

HealthWise



**Eat more to
lose weight?**

**Cancer specialist
blends passion
for science with
patient care**

Quiet, please!

**Smoke-free
hospital**



New Milford Hospital

Member
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NOT just for women

These health conditions strike men, too

Breast cancer and osteoporosis are conditions reserved for older women, right? Not quite. Men aren't immune to these and other health problems typically synonymous with women. The following conditions also appear in men, so know the symptoms:

► **BREAST CANCER** in men accounts for less than 1 percent of all breast cancer cases. About 20 percent of these cases occur in men who have a family history. Other risk factors include radiation exposure, being age 60 or older, having a disease that causes high levels of estrogen, being obese and drinking excessively. Treatment includes chemotherapy, radiation and mastectomy.

! **Look for the signs:** Keep an eye out for a lump or swelling in the breast, nipple discharge, redness, scaliness or puckering of the nipple. Ask your healthcare provider about screening if you're at a higher risk.

► **EATING DISORDERS** include anorexia, when a person limits his or her eating to the point of starvation, and bulimia, in which a person eats large portions then vomits or uses laxatives. About 1 million men and 5–10 million women have eating disorders, which can lead to tooth loss, brittle bones, heart failure and stomach and brain damage.

! **Look for the signs:** Keep an eye out for intense fear of gaining weight, avoiding food or eating an excessive amount at one sitting then vomiting or using laxatives, weighing food, obsessive calorie counting and excessive exercising. Eating disorders need to be treated by a professional. Hospitalization, therapy, medication and support groups may be used for treatment. The National Eating Disorders Association offers more information and referrals through its confidential hotline, 1 (800) 931-2237, or online at www.nationaleatingdisorders.org.

► **OSTEOPOROSIS** strikes four times as many women, but still affects about 5 million American men. Men lose bone mass at the slower pace of women ages 65 to 70, but they start losing at this rate around age 55.

! **Look for the signs:** You may not be diagnosed until a bone breaks. Talk with your healthcare provider about your risks and about height loss or posture problems. And ask whether you need to take calcium or vitamin D supplements. Not smoking or drinking and engaging in weight-bearing exercises can also help.

► **URINARY INCONTINENCE (UI)**, or accidental urine leakage, may be more common as people age, but it's not a normal part of aging. A man may experience UI because of nerve damage from diabetes, stroke or Parkinson's disease; an enlarged prostate; or prostate cancer treatments.

! **Look for the signs:** Involuntary urine loss can occur when you cough or sneeze, when you have an overwhelming urge to urinate or in the form of constant urine dribbling. Treatment options include lifestyle changes, such as regularly planning bathroom breaks and limiting fluids or exercises to help strengthen muscles that hold urine in. Medications, medical devices or surgery may also help.

► **DEPRESSION** is thought to affect about 6 million men. Men can experience depression following a traumatic life event. Some research also suggests that a man's job stress plays a big part. Left untreated, depression could lead to suicide.

! **Look for the signs:** You may experience anger and frustration, violent behavior, unintentional weight loss, digestive problems, fatigue, chronic pain, headaches, risky behavior, sleep loss, lack of concentration, loss of interest in enjoyable activities, alcohol and drug abuse and suicidal thoughts. If you think you're suffering from depression, talk with your healthcare provider. ●



Germ warfare

Do your part to stop the spread

You suffer the season's first sniffles, coughs, fever and chills like a trouper, but in the end wonder what you did to deserve the misery. Unfortunately, it happens to the best of us. Germs are everywhere, making it almost impossible to avoid every cold or case of the flu. But following The Joint Commission's five simple steps may help you ward off 11 common infections (*see the list at right*):

1 Unhand those germs. You can keep your hands free of most cold and flu germs by washing frequently with plain old soap and warm water. Be sure to rub your hands for at least 15 seconds while you wash. Use a paper towel to dry thoroughly.

If you're not near a sink, use a hand sanitizer that contains at least 60 percent alcohol. Apply about a half teaspoon to your palm and rub your hands together—making sure to get between your fingers and under your nails—until your hands are dry.

2 Make your healthcare providers wash or wear gloves. Don't be afraid to ask your healthcare provider to wash his or her hands before touching you. Anyone who works with patients is in constant contact with some of the most resistant germs. Your provider should also be wearing clean gloves when performing tests on you or in any instance where he or she could come in contact with body fluids.

3 Take cover. Sneezing and coughing, which can propel germs at least three feet away, are good ways to spread disease. When you feel a sneeze or cough coming on, use a tissue. Or cover your mouth and nose with the crook of your arm. (If you must use your hands, make sure you wash them immediately after.)

4 Stay away. Nobody wants your germs, so if you're sick, stay home from work or school to avoid infecting co-workers or classmates. When you go to your healthcare provider's office for treatment, alert them that you may be contagious.

5 Give it your best shot. Vaccines can help prevent the spread of everything from the chicken pox, measles and the flu, to pneumonia, meningitis and shingles. Check with your healthcare provider to make sure your shots are up to date. ●



> 11 preventable infections

Practicing The Joint Commission's five things you can do to prevent infection will help spare you from the following problems and more:

- ❶ Cold viruses
- ❷ Flu viruses
- ❸ Hepatitis A or B
- ❹ Impetigo (skin infection)
- ❺ MRSA infection
- ❻ Necrotizing fasciitis (flesh-eating bacteria)
- ❼ *Salmonella* infection
- ❽ Sinusitis
- ❾ Strep throat
- ❿ Viral gastroenteritis (stomach flu)
- ⓫ *Clostridium difficile* infection (diarrhea)

> When to lather up

To prevent the spread of germs, wash your hands with soap and water:

- after using the bathroom
- before inserting or removing contact lenses
- after touching animals
- before and after preparing food, especially raw meat, poultry and fish
- after blowing your nose, or coughing or sneezing into your hands
- before eating
- after taking out the garbage
- before and after touching someone who's ill or injured
- after changing a diaper
- before and after treating wounds and cuts

A word from our president



Joseph P. Frolkis,
M.D., Ph.D.,
President and CEO

Dear Friends and Neighbors,

In this winter issue of *HealthWise*, you'll find information to maximize your safety and well-being throughout the season.

We hope you'll take some time to review our tips for men's health, preventing infections, eating well (and sometimes more!) to

lose weight and lowering your risk for bone loss and osteoporosis.

In a continued commitment to improve our surroundings, the hospital will become smoke free on January 1. We're pleased to take this additional step to provide a smoke-free zone that embodies our devotion to wellness and disease prevention. If you're a smoker and want to quit, we offer periodic FreshStart classes throughout the year to help. (See pages 8 and 9 for our plans and class details.)

This year, we've enhanced our clinical capabilities by adding 12 physicians to our medical staff. They bring expertise in internal medicine, family practice, oncology, anesthesiology, oral and maxillofacial surgery, otolaryngology (ear, nose and throat) and hospitalist medicine (in-patient care). We've brought them to the community to provide you with the highest quality health services and to help us achieve our ultimate goal—to be your first choice for care and to help you manage your health throughout life.

Wishing you good health in the New Year,

Joseph P. Frolkis, M.D., Ph.D.
President and CEO
New Milford Hospital

LIFELINE SUPPORTS safety and independence

Your home is where you're most comfortable, surrounded by everything that's familiar. But for seniors, it's estimated that more than half of all falls that result in injury happen in the home.

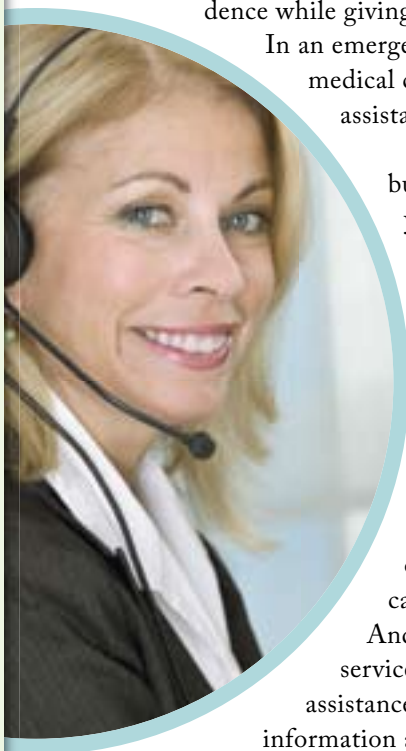
New Milford Hospital (NMH) wants those living alone to be prepared in a medical or safety emergency. Through Lifeline, an easy-to-use medical alert service, the hospital helps individuals maintain their independence while giving families peace of mind.

In an emergency, Lifeline ensures that medical care or other emergency assistance isn't delayed.

Lifeline's personal help button—worn around your neck or on your wrist—connects you with trained personal response associates, who can send help quickly 24 hours a day, seven days a week. They'll determine whether you require a visit from a neighbor or a family member and can contact them for you.

And if you need emergency services, they'll dispatch assistance, retrieve your medical information and even let emergency personnel know if you have a pet, all while you're on the line.

Lifeline services require an installation fee and a \$40 monthly charge. For more information, call NMH's Lifeline coordinator at **(860) 355-2611, ext. 4578.** ●



Operation quiet

Nursing team promotes “A Time to Heal, A Time to Rest”

Hospitals are busy places, and the activities of staff, visitors and others can easily create unwelcome sounds for patients trying to rest and recuperate from an illness or surgery. Addressing and promoting quiet is a common and growing concern in many hospitals, and it’s something New Milford Hospital regards as an everyday goal.

A KEY TO HEALING

The Transforming Care at the Bedside (TCAB) team launched a noise reduction initiative known as “A Time to Heal, A Time to Rest,” to raise awareness for the need to give patients a quiet, restful environment. Specifically on the medical/surgical unit (3 East) and in pediatrics, nurses worked energetically last year to make sure that staff and visitors understand that hospital patients heal best in a quiet environment.

TCAB team member Leslie Lastra, R.N., says the TCAB team researched the effect of noise on the healing process, turning to hospitals that had initiatives that reduced noise levels for their patients. Lastra points out that patients who can’t sleep often have high blood pressure and heart rates and experience anxiety. “You need quiet and rest to heal,” says Lastra, who’s been speaking to the staff about the initiative.

Staff and visitors have embraced the call for quiet, according to Brenda Warren, B.S.N., M.H.A., R.N., director of inpatient services and Planetree coordinator. Staff members, she says, are being mindful of talking more quietly outside patient rooms, especially at night, and taking measures to reduce the sound of linen bins, trash cans and medical equipment rolling down hallways.

SHEDDING LIGHT ON NOISE REDUCTION

The initiative was rolled out on 3 East where, as a visual reminder, a large traffic light was installed near the nurses’ station. The light turns red when noise needs to be reduced, yellow when noise levels rise and green to indicate that the noise level is acceptable. Staff often place a second portable light outside the rooms of patients who need particular quiet. In addition, they’ve placed posters around the hospital as reminders. In addition to reducing voice levels, TCAB recommended that the hospital put rubber wheels on mobile equipment. The hospital also purchased a much quieter scale, which is often transported from room to room.

“It’s much quieter now,” says Warren, “but we can’t rest on our laurels. Noise reduction is a goal every day. We’ve found that our success is only possible because of the cooperation of all staff and their commitment to keeping patients relaxed and comfortable.” ●



Leading the “quiet initiative” are (from left) Lynn Given, R.N., assistant nurse manager, pediatrics; Brenda Warren, B.S.N., M.H.A., R.N., director, inpatient services and Planetree coordinator; Mary Deighan, B.S.N., assistant nurse manager, 3 East; Sharon Narducci, M.S.N., APRN, senior director, nursing; Lisa Ernst, R.N.; and Leslie Lastra, R.N. Other team members (not pictured) include Doreen Prange, unit secretary; Cora Drake, R.N.; and Wen RuShen, R.N.

PUMP UP the volume

Eat more and still lose weight

The math just doesn't add up: You eat more food, consume fewer calories and actually feel full. It sounds impossible, right? But it's not when you eat what's called a low-energy-dense diet. To follow this type of eating plan, you need to choose foods low in calories and high in volume, meaning water and fiber content.

Grapefruit, for example, has only 40 calories in each half-fruit and is about 90 percent water, so it's a low-energy-dense food. Likewise, high-fiber foods, such as whole-grain cereal, take up a lot of space in your tummy and can help you feel fuller longer but spare the calories.

Compare these foods with the opposite end of the spectrum: high-energy-dense foods, which are high in calories and low in volume (think chocolate cake and candy). They can leave you feeling hungry a short time later.

So, what foods can you bank on to fill you up without tipping the bathroom scale? Try these suggestions:

► **VIVA THE VEGETABLES!** Broccoli, zucchini, salad greens and asparagus are just some of the vegetables low in calories and high in volume, letting you consume a larger portion (about one cup raw or ½ cup cooked). But watch the starchier vegetables. Although good for you, potatoes, corn and other starchy vegetables contain almost three times as many calories as the same serving size of broccoli.

Tip! **Adding more to your diet:** Cut back on the amount of meat on your plate and fill the void with a variety of vegetables; sauté fresh



vegetables to top off your pasta. Vow to try a new vegetable every week.

► **FACTOR IN FRUITS.** Pick whole, fresh, frozen or canned-in-its-own-juice fruit to meet your nutritional needs. For fruits with edible skins, like apples, leave the skin on to maximize your fiber intake. Be careful of fruit juices and dried fruit, which are naturally packed with extra sugar and calories.

Tip! **Adding more to your diet:** Opt for a fruit salad for dessert when dining out; toss some blueberries or strawberries into your hot or cold cereal in the morning. Or try creative snacking. Sprinkle sliced peaches with a little bit of cinnamon,

drizzle some honey over them, then top it all off with a dollop of low-fat yogurt.

► **COUNT ON CARBS.** Carbohydrates have gotten somewhat of a bad rap, but the key is choosing the good stuff: whole-grain cereals, breads, pastas and rice. They're high in fiber and other essential nutrients. Look for the word "whole" on the ingredients list (such as "whole-wheat flour") to be sure you're getting whole grains.

Tip! **Adding more to your diet:** Make that tuna sandwich with whole-wheat bread instead of white bread; replace the white rice you get with your Chinese food with brown rice.

► **PICK YOUR PROTEIN.** Go the low-fat route with fish, skinless chicken or turkey, and fat-free milk and yogurt. Beans, peas and lentils—also known as legumes—are not only good sources of protein, but also excellent sources of fiber.

Tip! **Adding more to your diet:** Start dinner with a cup of lentil soup; add slices of cooked chicken breast or salmon to a salad to make a heartier entrée. ●

Boning up on bone loss

Will you develop osteoporosis?

5 ways to lower your risk

Does the idea of bone loss send chills down your spine? Or perhaps it conjures up an image of a stooped, old woman with a cane. Before you start guzzling milk to build up your bones, consider this: Osteoporosis, the disease that causes bone loss, is more about bone deterioration than your inability to build strong bones.

Many factors raise your risk: Some you can't change, like your gender (women are more likely than men to develop osteoporosis), age (the older you get, the weaker your bones become), body size (slender, thin-boned women face a greater osteoporosis risk), ethnicity (white and Asian women) and a family history of the disease. Other risks can be prevented or limited.

To lower your bone-loss risk, you need to know all the causes, including those that may seem hidden. These include:

- low testosterone levels
- eating disorders
- a sedentary lifestyle
- cigarette smoking
- heavy alcohol consumption
- long-term use of some medications like anti-seizure drugs and glucocorticoids, used to treat arthritis and asthma

PREVENTING OSTEOPOROSIS

What can you do to save your bones? Follow these simple steps to help build bone and prevent or limit deterioration:

1 Eat right. Taking in adequate amounts of calcium and vitamin D and consuming a balanced diet lays the foundation for healthy bones. The recommended calcium intake for adults is 1,000 mg a day for those between ages 31 to 50 and 1,200 mg for those ages 51 and older. Recommended vitamin D intake is 200 IU for those 50 and



younger, 400 IU for people 51 to 70 and 600 IU for those over 70. You may find it difficult to get these amounts from food alone, so talk with your healthcare provider about taking supplements.

2 Ditch bad habits. If you smoke, try quitting aids like the nicotine patch. Cut out alcohol consumption.

3 Take a good look at your medicines. If you're taking drugs that may cause bone loss, discuss it with your healthcare provider. There may be alternatives.

4 Get moving. Weight-bearing exercises, such as running, walking and hiking—anything that forces you to work against gravity—are great bone-builders. Aim for at least 30 minutes on most or all days. Ask your healthcare provider to recommend appropriate exercises.

5 Consider new medications. Talk with your healthcare provider about drugs that can help stop bone destruction in postmenopausal women, such as alendronate and raloxifene. Hormone therapy can help prevent osteoporosis but has risks that you'll need to discuss with your provider. ●



Plan to quit

For most smokers, nicotine's addictive nature makes quitting a real challenge. Many smokers succeed after a few tries, but often the right mindset becomes the key to remaining smoke-free for the long haul. Behavioral health professionals have identified four stages of change that someone trying to change a habit or behavior goes through. Understanding these changes will help you become an ex-smoker.

1 Contemplation. At this stage, you're thinking about quitting. You're more likely to stop smoking successfully if you're worrying about getting a smoking-related disease and if you believe the benefits of quitting outweigh the benefits of continuing to smoke.

2 Preparation. Planning when and how you'll quit is the next stage. It involves setting a quit date, telling friends and family the date, preparing by stocking up on things like sugarless gum and signing up for any support groups you'd like to join. You can also talk with your primary care physician, who can prescribe medication to help you or recommend other forms of support.

> New Milford Hospital becomes smoke free

As part of our commitment to healthier lifestyles, New Milford Hospital and its satellite locations will adopt smoke-free environments in 2009. While all Connecticut hospitals are required to comply by November, we'll implement our "smoke-free" policy on January 1. At that time, smoking by anyone will be prohibited on hospital property, including parking lots and freestanding medical and administrative offices.

3 Action. This stage lasts from your quit date through the next six months. The biggest challenge now is withdrawal. Withdrawal's physical symptoms can be relieved by nicotine gum or patches. Psychological withdrawal can be more difficult to manage. Try to change any habit linked to smoking. For instance, if you typically smoke after a meal, substitute a crossword puzzle, a short walk outside or another activity to distract you from cravings.

4 Maintenance. This period lasts from six months to five years after your quit date. If you slip and have a cigarette, don't give up. Instead, review the health-related and financial benefits of quitting and renew your commitment to quit permanently.

QUIT ON YOUR TERMS

Even if you've tried repeatedly—and failed—to stop smoking, that doesn't mean you can't. Having a strategy that works for you gives you the best shot at quitting and lowering your risks of catastrophic illnesses, especially heart disease and cancer.

Review your strategies with your physician. Have him or her give you feedback on methods that won't interfere with any medications you might be taking or possibly cause adverse reactions.

Stack the odds in your favor. Set solid ground rules, such as:

- **Take your time.** Be sure the clock and calendar are favorable. If you've got a big project at work or the holidays are just ahead, you're probably going to be stressed—not the best time for quitting.
- **Make it personal.** View stopping as an all-or-nothing obligation to yourself and your family that outweighs the physical and emotional struggle ahead.
- **Ask why.** Anticipate traps and how to deal with them. Brush your teeth if you start “tasting” a cigarette or envision a dream vacation with the money saved by quitting—more than \$1,000 annually on average.
- **Make changes.** Breaking the habit means avoiding places and situations that trigger cravings.
- **Take action.** Toss out lighters, matches and ashtrays. Deodorize the cars. Ask loved ones, friends and co-workers for support—and to not smoke around you.
- **Don't listen.** Ignore the little voice that says “just smoke one.” You can't! ●

> Begin the new year with a “FreshStart”

New Milford Hospital will host its next FreshStart Smoking Cessation Program on January 20, 22, 27 and 29. These four sessions are held on consecutive Tuesdays and Thursdays from 6:30 to 7:30 p.m. in the hospital's Robison Conference Rooms. The fee is \$25 with a \$5 refund offered for each session attended if you complete the program. Classes are held several times throughout the year. For information and registration, call **(800) 350-1595**.

A HEARTSafe Community

The Connecticut Department of Public Health (DPH), in collaboration with the American Heart Association, has designated the town of New Milford as a HEARTSafe Community.

“The HEARTSafe Communities program is designed to promote and recognize the efforts of local municipalities that provide improved cardiac response and care to their residents,” says DPH Commissioner J. Robert Galvin, M.D., M.P.H. “We've assembled our resources through the New Milford Health Department, Regional EMS and New Milford Hospital to support CPR training, education, placement of automated external defibrillators and community awareness to improve safety and well-being,” New Milford Mayor Patricia Murphy says.

DPH began the HEARTSafe Communities program to foster community environments that improve survival odds for people suffering sudden cardiac events. “We're pleased to participate in this partnership that will improve the chain of survival with early access to care, CPR and clinical services,” says Joseph P. Frolkis, M.D., Ph.D., hospital president and CEO. ●



New Milford Mayor Patricia Murphy (far right) recently welcomed the Department of Public Health (DPH) to a reception honoring the town's designation as a HEARTSafe Community. From left: DPH Commissioner J. Robert Galvin, M.D., M.P.H.; Joseph P. Frolkis, M.D., Ph.D., hospital president and CEO; and Michael Crespan, director, New Milford Health Department.

CANCER SPECIALIST emphasizes communication



Anne Chiang, M.D.,
Ph.D.

Medical Oncologist Anne Chiang, M.D., Ph.D., joined New Milford Hospital's Regional Cancer Center in 2008, following more than a decade of experience in basic cancer research and patient care, most recently at Memorial Sloan-Kettering Cancer Center, where she completed a cancer fellowship.

Dr. Chiang is a member of Connecticut Oncology and Hematology in northwestern Connecticut. Board certified in medical oncology and internal medicine, she completed an internship and residency at New York-Presbyterian Hospital, Columbia Medical Center. A Fulbright Fellow in 1987-1988, Dr. Chiang earned her undergraduate degree from Princeton University, her medical degree at Weill Medical College of Cornell University and her doctorate from Harvard University. *HealthWise* recently caught up with Dr. Chiang to welcome her to Litchfield County and to learn more about her expertise and philosophy of care.

Q HOW DID YOU GO FROM WORKING IN A SCIENCE LABORATORY TO THE PRACTICE OF CANCER MEDICINE?

Dr. Chiang: After working in basic research for several years among professionals with medical backgrounds, I knew that applying research to care for patients was where I'd do my best work. The bridge



between science and patient care is all about education and communication. I enjoy keeping my patients well informed. During my medical training, I was able to work in medical journalism for ABC News' "Good Morning America," Reuters and Fox News. There, I realized that people get much of their health information in a very fragmented way. Writing and talking to patients became a driving force for me.

Q SINCE GRADUATING FROM MEDICAL SCHOOL, WHAT'S BEEN THE MOST SIGNIFICANT CHANGE YOU'VE NOTICED IN OUR APPROACH TO TREATING CANCER?

Dr. Chiang: The pace of cancer research has quickened over the last five years, and treatments are becoming more sophisticated. Instead of only conventional chemotherapies, which seek to destroy cancer cells, we're learning more about cancer's process to offer drugs

that can change the course of the disease. By understanding how the disease progresses, we can develop better ways to work against that process and manage cancer more successfully over time.

Q HOW HAS OUR MINDSET CHANGED WITH REGARD TO PATIENT CARE?

Dr. Chiang: With an aging population and more tools to treat cancer, the culture of care is different than in previous decades. We have a stronger focus on building awareness and involving patients in their care. There's a huge mandate for active discussion about managing cancer that gives power back to the patients. They have a right to understand everything about their disease, so they can make ongoing decisions about their care.

Q WHAT HAVE YOU FOUND MOST INTERESTING IN YOUR CAREER?

Dr. Chiang: I'm intrigued with the growing body of knowledge that we have regarding cancer metastases [cancer that has spread from its original location to other parts of the body]. In my research, I studied how breast and lung cancer cells metastasize during disease progression. If we understand what different cancers have in common, we're likely to facilitate the development of more effective treatments for long-term cancer management. The similarities among cancers bring possibilities for new therapies that not only kill cancer cells but also alter the cells to halt progression and disease recurrence.

Q TELL US ABOUT YOUR PREVIOUS WORK IN ADDRESSING WOMEN'S CANCER.

Dr. Chiang: As a specialist in gynecologic cancers at Memorial Sloan-Kettering Cancer Center, I was constantly reminded about the importance of building awareness through education and communication with my patients and their families. Women's cancers were once something that people didn't talk about. That's unfortunate, because many gynecologic cancers' symptoms are common enough to be dismissed as minor issues. For that reason, these cancers are often not

diagnosed early. Women need to be vigilant about their routine gynecologic care, including continuing mammography and Pap tests in their later years. If prolonged or persistent, symptoms such as indigestion, bloating, unexplained weight loss or gain, a change in bowel habits, pain, abnormal bleeding or discharge need to be evaluated.

Q WHAT KEEPS YOU MOTIVATED IN THE FACE OF THIS CHALLENGING DISEASE?

Dr. Chiang: There's more hope and more options for patients than ever before. With many survivors living fruitful, active lives, we view cancer as a chronic disease that needs to be managed over time. Patients may be on and off treatment over the years, so it's important that we begin to better understand disease progression. That's where research comes in. New Milford Hospital currently offers nearly 20 clinical trials to help patients with a variety of cancer diagnoses. We're here to offer many other kinds of guidance and support as well. ●



> Visit or call us today!
To learn more about the Regional Cancer Center, call **(800) 350-1595** or go to **newmilfordhospital.org**.

A continued SPIRIT OF GIVING

This fall, community residents held two distinct but equally generous events in Kent. Adele Terrell rallied her family and friends to organize the Kent Cancer Walk, a three-mile jaunt that raised \$6,962 to support the Regional Cancer Center. Geraldine Woodruff, owner of Terston in Kent, hosted a fall fashion show with an auction and in-store incentives that raised \$4,560 for the Regional Heart Center. The proceeds will go towards women's heart-health initiatives. Woodruff and her husband, James, have held similar events to benefit the hospital over the last several years.

COMMUNITY TRADITION

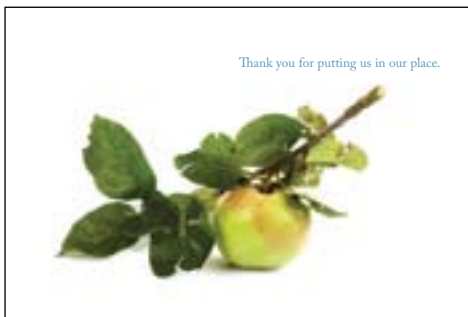
Joseph P. Frolkis, M.D., Ph.D., New Milford Hospital's president and CEO, says community interest and support like this has helped the hospital sustain its technology, programs and outreach to serve patients and families when they need it most. "This community has a tradition of partnerships that allow us to continue to educate people and prevent or minimize health disparities whenever possible," he says. "We're grateful to Adele Terrell and Geraldine Woodruff, along with the many Litchfield County residents who participated in their efforts to support the hospital's mission of quality care." ●



Geraldine Woodruff and her husband, James, are longtime New Milford Hospital supporters.



Adele Terrell (second from the left) and her husband, Frank, present a check to Regional Cancer Center Nurse Manager Barbara Davies, B.S.N. (far left), and Kathleen Clare, R.N.



Thank you for putting us in our place.



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THE ANNUAL FUND FOR NEW MILFORD HOSPITAL

> You can help, too!

For ways to give to New Milford Hospital (NMH), call Victoria Lowrey at **(860) 350-7345**.

> Season of giving

The holiday season and year's end is the perfect time to consider a charitable gift to New Milford Hospital (NMH) in honor or in memory of a loved one or friend. Please call the NMH Foundation at **(860) 350-7345**, and we'll help arrange this special gift.

It's also the time when all of us at NMH give thanks for your giving! Your support makes the difference between what we'd like to accomplish and what we're able to achieve in our efforts to remain your most trusted resource for medical care. Thank you! ●



New Milford Hospital

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NewYork-Presbyterian Healthcare System

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