Is your heart healthy? How to find out

Without a trace
Single-site gallbladder surgery leaves virtually no scar
For more information about the gala, scheduled for Feb. 21, 2014, at the Southeastern Agricultural Center in Lumberton, call 910-671-5583 or email foundation@southeasternhealth.org.

The Southeastern Health Foundation gala planning committee gathered recently to plan next year’s event, proceeds of which will be used for a serenity/therapeutic garden for exercise and reflection by short-term rehabilitation patients of Gibson Cancer Center and WoodHaven Nursing, Alzheimer’s and Rehabilitation Center and their family members.

For more information about the gala, scheduled for Feb. 21, 2014, at the Southeastern Agricultural Center in Lumberton, call 910-671-5583 or email foundation@southeasternhealth.org.

Pictured before the planning meeting are, front row, from left: Fordham Britt and Cyndy Inman; second row, from left: Paula Lowery, Paru Patel, Amy Campbell, Gala Co-Chair Bunny Barker, Demetrius Hunt, Maureen Thompson, Betty Robinson, Jayne Huggins, and Faye Catoe; third row, from left: Kellie Blue, Carole Lewis, Norris Grantham, Stacey Walters, Glenda Ryan, Mary Anne Rust, Heather Walters, and Lillian Koonce; fourth row, from left: Allison Harrington, Barbara Walters, Carolyn Watson, and Suzanne Malloy; and back row, from left: Von Johnson, Betsy Lee, Jonnie Nance, Thomas Ard, JoAnne Branch, Mira Kenney, and Melissa Herndon. Not pictured is Gala Co-Chair Claudia Villani.
inside this issue

4

A hospital to keep you healthy. Southeastern Health is leading the way toward a focus on preventive care.

7

We’re healing hearts. Cardiopulmonary rehabilitation can help your heart grow strong—and let you live the life you love.

8

Ow, is that my heart? Get the facts on chest pain, its causes and what you should do about it.

What should I eat to stay healthy? Find answers on page 12.

HEALTHWISE is published quarterly as a community service for the friends of SOUTHEASTERN HEALTH, 300 W. 27th St., Lumberton, NC 28358, telephone 910-671-5000, www.southeasternhealth.org

SOUTHEASTERN HEALTH
President and Chief Executive Officer
Joann Anderson, MSN, FACHE
Coordinator of Public Relations
Amanda L. Crabtree
2014 Southeastern Health Board of Trustees
Officers
Michael T. “Bo” Stone, Chair
Jerry L. Johnson, Vice Chair/Secretary
Trustees: • Kenny Biggs • Chancellor Kyle Carter • Faye C. Caton • Larry Chavis • Danny Cook • Dennis Hempstead • Randall Jones • Wayland Lennon • Alphonzo McRae Jr. • John C. Rozier Jr., MD • Jan Spell • Joseph R. Thompson • Michael P. Walters • W.C. Washington

Ex officio
Joann Anderson, MSN, FACHE, ex officio, President and CEO
Dr. Joseph Roberts, ex officio, Immediate Past President, Medical Staff
Dr. Dennis Stuart, ex officio, Chair, Network Operating Council
Coble D. Wilson Jr., ex officio, Chair, Southeastern Health Foundation

Medical Staff Officers
Barry E. Williamson, MD, President
Terry S. Lowry, MD, President-Elect
Joseph E. Roberts, MD, Immediate Past President
Richard Johnson, MD, Chairman, Department of Medicine
David Allen Jr., MD, Chairman, Department of Surgery

Member: American Hospital Association; NCHA; Coastal Carolinas Health Alliance; Premier, Inc.; The Advisory Board Company

Accredited by: The Joint Commission

Please address all letters to:
Southeastern Health
P.O. Box 1408
Lumberton, NC 28359

Information in HEALTHWISE 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. Models may be used in photos and illustrations.

Copyright © 2014 Coffey Communications, Inc. HSM29957

www.southeasternhealth.org • Healthwise

When you need special care
You can view our online Medical Staff Directory at www.southeasternhealth.org. Click on Find a Physician.
Health care is changing—Southeastern Health is leading.

Imagine a child in the future being told, “Once upon a time, a hospital was a place you’d go when you were sick.”

It seems far-fetched now, perhaps, but that’s how people may one day talk about hospitals. Though hospitals will always have a role in caring for people who are ill or injured, much of their focus will shift to promoting health and keeping people well. In fact, it’s happening already.

That’s due, in part, to changes in the health care system brought about by the Affordable Care Act. And in many ways, it’s a good thing. But it’s creating challenges too. For example, hospitals may now be penalized financially if some recently discharged patients are readmitted too soon.

This could have a dramatic impact—especially in these times of budget tightening. Some hospitals may not be prepared for these and other changes that lie ahead. But Southeastern Health (SeHealth) is ready.

“SeHealth is built on a firm foundation,” says Joann Anderson, president and chief executive officer of SeHealth. “We are stable as an organization, and we have a definitive plan for how we’re going to meet the challenges of the future.”

Looking forward

In big ways and small, SeHealth is strengthening the health care community to meet the needs of the residents within its service area. How? Through collaboration with local organizations, improved service and cost containment.

Here are five ways SeHealth is fulfilling its vision for a healthier future:

1. **Emphasizing prevention.** If you can stop a medical problem before it starts, you can keep people healthy and out of the hospital. Exercise and good nutrition are key. That’s why SeHealth is teaching area children the importance of eating well through Project H.E.A.L.T.H.

SeHealth has also partnered with local high schools to provide them with athletic trainers to support student athletes. And SeHealth is promoting fun and fitness in the community by helping schools develop walking trails and sponsoring events featuring physical activity, like the Rumba on the Lumber.

2. **Creating medical homes.** A primary care doctor gives you a place to turn for health care other than the expensive emergency department. When that doctor is part of a medical home, as SeHealth’s physicians are, you have the added advantage of care that’s tailored to your needs.

“The provider looks at the patient with a holistic approach,” says Teresa Barnes, vice president of Acute Care Services.

That means the doctor not only prescribes antibiotics when you have a bacterial infection, but he or she will also let you know when it’s time for a colonoscopy. “They’re managing that whole flood of things that need to occur on the prevention and wellness side—something we’ve really not focused on in the past,” says Barnes.
Our mission is to be a catalyst for improving the health of our community.

Did you know?
Southeastern Health (SeHealth) is collaborating with a variety of groups to bring healthful change to the people of Robeson County. For example, SeHealth has:

✓ Partnered with Campbell University in training the next generation of physicians to provide critical care to people in the area.
✓ Lent its information technology expertise to help local independent physicians set up electronic medical records technology in their offices—a benefit to doctors and patients alike.
✓ Created the Healthy Robeson A to Z Program, which brings education on nutrition, exercise and substance abuse treatment to area organizations—helping to transform people’s lives. At Lowe’s Home Improvement, for example, 47 employees took a Walktober challenge as part of the program, logging their steps taken during October. The winner took 223,655 steps, or more than 111 miles.
✓ Partnered with First Baptist Homes in Lumberton to build an on-site meditative walking trail. This faith-based initiative allows residents to be active while reflecting on inspirational Bible verses placed along the trail.

Lending a hand to discharged patients. These days, insurers may limit hospital stays. As a result, many patients leave with their condition stabilized but not fully healed. They’ll need to care for themselves at home. And for some, that’s difficult.

To assist them, SeHealth has created transition teams. Made up of medical professionals, they meet with patients needing some extra attention while they’re still in the hospital and then maintain a relationship for at least 30 days. They help patients stay on top of their care by identifying—and correcting—potential problems before they turn into bigger issues.

Bringing health care providers together. Doctors’ offices, long-term care facilities, home health agencies—like SeHealth, they all have a role in caring for the community. It’s clear there’s better care for everyone when all work together. So SeHealth is working to share information, improve communication and find the best ways to do things.

A good example of that is the software package recently purchased for patient education. It’s offered communitywide, including to providers unaffiliated with SeHealth. It helps ensure that when different providers communicate with patients, everyone is using the same language—so a clear and consistent message is conveyed.

“Our mission is to be a catalyst for improving the health of our community. That means we have to open the doors a lot of times,” says Anderson. “It’s about getting the right people to the table and having the right conversations.”

Innovating. Imagine coming home from the hospital after being treated for heart failure and not being sure how to take your medicines or what symptoms should lead you to call your doctor. Nationwide, it happens a lot. Too often, heart failure patients discharged from hospitals need to be readmitted soon after their first hospital stay.

Thanks to the Paramedic Partners Program, discharged heart failure patients in Lumberton don’t have to wonder what to do. This free, voluntary program is the collaborative effort of SeHealth, Lumberton Rescue and EMS. It brings paramedics to the homes of heart failure patients within 24 hours of their hospital discharge. The paramedics make sure patients understand their condition, have the right medications and are living in a safe environment. It’s a unique way for like-minded organizations to jointly address community needs.

All together
These are just a few ways SeHealth is preparing for the future—and making the most of the present.

SeHealth will continue to partner with you and others to ensure it’s here for the long run, making your life better. After all, “better health starting with you” is SeHealth’s tagline. And it’s something the organization takes seriously.

“We want to live it and breathe it every day,” says Anderson. “And we want everybody in our community helping us to meet that vision.”

“...”

—Joann Anderson, president and chief executive officer, Southeastern Health

www.southeasternhealth.org • Healthwise 5
GALLBLADDER DISEASE affects 10 to 15 percent of adults in the United States and Europe. According to the American College of Surgeons, surgery is the recommended treatment for gallbladder pain from gallstones and nonfunctioning gallbladders.

More than 1 million people in the U.S. have their gallbladder removed each year. Most people who require gallbladder removal are candidates for robotic-assisted, single-incision surgery.

Precision technology
The surgical team at Southeastern Regional Medical Center (SRMC) in Lumberton, a part of Southeastern Health, is proud to provide patients with the most minimally invasive surgical options, including single-incision gallbladder removal using the da Vinci Surgical System®. During a da Vinci Single-Site™ cholecystectomy, a patient’s gallbladder is removed through one tiny (about 1 inch) incision in the belly button, making the procedure virtually scarless.

The U.S. Food and Drug Administration cleared the specialized single-site instruments for use with the da Vinci in December 2011. Since introducing the technology at SRMC, Eric Velazquez, MD, of Southeastern Surgical Center, has performed more than 10 gallbladder removals.

“Neither robotic-assisted surgery nor single-incision surgery is new, but combining the two to remove the gallbladder requires additional training and special equipment,” says Dr. Velazquez. “To offer this technically advanced surgery demonstrates SRMC’s leadership in providing patients with the most minimally invasive surgical options.”

Dr. Velazquez is one of a group of surgeons across the country who have received specialized training to perform the surgery.

“Single-site instruments used with the da Vinci Surgical System are the next step in the evolution of surgical technologies,” Dr. Velazquez says. “We are truly excited to be a leader today in the surgical treatment of tomorrow.”

Benefits of single-site surgery
Potential benefits of single-site gallbladder surgery may include virtually scarless surgery, minimal pain, low blood loss, fast recovery, a short hospital stay and high patient satisfaction.

During the procedure, the surgeon sits comfortably at a console, viewing a 3-D, high-definition image of the patient’s anatomy. The surgeon uses controls below the viewer to move the instrument arms and camera. In real time, the system translates the surgeon’s hand, wrist and finger movements into more precise movements of the miniaturized instruments working on the patient.

Unlike traditional robotic surgeries, which require three to five small incisions, this technology allows for a single incision in the belly button, through which instruments are placed and the diseased gallbladder is removed.

All surgery presents risk, including da Vinci surgery. Serious complications may occur in any surgery, up to and including death. Potential risks include conversion to other surgical techniques and multiple incisions. Other risks include injury to tissues and organs. Risks specific to gallbladder surgery, including surgery with da Vinci, include pancreatitis (inflammation of the pancreas), urinary retention and hernia (bulging tissue) at the incision site.

Beyond the gallbladder
SRMC offers various types of robotic-assisted surgeries. In addition to gallbladder removal, SRMC surgeons perform robotic-assisted surgery in gynecology and urology. SRMC also offers a wide range of minimally invasive conventional laparoscopic surgeries.
BY ASH WALKER, MA, ACSM-RCEP, ACSM-CES, EXERCISE IS MEDICINE® CREDENTIAL LEVEL III

HAVEN’T YOU or a loved one ever had the misfortune to experience a heart problem? Imagine if there was a prescription your health care provider could write that’s proven to better heart health, reduce the chance of future hospitalizations and improve the chance of survival. It sounds too good to be true. However, the lifesaving truth is that this prescription does exist—cardiopulmonary rehabilitation.

Changing lives, healing hearts
Cardiopulmonary rehabilitation is a valuable standard of care all cardiac patients should receive. These programs are based on the latest scientific evidence and help participants make lifestyle changes to reduce the chance of future heart problems. Each participant receives an individualized treatment plan that addresses the areas of exercise, nutrition, heart disease risk factors, and stress management/relaxation techniques. Making lifestyle changes in these areas is crucial to reduce the progression of heart disease. The good news is the cardiopulmonary rehabilitation experts at Southeastern Health (SeHealth) are willing and ready to help!

Participants simply do not know about all the positive benefits of completing cardiopulmonary rehabilitation. It can benefit many patients, including those recovering from coronary artery bypass surgery, coronary stent placement and heart attack. Ask your health care provider if cardiopulmonary rehabilitation is right for you. A referral does not have to come from a cardiologist.

The team approach
The SeHealth Cardiopulmonary Rehabilitation Team is composed of physicians, registered nurses and exercise professionals. They possess over 85 years of total combined experience in this area. The team works collectively with you and your health care provider to help improve your heart health and reduce your risk for future heart problems.

Participants attend three exercise sessions per week for a total of 36 sessions. Progress reports are sent to referring providers to keep them updated on participant performance. Most insurance plans cover the benefit of cardiopulmonary rehabilitation. Your insurance plan will be verified for coverage before you begin the program.

If you have experienced a heart problem, I again encourage you to discuss cardiopulmonary rehabilitation with your health care provider. It could be one of the best investments you ever make in your heart health. If you have questions about SeHealth’s Cardiopulmonary Rehabilitation Program, please call 910-738-5403. We will be glad to speak with you and answer your questions.
Is there a cure for heartache?
Angina is a heart condition that needs treatment

IT’S MONDAY MORNING, and you’re running late for work. You grab your coat, your phone...and suddenly grab your chest in pain.

Am I having a heart attack?
You lean against the door for a few minutes, wondering what to do. The pain goes away.

What was that?
That may have been angina, a discomforting signal that part of your heart muscle was temporarily fighting for more blood and oxygen.

Angina isn’t a heart attack. But it is a symptom of a heart problem that deserves your—and your doctor’s—attention.

Why it hurts
There are two major types of angina: stable and unstable.

Stable angina is the result of a gradual buildup of plaque in a coronary artery. Over time the damaged artery narrows, restricting the flow of blood to the heart. Pain occurs when the heart—pushed to work harder by physical activity or emotional upset—can’t get the oxygen-rich blood it needs.

After a few episodes, people with this kind of angina can predict when it’s likely to occur. Stable angina doesn’t harm the heart muscle. And, although the pain can be disturbing, it’s usually manageable and typically not the precursor to a heart attack.

Symptoms of stable angina usually last less than five minutes and go away with rest or after taking medicine. They can include:

➜ Pain, pressure or tightness in the chest.
➜ A heavy, crushing feeling in the chest, neck, throat, jaw, shoulder and arm.
➜ Shortness of breath.
➜ Nausea, anxiety and dizziness.

Unstable angina has similar symptoms, but they may be more severe. That’s because plaque has suddenly ruptured, completely blocking blood flow. Although unstable angina isn’t a heart attack, if left untreated it can lead to one. This type of angina is a medical emergency.

How it’s treated
The first goal in treating unstable angina is to prevent a heart attack. That may require opening the blocked artery in a procedure called coronary angioplasty.

Otherwise, several medications can be used to treat both stable and unstable angina. Nitroglycerin often can relieve pain by increasing blood flow, and other drugs can help lessen how hard the heart works.

Your doctor also will want to treat the underlying heart disease that’s causing the angina. That may mean taking medications to prevent blood clots, as well as drugs to lower cholesterol and blood pressure.

Lifestyle changes may be in order too—such as quitting smoking, adopting a heart-healthy diet, increasing physical activity and losing weight.

Sources: American College of Cardiology; American Heart Association; National Heart, Lung, and Blood Institute

Keep those birthdays coming
Happy birthday next year!

It’s probably too early to start dropping hints about a gift you’d really like. But it’s never too soon to take stock of your health to ensure you’ll be in fine form to celebrate when that birthday rolls around.

Statistics suggest three of the biggest obstacles between any American and his or her next birthday are heart disease, cancer and stroke. Those three conditions are responsible for about 1 million deaths every year, according to the Centers for Disease Control and Prevention.

However, there are three things you can do that can significantly lessen your risk for these killers. Making the changes below can increase the likelihood that you’ll be blowing out candles on next year’s cake.

Don’t smoke. This is the big one. The fact is, smoking is the single most preventable cause of death in the U.S. If you don’t smoke, hooray! If you do, quit now. Your health will improve in little ways, day by day.
day, and in big ways over the long haul. Your doctor can help you drop
the habit for good.

Eat well. Filling up on junk food, salty foods and foods high in
saturated fat may raise your risk for heart disease, some cancers and
high blood pressure. Eating well means:
✓ Adding more fruits and vegetables to each meal. The more variety,
the more vitamins and minerals you’ll get.
✓ Making half your grains whole. Look for words like whole wheat or

whole oats to be the first ingredient on bread, pasta and cereal.
✓ Choosing healthier fats. Mono- and polyunsaturated fats are best.
Limit cholesterol and saturated and trans fats by eating low-fat dairy,
lean meat and few processed foods.

Exercise more. You can cut your risk for heart disease, cancer and
stroke with 150 minutes of physical activity spread out over at least
five days of the week. And it doesn’t have to be 30 minutes in a row.
You can exercise in chunks of 10 or 15 minutes throughout the day.

We offer a full range of cardiac tests and services.
Learn more at www.southeasternhealth.org.

The beat goes on

What’s troubling your ticker?

Often, that crucial question lies at the heart of why your doctor might want you to have certain cardiac
tests—especially if you’re having chest pain, shortness of breath or other symptoms of a possible heart problem.
A variety of tests can reveal why your heart may be not be functioning as well as it should be. The chart that
follows explains some common ones.

5 tests that detect heart disease

<table>
<thead>
<tr>
<th>The test</th>
<th>How it’s done</th>
<th>Why it’s done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Echocardiography</td>
<td>This test uses sound waves and their echoes to make moving pictures of your heart—much like the ultrasound exams many women have when pregnant. In most cases, the sound waves are sent from a handheld device placed over your chest.</td>
<td>Your doctor might need information about the size, shape and function of your heart. For example, the test can show how well your heart is pumping. So it might be used if you have signs or symptoms of heart failure. Or a doctor might want to know, among other things, if your heart’s valves are working properly or if your heart is thick or enlarged.</td>
</tr>
<tr>
<td>Electrocardiogram (EKG or ECG)</td>
<td>Up to 12 electrodes (soft, sticky pads) are placed on the skin of your chest, arms and legs. They record your heart’s electrical signals while you rest. Or, since some heart problems occur only at certain times, you might wear a portable version of this device, called a Holter or event monitor, while you go about your day.</td>
<td>Your doctor may use it to help detect problems ranging from damage caused by past heart attacks to an arrhythmia, in which your heartbeat is too fast, too slow or irregular. A pounding or fluttering heartbeat are some signs that may suggest a problem with your heart’s rhythm or rate.</td>
</tr>
<tr>
<td>Stress test</td>
<td>Your heart is checked while you exercise on a treadmill or stationary bike. This gets your heart working harder. If you can’t exercise, you may be given a medicine that makes your heart beat as though you were exercising.</td>
<td>Some problems are easier to detect when your heart is working harder. For one, during exercise, clogged arteries may not be able to meet the heart’s increased need for oxygen-rich blood. That’s why, for example, your doctor might suggest a stress test to learn why you have chest pain or shortness of breath when you do physical activities.</td>
</tr>
<tr>
<td>Cardiac catheterization</td>
<td>For this procedure, your doctor inserts a thin, bendable tube (catheter) into a blood vessel in your arm, groin or neck. Next, he or she guides this catheter to an artery in your heart. All of this typically takes place in what’s called the hospital’s cath lab.</td>
<td>Cardiac catheterization is commonly used to evaluate chest pain and to set the stage for its treatments. Once the catheter is in place, your doctor can perform x-ray tests to look for narrowed heart arteries. He or she can even treat those arteries through the catheter by inflating a tiny balloon at the site of the blockage. This widens the artery, allowing more blood to reach your heart.</td>
</tr>
<tr>
<td>Coronary angiography</td>
<td>During cardiac catheterization, your doctor may decide to take x-ray pictures of the inside of your heart. Through the catheter, the doctor injects a dye that travels through your bloodstream to the coronary arteries, which supply blood to your heart. The dye makes the inside of these arteries show up on the x-rays.</td>
<td>Angiography can show if fatty buildup is clogging your heart arteries. This can cause a heart attack or chest discomfort called angina. It may also be needed to follow up on results from one of the other cardiac tests.</td>
</tr>
</tbody>
</table>

Sources: American Heart Association; National Heart, Lung, and Blood Institute
IT’S EASY TO THINK you can skip regular health screenings if you’re in good health or your results have always been normal. But screening tests can help find diseases early—often before they cause symptoms. And usually the earlier a disease is found, the easier it is to treat.

On the next page are some of the major screening tests recommended for most healthy adults at average risk. Be sure to check with your doctor to see if these schedules work for you. If you’re at increased risk for certain diseases, such as cancer or heart disease, you may need to be tested earlier or more often.

Colonoscopy
Don’t skip this test

It’s a test many people dread, but it has the potential to save lives. We’re talking about a colonoscopy, which is used to screen for colorectal cancer, one of the top causes of cancer deaths in the U.S.

If you’ve been avoiding this test, here are some questions and answers about it that may convince you to give it a try.

Q: Why should I get one?
A: Colonoscopy can find cancer—or the polyps (abnormal growths) that may become cancer—early, when treatment is often most successful.

It also gives your doctor immediate, direct access to polyps so they can be removed right away. That’s not true with other colon cancer screening methods, which all require a follow-up colonoscopy if polyps or other problems are found.

Q: When and how often should I be tested?
A: Screening usually starts at age 50. People at higher risk, including African Americans and people with a family history of colon cancer, should start at age 45.

If the first test is clear, get a follow-up one in 10 years. If not, get retested in five years.

Q: How do I prepare?
A: The best results come when the bowel is clean. For many, that means a day or two on a clear liquid diet and a round of strong laxatives the night before the test. You may also need to take an enema. This prep work is often considered the worst part of having a colonoscopy.

Q: How’s it done?
A: The patient is given sedatives and pain medicine. The doctor then inserts a long, flexible tube into the colon. The tube is equipped with a tiny light and camera. Your doctor examines images sent from inside the colon on a monitor. Any polyps can be removed with delicate tools inserted through the tube. Most people sleep through the 30- to 60-minute test.

Q: What happens next?
A: You’ll be monitored while the anesthesia wears off. You won’t be allowed to drive home, so arrange transportation beforehand.

Some test results will be available right away. Others may take a few days.

Sources: American Cancer Society; National Institutes of Health
Southeastern Health’s Open Access Colonoscopy program makes getting a screening colonoscopy more convenient. Call 910-671-5438 or ask your primary care provider. Log on to www.southeasternhealth.org to find a gastroenterologist on staff with Southeastern Regional Medical Center, a part of Southeastern Health.

<table>
<thead>
<tr>
<th>Tests for everyone</th>
<th>Ages 18–39</th>
<th>Ages 40–49</th>
<th>Ages 50–64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood pressure</strong></td>
<td>At least every 2 years</td>
<td>At least every 2 years</td>
<td>At least every 2 years</td>
<td>At least every 2 years</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>Every 5 years starting at age 20</td>
<td>Every 5 years</td>
<td>Every 5 years</td>
<td>Every 5 years</td>
</tr>
</tbody>
</table>

### Colorectal health: one of three methods

- **High-sensitivity fecal occult blood test (FOBT)**
  - Yearly
  - Yearly until age 75; after that, discuss with your doctor

- **Flexible sigmoidoscopy** (with FOBT)
  - Every 5 years
  - Every 5 years until age 75; after that, discuss with your doctor

- **Colonoscopy**
  - Every 10 years
  - Every 10 years until age 75; after that, discuss with your doctor

<table>
<thead>
<tr>
<th>Diabetes</th>
<th>Discuss with your doctor</th>
<th>Start at age 45; then every 3 years</th>
<th>Every 3 years</th>
<th>Every 3 years</th>
</tr>
</thead>
</table>

| Skin exam | Monthly self-exam; by a doctor as part of a routine full checkup starting at age 20 | Monthly self-exam; by a doctor as part of a routine full checkup | Monthly self-exam; by a doctor as part of a routine full checkup | Monthly self-exam; by a doctor as part of a routine full checkup |

### Tests for women

<table>
<thead>
<tr>
<th>Breed health</th>
<th>Ages 18–39</th>
<th>Ages 40–49</th>
<th>Ages 50–64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mammogram</strong></td>
<td>Yearly*</td>
<td>Yearly*</td>
<td>Yearly*</td>
<td>Yearly*</td>
</tr>
<tr>
<td><strong>Clinical breast exam</strong></td>
<td>At least every 3 years starting in your 20s</td>
<td>Yearly</td>
<td>Yearly</td>
<td>Yearly</td>
</tr>
</tbody>
</table>

| Bone density (osteoporosis screening) | Get a bone density test if you’re at increased risk; discuss with your doctor | Get a bone density test at least once; discuss repeat testing with your doctor |

| Pap test | Every 3 years starting at age 21; from 30 to 39, every 3 years or every 5 years if combined with an HPV test | Every 3 years or every 5 years if combined with an HPV test | Every 3 years or every 5 years if combined with an HPV test |

| Pelvic exam | Yearly starting at age 21; discuss with your doctor if you’re younger than 21 and sexually active | Yearly | Yearly | Yearly |

| Sexually transmitted infections (STIs) | Get screened for chlamydia if you’re 24 or younger and sexually active; discuss screenings for other STIs with your doctor | Discuss with your doctor | Discuss with your doctor | Discuss with your doctor |

### Tests for men

<table>
<thead>
<tr>
<th>Abdominal aortic aneurysm</th>
<th>Ages 18–39</th>
<th>Ages 40–49</th>
<th>Ages 50–64</th>
<th>Ages 65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA blood test (prostate-specific antigen; not routinely recommended)</td>
<td>Discuss with your doctor</td>
<td>Discuss pros and cons with your doctor starting at age 50</td>
<td>Discuss pros and cons with your doctor</td>
<td></td>
</tr>
</tbody>
</table>

| Sexually transmitted infections (STIs) | Discuss with your doctor | Discuss with your doctor | Discuss with your doctor | Discuss with your doctor |

Sources: Agency for Healthcare Research and Quality; American Cancer Society; American Diabetes Association; Centers for Disease Control and Prevention; U.S. Preventive Services Task Force

*Mammography screening recommendation from the American Cancer Society
A healthy diet can help you get all the necessary nutrients

AT THE END OF A DAY, do you sometimes wonder whether you’ve eaten enough of the types of foods that help you stay healthy? Are there times when you wonder whether there are certain foods that can provide you with the vitamins and minerals you need?

The good news is that if you build your diet around fruits, vegetables, beans and whole grains, chances are your body will get all the nutrients it needs, according to the American Institute for Cancer Research.

These types of foods contain a broad array of naturally occurring substances, such as fiber, phytochemicals and antioxidants. Together they provide the body with the tools it needs for such essential work as:

➤ Maintaining the immune system.
➤ Cell repair.
➤ Prevention of chronic diseases, such as heart disease.

In addition, many of these foods have little or no fat, sodium or cholesterol, and most are considered nutrient-dense foods as well. That means they have lots of nutrients with relatively few calories, so you can eat more, have less worry of weight gain and still get the nutrition you need.

Good choices
Here are just a few of the vitamins and minerals crucial to good health:

➤ Calcium is needed for healthy bones and teeth and for nerve and muscle function. Low-fat dairy products, such as milk and cheese, are good sources. And in the fruit and vegetable world, spinach, edamame (a type of soybean),

Say bye-bye to frying: Try these healthier ways to cook

Looking for ways to prepare more healthful meals? If you’re particularly fond of frying, that’s a good place to start—or, rather, stop. Try your hand at the following cooking methods recommended by the American Heart Association.
Using these techniques instead of frying can help reduce the calories, cholesterol, saturated fat, trans fat and total fat in your diet.

Roast. Place meat on a rack in a roasting pan so that it doesn’t sit in its own fat drippings. You could also baste it with fat-free liquid, such as tomato or lemon juice.

Bake. Place food in a covered ovenware container. Add a little extra fat-free liquid to keep food moist as it cooks.

Braise or stew. For oven or stovetop cooking, add liquid to the pot and cook on low heat. Another tip: Refrigerate the cooked dish, and later you can remove the chilled fat.

Poach. Immerse chicken or fish in simmering liquid.

Sauté. Instead of using butter this high-heat cooking method, coat the skillet with nonstick vegetable spray, a small amount of broth or a tiny bit of canola oil rubbed onto the pan with a paper towel.

Stir-fry. Cook small pieces of vegetables or meat in a wok with a tiny amount of peanut oil.

collard greens and kale are great calcium-rich options.

† Potassium may help keep blood pressure at a healthy level. Some potassium-packed foods include sweet potatoes, tomatoes, lima beans, white beans and bananas.

† Iron is needed for healthy blood cells, and it can help in the proper function of all cells in the body. You’ll find iron aplenty in lentils, spinach, soybeans, kidney beans and chickpeas.

† Folate is especially important for women who may become pregnant, as it helps prevent brain and spinal cord defects in newborns. Asparagus, broccoli, lentils, strawberries, pinto beans and white beans are all first-rate sources of folate.

† Vitamin C helps heal wounds and cuts and helps keep teeth and gums healthy. Get this vital vitamin from foods like kiwi fruit, bell peppers, green cabbage, cantaloupe, oranges, strawberries and apricots.

Should you supplement?

For some groups of people, such as strict vegetarians and pregnant women, nutritional supplements are recommended in order to provide a guaranteed intake of certain vitamins and minerals. Illnesses, food allergies and food intolerances can also make it difficult for people to get all the nutrients they need, so supplements may also be advised in these instances.

Speak to your primary care provider or a dietitian to find out whether you are getting enough nutrients from your diet or whether you should be taking a supplement.

Eating triggers: How to tame temptations

Every day you decide what to eat, but you might not understand why you eat.

For instance, do you eat only when you’re truly hungry or do you sometimes nosh because you’re bored or sad or because a tempting TV ad sent you to the fridge?

The answer to those questions can be important—especially if you’re trying to lose or maintain weight.

One way to find out is to keep a food journal for a few days. By jotting down what, when and where you eat and how you’re feeling at the time, you might spot what drives you to overeat or to choose less-than-healthy foods.

The next step: Finding ways to avoid the triggers. Here are suggestions for three common ones.

CRAVING COMFORT

You use food to relieve stress, loneliness and other emotions.

Instead of reaching for food:
✓ Get physical—head to the gym, take a walk, weed the garden.
✓ Breathe deeply for five minutes.
✓ Sip a cup of hot tea.
✓ Write down what’s bothering you.

TUBE TEMPTATIONS

You mindlessly munch while watching TV.
✓ Eat only in the kitchen or dining room and not in front of the TV.
✓ Don’t keep hard-to-resist foods, such as sweet or salty snacks, in the house.
✓ Ride a stationary bike, do crafts, brush the dog or lift hand weights while you watch TV.

SEE FOOD, WILL EAT

Smelling and seeing food strips away your willpower.

At a restaurant:
✓ Ask the waiter or waitress to remove the bread or chips before the meal.
✓ Request a take-home box when you order. Put half your meal in it before you eat.

At home:
✓ While cooking, chew sugar-free gum or sip a calorie-free beverage, like water with a slice of lemon.
✓ Dish up plates in the kitchen instead of passing food around the table.

At work:
✓ Sit far away from doughnuts or other goodies at a meeting.
✓ Keep healthy snacks in your drawer. They can help you avoid the high-calorie offerings in the vending machine.

Sources: American Heart Association; American Psychological Association; National Institutes of Health

To learn more about healthy eating, ask your primary care provider. To locate a medical clinic in your neighborhood, log on to www.southeasternhealth.org.
WIN at losing

Find the weight-loss option that’s right for you

IF YOU’RE STRUGGLING with being obese or overweight—and millions of Americans are—it’s important to know that you really can lose unwanted pounds and gain better health.

Is there a secret to slimming down, like so many quick-fix diets promise? Not really. It takes time and determination, but weight-loss success is within your reach. Your health care team can help you make lifestyle changes and find out if other weight-loss options are right for you.

Check your BMI

How do you know if you’re overweight or obese?

One way to check is with the body mass index (BMI)—an estimate of body fat based on your height and weight. Having a BMI of 25 to 29.9 indicates that you are overweight. Having a BMI of 30 or greater signifies that you are obese. You can calculate your BMI by going to www.cdc.gov/bmi.

Both obesity and being overweight can increase your risk of high blood pressure, heart disease, type 2 diabetes and other serious health problems.

What are your options?

Weight loss, even a modest amount, can often help improve your health. Lifestyle changes—such as cutting calories, eating healthy foods and exercising regularly—are the basic tools.

Your doctor or a dietitian can help you learn about making wise food choices, reducing oversize portions and identifying habits that may cause you to consume more calories than you burn. A slow, steady weight loss of 1 to 2 pounds a week will usually be the goal.

Along with controlling calories, you may need 300 or more minutes a week of moderately intense activities, such as brisk walking or cycling, to help meet your weight-loss goals. Start slowly and build up. Ten-minute chunks of exercise throughout the day can help you meet your goals.

Sometimes, however, diet and exercise alone aren’t enough to help people lose sufficient amounts of weight to improve their health. In that case, medicines or surgery may be an option.

Prescription weight-loss medicines work by curbing appetite or limiting the body’s absorption of fat. They should be combined with healthy eating and exercise.

Bariatric surgery could be an option if your BMI is 40 or more or if you have a weight-related health condition, such as type 2 diabetes, and your BMI is 35 or greater.

Surgery requires a lifelong commitment to healthy eating, exercise and long-term medical follow-up. You should discuss the risks, benefits and required lifestyle changes with your doctor.

Discover a new you

Think of your weight-loss efforts as a new way of life, rather than a quick fix. Your doctor can help you get started today. To learn about weight-loss assistance offered through Southeastern Health, contact the Southeastern Weight Loss Center at 910-608-0307. Information seminars are held each month.

Source: U.S. Department of Health and Human Services

Q What are some healthy snacks that I can keep at work to help get me through the day?

A Snacking gets a bad rap, but done right, it can save the day. A healthy, strategic nosh is a good pick-me-up, helps you ignore leftover donuts and keeps you from overeating as the workday draws to an end.

Your office snacks should be easy to fix and eat. You can quickly assemble these 10 healthy snacks with items stashed at your desk or in the office fridge:
1. Fat-free yogurt topped with wheat germ.
2. A package of instant oatmeal topped with fresh fruit.
3. A serving of tomato soup and five whole-grain crackers.
4. Fat-free cottage cheese on whole-wheat crackers and topped with fresh berries.
5. One 4-ounce fat-free, ready-to-eat pudding with half a cup of fresh fruit.
6. Hummus with fresh baby carrots, cherry tomatoes, and cut-up bell peppers and celery.
7. An orange with a 100-calorie individual pack of plain nuts.
8. An individual-size unsweetened applesauce and whole-wheat pretzels.
9. Light string cheese with fresh fruit.
10. Trail mix made with unfrosted cereal, dried fruit, nuts and seeds.

Remember to always eat snacks slowly—it takes about 20 minutes for your brain to register that your stomach is full.
INGREDIENTS
4 whole-wheat pita bread rounds
1 cup prepared pasta sauce (with vegetables)
½ red bell pepper, finely diced
1 small zucchini, finely diced
1 small yellow summer squash, finely diced
2½- to 3-ounce jar or can sliced mushrooms, drained
1 teaspoon dried oregano
1 teaspoon dried basil
½ cup shredded part-skim mozzarella cheese
8 teaspoons grated Parmesan cheese
Crushed red pepper flakes, to taste (optional)

DIRECTIONS
✓ Preheat oven to 400 degrees. On oven rack or in toaster oven, toast pita bread for 1 minute. Remove and allow to cool.
✓ Spread ¼ cup pasta sauce on each pita round.
✓ In medium bowl, combine red pepper, zucchini, yellow squash and mushrooms. Spoon evenly onto pita rounds.
✓ Sprinkle ¼ teaspoon oregano and basil on each round. Divide mozzarella among pitas. Top each with 2 teaspoons of Parmesan cheese. If desired, sprinkle with a bit of crushed red pepper flakes.
✓ Broil, watching carefully, until cheese is melted and bubbly and pita is hot. Serve immediately.

NUTRITION INFORMATION
Makes 4 servings. Amount per serving: 186 calories, 6g fat, 3g saturated fat, 26g carbohydrates, 10g protein, 3g dietary fiber, 755mg sodium.

Source: American Institute for Cancer Research
Welcome to the Gibson Cancer Center, where we can tailor a program to help you achieve better health through tobacco cessation. The latest research in tobacco dependence has established new guidelines to customize treatment for your nicotine usage, withdrawal symptoms and unique life stressors.

The course is a series of three 45-minute appointments at two-week intervals. For more information or to schedule an appointment, call 910-671-5762 or 910-671-5716.

To get better health and save more money, CALL US!

Catherine Gaines, PA-C
Patient Navigator
Supportive Care Services
Southeastern Health
Fax: 910-737-3926
Gaines01@southeasternhealth.org