

HealthWise



**Start the
new year
off right**

**Diabetes:
Don't make it
a family affair**

**Cancer
research
and support**

Surviving a natural disaster



How to prepare, plan and stay safe

You may not think you'll ever be the victim of a natural disaster. But blackouts, fires, tornadoes and thunderstorms do happen, and they hit hard. Surviving them takes brains, not brawn, and being prepared is the best way to make sure that you and your family stay safe. The American Red Cross and Federal Emergency Management Agency (FEMA) recommend these basic steps to survive four common emergencies:



BLACKOUT

- 1 Use a flashlight, not candles, for emergency lighting.
- 2 Turn off the electrical equipment you were using when the power went out to prevent surge overload.
- 3 Avoid opening the refrigerator and freezer to keep cold temperatures in.
- 4 Tune your battery-powered radio to the local weather station for the latest information.



FIRE

- 1 Install smoke alarms outside each bedroom and on every level.
- 2 Use the test button to check alarms once a month. Replace all of the batteries once a year when you set the clocks back (or sooner if they run out).
- 3 Vacuum dust from the alarms once a month.
- 4 Consider keeping fire extinguishers on every floor and be sure everyone knows how to use them.
- 5 Have at least two ways to exit from each room.
- 6 Create an escape plan.



TORNADO

- 1 Find a place to gather if a tornado is headed your way, ideally a basement. No basement? Go to a center hallway, bathroom or closet on the lowest level of your home.
- 2 Put extra clothing and bedding in large plastic bags to bring with you in case you need to evacuate.
- 3 Listen to the radio or watch TV for storm info.
- 4 Know the difference between a tornado watch and a warning: A watch means that a tornado is possible; a warning means that a tornado has been sighted and may be headed your way.
- 5 If you're inside, go to your designated safe place to stay protected from glass or other flying objects.
- 6 If you're caught outside, find shelter in a basement or a sturdy building. If you can't get to shelter, go inside your car, buckle your seat belt and leave the engine on. Keep your head down below the windows, covering it with your hands and a blanket. If you can't get to a building or a car, lie in a ditch and cover your head with your hands.



THUNDERSTORM

- 1 Look for darkening skies, flashes of light or increasing wind. If you can hear thunder, you're close enough to the storm to be struck by lightning. Get to safe shelter right away.
- 2 Listen to the local weather station for the latest forecasts.
- 3 Phone lines and metal pipes conduct electricity, so unplug your appliances and avoid using them.
- 4 Close window blinds or shades to keep flying objects or glass from coming into your home.
- 5 If you're caught outside, go to a low-lying, open place that's not prone to flooding and that's away from trees, poles or metal objects.

Breast cancer myths, debunked

Don't get tripped up by these **5** falsehoods



Women are bombarded with information about breast cancer—and much of it is wrong. Here's the truth behind some of the most common misconceptions:

1 MYTH: Finding a lump in your breast means you have breast cancer.

FACT: If you find a lump or notice any other changes in your breasts, see your healthcare provider. But eight out of 10 breast lumps are benign or not cancerous. Don't avoid seeing your doctor because you're afraid of what he or she may find. Take charge of your health by doing routine breast self-exams and having regular mammograms.

2 MYTH: Men don't get breast cancer.

FACT: Each year, approximately 1,900 men are diagnosed with breast cancer. Men should give themselves regular breast self-exams and mention any changes, such as skin dimpling or puckering, redness or scaling of the nipple or breast skin, to their doctors, too.

3 MYTH: Pregnancy increases the risk of breast cancer recurrence.

FACT: There's been a concern that if you were treated for breast cancer in the past, high hormone levels during pregnancy might increase the chance of the cancer coming back. But pregnancy doesn't increase this risk—as long as the cancer didn't spread beyond the breast and your treatment was successful. Doctors often counsel women to wait at least two years after breast cancer treatment before becoming pregnant, as most recurrences happen during that time.

4 MYTH: If you have a family history of breast cancer, you're destined to get diagnosed, too.

FACT: Women who have a family history of breast cancer are at higher risk, but a family history isn't a death sentence. If any of the women in your family have had breast cancer, get a yearly mammogram and MRI starting at age 30. And even if you have a greater risk, your doctor may recommend preventive medications or surgery to lower your likelihood of developing the disease.

5 MYTH: Using antiperspirants and deodorants causes breast cancer.

FACT: According to the American Cancer Society, there's no proof that using antiperspirants or deodorants causes breast cancer. Some people claim that these products contain harmful ingredients that could be absorbed through small nicks caused by shaving, but there's no evidence to support this. •



2.5 million
Number of breast cancer survivors in this country

—American Cancer Society

A word from our president



Richard J. Henley,
FACHE, FHFMA
Interim President
and CEO

Dear Friends and
Neighbors,

Hospitals and other health care organizations are a symbol of health within the communities they serve. Like many of you who will resolve to take better care of yourselves in the new year, New Milford Hospital is striving to be

healthier and remain a role model as “Your Home for Health.”

We’re working harder than ever to meet your expectations for high-quality care and exceptional service. We’re working to build stronger relationships that will help us maintain services, adopt new technology and remain financially sound to serve you in the future. Even with the implications of health reform, we’re confident that we have what it takes to weather the storms and remain your first choice for care.

Through partnerships with our physicians and other health care providers, we’re aiming to improve communication, comfort and convenience for our patients—all hallmarks of our developing Planetree model designed to nurture the mind, body and spirit. Investments in our people, along with sound business practices, remain our priorities.

In this edition of *HealthWise*, you’ll find information about diabetes care, women’s health, keeping your family safe in a disaster situation, cancer research and genetics and New Year’s resolutions. You’ll also find tips for protecting yourself from infection and solutions for knee pain. We hope you’ll find this information useful and share it with your family and friends.

With best wishes for your good health,

Richard J. Henley, FACHE, FHFMA
Interim President and CEO

How to exercise - safely - during pregnancy

If you’re wondering if you should exercise during your pregnancy, the answer for most women with normal pregnancies is a resounding “yes!” Working out during pregnancy can lift your spirits, ease low-back pain and other discomforts, improve your flexibility and build your endurance for labor and delivery, says Carol Papov, M.D., chairman of obstetrics/gynecology at New Milford Hospital. “Non-weight-bearing activities like swimming, stationary cycling, calisthenics and stretching are the best choices for pregnant women. Brisk walking is another good option.”

Dr. Papov recommends that pregnant women engage in 30 minutes or more of moderate physical activity most days of the week. She offers the following general guidelines to help moms-to-be get off to a safe start:

- Avoid activities like skiing, scuba diving, mountain climbing or horseback riding that could harm you or the fetus.
- Eliminate exercises that require you to lie on your back after the first 20 weeks of pregnancy. This position could reduce blood flow to the fetus.
- Warm up for at least five minutes before exercising to prevent joint and muscle injuries.
- Don’t over-stretch. It can damage joints that have become loosened during pregnancy.
- Avoid jumping, jarring or jerking movements that could throw you off balance.
- Drink plenty of water before, during and after exercise.
- Don’t exercise too strenuously. You should be able to carry on a conversation while exercising. If you can’t, slow down.
- Check your temperature during or right after

exercising. A body temperature above 102.6° F could harm the fetus. Avoid exercising in hot, humid weather.

- Stop exercising when you're comfortably tired; don't wait until you're exhausted.

- Cool down for at least five minutes after exercising. Then lie down on your left side for a few minutes. This position increases blood flow to the heart and the placenta.

- Stop exercising immediately and call your doctor if you experience pain, bleeding, rupture of membranes, faintness, irregular heartbeat or dizziness, or if the baby stops moving.

- Have fun. That's the best way to ensure that you'll continue your workouts.

NOT FOR EVERYONE

"Some pregnant women should not exercise, including those with pregnancy-induced hypertension [high blood pressure], an incompetent cervix, persistent bleeding, slow fetal growth or premature labor during the current pregnancy or a prior one," says Dr. Papov. "Your obstetrician/gynecologist will be watching for these and other risk factors to ensure that you can exercise with confidence and safety to protect you and your baby." ●



> Caring for you and baby

Early prenatal care is essential to help expectant mothers have a healthy pregnancy. Dr. Papov recommends that a woman discuss her exercise plans with her obstetrician/gynecologist in advance to set realistic fitness goals.

NEW MILFORD HOSPITAL

OBSTETRICIAN/GYNECOLOGISTS

Claudia Johnson-Baxter, M.D.
Carol Papov, M.D.
Annette Wagner, M.D.
Women's Healthcare of New Milford
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John Sussman, M.D.
New Milford OB/GYN
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New Milford, CT 06776
(860) 354-9321

Orlito Trias, M.D.
9 Aspetuck Ave.
New Milford, CT 06776
(860) 354-9314

Our Family Birthing Center offers several resources to help the entire family adjust to your new addition, including:

- Prepared Childbirth Education
- Breastfeeding Group for Pregnant Women
- Breastfeeding Support Group
- Infant Care Class
- Sibling Preparation
- Massage for New Mothers

For more information about New Milford Hospital's Family Birthing Center and Physician Referral, call **1 (877) 786-0638** or visit **newmilfordhospital.org**.

For a list of our highly qualified pediatricians and family medicine physicians to care for your growing family, see page 8.

Knee pain? Nix it!

Find the source and feel better

One in three people over age 45 has some kind of knee pain. Why are our knees so prone to pain? They're the largest and heaviest hinge joints in the body. They're also the most complex. Knees bend, straighten, twist and rotate, which is why they suffer more injuries than other joints do. Whether your pain is due to arthritis or other diseases, injury, overuse, being overweight or plain old aging, you need relief.

Many people undergo surgery, either to repair joint damage from injury or arthritis, reconstruct torn ligaments or to replace the knee completely. But not every knee problem requires surgery. Take the following steps to reduce your risk of injury or disease and to keep your knees healthy:

Keep extra pounds off. Maintaining a healthy weight is one of the best things you can do for your knees. Being overweight puts strain on your joints, raising your risk of ligament and tendon injuries and osteoarthritis.

Be strong. Weak muscles are a leading cause of knee injuries. Keep your knees' supporting muscles, your quadriceps and hamstrings, strong by doing knee extensions, hamstring curls and leg presses.

Choose your workout wisely. If your knees hurt after jogging or playing sports, consider switching to swimming, water aerobics or other low-impact exercises for a few days a week to get relief.

Get the right fit. A well-fitting shoe helps you to maintain stability. Choose footwear that suits your sport. Running shoes aren't made to pivot and turn, for instance, but tennis and racquetball sneakers are.

Don't overdo it. If your knees hurt or you're tired, take a break. You're more likely to get injured if you're tired.



> Aching knees? Get R.I.C.E.

Many causes of knee pain, especially those related to overuse or physical activity, respond well to do-it-yourself treatments. Healthcare providers recommend the R.I.C.E. technique to soothe your sore knees:

- > **Rest.** Avoid activities that aggravate the pain, especially weight-bearing activities.
- > **Ice.** Apply it every hour for up to 15 minutes. After the first day, apply it for 20 minutes, three times a day.
- > **Compress.** Gently compress the knee by wearing a compression bandage.
- > **Elevate.** Keep your knee elevated as much as possible to bring down any swelling.

Some types of knee pain need immediate care. Call your doctor if you:

- can't bear weight on your knee
- have visible inflammation or redness
- see an obvious deformity
- have a fever or extreme pain ●

Battling the superbug

Guard against MRSA

You wash your hands often and take regular showers. But, like millions of other people, you may have harmless staph, or *Staphylococcus aureus*, bacteria living on your skin. Sometimes, staph bacteria get into your body through a cut or wound, causing minor skin problems. Most infections appear as a bump on the skin that may be red, swollen, painful or warm and can be treated with antibiotics. But healthcare providers are seeing more and more cases of methicillin-resistant *Staphylococcus aureus*, or MRSA. It's called a "superbug" because it's antibiotic-resistant, meaning it doesn't respond to the antibiotics that are usually used to cure staph infections. Although most MRSA infections aren't serious, some can affect the heart, blood or bone, causing major illness and even death.

MRSA outbreaks, previously thought to occur only among hospital patients, are spreading among otherwise healthy people, such as children in day care centers, people in the military and athletes who share equipment or personal belongings. Those who get tattoos are also at higher risk.

PROTECT YOURSELF

Take the following precautions to prevent MRSA infection and the spread of germs:

> Is it MRSA?

If you have a pimple, cut or scrape that gets infected (it's red, warm, painful and oozing pus), see your healthcare provider. He or she may test it for MRSA. If you do have MRSA, your provider may drain the infection and, in some cases, prescribe an antibiotic. (Yes, some antibiotics can kill the bacteria.) Don't try to drain the infection yourself—doing so could make it worse or spread it to other people.

Wash your hands often. Scrub your hands for at least 15 seconds, then dry with a disposable towel. Use another towel to turn off the faucet. Use a hand sanitizer that has at least 60 percent alcohol if soap and water aren't available.

Don't share. Avoid sharing towels, sheets, razors, clothes and athletic equipment, as they can spread the infection.

Watch what you touch. MRSA lives on objects and surfaces such as doorknobs, hand rails and pencils, so contamination and germs can spread rapidly from these commonly shared areas and through direct personal contact.

Cover wounds. Keep cuts clean and under wraps. The fluid from sores may contain MRSA, but covering them with sterile, dry bandages will help keep bacteria from spreading.

Shower after sports. Shower immediately after workouts, games or practices.

Sanitize your stuff. If you have a cut, wash your towels and bed linens in a washing machine in hot water (with bleach, if possible) and dry them in a hot dryer. Wash athletic clothes after each use.

Use antibiotics properly. Whenever you're sick and your healthcare provider prescribes an antibiotic, finish it even if you feel better, unless he or she tells you otherwise. ●



Tips for a safe, healthy new year

Start the new year off with this checklist for peace of mind and improved health.

1 Drink more water and take a multivitamin to help ensure adequate hydration and nutrition.

2 Move your body by taking the stairs and park away from your destination to get in a few extra steps each day.

3 Check and replace batteries in your home's smoke alarms and carbon monoxide detectors.

4 Click your seat belt every time you travel by car.

5 Wear proper safety equipment (goggles, ear plugs, knee/elbow pads) for household projects.

6 Equip your bathtubs and showers with safety handles to prevent slips and falls.

7 Practice good sleep hygiene by adopting a consistent schedule for going to

bed and waking up each day.

8 Pick a primary care physician if you don't already have one and make an appointment today. •



> You and your primary care physician: A prescription for lifelong health

It can be tempting to shrug off preventive medicine if you feel healthy. However, seeing a primary care physician (PCP) regularly will help you prevent illness and injury, because he or she will be familiar with the physical, psychological and lifestyle factors that affect your health. With the help of a PCP, you and your family will have a medical home allowing your medical information to be in a central location.

Choose a physician who is behind you all the way and backed by the specialists and patient care teams at New Milford Hospital. For a physician referral, call **1 (877) 786-0638** or visit newmilfordhospital.org.

FAMILY PRACTICE *(including pediatrics)*

Henry Allen, M.D.
George Barth, M.D.
Associated Family Physicians
146 Danbury Road
New Milford, CT 06776
(860) 350-4000

Peter Anderson, M.D.
New Milford Family Practice
1 Old Park Lane
New Milford, CT 06776
(860) 355-3728

Jonathan Beck, M.D.
Family Medicine on the Green
50 Bridge St.
New Milford, CT 06776
(860) 355-6963

Robert Fitton, M.D.
246 Federal Road, Unit C-31
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Christie Garb, M.D.
Daren Garb, M.D., M.P.H.
Kent Med-Peds
38 North Main St.
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(860) 927-4365

INTERNAL MEDICINE

Alphonse Altorelli, M.D.
125 New Milford Turnpike
New Preston, CT 06777
(860) 868-7318

Harold Kamm, M.D.
Doreen Konik, M.D.
Christian Leonardi, D.O.
Pacey Pet, M.D.
Jeffrey Tyler, M.D.
New Milford Medical Group
11 Old Park Lane
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(860) 355-1149

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Pawling, NY 12564
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PEDIATRICS

Matthew Abel, M.D.
Kristi Beck, M.D.
Wendy Drost, M.D.
Frank Fanella, M.D.
Evan Hack, M.D.
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Josef Burton, M.D.
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Stop diabetes in its tracks



Laurie Schedgick-Davis, D.O.

Diabetes has reached epidemic proportions in the American family. As a primary care physician board certified in both pediatrics and internal medicine, Laurie Schedgick-Davis, D.O., advocates for early screening and more aggressive action to prevent and manage diabetes.

“Any adult with a body-mass index of 25 or higher and one or more risk factors should be screened, and anyone age 45 and older without risk factors should undergo routine screening,” says Dr. Schedgick-Davis. “Parents of overweight children should work with their doctors to address risk factors. The American Academy of Pediatrics recommends screening children every two years beginning at age 10 or at the onset of puberty if they’re overweight or obese and have two or more diabetes risk factors [a sedentary lifestyle, a family history of diabetes, or being of African-American, Hispanic or American Indian descent].”

The longer a person has diabetes, the greater the chance for complications, such as blindness, kidney failure, leg and foot amputations, stroke and heart disease, so children with diabetes are particularly threatened.

WHAT YOU CAN DO

The first step is to determine if you and your children are at risk for diabetes. Fortunately, identifying children at high risk and taking early action can largely prevent diabetes. Dr. Schedgick-Davis recommends that families:

- **Eat at home.** Make the time to cook and eat healthy family fare.
- **Limit screen time.** The sedentary nature of modern playtime—television, video games and using the computer—has contributed to overweight kids.
- **Exercise together.** Go on a family hike or bike ride or enter family fun walks.
- **Don’t use food, sweets or candy as rewards or gifts.** Try activity-minded presents such as jump ropes, kites, pogo sticks or scooters. ●



> Diabetes experts at “Your Home for Health”

New Milford Hospital provides diabetes education and support. Our diabetes team, which includes certified diabetes educator Dianne Cook, R.N., B.S.N., C.D.E., and registered dietitians Michele MacDonnell, R.D., and Heather Milligan, R.D., addresses pre-diabetes, newly diagnosed diabetes and gestational diabetes, offering diabetes management classes and follow-ups for patients who have been hospitalized. A physician referral is required for services, which are covered by most major medical insurance plans.

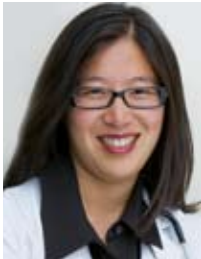
A five-week Diabetes Management Class for Medicare beneficiaries is held Tuesdays from 9:30 a.m. to 11:30 a.m. Individual sessions are available for those unable to attend the classes.

A Diabetes Support Group meets the first Tuesday of April, May, June, September, October and November from 10 a.m. to 11 a.m.

For appointments, call **(860) 350-7264**. Services are provided next to the outpatient laboratory inside the hospital’s main entrance at 21 Elm St.

Shedding light on cancer

An update on research and clinical trials



Anne Chiang, M.D.,
Ph.D., Director,
Medical Oncology



Debra Brandt, D.O.



While the word “cancer” still makes people wince, the past few years have brought hope in treating and preventing the disease. One of the biggest advances is the new knowledge doctors are gaining.

At New Milford Hospital’s Regional Cancer Center, medical oncologists, researchers and patients have participated in clinical studies related to genetic cancers, and have closely watched medical advancements. Researchers and oncologists Anne Chiang, M.D., Ph.D., and Debra Brandt, D.O., recently spoke about breakthroughs in cancer research. Here’s what they discussed:

- **A study of PARP (poly adenosine diphosphate ribose polymerase) inhibitors for women with BRCA1 and BRCA2 breast cancers.** PARP proteins help repair DNA. Cancer patients with BRCA1 and BRCA2 mutations are predisposed to DNA damage. Recent studies show that this class of drugs works in BRCA1 and BRCA2 patients and in women with triple-negative breast cancer. While PARP inhibitors aren’t yet approved by the U.S. Food and Drug Administration, many cancer experts are excited about their development.

- **New testing for breast cancer patients considering tamoxifen.**

CYP2D6 testing is available for women who might take tamoxifen as part of their treatment to prevent cancer recurrences. The test identifies women who are poor metabolizers of tamoxifen. “Some women don’t get the full effects of the drug and are at higher risk of recurrence,” says Dr. Chiang. In these cases, women might not want to take it.

- **Use of raloxifene vs. tamoxifen.** The STAR clinical trial, one of the largest national breast cancer prevention studies, found that raloxifene worked as well as tamoxifen in reducing breast cancer risk in postmenopausal women.

- **Testing for Lynch Syndrome.** Lynch Syndrome is a rare, inherited condition that increases a person’s risk of colon and uterine cancer. It’s also known as Hereditary Nonpolyposis Colorectal Cancer (HNPCC). An estimated two to three out of every 100 colon cancers are thought to be caused by Lynch Syndrome.

HOW CLINICAL TRIALS HELP

Dr. Brandt’s efforts have allowed patients at the center to participate in clinical trials, including studies for lymphoma and lung, breast and prostate cancers. Dr. Brandt recommends that patients consider participating in trials. “Trials are very safe,” she says. “Participation in clinical trials gives us increased hope for a cure. It makes a lot of sense.” ●

> We’re ready to help

For a referral to a cancer specialist,
call 1 (877) 786-0638.

At the Sister Soldiers Foundation's kick-off reception and support forum, Sister Soldiers Unite, Denise Mariconda, R.N., B.S.N., breast health navigator at New Milford Hospital (left), accepted the check from Sister Soldiers' founding directors (from left) Jackie Kern, Jill Acord and Iffie Okoronkno Aikenhead, M.D. Not pictured: Fellow founding director Gabriela de la Vega.



Coming together

Greater New Milford community and New Milford Hospital support breast health for area women

One in nine women will be affected by breast cancer in her lifetime, but New Milford Hospital (NMH), together with philanthropic support from area residents, is actively working to reduce that statistic. And when the disease can't be prevented, the hospital's clinical and community support programs help ease the emotional and physical burdens that breast cancer inflicts.

Early detection—when chances of long-term survival remain highest—is the strongest weapon against breast cancer. In 2006, NMH implemented digital mammography, the most advanced technology available to screen for breast cancer. To ensure that women can be screened, NMH established a Low-Cost/No-Cost Mammogram Fund supported by charitable gifts and grants from Susan G. Komen for the Cure.

Since 2002, more than \$30,000 has been granted by the Connecticut affiliate of Susan G. Komen for the Cure to the fund, and between 2005 and 2009, another \$42,500 was donated by individuals and groups from the greater New Milford community.

LOCAL SUPPORT

The hospital's most recent donor is the Sister Soldiers Foundation, a private foundation formed to provide breast cancer patient and caregiver support. In September, the four founders of the Sister Soldiers Foundation and their growing ranks of special friends donated \$5,500 to the hospital's fund to subsidize screenings for more than 50 women who might otherwise have to forgo them.

Similarly, John NeJaime, proprietor of the New Milford Spirit Shoppe, has focused his generosity on the Low-Cost/No-Cost Mammogram Fund. Because John lost family members to the disease, he organizes wine tasting events and donates the proceeds to the fund. Since 2001, NeJaime has raised more than \$30,000 to help women of greater New Milford get this important preventive care.

Nancy Wiseman and Suzanne Schultek, owners of Fancy That!, The Gift Shop, in Washington Depot, recently opened The GAL-ERY, a fine art gallery within the shop featuring female artists. A percentage of all sales from The GAL-ERY will be donated to the hospital's fund.

Through the generosity of countless patients and friends, NMH's breast cancer prevention and intervention services will continue to reach uninsured and underinsured women, especially those at greatest risk. ●




We need you

To learn how you can donate to the Low-Cost/No-Cost Mammogram Fund, please call or e-mail Victoria Lowrey, executive director of the NMH Foundation, at **(860) 350-7345** or **lowreyv@nmhct.org**.

Member of New York-Presbyterian Healthcare System and affiliate of Columbia University College of Physicians and Surgeons
Centers of excellence for cancer, cardiovascular care, emergency medicine, family birthing, one-day surgery, joint replacement, sleep medicine and women's imaging
Physician Referral: 1 (877) 786-0638
newmilfordhospital.org

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Focus on fresh

New Milford Hospital (NMH) earned two national awards for promoting wellness and disease prevention through a comprehensive food initiative. The first award, the **2009 Spirit of Planetree Award**, recognizes the hospital's patient-centered approach to providing care in the category of Nutritional and Nurturing Aspects of Food. Planetree President Susan B. Frampton presented the honor at the Fall 2009 Planetree Annual Conference held in Baltimore, Md.

The award recognizes the hospital's use of fresh, healthy foods—some from local farms—with its partner, Unidine Corporation. It also highlights a pilot project to educate local youth about nutrition, farming, the environment and the economy through an award-winning community outreach initiative known as Plow to Plate® (www.plowtoplate.org).

The second award, the **Glynwood "Good Food for Health" Harvest Award**, also recognizes the hospital-led Plow to Plate. Glynwood, a not-for-profit organization whose mission is to save farming in the Northeast, created the Harvest Awards to highlight innovative work being done to increase access to fresh, locally produced food.

"We're inspired by the great commitment to farming in our region and by like-minded individuals and organizations who are working to change the way we choose and prepare foods," says Marydale DeBor, vice president for external affairs at NMH, and the co-founder of Plow to Plate with medical advisor Diane D'Isidori, M.D., and chef Ann Gallagher. "Our focus has been to help patients enjoy fresh, locally grown food to increase their satisfaction and their health, and to educate our employees and the community about the essential connection between food and health." ●



> What is Plow to Plate®?

In October 2006, cofounders Marydale DeBor, Diane D'Isidori, M.D., and Anne Gallagher, concerned with the ill health and social effects of the existing food system, formed the core of Plow to Plate's community coalition around a kitchen table. New Milford Hospital gladly agreed to serve as the initiative's lead sponsor. Today, Plow to Plate represents a coalition of more than 150 diverse community members, including farmers, chefs, public officials, physicians, nutritionists, community organizations, farmland preservationists and environmental organizations. Plow to Plate's strategy has knit eight local communities together in an effort to instill preventive health practices through improved nutrition, education and promotion of local food.