

# To Your Health!

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Paints her Expression of  
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Jefferson  
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To our neighbor

## JEFFERSON HEALTHCARE/SWEDISH STROKE PARTNERSHIP

In January 2008, Jefferson Healthcare took two important steps that few small hospitals have taken. The first step was to partner with Swedish Medical Center Neuroscience department to develop guidelines and protocols for recognizing and treating stroke patients. The second step was to begin discussions that would lead to a formal agreement with Swedish for telemedicine.

### *Stroke protocols*

To begin implementation of the stroke program, Jefferson Healthcare initiated a four-day work session in January 2008, which brought together key players from Swedish; personnel from Port Townsend's emergency medical services; Pacific Vascular (Jefferson Healthcare's ultrasound provider);

and Jefferson Healthcare's Emergency, Acute Care, Intensive Care, Lab, and Radiology departments. This team developed new, streamlined protocols for handling stroke patients and launched two months of focused improvement activities, including an education and awareness program.

These new protocols provide evidence-based, coordinated care for both stroke and transient ischemic attack (TIA)—a precursor to stroke. This approach is intended to ensure optimal outcomes through internal coordination and external collaboration with established regional partners.

### *Telemedicine now live*

The first phase of the relationship relied on telephone consults while Jefferson and Swedish information technology personnel tested the video conferencing equipment to ensure a consistent and reliable connection. Following two dry runs with simulated patients, the Swedish stroke telemedicine program at Jefferson launched in

mid-December. It now provides 24-7 access, which connects a stroke patient and the medical team in Jefferson Healthcare's Emergency department live to Swedish's nationally recognized stroke team. Once connected, the neurologist can assist with the evaluation of the patient, make a diagnosis, and prescribe treatment. These critical steps can make the difference in saving the patient from brain damage or death.

### *How the program works*

If emergency medical services responds to a call and suspects that the patient is experiencing a TIA or stroke, a series of standardized activities is put into motion:

- The medics perform a quick stroke assessment recommended and endorsed by the American Heart/Stroke Association, the American Academy of Neurology, and the American College of Emergency Physicians.
- Medics confer with the Jefferson Healthcare Emergency department physician. Based on the evaluation, a Code Stroke is called, if necessary.
- The Code Stroke notifies the internal team and causes the laboratory and computerized tomography (CT) services to shift to a stroke priority status.

Jim DeCianne, RN, Director ER; Brandon Collins, IS; Roger Harrison, Director, IS; Terri Camp, chief quality officer and nursing executive, shown with new video conferencing equipment.



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### What Is Blood Pressure?

Uncontrolled high blood pressure increases a person's risk of stroke. Blood pressure is the pressure of the blood against the walls of the arteries, resulting from pressure created by the heart as it pumps blood into the arteries and through the circulatory system, or the force of the arteries as they resist the blood flow.

### What blood pressure numbers indicate

When you have your blood pressure taken you are given two numbers, systolic and diastolic. The systolic pressure is always stated first. For example, 118/76 (118 over 76) means your systolic is 118 and your diastolic is 76.

The higher (systolic) number represents the pressure as the heart contracts to pump blood to the body. The lower (diastolic) number represents the pressure as the heart relaxes between beats.

Blood pressure below 120 over 80 mmHg (millimeters of mercury) is considered optimal for adults. A systolic pressure of 120 to 139 mmHg or a diastolic pressure of 80 to 89 mmHg is considered prehypertension and needs to be watched carefully.

A blood pressure reading of 140 over 90 or higher is considered elevated (high) and generally needs treatment.

### How can you tell if you have high blood pressure?

High blood pressure or hypertension (the medical term for high blood pressure) usually has no symptoms. In fact, many people have high blood pressure for years without knowing it, which is why it is often called a silent killer. Hypertension doesn't mean that a person is tense or nervous. A calm and relaxed person may still have hypertension.

A single elevated blood pressure reading doesn't mean that you have high blood pressure, but it's a sign that further observation is required. Certain diseases, such as kidney disease, can cause high blood pressure. In 90 percent to 95 percent of cases, the cause of high blood pressure is unknown.

The only way to find out whether you have high blood pressure is to have your blood pressure checked. Your doctor or other qualified health professional should check your blood pressure at least once a year, or more often if you have had high readings or if other risk factors exist.

- An IV is started in the ambulance and blood is drawn and prepared for the lab.
- Stroke team members meet the paramedics when they arrive.
- The blood draw is transferred to the lab as soon as the patient arrives.
- The nurse orders the necessary radiology exams (CT and chest X-ray)
- The Emergency physician does a detailed neurological exam, following the National Institute of Health Stroke Scale.
- The physician will have the lab and CT results within 45 minutes and will make a decision about whether the patient has indeed suffered a stroke. If this is the case, the physician also will determine whether the patient is eligible for clot-busting thrombolytics or requires definitive care at a tertiary hospital.
- During the 45-minute period, a telemedicine consult with the neurologist at Swedish takes place.
- If the patient is eligible, the clot-busting thrombolytic drug is administered (see "About Clot Busters").
- After the thrombolytic is administered, the patient is transferred to Swedish Medical Center.



### About Clot Busters and the Criteria for Their Use

The most common rescue therapy that Jefferson Healthcare's stroke team would use is an FDA-approved medicine called tissue plasminogen activator, or tPA, commonly referred to as a clot buster. This medicine can reverse the devastating effects of stroke for some patients if it is administered within three hours of the onset of a stroke. But the key to the successful use of tPA—or other clot-busting thrombolytic drugs—lies in rapid and correct diagnosis. For every minute that passes without destroying the blood clot causing the stroke, more brain cells die—"time is brain."

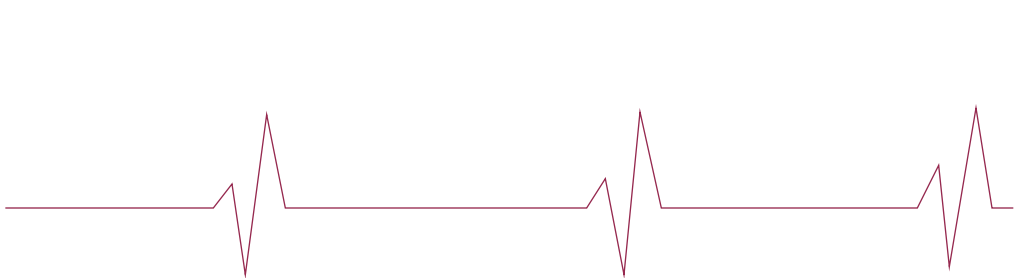
Clot busters, on the other hand, are not appropriate for use in hemorrhagic strokes (bleeds), which may be treated with other drugs or with surgery. They are also not used for a third type of stroke, which is caused by intracranial hemorrhage. This type of stroke is sometimes treated by evacuating blood clots from the brain or by repairing intracerebral aneurysms.

Terri Camp, RN, MHL, the chief quality officer and chief nursing executive at Jefferson Healthcare, has been a strong advocate of the stroke program from the start. She said that the stroke team has been closely monitoring how well the new protocol is working.

"We are pleased that the new protocols are enabling us to meet our goal of having critical lab and CT scan information available to the emergency physician within 45 minutes of the patient's arrival." The team, according to Camp, does an evaluation immediately following each Code Stroke. "We

are constantly reviewing the process and looking for improvement opportunities," she said.

Emergency Department Director Jim DeCianne said that Jefferson Healthcare is the first hospital in the area to establish a stroke team. According to DeCianne, from January through November of 2008, 75 patients presented to the Emergency department with a final diagnosis of stroke or TIA. He noted that one very important goal of the program is to prevent full strokes from developing in TIA patients, through early diagnostic evaluation and by following up with a



thorough risk assessment and treatment regimen. “For many of these patients, simple lifestyle changes can go a long way toward preventing a future stroke,” DeCianne said.

Guenther Muens, MD, medical director of the Emergency department, said that in the past five years the development of new stroke medications, such as the clot busters, has changed the response to stroke to include a more aggressive workup. Small hospitals, he said, have long struggled with the ability to keep up in this area, which is why Jefferson Healthcare moved forward with the decision to partner with Swedish. It was this alliance that provided Jefferson Healthcare with the expertise, resources, training, and protocols to implement an effective stroke response. Muens noted that Bill Likosky, MD, director of the Swedish Neuroscience Center, came personally to consult with Jefferson Healthcare when its team began the stroke workshop in January of 2008.

In describing the stroke program, Muens stressed that early risk modification and intervention is critically important to the outcome for TIA patients. He said that the risk of a full stroke following a TIA is highest during the first two days. That, he said, is why it is essential that an accelerated workup be performed without delay.

Another advantage provided by the Swedish partnership, according to Muens, is that the arrangement allows for easy transfer of Jefferson Healthcare patients into the Swedish system. “Swedish regards Jefferson Healthcare patients the way they would a patient who arrived in their ER,” he said.

Sources:  
American Heart Association  
American Stroke Association  
Mayo Clinic  
Swedish NSI

### Blood Pressure Checks Are Simple

The good news about blood pressure checks is that they are simple, quick, and painless.

Your health care provider will wrap a soft arm cuff around your upper arm. A hand bulb pumps air into the cuff, gently squeezing the arm and temporarily interrupting the flow of blood. The pressure gauge reaches a peak and then the cuff is slowly deflated, letting blood flow again. As the cuff deflates and the pressure gauge gradually decreases, the return of the blood flow through the main artery in your arm can be heard by using a stethoscope.

The reading on the pressure gauge when the pulse is first heard is your systolic pressure (the peak pressure as the heart contracts). The reading when the pulse can first no longer be heard is your diastolic pressure (the lowest pressure as the heart relaxes between beats).

There are many locations throughout the community, including some local pharmacies, where you can check your own blood pressure between physician visits.

### High Blood Pressure Is a Treatable Condition

The second piece of good news about high blood pressure is that it is a treatable condition. Treatment begins with lifestyle changes, but if these changes don't work, there are a number of medications that can lower your blood pressure. Even if you must take medicine, making some changes in your lifestyle can help reduce the amount of medicine you must take. Your medical provider will be aware of the various medication options that are available.



## Recognizing a Stroke

Time is critical when a person has had a stroke. There is a window of time that can be crucial to saving a life and increasing the chances of a full neurologic recovery. Recognizing and immediately reporting a possible stroke is a lifesaving action.

If you suspect that someone is having a stroke, look specifically for the signs included in the Give Me Five test:

**WALK:** Is the person's balance off?

**TALK:** Is the person's speech slurred or their face droopy?

**REACH:** Is one side weak or numb?

**SEE:** Is the person's vision all or partially lost?

**FEEL:** Is the person's headache severe?

If the person has trouble with any one of these tasks, call 911 immediately and describe the symptoms to the dispatcher.

Remember, a stroke victim must be in the Emergency Room for treatment within two hours in order for the diagnostic tests to be completed within the three-hour window.

Gunther Muens, MD, with Curtis Sanders, EMT, conducting an evaluation of a potential stroke patient. Photo provided by Jefferson County Emergency Medical Services.



## Holley Carlson's Story

As a healthy and health-conscious 44-year-old, Holley Carlson could hardly imagine herself as a candidate for a stroke. Carlson is an active wife, mother, and real estate professional who begins each day early so she can fit in a 4- to 5-mile run before she begins her workday.

On August 14, 2008, Carlson followed her normal morning routine. She got her 7-year-old daughter Annika off to school, drank her protein shake, and then headed into her real estate office. On this particular morning, she didn't feel quite right and thought that a migraine headache might be on the way. She grabbed her migraine medication, in case she needed it, but decided to wait and see how her headache progressed before taking it.

She showed a client a few houses in the early part of the day. Then, late in the afternoon, while reading a listing to another client, she realized that the words she was trying to speak didn't make any sense. A bit later in her conversation, the same thing happened. These incidents were odd enough that Carlson took note, but she convinced herself that they were nothing. They were transitory and she still felt only a mild headache, so she continued on with her busy day. Overall, she felt good enough to go out for an evening concert with friends.

When she got home later that evening, she told her husband about the incidents. He was concerned enough to



Holley Carlson with her daughter Annika and husband Todd.

encourage her to go to the Emergency Room. Carlson said that her response to her husband was "Absolutely not," but that she gave him assurances that she would go in the morning if she wasn't feeling better.

Looking back on the incident, Carlson said she was held back by her thoughts that a yet-to-develop migraine was the culprit. She didn't want to be embarrassed by going to the ER for a simple migraine. That decision might have been a fateful one if Carlson hadn't collapsed a few hours later. Then she was terrified and knew that something truly was amiss.

At this point, Carlson's husband rushed her to the ER, where the stroke protocol went into effect. After an extensive workup, ER physician Guenther Muens, MD, determined that Carlson might be experiencing a rare condition known as a carotid dissection. Muens had called in Frank Kelly, a vascular technician from Pacific Vascular Service, who reported that her carotid artery was at least 70 percent blocked, with signs that indicated possible dissection. Muens then made a consult call to the neurology experts at Swedish Medical Center and together they determined that Carlson

should be transported to Swedish/Cherry Hill. The neurologist there discovered a 2-inch dissection causing a 95 percent blockage in the carotid artery in her neck. Carlson's condition required her to have an initial angiogram on August 15, then a repeat angiogram with stent placement on the 18th.

Until this occurrence, Carlson had lived a model life of good health, which she described as "zero health issues." Nothing held her back. She ate a healthy diet, was a runner and a downhill skier, and she lived her life with zest and exuberant energy. She felt pretty invincible. It's no wonder she would be unsuspecting when such an odd symptom interjected itself so fleetingly into her busy day.

When asked what she would say to others, Carlson responded, "If you experience symptoms that are really different from what you are used to, it's worth it to go in to the ER and have someone look at you. For healthy people, it's hard to believe, but these random things can happen." She also noted that people should not be embarrassed to go in for what may end up being a false alarm. "Even if you feel a bit embarrassed, you will be grateful that you are alive," she said.

Carlson said she feels grateful that Jefferson Healthcare's stroke program is in place and that all the right steps were taken to diagnose her stroke, even though she appeared to be a perfectly healthy young woman.

## Scholarship Winners Announced

### Congratulations to our most recent scholarship recipients

1. Recipient Marissa Sampsil with commissioner Kathy Hill
2. Hill, recipient Christina Pacheco, Shawna Matthews, with director of human resources Beki Lischalk,
3. Matthews, Sylvia Thomas, Lischalk, Hill, and recipient Sarah Wright
4. Lischalk, recipient Crystal Meredith, Hill
5. Matthews, Lischalk, Hill,
6. Hill, Lischalk, recipients Joel Thomas and Quinn Grewell
7. Scholarship winners (L) Tracey Zaher-Lee and Patience Martin



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# Taking Good Health to Heart



Jefferson Healthcare has ambitious community outreach plans, beginning in 2009. “Our goal,” said Keri Johns, director of Home and Community Services, “is to focus our community outreach and education efforts so that we can make a real difference to the health of everyone in our county. We hope to reach out to young and old, to people who use our services and to those who don’t. This is an inclusive effort.” For the first year, community outreach efforts will target cardiovascular disease, with a special emphasis on hypertension and stroke.

Diseases of the heart and blood vessels are serious problems. Cardiovascular disease is the No. 1 killer of both men and women and is responsible for 40 percent of all the deaths in the United States—more than all forms of cancer combined.

Local physicians identified cardiovascular disease as the first focus for community education efforts, not only because of these statistics but also because chronic disease and many premature deaths can be prevented if people can identify their risk factors and modify certain behaviors and lifestyle practices.

## Jefferson Healthcare’s Community Outreach Plans

During 2009, Jefferson Healthcare will offer a symposium on cardiovascular disease, with a strong emphasis on prevention. The symposium will be held at Fort Worden State Park on May 2 and will include a number of informational and interactive learning sessions, along with a keynote address by Mollie Katzen, nationally known cookbook author and illustrator. She wrote *Eat, Drink, and Weigh Less* (Hyperion; 2006) with Dr. Walter Willett and is a charter member of the Harvard School of Public Health Nutrition Roundtable.

The Katzen/Willett book, and Katzen’s presentation, is based on the best available evidence from studies conducted around the world, including Willett’s 30 years of research about diet and its effect on long-term health. The

information goes beyond the facts and half-truths, straight to what you need to know to achieve and maintain a healthy weight. The presentation will give attendees the essential, practical information they need to make gradual shifts in diet that can be sustained over time.

In addition, plans are underway for two additional workshops, one focusing on management of cardiovascular disease and the other focusing on tools for preventing the disease. *To Your Health* will maintain a special focus on this topic throughout the year.

## Cardiovascular Disease

Understanding the different types of cardiovascular disease can be confusing. To help break through this confusion, we present this basic overview of cardiovascular disease and the conditions that can affect your heart and blood vessels.

Cardiovascular disease is a descriptor for a broad range of diseases that affect your heart or blood vessels. The major diseases that fall under the umbrella of cardiovascular disease include coronary artery disease, heart attack, heart failure, high blood pressure, and stroke. There are other types of cardiovascular disease that are not discussed here.

Your cardiovascular system comprises your heart and all your blood vessels throughout your body. Although some people are born with some type of cardiovascular disease (congenital disease), most people develop the disease over time as a result of their lifestyle, their genetic makeup, or factors related to aging. The following are short descriptions of some of the more common types of cardiovascular disease.

### Coronary artery disease

Coronary artery disease is the leading cause of heart attack. Coronary artery diseases are diseases of the arteries that supply the heart muscle with blood. It generally means that blood flow through the coronary arteries has become obstructed, reducing blood flow to the heart muscle.

The most common cause of such obstructions is a condition called atherosclerosis, a largely preventable type of vascular disease. Coronary artery disease and the resulting reduced blood flow to the heart muscle can lead to other heart problems, such as chest pain (angina) and heart attack (myocardial infarction).

### Heart attack

A myocardial infarction, or heart attack, is an injury to the heart muscle caused by a loss of blood supply. A heart attack usually occurs when a blood clot blocks the flow of blood through a coronary artery, which is a blood vessel that feeds blood to a part of the heart muscle. Such interrupted blood flow to the heart can damage or destroy a part of the heart muscle.

### High blood pressure

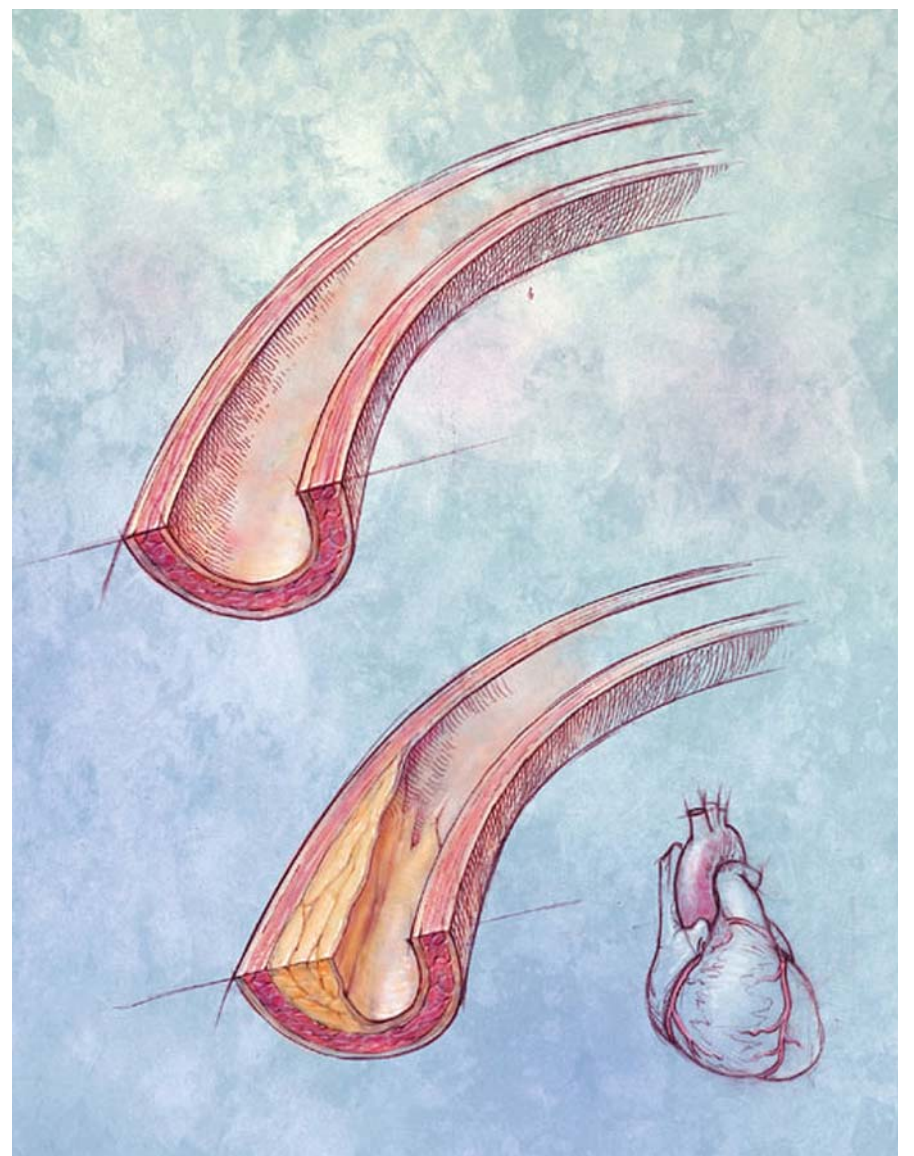
High blood pressure (hypertension) is the excessive force of blood pumping through the blood vessels. It is probably the most common form of cardiovascular disease in the Western world and affects about 1 in 4 Americans.

Although it is potentially life-threatening, hypertension is one of the most preventable and treatable types of cardiovascular disease. High blood pressure also causes many other types of cardiovascular disease, such as stroke and heart failure, and is associated with kidney failure and dementia.

### Stroke

Stroke also is a cardiovascular disease. It affects the arteries leading to and within the brain. A stroke occurs when blood flow to the brain is interrupted (ischemic stroke, the most common type) or when a blood vessel in the brain ruptures (hemorrhagic stroke). Both types of stroke can cause damage to brain cells in the affected areas. Stroke is also considered a neurological disorder

Continued next page



# Taking Good Health to Heart (from previous page)



because of the complications it causes. As mentioned, uncontrolled high blood pressure increases a person's risk of stroke.

## Causes of Cardiovascular Disease

Although the term *cardiovascular disease* is used to describe many different types of heart or blood vessel problems, it most often refers to damage caused to the heart or blood vessels by atherosclerosis. This is a disease that affects your arteries, the blood vessels that carry oxygen and nutrients from your heart to the rest of your body.

When arteries are healthy, they are flexible, strong, and elastic. When there is too much pressure in your arteries over a period of time, however, the walls become thick and stiff, sometimes restricting blood flow to organs and tissues. This process is called arteriosclerosis, or hardening of the arteries; atherosclerosis is the most common form of this disorder.

Atherosclerosis is generally caused by lifestyle factors, including an unhealthy diet (most particularly, overconsumption of saturated fats), lack of exercise, excess weight, and smoking. All of these are major risk factors for developing atheroscle-

rosis and, in turn, cardiovascular disease.

Some forms of cardiovascular disease aren't caused by atherosclerosis. Those forms include diseases such as congenital heart disease, heart valve diseases, heart infections, or a disease of the heart muscle called cardiomyopathy.

Sources:

American Heart Association  
American Stroke Association  
Johns Hopkins Medical Center  
Mayo Clinic

## Modifiable Risk Factors for Cardiovascular Disease

Extensive clinical and statistical studies have identified several factors that increase the risk of cardiovascular disease. The more risk factors you have, the greater your chance of developing coronary heart disease.

There are both modifiable and unmodifiable risk factors; the greater the level of each risk factor, the greater the risk. The modifiable factors are those that you can modify, treat, or control by changing your lifestyle or by taking medicine. These factors are:

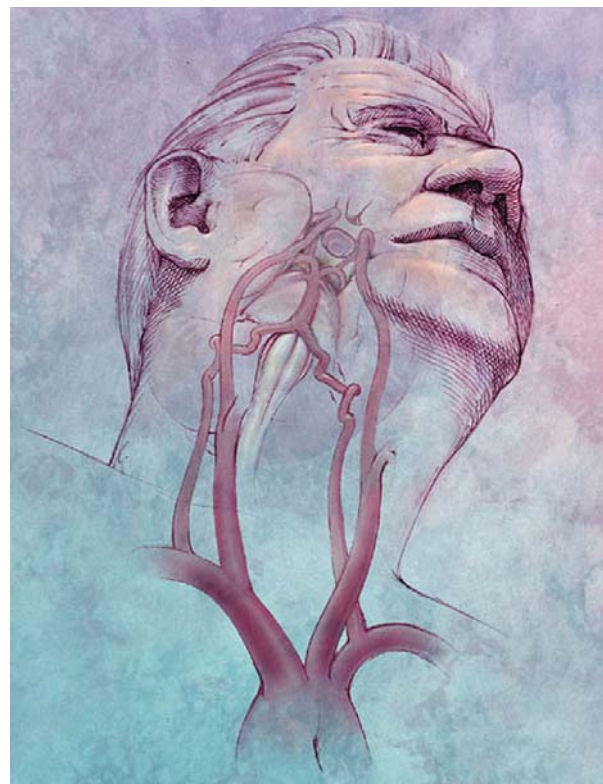
1. High blood cholesterol. As blood cholesterol rises, so does the risk of coronary heart disease. When other risk factors (such as high blood pressure or tobacco use) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity, and diet. The types of cholesterol in your body determine your risk. High LDL (sometimes called "bad cholesterol") is associated with increased risk, whereas high HDL (often called "good cholesterol") actually may be heart protective.

2. High blood pressure. High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer. It also increases your risk of stroke, heart attack, kidney failure, and congestive heart failure.

3. Obesity. Obesity is now recognized as a major independent risk factor for heart disease. If you are overweight or obese, you can reduce your risk of heart disease by successfully losing weight and keeping it off.

4. Smoking. A smoker's risk of developing coronary heart disease is 2 to 4 times that of a nonsmoker's.

5. Physical inactivity. An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. The more vigorous the activity you undertake, the greater your benefits will be. However, even moderate-intensity activities help if done regularly and long-term. Physical activity can help control blood cholesterol, diabetes, and obesity, and can help lower blood pressure in some people.



## Risk Factors That Can't Be Changed

1. Increasing age. Over 83 percent of people who die of coronary heart disease are 65 or older.

2. Gender. Men have a greater risk of heart attack than do women, and they have attacks earlier in life. Even after menopause, when women's death rate from heart disease increases, the risk is not as great as that of men.

3. Heredity (including race). Children of parents with heart disease are more likely to develop it themselves. African Americans have more severe high blood pressure than do Caucasians and thus a higher risk of heart disease. Heart disease risk is also higher among Mexican Americans, Native Americans, Native Hawaiians, and some Asian Americans. This is partly due to higher rates of obesity and diabetes.

4. Diabetes mellitus. Diabetes increases cardiovascular risk; however, type 2 diabetes often can be reversed or prevented through weight control, thus eliminating this risk factor for some.

The spring issue of *To Your Health* will detail the steps you can take to prevent cardiovascular disease. A healthy diet, an active lifestyle, smoking cessation, and stress management are your best weapons against cardiovascular disease. It's not as hard as you may think, and it begins with small steps toward an overall goal of healthy living.

# Ninety-Three-Year-Old Paints Her Expression of Thanks

Last November, 93-year-old artist and former Jefferson Healthcare patient Mary Zuniga came to the third floor Acute Care Unit to deliver 21 acrylic paintings to caregivers from various departments throughout the hospital. Zuniga, who had been hospitalized earlier in the year, said she was so grateful for the care she received that she wanted to give something back to express her gratitude. “I had such wonderful help, I just had to do something for everybody,” she said.

During her hospital stay, Zuniga came up with the idea of making gifts of her paintings. She said she mentioned her idea to Carrie Day, MD, who encouraged her to go ahead with the project. So she inquired of her caregivers—including her respiratory therapist, the dietitian, a friendly housekeeper, and her nurses—what subject each would like for his or her painting. She kept a list of names and subjects and was as good as her word. Each painting was unique and was individualized

to the person’s request. From horses to landscapes to paintings of birds and even the moon and stars, the paintings were vibrant artistic expressions that spoke of a human connection.

Zuniga said that she received artistic training from local artist Carol Stabile, who also assisted her with gathering source material for the paintings and with matting and labeling them before they were delivered to the hospital. Zuniga says she also just completed a book, which she plans to publish and sell locally.

“Now I’ll be looking for another project to keep me busy,” she said.



Zuniga with Lynne Felts, CNA

With Bonnie Crowell, RN



With Jeff Heistand, RT



With Carolyn Kirch, RN

## Jefferson Healthcare

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View our current job postings at [jeffersonhealthcare.org](http://jeffersonhealthcare.org).

## Jefferson Home Health Ranked Among the Top 25 Percent of Home Health Providers in the Country

Jefferson Healthcare recently received notice from Decision Health that its home health agency has been named to the 2008 HomeCare Elite, a compilation of the most successful Medicare-certified home health care providers in the United States.

This annual review identifies the top 25 percent of agencies, ranked by an analysis of performance measures in quality outcomes, quality improvement, and financial performance.

According to Nancy Buller, senior director of marketing communications at OCS Inc., a health care data collection and evaluation service, “The 2008 HomeCare

Elite winners exemplify a commitment to providing their patients with optimum care while performing at the highest level. We congratulate Jefferson Home Health on being one of the top home care agencies in the country.”

Keri Johns, director of Home and Community Services at Jefferson Healthcare, responded by saying, “We are proud of the work we do to improve our quality outcomes and are grateful to be recognized as a leader in providing quality home care to our community.”



# Taking Good Health to Heart

*A symposium on  
preventing and managing  
cardiovascular disease*

SPONSORED BY JEFFERSON HEALTHCARE

**Saturday, May 2, 2009**

9 a.m. to 5 p.m.

Fort Worden State Park

- Seminars
- Demonstrations
- Fun and educational activities
- Prizes



Keynote address by Mollie Katzen, cookbook author and illustrator of the *Moosewood Cookbook* and *Eat, Drink, & Weigh Less*; founding member of the Harvard School of Public Health Nutrition Roundtable

Mollie Katzen's keynote address will turn down the noise and take you back to the real foundations of healthy weight and lifelong wellness, one delicious meal at a time. Katzen's message, based on her best-selling cookbooks and her groundbreaking collaboration with Walter Willett, MD (the most cited nutrition researcher in the world), will strip away all the conflicting information and lead you to the fundamental truths about nutrition.

You will be entertained with amusing stories while Katzen exhibits vibrant color photographs of her own cooking. She will illustrate a multitude of exciting, mouth-watering examples of small changes you can make in your diet without giving up your favorite foods. You will go home inspired—with information, tips, and recipes.

Katzen's principles, guidelines, menus, recipes, and real-life tools will guide and inspire you to make gradual shifts toward weight loss and improved health.



**Jefferson  
Healthcare**

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[www.jeffersonhealthcare.org](http://www.jeffersonhealthcare.org)

A place for information about your local hospital,  
every day, all the time.

Simply log on and go to the section that contains the  
information you seek, or enter a search word. For current  
classes and events, see the calendar section.

To Your  
Health!

*To Your Health!* is a publication of Jefferson Healthcare. Jefferson Healthcare operates under the authority of Jefferson County Public Health Care Service District #2, and is governed by a publicly elected board of commissioners: Kathy Hill, Chair; Jill Buhler, Secretary; and Tony De Leo, Chuck Russell and Marc Mauney, MD. Victor Dirksen is Chief Executive Officer.

Jefferson Healthcare is an integrated delivery system that operates a 25-bed hospital and five physicians clinics, walk-in urgent care, home health and hospice, outpatient diagnostic services, rehabilitation services and wellness and community education.

Jefferson Healthcare employs 450 people and has an annual operating budget of \$40 million. Jefferson County tax support is \$1.3 million, most of which goes to pay for voter-approved facility bonds.

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