

FALL 2016

# HealthScene Ohio

A Publication of the State  
Medical Board of Ohio

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is Ohio's first poet laureate

### **Heroic Recovery**

Treating PTSD

### **Courage**

Recovering from  
domestic violence

### **Healing Touch**

Massage therapy  
gains popularity

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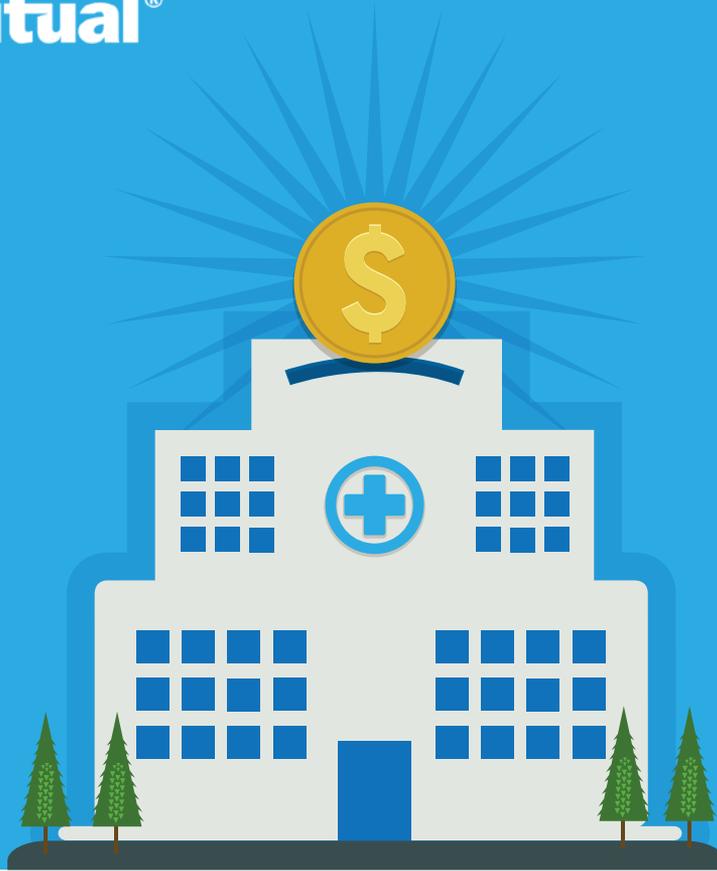
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## Inside Out

Welcome back to *HealthScene Ohio*, a publication of the State Medical Board of Ohio.

Ohio's licensed physicians and allied medical professionals understand the critical need for specialized care as well as the importance of integration. They are taking care of Ohioans from the inside out – making sure that they are healthy physically as well as emotionally. And when patients are ready to head down the road of healing, our health care providers ensure they are surrounded with opportunities to succeed, whether that comes in the form of support groups, fitness classes or knowledge needed to maintain their health.

In this edition of *HealthScene*, we talked to Ohioans who have survived post-traumatic stress disorder, human trafficking and domestic violence. While these topics can be overwhelming, our licensed doctors are making great strides to treat those who have endured the unimaginable.

This month you'll read about four doctors who are doing incredible work in the state of Ohio: a radiologist in Columbus, a general surgeon in Cleveland, a bariatric surgeon in Lima and a neurosurgeon in Dayton.

From each corner of Ohio, our licensees are at the forefront of not only treating illness, but total wellness. We are proud of that fact, and hope that you will enjoy reading about these patients' and providers' stories from all over the state.

As always, thank you for picking up a copy of *HealthScene Ohio*. We hope you have a wonderful fall season.



Sincerely,  
Michael L. Gonidakis, J.D.  
President, The State Medical Board of Ohio



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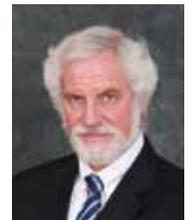
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# Breaking Through

## Army veteran finds recovery and healing with PTSD treatment

By Corinne Murphy

Iraq, 2007. Looking for soldiers who had been kidnapped, Staff Sgt. Robert “Bob” Simonovich and his fellow soldiers were walking through a dusty field when Sgt. Justin Wisniewski stepped on a dismantled improvised explosive device (IED).

It exploded, killing Wisniewski and propelling shrapnel into Simonovich’s head and the whole left side of his body, knocking him unconscious.

After sustaining a traumatic brain injury from the explosion, Simonovich was forced to medically retire from the Army after 14 years of service. Struggling with post-traumatic stress disorder after his return from Iraq, Simonovich says he knew he needed help when he began engaging in self-destructive behaviors.

He sought help, but to no real success until he started to visit the Louis Stokes Cleveland VA Medical Center.

“I’d been through multiple treatments in upstate New York where I was,” Simonovich says. “I went to

Walter Reed (National Military Medical Center) for their program for a while, and I didn’t really have any success with any of it. And I came home, and I hadn’t had any success up until that point. And then I started coming here and it just clicked, and I started doing well.”

Simonovich’s doctor, Dr. Cindy Yamokoski, says she clearly remembers their first conversation discussing treatment. She specifically

recalls his initial reluctance and, ultimately, his willingness to try again.

“I talked about the treatment we do here called prolonged exposure, and it was something he’d tried before, so he was reluctant at first to try that again,” Yamokoski says. “But what’s always been a characteristic of Bob is that he says, ‘I’ll try. I’m not sure if this will work, but I’m willing and I’ll try.’”

One of the elements that made this treatment more effective was the initial trust between patient and doctor, Yamokoski says. “Instead of just going straight towards the protocol and jumping right in, we did spend a little bit of time making sure Bob felt safe and that he could trust me.”

Another key to Simonovich’s success was how he viewed his recovery.

“We spend a lot of time talking about the fact that Bob deserves to be better because he did not always believe that,” Yamokoski says. “And we’ve dealt with that a lot and I think that made a difference, too. It’s okay to begin to heal. Often, (with) our veterans, the guilt from combat makes them think they don’t deserve to be better.”

Other important elements in treatment and recovery include his spouse and group treatments, Yamokoski says.

Dr. Cindy Yamokoski and Bob Simonovich





Simonovich had to medically retire from the Army after sustaining a traumatic brain injury from an explosive. He served for 14 years.

“That’s a really important element that we emphasize in our treatments here, too: making sure veterans can see there are other people that can understand what they’ve gone through somewhat, or at least they can begin to relate to,” Yamokoski says. “And just to begin to feel more connected to other people.”

“Other treatments for PTSD do an excellent job of addressing symptoms,” Yamokoski says, “but I think we try to emphasize the deeper meaning of things and deeper connections with life and the people around him.”

The road to success for Simonovich has revealed significant triumphs along the way.

“It was gradual for a while, but there have been some real turning points,” Simonovich says. “When I was actually able to go out to a baseball game, that was a big deal for me. When I was able to quit drinking as much, that was a big deal. A big deal for me, anyway. I guess it comes gradually.”

Simonovich says he went into treatment with a lot of cynicism, but with treatment he came to see a whole different perspective that helped his acceptance and recovery.

“You see the darker side of things, the darker side of humanity. That’s what you see in yourself and you see it in everybody else. You think, only bad people could do those kinds of things. And then you start to realize it’s not true,” he says. “They were doing what they do and

we were doing what we do. They were fighting for what they believe in. So was I. I don’t think anybody goes out and says, ‘I’m going to be the bad guy today.’ I think everybody thinks they’re doing the right thing.”

“Recovery in general is a direction that people head, probably not a final destination,” Yamokoski says. “It can be ups and downs, day to day. In this case, it’s definitely been steady progress, not too many dramatic jumps. But for me,” she says to Simonovich, “when I knew you were getting better is when you were going to the family functions and visited the graves of your friends who died. I knew there was healing happening when you started to show emotion.”

At the Louis Stokes Cleveland VA Medical Center, where Simonovich receives treatment, Yamokoski explains that evidence-based therapy is encouraged, including prolonged exposure and cognitive processing therapy, both of which are used to help the patient understand the

traumatic event and decrease avoidance of the trauma.

Yamokoski attributes her ability to listen to so many different war traumas and combat horror stories to the fact that she sees people like Simonovich recover. And with every person who succeeds, it gives more hope and reassurance to the next veteran who comes in for treatment.

Now, Simonovich is involved with several veterans’ groups, including Project Healing Waters, Licking River Outfitters in Kentucky and Punch for Healing in Pennsylvania. These groups host outdoor activities, such as fly fishing, hunting and family camps that veterans do together, pairing together mentors and mentees. Simonovich says these groups serve as a forum for hanging out with other veterans.

“You just get to hang out with like-minded people,” he says.

*Corinne Murphy is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

# Deep Roots, Deep

## *Massage therapy has a rich history and a bright future in Ohio*

By Hailey Stangebye

If you've ever had a sports-related injury, orthopedic surgery or chronic pain, then chances are, you've come across the field of massage therapy. Massage therapy is a popular form of treatment for a number of ailments, but many may not realize it's actually a medical treatment – Ohio massage therapists are required to be licensed by the State Medical Board of Ohio.

"Massage therapy is the manual manipulation of soft tissue (muscles, tendons,

ligaments) to enhance an individual's health and well-being," says Kevin Snedden, the director of member services for the Federation of State Massage Therapy Boards (FSMTB).

The FSMTB is a not-for-profit organization comprised of state regulatory boards and agencies that regulate the massage therapy profession.

"The mission of the FSMTB is to support its member boards in their work to ensure that the practice of massage therapy is provided to the public in a safe and effective manner," says Snedden.

Though the FSMTB was officially formed in 2005, the manipulation of soft tissue to gain medical benefits is an age-old profession with a vibrant history.

"Massage therapy has a long and rich history reaching back more than 3,000 years. Today, many forms of massage therapy are available to the consumer for therapeutic benefit and relaxation enhancement," says Snedden.

In the 1700s, massage therapy began to develop as an official profession in Western culture. Massage therapists at the time were called medical "rubbers." Rubbers were typically women trained to treat orthopedic problems. They were hired by surgeons to assist with the rehabilitation of patients, according to the American Massage Therapy Association (AMTA).

Ohio is integral to the history of massage therapy. It was the first state to regulate massage in connection to medicine, according to

the AMTA, and that is part of the reason Cleveland was chosen as the host city for the annual meeting of the FSMTB.

"One reason Ohio was selected for this year's meeting is in recognition of the 100th anniversary of the first licensed massage therapist in North America, Ohio resident Agnes Bridget Forbes," says Snedden.

Forbes received her license in 1916. It was around this time, in the early 1900s, that being a massage therapist was a popular occupation for female entrepreneurs because it allowed them to work outside of the home, according to the AMTA.

"The annual meeting was a gathering of our member boards and agencies that regulate the profession of massage therapy. It gave our members an opportunity to take an active role in guiding the organization in fulfilling our mission," says Snedden.

The meeting, held at the downtown Cleveland Hilton Oct. 6-8, helped to ensure that massage therapy continues to be practiced in a safe, licensed fashion. This is important because of the accessibility and practicality of massage therapy for most patients.

"Massage therapy is non-invasive and, therefore, may be a first choice when someone is seeking relief from pain and discomfort," says Snedden. "The massage therapy profession has evolved over the years and become much more accessible. From seeking relief from the symptoms of various pathologies to simply wanting to relax and unwind, massage therapy serves a large population."



# Tissue

Massage therapy has come a long way from its ancient and colonial roots. Today, many different kinds of massage therapies cater to different ailments.

For example, massage therapy is now used for cancer patients to help regulate their pain and anxiety.

Recent research in massage therapy shows many health benefits for cardiovascular health, pain management, mental health and even the immune system, according to the AMTA.

As an industry, massage therapy is predicted to grow exponentially in the next decade. It is projected that employment of massage therapists will grow by 22 percent between 2014 and 2024, according to the Bureau of Labor Statistics.

“Every day, we see things that can be better,” writes Karen Armstrong, president of the FSMTB. “The list of challenging work ahead is not diminishing, but we are aligning resources to continue to drive us forward. We shall keep our focus on creating value for our member boards and agencies to continue their important work of public protection.”

*Hailey Stangebye is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



# Lifelong Healing

*After seven years of abuse, Columbus woman finds peace in recovery*

By Amanda DePerro

Javonna Belton was only 4 years old when her abuse started. The offender was her male cousin, seven years older and a trusted member of the family. Belton's parents would even pay him to babysit their daughter.

"He was my role model," says Belton, now 25.

According to the Ohio Bureau of Criminal Identification and Investigation, there were nearly 70,000 reported incidences of domestic violence in the state of Ohio, and 73 percent of offenders were male. In 63 percent of reported cases, the victim is between the ages of 18 and 40; the victim is female in 27 percent of cases.

Belton's abuse continued until she was 11, when she and her parents moved from Dayton to Texas. Not only were Belton's parents unaware of the abuse, Belton had

no intentions of telling them. In Texas, Belton was in and out of mental hospitals, struggled with depression and eventually became suicidal.

At the age of 11, she became nonverbal. She didn't know how to cope with the abuse she had sustained at such a young age. She was acting out, and nobody around her knew the true root of the problem.

"A fight that I had when I was 13 landed me on probation. I had numerous probation violations. I had the ankle monitor three times," says Belton.

She ended up in jail, and spent a year in a correctional facility. She was recommitted to the same correctional facility four times.

"It's really uncommon for someone to go back four times," says Belton. "But it was just this cycle of ... not having either the right medication, or any medication at all."

Belton's parents began reporting her to her probationary officer, and the cycle continued. The abuse was finally uncovered when, at the age of 15, Belton suffered a nervous breakdown during a group counseling session.

"I had a fit where I was screaming and crying," says Belton. "I finally told (them) what had happened all those years."

Belton was diagnosed with bipolar disorder and depression, but she wasn't out of the woods yet. After a fight with her roommate in Texas in 2014 and another serious bout with depression, her parents suggested Belton move back to Ohio. Her parents had moved back to Columbus, so Belton met them there.

"When I came back home in 2014, I was in depression again," says Belton. "I just didn't want to live."

After sharing her thoughts of suicide with her mother, Belton was admitted to The Ohio State University Wexner Medical Center Mental and Behavioral Health. The center put Belton on new medication and provided her with care that she says was hugely valuable.

"They have a perfect program for the mental hospital ward; it's really good," says Belton. "The medical attention I got there was really beneficial."



### **Domestic Violence by the Numbers**

- 1 in 4 women and 1 in 7 men will experience severe physical violence by an intimate partner in their lifetime. 2010. *Safe Horizon*.
- Intimate partner violence accounts for 15 percent of all violent crime. 2015. *The National Coalition Against Domestic Violence*.
- One woman in the United States is fatally shot by a spouse, ex-spouse or dating partner every 14 hours. 2015. *The National Coalition Against Domestic Violence*.
- 1 in 5 women and 1 in 71 men in the United States have been raped in their lifetime. 2015. *The National Coalition Against Domestic Violence*.
- On a daily basis, domestic violence hotlines receive on average 20,800 calls nationwide. 2015. *The National Coalition Against Domestic Violence*.
- In 2014, more than 64,500 domestic violence calls were made to law enforcement. Of those, 24,070 calls resulted in no charges. 2014. *Ohio Domestic Violence Network*.

Although Belton is improving and receiving medical attention for her mental illnesses, she says she still relapses, but is getting better at recognizing when a trigger may come up or when she needs to step back from a potentially harmful situation.

“There are certain red flags about situations that you know, ‘this is uncomfortable, and this is going to lead me to relapsing,’” she says. “So you just recognize those triggers and confront them.”

Belton is currently on probation, but this time, it turned out to be a blessing in disguise. Part of her probationary requirement was to go through group therapy programs with Southeast, Inc., a mental and behavioral health care center located in Columbus.

Although she admits she may not have connected with Southeast had it not been required, she now appreciates the level of care Southeast provides. Belton is required to attend weekly sessions for 26 weeks, and through the program is able to schedule one-on-one appointments with Southeast’s physician. In addition to the weekly sessions, Belton has a check-in with the physician about her medication and how she’s feeling.

“The program is amazing,” says Belton. “You get a lot of skills from it; you get a lot of accountability within yourself that helps you get through other barriers. ... It relieves you from the frustrations you have within yourself.”

Belton has done a lot of self-healing outside of Southeast and OSU, but attributes much of her success to those two organizations. Although Belton says it would have been better to have begun the healing process earlier than age 15, she believes it needed to come out organically.

Belton’s recovery journey isn’t over, but thanks to help from the Wexner Medical Center and Southeast, she is working, taking classes part-time at Columbus State Community College and she owns her own apartment and lives with her two cats. To others who may find themselves in a similar situation to Belton’s, she recommends finding one’s own path toward recovery, starting with self-reflection.

“Dig deep within yourself and accept the things that have happened,” says Belton. “Strive to be a better person and do things the right way, because that’s inevitably going to lead to better things. It always is.”

*Amanda DePerro is an assistant editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

## Warning Signs of Domestic Violence

Via [HelpGuide.org](http://HelpGuide.org)

You may be in an abusive relationship if you:

- Feel afraid of your partner most of the time
- Avoid certain topics out of fear of angering your partner
- Believe you deserve to be mistreated
- Wonder if you’re the abusive partner
- Feel emotionally numb or hopeless

You may be in an abusive relationship if your partner:

- Humiliates you
- Puts you down and criticizes you
- Treats you so poorly that you’re embarrassed that your friends and family will see
- Puts down your opinions and ignores your accomplishments
- Blames you for their own abusive behavior
- Sees you as property, not as your own person

## How to Help a Loved One

Via [WomensHealth.gov](http://WomensHealth.gov)

- Arrange a time to talk in which both of you are able to sit down privately without being interrupted.
- Be honest and tell your loved one that you’re concerned for his or her safety.
- Express to your loved one that he or she is not alone and you are there for support.
- Offer specific help, such as carpooling or child care, or just to always be there to listen.
- Help create a safety plan in case the loved one needs to leave at the drop of a hat.
- Use “I feel” statements rather than placing the blame on your loved one.
- Encourage the loved one to seek out someone who can help, such as a women’s shelter or law enforcement.
- Ensure your loved one that you will continue to be supportive and there for him or her no matter what – even if they stay.
- Encourage the loved one to pick up hobbies and do things that do not include the relationship or the abuser.
- Realize that you cannot “rescue” your loved one, and he or she must make this decision on his or her own.

## Violence Against Women

- 1 in 10 women in the United States will be raped by an intimate partner in her lifetime. *Safe Horizon*.
- 1 in 2 multiracial, non-Hispanic women have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime. *Safe Horizon*.
- A woman in the United States is assaulted or beaten every nine seconds. 2015. *The National Coalition Against Domestic Violence*.
- Domestic violence is most common among women between the ages of 18-24. 2014. *U.S. Department of Justice*.
- Female victims are 70 percent more likely to develop heart disease, 80 percent more likely to sustain a stroke and 60 percent more likely to develop asthma. 2013. *Forbes*.

## Economic Impact of Domestic Violence

- Victims of domestic violence lose a total of 8 million days of paid work each year. 2015. *The National Coalition Against Domestic Violence*.
- Domestic violence costs more than \$8.3 billion annually. 2013. *Via Forbes*.
- About 50 percent of employed, battered women are harassed at work by their abuser. 1998. *Via DomesticShelters.org*.

## Elder Abuse

Via [National Council on Aging](http://NationalCouncilonAging.org)

- Approximately 1 in 10 Americans over the age of 60 have experienced a form of elder abuse.
- In nearly 90 percent of elder abuse and neglect incidents, the offender is a family member.
- Two-thirds of offenders are the victim’s adult children or spouses.
- Elderly people who are abused have a 300 percent higher risk of death than elderly people who have not been abused.
- Elder financial abuse costs victims \$2.9 billion per year.
- One study estimates that only 1 in 14 incidents of elder abuse are reported to law enforcement.



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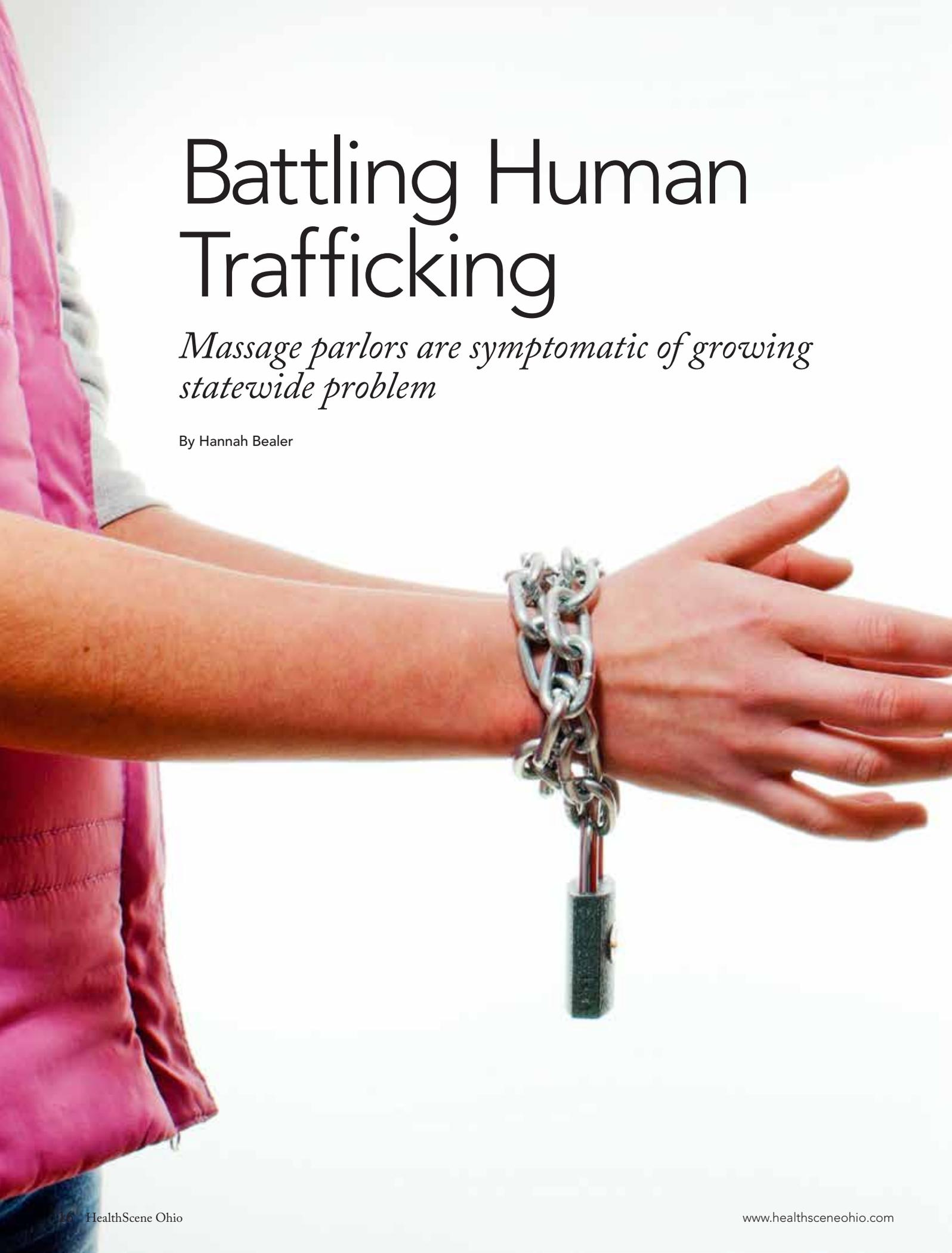
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# Battling Human Trafficking

*Massage parlors are symptomatic of growing statewide problem*

By Hannah Bealer



**H**uman trafficking is a crime that affects countries across the globe, so it's not often something we consider might occur in our own back yards. However unimaginable it may seem, this growing criminal enterprise has made its way to Ohio in very significant ways.

Human trafficking is the illegal transportation of people for the purposes of forced labor or commercial sexual exploitation. Every year, as many as 1,708 children in Ohio are victims of human trafficking, and 3,016 are considered at risk of becoming victims, according to the Ohio Human Trafficking Task Force.

One particular area of trafficking the State Medical Board of Ohio has zeroed in on involves illegal massage parlors. Illegal massage parlors are establishments that pose as businesses offering legitimate massage services but are not properly licensed. Instead, they are used for human trafficking.

Massage parlors have entered the human trafficking scene more and more over the past five years, says David McCafferty, central supervisor in investigations. McCafferty has been with the Board for the past 22 years, prior to which he worked as a felony probation officer in Franklin County and as a special deputy in Delaware County.

"There's been a 1,000 percent increase over the last five years (in massage parlors)," McCafferty says. "In central Ohio, about five to six years ago, there were maybe only six or seven such businesses and, at last count, there were more than 60 in operation."

While massage parlors tend to pop up in more urban areas such as Columbus, Cincinnati and Cleveland, a substantial number show up in suburban areas.

"We've had them everywhere, from the west side, to Dublin, to Powell, Westerville, Delaware, Gahanna," McCafferty says. "The (massage parlors) blend in with other businesses in strip malls."

McCafferty's job does not inherently deal with sex trafficking, but his department investigates the unlicensed practice of massage therapy, which can go hand in hand with trafficking. Often, the individual who sets up the massage parlor operations might have a license from another state, but McCafferty says the requirements in

Ohio are much stricter than in other states. In Ohio, one must be licensed by the State Medical Board of Ohio to give therapeutic massages. Therapeutic massages are used for health-related needs such as back pain, tendonitis and sports injuries. Therapeutic massages usually take place in a clinical setting. However, anyone can give a relaxation massage, which usually takes place in spa-like settings.

"They'll say, 'We're just doing relaxation massages,' and that's what attracts a lot of people," McCafferty says. "We receive complaints from other massage therapists, and any citizen can complain about the unlicensed practice of massage therapy."

After receiving a complaint, McCafferty and his team conduct an inspection of the location to determine the nature of the business.

"Are they doing massage therapy, or is it relaxation? We identify the employees and see if they're licensed," McCafferty says.

Sometimes, a legitimate license might be posted in the business, but the individual listed on the license does not work there.

"You can't post someone else's license and not have that person there, practicing massage therapy," McCafferty says.

Over the course of his career, one of the key lessons McCafferty has learned is to be prepared for anything.

"Always expect the unexpected," he says. "Never believe that something couldn't take place. (Human trafficking) is constantly evolving. There are different techniques, different locations and different ways of finding business."

### How can the average person help combat human trafficking?

The key, McCafferty says, is to recognize your surroundings.

"If a business pops up, is it a legitimate business?" he says. "Do you see a lot of people going in and out at all hours of the day? Most people don't have massage therapy appointments at midnight on a Saturday night."

McCafferty says to also take a look at the clientele, and be familiar with who is coming in and out of the businesses.

"A lot of the workers might essentially live at the facilities," he says. "If you see women who never leave the facility, or they're walking around in the parking lot, that could be a warning sign."

### Who is trafficked?

Anyone can become a victim of human trafficking. For massage parlors, however, McCafferty says they come across many undocumented Chinese women, anywhere between the ages of 20 and 50.

"Their English is limited, and they want to work in a nail salon, and then suddenly they're working in a strip mall massage business," McCafferty says. "They have limited means and limited abilities to live on their own. They don't have a lot of family or anyone else, so they have to rely on the people who are trafficking them."

The traffickers themselves tend to have very limited involvement in the business, McCafferty says, and he's noticed many of them tend to come from both coasts: New York and California. They monitor the business remotely.

**To learn more about what Ohio is doing to fight human trafficking, visit [www.humantrafficking.ohio.gov](http://www.humantrafficking.ohio.gov).**

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**// There's been a 1,000 percent increase over the last five years (in massage parlors). In central Ohio, about five to six years ago, there were maybe only six or seven such businesses and, at last count, there were more than 60 in operation."**



## Personalities

# Fighting Back

Dr. Holly Pederson develops unique breast cancer services and advocates for specialized care

By Corinne Murphy

About one in eight women will develop breast cancer over the course of her lifetime.

With that statistic in mind, Dr. Holly Pederson set out to make a difference and has worked her entire career to develop unique breast cancer services.

When Pederson was in medical school, her mother had a benign breast biopsy that showed lobular carcinoma in situ (LCIS), a marker for developing cancer. It was this shocking, high-risk classification that sparked Pederson's passion for breast cancer and risk awareness.

"She never got breast cancer and ultimately passed away from Parkinson's disease in 2008, but I understood what it was like to have to worry that you might get breast cancer," Pederson says.

Driven by this experience and empathy toward other high-risk patients who faced a lack of specialized services, Pederson helped develop the Medical Breast Program at Cleveland Clinic, which deals with non-surgical breast disease. Providers there perform breast diagnostics, manage high-risk patients and provide survivorship care with the Cleveland Clinic Breast Center at multiple locations throughout Cleveland. She also advocated for patients with known genetic mutations or strong family histories,

establishing Cleveland Clinic's Hereditary High-Risk Breast Cancer Clinic in January 2015.

"I was approached by Dr. Joseph Crowe, who ran the breast center here at the Cleveland Clinic in 1997, to develop the Medical Breast Service," Pederson says. "It was really to improve access for patients who needed evaluation for common complaints, but also to provide personalized risk assessment and a more holistic, comprehensive approach to patients who didn't necessarily have breast cancer or need of surgical services, adding depth to the Cleveland Clinic Breast Center."

Traditionally, these services were provided by busy breast surgeons or medical oncologists, often with significant wait times for benign disease or risk assessment. At Cleveland Clinic, the Medical Breast providers work in association with dedicated breast radiologists, with rapid access and same-day diagnostic imaging for symptomatic patients. Patients at risk are provided with personalized risk assessments and computerized modeling, estimating risk and making recommendations about enhanced surveillance and chemopreventive strategies.

Pederson attributes her success to her mentors, including Crowe.

"In 2008, I did a clinical fellowship here at Cleveland Clinic in cancer genetics under the supervision of Dr. Charis Eng. She, together with Dr. Crowe and

the new head of surgical oncology, Dr. Stephen Grobmyer, have really been my mentors and supporters in developing this program and supporting my career," Pederson says. "I've been fortunate to have the opportunity to work with people like this."

Major medical centers such as Mayo Clinic and University of Texas MD Anderson Cancer Center also provide Medical Breast services, but the Hereditary High Risk Clinic is unique with long-term followup providing a platform for translational research.

"About 10-15 percent of breast cancer is truly hereditary, meaning there's a genetic mutation passed down from generation to generation that markedly increases the risk of getting breast cancer," Pederson says.

In following large numbers of these patients over time, care can be enriched and streamlined, and research can be conducted, providing clues to the development of cancer in high-risk individuals.

While there are high-risk patients, Pederson says they don't refer to anyone being low-risk, because 75 percent of the time breast cancer arises, there are no identifiable risk factors.

"At Cleveland Clinic, we still recommend annual screening mammograms starting at the age of 40. And we encourage all women to be healthy – to achieve and maintain their ideal body weight and limit alcohol consumption, two



percent are walking around not knowing it,” Pederson laments. “Every week, we see patients in the breast center that come in with breast cancer at a very early age.”

“A lot of times, if people had taken a careful and complete family history, a genetic mutation may have been identified, preventing the cancer,” Pederson says. “So I speak on behalf of Bright Pink and also Myriad Genetics on raising awareness on hereditary risk. One of the things that I probably care most about is trying to help providers around the country learn more about cancer genetics.”

*Corinne Murphy is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

under-recognized risk factors for breast cancer that everybody can be aware of,” Pederson says.

Pederson also offers a non-Accreditation Council for Graduate Medical Education (ACGME) accredited fellowship training program in Medical Breast, the first in the country, aimed at training providers to replicate services at other institutions. She is currently training an Ohio State family practitioner to begin a Medical Breast program at the James Cancer Hospital and Solove Research Institute. Candidates come from specialties such as internal medicine or family practice to subspecialize in the field.

Within the Medical Breast practice, Pederson has not only trained other physicians inside and outside the Cleveland

Clinic to do this work, but she’s also provided a six-month fellowship to certified nurse practitioners to become Medical Breast specialists.

“It has been really exciting to go through the process of creating a training program for something that didn’t even exist before we started it back in ‘97,” says Pederson.

Pederson also shares her knowledge across the country, speaking for Bright Pink, the only national nonprofit organization focused on the prevention and early detection of breast and ovarian cancer in young women, sharing methods to help OBGYN providers learn how to identify high-risk patients.

“We’ve identified about 4 percent of the patients in this country that carry genetic mutations, and the other 96



Dr. Holly Pederson is a Staff Physician and Director of Medical Breast Services in the Breast Center. This clinic helps create important access for patients, provide education for primary

care physicians to identify at-risk individuals and offers training opportunities for doctors, fellows and residents.

After receiving her B.A. in biochemistry from the University of California-Santa Barbara, where she received the distinction of Phi Beta Kappa, she earned her medical degree from the University of California-San Francisco School of Medicine, where she was recognized in the Alpha Omega Alpha honor society.

She completed her internship and residency at the University of California San Francisco Medical Center in internal medicine and in 2008, completed a clinical fellowship in genomics under Dr. Charis Eng at Cleveland Clinic. She directs the Medical Breast Program and is active in clinical research. Pederson is also an assistant professor at Cleveland Clinic Lerner College of Medicine of Case Western Reserve University.



## The Write Advice

With Paige Brown

# Immunity Challenge

## A look at the facts behind vaccines

Over the past few years, there has been a lot of speculation surrounding the topic of vaccines. Despite overwhelming scientific evidence of safety and effectiveness, some parents may still be skeptical about having their children vaccinated.

*HealthScene Ohio* spoke with pediatric infectious disease expert Dr. Nazha Abughali, with the MetroHealth System, to shed light on some of these questions.

### **HealthScene Ohio: How exactly does a vaccine work and prevent future disease?**

**Nazha Abughali:** Vaccines help develop immunity in our bodies to fight infections. They do that by imitating the infection without actually getting the real infection with the illness. The body reacts to the vaccine by developing immune response and memory to this infection as well. So, when we are exposed to this infection in the future, the immune system readily remembers that infection and develops the immune response that protects us for the real disease.

### **HSO: Do vaccines work differently depending on a patient's age?**

**NA:** Yes, some aspects of the immune system are not very well developed after birth. The immune system matures as the child grows.

### **HSO: Are there any other ingredients that go into a vaccine? Why?**

**NA:** Yes, some ingredients may be added to boost the immune response or as a preservative.

### **HSO: What are possible symptoms of getting a vaccine? Are there any symptoms that can be seen as a red flag?**

**NA:** A vaccine could cause some side effects such as mild fever, pain at the site of the shot, mild rash and irritability. However, in very rare circumstances, it could cause an allergic reaction.

### **HSO: Does a vaccine become an unreliable source of protection to the virus if the patient doesn't follow up on a second, third, etc. dose of the vaccine?**

**NA:** Correct. Some vaccines require multiple doses to keep the level of immunity in the body.

### **HSO: Are there any alternatives to the shot, such as a spray? Is the spray less effective or more effective than the shot?**

**NA:** In general, most vaccines are shots with a few exceptions, such as the flu vaccine, which is available in a nasal spray. However, recent studies have shown that the shot gives more protection against the flu in children.

### **HSO: Should a woman get any necessary vaccines after pregnancy? What vaccines?**

**NA:** Women should receive vaccines such as DTap (diphtheria, tetanus, and pertussis) and rubella after delivery.

These are important to protect themselves so they do not transmit serious infections, such as pertussis, to their infants after birth. These vaccines also protect them against infections for future pregnancies that may cause harm to the fetus.

### **HSO: Why are some vaccines necessary for someone who is going to travel internationally?**

**NA:** Some infections, such as yellow fever and typhoid fever, are endemic and common in certain countries. An individual without previous exposure for immunity against such infections could get very sick if he or she is exposed to it for the first time.

### **HSO: Some people are against getting vaccines. What would you say or advise to those people?**

**NA:** Vaccines help prevent serious infections such as polio, measles, pertussis, chicken pox and meningitis. These infections not only cause severe disease, but could cause death and long-term complications and morbidities such as paralysis in polio.

Vaccinating your child not only protects your child, but protects the whole community by preventing the spread of the infection.

We should always remember that smallpox was completely eradicated from the whole world by vaccination.

*Paige Brown is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



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#### **About the Expert**



Dr. Nazha F. Abughali practices pediatric infectious diseases in Cleveland. Abughali graduated from American University of Beirut in 1986. She completed a residency at Jackson

Health System. Abughali also specializes in infectious disease. She currently practices at MetroHealth Medical Center Emergency Department and is affiliated with Cleveland Clinic, MetroHealth Medical Center and University Hospitals Case Medical Center. Abughali is board-certified in pediatrics.

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#### **Useful websites:**

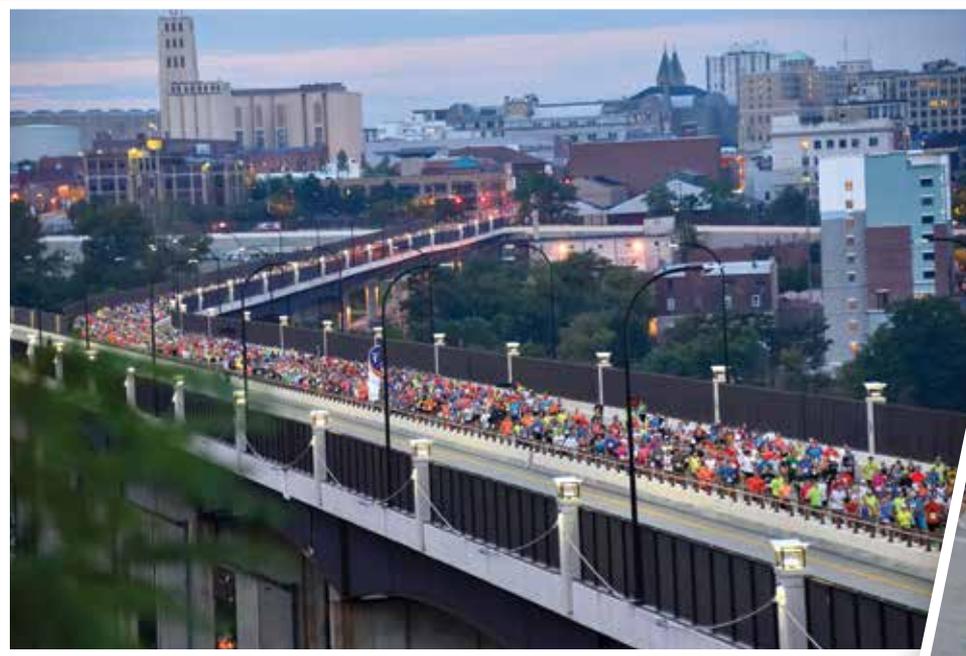
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[www.cdc.gov/vaccines/parents/vaccine-decision/index.html](http://www.cdc.gov/vaccines/parents/vaccine-decision/index.html)

**For traveling:** [wwwnc.cdc.gov/travel](http://wwwnc.cdc.gov/travel)



# Healthy Happenings



## Akron Marathon

Photos courtesy of WhiteSpace Creative

The 2016 Akron Marathon, part of the Akron Children's Hospital Akron Marathon Race Series, draws a crowd of more than 120,000 spectators and more than 3,000 volunteers.



## Cleveland Clinic

Photos courtesy of Cleveland Clinic

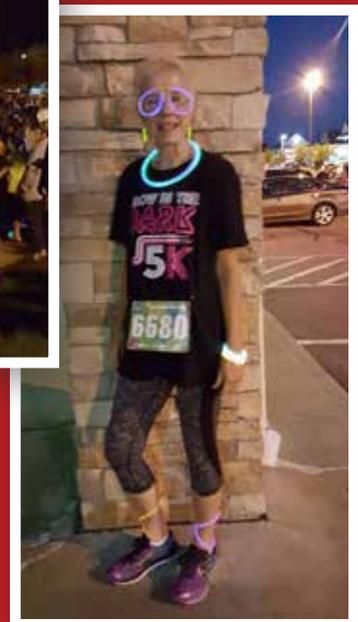


Cleveland Clinic celebrates with the Cleveland Cavaliers during their championship parade.



## Glow in the Dark 5K

Photos courtesy of Second Sole





## Personalities

# Team Player

## Dr. Dunkle-Blatter brings a team mentality to weight management

By Hailey Stangebye

According to a Centers for Disease Control study from 2011 to 2014, about 36.5 percent of adults in the United States are obese. Over one-third of the U.S. population struggles with maintaining a healthy weight and is often faced with corresponding comorbidities such as heart disease, stroke, type 2 diabetes and certain types of cancer.

Dr. Stephanie Dunkle-Blatter of St. Rita's Medical Center utilizes a cohesive, team approach to tackle the problem of obesity in Ohio.



Dr. Stephanie Dunkle-Blatter with a patient

Originally from Indiana, Dunkle-Blatter attended the University of Georgia for her undergraduate degree in microbiology. Upon graduation, Dunkle-Blatter joined Teach for America to educate seventh-graders in rural North Carolina before attending medical school at the University of Kentucky.

After completing her general surgery residency at Kentucky, Dunkle-Blatter went on to complete a fellowship in minimally invasive surgery at Geisinger Medical Center. This was her first experience with bariatric surgery.

"I think I had some of the prejudices that a lot of people have about overweight patients, but in my fellowship, I encountered people who were just so

motivated and really had tried everything to lose weight," says Dunkle-Blatter.

"Through pretty straightforward, sometimes simple operations, we were able to help people transform their lives."

St. Rita's, based in Lima, offered Dunkle-Blatter an opportunity to develop a multidisciplinary weight management program.

"The two of us worked for months and months on policies and creating all of the information that we would

need for the program," says Program Coordinator Joyce Bochenek.

"I really had a sense of having a balanced, multidisciplinary program," says Dunkle-Blatter. "It was important to me to have not only a surgery program, but also a medical program so that people working towards surgery would have a way to do that, and also people who weren't interested or qualified for surgery would have an alternative way to work toward weight loss."

The Weight Management Program at St. Rita's emphasizes the body, mind and spirit. To cover every aspect of the weight loss process, Dunkle-Blatter works with a tight-knit team of diverse employees.

Among those team members are physicians, nurses, dietitians, psychologists, an exercise physiologist, an insurance specialist and a chaplain.

"We have a team meeting every two weeks where our entire team assembles and we discuss new patients, and patient progress and upcoming surgeries. I think that's really vital, because we're all on the same page and we know what's happening with our patients," says Bochenek.

Dunkle-Blatter cultivates this team mentality and focuses on creating lasting relationships with patients.

"She builds a community of, 'This is a safe environment, we're not here to judge you, if you get off track, come back and see us,' you know?" says Bochenek. "(It's) a very safe, non-judgmental community."

Dunkle-Blatter is also famed for giving out her personal card to patients to be all



the more accessible, says Glory Geib, the chaplain on the weight management team.

“They just build that instant rapport, knowing that she’s honest and that she’s probably one of the first few doctors that say, ‘Your weight’s going to kill you if you don’t get it under control. You have diabetes, you have high blood pressure ... and we can help you out here,’” says Geib.

As part of the program, there are support groups and informational seminars to assist and educate each patient on his or her journey to a healthy lifestyle.

“We typically have 45 or 50 people show up at our practice for support group. We have different topics and different speakers every month. We really change it up,” says Bochenek. “And the neat thing about Dr. Dunkle-Blatter is that she conducts two support groups herself each year.”

“I’ve seen her do the seminars and she gives so much dignity to that whole population. It’s just awesome,” says Geib.

In seminars such as these, Dunkle-Blatter stresses long-term treatment goals for her patients.

“Ultimately, the treatment for obesity is a lifestyle change, where you’re eating a healthy diet and have an active lifestyle,” says Dunkle-Blatter. “So I always tell pa-

tients that’s our ultimate treatment goal, whether we get at that with surgery, with medications, with counseling, intragastric balloon, whatever our tool is, that’s our ultimate goal: a healthy lifestyle.”

Dunkle-Blatter exceeds the typical responsibilities of a surgeon when it comes to her patients.

She leads a bariatric yoga class catered to the overweight population, where everything is done standing or on a chair.

“She does a yoga class for her patients. How many doctors put on leotards and do yoga in front of 50 patients?” says Geib.

Dunkle-Blatter’s passion for bariatric surgery is rooted in her respect for her patients and the transformation she can help make in their lives.

“It’s a very personal thing when somebody’s willing to come see you and ask for help with such a personal problem, and then they put their trust in you,” says Dunkle-Blatter. “And when you have a great outcome and they’ve changed their lives and they’re so grateful, it just really drives you to do the work. It makes it just so fun.”

*Hailey Stangebye is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

**Dunkle-Blatter envisioned a weight management program that would strike a balance between the body, mind and spirit.**



Dr. Stephanie Dunkle-Blatter attended medical school at the University of Kentucky, where she stayed for her general surgery residency. She sought extra training in

minimally invasive surgery in a fellowship at Geisinger Medical Center. She completed the fellowship in laparoscopy and bariatrics in 2006. She has been in private practice, first in Kentucky, then in Indiana, where she was involved in a bariatric center of excellence. She is now the medical director of the new St. Rita’s Weight Management program and acts as a general surgeon. Her interests include weight loss surgery, complex hernia repair, gall bladder surgery, bowel surgery including hiatal hernia repair and colon surgery and endoscopy. Dunkle-Blatter is board-certified by the American Board of Surgery and is a Fellow of the American College of Surgery.



## The Write Advice

With Ray Bruster

# Knowing the Risks

## The ins and outs of diabetes

Diabetes is one of the more prominent diseases within the United States. According to the American Diabetes Association, 1.4 million new cases of Americans are diagnosed every year.

Being a newly diagnosed patient can be frightening and, often, overwhelming. Lifestyle changes are difficult, especially since many Americans are uneducated on the diabetes frontier. Diabetes is a complicated condition that can be difficult to bear if not treated appropriately. Dr. Mark Watkins, a pediatric endocrinologist, practices at the Endocrine & Diabetes Care Center in the ProMedica Mary Ellen Falzone Diabetes Center in Toledo. He completed his residency in internal medicine and pediatrics at the University of Toledo in 2004 and, from there, completed a three-year fellowship in pediatric endocrinology at the University of Michigan in 2007.

### **HealthScene Ohio: What is the most commonly misunderstood concept about diabetes?**

**Dr. Mark Watkins:** There is a lot of confusion regarding the difference between type 1 and type 2 diabetes. Type 1 diabetes is an autoimmune disease in which the person's own immune system destroys the beta cells that produce insulin. Type 2 diabetes is when the body becomes resistant to insulin, resulting in high blood sugars. In general, people with type 1 diabetes are completely dependent on insulin for survival, while people with type 2 diabetes often take insulin to help lower their blood sugars,

but they are not always dependent on insulin for survival.

### **HSO: Is it difficult for a diabetic person to prepare food for himself or herself?**

**MW:** For type 1 diabetes, the overall diet doesn't change very much. However, the proper insulin dose needs to be calculated to account for the carbohydrates in the meal. For type 2 diabetes, the diet changes significantly because obesity is frequently present.

### **HSO: What would you tell a pregnant woman who develops gestational diabetes about maintaining her and the baby's health?**

**MW:** In pregnant women with type 1 diabetes, if uncontrolled during pregnancy, it can be very harmful to the baby. Babies can be born very large, congenital heart disease may be present and dangerously low blood sugars may develop, just to name a few of the possible complications. It's very important to see a maternal fetal medicine specialist.

### **HSO: How can one avoid becoming diabetic? If I am diabetic, are my kids at risk of following in a similar path?**

**MW:** There isn't a way to prevent type 1 diabetes and, often, there is no family history, either.

For type 1, they are at risk if one of the parents has type 1 diabetes. For example, if a father has type 1 diabetes, there is a 4 percent chance that multiple children will be affected, and if the mother has



diabetes, there is an 8 percent chance. There are studies being conducted to help prevent the development of type 1. One of the studies aims to prevent antibodies from destroying beta cells.

For type 2 diabetes, there are risk factors, some of which are modifiable and non-modifiable. Modifiable risk factors are those you can control, such as diet and exercise. Non-modifiable risk factors are things you cannot control, such as if both parents have diabetes. Also, some ethnic groups that are at risk are American Indians, African Americans and Hispanics.

### **HSO: How can families of the diabetic help their loved ones?**

**MW:** With type 1 diabetes, families can help by learning as much as

they can. Everybody who is assisting in the care of the child should learn and be educated.

### HSO: How important is exercise?

**MW:** Exercise can increase muscle mass, which improves insulin sensitivity and, in turn, lowers blood sugar and allows insulin to work better. Better controlled blood sugars prevents diseases such as blindness, kidney disease and nerve damage.

### HSO: What if diabetics can't afford medication?

**MW:** This is a major problem with type 1 and type 2 diabetes. Fortunately, most children are on a parent's insurance, but I've had a case with a patient who chose between insulin and college. Insulin is several hundred dollars per month. When patients

aren't able to get everything they need, they will have very poor control of their disease. However, many patients can be helped through government assistance. There are also some drug companies that have patient assistance programs where they get either discounted or free medications.

### HSO: Is there a support group people can join?

**MW:** Yes, we have an organization called Diabetes Youth Services. It provides education to parents, support and education to school nurses. Also, there is a diabetes camp for all age groups, along with our teen support group. The organization services are in southeast Michigan and northeast Ohio.

*Ray Bruster is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

To find more information about support in your area, visit the American Diabetes Association's website at [www.diabetes.org](http://www.diabetes.org).

### About the Expert



Dr. Mark Watkins is a board-certified pediatric endocrinologist with ProMedica Physicians. Watkins earned a doctorate of osteopathic medicine at the University of Health Sciences College of Osteopathic Medicine. He completed a residency in internal medicine and pediatrics at the University of Toledo College of Medicine and a fellowship in pediatric endocrinology at University of Michigan CS Mott Children's Hospital. Watkins is a member of the American Academy of Pediatrics and the American College of Physicians.

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# Healthy Happenings

## Ohio/Michigan 8K/5K

Photos courtesy of Dave's Running



## 2016 Get Fit Challenge

Photos courtesy of Glass City Connect

Participants in the Get Fit Challenge work out in Ottawa Park in Toledo.





## ProMedica

Photos courtesy of ProMedica

ProMedica Health and Wellness Center

Toledo Hospital Disaster Olympics

Flower Hospital Golf Benefit



Kern Cancer Center  
Inspiration Wall

ProMedica Zoo Day



## Personalities

# Two Sides of the Same Coin

### Central Ohio radiologist brings a little poetry to his practice

By Hannah Bealer

Doctors are often stereotyped as “logical” and “analytical” rather than “creative.” That can’t be said about Dr. Amit Majmudar, a diagnostic nuclear radiologist with Mount Carmel Health who lives and practices in central Ohio.

In 2015, Majmudar became Ohio’s first poet laureate. And he doesn’t try to compartmentalize his two areas of interest.

“(Medicine and poetry) are kind of parallel things for me,” he says. “I was always a writer and always someone who was very interested in literature for years. I did medicine as a way to sort of facilitate being a writer. The two things overlap – but very rarely.”

#### The Early Stages

Majmudar, a son of Indian immigrants, was born in Jamaica, Queens. But only six months after his birth, his parents moved near Cincinnati, then to a suburb outside of Cleveland. As physicians, they needed to move to an area where doctors were in higher demand. His father worked in internal medicine, and his mother in emergency care.

“(Being a physician) was part of the family profession,” Majmudar says,

adding that he has a sister who is a doctor as well. “Everyone in our family did medicine. It was what people did when they grew up.”

He says his parents were not direct influences, but their respective careers did encourage Majmudar to practice medicine.

A promising student, Majmudar, 37, obtained his medical degree at only 23 years old. He completed an accelerated program straight out of high school and went on to study at the University of Akron. He stayed there for two years before he went to medical school at Northeast Ohio Medical University.

Majmudar briefly considered neurology before he ultimately decided to practice radiology.

“I thought the brain was fascinating,” he says. “I definitely find neurological disorders more interesting.”

**// (Medicine and poetry) are kind of parallel things for me. I was always a writer and always someone who was very interested in literature for years. I did medicine as a way to sort of facilitate being a writer. The two things overlap – but very rarely.”**

Radiology provided a different – but appealing – dynamic. It allowed him to focus more on science.

“I like the detachment (of radiology),” Majmudar says. I (am) allowed to concentrate on ... the physics.”

#### Becoming Ohio’s First Poet Laureate

Majmudar has been a reader for as long as he can remember. Growing up, he read tirelessly, he says. Shakespeare is a favorite of his, as is Cormac McCarthy.

He doesn’t let his career in medicine get in the way of his hobby.

“I still read a lot,” he says. “I’m kind of all over the place when it comes to influences and favorite writers. I also don’t have a single way in which an inspiration then becomes a poem. Anything can trigger it. ... I’ll want to write in a certain meter. That’s kind of how it goes. I don’t decline any trigger for a poem.”

That includes historical eras, certain words, an image, a sound. In order to concentrate on his work, Majmudar does not listen to music or leave his home to write in a coffee shop. He enjoys working in complete silence, often using the same headphones air traffic controllers wear to muffle sounds.

“I like to just write in my study,” he says.

Majmudar says he is always working on the next project. The poem he is most proud of is *Dothead*, which was published in the *New Yorker* in 2011. “Dothead” is a derogatory term that refers to the bindi and Hinduism. The poem starts with: “Well yes, I said, my mother wears a dot. I know they said ‘third eye’ in class, but it’s not an *eye* eye, not like that. It’s not some freak third eye that opens on your forehead like on some Chernobyl baby. What it means is, what it’s *showing* is, there’s this unseen eye, on the inside. And she’s marking it.”

In addition to the *New Yorker*, he has also been published in *The Atlantic*, the *Norton Introduction to Literature*, *The Best American Poetry 2007* and more.

In 2015, his hard work paid off when Gov. John Kasich named Majmudar Ohio’s first poet laureate.

The position is fairly broad, giving Majmudar a platform on which to promote poetry throughout the state through various programs and initiatives. One such program involves assisting 15 students from Ohio’s most underprivileged school districts in publishing their work in *The Kenyon Review*, an Ohio literary journal.

“We’ll be able to get these students a start in the world of publishing poetry,” Majmudar says. “They’ll be getting wisdom from one of their elders in the art.”

*Hannah Bealer is an editor. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



Dr. Amit Majmudar is a novelist, poet, essayist and diagnostic nuclear radiologist. He completed his medical degree at Northeast Ohio Medical University. Majmudar writes and practices in

Dublin, where he lives with his wife, twin sons and baby daughter. In 2015, he was named Ohio’s first poet laureate.





## The Write Advice

With Jenny Wise

# More than the Blues

## Recognizing the signs of depression in a loved one

From gym memberships and daily vitamins to doctor visits and athletic physicals, we spend endless time and money to improve our physical health and the health of our loved ones. So why does mental health take a back seat to physical health when depression and suicide are on the rise?

*HealthScene Ohio* spoke with Dr. John Campo, head of the psychiatry department at The Ohio State University Wexner Medical Center, about the heavy topic of mental health. From warning signs to preventive action, Dr. Campo adds insight to the discussion surrounding the suicide epidemic.

### **HealthScene Ohio: Why does depression go unnoticed in so many suicide cases?**

**John Campo:** Although there is no single cause for suicide, depression is likely the most important remediable risk factor for completed suicide and the mental disorder most commonly associated with suicidal behavior. Unfortunately, it is easy to miss depression in a loved one, and depression commonly gets in the way of its own treatment, with sufferers sometimes mistakenly believing that their situation is hopeless or that they deserve to feel as they do. Some individuals struggling with depression may be reluctant to share the pain they are experiencing for a variety of reasons, including concerns that they might be perceived as weak, and some



depressed individuals may not appear overtly sad, sullen or irritable to others. Another common issue is that family members may personalize changes in a depressed loved one's behavior, thinking that perhaps they are upset or angry with them or simply stressed due to work or school. Finally, stigma is pervasive, and it is sometimes difficult for friends and family members to believe that a valued loved one could indeed be suffering from depression.

### **HSO: What should someone do if his or her loved one starts talking about suicide?**

**JC:** The first thing to do is listen and to take the individual seriously. Do your best to understand what they are saying, experiencing and thinking about. Be willing to ask questions to better understand what the person is thinking or feeling, and do not be concerned that talking about

suicide will somehow put the idea in their head. Avoid simply dismissing or deflecting a statement about suicide as "silly" or "crazy." It is important for suicidal people to feel heard and understood.

### **HSO: Can mental illness and depression be treated like a physical illness?**

**JC:** Patients struggling with depression have every reason to be hopeful and have positive expectations about the future. Depression is a highly treatable condition, and we are every bit as successful in treating depression as we are managing other medical illnesses such as asthma, diabetes or hypertension. There are now many scientifically proven treatments for depression, including psychotherapies such as cognitive behavioral therapy, antidepressant medications and other medical treatments such as transcranial magnetic stimulation and electroconvulsive therapy.

**HSO: What types of signs and signals can people watch for?**

**JC:** Individuals who are at risk for suicide may exhibit a number of warning signs, including talking about being in unbearable pain, feeling trapped or being a burden to others. They may increase their use of alcohol or other drugs. At-risk patients may appear to be depressed or anxious, show little interest or joy in previously valued activities, isolate themselves, become more socially withdrawn, or appear irritable, angry or aggressive. They may talk directly about killing themselves or speak about not having a reason to live. Changes in sleep patterns are also common – either difficulty sleeping or sleeping more than usual – and reports of fatigue, low motivation and poor concentration are common. Some individuals contemplating suicide may also visit or call loved ones to say goodbye or to give away prized possessions.

**HSO: Whom does depression affect more, men or women? Is there a certain age demographic more affected? If so, is there a reason or science behind that?**

**JC:** Both males and females can suffer from depression. Depression becomes more common in females starting in adolescence, and is more common in women than men thereafter.

**HSO: Are there other causes of suicide besides depression?**

**JC:** Other mental disorders are risk factors for suicide, including bipolar disorder or manic-depressive illness, schizophrenia and psychotic disorders, personality disorders such as borderline or antisocial personality disorder, conduct disorders, and anxiety disorders. Alcohol use disorder and substance abuse are also major

risk factors for suicide. General medical conditions, particularly serious chronic physical health disorders and chronic pain are also risk factors for suicide. It is also worth noting that stressful life events such as a death, divorce or loss of a job can be associated with suicide risk.

**HSO: Is the lack of recognition for mental illness in society today contributing to suicide cases?**

**JC:** So-called “psychological autopsy” studies tell us that over 90 percent of people who complete suicide suffer from a significant mental or addictive disorder, yet many individuals who kill themselves have never been recognized to be suffering from such a disorder and have not been seen or evaluated by a professional. While lack of recognition is indeed a problem, it is also important to realize that most individuals with recognized mental and addictive disorders fail to receive any services, and that many of those who do fail to get treatment that is appropriate to their condition, in either type or quantity.

**HSO: How can someone respectfully tell a loved one that he or she needs to seek medical help for thoughts about suicide and other signs of depression?**

**JC:** Genuine caring provides the foundation for successfully helping a suicidal individual, and persistence is often rewarded. Most, if not all, individuals who are experiencing suicidal thoughts are ambivalent about taking their own life, and are open to another person coming alongside them to help, support and problem-solve. Individuals struggling with suicidal thoughts need to understand that treatment can – and most often does – make a difference and that there is an excellent chance that their

suffering can be relieved. It is often useful for them to understand that keeping them safe and alive is the first step in ensuring successful treatment.

**HSO: Are there any signs of suicide and/or depression that usually go unnoticed?**

**JC:** More often than missing signs of depression or suicide, we may fail to ask or inquire about whether an individual is thinking of suicide or have made a previous suicide attempt. It is important to remember that the best predictor of future behavior is often past behavior, and the history of a prior suicide attempt is a serious risk factor for completed suicide in the future.

*Jenny Wise is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

**About the Expert**



Dr. John V. Campo is Sinsabaugh Professor and Chair of the Department of Psychiatry and Behavioral Health at The Ohio State University College of Medicine and the OSU Wexner

Medical Center. He is board-certified in pediatrics, psychiatry and child and adolescent psychiatry. He completed medical training at the University of Pennsylvania, followed by residencies in pediatrics at the Children’s Hospital of Philadelphia and psychiatry and child and adolescent psychiatry at the Western Psychiatric Institute and Clinic and the University of Pittsburgh Medical Center. Campo has been honored as a NAMI Exemplary Psychiatrist and as a recipient of the American Academy of Child and Adolescent Psychiatry’s Simon Wile Leadership in Consultation Award. He is the former Chief of Child and Adolescent Psychiatry and Medical Director of Behavioral Health at Nationwide Children’s Hospital. Research interests include suicide prevention, the integration of mental health and general medical services, and psychosomatic medicine.

- Free Crisis Hotline . . . . . 1-800-273-TALK (1-800-273-8255)
- Suicide Hotline . . . . . 614-221-5445
- Seniors’ Suicide Hotline . . . . . 614-294-3309
- Franklin County Youth Psychiatric Crisis Line . . . . . 614-722-1800
- Mental Health of America . . . . . 614-221-1441 (free counseling)
- Netcare Access Hotline . . . . . 614-276-CARE (614-276-2273)



# Healthy Happenings



## The Columbus Zoo and Aquarium

Photos courtesy of Amanda Carberry

Walkers join in for the Columbus Zoo and Aquarium's OhioHealth HOOFit walking program.



## 11th annual Buckeye Transplant Reunion

Photos courtesy of The Ohio State University Wexner Medical Center

Guests gather for The Ohio State University Wexner Medical Center's Buckeye Transplant reunion. Each pinwheel illustrates an organ transplant performed at the Wexner Medical Center since 1967.



## Mansfield YMCA 5K

Photos courtesy of Mansfield YMCA



## Personalities

# Operation Precision

## Ohio doctor becomes first surgeon in the U.S. to use ROSA Spine technology during surgery

By Dylanne Petros

After what he describes as a “non-traditional” beginning, Dr. Juan Torres-Reveron is quickly becoming the robotics expert at Miami Valley Hospital.

Torres-Reveron, a neurosurgeon with Premier Health Neuroscience Institute, was born and raised in Puerto Rico.

“A lot of friends of mine who did school, many of them (went on to) work in military bases,” he says.

The friends who worked at military bases, Torres-Reveron says, all had doctorates. There was one friend in particular who worked in neurobiology. That sparked his interest.

Torres-Reveron attended the University of Minnesota, where he started his research.

“I spent a year up there working on my Ph.D, but in the process, I realized ... I wanted to be a doctor,” he says. “I thought (with) neuroscience, you had that ability to jump in between two things.”

After spending several years at the University of Minnesota, Torres-Reveron transferred to the University of Alabama at Birmingham.

After Torres-Reveron spent another few years at Birmingham working on his M.D., his Ph.D adviser moved to the Baylor College of Medicine and asked Torres-Reveron to join him.

Once he got to Baylor, Torres-Reveron switched up what he was doing.

“That’s where I got shaped into neurosurgery,” he says.

Originally, Torres-Reveron says he was interested in plastic surgery, but working with his adviser and seeing functional neurosurgery in person changed his mind.

He could see, “This is where research makes a difference in people’s lives,” he says.

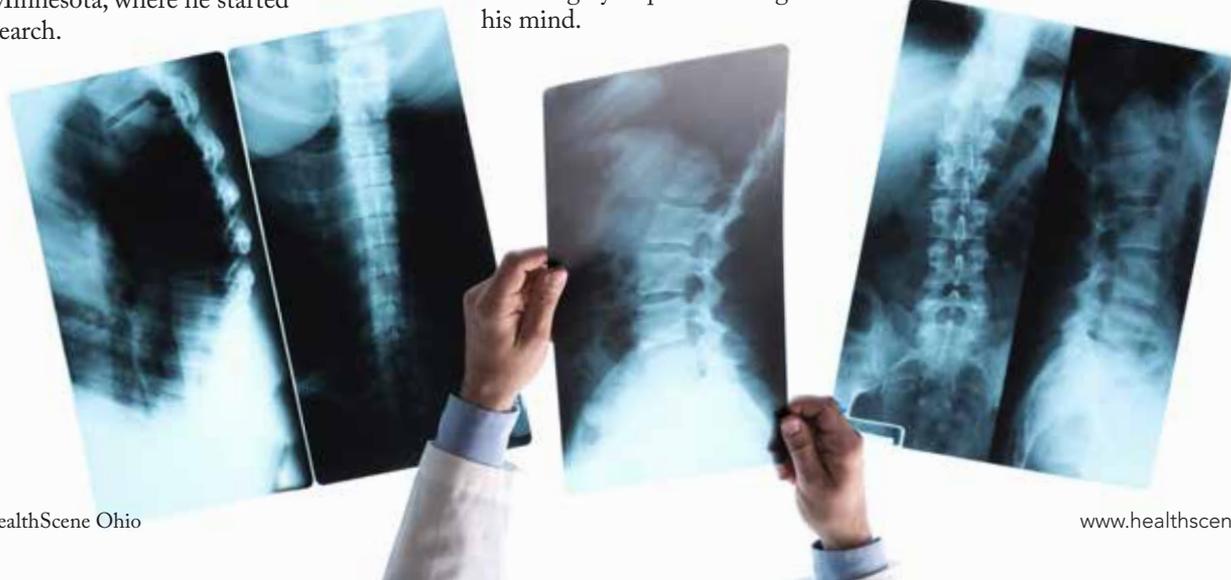
After finishing medical school at Baylor, Torres-Reveron transferred to Yale for his fellowship.

“They had a great functional program,” he says. “At the same time, they had a great epilepsy program.”

Torres-Reveron says he became interested in epilepsy because it is a bridge between the functional programs and physiological technologies.

“We try to treat the patient, but I tell everybody that every epilepsy patient is a research subject even if they don’t want to (be), because it’s part of what we do. We have to record their brain,” he says.

Torres-Reveron says that, by definition, he is a functional epilepsy surgeon, but he has been able to transition to a



spinal surgeon thanks to technological advances in the field, including stereotactic mapping.

“You need to have this ability to trust computers into telling you how you get things into places you want,” he says.

### Work with ROSA Spine

Torres-Reveron was recently the first surgeon in the U.S. to perform a surgery with ROSA Spine, a machine that helps doctors place screws with precision during surgery.



Members of the Premier Health/Medtech team gather after the first U.S. surgery using ROSA Spine. Standing with the ROSA Spine robotic device are, left to right: Scott Wherry, Michael VanWinkle, Juan Torres-Reveron, Thibaud Partridge and Eric Heinz. Photo courtesy of Premier Health

But it was not his first time working with the ROSA technology.

Torres-Reveron worked with ROSA Brain while at Yale. The two devices are very similar.

“It was an easy transition. It was a simple lateral transition that applied the stereotactic principle (a minimally invasive surgical technique),” he says.

ROSA Spine originated in Europe and has been around for three or four years. The device recently made its way over to the U.S., Torres-Reveron says.

“This device is cleared by the FDA to be used in the placement of screws in the lumbar spine,” he says.

The first ROSA Spine surgery occurred in April and the candidate was perfect.

The woman had spondylolisthesis, a condition in which one vertebra has

moved in front of another because of weakness in the joints. The vertebrae were in the lumbar spine.

The patient had spondylolisthesis on two different vertebrae, so six screws had to be placed on two levels of her spine.

“Doing it on two levels, my thought was, we could use the device to help speed up the process a little bit,” he says. “I figured the device would be perfect for that because it would allow me to go through all those levels in one shot.”

While dealing with the spine, precision is critical.

“The device gives you a big advantage in the target options and how you place the screws,” he says. “The big advantage of the device is precision. It’s like painting by numbers.”

The patient only spent three days in the hospital after surgery, less than the week-long stay patients typically have.

“I am the guy who took a leap of faith,” he says. “You have to trust the tech-

nology and say, ‘OK, I know I have done this in the brain, in some other ways, using the technology. I think this will work in the spine using the same approach.’”

Torres-Reveron hopes ROSA Spine becomes more commonplace in hospitals to help more spine surgeries become minimally invasive.

“The device helps the surgeon make that jump quite easily,” he says. “If anything, it will help speed up the process of transitioning to minimally invasive spine surgery.”

Thanks to the Brethen Center for Surgical Advancement in Robotics and Minimally Invasive Surgery, Miami Valley Hospital will soon be able to train doctors on how to use ROSA Spine.

### Brethen Center

The Brethen Center is a robotics center where surgeons and residents can be trained on new technology in the field.

“The goal is to have surgeons come to Miami Valley Hospital,” Torres-Reveron says. “We’re going to be able to show them how the technology works.”

The center offers a six-part course, which includes hands-on training and certifications.

Programs at the center include an executive session, surgeon training enhancement program, surgeon lecture program, operating room staff efficiency course, robotic surgery coordinator course and first assistant course.

“We’re not doing this for our own use in the hospital,” Torres-Reveron says.

While Torres-Reveron is helping with the Brethen Center, he is also working on two other programs at Miami Valley.

“Besides the ROSA program, I am kind of building two other programs, which is functional neurosurgeon and epilepsy,” he says. “I may become the robotics guy of the Valley.”

*Dylanne Petros is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*



Dr. Juan Torres-Reveron is a neurosurgeon with Premier Health Neuroscience Institute at Miami Valley Hospital in Dayton. After finishing his M.D. at University of Alabama at

Birmingham, he transferred to Baylor College of Medicine to finish medical school. After finishing medical school, he did his fellowship at Yale and became a functional epilepsy surgeon. Torres-Reveron has been at Miami Valley for a year and is the first doctor in the United States to use the ROSA Spine technology for a lumbar spine surgery. In the future, he plans on helping train more surgeons in ROSA technology and working to perfect minimally invasive surgeries.

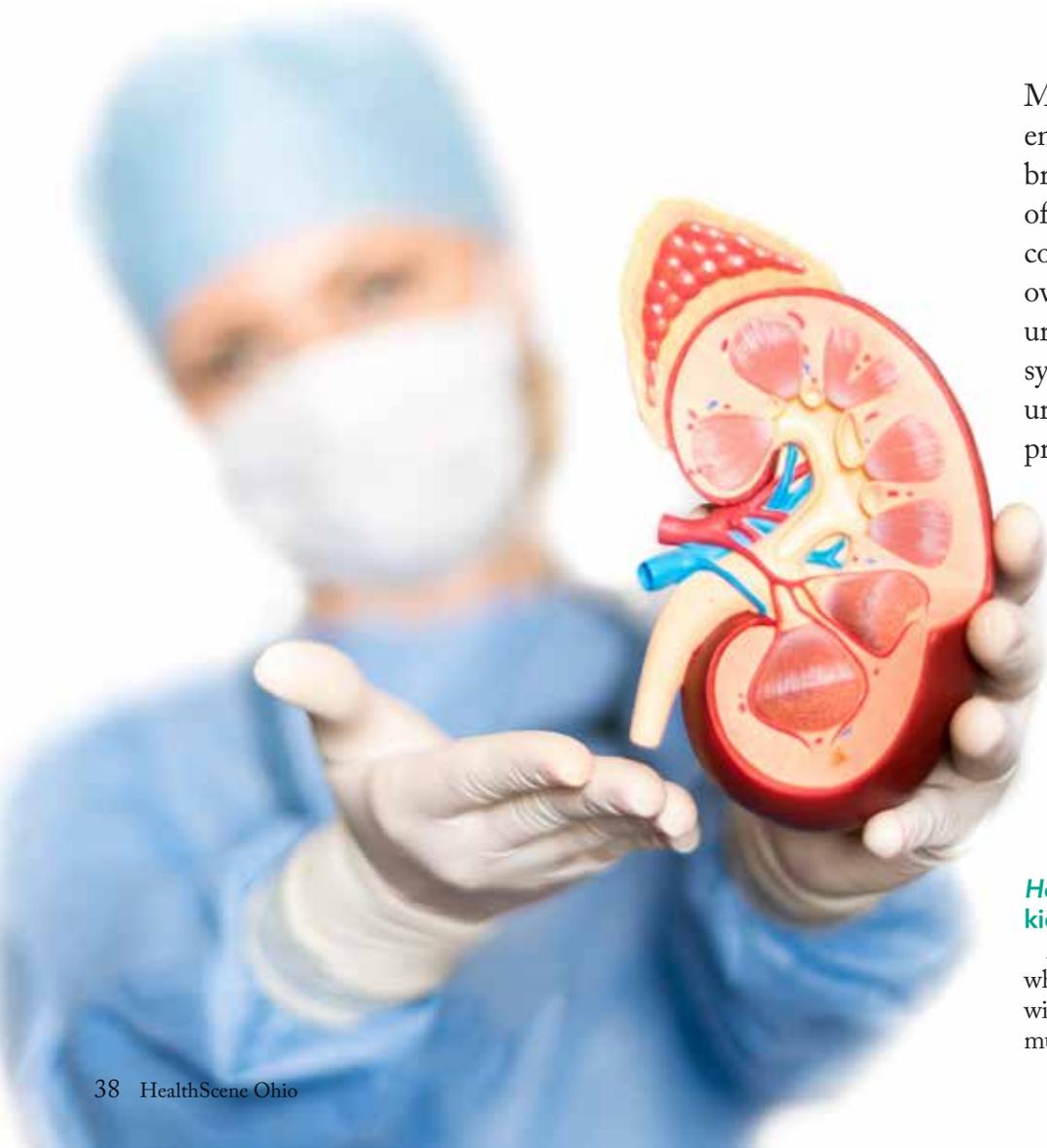


## The Write Advice

With Zachary Konno

# Keeping Up With Your Kidneys

Everything men should know about kidney stones, fertility and more



Most people are quick to visit an emergency room when an arm is broken or a cardiologist after signs of a heart ailment. However, it is common – especially for men – to overlook ailments arising in the urinary tract and reproductive systems. Neglecting to go to a urologist when potential problems present themselves can lead to larger issues.

A properly functioning urinary tract and reproductive system are essential for a pain-free body and clean bill of health. *HealthScene Ohio* spoke with Dr. Adam Esham of Adena Regional Medical Center about two main areas of urology: kidney stones and male infertility. He weighs in on these topics in addition to causes and treatments for both

### **HealthScene Ohio: How does a kidney stone form?**

**Adam Esham:** Kidney stones form when the urine becomes supersaturated with salt and minerals. For example, too much calcium in the urine.

**HSO: When urine becomes supersaturated with salt and minerals – resulting in a kidney stone – is this because of a change in diet or exercise?**

**AE:** The main cause of increased saturation is dehydration. This could be exercise induced. Diet can also lead to increased minerals in the urine.

**HSO: What is a kidney stone made of?**

**AE:** On average, 60-80 percent of kidney stones are calcium-based, 10 percent are uric acid and the remaining 10 percent are different types.

**HSO: What are the symptoms associated with a kidney stone?**

**AE:** The most common initial symptom is flank pain. Other initial symptoms could be blood in the urine, nausea and vomiting.

**HSO: How much pain can one expect when passing a kidney stone? Are there any helpful ways to manage the pain?**

**AE:** The amount of pain and discomfort is different with every patient and stone.

The pain can be managed from over-the-counter pain medicine to prescription narcotic medication depending on the amount of pain present.

**HSO: Are there any other options to get rid of the stone?**

**AE:** The options for managing a stone can range from observation (to) medical expulsive therapy to surgical treatment.

**HSO: Medical expulsive therapy is a therapy that allows the stone to pass without surgery. How is this done?**

**AE:** Medical expulsive therapy includes fluids, pain medication and, potentially, off-label use of medication.

**HSO: Does holding your urine in actually cause damage to your bladder?**

**AE:** It depends. Holding your urine on occasion is not harmful but, if done on a consistent basis, can lead to permanent damage to the bladder.

**HSO: Can the type of underwear a man wears have any adverse effects on his sperm count?**

**AE:** There have been some studies that show wearing looser-fitting underwear, such as boxers, can increase sperm count.

**HSO: Can tight-fitting underwear (briefs) decrease sperm count?**

**AE:** Tight-fitting underwear can lead to decreased sperm counts by affecting testicular temperature.

**HSO: How do certain foods or beverages impact male fertility?**

**AE:** Alcohol and caffeine have been shown to reduce sperm count. An unhealthy diet is harder on the body and, thus, may lead to lower sperm counts as well. While no specific foods can necessarily help fertility. Healthful foods will help overall bodily health. High antioxidant foods may improve sperm counts and healthier sperm.

**HSO: Can an STI lead to reduced fertility?**

**AE:** Certain sexually transmitted infections may lead to infertility by causing scar tissue.

**HSO: What options are out there for men who want children, but deal with low fertility?**

**AE:** It depends on the reason for the decreased fertility. If the patient has problems with low count and motility, then a procedure that helps with blood flow in the testicles may help. If the number is very low, then the only option may be to undergo evaluation by a reproductive specialist.

*Zachary Konno is a contributing writer. Feedback welcome at [hbealer@cityscenecolumbus.com](mailto:hbealer@cityscenecolumbus.com).*

**// The main cause of (kidney stones) is dehydration. This could be exercise induced. Diet can also lead to increased minerals in the urine."**

**About the Expert**



Dr. Adam Esham is a Robotic Surgery Urologist with Adena Health System in Chillicothe. Esham earned his medical degree from Northeastern Ohio Universities College of Medicine

and completed his urology residency at University of Texas Medical Branch. A native of southern Ohio, he enjoys spending time outside with his children, mountain biking, road biking, fishing, hunting, golf, tennis and cooking.



# Healthy Happenings



## Mercy Health

Photos courtesy of Mercy Health

On July 21, a ribbon-cutting ceremony marked the completion of the renovation and expansion project at the Jewish Hospital in Cincinnati, and the grand opening of the hospital's new patient care tower.

From left: Vice President of Medical Affairs Dr. Donald Wayne; Sycamore Township Trustee Tom Weidman; Chief of Urology Dr. Jeffrey Zipkin; Mercy Health Central Market President and CEO Pat Davis-Hagens; Mercy Health President and CEO Emeritus Michael Connelly; Mercy Health Cincinnati Chief Executive Officer and Senior Vice President Michael Garfield; Chief of Staff Dr. Michelle Andrews and Rabbi Elena Stein



Mercy Health offices across the region celebrate Team USA in recognition of the 2016 Summer Olympics.

## Premier Health

Photos courtesy of Premier Health



Dr. Jennifer Arnold – neonatologist at Texas Children’s Hospital, cancer survivor and star of the TLC docu-drama *The Little Couple* – speaks at Premier Health’s “Collaborating Against Cancer” conference June 11 at the Dayton Convention Center. The event drew a crowd of nearly 600 people and featured physicians from both Premier Health and University of Texas MD Anderson Cancer Center.



Members of the CareFlight Air and Mobile Services team at Premier Health pose for a photograph during the Vectren Dayton Air Show June 18-19. CareFlight was the official air medical transport team at the event.



Dr. Kevin Kravitz, an electrophysiologist, is interviewed during a news conference July 18 at Good Samaritan Hospital in Dayton. The press conference was called to announce an implant-based treatment option for patients who suffer from non-valvular atrial fibrillation. The WATCHMAN™ Left Atrial Appendage Closure Device is an alternative to long-term anticoagulant medication.



## Adena Health

Photos courtesy of Adena Health

Adena Health System, in partnership with Chillicothe High School, recently kicked off a pilot program called AIM that provides high school seniors an in-depth look at a career in medicine. One day a month, students will shadow a physician in the morning, then in the afternoon they will meet for complete lessons in Adena’s PACCAR Medical Education Center Virtual Hospital.



Adena Health System providers donated \$18,000 to six county fair programs to help support local 4-H members.



The fifth annual Adena Health System Cancer Center Car Show and Vendor Fair, presented by Southern Ohio Corvette Club and the Adena Health Foundation, had a record year with the most cars registered ever. Best in Show was claimed by a 1955 Chevrolet Bel Air. The event has raised more than \$7,000 to date.

# Legislative Update

Keep up with the latest state legislative initiatives in health.

## Allied Health Professionals

### House Bill 373

Rep. Sarah LaTourette for the Ohio House 76th District and Rep. Stephen Huffman for the Ohio House 80th District

#### *Surgical Technologists: Practice*

This bill requires the regulation and licensure of surgical technologists by the State Medical Board of Ohio. The bill further prohibits unlicensed persons from practicing as surgical technologists, using the title “surgical technologist” or holding themselves out as such. The bill also specifies the activities in which a licensed surgical technologist may engage.

### House Bill 184

Rep. Mike Dovilla for the Ohio House 7th District and Rep. Nickie Antonio for the Ohio House 13th District

#### *Music Therapy Licensing*

This bill requires the regulation and licensure of music therapists by the State Medical Board of Ohio. The bill further prohibits unlicensed persons from providing music therapy services or using the title “music therapist.” The bill also specifies the activities in which a licensed music therapist is authorized to engage.

## Health Care Coverage

### House Bill 290

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Marlene Anielski for the Ohio House 6th District

#### *USFDA Drugs: Terminally Ill*

This bill permits the use of a non-FDA approved investigational drug, product or device that is still in clinical trials to treat an eligible patient suffering from a terminal condition. The bill also provides immunity to a physician, who recommends or treats an eligible patient and a manufacturer or terminal distributor of dangerous drugs that provides a non-approved drug, product or device.

### House Bill 350

Rep. Cheryl Grossman for the Ohio House 23rd District and Rep. Louis Terhar for the Ohio House 30th District

#### *Autism Treatment: Coverage*

The bill requires any insurance plan issued by a health insurer that provides basic health care services to provide coverage for the screening, diagnosis and treatment of autism spectrum disorder.

## Prescription Drugs/Controlled Substances

### House Bill 248

Rep. Robert Sprague for the Ohio House 83rd District and Rep. Nickie Antonio for the Ohio House 13th District

### *Opioid Analgesic Coverage*

The bill requires that certain health insurers, Medicaid and Medicaid-managed care organizations provide coverage for all abuse deterrent opioid analgesic drugs regardless of cost. A qualifying opioid drug must be labeled to indicate that the drug is expected to result in the reduction in abuse.

### House Bill 285

Rep. Robert Sprague for the Ohio House 83rd District

#### *Pharmacists: Prescription Refills*

This bill authorizes a pharmacist to fill one or more refills of a prescription when the prescription is originally filled, or to fill multiple refills of a prescription at one time. The qualifying prescriptions must be of limited quantity, non-controlled substances and not exceeding a 90-day supply.

### House Bill 421

Rep. Sarah LaTourette for the Ohio House 76th District

#### *Pharmacists: Injection Drugs*

This bill authorizes a pharmacist to administer certain injectable drugs if they were prescribed by a physician, physician assistant or advanced practice nurse. These drugs include, but are not limited to, an opioid antagonist used to treat drug addiction and antipsychotic drugs used to treat mental conditions. The bill also permits a pharmacist to administer epinephrine or diphenhydramine, or both, to an individual in an emergency resulting from a reaction to a drug administered by injection by the pharmacist.

### Senate Bill 319

Senator John Eklund for Senate District 18

#### *Opiate MBR*

The bill requires pharmacy technicians to register with the State of Ohio Board of Pharmacy, establishes a process for those registrations and creates three professional registration categories: registered pharmacy technician, certified pharmacy technician and pharmacy technician trainee. The bill prohibits pharmacists, pharmacy interns and



terminal distributors of dangerous drugs from dispensing an opioid analgesic in an amount greater than a 90-day supply (based on prescription instructions) and from dispensing an opioid analgesic for any prescription older than 14 days. The bill also requires any facility which provides office-based opioid treatment to more than 30 patients to hold a category III terminal distributor of dangerous drugs license with an office-based opioid treatment classification.

### Senate Bill 300

Senator Bill Seitz for Senate District 8

#### *Psychologist: Prescribing Power*

This bill authorizes psychologists to obtain limited prescriptive authority, as well as the authority to order related laboratory tests and to issue medication administration orders to nurses, by obtaining

a certificate to prescribe from the State Board of Psychology.

### Public Health

#### House Bill 261

Rep. Cheryl Grossman for the Ohio House 23rd District and Rep. Stephen Huffman for the Ohio House 80th District

The bill creates the State Trauma Board within the Ohio Department of Health and requires facilities that provide trauma care to be designated as a trauma center by the Board. The bill establishes the Time Critical Diagnosis Committee of the State Trauma Board to advise and assist the Board in conducting research into best practices and other issues related to the development and implementation of a statewide time-critical diagnosis system of care. The bill also requires the creation

of trauma patient transfer protocols to specify procedures for selecting an appropriate trauma center to receive patients.

#### House Bill 580

Rep. Terry Johnson for the Ohio House 90th District and Rep. Stephen Huffman for the Ohio House 80th District

#### *One Health Awareness Month*

This bill designates the month of November as "One Health Awareness Month."

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*To find more information on the Ohio General Assembly members, please visit [www.ohiohouse.gov](http://www.ohiohouse.gov) and the Ohio Senate at [www.ohiosenate.gov](http://www.ohiosenate.gov). For more information on legislation, please visit [www.legislature.ohio.gov](http://www.legislature.ohio.gov).*



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# Calendar

## NORTHEAST

### OCTOBER



**Oct. 22**

**Cleveland Clinic Scarecrow Scurry 5K**  
8 a.m., Edgewater Park, Cleveland  
[www.hermescleveland.com](http://www.hermescleveland.com)

**Oct. 22**

**Boot Camp for New Dads**  
9 a.m., Hillcrest Hospital,  
Mayfield Heights  
[www.bootcampfornewdads.org](http://www.bootcampfornewdads.org)

**Oct. 29**

**Hermes Dead Sprint 5K**  
9 a.m., West Park, Cleveland  
[www.hermescleveland.com](http://www.hermescleveland.com)

**Oct. 29**

**Halloween Appetizers & Treats**  
10 a.m., Fairview Hospital Wellness  
Center, Rocky River  
[www.fairview.org](http://www.fairview.org)

### NOVEMBER

**Nov. 5**

**Cleveland Stache Dash**  
8:45 a.m., South Central Park,  
North Ridgeville  
[www.dmctiming.com](http://www.dmctiming.com)

**Nov. 6**

**Inland Trail Marathon/Half Marathon  
& 5K Fun Run/Walk**  
8 a.m., Murray Ridge School, Elyria  
[www.ncnracing.com](http://www.ncnracing.com)

**Nov. 12**

**SEVA: Acupuncture for Stress Relief**  
9 a.m., Fairview Hospital Wellness  
Center, Rocky River  
[www.fairview.org](http://www.fairview.org)

**Nov. 20**

**Fall Classic Half Marathon & 5K**  
9 a.m., Bonnie Park, Strongsville  
[www.clewestrunningclub.org](http://www.clewestrunningclub.org)

**Nov. 26**

**Cleveland Turkey Trot**  
8:45 a.m., Public Hall, Cleveland  
[www.hermescleveland.com](http://www.hermescleveland.com)

**Nov. 26**

**Pigskin Classic 5K**  
10 a.m., Downtown Cleveland  
[www.hermescleveland.com](http://www.hermescleveland.com)

**Nov. 28**

**Gifts from the Kitchen**  
7 p.m., Fairview Hospital Wellness  
Center, Rocky River  
[www.fairview.org](http://www.fairview.org)

### DECEMBER

**Dec. 3**

**A Christmas Story 5K and 10K**  
9 a.m., Huron and Ontario streets,  
Cleveland  
[www.achristmasstoryrun.com](http://www.achristmasstoryrun.com)

**Dec. 4**

**Ugly Sweater Run**  
8:30 a.m., Cleveland MetroParks Zoo,  
Cleveland  
[www.theuglysweaterrun.com](http://www.theuglysweaterrun.com)

**Dec. 4**

**Reindeer Run**  
9 a.m., Lakewood Park  
[www.hermescleveland.com](http://www.hermescleveland.com)

**Dec. 7**

**Run Santa Run 5K**  
9:30 a.m., Downtown Mentor  
[www.lakehealthrunning.com](http://www.lakehealthrunning.com)

## NORTHWEST

### OCTOBER



**Oct. 22**

**Trick or Trot 5K and Zombie Walk**  
8:30 a.m., The Shops at Fallen  
Timbers, Maumee  
[www.runsignup.com](http://www.runsignup.com)

**Oct. 22**

**Chocolate Turkey Dash**  
9 a.m., Eleanor M. Dana Cancer  
Center, Toledo  
[www.runsignup.com](http://www.runsignup.com)

**Oct. 30**

**Racing for Recovery 5K+10K Family  
Fun Run**  
9 a.m., Giant Oak Golf Club, Sylvania  
[www.racingforrecovery.org](http://www.racingforrecovery.org)

### NOVEMBER

**Nov. 5**

**Hero Hustle 5K**  
9 a.m., The Shops at Fallen  
Timbers, Maumee  
[www.davesrunning.com](http://www.davesrunning.com)

**Nov. 12**

**Churchill's Half Marathon**  
9 a.m., Perrysburg High School  
[www.churchillshalfmarathon.org](http://www.churchillshalfmarathon.org)

**Nov. 21**

**Facing the Holidays After a Loss**  
7 p.m., Blanchard Valley Hospital, Findlay  
[www.bvhealthsystem.org](http://www.bvhealthsystem.org)

**Nov. 24**

**Dave's Turkey Chase 5K Run/Walk**  
9 a.m., Downtown Toledo  
[www.runsignup.com](http://www.runsignup.com)

**Nov. 26**

**Holiday Hustle 5K**  
5:15 p.m., Maumee Indoor Theatre  
[www.everalracemgt.com](http://www.everalracemgt.com)

### DECEMBER

**Dec. 10**

**Jingle Bell Run**  
8 a.m., The Shops at Fallen  
Timbers, Maumee  
[www.jbr.org](http://www.jbr.org)

## CENTRAL

### OCTOBER



**Oct. 22**

**Band on the Run 5K**  
9 a.m., Glacier Ridge Metro Park, Dublin  
[www.runsignup.com](http://www.runsignup.com)

**Oct. 30**

**Columbus Donut Run**  
9 a.m., Genoa Park, Columbus  
[www.joansfoundation.org](http://www.joansfoundation.org)

### NOVEMBER

**Nov. 5**

**Hangry Turkey 4 Miler**  
9 a.m., Highbanks Metro Park, Lewis  
Center  
[www.hangryraceseries.com](http://www.hangryraceseries.com)

**Nov. 6**

**Derrière Dash**  
11 a.m., Upper Arlington High School  
[www.raceforhope.com](http://www.raceforhope.com)

**Nov. 13**

**49th Annual TWIG Bazaar**

10 a.m., Ohio Expo Center, Columbus  
www.nationwidechildrens.org

**Nov. 20**

**Hot Chocolate 15K/5K**

7:30 a.m., McFerson Commons Park, Columbus  
www.hotchocolate15k.com

**Nov. 24**

**Thanksgiving Day Turkey Trot**

8:30 a.m., Whole Foods Market, Upper Arlington  
www.columbus-turkeytrot.com

**Nov. 30**

**2016 Gratitude Tree Illumination Ceremony**

7 p.m., Riverside Methodist Hospital, Columbus  
www.ohiohealth.com

**DECEMBER**

**Dec. 3**

**NC4K Reindeer Run 5K**

7:30 a.m., Huber Park, Reynoldsburg  
www.runsignup.com

**Dec. 3**

**Jingle Bell Run**

8 a.m., Genoa Park, Columbus  
www.jbr.org

**Dec. 3**

**Santa Race 5K**

9 a.m., Creekside Plaza, Gahanna  
www.runsignup.com

**Dec. 11**

**Dublin Snowflake 5K**

9 a.m., Dublin Community Recreation Center  
www.runsignup.com

**SOUTH**

**OCTOBER**



**Oct. 22**

**2016 Midwest Regional Brain Tumor Conference**

8 a.m., Sharonville Convention Center, Cincinnati  
www.ucbraintumorcenter.com

**Oct. 23**

**Walk Ahead for a Brain Tumor Cure**

7:30 a.m., Sawyer Point Park, Cincinnati  
www.walkahead.org

**Oct. 28**

**Cystic Fibrosis Foundation: Run Like Hell XXV**

7:30 p.m., 3617 Woodburn Ave., Cincinnati  
www.cincyrunlikehell.com

**NOVEMBER**

**Nov. 5**

**Healthy Women, Healthy Lives**

8 a.m., Lincoln Heights Baptist Church, Cincinnati  
www.trihealth.com

**Nov. 5**

**DAV 5K: Run to Honor Veterans**

9 a.m., Sawyer Point, Cincinnati  
www.dav5k.org

**Nov. 5**

**Hunger 5K**

8:30 a.m., Matthew 25: Ministries, Cincinnati  
www.m25m.org

**Nov. 19**

**Girls on the Run 5K**

10 a.m., Sawyer Point, Cincinnati  
www.getrcincinnati.org

**Nov. 19**

**Holiday in Lights 5K Run/Walk**

5 p.m., Sharon Woods, Cincinnati  
www.holidayinlights.com

**Nov. 20**

**Breathe Deep Cincinnati Walk & Run to End Lung Cancer**

9 a.m., Theodore M. Berry International Friendship Park, Cincinnati  
www.lungevity.com

**Nov. 24**

**W&S Thanksgiving Day 10K**

9 a.m., Paul Brown Stadium, Cincinnati  
www.thanksgivingdayrace.com



Top: Cleveland Turkey Trot

Left: Hermes Dead Sprint 5K

Right: Santas in Tremont

Photos courtesy of Hermes Sports & Events

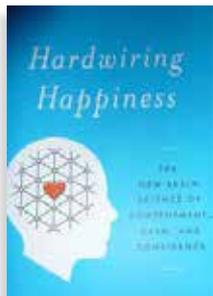
# Bookmarks

The information provided for these products, services and articles is for informational purposes only, and is not an endorsement by the State Medical Board of Ohio.



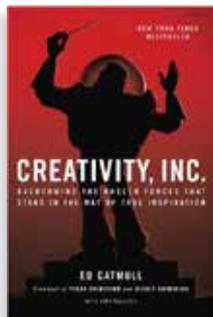
**The Longevity Book: The Science of Aging, the Biology of Strength, and the Privilege of Time**  
By Cameron Diaz  
\$17.06, Harper Wave

In Cameron Diaz's bestseller *The Body Book*, she analytically studied nutrition in our bodies to help educate others about their health. Now, the actress examines aging and helping others keep up their well-being as they grow older.



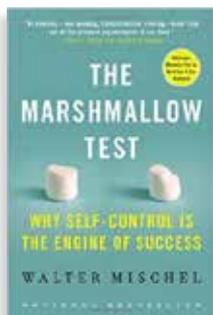
**Hardwiring Happiness**  
By Dr. Rick Hanson  
\$16.44, Harmony

This book explores why humans can be so miserable: Our brains are designed to focus on the negative. Using a meditation-based approach, *Hardwiring Happiness* shows how to train yourself to think positively.



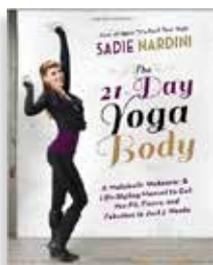
**Creativity, Inc.: Overcoming the Unseen Forces That Stand in the Way of True Inspiration**  
By Ed Catmull  
\$16.78, Random House

In this part motivational book, part history of one of the most successful companies of all time, Pixar President Ed Catmull reveals how a strong creative culture caused the studio's innovative victory and offers a how-to guide on building a positive environment at your job.



**The Marshmallow Test: Why Self-Control is the Engine of Success**  
By Walter Mischel  
\$12.95, Back Bay Books

When Walter Mischel was a professor at Stanford University, he developed a test to study delayed gratification. Psychologists discovered that by testing a child's willpower using a marshmallow, they could determine that child's chances of being successful later in life. Examining how self-control can affect our lives, Mischel offers advice on how to be less impulsive.

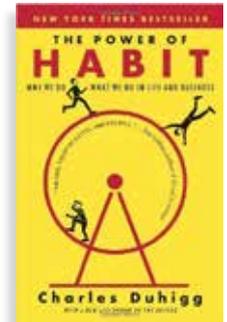


**The 21-Day Yoga Body: A Metabolic Makeover and Life-Styling Manual to Get You Fit, Fierce, and Fabulous in Just 3 Weeks**  
By Sadie Nardini  
\$12.99, Harmony

In addition to outlining 21 days of yoga practice and nutritional plans, *Rock Your Yoga* host Sadie Nardini offers up wit and sass to keep your yoga practice fun and enjoyable.

**The Power of Habit: Why We Do What We Do in Life and Business**  
By Charles Duhigg  
\$9.37, Random House

Examine human nature looking into why habits exist and how they can be changed. By understanding habits and how they work within our brains, we can transform our lives for the better.



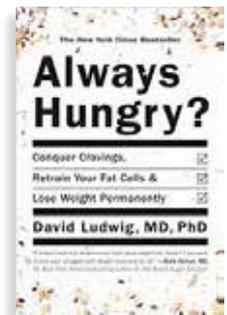
**Essential Oils Every Day: Rituals and Remedies for Healing, Happiness, and Beauty**  
By Hope Gillerman  
\$15.46, HarperElixir

Essential oils have long been used for care and treatments. This book explores the science and history of essential oils and offers tips on how to use them in your life.



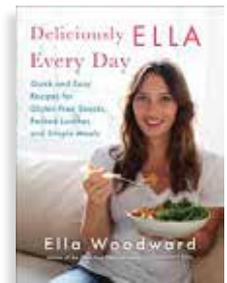
**Always Hungry?: Conquer Cravings, Retrain Your Fat Cells, and Lose Weight Permanently**  
By David Ludwig  
\$17.07, Grand Central Life & Style

Harvard Medical School professor David Ludwig shares everything he knows about maintaining a healthful diet. This book cuts out gimmicks and focuses on the best approach for your body.



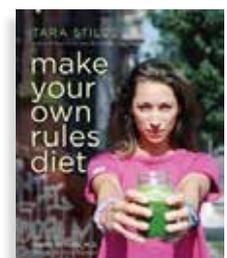
**Deliciously Ella Every Day: Quick and Easy Recipes for Gluten-Free Snacks, Packed Lunches, and Simple Meals**  
By Ella Woodward  
\$15.81, Scribner

Food blogger and author Ella Woodward's newest book features plant-based, gluten-free recipes that are quick and simple for every occasion.



**Make Your Own Rules Diet**  
By Tara Stiles  
\$12.26, Hay House

Strala Yoga founder and guru Tara Stiles gets personal as she discusses her private struggles and how yoga and fitness helped her. Part yoga instructional, part meditation manifesto, part cookbook and part lifestyle workbook, this book offers instruction on finding your own path to fulfillment.



## In the News

### Differences in brain activity may determine how smart you are

[www.livescience.com](http://www.livescience.com)

Our brain activity is different when we're busy vs. resting. The more intelligent a person is, the more similar his or her brain activity is between these two states, which allows for completing tasks more efficiently.

### Zika: What states can expect in the coming months

[www.livescience.com](http://www.livescience.com)

Despite people in the United States contracting the Zika virus from mosquitoes, the virus is unlikely to continue to spread across the country, as the types of mosquitos that carry the Zika virus are unable to breed in the States. However, the chances of the virus spreading are not zero, and those who travel – especially internationally – may be at risk.

### Alzheimer's-causing proteins could be reduced with a healthy diet, exercise

[www.medicalnewsdaily.com](http://www.medicalnewsdaily.com)

A healthful diet and exercise could benefit your mental health and memory in addition to your physical health. Lifestyle factors can affect you on a molecular level as they slow the buildup of Alzheimer's-related proteins.

### Flexitime works better for men than women, study finds

[www.sciencedaily.com](http://www.sciencedaily.com)

Having control over their schedule and work hours grants men more benefits than women, which reinforces gender roles and could become a leading cause of the gender pay gap.

### Celiac disease: Season, region of birth linked with increased risk in children

[www.medicalnewsdaily.com](http://www.medicalnewsdaily.com)

Celiac disease is growing globally. Researchers have noticed that environmental factors affect the development of the disease in children, with increased risk in specific regions.

### Telling our stories reinforces who we are

[www.dailytidings.com](http://www.dailytidings.com)

Reminiscence therapy is a developing treatment to fortify the memories of aging people as well as to reaffirm their own accomplishments and relive happy times.

[www.healthsceneohio.com](http://www.healthsceneohio.com)

## Health Phone Apps

*These applications are for informational purposes only and are not an endorsement by the State Medical Board of Ohio.*



### Strava

Free, \$6/month premium; iOS, Android

Get motivated by playing into your competitive side. In addition to tracking your running and cycling time, speed, and distance, Strava allows you to compete against other members.



### Yoga Wake Up

Free; iOS

This app supplies a variety of 10-minute yoga sequences for you every morning so you can begin your day feeling fresh.



### Spotify Running

Free; iOS, Android

A part of the Spotify app, this measures pace and picks songs with beats per minute to match your heart rate and running rhythm.



### Ingredient1

Free; iOS

Sick of checking the ingredients on every label? Simply answer questions about your diet and Ingredient1 will supply you with a list of foods and stores that fit your needs.



### DietBet

Free; iOS, Android

Put your money where your mouth is. Set a goal and bet on yourself to reach it. DietBet enables you to win money and stay motivated.



### MindBody

Free; iOS, Android

A resource to help you find the best fitness, wellness and beauty services near you. You can see ratings, reviews and special deals from more than 50,000 businesses.



### Sleep Cycle

Free on iOS, \$0.99 on Android

This app measures your sleep cycle, finding when you're in your lightest sleep. It will then find the best time near your alarm to wake you up.



### CycleCast

Free, \$9.99/month premium; iOS

A whole spin class, right on your phone. Choose an instructor, class length and playlist of music to create the perfect class for you.



### Booster Buddy

Free; iOS, Android

With the help of a cute sidekick, this app guides you through daily tasks to improve your mood and mental health.



### Healthy Out

Free; iOS, Android

Dieting can be tough when you love going out to eat. This app lets you check a restaurant's complete dietary information to find your best option.

### What every parent needs to know about their kid's respiratory habits

[www.huffingtonpost.com](http://www.huffingtonpost.com)

Proper breathing habits are important, especially in children. Breathing through the nose supplies high quality air through the nasal cavity, which has nose hairs that purify the air. Mouth breathing lacks this purification and causes a lack of oxygen to the brain that could stunt development.

### Does breastfeeding benefit our DNA?

[www.ecochildsplay.com](http://www.ecochildsplay.com)

Breastfeeding may lead to many mental and physical health benefits; a new study shows that breastfeeding benefits DNA. Breastfeeding can create longer telomeres, which are the caps at the ends of chromosomes, for protection.

# ScenicOhio

Mill Creek Park



Photo courtesy of TourismOhio



Blanchard Valley Hospital inpatient tower

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- Urology
- Vascular Surgery



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 **Blanchard Valley**  
HEALTH SYSTEM  
FINDLAY, OHIO



**Donna Ridenour**  
BVHS Physician Recruiter

*Donna Ridenour*

Office: 419.429.6401

Cell: 419.306.4173

FAX: 419.422.1604

[dridenour@bvhealthsystem.org](mailto:dridenour@bvhealthsystem.org)





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