

HealthWise

Women's heart health

**Cancer Center:
A decade of caring**

**Your heart has
feelings, too!**

Cardiac testing 101

**A lesson in
planned giving**



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Snore no more

Breathe easier with these nighttime solutions

Does your bedroom sound like a symphony of chain saws? Join the club. Forty-five percent of adults snore at least occasionally, and 25 percent of us make a regular habit of it, according to the American Academy of Otolaryngology–Head and Neck Surgery. Snoring is more common among men and people who are overweight and it usually worsens with age.

If you regularly snore, that means something is stopping you from breathing freely. You need to be checked out by a healthcare professional, who may recommend follow-up with a sleep specialist or an otolaryngologist (ear, nose and throat doctor). Possible reasons for the ruckus include the following:

- nasal congestion caused by seasonal allergies
- a deviated septum (crooked cartilage and tissue separating the nostrils)
- enlarged tonsils or adenoids (a common cause of snoring for kids)
- alcohol or sedative use
- obstructive sleep apnea (OSA), a condition that causes sufferers to repeatedly stop breathing in their sleep, as often as 300 times a night. OSA can increase the risk of high blood pressure, stroke, obesity, diabetes and heart problems, like irregular heartbeats and heart attack.

QUIET THE RIOT

For people with a milder problem, simple lifestyle changes may do the trick:

- **Shed excess pounds.** Losing weight can reduce fat deposits in the throat and open up the airways.
- **Avoid alcohol at least four hours before bedtime.** Alcohol can relax the muscles in the throat, making it hard to breathe during sleep. Medications that lead to drowsiness can have the same effect.
- **Tackle congestion.** Over-the-counter decongestants or allergy medications can open up airflow through the nose and cut back on mouth breathing. Ask your healthcare provider whether these treatments might be helpful for you. If allergies are the source of congestion, rid your bedroom of feather or down pillows and comforters, the family dog and other potential triggers.
- **Skip the smokes.** Cigarettes can worsen congestion.
- **Roll over.** Sleeping on your back can make snoring more likely, so snooze on your side or invest in special pillows that prevent you from rolling onto your back.
- **Stick with nasal strips.** These adhesive strips temporarily widen nostrils and are available at any pharmacy.
- **Adjust your bed.** Tilt the head of the bed up four inches.

MOUTHPIECE, PLEASE

A dentist can give you a custom-fit mouthpiece. It helps reposition the tongue and soft palate (the fleshy rear part of the mouth) to keep the airway open. Mouthpieces are best for loud snorers and those with mild OSA. If you get one, you'll need to see your dentist regularly to make sure the fit is correct and your snoring problem hasn't worsened.

SURGICAL INTERVENTION

Sometimes surgery is the only way to correct snoring or OSA. A few common procedures:

- **Uvulopalatopharyngoplasty.** Flabby tissue at the back of the throat is removed, allowing for more airflow for OSA sufferers.
- **Laser surgery.** A laser beam adjusts the soft palate and removes the uvula (the "punching bag" at the back of your throat). This widens your airway and reduces vibration. This procedure is usually used for loud, disruptive snoring not related to OSA.
- **Somnoplasty.** Radiofrequency signals shrink excess tissue. ●

Destined for obesity?

Prevent your child from packing on the pounds

Not too long ago, obesity and related conditions like high cholesterol, high blood pressure and diabetes were problems only adults had to worry about. But with approximately one in five children carrying extra weight, today's kids are facing the same serious health issues as their parents and grandparents.

BEHIND THE WEIGHT GAIN

In rare cases, medical problems such as endocrine disorders may cause a child to be overweight. And some kids may be genetically predisposed to gain weight. But most children aren't destined to be fat. More often, an unhealthy diet and an inactive lifestyle are to blame.

SLIM-DOWN SOLUTIONS

If you're concerned about your child's weight, talk with his or her pediatrician or ask for a referral to a nutritionist. You can also try a few of these lifestyle adjustments:

- **Stock up on staples.** Offer a wide variety of healthy foods so children can pick and choose which foods they like. Keep the fridge stocked with apples, low-fat cheese and other easy-to-eat foods. Or take your children grocery shopping. Involving them in the experience can make them feel like they have more control over what they eat.

- **Make it a family affair.** Don't single out an overweight child by making him or her eat healthy fare while the rest of the family has burgers and fries. You should all be eating healthy foods. Be a role model!

- **Turn off the TV.** Eating in front of the television encourages mindless noshing, and spending too much time watching cartoons or playing video games takes away from active pursuits. If your child loves video games, suggest interactive games that get players moving.

- **Let there be snacks.** Allowing children small snacks such as fresh or dried fruit, nuts, low-fat yogurt and air-popped popcorn is a great way to add nutrients to their diets and prevent overeating at mealtimes.

- **Slow it down.** Teach them to eat slowly and watch for the stomach's "full" signal. With this in mind, don't force children to clean their plates.

- **Skip the rewards.** Don't reward children with candy for good behavior. Likewise, don't attempt to curb bad behavior with the promise of a favorite dessert.

- **Don't hold back.** Unless your pediatrician says otherwise, never limit the amount of food children eat—it could interfere with their development.

- **Go outside.** Take walks as a family after dinner, play catch or miniature golf or do something fun together. Experts recommend an hour of activity on most or all days.

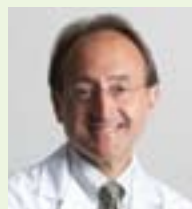
- **Be supportive.** Let your children know that you love them no matter what.

For more great ideas about how you can get your kids active and eating right, check out the National Heart, Lung, and Blood Institute's "We Can!" Web site at wecan.nhlbi.nih.gov. ●



A word from our president

Dear Friends and Neighbors,



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

In this issue of *HealthWise*, you'll find information about joint surgery, depression and its link to heart disease, heart disease in women and useful heart function tests. Studies show that patients who take an active role in their health care have greater peace of mind and better clinical outcomes. Here are some tips to consider.

SPEAK UP

The more your health care team knows about you, the better they can treat you. Tell them about:

- your complete medical and surgical history
- any medications, including prescriptions, over-the-counter (OTC) drugs, vitamins and supplements you take routinely or occasionally

When you meet with a team member, bring questions with you and take notes. If you don't understand an answer, ask again.

LEARN THE FACTS

Before you agree to any particular treatment, prescription or OTC medicine, learn about it. Information is available from your doctor, your pharmacy, the library, the bookstore and the Internet.

FOLLOW DIRECTIONS

When you're ready to proceed with treatment, maximize the benefits and minimize the risks by following your doctor's instructions. It's important to:

- Read all materials describing your preparation for treatment, including medications.
- Pay attention to how you feel and notify your health care team of any problems.

The more your health care team knows, the more likely they'll know how to help you.

Best wishes for your good health,

Joseph P. Frolkis, M.D., Ph.D.

> Quality check

New Milford Hospital routinely measures thousands of indicators to assess performance in clinical quality, employee and patient satisfaction, financial operations and community service activities. The following provides a snapshot of recent results in these areas. Measures highlighted in blue are publicly reported on various Web sites.

Measure description	Results from most recent report
PATIENT CARE	
Heart attack care	
> Patient received the right medicines at the right time	
> Patient received education to quit smoking	
> Heart attack survival rate	
PATIENT SAFETY	
Culture of safety	
> Overall employee perception of safety within the hospital	
Infection control	
> Central line IV infection rate	
> Infection rate for patients on ventilators	
SATISFACTION	
Employee satisfaction	
> Vacancy rate (all open positions)	
> Turnover rate (voluntary resignations)	
Patient satisfaction	
> Likelihood of recommending the hospital Yes: definitely recommend	
EFFICIENCY	
Financial	
> Number of patient visits	
> Expenses within budget	
Community benefit	
> Charity care and education/outreach provided to the community	

COLOR KEY

>Exceeds goal > Meets goal > Publicly reported measure

Joint surgery is a joint effort!



The thought of undergoing joint replacement surgery can be daunting. Orthopedic joint specialists Andrew Bazos, M.D.; John Keggi, M.D.; John Mullen, M.D.; Anthony Viola, M.D.; and Robert Yaghoubian, M.D., as well as an attentive team of anesthesiologists, nurse anesthetists, nurses and technologists, work to put each patient's mind at ease. They recommend the following for patients facing joint surgery:

Learn about your surgery. Knowing what to expect can help reduce worry and even your perception of pain.

Find out what to quit. If you smoke, stop about a month before surgery. Avoid alcohol for at least two days before and ask your surgeon which of your medicines you need to modify or stop.

Designate a contact person. The hospital will need to know who to update about your condition or in case of emergency.

Create a medical information file. On the day of your surgery, bring a list of all your previous surgeries and conditions, plus allergies and diet restrictions. List, too, all the medications you take and why, as well as over-the-counter drugs and supplements.

Take care of business. Add a folder to your medical

information file with a copy of your insurance card or policy and your living will, if you have one. If you don't have a living will or other advance directive, consider making one; your primary health care provider can help.

Think about saving your blood. Blood transfusions may be necessary; you may want to use your own blood.

Shape up. Being fit before surgery shortens recovery time. Ask your health care provider about exercises for toning your muscles and increasing endurance.

Plan for homecoming. Because driving, shopping and performing your usual routine may be difficult after surgery, plan to have household help. You may also want to shop for items that will maximize your independence, such as a long-handled sponge for bathing. ●

> Need joint surgery?

To learn more about joint replacement at New Milford Hospital, go to www.newmilfordhospital.org and select "Orthopedics" or call Physician Referral at **(860) 350-1595**.

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Walk this way

Pedometers make every step count

The President's Council on Physical Fitness and Sports urges all Americans to take 10,000 steps a day. But if you spend most of your days stuck at a desk, in meetings or behind the wheel, you may only walk a fraction of the five-mile-a-day recommendation. How can you step it up? Strap on a pedometer. These handy little devices can help you track your progress and keep you motivated—one step at a time.

WALKING 101

- **Pick a pedometer.** Look for a simple, lightweight device with an easy-to-read display and a sturdy clip to hold it in place. You'll find a good selection in most department or sporting goods stores. Before you start stepping, make sure the pedometer is accurate: Attach it to your belt or waistband, lined up with your knee. Reset the device to zero, then take 20 steps, walking normally. If the screen reads between 18 and 22 steps, the pedometer is likely pretty accurate. If it doesn't, reposition it and repeat the test. If the reading is still off, try a different device.

- **Find your starting point.** Wear your step-counter throughout the day for three days straight, except when you're doing vigorous activity like aerobics. Add the number of steps you took each day and divide by three to get your average daily steps. This is the number you'll build upon.

> How active are you?

Steps per day	Activity level
<5,000	Stand up and start moving!
5,000–7,499	You're halfway to your goal.
7,500–9,999	You're almost there. Good job!
10,000–12,500	Keep up the great work!
>12,500	Do you ever sit still?



> The nuts and bolts of pedometers

Cost: Depending on the features, anywhere from \$10 to \$50.

Features: All pedometers count steps, but pricier models may also tally distance walked and calories burned. Be aware, though, that pedometers aren't as accurate at calculating distance and calories as they are at counting steps.

How they work: Most have an internal mechanism that resembles a teeter-totter. As you move, the mechanism moves up and down and records steps. Some cheaper models may inaccurately count fidgeting or other movements as steps.

What can affect accuracy: Walking speeds of less than two miles an hour, loose waistbands, improper placement.



- **Establish short-term goals.** To start, try adding 250 steps a day. How? Stop being so efficient: Instead of carrying the laundry up from the basement in one trip, break it up into several. Cut the lawn with a push mower instead of a ride-on. Visit the bathroom on another floor at work.

- **Work your way to long-term goals.** Aim to make 2,000 of your daily steps fast ones or to reach the recommended 10,000 steps a day.

- **Monitor your progress.** Did you take less time to walk around the neighborhood than you did last week? Are you less winded now than you were then? Reassess your routine every six weeks to make sure it's working. ●

A silent killer

Kidney disease can strike without warning

Kidney disease can sneak up on you, and it can be deadly. In its early stages, kidney disease has no symptoms, so it usually isn't diagnosed until right before the kidneys fail.

WHAT'S BEHIND KIDNEY DISEASE?

Your kidneys have the important task of removing waste from your blood. The waste leaves your body via urine. Your kidneys also help control blood pressure and help your bone marrow make red blood cells, which deliver oxygen throughout the body. When kidneys are damaged—most often by conditions such as high blood pressure and diabetes—they can't do these jobs efficiently. As the disease progresses, you may experience pain on the side of the affected kidney or any of the following symptoms:

- less frequent urination with dark-colored urine
- anemia
- concentration problems
- swelling in the legs, ankles and feet
- itchy skin
- nausea, vomiting or loss of appetite

ARE YOU AT RISK?

If you have diabetes, heart disease, high blood pressure, a family history of kidney disease or kidney failure or if you've ever been told that you have protein in your urine, you're more likely to develop the condition. Ask your healthcare provider about blood and urine diagnostic tests.

KEEP YOUR KIDNEYS GOING

The following measures can help prevent problems or minimize the damage that kidney disease can cause:

- **Know your numbers.** Make sure your blood sugar is under control—especially if you have diabetes. And keep your blood pressure below 130/80 mm Hg. A healthy diet and daily exercise can help. Your healthcare provider may prescribe blood-pressure-lowering medications such as ACE inhibitors, which can also slow kidney disease's progression.

- **Clean up your act.** Quit smoking (it worsens kidney disease and interferes with blood pressure

medications) and cut back on salt. Talk with your healthcare provider about your diet. He or she may suggest foods to avoid and those you need. He or she may also recommend restricting your protein intake, since eating too much protein can put undue stress on your kidneys.

- **Become a regular.** If you have kidney disease, your provider will need to see you regularly to make sure your kidneys are working.

No matter what precautions you take, kidney disease may still result in kidney failure, which can be treated only with dialysis (a machine removes the waste from your blood) or a kidney transplant. ●



10 years of caring > New Milford

In 1994—the same year that New Milford Hospital (NMH) hosted its first Cancer Survivors Day—NMH leaders and teams serving patients with cancer began to envision possibilities for more comprehensive cancer care.

“We began to plan for a center that would offer quality and convenience, bringing radiation oncology, chemotherapy and support services together,” says Susan Iovino, executive vice president and chief operating officer at NMH. In 1997, the Connecticut Office of Healthcare Access approved a plan to build the Regional Cancer Center—a \$5.7 million radiation oncology center and expanded chemotherapy center in a dedicated facility.

James Preston, of Kent, led the community campaign that raised funds for the joint effort with Columbia-Presbyterian Medical Center. Today, Preston—who, along with his wife, Faye, made a personal gift of \$1 million—reaffirms a remark he made at the Center’s groundbreaking in 1998: “Cancer patients and their families will benefit from the many advantages related to on-site coordination of their cancer care. We achieved our goals to enhance the quality of care and quality of life for patients affected by cancer because our community truly showed how much it cares about the people of this region.”

Since its official opening in 1999, the Regional Cancer Center has flourished. Here are some highlights of our 10 years of progress:

- Installed a state-of-the-art breast cancer detection system.
- Launched stereotactic breast biopsy to locate and remove tissue samples to aid early detection, and sentinel node biopsy to support better treatment decisions.
- Added the Cancer Genetics Program—offering counseling and assessment of genetic and lifestyle factors to help individuals understand their cancer risk.
- Earned accreditation from the American College of Radiology (ACR) for radiation oncology services.



- Opened the radiation oncology department under the direction of Peter Schiff, M.D., Ph.D., of Columbia-Presbyterian Medical Center, and recruited Joseph Bargellini, M.D., as the full-time on-site director.

1999 2000 2001 2002

- Introduced HDR, an advanced, high-dose treatment option for some cancers.
- Recruited Orion Howard, M.D., a medical oncologist and faculty member at Dana-Farber Cancer Institute and Harvard Medical School, and Michael Magnifico, M.D., an experienced cancer specialist and cancer research physician at Yale University and Columbia-Presbyterian Medical Center.

- Implemented intensity modulated radiation therapy (IMRT), an ultra-precise technique that has improved the treatment of some types of cancers.
- Appointed medical oncologists Debra Brandt, D.O., and Ivan Lowenthal, M.D.
- Received first annual grant from the Connecticut Affiliate of Susan G. Komen for the Cure to fund the Greater New Milford Breast Care Initiative.
- Opened the Cancer Resource Center, providing patients and families with information about cancer procedures, techniques and support.
- Joined the National Consortium of Breast Centers to verify the Center’s dedication to excellence in breast health care.



Hospital's Regional Cancer Center



- Introduced two phase II clinical trials involving immune-boosting medications for chemotherapy patients who have advanced colon and ovarian cancers.

- Acquired PET/CT (positron emission tomography/computed tomography) to improve the diagnosis and staging of cancer.
- Formed the Cancer Caregivers Support Group to address emotional and medical issues faced by primary caregivers.
- Recruited Beth Overmoyer, M.D., a nationally recognized medical oncologist specializing in breast cancer.

- Introduced MammoSite therapy, an FDA-approved treatment option for some women with early breast cancers.

- Approved with Commendation by the American College of Surgeons' Commission on Cancer, recognizing NMH's commitment to quality cancer care.
- Awarded \$35,255—the largest annual grant in eight years of support—from the Connecticut Affiliate of Susan G. Komen for the Cure. Total Komen support reached \$209,095 this year to continue education, screening and care for underserved women.
- Awarded \$15,000 grant in medical oncology from the Connecticut Clinical Oncology Trials Network. The grant will help improve access to clinical research trials and educate patients and the public about the role of clinical trials in finding a cure and developing improved treatment options. ●

2003 2004 2005 2006 2007 2008 2009

- Introduced Bexxar, a treatment for patients with non-Hodgkins lymphoma who have become resistant to other therapies.

- Implemented digital mammography, the most advanced technology to screen for breast cancer.
- Appointed Denise Mariconda, B.S.N., as a dedicated, certified Breast Health Navigator to help patients facilitate timely treatment and care.

- Honored with a commitment gift of \$500,000 by The Lawrence J. Portell and Natalie D. Portell Foundation Inc., which will fund cancer technology and programming.
- Recognized by the Oncology Nursing Certification Corporation as a regional cancer center where the majority of the nursing staff has earned and continues to maintain national oncology certification.
- Recruited Anne Chiang, M.D., Ph.D., medical oncologist, following her patient care and research experience at Memorial Sloan-Kettering Cancer Center.





Does your heart need a tune-up?

What simple tests will tell you and your doctor



William Cicio,
M.D.

How healthy is your heart? If you don't know the answer, there's good news. A few simple tests can help prevent heart disease from striking you.

"There are completely painless procedures that yield an enormous amount of information about the heart," says William Cicio, M.D., medical director of diagnostic services at New Milford Hospital. "If you have symptoms such as shortness of breath or occasional chest pain or pressure, ask your primary care physician whether these tests—or nuclear cardiac testing—might be useful."

RESTING ELECTROCARDIOGRAM

Also known as EKG, ECG and cardiogram, a resting electrocardiogram measures and records the electrical impulses that stimulate your heart to contract, or beat. "Because the electrical activity of all human hearts follows certain predictable, normal patterns, it's easy to detect a pattern that looks different," says Dr. Cicio.

This test can tell whether the person is suffering from, or has already suffered, a heart attack or damage to the heart muscle.

STRESS ELECTROCARDIOGRAM (STRESS TEST)

The stress electrocardiogram records the heart's electrical activity while physical stress is placed on it. "This test looks for blockages in the coronary arteries. It also can be used to advise a patient with heart disease how much physical activity he or she can safely tolerate," Dr. Cicio says.

ECHOCARDIOGRAM

Using sound waves to create a black-and-white, moving picture, echocardiograms help determine the size of the heart chambers, the thickness and strength of the heart muscle, the quantity of blood pumped, whether fluid is present in the sac surrounding the heart and whether the heart valves are abnormal or leaking.

DON'T DELAY

"The most important thing to remember about heart problems is that the sooner you detect and diagnose them, the easier they are to manage and treat," says Dr. Cicio. ●

Summer CPR training

New Milford Hospital (NMH) offers adult, child and infant cardiopulmonary resuscitation (CPR) training to empower community residents to save lives. This four-hour course, valid for a two-year certification, includes instruction on cardiopulmonary resuscitation, automated external defibrillators (AEDs) and first aid for choking. Classes are held at the NMH's Center for Clinical Excellence, 6 Treadwell Ave., New Milford. Upcoming class dates are July 28, August 5 and 25, and September 2 and 29. The course fee is \$75 per person and includes a book and a face mask. To register, call **(860) 210-5010**. ●

Women and heart disease

Most women have no idea that cardiovascular disease is by far their greatest health threat. Consequently, they don't worry about guarding their heart health, according to Michael Levine, M.D., director of cardiology at New Milford Hospital. "It's important to learn about how cardiovascular disease affects women differently than men," Dr. Levine says. Here's a summary of recent research.



Michael Levine, M.D.

• **A better test for women.** Although more studies are needed, researchers have found that heart disease can be more accurately diagnosed in women using echocardiography and nuclear imaging, rather than the traditional exercise stress test.

• **Another villain.** Elevated blood triglyceride levels raise heart attack risk, especially in women.

• **The aspirin deficit.** Aspirin is one of the most effective treatments for heart attack patients, yet many women who have suffered a heart attack fail to take it.

> Know the symptoms

Heart attack warning signs:

- uncomfortable pressure, fullness, squeezing or pain in the center of the chest that lasts more than a few minutes or goes away and comes back
- pain that spreads to the shoulders, neck, jaw or arms
- chest discomfort with light-headedness, fainting, sweating, nausea or shortness of breath

Women may also experience:

- atypical chest pain, stomach or abdominal pain
- unexplained anxiety, weakness or fatigue
- palpitations, cold sweat or paleness

• **Worse threats for women.** Obesity is a risk factor in men when other risk factors are present. In women, however, obesity alone increases risk. Diabetes hits the female heart harder, too.

"Knowing the signs and getting immediate medical attention are key to surviving a heart attack," says Dr. Levine. ●

A deadly duo

The depression and heart disease link

While cardiovascular disease (CVD) is a leading cause of death and disability, depression affects about 8 percent of American adults each year. According to Lisa Diamond, M.D., chief of psychiatry and director of behavioral health services at New Milford Hospital, these two illnesses appear to be frequent companions.

"People with heart disease are more likely to develop depression than healthy people, and multiple studies show that depression triggers the frequent release of stress hormones, which speed the heart rate and increase blood pressure, insulin and cholesterol levels—all CVD risk factors,"

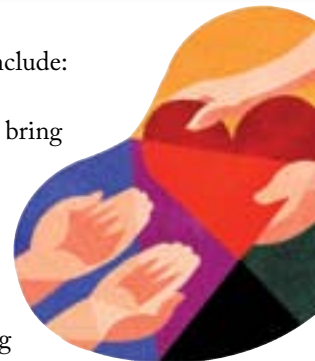
says Dr. Diamond. Signs of depression include:

- persistent sadness or empty feelings
- lack of interest in activities that used to bring happiness
- fatigue or decreased energy
- disturbed sleep patterns, like insomnia or oversleeping
- weight changes
- problems remembering or concentrating
- feelings of worthlessness, helplessness or guilt
- irritability or frequent sobbing
- suicidal thoughts or attempts
- chronic aches and pains that don't respond to treatment

SEEKING HELP


"Behavioral counseling can help those with cardiovascular disease feel more at ease," Dr. Diamond says.

For information and appointments, call (860) 350-5373. ●



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Adaline Buck Strong



Margaret Lytle Griner

Giving through the ages

The severe winter of 1920 made it obvious to the only two physicians in New Milford, Rupert Day, M.D., and Howard Stevens, M.D., that a hospital was desperately needed. According to *Howard Peck's New Milford*, the most enthusiastic member of the planning committee that was formed to realize this goal was Mrs. Robert P. (Adaline L. Buck) Strong. As one of the "leading spirits in any civic undertaking" in the town, "Addie" Strong worked tirelessly; less than two years later, New Milford Hospital (NMH) was established in a house on Whittelsey Avenue.

For the next 47 years, Addie served as treasurer, purchasing agent and director of volunteer sewing at NMH. On Addie's 85th birthday, Dr. Stevens described her as "not only Strong by name but strong by nature." Addie's Last Will and Testament established the *Robert and Adaline Strong Fund*, which continues to provide financial support to NMH, a true and generous legacy from a woman whose name and dedication are an inspiration to all.

A SPIRIT EMULATED

Margaret Lytle Griner, of New Preston, is fascinated by Addie's life and work. And it's no wonder—their biographies have much in common. Margaret has served as a member of the NMH Foundation Board of Trustees for more than a decade and, with a personal commitment to fundraising efforts, has taken board leadership of the Foundation's Planned Giving Program. She also has made a significant planned gift to NMH. "Just like Addie Strong's legacy," she says, "planned gifts allow us to secure the hospital's future after we're gone, and it's simple and painless if we follow Addie's example and name NMH in our will."

In the fall edition of *HealthWise*, the NMH Foundation will launch The Adaline Strong Planned Giving Society of New Milford Hospital. An October reception for the inaugural members of the Society is planned at Addie's childhood home, the New Milford branch of Union Savings Bank. ●