.

PREVENTION TIPS You can reduce your child's risk of getting an ear infection with these steps:

- Don't let your child be exposed to secondhand smoke.
- If possible, breastfeed your baby for the first year of his or her life.
- If you bottle-feed, keep your baby's head above his or her stomach level during feedings.
- Be sure your child is up-to-date on all immunizations.

AFTER A HEART ATTACK CHANGES FOR THE BETTER

YOU'VE SURVIVED A HEART ATTACK. And that's very good. Now it's time to get back on the road to a healthy life and to do all you can to avoid more heart problems.

"When I talk to someone who has had a heart attack, I tell him or her it is going to change everything," says Gina Lundberg, MD, a cardiologist and spokeswoman for the American Heart Association (AHA). "It changes your lifestyle. It changes how you feel about yourself and your relationships with others."

It's important to acknowledge this, she says, and to realize that these changes can pave the path to recovery.

CHANGES IN LIFESTYLE Lifestyle changes are crucial after a heart attack, according to the AHA. It highlights these ABCs of change:

- Avoid tobacco.
- Become more active.
- Choose good nutrition.

Quitting smoking is often the biggest challenge, says Dr. Lundberg. But don't let that struggle stall progress in other areas. If it's too difficult to quit smoking at this time, try to cut back on how much you smoke while focusing on changes that might be easier to make, such as adjustments to your diet and exercise habits.

CHANGES IN ROUTINE AND FEELINGS You can expect to be given several new medications after a heart attack. One may prevent blood clots. You may need another to lower cholesterol. You also may be given medicines to reduce the workload on your heart. It's crucial to take all medications as directed.

But the new routine of daily pills can exaggerate feelings of lost confidence in your body and health. It's one reason depression is so common after a heart attack.

Don't hesitate to let your doctor know if you feel



St. Joseph Hospital has a complete cardiac rehabilitation program. Read more at www.stjosepheureka.org.

depressed. It might help to talk with a counselor. You might also find valuable support in a cardiac rehabilitation program, Dr. Lundberg says.

CHANGES IN RELATIONSHIPS A heart attack can cause stress at home too—shaking up emotions and family roles. For instance, "It can be upsetting when a woman has a heart attack and her husband takes up her caretaking role," says Dr. Lundberg.

On the other hand, a man who's had a heart attack may

Rehab for a hurt heart

A heart attack can bring a number of changes to your life—changes that can seem overwhelming, especially if you're still coming to grips with the fact that you had a heart attack in the first place.

Enrolling in a cardiac rehabilitation program can help.

Cardiac rehab is a medically supervised program of recovery for people with serious heart problems, including those recovering from a heart attack. It wraps all the pieces of better heart health together into one package.

"I'm a strong advocate for cardiac rehab," says Gina Lundberg, MD, a cardiologist and spokeswoman for the American Heart Association (AHA). "It's really important after a heart attack or procedure."

Cardiac rehab usually includes: ■ A closely monitored physical activity program. ■ Educational sessions with nutritionists and other specialists. ■ Counseling and support to return you to a normal life.

Research has found that cardiac rehab can reduce the risk for future heart problems. It also can give you added confidence and independence at a crucial time in your life.

Ask your doctor if a cardiac rehab program is right for you. Many insurance plans, including Medicare, help pay for cardiac rehab.

begin resenting a wife who reminds him to take his pills and who monitors his diet. "A spouse can suddenly seem less of a helpmate and more of a nag," says Dr. Lundberg.

Try to remember that your partner is acting out of love, she suggests, and consider asking your doctor about family counseling.

RECOVERING A BETTER LIFE Working closely with your doctor to take these and other healthy steps can speed your return to a normal life. In fact, a recent study found that many people say their life is better one year after a heart attack than it was before, says Dr. Lundberg.

"They say it led them to a healthier way of living," she says. "It changed their priorities in a good way."

Additional sources: American College of Cardiology; National Heart, Lung, and Blood Institute

FREE HEALTH COACHING

RETIRED PHYSICIAN ASSISTANT Bob Cory has opened a free health coaching service in Eureka for community residents in need of additional help understanding their medical situation.

Cory, who spent 35 years as a physician assistant before retiring, will provide health coaching services such as reviewing clients' health records, lab work and medications; recommending questions clients should ask their health care providers; providing suggestions for healthy eating and exercise habits, and much more.

The health coaching services are free; however, Cory will accept donations for St. Joseph Hospital's radiation oncology department.

The idea to offer free health coaching services came to Cory after he experienced the other side of

health care—as a patient. Last spring Cory was diagnosed with a tumor on his vocal cord and underwent radiation treatment at St. Joseph Hospital. Today he is healthy and happy, and back to running regularly.

"As a patient for the first time in my life, I saw the other side of health care," Cory says. "Too many patients don't understand the basics, like which medications to take when and what to ask their primary care provider.

"My goal is to bridge the gap between patient and provider."

Cory has named his service Never Holler Ho health coaching, which is a personal motto meaning never give up. Cory said the phrase has carried him through his personal and professional life, and he hopes his clients will be inspired by the positive message.

For more information or to schedule an appointment with Cory, call the office at 707-496-3732. His office is located at 2505 Lucas St. in Eureka.



Bob Cory

Follow us online

Get a handle on your health in 2011 and follow us on Facebook and Twitter (search for "St. Joseph Health System—Humboldt County"). There you will find the latest information about health- and wellness-related programs and what's happening at our hospitals and through our community resource centers. Also check us out on the web at www.stjosepheureka.org or www.redwoodmemorial.org.



Join our team

We are always looking for committed professionals to join our team at St. Joseph and Redwood Memorial hospitals. There are always a number of excellent career opportunities waiting for the right candidate. If you are interested in a career at one of our hospitals, call human resources at 707-445-8121, ext. 7422. You can find a comprehensive list of available positions at www.stjosepheureka.org/careers.

Please accept our Gratitude



St. Joseph Hospital and Redwood Memorial Hospital are able to offer high-quality health care to our community because of your generosity and support. Thanks to you, our faithful donors, the possibilities are endless for health care in Humboldt County. Please accept our gratitude for your contribution, and join us in recognizing our many donors from Sept. 28 through Dec. 27, 2010.

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ST. JOSEPH HOSPITAL FOUNDATION

Hurry—get your 2011 tee time

Mark your calendars for the largest fundraiser of the year for St. Joseph Hospital! The seventh annual Golf Classic will take place on June 23 and 24 at Baywood Golf & Country Club in Arcata. Join us for an elegant dinner featuring live and silent auctions on Thursday, followed by a golf tournament on Friday. The Golf Classic sells out quickly each year so let us know if you're interested in attending the dinner event or the golf tournament.

This year's tournament will once again benefit the building of the new North-east Tower at St. Joseph Hospital. This new facility will modernize health care and create a state-of-the-art acute care hospital for our community.

A variety of sponsorship levels are available for individuals and businesses. For more information, call

707-269-4200 or visit www.stjosepheureka.org/



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ST. JOSEPH HOSPITAL FOUNDATION

Peter Cottontail and Friends are coming to town!

Get ready for a day of fun and games at the eighth annual Peter Cottontail and Friends Easter Celebration! The event will take place Saturday, April 9, from 1 to 4 p.m. at the Arcata Community Center.

Over the past seven years the event has raised nearly \$85,000 to benefit pediatric and neonatal intensive care unit services.

If you would like to buy tickets, volunteer or support the event, contact the St. Joseph Hospital Foundation office at 707-269-4200.



Kids helping kids: Become a junior sponsor!

Junior sponsors are children under the age of 18 who pledge to save at least \$25 for the Peter Cottontail and Friends Easter Celebration on Saturday, April 9. Last year, junior sponsors pledged to raise more than \$1,800 to support pediatric and neonatal intensive care unit services at St. Joseph Hospital.

Junior sponsor forms and piggy banks are available now. If you would like to volunteer or support this event, call the St. Joseph Hospital Foundation office at 707-269-4200.

REDWOOD MEMORIAL FOUNDATION



SHINING REMINDERS: Pictured are three of the special steel Loving Tree ornaments available.

See the Loving Tree at RMH

Redwood Memorial Hospital (RMH) in Fortuna is currently hosting the Loving Tree, a display that pays tribute to the memory of loved ones we have lost. The Loving Tree 2011 theme, "Enduring Love," provides community members, patients and their families an opportunity to remember their loved ones and to honor their memories while making a donation to the Redwood Memorial Foundation.

Designed and created by local artists Bruce and Lois Keller, the Loving Tree will be on display in the RMH lobby through March 7.

All proceeds from the purchase of Loving Tree ornaments will benefit areas of greatest need at Redwood Memorial Hospital. The Loving Tree celebration is presented by the Redwood Memorial Foundation outreach and special events committee. Visit us online at www.redwoodmemorial.org or phone 707-725-7270 for more information.

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In memory of Francesco Amato
Cathy Amato

In memory of Lydia Barrett
Shannon and Sage Dixon

In memory of Matalda Capoditerro
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In memory of Thomas Capoditerro
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REDWOOD MEMORIAL FOUNDATION

Having a ball

Tuxedoed men and luxuriously gowned women graced the River Lodge in Fortuna on Saturday, Nov. 6, for the 29th annual Redwood Memorial Hospital Benefit Ball. The black-tie event raised more than \$100,000 for Redwood Memorial—all thanks to incredible support from community residents, staff members, volunteers and physicians. More than \$17,000 was received in memory of longtime event chairwoman Gwynna Morris, who lost her battle with cancer in September.



GLITTER AND GLAMOUR: RMH volunteer Gail Sisson and Sr. Marie Jeannette Ansberry enjoy the 2010 Benefit Ball.

All proceeds will benefit Redwood Memorial's new digital mammography equipment, which was dedicated in honor of Morris in January. Thank you to everyone who attended this year's event!

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REDWOOD MEMORIAL FOUNDATION



I'LL DRINK TO THAT: VI restaurant owner Jenny Oaks and RMF board member Karen Pingitore enjoy special pink martinis during the luncheon.

Divas on Parade

The Redwood Memorial Foundation (RMF) hosted the Divas on Parade luncheon on Monday, Dec. 6, at VI restaurant in Ferndale. The event raised more than \$8,000 for the digital mammography unit at Redwood Memorial. More than 100 people attended the event, which featured a special pink martini fundraiser in addition to the fashion show. For every martini sold that day, the restaurant donated \$1 to the digital mammography unit, and they sold out.

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About St. Joseph Hospital's inpatient rehab unit

St. Joseph Hospital's inpatient rehabilitation unit provides patient-focused rehabilitation care for people who have had a debilitating injury or illness.

The goal of rehabilitation is to enable those who have experienced disabling conditions to achieve their fullest potential for recovery.

Learn more about how you can support our inpatient rehab unit at www.stjosepheureka.org, or call 707-269-4200.

ST. JOSEPH HOSPITAL INPATIENT REHABILITATION

WE NEED YOUR HELP

THE NATIONALLY RECOGNIZED inpatient rehabilitation unit at St. Joseph Hospital is looking for a new home, and we need your help. The unit's current home at the hospital's General Hospital campus does not meet seismic code, which will force the unit to close as early as 2013 if another facility is not constructed.

St. Joseph Hospital's rehabilitation program excels in an area that many rehabilitation units do not—returning patients to their homes instead of to a skilled nursing facility or care home. While the national average for rehabilitation units sending patients home is 74 percent, SJH's unit sends an average of 93 percent home. The unit also consistently ranks in the top 85th to 95th percentile out of more than 800 accredited rehab units nationwide in terms of improvement of function, length of stay and complexity of medical issues treated.

“Losing this valuable program could force our patients and their families to seek care out of the area in Santa Rosa, Medford or Redding,” says CEO Joe Mark. “This outstanding inpatient rehab unit is a vital resource for the entire North Coast and is something we need to work together to preserve.”

St. Joseph Hospital faces significant challenges in trying to save the rehab program. Construction of a new

To donate to the new inpatient rehab facility, call 707-269-4200.

14-bed rehab unit at St. Joseph Hospital is estimated to cost \$22 million, which would take a major donor or group of individual donors inspired to make a difference for Humboldt County.



PERIPHERAL ARTERIAL DISEASE

ACHY LEGS SPELL TROUBLE

WANT A LEG UP on preventing cardiovascular disease? Take a step toward understanding PAD.

You have PAD (peripheral arterial disease) if blockages build up mainly in the blood vessels that lead to your kidneys, stomach, arms or lower extremities. PAD occurs most often in the arteries in your legs, causing pain and discomfort when you walk.

PAD can lead to infections, gangrene and even amputation. But this condition is also worrisome because people with PAD are at high risk for: ● Coronary artery disease. ● Heart attacks. ● Strokes. ● Transient ischemic attacks (warning strokes).

However, there's a lot you can do to help prevent PAD. Lowering your risk begins with understanding the causes and risk factors of the disease.

WHAT CAUSES PAD? PAD usually begins when your blood vessels become damaged in some way. Your body deposits plaque (a combination of fat, cholesterol, calcium and other substances) over damaged areas in an effort to heal them.

But when plaque settles in your arteries, they can become narrowed or even blocked. This condition, called atherosclerosis, hinders healthy blood flow and can result in the formation of blood clots.

WHO'S AT RISK? Some of the factors that lead to PAD are out of your control. For instance, the longer you live, the greater your chances of getting PAD. About 1 out of 3 people 70 and older develop the disease. And having a family history of PAD, cardiovascular disease or stroke puts you at high risk of PAD too.

But some crucial risk factors for PAD can be changed.

For example, if you smoke, you're four times as likely to get PAD as a nonsmoker. You're also at increased risk if you have: ● High blood pressure. ● High cholesterol. ● Diabetes. ● Weight problems (obesity).

It's important to be aware of and work to correct your risk factors, because about 50 percent of people with PAD show no symptoms or signs of the disease. So if you're at high risk, your doctor may recommend a screening test for PAD, even if you don't have any symptoms.

Learn more about treatment options at the heart institute at www.stjosepheureka.org.

WHAT DOES PAD FEEL LIKE? If you have PAD, your legs might feel: ● Cramped. ● Fatigued. ● Heavy. ● Painful.

For some people with PAD, discomfort only occurs when they are walking or climbing stairs. If the pain stops after they stop, it's called intermittent claudication.

People with PAD may also have: ● Poorly healing wounds on their toes, feet or legs. ● Pale or bluish skin color. ● Poor nail growth on their toes.

HOW IS PAD TREATED? Most people with PAD can be treated with lifestyle changes, medicines or both. The goal is to lessen your symptoms and stop the disease from getting worse.

The best thing you can do to help keep PAD under control is to exercise. Walking is a good option. Your doctor may recommend specific leg exercises that can help too.

In addition, you may be advised to stop smoking and improve your diet. If you have diabetes or high blood pressure, you'll need to keep them under control.

If lifestyle changes and medications aren't enough, your doctor might suggest other treatments, such as surgery.

TALK TO THE EXPERTS If you think you have signs or symptoms of PAD, or if you're at high risk for developing it, speak to your doctor. He or she can diagnose the disease using a simple test performed in the office.

Sources: American Heart Association; National Institutes of Health

Surgical options for treating PAD

In many cases, lifestyle changes and medication can keep peripheral arterial disease (PAD) under control. But some people need further treatment, such as:

■ **Angioplasty.** This minimally invasive procedure involves placing a narrow flexible tube (catheter)

into your artery. A small balloon attached to the catheter is guided to the area where your artery is blocked, and the balloon is then expanded to push plaque aside and to widen the artery. In some cases, a small mesh tube (stent) is placed in the vessel to help keep it open.

■ **Bypass surgery.** A surgeon attaches one of your veins or an artificial tube to your artery, above

and below the blocked area. This allows blood to flow around the blockage.

■ **Endarterectomy.** A surgeon makes an incision in your leg and removes the plaque from the inner lining of your artery.

■ **Amputation.** In severe cases of PAD, and only as a last resort, a limb may be removed.

Source: Society for Vascular Surgery

ON THE ROAD TO SAFETY

Advice for older drivers

WHAT MAKES A BAD DRIVER?

There are lots of answers to that question, but "getting older" doesn't have to be one of them.

Although the risk of being involved in a motor vehicle accident does increase as you age, there are things you can do to help lower your risk.

STAY IN SHAPE The best thing you can do to stay in good driving shape is to take care of yourself.

As you age, your joints may get stiff and your muscles may weaken. This can make it harder to turn your head, turn the steering wheel quickly or brake safely.

But if you are physically active and exercise on a regular basis, you can improve your strength, flexibility and overall health.

It's also important to tell your doctor right away if you think that pain or stiffness is affecting your driving.

DRIVING TIPS Along with staying in good physical shape, there are several other things you can do to remain safe behind the wheel.

Your hearing and vision may change as you get older. You may notice that you have trouble seeing things clearly or find it harder to hear horns, sirens or noises from your own car. It's important to have your hearing and vision checked on a regular basis. Your doctor can tell you how often you should be tested.

To reduce your risk of an accident, you can also:

● Drive a vehicle with automatic transmission, power steering and brakes, and large mirrors.

● Cut back on night driving if you have trouble seeing in the dark.

● Try not to drive in bad weather.

● Steer clear of high-traffic areas when you can. Look for different routes that can help you avoid places where driving can be a problem.

● Pay attention to how medications may affect you. Don't drive if you feel light-headed or drowsy. Talk to your doctor about any medications you think may be affecting your driving.

● Cut down on distractions in your vehicle, such as listening to the radio or eating while driving.

By taking some steps to stay safe on the road, you can continue to enjoy driving as you get older.

Sources: Centers for Disease Control and Prevention; National Institute on Aging

Welcome, new providers

Over the past six months, St. Joseph and Redwood Memorial hospitals have had the pleasure of welcoming several new physicians to the medical staff. We proudly welcome the following physicians who are currently practicing in Humboldt County.



Alan Kremen, MD, general surgeon, comes to Humboldt County from Oroville Hospital, where he worked since 2004. Before that, he worked at San Leandro Hospital.

He attended Stanford University for his undergraduate studies and received his medical degree from the University of Minnesota in Minneapolis, as well as a residency in general surgery at the Mayo Clinic in Rochester, Minnesota.



Amber Sharp Heise, MD, pediatrician, comes to Humboldt County from El Paso, Texas, where she served as an assistant professor of pediatrics for Texas Tech

University Science Center. Before that, she worked as a pediatrician at Project Vida Health Center in El Paso.

Dr. Sharp Heise studied biology at the University of Utah in Salt Lake City before receiving her medical degree from Oregon Health Sciences University. She completed a residency in pediatrics at the University of Virginia.



Stephen Tann, MD, interventional cardiologist, completed his undergraduate studies at the University of Notre Dame and received his medical degree from Ohio

State University. He completed a residency at Vanderbilt Medical Center, followed by cardiology fellowships at the Medical University of South Carolina and Banner Good Samaritan Hospital in Phoenix.

Velisar Rill, MD, interventional cardiologist, received his medical degree from the Carol Davila University of Medicine and Pharmacy in Bucharest, Romania. He completed a residency in internal medicine at Albert Einstein College of Medicine in New York and a fellowship in cardiology at Columbia University College of Physicians and Surgeons and New York University School of Medicine. (Photo not available.)

Pay attention to neck pain

In slang, a pain in the neck is a minor annoyance, nothing to be taken seriously. But neck pain after an injury should be taken very seriously indeed.

In many cases, such pain is due to strained muscles or ligaments. But there's also the possibility of broken bones.

If a vertebra—one of the bones that make up the spinal column—is broken, it could injure the spinal cord and put you at risk for paralysis, warns the American Association of Neurological Surgeons.

You should see a doctor right away if you have neck pain after an injury—especially if it is accompanied by neck stiffness, pain or numbness in your arms or legs, headache, facial pain, or dizziness.

It's also important to know what not to do.

Don't try to move someone with severe neck pain—call 911 and wait for professional help. Moving the person could cause further injury. Unless the person is in danger—for example, in a burning car or unable to breathe because of vomiting



or bleeding—he or she should be kept still until paramedics arrive.

If you need to clear someone's airway, carefully roll the person to one side and keep the head, neck and back straight.

If the injured person is wearing a helmet—such as a football, bike, skateboard or ski helmet—don't remove it.

Additional sources: American Academy of Orthopaedic Surgeons; American College of Emergency Physicians



STATE-OF-THE-ART SINUS SURGERY: Greg Barkdull, MD, of Humboldt Medical Specialists—ENT, demonstrates the new Medtronic Fusion Equipment. The equipment is used for navigation during endoscopic sinus surgery.

Say goodbye to sinus symptoms

St. Joseph Hospital now offers endoscopic sinus surgery

St. Joseph Hospital (SJH) in Eureka recently acquired Medtronic Fusion equipment for surgical navigation during endoscopic sinus surgery. This technology has been in widespread use in other regions of the country for the past five years and has improved the safety and precision of surgery in and around the paranasal sinuses.

Otolaryngologists John Biteman, MD, and Greg Barkdull, MD, currently offer image-guided sinus surgery at SJH's Outpatient Surgery Center.

According to Dr. Barkdull, who joined Humboldt Medical Specialists—ENT (ear, nose and throat) in August, this technology is an important development that ensures our local community has access to the most up-to-date care. Dr. Barkdull was trained to use image guidance during his residency in San Diego and performed the first image-guided sinus surgeries in Humboldt County.

Sighting the sinuses The endoscopic sinus surgery equipment works by uploading a special sinus CT scan into the

navigational computer and correlating the images to the patient's anatomy. Then the surgeon's instruments can be tracked by the computer, and their precise position is displayed on the monitor with millimeter accuracy. This allows the surgeon to identify and treat small areas of disease and to proceed with confidence when working in close proximity to the eyes and brain.

The patients who may benefit from this technology are those with chronic sinusitis that has failed to respond to medical management and are considering sinus surgery to remove the diseased tissue and open the sinuses so they can drain properly.

"Not all patients who are having sinus surgery necessarily need to have image guidance," Dr. Barkdull says. "However, I have found it especially useful for [procedures] involving the frontal sinus, sphenoid sinus and for cases with polyps that obscure the usual landmarks."

For more information about image-guided sinus surgery at St. Joseph Hospital, contact the Humboldt Medical Specialists—ENT office at 707-822-2404.

Digital mammography is here!

Community members joined hospital staff, volunteers and physicians at an open house celebrating the arrival of digital mammography equipment at Redwood Memorial Hospital.

The open house took place on Tuesday, Jan. 11, and featured tours of the room that contains the new technology. The event also featured a dedication ceremony honoring Gwynna Morris, who chaired the Benefit Ball fundraiser supporting Redwood Memorial for nearly 30 years and recently lost her battle with

cancer. Proceeds from the 2010 Benefit Ball, which took place in November, went to help purchase the new digital mammography equipment.



THANKS FOR YOUR SUPPORT: Redwood Memorial Hospital COO Joe Rogers (left), poses with David Morris (center) and Redwood Memorial Foundation President John Egan.

YOUR BONES ARE like a building's foundation. They're the crucial underpinnings of your entire body. But just as time can cause a building's foundation to crack and erode, diseases can weaken your bones.

One such disease is osteoporosis. Without notice, it can sap strength from your bones, making them brittle and more likely to break.

Osteoporosis is a common disease, but there are things you can do to help prevent it. And if you already have it, there are treatments to slow or even stop its progression.

WHEN BONES WEAKEN Osteoporosis literally means porous bone. It occurs when bone mass is lost over time.

Normally, the body creates new bone tissue to replace old bone as it wears out. But for most people, by about age 35 the body isn't able to make enough new bone to replace all of the bone that's lost. Bones very gradually get thinner and weaker.

While osteoporosis can strike anyone at any age, it is more common among women and older adults. In fact, women are five times more likely than men to get osteoporosis, according to the U.S. Food and Drug Administration Office of Women's Health.

There are a couple of reasons for this. First, compared with men, women typically have less bone tissue to begin with. Also, because of hormonal changes that take place around menopause, women lose bone mass faster than men as they age.

Exercise can help you keep your bones strong and healthy. Our STRONG classes can help. To learn more, go to www.redwoodmemorial.org.

Others at increased risk for the disease include people who:

- Have a family history of osteoporosis.
- Have a thin, small frame.
- Have an eating disorder, such as anorexia nervosa.
- Eat a diet low in calcium and vitamin D.
- Are not physically active.
- Smoke.
- Are longtime users of certain medications, including



Normal vertebrae



Vertebrae with mild osteoporosis



Vertebrae with severe osteoporosis

Coffey infographic with information from the American Academy of Orthopaedic Surgeons



BONE UP ON OSTEOPOROSIS

some that treat hormone problems, seizures, asthma, arthritis or cancer.

CHECKING BONE HEALTH Most of the time, there are no signs that osteoporosis is developing. A person may become aware of the disease only after a fall results in a broken bone.

But even if there are no telltale symptoms, your doctor can determine your bone health with a bone mineral density (BMD) test.

The best BMD screening test, experts say, is a dual energy x-ray absorptiometry (DXA) test. It uses low-level radiation, similar to an x-ray, and it measures BMD at the hip and spine. The test is quick and painless.

TAKING CARE OF YOUR BONES If tests show you have osteoporosis—or if you're considered at risk for it—your doctor is likely to recommend a healthy diet that includes adequate amounts of vitamin D and calcium, along with exercise, especially weight-bearing exercise, such as walking.

In addition, there are a number of medications that can help prevent or slow the progression of the disease.

Ask your doctor which bone-building strategies are right for you.

Build better, stronger bones

To help prevent osteoporosis as you get older, it helps to start young. In fact, forming good eating, exercise and other lifestyle habits in childhood can set the stage for healthy bones throughout life.

Girls acquire up to 90 percent of their peak bone mass by their 18th birthday, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases. The same is true for boys by their 20th birthday.

But no matter what your age, there are things you can do to nurture strong, long-lasting bones.

Start with a healthy diet. Be sure you're getting the recommended daily amounts of calcium and vitamin D, two powerful bone-building nutrients. Your doctor can tell you how much you need of both.

For calcium, consider low-fat or nonfat milk and other dairy products; fortified cereals and juices; and dark green, leafy vegetables. Good sources of vitamin D include canned tuna and salmon; fortified milk, juice and cereal; and exposure to small amounts of sunlight.

Lots of physical activity is also good, especially exercises where the body works against gravity. Examples include walking, hiking, racquet sports, and anything that involves running and jumping.

CHECK UP ON YOUR HEALTH

DON'T LET ILLNESS sneak up on you. Paying attention to your health, even when you feel fine, can make staying well easier in the long term.

Regular screening tests and checkups with a doctor are good ways to take control of your health. These exams can make it easier to spot problems early, when treatment is often more effective. They might even prevent a problem from developing in the first place.

Before your checkup, you should review your family medical history. Your doctor will want to know if close relatives had health conditions such as heart trouble, stroke, diabetes or cancer.

Also, tell your doctor about any changes in your own health. That includes new lumps, skin changes, pain, dizziness, sleep problems, or changes in eating, bowel or urinary habits.

Your doctor can then recommend which preventive health services and screenings you should have and when you should have them.

WHICH SCREENINGS ARE FOR YOU? Some of the screenings that your doctor might recommend could include tests for:

- **Cholesterol.** This is a blood test recommended for most men starting at age 35 and most women starting at age 45. High cholesterol is a major risk factor for heart disease.
- **Blood pressure.** Have this checked at least once every two years. High blood pressure increases risks of heart and kidney disease and stroke.
- **Diabetes.** If you have high blood pressure or high

cholesterol, you should get screened for diabetes.

● **Colorectal cancer.** Most adults should have their first exam at age 50. Ask your doctor which of several available tests are right for you.

Women should also consider screening tests for breast cancer, cervical cancer and osteoporosis. Mammograms are usually recommended every one or two years starting at age 40. Pap smears are often done every one to three years after becoming sexually active or upon reaching age 21. A bone density scan should be done at least once beginning at age 65.

Men should talk to their doctor about the risks and benefits of prostate cancer screening. Also, it's recommended that men who have smoked 100 or more cigarettes during their lifetime have an abdominal aortic aneurysm test between ages 65 and 75.

To find out which screenings are recommended for you, make an appointment to see your doctor.

Source: Agency for Healthcare Research and Quality

COLORECTAL CANCER DEBUNKING 5 COMMON MYTHS

A COLONOSCOPY IS ONE OF the best tests for the early detection of colorectal cancer, which kills more than 50,000 people in the U.S. each year.

But myths about the test and the cancer abound, keeping people from getting screened on time.

Here are the facts about five common colorectal cancer misconceptions:

Myth Colorectal cancer can't be prevented.

Fact In many cases, it can be prevented. Colorectal cancer almost always starts with a small, pre-cancerous growth called a polyp. Polyps can be found only with certain tests, such as a colonoscopy or a flexible sigmoidoscopy. If the polyp is found early, doctors can remove it before it develops into cancer.

Researchers also have found that a healthy lifestyle lowers the risk of colorectal cancer. These precautions include: ● Getting to and staying at a healthy weight. ● Being physically active. ● Avoiding alcohol. ● Eating a diet with lots of fruits, vegetables and whole grains. ● Eating only small amounts of red or processed meat.

Myth Colorectal cancer is always deadly.

Fact More than 90 percent of people whose colorectal cancers are found early can be treated and cured, reports the American Society for Gastrointestinal Endoscopy. But many people wait to see a doctor until they have symptoms of the disease. Often, that means the cancer has already spread. Survival rates are lower if colorectal cancer isn't found early.

Myth Colorectal cancer affects mostly white men.

Fact It's an equal-opportunity disease—it affects men and women of all races. The most important risk factor, however, is age. More than 90 percent of colorectal cancer cases are in people 50 and older, according to the American Cancer Society (ACS).



Always check out these symptoms

Many people with colorectal cancer have no symptoms at all, especially during the early stages of the disease. That's why regular screening is crucial: It can find the cancer before it spreads.

Nevertheless, if you notice any of these possible symptoms of colorectal cancer, you should see

your doctor right away:

- A change in bowel habits, such as constipation or diarrhea.
- Rectal bleeding, dark stools or blood in the stools.
- Stools that look narrower or thinner than normal.
- Discomfort in the abdomen, including frequent gas pains, bloating, fullness and cramps.
- Weight loss with no known reason.

■ Weakness and fatigue.

■ Unexplained anemia.

Although these could be signs of colorectal cancer, many other conditions can cause these symptoms too, including infections, hemorrhoids and inflammatory bowel disease.

In any case, it's important to see your doctor for prompt diagnosis and treatment.

Source: American Cancer Society

Myth If you eat well, exercise and feel fine, screening isn't important.

Fact Screening is for everyone. Colon cancer is a silent killer. Often it doesn't produce symptoms until the cancer has spread. And while diet and exercise lower your risk, they aren't a guarantee against the disease. Screening is recommended even for people without symptoms or risk factors. The ACS recommends that most people be screened for colorectal cancer starting at age 50. Some people who are at particularly high risk for the disease may need to start screening at an earlier age.

Myth Colonoscopy is painful and expensive.

Fact Colonoscopies aren't painful. In fact, most people don't remember them because they're given medicine to sleep through the exam, which is always done in a very private setting. Also, many insurance policies cover the cost of screening for people 50 and older. Medicare covers the test too.

So talk with your doctor about when you should be screened for colorectal cancer. This is one test that could save your life.



GENEROUS GASTROENTEROLOGIST: Kusum Stokes, MD, is among a handful of local physicians who are working with St. Joseph and Redwood Memorial Hospitals to donate free colonoscopies for the drawing with the American Cancer Society in March.

WIN A FREE COLONOSCOPY

ACS and local hospitals team up to offer free cancer screenings

ONCE AGAIN the American Cancer Society (ACS) is teaming up with St. Joseph and Redwood Memorial hospitals and local physicians to sponsor a drawing for free colonoscopies. This is the third year the drawing for free screenings has been offered as part of an effort to increase awareness about the importance of colon cancer screenings.

The ACS will accept entries for the drawings throughout March, which is recognized as Colorectal Cancer Awareness Month. The goal is to provide this necessary procedure for uninsured and underinsured members of the community and to help raise awareness about the disease. Last year more than 300 entries were received.

"We recommend every person over the age of 50 get

a colonoscopy to help catch colorectal cancer as early as possible," says Kusum Stokes, MD, a gastroenterologist in Eureka.

For more information, call the ACS at 707-442-1436, option 3.

The five-year survival rate for colorectal cancer is 90 percent when the disease is caught in its early stages.

Entries will be accepted from March 1 through noon on March 31, when the drawing will take place. Each person whose name is drawn will have the opportunity to get a free colonoscopy at one of the local hospitals. To enter the drawing, call the ACS at 707-442-1436, option 3.

Look us up at www.stjosepheureka.org or www.redwoodmemorial.org.

CALENDAR

For a complete listing of classes, please visit our website at www.stjosepheureka.org or www.redwoodmemorial.org.



HEALTH AND WELLNESS

Kris Kelly Health Information Center (KKHIC)

Open Monday through Thursday, noon to 4 p.m., St. Joseph Hospital, Evergreen Lodge
The KKHIC is designed to help people make informed decisions about their lifestyles and health care and to reduce the uncertainty about diagnosis and treatment. Staff members are available to help with searches if needed. For more information, visit www.kkhic.org.

Mobile Medical Office

The Mobile Medical Office provides comprehensive outpatient primary care services to rural teens; rural, low-income communities; and the homeless. Located at the St. Vincent dining facility. Call 707-443-1186 for dates and times.

SUPPORT

Mended Hearts
Second Wednesday of the month, 7 p.m., St. Joseph Hospital, Conference Room 1
Call Stan at 707-443-2529.

Stroke Support Group
First Monday of the month, 10 to 11 a.m., General Hospital campus, Conference Room (second floor)
For more information, call Susan Brayton at 707-445-8121, ext. 5655.

Diabetes Support, Eureka
First Wednesday of the month, 6:30 to 8 p.m., General Hospital campus, Burre Room
Get support each month with up-to-date information and guest speakers who help people with diabetes manage their disease. Free.

Lactation Assistance Program (LAP)
Mondays, 2 to 6 p.m., Eureka
Call 707-618-9536 (pager).
Tuesdays and Thursdays, 9:30 a.m. to 1:30 p.m., Fortuna
Call 707-725-7323.

Appointments encouraged. This program provide hands-on assistance, education and support to moms and babies who need extra help with breastfeeding, regardless of where you delivered.

Parent to Parent Autism Network
Second Wednesday of each month, 6:30 to 8 p.m., St. Joseph Hospital,

Conference Room 1.
A support group for families and caregivers raising and caring for children and adults with autism. Free. All are invited. Call Pam at 707-845-6115.

EXERCISE

STRONG and Better Balance Classes
These free classes are for people age 50 and older. Classes cover strength training, flexibility and balance and are available throughout the county. For more information, call 707-442-3763.

RESOURCE CENTER

St. Joseph Health System-Humboldt County has resource centers in Blue Lake, Eureka, Loleta, Rio Dell and Willow Creek. They offer a variety of assistance—including prescription assistance programs, Healthy Families, MediCal, AIM, health care referrals, hygiene supplies and more—to all members of our community. To find out which services are available at a center near you, call 707-442-5239.

CHILDBIRTH CLASSES AT SJH

Call 707-269-3605 to register. For a complete list of classes, visit our website, www.stjosepheureka.org. Llame al 707-441-4477 o 707-441-4476 para obtener información acerca de nuestras clases en español.

Hospital Orientation
Second Tuesday of each month, 6 to 7:30 p.m.

Fourth Sunday of each month, 3 to 4:30 p.m.
An in-depth look at the Childbirth Center at St. Joseph Hospital.

Parents Night
Second, Third and Fourth Thursday of each month, 6 to 8 p.m.

Join other parents and expecting parents for a series of classes sharing educational information and problem solving.

Basic Infant/Child Life Support and Child Safety

First Thursday of each month, 6 to 8 p.m.
This class teaches the principles of infant and child resuscitation, plus common-sense child safety.

Prepared Childbirth
Sundays, April 3 to May 8, 5 to 7 p.m.
Mondays, March 21

to April 25, 6:30 to 8:30 p.m.
This six-week course is designed to prepare expectant families for the emotional and physical aspects of childbirth.
Mother to Mother Support Circle
Tuesdays, 10 to 11:30 a.m.
Chat and socialize with other moms and their babies.

CHILDBIRTH CLASSES AT RMH

Call 707-725-7322 to register.
Las clases acerca de la educación prenatal están disponibles en español también. Llame al 707-441-4477 o 707-441-4476 para obtener más información.

Childbirth Refresher Class
Please call for class times.

If you have had prenatal classes within the past five years, you may wish to take a refresher class only.

Prepared Childbirth
Third Saturday of each month, 10 a.m. to 4 p.m.
Includes information about labor and delivery, relaxation, breathing techniques, medication and anesthesia, and cesarean births.

CONTACT US

St. Joseph Hospital 707-445-8121
Redwood Memorial Hospital 707-725-3361
Community Resource Centers
(Eureka, Fortuna, Willow Creek, Blue Lake, Rio Dell and Loleta) 707-442-5239
Heart Institute
(Information line) 707-269-3770
Cancer Program 707-269-4242
The Surgery Center 707-444-3882

For more about our services, classes and events, visit us online at www.stjosepheureka.org or www.redwoodmemorial.org.
For questions and comments about Health Scene, please call 707-269-4264 or e-mail laurie.watson-stone@stjoe.org.

Our Vision and Values

Our Vision: We bring people together to provide compassionate care, promote health improvement and create healthy communities. We demonstrate this through our four core Values: Dignity, Excellence, Service, and Justice.

Dignity
We respect each person as an inherently valuable member of the human community and as a unique expression of life.

Service
We bring together people who recognize that every interaction is a unique opportunity to serve one another, the community, and society.

Excellence
We foster personal and professional development, accountability, innovation, teamwork, and commitment to quality.

Justice
We advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

HEALTH SCENE is published as a community service for the friends and patrons of ST. JOSEPH HEALTH SYSTEM-HUMBOLDT COUNTY (SJHS-HC), 2700 Dolbeer St., Eureka, CA 95501-4799, telephone 707-445-8121, www.stjosepheureka.org, www.redwoodmemorial.org.

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Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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HEALTH SCENE

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