

SUMMER 2016

HealthScene Ohio

A Publication of the State
Medical Board of Ohio



Back on Track

Opioid treatment program helps former addict stay on the road to sobriety

Inspiration

Quadriplegic regains motor skills

Pins & Needles

The science of acupuncture

Urban Farming

A look at community gardens



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Stay Healthy This Summer

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

In this edition of *HealthScene*, you'll find everything you need to know about staying healthy this summer – from keeping hydrated to making sure your young athletes steer clear of concussions. You'll also learn about the health benefits of growing your own food in your local community garden, rather than picking from the produce section of the grocery store.

Of course, *HealthScene* will be featuring doctors from the four regions of Ohio and the amazing work that they do. You'll learn about a neurosurgeon in Cincinnati, a cardiologist in Columbus, a gastroenterologist in Fremont and an obstetrician in Cleveland.

To overcome great struggles is human nature, but inside, you'll also find the stories of two young people who thrive in the face of adversity every day, starting with the moment they wake up in the morning.

Taylor Stevenson, who you've seen on the cover, began using opiates at 15. She struggled with addiction for seven years, until she discovered that she was pregnant and found the strength, with the help of CompDrug, to begin the recovery process. She is now a full-time student and working to help others overcome their own obstacles.

You'll also find Ian Burkhart's story. Burkhart became a quadriplegic at 19 years old, after breaking his neck in a diving accident. Rather than giving up hope, he re-enrolled in school after rehab, began working and eventually joined in on a groundbreaking study that has led to incredible results. Only a few years after his accident, Burkhart became the first quadriplegic to move his hand using only his mind, and the work hasn't stopped there.

We truly hope you enjoy these stories and this second issue of *HealthScene Ohio*. The State Medical Board is incredibly proud of the work of our licensees, and we take great pride in reporting their successes. We're so glad you've picked up a copy.

Have a wonderful and safe summer, and until next time,

Michael L. Gonidakis, JD
President, The State Medical Board of Ohio



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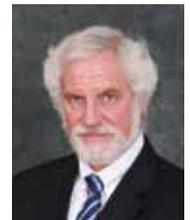
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State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
614-466-3934
www.med.ohio.gov

A.J. Groeber, Executive Director,
State Medical Board of Ohio
Executive Editor

cityscene
media group

1335 Dublin Rd., Suite 101C
Columbus, Ohio 43215
614-572-1240 • Fax 614-572-1241
www.cityscenecolumbus.com

Kathleen K. Gill
President/CEO

Gianna Barrett
Vice President, Sales

Dave Prosser
Chief Creative Officer

Garth Bishop
Managing Editor

Hannah Bealer
Editor

Amanda DePerro
Assistant Editor

Ria Greiff, Corinne Murphy, Dylanne Petros,
Stephan Reed, Hailey Stangebye
Contributing Writers

Lindsey Capritta, Katie Ellington,
Hannah Herner
Editorial Assistants

Lauren Prehm
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Julie Camp
Marketing Manager/Account Executive

Jamie Armistead
Accounting Manager

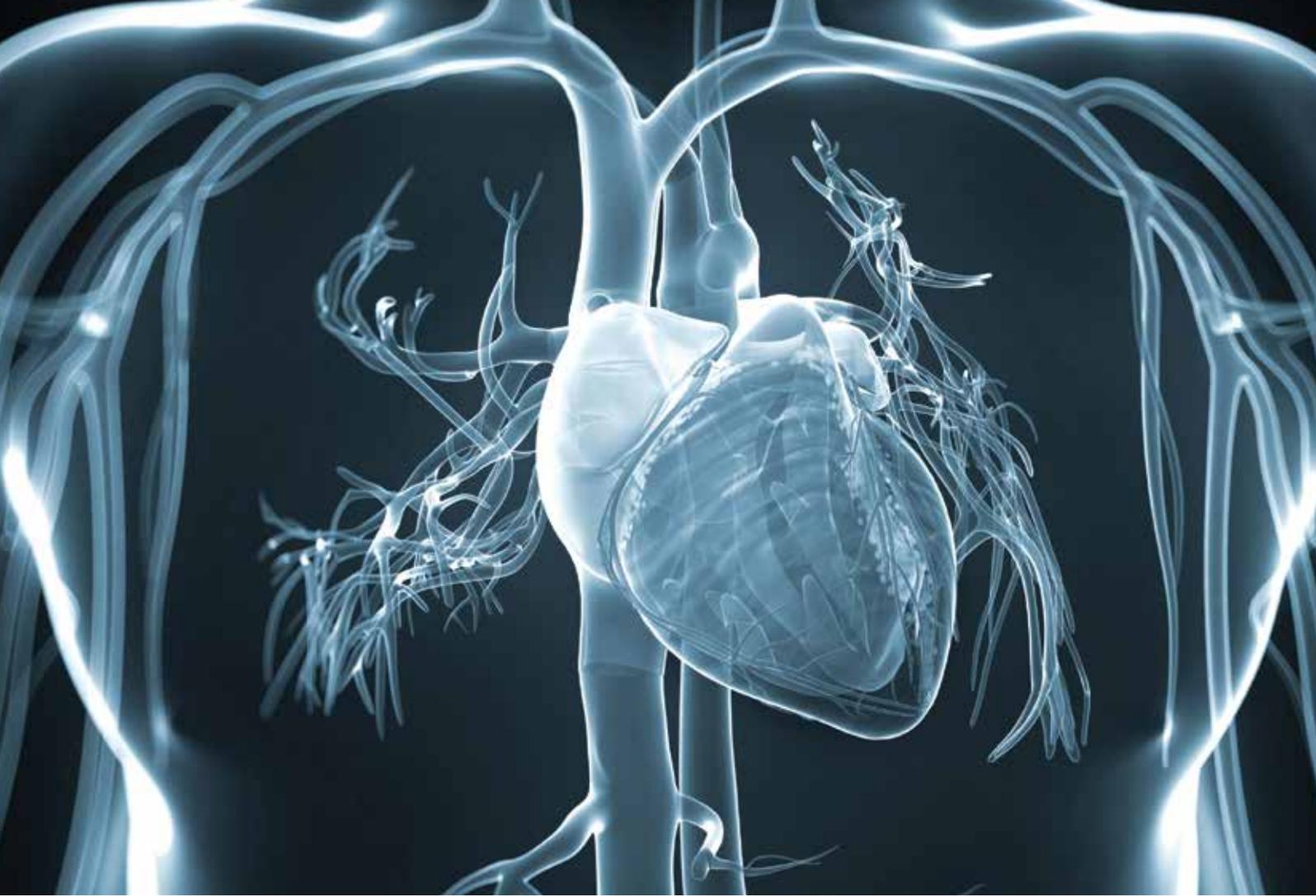
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SUCCESS STORY

Moving History Forward

In collaboration with Battelle and OSU, quadriplegic Columbus man regains motor skills

By Amanda DePerro



Finally, Ian Burkhart had finished his first year at Ohio University. The sun was shining, and what better way to celebrate than to drive south to the Outer Banks? Once there, Burkhart and his friends headed straight to the beach.

Burkhart dove in, not spotting the sand bar that made the ocean much shallower. He crashed into the sand bar and, immediately, the 19-year-old knew something was wrong. He couldn't move, and he was face down in the water.

Burkhart's friends flipped him over and dragged him to the beach. He was life-flighted to a nearby hospital, where he underwent emergency surgery. Doctors installed twin titanium rods down the sides of his spine in order to stabilize his neck.

The accident severed his spinal cord and compromised his C4-C5 vertebrae. He was paralyzed from the shoulders down. Burkhart eventually regained the ability to breathe without assistance, but no movement or feeling was left in his hands, wrists or below his chest. In the blink of an eye, he went from an active, athletic college student to a quadriplegic.

"You go from being 19 and a freshman in college – extremely independent – to ... not able to cook food and eat yourself, and go to the bathroom yourself," says Burkhart, now 25.

He soon was taken to Atlanta for rehab. Four months later, he returned home to the Columbus suburb of Dublin. Emotionally, Burkhart had two choices: "Either be upset that this happened, or make the best out of it and move on," he says. "I just didn't want to waste time being upset. I feel like that's a very inefficient use of your time."

Burkhart's family was determined to give him as normal a life as possible. He enrolled at Columbus State Community College. He helps coach lacrosse at his old high school, Dublin Jerome. His father equipped their home with ramps and an elevator.

Two years after his accident, Burkhart relearned how to drive. His car is designed for his motorized wheelchair, complete with a ramp, hand levers and a touchscreen pad that allows him to control everything from the windows to the radio.

"It's like being 16 all over again, that freedom of driving," Burkhart says. "It's been huge."

But Burkhart was determined to do more. The lifetime tech lover started scouring the Internet for information relating to quadriplegia – anything that might help him regain independence.

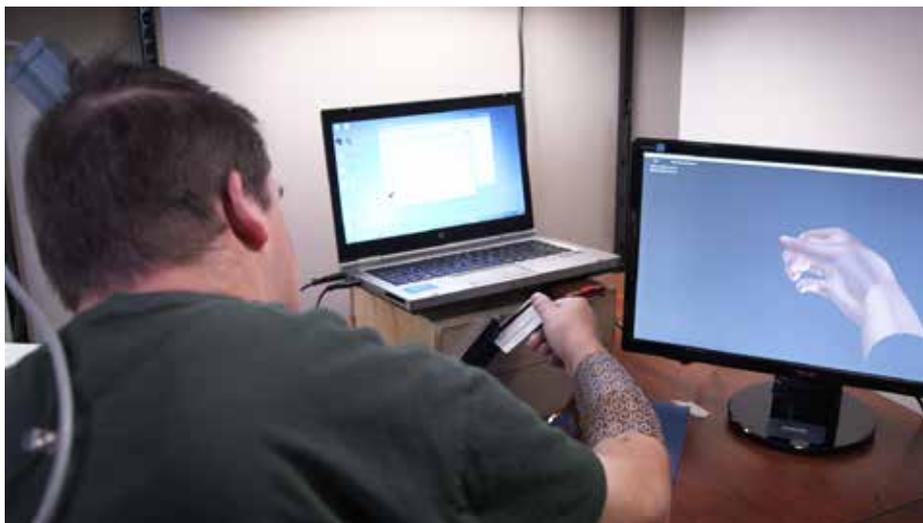
Dr. W. Jerry Mysiw, Burkhart's doctor at The Ohio State University Wexner Medical Center, suggested he test for a new clinical trial, one that could possibly bring movement to his hands.

Reanimation in Tetraplegia, a study by OSU and Battelle Memorial Institute, gave Burkhart hope. The NeuroLife technology, which decodes messages using a chip implanted in the brain, bypasses the spinal cord and delivers the messages to a sleeve on Burkhart's forearm, which stimulates his muscles and allows movement. In essence, the NeuroLife technology creates an artificial spinal cord.

Despite being neighbors, Battelle and OSU had never partnered on a clinical trial. They sought a participant who had quadriplegia, but was neurologically stable. After testing, Burkhart was accepted



During a neural bypass training session, Ian Burkhart, seated, poses with members of the research team (from left) Dr. Ali Rezai and Dr. Marcia Bockbrader of The Ohio State University Wexner Medical Center and Nick Annetta of Battelle.



Swiping a credit card was something Burkhart never thought he would do again. He was paralyzed from the shoulders down after a diving accident in 2010, but regained functional use of his hand through the use of neural bypass technology.

into the study and consented to the two brain surgeries it required, one to install the chip and another to remove it after the trial concluded.

Twenty Battelle professionals and six OSU staffers became involved in the research project. A series of wires are connected to the implant in Burkhart's head, which is connected to monitors, computers and other equipment, allowing doctors to view what's happening inside his brain. The immensely complicated device stimulates the muscles in Burkhart's hand, allowing him to control components on the computer by thinking about them.

So after three years of quadriplegia, Burkhart could actually move his right hand. He became the first quadriplegic ever to move his hand using only his brain.

"It was really a surreal moment," says Dr. Ali Rezai, Burkhart's OSU neurosurgeon. "It was tremendously gratifying to see the outcome of years of teamwork and partnership resulting in the moving of his hand, this young man who had a tragic accident (that) took away his functioning. To see his lifeless hands, for years, come to life, was very impressive, and it was amazing and gratifying for our team."

Now that they knew the technology worked, the real work was about to begin for Burkhart and the medical team.

"It was relief followed quickly by excitement. We did this very simple thing; what's next?" says Dr. Marcia Bockbrader at OSU's department of physical medicine and rehabilitation.

"It was really exciting that first day, but I think everybody in that room had much

bigger goals in mind," says Nick Annetta, research scientist and engineer at Battelle.

"One of the doctors recently said something like, 'It felt like in those movies, when you see people at NASA sitting around at all the computers, and something big happens and everybody jumps up and gets really excited,'" says Burkhart. "For me, it was really just that flicker of light, the fact that I had a good idea that this was going to work. In the same token, now we have a lot of work to do."

Burkhart and his team have continued to make strides. Using the NeuroLife technology, Burkhart can now pour water from a glass, swipe a credit card and even play the *Guitar Hero* video game, during which he uses each finger independently.

His continued recovery has convinced the U.S. Food and Drug Administration to extend the trial, originally set to expire this summer, for another year.

Doctors no longer consider Burkhart a patient, but a collaborator in this trailblazing experiment.

"I would absolutely call him an inspiration," says Bockbrader. "He's a brain interface pioneer. You could talk about research being clinically motivated, clinically inspired, but this is patient-driven."

"What's also incredible is his positive attitude about life," says Gaurav Sharma, a biomedical engineer at Battelle. "Sometimes, things don't go according to plan and we

don't know what's happening. It's easy for anyone to get frustrated, you've been sitting here for three hours trying to get things working. I've never seen him get frustrated."

"He really understands how the system is working at an incredible level. I personally never thought that we'd have a participant that could dive into that stuff," says Annetta. "I don't think we've emphasized enough that Ian's a pretty cool guy."

Battelle scientists continue to make NeuroLife more portable, wireless and, someday, allow Burkhart to take it home with him. But for now, the implant protrudes from his skull, visible from the back of his head. Though this works for the team's lab requirements, it just can't work in daily life.

"We want it to be portable, and we're working on that from a technology perspective," says Sharma. "We're improving the hardware and we're improving the software side so we can minimize the amount of training required."

Burkhart has become a celebrity of sorts, visiting schools and organizations to talk about his technological success. During one speech, a man in a wheelchair gave Ian a fist bump and called him a "rock star."

"I've always wanted to do the best I can and move on with my life, being realistic about what I can do now versus what I might've wanted to do, but still trying to push the boundaries," says Burkhart. "If there's something I want to do, I'll figure out a way to do it."

Amanda DePerro is an assistant editor. Feedback welcome at hbealer@cityscenecolumbus.com.



Annetta, right, watches as Burkhart plays a guitar video game using his paralyzed hand. A computer chip in Burkhart's brain reads his thoughts, decodes them, then sends signals to a sleeve on his arm that allows him to move his hand.

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The Science of Acupuncture

What conditions may be alleviated through this treatment?

By Ria Greiff

My mother is 67 years old, and pretty set in her ways. She also has arthritic symptoms and some atrophy. In other words, she's someone who would never try acupuncture. But – says Dr. Jared West, who practices acupuncture at the Cleveland Clinic Center for Integrative Medicine in Lyndhurst – she's someone who would benefit greatly from it.

Coincidentally, my mother is also a full-time employee of the Cleveland Clinic, and arrangements were made with West and his team to have her seen in the acupuncture facility at their Lyndhurst location. The Cleveland Clinic employee health plan covers acupuncture treatments.

My mom says, "Oh no, will there be needles?"

"Well, yes, Mom, it is acupuncture," I reply, deadpan.

In fact, acupuncture is a type of traditional Chinese medicine that has been generating much interest in the U.S. for the past few decades.



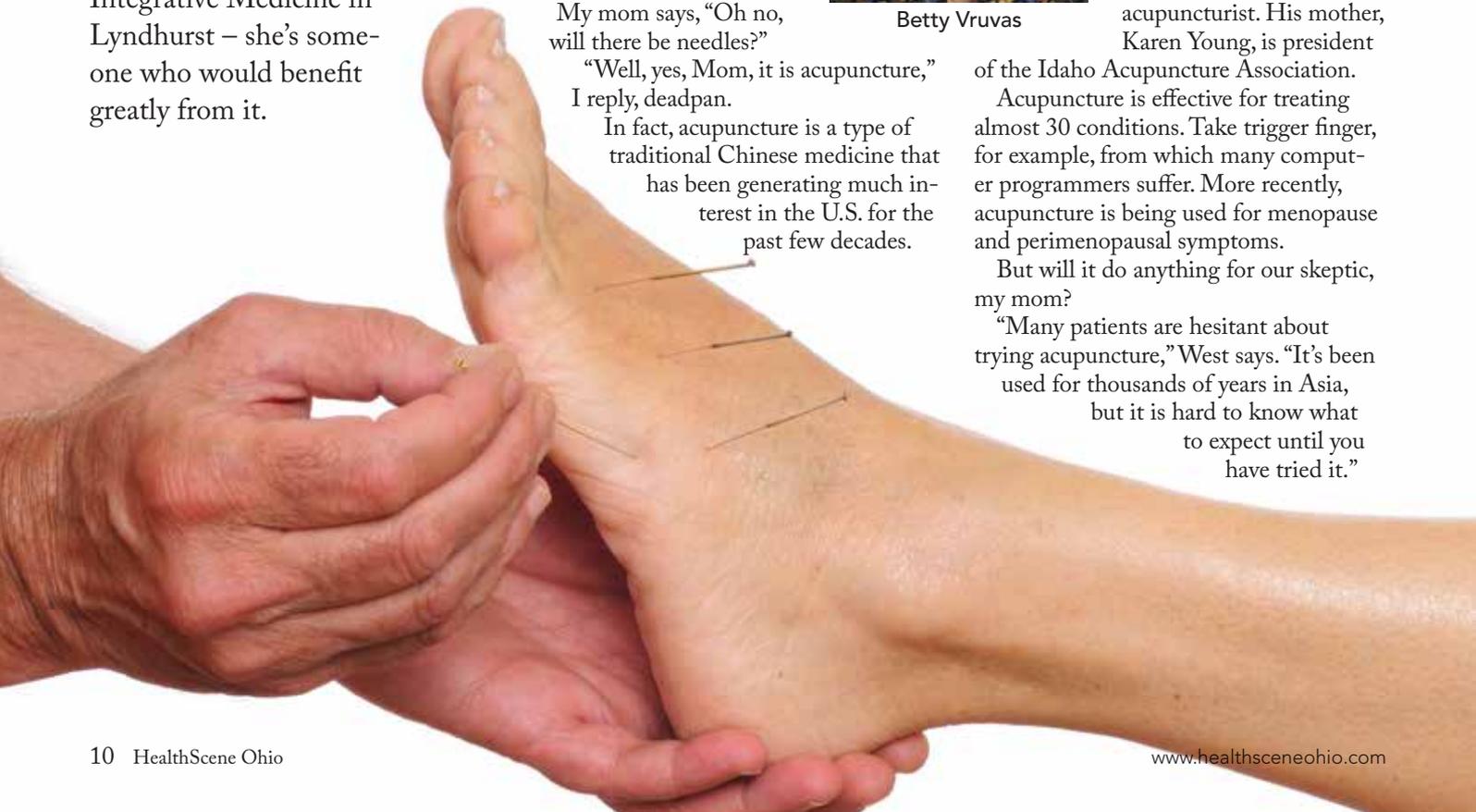
Betty Vruvas

The technique, which originated in Asia thousands of years ago, involves stimulating specific points of the body with thin needles to affect physical functions. West is also president of the Ohio Association of Acupuncture and Oriental Medicine. He is a second-generation acupuncturist. His mother, Karen Young, is president of the Idaho Acupuncture Association.

Acupuncture is effective for treating almost 30 conditions. Take trigger finger, for example, from which many computer programmers suffer. More recently, acupuncture is being used for menopause and perimenopausal symptoms.

But will it do anything for our skeptic, my mom?

"Many patients are hesitant about trying acupuncture," West says. "It's been used for thousands of years in Asia, but it is hard to know what to expect until you have tried it."





Betty Vruvas and Dr. Jared West at Vruvas' acupuncture appointment

to 30 minutes, which was the case in this particular visit.

The result? You can be sure that if there were any room for a negative review, my mother would have gladly offered it. Honestly, I was expecting her to balk at the experience, but the opposite was the case. My mother exclaimed that her pain was completely gone and that she had regained much mobility in her hands. The experience itself was painless as well.

She maintained her skepticism the following day that this relief would continue. But when I called her the next day, she confirmed that she was still feeling well. The pain was gone and she still had mobility in her arms that she had not experienced in years.

West adds that acupuncture combines well with other therapies, such as chemotherapy and physical therapy.

"Acupuncture can help reduce inflammation and promote joint mobility while the patient

works on strengthening and stretching with the therapist," West says. "Figuring out how to combine acupuncture with other therapies is one of the biggest frontiers of Chinese medicine today."

According to World Health Organization acupuncture is a valid therapy option for all kinds of malaise. WHO states that the diseases, symptoms or conditions for which acupuncture has been proved – through controlled trials – to be an effective treatment are:

- Adverse reactions to radiotherapy and/or chemotherapy
- Allergic rhinitis (including hay fever)
- Biliary colic
- Depression (including depressive neurosis and depression following stroke)
- Dysentery, acute bacillary
- Dysmenorrhoea, primary
- Epigastralgia, acute (in peptic ulcer, acute and chronic gastritis and gastrospasm)

- Facial pain (including craniomandibular disorders)
- Headache
- Hypertension, essential
- Hypotension, primary
- Induction of labor
- Knee pain
- Leukopenia
- Low back pain
- Malposition of fetus
- Morning sickness
- Nausea and vomiting
- Neck pain
- Pain in dentistry (including dental pain and temporomandibular dysfunction)
- Periarthritis of shoulder
- Postoperative pain
- Renal colic
- Rheumatoid arthritis
- Sciatica
- Sprain
- Stroke
- Tennis elbow

There are many more conditions WHO suggests may be helped by acupuncture. What is certain is that it is worth taking a stab.

Ria Greiff is a master trainer for a nationwide firm based out of New York and has been providing wellness seminars for professionals of Fortune 500 companies for the past 15 years. She is also the clinical director of her own benefits consulting firm and has completed her doctorate studies in human services as well as degrees in counseling and psychology from University of Dayton and The Ohio State University, respectively. She loves to help people and is always listening. Feedback welcome at hbealer@cityscenecolumbus.com.

West's staff is very courteous and friendly, and West himself has the most affable bedside manner. Somehow, he managed to calm my mother immediately. She relaxed and allowed him to put the acupuncture needles not just in her hands, but her feet, as well as a large one in her head.

Acupuncture needles are inserted into the skin at certain points believed to be situated on energy channels called meridians. Each meridian is said to relate to a specific organ. The insertion of the needles is said to unblock the channels, thus allowing energy to move freely, and help restore balance to the body. This is why the needles are not just inserted into the affected area.

There are several types of acupuncture needles. The most commonly used is the metal filiform, a thread-like needle made from stainless steel. Most are very fine, varying from 0.12 mm to 0.35 mm in diameter. The needles can be left in up

Acupuncture needles are inserted into areas of the body that are believed to be situated on energy channels, which relate to specific organs. The technique has origins in Asia.



The Route to Sobriety

Opioid treatment program helps former addict get her life back on track

By Hannah Bealer

Taylor Stevenson was a 15-year-old high school student when she was first introduced to prescription painkillers.

Between complications in her home life and the sort of self-esteem issues that often plague young people, she was at a vulnerable stage in her life. Her then-boyfriend introduced her to painkillers and, through him and the company they kept, she started to fall even deeper down the rabbit hole. Eventually, she started using heroin.

“The first time I tried it, I almost overdosed,” Stevenson says. “But there was something inside me that told me it was what I wanted. I was able to set aside all my problems for years.”

Stevenson and her mother moved from Worthington to the west side of Columbus. But when she was 18, disagreements with her mother meant she was no longer welcome in her home. She started living out on the streets. It was around this time she found her boyfriend dead in his car. He had overdosed.

“I went through life relying on the satisfaction of having a man,” Stevenson says. “That was the only way I kept my self-esteem up – from men telling me I was beautiful and that I was fun to be around. For me, it was more important for people to see me as a fun, beautiful and outgoing person.”

Stevenson’s life started to crumble. She wasn’t allowed to have a say in her boyfriend’s funeral arrangements, or even attend the funeral.

“I got to the point where I was desperate to escape and get to those drugs,” Stevenson says.

A friend introduced her to escorting, and Stevenson says it turned out to be a good way to earn money. She didn’t care that she no longer had relationships with her family. For about three years, she was addicted to crack cocaine in addition to heroin. She also continued using painkillers, as well as methamphetamine.

“There’s always a ‘yet’ in life,” Stevenson says. “I haven’t done that yet, I’m not homeless yet. And then, when I was homeless, I was saying, I’m not selling my body yet.” That can affect anyone, and I think it’s important to know that the power of addiction doesn’t discriminate, whatever age or race you are, whatever family you come from or your financial status.”

At first, escorting seemed like an easy solution to many of Stevenson’s problems. Every night, she could go out to a party or a dinner, or stay in luxury hotel rooms – all while still feeding her addiction. It was, Stevenson says, everything she could possibly want.

“I didn’t want to grow up or have responsibilities,” she says. “I was afraid of facing myself, my feelings and my emotions. Drugs just made it easier for me.”

She was involved in prostitution for about five years when she met a man who expressed interest in becoming her pimp, which she refused. She also experienced sexual assault.

Stevenson reached a turning point at 22 years old when she discovered she was four months pregnant with her now-fiancé’s son.

“I couldn’t keep using, knowing I was putting (my son) at risk,” she says.

So she decided to work on her on-again, off-again relationship.

“I put him through a lot of ups and downs,” she says. “I had to grow up, and grow up fast. But he was always there for me. We had to really piece together our relationship and go to counseling, but we did it.”

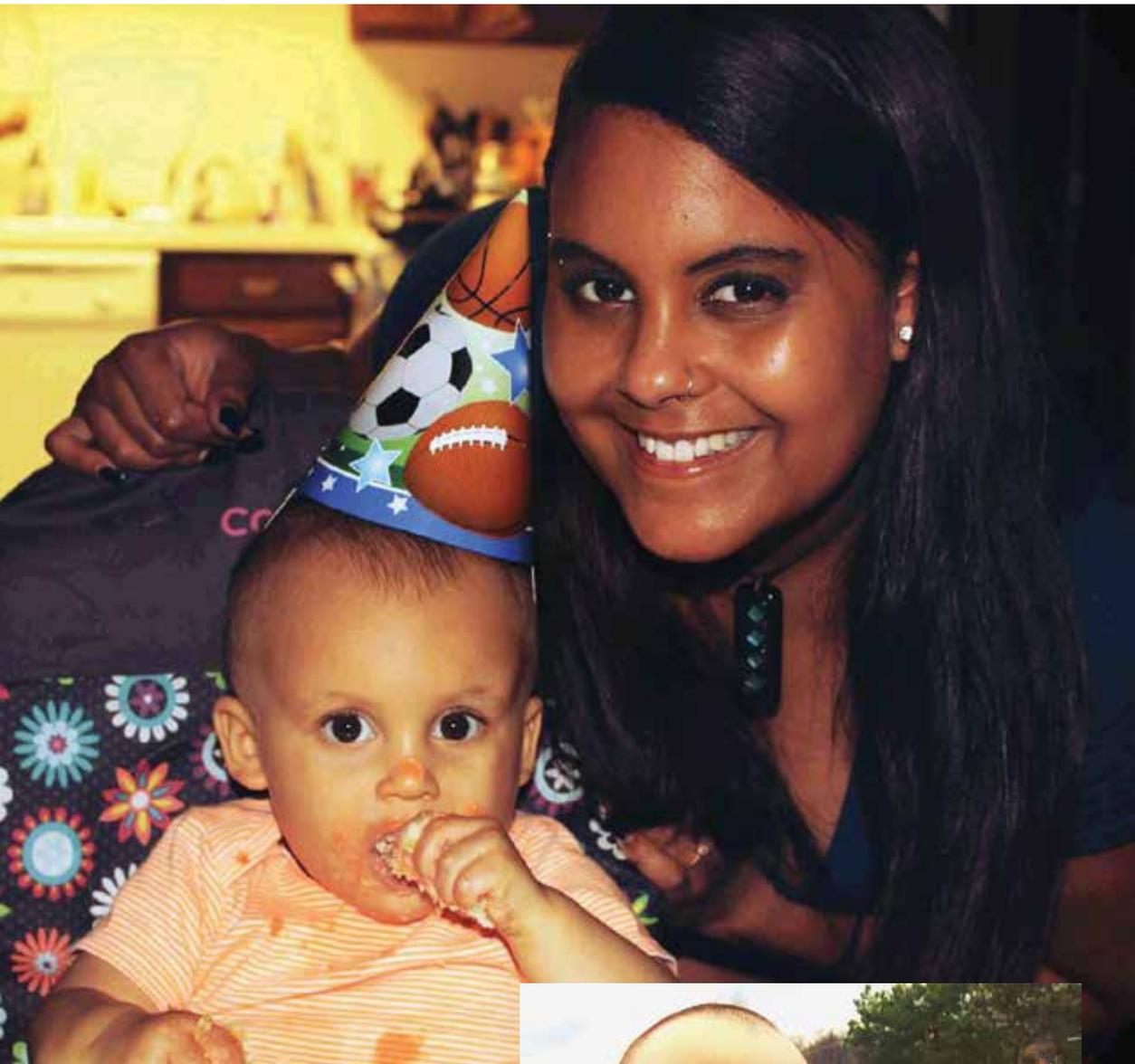
While reviewing treatment options, Stevenson remembered hearing about CompDrug’s Opioid Treatment Program (OTP) from a friend, and decided to look into it. CompDrug’s treatment approach involves traditional therapy as well as Medicated Assisted Treatment (MAT).

“I thought I was just trading out one addiction for another,” Stevenson says. “But it really opened my perspective. The curriculum that’s offered there has made such an impact. I don’t think I would be here if I didn’t go that route.”

CompDrug uses methadone, buprenorphine and naltrexone as part of its treatment plans.

“It’s really important to remember that opiate addiction is a physical disease,” says Kate Fillman, an outpatient substance abuse counselor with CompDrug. Fillman has worked with Stevenson throughout her recovery. “It’s very important to come from the perspective that humans don’t like to feel pain, or emotional pain. People look at (opiate addiction) as a shame-based issue, but a lot of people forget to approach it that way because they’re focused on how physical the abuse is.”

Today, at 23 years old, Stevenson says she is still in the recovery process. However, she has completely turned her life



around – all for the better. Her son, Roen, recently turned 1, and she'll be marrying her fiancé, Luke Steele, in October 2017.

She is also a full-time student at Columbus State Community College, where she is working on her human and social services degree.

"I'm achieving goals I've always wanted to achieve," Stevenson says. "I love school and that environment."

Stevenson also runs a support group through CompDrug.

"I get to be a mother, a fiancée and a friend," she says. "I was never someone you could rely on, or someone you could come to – and now I am. I love helping people, especially young women."

Throughout her recovery, Stevenson has also repaired her relationship with her mother and father.

"They were both able to step back and realize they couldn't change me without



Helping a Loved One

"Look for changes in behavior," says Heidi Carter, a counselor with CompDrug. "They may be secretive, or have a lot of energy, or are sleepy all the time."

"They may want to be isolated, have mood swings or not want to travel," says Kate Fillman, an outpatient substance abuse counselor with CompDrug. "Finding what you need (for an addiction) in a new place is very difficult."

Fillman says to bring up concerning changes in a loved one's behavior, but not in a way that's shaming them. She says the confrontation should be gentle, so they're not on the defensive.

"There comes a point in most addictions where they've been playing the game for too long," Fillman says. "Generally what will happen is, once it's gotten really bad, they'll say, 'I'm sick and tired of being sick and tired.'"

Moving Forward

By Hannah Bealer

The State Medical Board of Ohio's efforts to combat opiate abuse intensified in 2010 and picked up speed in 2011, says Bill Schmidt, chief of investigations for the Board. Upon being elected in 2010, Gov. John Kasich emphasized his intent to tackle the growing problem, and the passage of House Bill 93 in 2011, which required the licensure of pain management clinics, helped move that goal along.

"That bill helped us regulate the area and let us know where the problem was," says Schmidt, adding that the FBI and Drug Enforcement Administration have stepped up to increase their efforts as well. "We've had some very substantial victories."

Some of those victories include the revoked licenses of physicians, who were operating pill mills in Portsmouth. Pill mills, Schmidt says, were the heart of the opiate crisis in the nation.

Schmidt says the Board is still working diligently to increase its efforts.

"We continue to fight this problem, and are seeing success from these efforts," Schmidt says. "We're seeing prescription rates drop, and we're seeing prescription overdoses decrease."

The Board has also provided physicians with a list of red flags that help to identify patients with potential substance abuse issues.

"(Physicians') desire to help patients experience a better quality of life is one thing they struggle with," Schmidt says. "It can be hard to know when you're helping someone have a better quality of life, or when you're feeding into a substance abuse disorder. We want to continue educating our physicians."

"Red Flag" Signs of Prescription Drug Abuse

You should always be aware of the signs of drug abuse among family and friends. The following is a list of red flags that physicians look for in their patients to identify potential drug use:

- Appearing impaired or overly sedated during an office visit or exam
- Traveling with a group of other patients to the physician's office, where all or most of the patients request controlled substance prescriptions
- Traveling an abnormally long distance to the physician's office
- Comments that indicate they may be taking medication that was not prescribed to them
- Comments about sharing their prescription medications with friends or family members
- References to drugs by street name, color or identifying marks
- Reports of lost prescriptions for controlled medications, or excessive/routine requests for early refills
- Refusing to participate in a drug screen
- Comments that indicate the patient may have been arrested or convicted for crimes involving prescription drugs, such as forging prescriptions or selling prescription drugs
- Drug screen results that are inconsistent with drugs on the treatment plan
- Receiving abused drugs from multiple prescribers, without clinical basis
- Recurring visits to non-coordinated sites of care, such as emergency departments, urgent care facilities or walk-in clinics, to obtain reported drugs
- A known history of chemical abuse or dependency, or illegal drug use
- Frequently requesting early refills of reported drugs
- Frequently losing prescriptions for reported drugs



me doing it for myself," she says. "They had to let go. My dad always told me I'd be able to find my way back to the right path, and he was right."

And what advice does Stevenson have for someone who might be struggling through a similar situation?

"Anyone who deals with alcoholism, addiction, mental illness or experiences any sort of trauma just needs to know that they're not alone," Stevenson says. "People take different routes in life, but we all experience emotions of hopelessness and depression. I think it's important to get to the core of something and not focus so much on what you did. Focus on how you can connect with others. We're all human."

Hannah Bealer is an editor. Feedback welcome at hbealer@cityscenecolumbus.com.

Start Talking

starttalking.ohio.gov

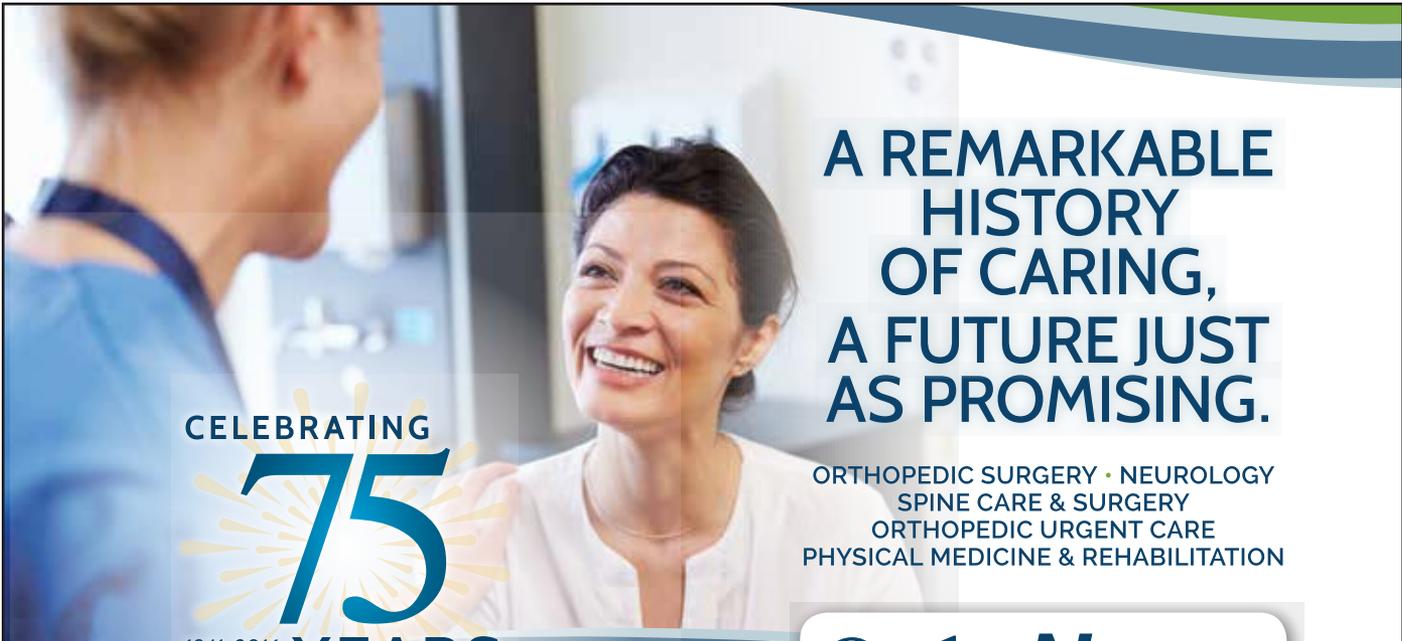
Start Talking was created at the beginning of 2014 with one clear goal in mind: to change the way we talk about drug abuse by giving parents, guardians and educators the proper tools to educate Ohio's youth.

"(Start Talking) is a drug prevention program that's based on national research, which shows kids are 50 percent less likely to use if we're having these conversations with them," says Sarah Smith, director of Start Talking. "We're letting parents know the value of having these conversations, but we're also bringing in educators, community leaders and law enforcement. What makes us stand apart is the simplicity of the program. We are really trying to take a community-wide approach."

So far, Smith says, the response has been overwhelmingly positive.

"Pastors, parents, educators, coaches – these are all people that have an influential role in a child's life," Smith says. "If we're all saying the same message, that just takes it to the next level. The one thing parents sometimes tell me is, they know how to tell their kids not to do drugs, but now they know how to take it a step further and talk about it without using scare tactics, which don't work."

Moving forward, Smith says there are plans to expand on what Start Talking has already accomplished, and continue to spread to school districts across the state. There is also a peer-to-peer component to Start Talking, which Smith says a number of students are already involved with.



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Planting the Seeds

Community gardens offer a different perspective on the way we eat

Story and photos by Ria Greiff

As newly elected president of Portal Park, the smallest park in the city of Columbus, my first order of business was to establish public edibles as part of our mission statement. I had spent the previous five years in a community garden and wanted to expand the opportunity to grow food to everyone.

After all, good eating choices create good thinking, which ultimately leads to good choices. If I can be a part of that virtuous cycle, then I will have achieved success in life. And, as it turns out, I'm not the only one who knows that growing your own food is the way to go.

Growing an urban food forest in a tiny space is not only doable, but it's incredibly productive. Pockets of these community spaces are sprouting up in the most surprising of places.

Take, for example, the New Albany Community Garden, born due to a city ordinance that prohibits personal gardens on residential property. President Jacque

Spurlock and her son, Dylan, were kind enough to meet me on one of the rare sunny days we had in May to show me what their community has come up with in response to the desire to garden.

Established in 2011 with just 16 raised plots, the community garden has produced much more than seasonal bounties of fruits and vegetables. It's yielded increasing knowledge about gardening and the health benefits of growing your own food, such as the benefits of soil organisms on plant and gut health.

During my visit, I saw all varieties of vegetables and herbs. The garden also has



some fabulous decor and features, that many of the gardeners use square foot gardening, which is the practice of dividing the growing area into small square sections (typically 12 inches on a side, hence the name). The aim is to assist the planning and creating of a small but intensively planted vegetable garden that maximizes the spaces utilized. A 230-ft. deep well was built to provide water, and though the city graciously offered to do the watering for them, the gardeners took pride in being self-sufficient and politely declined.

There is a lovely tool shed built by Eagle Scouts, and Girl Scouts built tin can structures as deer deterrents. The structures are painted green, a color that deer cannot see; if the deer run into the tin cans, the noise scares them away. There are also herb pouches that smell unpleasant to deer to further discourage them from eating the fruits of the farmers' labor – literally. In an extremely generous gesture, this year, the local Krebs family donated the new fencing that now surrounds the plots.

This is a classic community garden. With people purchasing their plots, growing their own food and harvesting it for their own use, they share a communal space.

Other community gardens, such as the one I belonged to for five years, represents a communal garden in which all members plant and harvest food together and split up evenly or according to desire/need. Communal gardens don't have a great record because everyone seems to own the garden, but everyone also

assumes that someone will do the work. Many veteran community gardeners warn you against communal arrangements.

Another concept is the edible food forest, such as the Beacon Urban Forest that began in 2012 in Seattle, which inspired my work at Portal Park. Niles boasts to be Ohio's "First Free Food Forest." Youngstown, Austintown and Cincinnati are homes to other edible food forests. Much of this was also born out of the foraging movement.

The growing edibles initiative is gaining wild popularity nationwide. If a green thumb is not in your wheelhouse, consider moving into a partnership with a small-scale farmer with community supported agriculture. CSA has become a popular way for consumers to buy local, seasonal food directly from a farmer.

In the CSA, a farmer offers a certain number of "shares" to the public. Typically, the share consists of a box of vegetables, but other farm products may be included. Interested consumers purchase a share (a "membership" or "subscription") and, in return, receive a box of seasonal produce each week throughout the farming season.

Advantages for consumers:

- Eat ultra-fresh food, with all the flavor and vitamin benefits
- Get exposed to new vegetables and new ways of cooking
- Usually get to visit the farm at least once a season
- Kids typically favor food from "their" farm, even veggies they've never been known to eat
- Develop a relationship with the farmer who grows food and learn more about how food is grown

Do not fret about by the safety of food deliveries from a CSA. They are bound by strict rules under the FDA Food Safety Act, and I recently attended training at OSU about these very rules. The guidelines

are quite clear and very, very detailed. Daily logs of outside animal activity, worker health, soil quality, water quality and much more are required for continued licensure of the farm.

There are so many places on the continuum of growing. Farmers' markets are now ubiquitous throughout Ohio, so no matter where you are, you can safely bet there is one near

you, and they are a great place to get information or to join CSA, get gardening tips or seeds and talk to others embarking on their urban, suburban or rural farm journey. To get your taste of the action, this is a great way to get started.

Ria Greiff is a master trainer for a nationwide firm based out of New York and a national speaker on topics of wellness. She has been providing wellness seminars for professionals of Fortune 500 companies for over 15 years. She is also the clinical director of her own benefits consulting firm and has completed her doctorate studies in human services, as well as degrees in counseling and psychology from University of Dayton and The Ohio State University, respectively. She loves to help people and she is always listening. Feel free to contact her with questions, comments or speaking engagement requests at ria@2rogues.com.



Urban Revival

The Mid-Ohio Foodbank innovates to meet the need for fresh food

By Hailey Stangebye

Hunger in Ohio is a deceptively large problem. Despite being located within one of the most advanced countries in the world, many Ohio families still struggle to make ends meet and put food on the table. That's where the Mid-Ohio Foodbank comes in.

The Mid-Ohio Foodbank serves approximately 525,000 hungry Ohioans. The need for food and resources is constant. At the Foodbank alone, 54.6 million pounds of food are distributed to organizations and communities throughout Ohio to combat hunger.

Recently, the Foodbank began the Urban Farms initiative to transform vacant land into plots where communities can grow fresh produce.

In Columbus there are two Urban Farms: Wheatland Farm, which was formerly the grounds of the Columbus State Psychiatric Hospital, and Clarfield Farm, which was formerly the grounds of a vacant elementary school.

Both of these plots were vacant for years. Today, however, they produce fresh, local produce, encourage civic engagement and provide job skills training. These Urban Farms aim to produce healthful, informed communities.

There are countless ways to get involved with the Foodbank. Primarily, you can get involved by donating your money, your time or food.

The simplest way to meet the pressing needs of the community is to make a monetary donation. The Foodbank accepts donations of all shapes and sizes in the form of cash, check or bank transfer, but they also accept gifts of investments such as stocks and savings bonds.

The gift of food is also crucial. Consider organizing a food drive in your local community, participating in Operation Feed or making garden donations by bringing in the fresh produce that you grow from home.

Last, but certainly not least, you can donate your time. To volunteer by sorting and repacking food or working in a community garden, go to www.midohiofoodbank.org or call 614-317-9703.

Hailey Stangebye is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Personalities

Transcending Poverty for Health

Obstetrician works with Medicaid population

By Corinne Murphy

Dr. Brad Lucas has seen the effects of poverty and how it can make a certain population seem helpless and unreachable. Instead of watching, he has done something about it.

From studying addiction in pregnancy to writing a book for how fathers receiving Medicaid can get involved and increase their children's chances of success, Lucas has conducted outreach for the hard-to-reach populations, removing barriers to medical care.

Lucas, a Columbus native, attended Miami University of Ohio and graduated with a bachelor's degree in chemistry. He then attended the Medical College of Ohio and completed his residency at Johns Hopkins University.

During his residency, Lucas says, he was exposed to patients whose needs drove his transition into the administrative side of medicine.

"When I trained at Hopkins, in a big

academic center with a big population of underinsured individuals, (I learned) to love that population," Lucas says. "I had to learn how to relate to them, enjoy who they were and walk them through scary paths. I learned to bond with them. When I came back to Ohio, I made sure I was taking care of the underinsured."

He first practiced as an OB/GYN in Columbus, but moved to Cleveland and worked in the University Hospitals system. He continues to practice part-time at AxxessPointe Community Health Center in Akron.

He now works as the chief medical officer of Buckeye Health Plan, a Columbus-based Medicaid managed care plan. He mentions that there was a transition to being on the administrative side.

"While working on the health plan side, I discovered that there

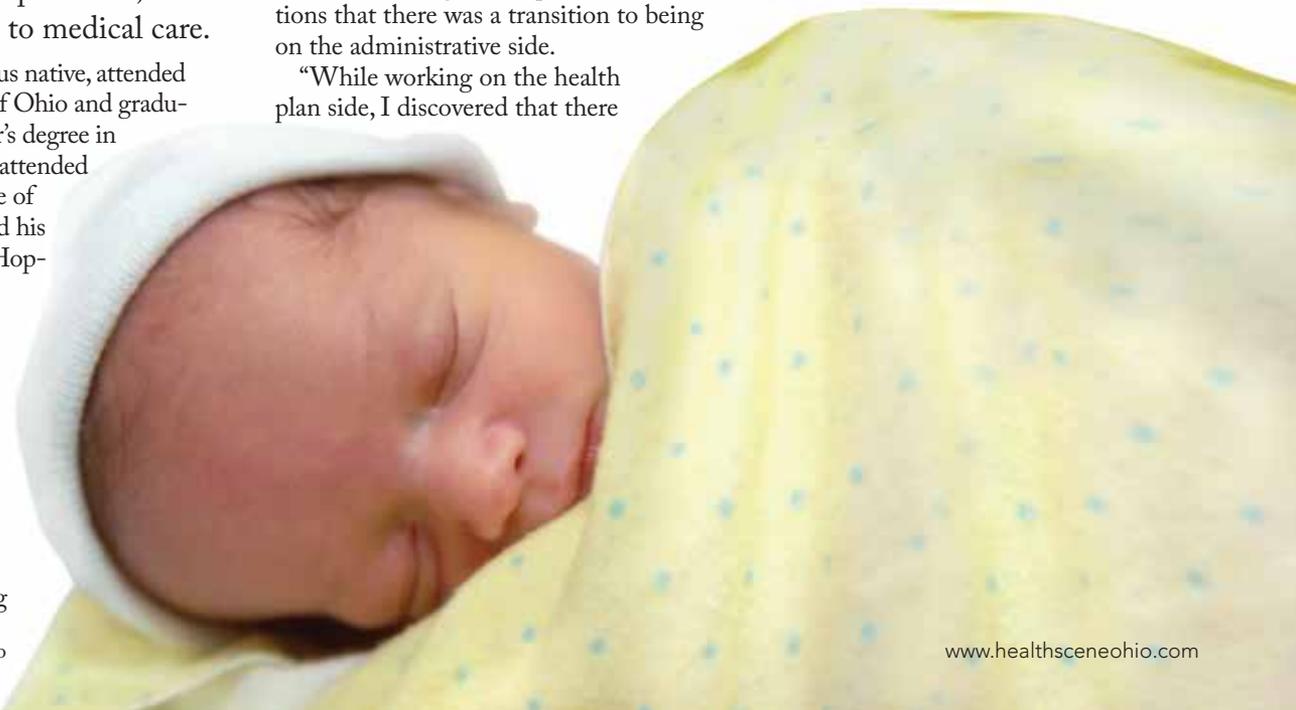
are ways to impact whole populations of individuals, and here (at Buckeye), we are improving the health of the community one person at a time," he says.

Lucas recognized a need for fatherhood initiatives. That's when he decided to write what he calls "the dad book."

Dad: Little Word...Big Deal

The book aims to educate expectant fathers of Medicaid recipients through Buckeye Health, covering pregnancy and how to get involved in their children's lives early on.

"It helps dispel myths about the role of the father of the baby. It helps them understand





their role as a new dad,” Lucas says. “It’s really unique, because you can’t go to the bookstore or Amazon to find similar topics.”

Lucas says we don’t do enough for the fathers in this clinic setting.

“It wasn’t an inviting environment for the father,” he says. “Some people make the assumption that fathers don’t want to be involved, and that’s a dangerous assumption.”

And that’s no exaggeration: Research shows it really is dangerous and puts the child at risk of failure. If the father is absent in the home, the child is three times more likely to fail in school and two times more likely to be involved in drugs. Children without fathers won’t develop as well emotionally. On the flip side, those who have fathers present will likely have fewer behavioral problems and do better in school.

“We have medical therapies that we promote, but fatherhood is so much more impactful than some of the most proven medical therapies,” Lucas says.

Addiction in Pregnancy Program

With the Addiction in Pregnancy Program, Lucas deals with a transient, hard-to-reach population.

“When you go back to the evolution of health care – when you get to the challenging, difficult members in the health plan – we felt like we couldn’t touch them and couldn’t communicate with them,” he says. “We tended to turn our attention to people we have a better chance of helping. But the problem was growing. So we said, ‘Let’s take this head

on and get a sense for how big a problem it is.’”

And the problem was growing worse at a rapid rate.

Conducting studies that compared newborns with mothers addicted to narcotics, the data from 2009 to 2013 across Ohio showed that babies born addicted to narcotics had gone up 500 percent. Lucas says this data pushed the initiative into urgent action.

Not only does the program provide the medicine that removes the physical need for narcotics, it also identifies the members so they can stay on track to follow the doctor’s orders. Lucas says more women are enrolling in the program, and they work to keep them in long after the baby is born.

But the program’s success also comes from its openness and the staff who genuinely understand the barriers facing this fragile population.

“We were concerned that it would be hard to talk to these members. We learned that a lot of times, these individuals have burned every bridge that they have, and the people they have left in their lives are dangerous and actually encouraging them to use drugs,” Lucas says. “With this program, they learn there’s somebody there to really help them, and it’s a non-judgmental environment. We know how they got where they are and we understand.”

Lucas says that identifying challenges can be as simple as a quick conversation with the doctor, but it usually reveals complex barriers to getting medical care.

“There’s usually nonmedical care that has to happen for individuals to be in a place where they can think about getting care. If they have nonclinical barriers to getting care,” he says, “if that’s their reality, then it prevents them from getting the preventative care they need.”

Smart Start for Your Baby

In 2008, Lucas helped launch Buckeye Health’s Smart Start for Your Baby program, the health plan’s first effort to have a greater impact on pregnant mothers. It provides moms with information on

pregnancy and early childhood through education and care management.

“You’d think it’d be intuitive that a health plan knows who’s pregnant, but that’s not always the case. We can’t even depend on claims because they can be delayed or inaccurate,” Lucas says. “We want to find out who’s pregnant and understand their overall risk of having an unhealthy outcome, unhealthy baby or low birth weight baby.”

The program stratifies that risk to see those who are most in peril and need to have more care management. These populations get home visits to meet their individual needs, Lucas says.

“Those that are low risk, we keep a lookout and see if risk changes to see if we need to move them into a more high-risk plan,” Lucas says. “They all receive information about pregnancy and written in culturally competent fashion for literacy needs for everybody. And if they need transportation to get to the doctor’s office, we provide it.”

More so than anything else, the health outcomes are based on behavioral health and social risk factors, which are called social determinants of health.

“Where they live is a more important predictor than their own medical history,” Lucas says.

Lucas lives in Chagrin Falls with his family, including young twin girls and two teenage sons.

Corinne Murphy is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Dr. Brad Lucas joined Buckeye Health Plan in 2005 and has served as the Chief Medical Officer for the company since 2013. In his role, Lucas helps build programs that reduce the rates of preterm birth,

low birth rate and infant mortality.

Completing his OB/GYN residency at Johns Hopkins Hospital, Dr. Lucas is a fellow of the American College of Obstetrics and Gynecology. As a board-certified physician, he continues to see patients at AxessPointe Community Health Center in Akron.

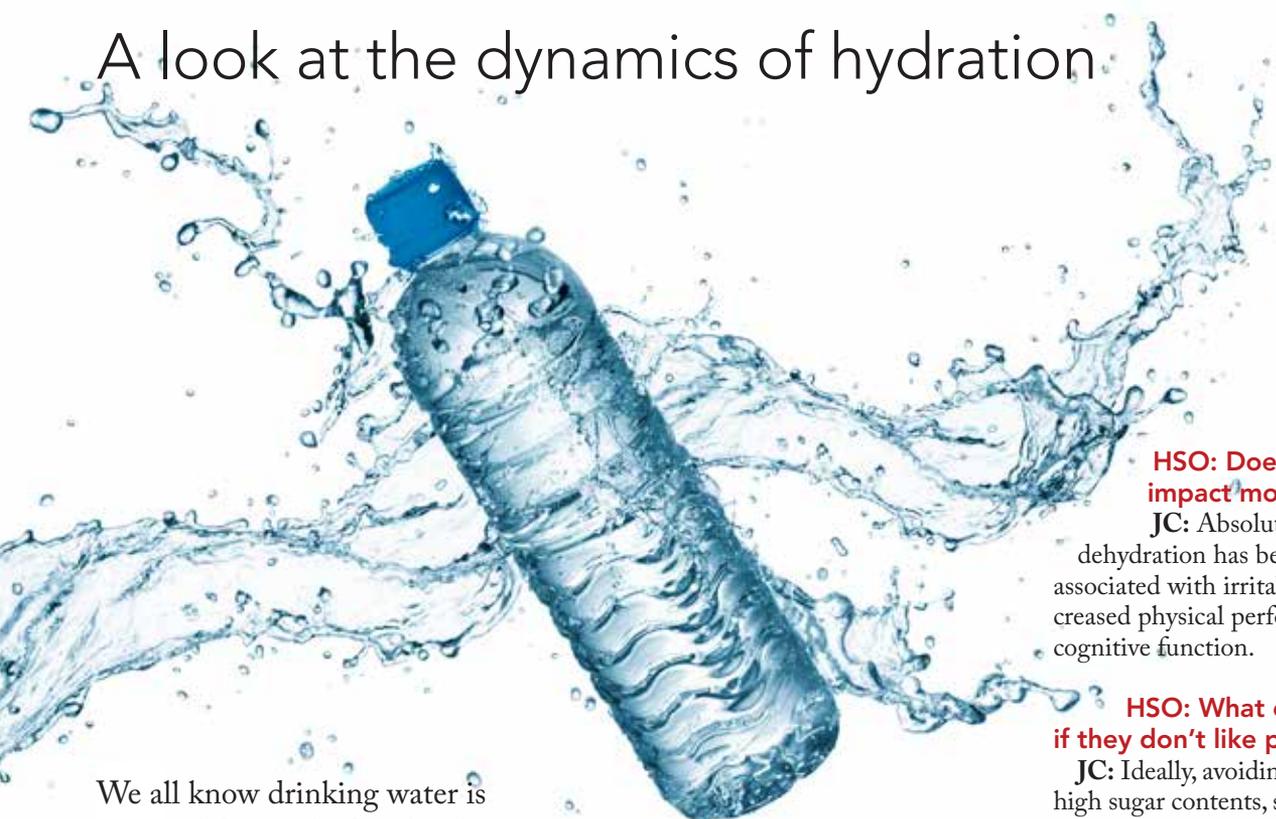


The Write Advice

With Dylanne Petros

On the Water Front

A look at the dynamics of hydration



We all know drinking water is essential for our bodies, but how much do we actually need in one day? *HealthScene Ohio* spoke with Dr. Jessica Cohn of the Cleveland Clinic Children's Hospital about all things hydration.

HealthScene Ohio: Do people really need eight glasses of water a day, or does it depend on how much you weigh?

Jessica Cohn: There are many factors that affect your daily water intake needs. Age, weight, gender, temperature, humidity level and activity level are just some of the factors that affect hydration needs. Drinking eight 8-oz. glasses of water is similar to the National Academy of Medicine's recommendations for adults, but has likely gained popularity since it is easy to remember.

Fluid intake comes from both foods and beverages. Therefore, beverage intake recommendations subtract an estimated quantity of fluids that come from food in an average diet based on age and gender.

HSO: What is the urine color chart and is it an accurate tool?

JC: The urine color chart is a tool that uses urine color to assess hydration. It has been shown in some studies to be reflective of hydration status. Generally, straw- or transparent yellow-colored urine is reflective of a healthy level of hydration, whereas clear, colorless urine can indicate over-hydration and darker urine colors can indicate dehydration. However, I must emphasize that urine color is really only a rough estimation of hydration status and should not be relied upon as a precise measure.

HSO: Does hydration really impact mood?

JC: Absolutely. Even mild dehydration has been shown to be associated with irritability, headache, decreased physical performance and lower cognitive function.

HSO: What can people drink if they don't like plain water?

JC: Ideally, avoiding beverages with high sugar contents, such as juice, or artificial sweeteners is best. Adding real fruits such as lemon, lime or orange slices to plain water is a good alternative.

HSO: What drinks should one stay away from if one wants to be well hydrated?

JC: Although we typically encourage water as best for hydration, there are occasions on which sports drinks are helpful. Competitive athletes who participate in extremely rigorous exercise and sweat excessively require replenishment of both sodium (lost in sweat) and water. However, most athletes who exercise at a typical level have sufficient intake of salt in their diets to compensate for electrolyte losses.

HSO: How much water do we actually lose per day in our bodies?

JC: Just as water intake requirements vary based on multiple factors, water loss is also variable. Water losses include those

in respiration, urine, stool, sweat and diffusion through the skin.

HSO: Should you really drink a glass of water if you are hungry in the middle of the day?

JC: Thirst may be mistaken for hunger. Therefore, drinking a glass of water can help people determine if they are truly hungry. It also fills the stomach temporarily, which can help curb hunger.

HSO: How much water should you drink when exercising?

JC: Water should be readily available before, during and after exercise. It is important to follow thirst cues and watch for such signs of dehydration as headache and irritability.

Water needs during exercise vary based on intensity of exercise, temperature, age

and gender, but a good guideline is to drink somewhere between a half cup and two cups of water for every 15-20 minutes of exercise.

HSO: When is dehydration more common: summer or winter?

JC: Dehydration can occur as easily in the winter as it can in the summer. Although heat and humidity increase fluid loss from sweat in the summer, the body's physiologic response to cooling (resulting in fluid loss) and increased respiratory water losses can lead to dehydration in the winter.

HSO: How much water should children get per day?

JC: The current recommendations for daily beverage intake are:

- 1-3 years old: 4 cups
- 4-8 years old: 5 cups

- 9-13 years old: 8 cups (boys), 7 cups (girls)
- 14-18 years old: 11 cups (boys), 8 cups (girls)
- Adults: 13 cups (males), 9 cups (females)

Dylan Petros is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



About the Expert

Dr. Jessica Cohn is a Board-certified pediatrician. Cohn earned her medical degree at Stony Brook University School of Medicine and completed her pediatric residency

at the Floating Hospital for Children at Tufts Medical Center. Prior to joining the Cleveland Clinic Children's Hospital, Cohn practiced general pediatrics in a community private practice.

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Healthy Happenings



University Hospitals

University Hospitals Samaritan Medical Center recently hosted its annual EMS appreciation event. Back row: Dr. Don Spaner, Dan Ellenberger, Tim Cowen, Dick Beal and Mike White. Front row: Gene Pence, Chris Mullinex, Dan Robinson, Melissa Williams, Randy Jackenheimer, Sarah McBride and Scott Stoner.

Photo courtesy of University Hospitals



Strides for Leadership

Proceeds from Strides for Leadership, held at Lorain County Community College, benefited the Cribs for Kids program.

Photos courtesy of Hermes Sports & Events



Summa Health

Photos courtesy of Summa Health



Dr. Thomas Malone (left), president and CEO of Summa Health, and Akron Mayor Daniel Horrigan at Summa Health's April 19 announcement of \$350 million in facility improvements



Malone displays the rendering of Summa Akron City Hospital's new inpatient tower.



Left to right: Summa Health Board Chairman Jim McIlvaine, Chief Medical Officer Dr. Vivian von Gruenigen, President and CEO Dr. Thomas Malone and Akron Mayor Daniel Horrigan at Summa Health's facility plan announcement in April



Personalities

A Gut Feeling

ProMedica's Michael Basista becomes leader in northwest Ohio gastroenterology

By Stephan Reed

When it comes to making crucial health care decisions, Dr. Michael Basista believes that cross-referencing a patient's instincts with his own expertise yields the best result.

"I make sure that I've explained everything as well as possible," he says. "I give the patient all the choices that are out there. I listen. I wait to see how they want to do things. If I feel their wishes are medically reasonable and have a great chance at success, that's the option we go with."

Basista is the medical director of gastroenterology for ProMedica Health System, and he works primarily with patients suffering from gastrointestinal diseases and conditions including stomach pain, ulcers, acid reflux and Crohn's disease.

Basista's interest in gastroenterology piqued when he was shadowing at an area community hospital early in his career.

"I grew up in Cleveland and participated in a combined program between Penn State and Jefferson Medical College to get my M.D.," he says. "During the summer that I had off, I was lucky enough to observe the local doctors. I thought gastro was most interesting – the ability to perform procedures that investigate the cause that you were you were thinking. Sometimes you could even fix things while you were there."

The gastroenterology specialist fulfilled his residency with Summa Health Systems. From there, he completed a one-year fellowship at the University of Pittsburgh.

"That was where I got matched up with an impending physician who was into liver disease," Basista says. "We were doing about 500 liver transplants a year. You learn a lot about the liver – whether you want to or not."

Basista saw that there was a need for a hepatology specialist in the area and decided he was the right man for the job.

"Because of all the exposure to liver disease, it became a niche for me," he says. "Hepatitis C was difficult to treat at the time, so no one in the area wanted to work with it. I helped build the niche interest and became the leading treatment provider for

many years. When I started, treatment success rates were at 5 percent. We are up to about 98 percent success rate now."

Interested in a teaching position, he sought out an opportunity at the University of Toledo Medical School, formerly known as Medical College of Ohio, where he spent his first two years holding a faculty position and the rest of his



11-year tenure as an associate professor of medicine and chief of the division of gastroenterology.

Throughout his faculty career, Basista helped establish an experimental practice that merged the faculty physicians with a private community practice. He eventually left MCO and, in 2002, joined Digestive Healthcare Consultants of Northwest Ohio, which was later purchased by ProMedica and became ProMedica Digestive Healthcare.

Come July, Batista will be teaching once again, and is excited about the prospect. He will be teaching at ProMedica with some residents as well as gastroenterology fellows. And his passion for health care and wellness doesn't just stop in the classroom or the office. The interest has rubbed off on some immediate family members as well, including his daughter, Maria.

"She's a junior in high school and she's planning to be a physician," Basista says. "I guess I must have shown her that it's a very enjoyable and satisfying career."

Using Fresh Talent to Meet a Need

Insurance conflicts and a lack of trained personnel create a need for more specialists, particularly in the field of gastroenterology.

"Living in the U.S., health care can be frustrating because of insurance," he says. "I'm committed to curing a disease, but there are a lot of people out there who cannot come see me. That's a barrier that shouldn't be. There's no reason the rest of the population shouldn't get the best care.

"It's general knowledge – in northwest Ohio, there aren't enough gastrointestinal physicians," he says. "I find it a nice place to live, but we have trouble attracting people to the area."

Basista insists that the region is a great place for health care professionals to grow.

"There's almost an unlimited number of possibilities to build your own practice," he says. "There's a huge population of patients. And as a health system, ProMedica is particularly great. Supportive. Not intrusive. They really give you a lot of freedom and let you manage as a physician."

Open Door Policy

While he was improving treatment for the disease in Toledo, Basista established a free hepatitis treatment center that was open to the public. While that center closed its doors in early 2016, Basista has opened ProMedica's to those in need of treatment.

"Part of the ProMedica philosophy is that we will take care of anyone who makes their way to our offices," he says.

The Sylvania-based gastroenterologist also expanded the treatment of Hepatitis C throughout Toledo, even if he's not the one performing the procedures.

"As the success rates have gotten better, treatment has gotten simpler," he says. "I helped establish a partnership with the Lucas County Health Department, and they're now able to treat Hepatitis C in a health department setting. I helped to coordinate treatment so they can assist the majority of their own patients – the people who are used to going there already."

What to Look Out for

Just as he aims to inform upcoming health care professionals about the nuances of the gastrointestinal tract, he looks to promote best health practices among individuals everywhere.

"The majority of people who see a GI professional are around 50 years old – when they need a colon cancer screening done," Basista says. "About 55 to 75 percent of people are screened, but to be truly effective, it must be done to everybody."

Nonalcoholic Steatohepatitis (NASH), another form of fatty liver disease that causes cirrhosis, is becoming another area for concern among gastrointestinal specialists.

"With the American population becoming more obese, this is rising in frequency," Basista says. "As we come close to eliminating Hepatitis C, NASH is the next leading problem not tied with alcohol. The biggest issue is that we don't have a guaranteed treatment yet."

Basista has witnessed other rare conditions, including Achalasia, which prevents

the esophagus from squeezing food and water into the stomach. However, the most common uncommon disease he encounters is colon cancer.

"The most upsetting is when you find colon cancer in someone quite young," he says. "Even though it's fairly regular, you don't expect it. And as health care professionals, we try to assume everyone is forthright in telling you the truth – they're not just telling you things to get specific drugs. But you have to be thorough in your approach. You pick your testing based on what's most probable. You also have to be instinctive. You can imagine a normal 20-year old doesn't want to get a colonoscopy. If they're willing to do this, we need to check it out."

For the average person, maintaining a healthy weight, diet and exercise routine should keep him or her out of harm's way.

"In general, after routine screenings, the next most important thing is to keep your weight where it belongs," he says. "When people pay attention to what they eat, how much they eat and how much activity they're getting, they put it all together and get healthier. People are more involved with apps and calorie monitors now. These can be a big eye opener."

Stephan Reed is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Dr. Michael Basista is a gastroenterologist in Toledo and is affiliated with multiple hospitals in the area, including ProMedica St. Luke's Hospital and ProMedica Toledo Hospital. He received

his medical degree from Jefferson Medical College and has been in practice for more than 20 years. He is one of 16 doctors at ProMedica St. Luke's Hospital and one of 12 at ProMedica Toledo Hospital who specialize in gastroenterology.



The Write Advice

With Corinne Murphy

Sports Physicals

Dealing with vital signs and vital importance

We play sports, watch sports and cheer on our favorite sports teams all year round. But we might forget that sports can be dangerous – or even deadly – without sports physicals. *HealthScene Ohio* spoke with Dr. Michael Stump of Blanchard Valley Orthopedics & Sports Medicine about all things sports physicals, from what to expect to what can happen if you don't get one.

HealthScene Ohio: What is a sports physical?

Dr. Michael Stump: A sports physical – or, by its more proper name, a preparticipation physical evaluation (PPE) – is an evaluation designed to promote the health and safety of an athlete in training and competition.

HSO: Why is a sports physical important?

MS: The PPE screens athletes for injuries, illness or factors that might place the athlete or others at risk for preventable illness or injury. This allows the health care practitioner to identify these concerns and, in most cases, allows for correction or treatment that will allow the athlete to participate more safely. The other main reason to have a PPE is that many sports organizations, including the Ohio High School Athletic Association (OHSAA), require a PPE before participating in practice or competition.

HSO: How often should you get a sports physical?

MS: This is somewhat controversial, but most sports organizations require them annually.

HSO: What happens during a sports physical?

MS: Most often, the sports organization will have a specific form that is required. This typically consists of history and the physical exam components. The history questions are the most important portion of the evaluation, as they identify approximately 75 percent of the problems. The history questions should be answered by the parents and the athlete together, so that all information is accurate. It is also very important to explain any “yes” answers in the space provided. The OHSAA form has 54 questions, so it should be completed before seeing the health practitioner.

When he or she arrives at the evaluation, the athlete will have his/her height, weight, vital signs and vision checked. The health care practitioner will review the history questions with the athlete, then do a physical exam, focusing on eyes, ears, nose and throat, heart, lungs, abdomen, and musculoskeletal systems. Male athletes may also be screened for hernias and testicular abnormalities. After this has been completed, the health practitioner will review all of the information and decide whether the athlete can be cleared to participate without restrictions, will need further evaluation or treatment for a condition discovered during the evaluation, or should be restricted from participating in some or all sports.

HSO: Where should you get a sports physical?

MS: The favored setting for the PPE is the physician's office; however, a well-organized medical team format performed at the school can be a reasonable option.

HSO: What about regular physicals? Are these considered overkill if you get a sports physical?

MS: It is important to remember that the PPE is designed to screen for issues with athletic participation only. Other health maintenance concerns, such as immunization or other screening tests that are incorporated into routine physicals, may or may not be discussed.

HSO: What happens if the doctor finds something wrong?

MS: This depends on what is discovered. Sometimes further testing needs to be ordered, and other times treatment such as medication or rehabilitation is recommended.

HSO: What are the most common types of problems found in sports physicals?

MS: The most common problems found on the PPE are musculoskeletal injuries. Fortunately, many of these can be treated and the athlete can be allowed to participate.

HSO: What medical condition would prevent someone from sports participation?

MS: The most common reason an athlete might be disqualified from participation is a musculoskeletal injury, such as



a fracture or a sprain that might require surgery. Most of the time, this disqualification is only temporary and, when the injury has healed, the athlete can return to full participation. The most common reason for permanent disqualification is a cardiac abnormality, but multiple or severe concussions as a reason for disqualification is becoming more commonplace.

HSO: What could happen if you don't get a sports physical?

MS: Many sports organizations will not allow the athlete to participate at all without a signed PPE, so he or she may not be able to play the sport. More importantly, if the athlete has a condition that would put him or her at risk for injury or even death, that condition could be missed with otherwise potentially avoidable consequences.

Corinne Murphy is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



About the Expert

Dr. Michael Stump is a primary care sports medicine specialist at Blanchard Valley Orthopedics & Sports Medicine. He attended Purdue University for his

undergraduate degree, the University of Cincinnati for medical school and did his family practice residency at Methodist Hospital of Indiana. He also completed a sports medicine fellowship at Meridia Hospital. He chose to specialize in sports medicine because of a season-ending injury during his senior year in high school. His philosophy for patient care is to help his patients remain as active as possible, whether they are competing at an elite level or just want to walk daily for exercise, ensuring their safety and reducing their injury risk.



Healthy Happenings

ProMedica

Photos courtesy of ProMedica



University of Toledo

University of Toledo Medical Center's commencement and Match Day ceremony

Photos courtesy of University of Toledo



Global Youth Service Day in downtown Toledo



Pink in the Rink weekend at the Huntington Center



2016 Toledo Heart Walk & 5K



ProMedica employees wear patient gowns in recognition of Patient Safety Awareness Week.



National Walking Day



Personalities

From the Heart

Heart Center section chief follows his calling

By Dylanne Petros

Most people aren't sure what they want to do when they get older, but Dr. Robert Gajarski knew he wanted to work in medicine from the time he was 7 years old.

Now, Gajarski has been in medicine for 25 years and is the section chief of Nationwide Children's Hospital's Heart Center.

"I have no idea why I was sort of interested in the human body and how it worked," he says.

While in high school, Gajarski worked at a hospital, which helped to pique his interest in medicine. However, when he went off to college, he strayed from his calling until graduation. That's when he decided to take the steps toward medical school.

At first, Gajarski says, he was unsure if he wanted to work with children or adults. But after much consideration, he settled on working in pediatrics.

"I was ... more interested in taking care of kids, who really didn't have any control over their (illnesses)," he says.

Deciding to go into cardiology was just a natural progression for Gajarski. He felt he could not be a general pediatrician.

"Since I was always interested in the heart, even from the time that I was working in the hospital before I even went off to college, I thought, 'You know what? This could be really, really interesting,'" he says.

As a student, Gajarski did a rotation in the cardiology department. He was interested in learning more about critical



care in cardiology and, as a result, became interested in transplant patients and heart failure.

"It seems like those are all different things, but it turns out that heart failure and transplant patients are among the sickest patients that we take care of," he says.

When Gajarski was first starting out transplants were a relatively new concept.

"The first successful transplants were only a few years old," he says.

Gajarski hit the ground running. He was even involved in the treatment of the first pediatric transplant patient.

The great thing about his field, Gajarski says, is that transplant patients and heart failure patients are actually connected to one another – something most people do not realize.

"They're linked together because transplant patients are derived from heart failure patients," he says.

Now, doctors are working on collecting data so they can understand how patients should be managed during treatment and recovery. Gajarski says the doctors who are researching this will come together and share their data be-

cause “medicine is not always a science,” and different things might work for different people.

The goal, he says, is to find something that might work for everyone.

Health Care Reform Post-ACA

Gajarski came to Ohio from Michigan in September 2015, after going back to graduate school to receive more training in leadership roles in the hospital.

His training lasted three years. He learned how health care and the Affordable Care Act affect the pediatrics department. When he had the opportunity to take over as the Heart Center’s section chief, Gajarski saw it as a chance to spread his wings.

“(It) seemed to embrace some of the clinical responsibilities that I had before, and it added on a new leadership role where I would be able to sort of utilize all that training I had just gone through,” he says. “It was a nice opportunity to utilize all my clinical skills, and then fold in the recent leadership and health care policy training I had (received).”

Now, Gajarski is part of a committee working diligently to come up with initiatives to implement the ACA in the pediatrics hospital.

Gajarski says the committee is reaching out to private parties to get the initiatives started so they do not have to wait for government funding to come in.

“We want to be on the other end of things where we’re the ones doing the research, driving what the most appropriate quality metrics are that really do correlate with an outcome that we care about and then go to (the Centers for Medicare and Medicaid Services) or third party payers and say, ‘So, we’ve done our own homework. This is what we think,’” he says.

Gajarski says his hope is to be on the front end of change in the pediatrics department with the ACA.

Teaching at OSU

In addition to his role at Nationwide Children’s, Gajarski is a professor at The Ohio State University, a rank that

transferred over from a position he’d held in Michigan.

Gajarski says his role as a professor is to teach future generations his trade, so they can become great cardiologists.

“If I can teach a few people what I do and have them be academically successful ... then I’ve accomplished my goal as a professor,” he says.

Gajarski does his research and wakes up in the morning because of the kids.

“If we can give better care to the kids in the community ... then they presumably won’t need to come to the hospital,” he says. “That’s what we want.”

Dylanne Petros is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Dr. Robert J. Gajarski is section chief of the Heart Center at Nationwide Children’s Hospital and a professor of pediatrics at The Ohio State University College of Medicine. After grad-

uating from the University of Oklahoma College of Medicine, he completed his pediatric residency at the University of Virginia followed by a fellowship in pediatric cardiology at Texas Children’s Hospital in Houston. Gajarski’s research interests include clinical research in the area of heart failure and cardiac transplantation, cardiac critical care medicine and health care reform post-ACA implementation. Gajarski is Board certified in pediatrics and pediatric cardiology.

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The Write Advice

With Amanda DePerro

Staying in the Game

Recognizing and treating concussions

For many athletes, ranging from students to professionals, the thought of sustaining a concussion isn't foreign. Most either know a teammate who has suffered a concussion, or have had a concussion themselves. Even seemingly mild concussions can have serious long-term complications, including memory loss and brain damage. Dr. Jason Dapore, a primary care sports medicine fellow at Ohio-Health and team physician for the Columbus Blue Jackets, weighs in on prevention, treatment and potential dangers of concussions.

HealthScene Ohio: What, exactly, is a concussion?

Jason Dapore: A concussion is a disruption in the brain's normal functioning brought on by a hit to the head or body of an athlete.

HSO: Who is most at-risk for having a concussion? Are there any demographics, aside from athletes, that frequently sustain concussions?

JD: The biggest risk factor is having a history of prior concussion. There is some data that suggests that female athletes sustain more concussions than their male counterparts.

HSO: What are the symptoms or tell-tale signs of a concussion? Are

there any other conditions that have similar symptoms or can be confused with a concussion?

JD: Signs and symptoms may be obvious, such as unconsciousness, confusion, a dazed appearance, headaches or a staggering gait. They may also be very subtle, such as the athlete stating that he or she just "doesn't feel right."

HSO: How is a concussion treated?

JD: Rest from sports is the cornerstone of treatment. Athletes should refrain from participation in sports to prevent repeated injury while the brain is still healing. They are often directed to abstain from school and computer work to allow the brain to rest from cognitive tasks.

HSO: What should one do if one believes one has a concussion?

JD: One should always see a physician if one has suffered an injury to the head or body that causes him or her to feel symptomatic. A concussion can only be diagnosed by a health care provider.

In the immediate care of an athlete that has suffered a head injury, the on-site emergency response team (paramedics, athletic trainers, team physician) evaluates for head and neck trauma and provides appropriate emergency care and triage. This may include immobilization of the cervical spine.

HSO: We all hear, "Don't go to sleep after a concussion," but what really happens if one does fall asleep after getting a concussion?

JD: Rest is very important after sustaining a concussion. The athlete should be monitored after any head

injury to ensure that symptoms are improving and not worsening (worsening symptoms may indicate a much more severe brain injury). After a period of observation to ensure that symptoms are stable and improving, the athlete should be allowed to rest comfortably without interruption.

HSO: Should one always go to a medical professional after sustaining a concussion?

JD: A head injury should be evaluated by a qualified physician (MD/DO).

HSO: How can one avoid concussions in the first place? What can athletes do to reduce their odds of sustaining a concussion?

JD: Be the best athlete that you can be. Be strong and fast. Arrive to practice and games prepared with good nutrition, sound sleep and well-fitting equipment. There are different technologies in helmet design that seem to come out yearly. However, there will never be a concussion-proof helmet. Helmets are designed to prevent impact injuries such as skull fractures, lacerations and bleeding.

HSO: Are there any common misconceptions or myths that you hear associated with concussions?

JD: These are becoming fewer, but the most common misconception is the assumption an athlete did not suffer a concussion if he or she did not lose consciousness. Most concussions can be severe with no loss of consciousness.



HSO: What are the most common causes of concussions?

JD: The most common cause of a concussion is a direct hit to the head or body, with a rotational force to the head.

HSO: What are the long-term consequences of one or repeated concussions?

JD: Most athletes will recover when given time to rest and progress back to sports. There is a small percentage that may have persistent symptoms due to repeated head injuries that often have not

fully healed. There is increasing concern that repeated concussive injury may lead to long-term neurologic injury. This can result in decreased cognitive performance.

HSO: Can concussions cause other immediate problems?

JD: Common symptoms include headache, light and noise sensitivity, poor concentration, fatigue, and irritability.

Amanda DePerro is an assistant editor. Feedback welcome at hbealer@cityscenecolumbus.com.

// Ohio is a leader in having developed concussion guidelines that establish best practices for diagnosis and treatment of concussion. The State Medical Board of Ohio recognizes the negative impact of concussion physically, cognitively and psychologically on athletes of all ages as well as the population in general. The SMBO strongly advocates for excellent medical care by well-qualified health care providers as the key to the optimum outcome for those who sustain concussions."

– Dr. Kim Rothermel, MD, member, State Medical Board of Ohio



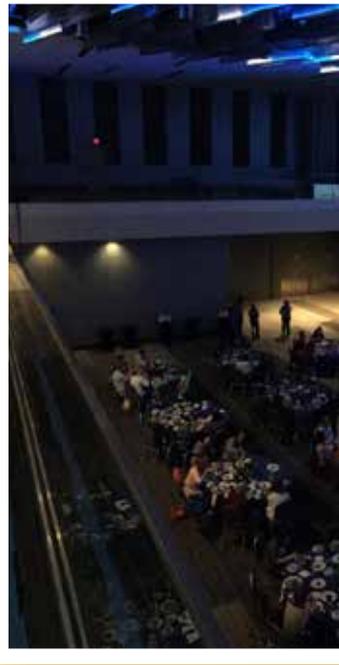
About the Expert

Dr. Jason Dapore specializes in sports medicine with OhioHealth. He is an attending physician at the VA Medical Center in Chillicothe, the McConnell Heart

Health Center in Columbus and serves as the team physician for the Columbus Blue Jackets of the National Hockey League. He received his bachelor's degree in biological sciences from Wright State University in 1997 and his medical degree from the Ohio University Heritage College of Osteopathic Medicine in 2001. Dapore has received various honors, including the Sports Medicine Teacher of the Year in 2012-2013 by the Riverside Methodist Hospital Department of Medical Education and by *Columbus Business First* as a 40 Under Forty award recipient in 2013.



Healthy Happenings



National Kidney Foundation

The National Kidney Foundation's Cooking with the Stars Gala

Photos courtesy of National Kidney Foundation





OhioHealth
2016 OhioHealth Cancer
Conference

Photos courtesy of OhioHealth

Joan Lunden speaks at
OhioHealth's United in the
Fight Against Cancer
community conference



OhioHealth's pet therapy station



NBC4's Ellie Merritt and John Morgan



Personalities

Forever Evolving

Cincinnati neurosurgeon bends the rules of modern medicine through innovative computer technology

By Corinne Murphy

From revolutionizing surgery on spinal fistulas through applying computer graphics and technology to neurobiology, to being involved with NASA, to studying the use of music in pain relief, Dr. Jonathan Borden of TriHealth has made substantial contributions over the years.

Borden, who grew up in New York and Connecticut, says he's always had a passion for neuroscience, technology, computer science and artificial intelligence.

"When NASA was launching the rockets, that was an exciting time. In high school, personal computers were just starting to come out, but it was just sort of a hobbyist thing," he says.

Borden received a bachelor of arts in neuroscience at Amherst College in Massachusetts – one of only a few that offered neuroscience as a major at the time. He attended Yale University School of Medicine, where he completed research in neuroscience and neuropathology.

He's become a leading expert at combining these fields with technology: His scientific work has involved the application of computer science to neurobiology. From his earliest work, he was using pioneering medical technology. At Amherst, he used artificial intelligence techniques to model neurochemical networks in the brain.

Next, working as a medical student at Yale, he authored papers on the organization of interphase chromosomes in brain tissue. He used 3-D computer graphics techniques to analyze the results of a molecular biological experiment, working with chromosome problems in tumors and epilepsy.

"In an area of a seizure of the brain, there is a reorganization of the chromosomes in those cells. That reorganization causes abnormal electrical activity in the cells, and that leads to the seizure. We were able to show there's an actual change in the cells," Borden says.

This research study, his first major publication, ended up on several journal covers, and because of the 3-D computer graphics, he says, he was selected for the cover of *Science Magazine* in 1988.

This use of computer technology was novel at the time.



"This was all before the Internet," Borden says. "Computers were not used to the extent they are right now."

During the 1990s, he made more medicine available via the web when it was first developed. He was part of a team that put a digital camera on a chip with special communications systems, and if

people wanted to get a medical consult, they could simply send a photo of an X-ray across the Internet.

“It was essentially email, but it was revolutionary at the time,” Borden says.

He completed his medical internship and residency in neurosurgery at Tufts University in Boston and was asked to stay on faculty, working as an assistant professor of neurosurgery.

During his research at Tufts-New England Medical Center, he developed the Borden Classification of Dural Arteriovenous Fistulas. After its clinical applicability was verified by the University of Toronto Brain AVM Group, this classification has come into common usage in modern medicine.

“At the time, people were looking at it the same way as other blood malformations in the brain,” Borden says. “But dural fistulas are unique. I had some patients who had this condition that was not very well understood, and the treatment was very, very complicated. And so this showed an effective and simple treatment. But it went against the rules at the time.”

Borden was also the director of Boston Gamma Knife Center, the first one installed in Boston.

Making Computers and the Web Smarter

Borden is a co-editor of a specification of a computing language. The goal: Link research together the same way web pages link together in order to conduct data analysis better in order to learn new things about diseases, conditions and treatments.

“It’s a way to make the web smarter,” Borden says. “Maybe one doctor is working on one kind of tumor, and another doctor working on another kind of tumor, and there’s genetics involved in both. We want to put those together for new discoveries.”

He has also been actively involved in the development and standardization of XML-based electronic medical records, which is essentially teaching the computer how you can “flag” a field, i.e. a patient’s or doctor’s name. It would sort through the masses of information and

make sense of it, making computers able to catch human errors in administering the wrong drug, for example.

Based on these developments, he has been an invited expert for the World Wide Web Consortium Web Ontology Working Group.

Mission Impossible: Studying Treatments for Back Pain

Recent work includes being involved in research studies aimed at repairing degenerated intervertebral discs using growth factors, stem cells and minimally invasive surgical techniques.

And now, Borden has started a new chapter: a study that applies the latest techniques in medicine and technology to spinal disorders. It’s driven by the fact that back pain is the most common complaint, second only to the common cold. An estimated 80 to 90 percent of people will experience some type of back pain in their life.

It’s also extremely difficult to treat. Not to mention, back problems are a common reason opiates are prescribed, and there’s a huge problem with opiate addiction.

This study has garnered enough attention to be carried out in other countries as well, but Borden deals with some of the patients himself. The study involves putting a drug into the disc, spurring it to repair itself. He also mentions an innovative method that imitates the idea of hip replacements. It would replace parts of the spine, leading to better functioning.

“The data is encouraging, although I can’t make any promises,” Borden says. “But I believe very strongly that these techniques will be better. We just need to prove that with research.”

NASA Projects and Music for Pain Relief

Borden also works with the Science Directorate of NASA, which means he’s an external adviser for NASA scientists who apply for funding for projects.

“It’s kind of fun, actually,” he says. “You hear about all this interesting stuff.”

Now, as a neurosurgeon with Tri-Health, he continues to push the

boundaries of what we know about modern medicine.

At the Hatton Research Institute, he’s getting ready to start a study fueled by Bethesda Foundation, working with faculty from Cincinnati Conservatory of Music and Cincinnati Symphony to play string music after they’ve had surgery and see how it affects the amount of pain medication they need.

“I’m lucky to work with experts in the music arena,” he says. “It’s very exciting.”

Borden has resided in Cincinnati since 2005 with his family, including twin 16-year-old daughters and a 14-year-old son.

Corinne Murphy is a contributing writer. Feedback welcome at hbealer@cityscenecolumbus.com.



Dr. Jonathan Borden is a highly experienced brain and spine surgeon with more than 20 years in practice. Driven by developing and applying the latest technologies and

treatments in the field, he finds himself at the cutting edge of neurosurgery research and clinical studies. Borden has served as primary investigator for several national FDA-IDE studies, including growth factors and stem cell therapies for disc regeneration, as well as new minimally invasive and motion-preserving surgeries. Borden provides minimally invasive treatments for brain, cranial nerve and spinal conditions, and has developed new surgical treatments for brain and spinal cord conditions. His practice focus includes minimally invasive spine surgery; motion-preserving spine surgery; minimally invasive treatments for brain tumors, including microsurgery, radiosurgery for pituitary tumors, meningiomas and other types of brain tumors; and vascular malformations of the brain and spine.



The Write Advice

With Hannah Bealer

First Steps

Getting to know your feet

Our feet go through a lot each day, and there's a lot to consider when it comes to taking care of them. From athlete's foot to what shoes to wear, Dr. Allan Boike, dean of the Kent State University College of Podiatric Medicine, and Dr. Gordon Yun, a podiatrist with Mercy Health, weigh in on the ins and outs of keeping your feet in prime condition.

HealthScene Ohio: Are pedicures safe? Is there anything we should keep in mind while getting them?

Allan Boike: Pedicures are safe when performed by the appropriate person. I would suggest anyone getting a pedicure make sure that the instruments used to treat their feet have been appropriately sterilized.

HSO: Are there any risks associated with feet that produce an odor? How can we combat foot odor?

AB: Foot odor is generally caused by condition called hyperhidrosis or bromhidrosis, a condition in which the feet sweat excessively, generally in an enclosed shoe. Treatment may include appropriate foot hygiene instructions, the use of a topical agent to reduce sweating or, occasionally, medical procedures or medicine to reduce the sweating.

HSO: What are some common ways people hurt their feet, and how can they be avoided?

AB: Walking barefoot is one way in which people often injure their feet by stepping on sharp objects. Common injuries include ankle sprains, fractures that occur during athletic activities or, sometimes, just general activities.

HSO: What would you tell someone who might be embarrassed to go to the podiatrist?

AB: There's no need to be embarrassed to see a podiatrist. Just like any other physician who treats a body part, the podiatrist is there to help make your life easier and better. It's important to remember that many people have foot problems that need to be treated, and that by treating them, they can lead a fuller life.

HSO: Can high heels or any other type of shoe cause long-lasting damage to the feet?

AB: Wearing inappropriate shoes can cause foot problems. These can range from blisters, corns and calluses to tightening of the Achilles tendon when wearing high-heeled shoes.

HSO: What's the best way to clean your feet after you've been barefoot?

AB: Gentle cleansing with soap and water, but in general, we do not recommend walking barefoot outside.

HSO: What risks are associated with neglecting to wear socks?

AB: Socks, in general, protect the foot from irritation, which may lead to blisters,

corns or calluses. Socks also wick moisture away from the foot.

HSO: What foot conditions do you need to keep on your radar as you age?

AB: As we age, the skin on our feet becomes thinner and is predisposed to deformity, such as bunions and hammer toes. It is important that you check your feet on a daily basis, especially if you are diabetic, have compromised circulation or have loss of sensation in your feet.

HSO: When is surgery a viable option to treat a foot condition?

AB: Surgery is a viable option to treat foot conditions when those conditions are painful and limiting the ability to wear appropriate shoe gear or perform normal daily activities. The patient has to be in relatively good health, as surgery does have risks. Your physician will be able to determine if you are a good candidate for surgery.



Bunions, plantar warts and more with Dr. Gordon Yun

HSO: What causes plantar warts? How can they be prevented?

Gordon Yun: Plantar warts are growths caused by infections of the skin with a strain of the human papilloma virus (HPV). It is not the same strain that causes genital warts. Direct contact between the bottom of your foot and the virus is how you get a plantar wart. The best way to prevent plantar warts is to not walk barefoot.

HSO: Do bunions or plantar warts ever need medical attention?

GY: Bunions, which are alignment problems with the great toe, may require medical attention from a podiatrist if they become painful, create shoe fit problems or cause ulceration of the skin. A consult to a podiatric physician is wise for any suspicious growth on the skin in order to get a proper diagnosis. Though rare, malignant skin lesions can be mistaken for plantar warts.

HSO: How do you treat these conditions at home?

GY: Bunions have limited conservative treatment options. The most important treatment is the use of appropriately fitting shoes. This precludes the use of the most formal shoes, typically. As a general rule, the wider the shoe, the better.

As for plantar warts, many over-the-counter topical agents are available. All of them have approximately the same level of effectiveness, which is to say they are relatively poor. Many home remedies have been perpetuated for generations. However, there are no well-controlled studies that prove they work. The most effective treatments available revolve around excision or destruction of the wart.

HSO: What sorts of risks arise from neglecting to wear shoes outside?

GY: The immediate concern is for puncture wounds, which may include lodging a foreign body into the foot. Bacterial, viral and fungal infection risk is in-

creased with barefoot walking. Prolonged activity on flat surfaces while barefoot may increase the risk of overuse-type injuries to the foot and ankle.

HSO: What causes athlete's foot? How do you treat it?

GY: Athlete's foot is a fungal infection of the skin. The fungus is commonly found on your skin, but causes problems when it enters the skin through microscopic openings in the skin. Fungus flourishes in a warm and moist environment. Topical medications and moisture control are usually effective treatments.

HSO: Are there any common misconceptions about bunions, plantar warts or athlete's foot that you'd like to debunk?

GY: Most of the common misconceptions that I've heard relate to bunions.

Myth No. 1: Shoes cause bunions and hammer toes. It has been proven that these foot deformities are inherited. Shoes may reinforce the deformity and increase symptoms, but do not cause them.

Myth No. 2: Bunions are growths. Bunions, or Hallux Valgus, are not growths of bone. This is a condition in which the great toe joint (first metatarsophalangeal joint) comes out of normal alignment. It is not the shape, but the position of the bone that creates the large prominence on the side of the foot in a bunion.

Myth No. 3: Splinting or strapping the toe can cure a bunion. Simple splinting or strapping the toe into a better position will not reverse the process. Once the position of the toe begins to deform, contractures of soft tissue promote the deformity and, eventually, bony changes occur to further reinforce the deformity. There is no splinting or strapping procedure strong enough to counteract these deforming forces.

HSO: What is a good way to treat calluses?

GY: I always tell patients, "The callus doesn't know what you're using to take it off." That being said, I usually discourage the use of anything sharp, such as a blade,

scissors or aggressive files. Though they can definitely take off a callus quickly, they can easily injure someone quickly as well. A safer way may be to use a pumice stone or emery board, or something slightly abrasive for the patient who has good circulation and good sensation. For anyone who has a problem with circulation and/or sensation, I recommend they see a podiatrist to treat a callus. Ways to prevent calluses from building up quickly would be regular use of foot orthoses to offload callused areas, regular application of skin lotion and use of appropriately fitting shoe gear.

Hannah Bealer is an editor. Feedback welcome at hbealer@cityscenecolumbus.com.



About the Experts

Dr. Allan M. Boike serves at the Dean of the Kent State University College of Podiatric Medicine and has held this position since July of 2014. Dr. Boike also serves as Professor in the

Department of Surgery. A 1982 graduate of the Ohio College of Podiatric Medicine, he completed his podiatric surgical residency at the New Berlin Memorial Hospital in Wisconsin in 1983. Dr. Boike has more than 30 years of experience treating problems related to the foot and ankle and is a nationally known podiatrist and educator.



Dr. Gordon H. Yun is a podiatrist with Mercy Health – Wellington Orthopaedic & Sports Medicine in Cincinnati. He earned his Doctor of Podiatric Medicine degree from William M. Scholl College of Podiatric

Medicine in Chicago. He completed a residency in primary podiatric medicine at the Illinois Masonic Medical Center in Chicago and a residency in podiatric surgery at Thorek Hospital and Medical Center, also in Chicago. He is Board certified in podiatric surgery and specializes in treating the foot and ankle.



Healthy Happenings

Premier Health

Photos courtesy of Premier Health

Officials prepare to cut the ribbon for new ROSA Spine technology on May 26 at Miami Valley Hospital.



Dr. Juan Torres-Reveron, neurosurgeon, and Melody Rhoades, his first ROSA Spine patient, discuss the new technology during a ribbon-cutting event on May 26 at the Brethen Center for Surgical Advancement in Robotics and Minimally Invasive Surgery at Miami Valley Hospital in Dayton.



Attendees pose while attending a ribbon-cutting for new ROSA Spine technology on May 26 at the Brethen Center for Surgical Advancement in Robotics and Minimally Invasive Surgery at Miami Valley Hospital in Dayton.





Mercy Health

In April, Mercy Health, a Catholic health ministry serving Ohio and Kentucky, hosts a ribbon-cutting ceremony marking the grand opening of Mercy Health's new home office in Bond Hill.

Local dignitaries and officials join senior leaders from Mercy Health to cut the ribbon at Mercy Health's new home office.

Photos courtesy of Mercy Health



Legislative Update

Keep up with the latest state legislative initiatives in health.

Allied Health Professionals

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

Senate Bill 129

Senator Randy Gardner for Senate District 2 and Senator Capri Cafaro for Senate District 32

Insurer Authorization Requirements

This bill adopts criteria in relation to health insurance prior authorization requirements. The bill also imposes prior authorization request response deadlines on health plan insurers and requires the health plan insurers to honor prior authorizations for specified time periods.

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

Senate Bill 319

Senator John Eklund for Senate District 18

Opiate Medical Billing and Reimbursement (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 that 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.

House Bill 523

Rep. Stephen Huffman for the Ohio House 80th District

Medical Marijuana

Signed by Gov. John Kasich on June 8.

The bill establishes the Medical Marijuana Control Program within the Department of Commerce and the State of Ohio Board of Pharmacy. The Department of Commerce will oversee the licensure of medical marijuana cultivators and processors as well as the licensure of laboratories that test medical marijuana. The State Board of Pharmacy is to provide for the licensure of retail dispensaries and the registration of patients and their caregivers. Additionally, the bill establishes the Medical Marijuana Advisory Committee within the State Board of Pharmacy. This bill also requires a physician seeking to recommend treatment with medical marijuana to apply to the State Medical Board for a certificate to recommend. In addition, the bill requires the Medical Board to adopt rules, no later than one year after the effective date of the bill, regarding certificates to recommend and to establish several standards and procedures. These standards and procedures include governing the issuance and renewal of certificates to recommend and the minimal standards of care when recommending treatment with medical marijuana.

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

Trauma Centers: Designate Levels

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” to increase public awareness and understanding of the connections between human, animal and ecosystem health.

To find more information on the Ohio General Assembly members, please visit the Ohio House of Representatives at www.ohiohouse.gov and the Ohio Senate at www.ohiosenate.gov. For more information on legislation, please visit www.legislature.ohio.gov.



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Calendar

NORTHEAST



JULY

July 6

North Union Farmers Market

10:30 a.m.-1:30 p.m., Beachwood Family Health Center
www.clevelandclinic.org

July 7

Ballroom/Latin Dance Class

7:30-8:30 p.m., Fairview Hospital Wellness Center, Rocky River
www.clevelandclinic.org

July 9

Healthy Strides

8:30-9:30 a.m., Acacia Reservation, Lyndhurst
www.livelonglyndurst.com

July 9

17th Annual Brynn Monahan Charity Golf Open

1:30-7 p.m., Quail Hollow Country Club, Concord
www.uhgiving.org

July 16

Collinwood Community Day Festival and Free Health Walk

Noon-4 p.m., Greater Works Church of God in Christ, Cleveland
www.facebook.com/events/211509075900388

AUGUST

Aug. 6

Autism Speaks Cleveland: Chef Gala

6-10 p.m., Cleveland Convention Center
www.autismspeaks.org

Aug. 13

Family Health and Safety Day

10 a.m.-2 p.m., UH Amherst Health Center, Amherst
www.uhhospitals.org

SEPTEMBER

Sept. 1

Family Yoga

6:30-7:30 p.m., Fairview Hospital Wellness Center, Rocky River
www.clevelandclinic.org

Sept. 3

Glow in the Dark 5K

9:15 p.m., Pub Frato, Concord Township
www.lakehealthrunning.com

Sept. 21

Women's Health Clinic

1:30-4 p.m., Langston Hughes Community Health & Education Center, Cleveland
www.clevelandclinic.org

Sept. 24

FirstEnergy Akron Marathon, Half Marathon & Team Relay

7 a.m., Downtown Akron
www.akronmarathon.org

NORTHWEST



JULY

July 1

Woodville 4th of July Celebration 5K

7:04 p.m., Trail Marker Park, Woodville
homes.amplex.net/fourth

July 1-Aug. 3

2016 Get Fit Challenge

6-7 p.m., Ottawa Park, Toledo
www.eventful.com

July 14

Ohio/Michigan 8K/5K

7:30-10:30 p.m., Centennial Terrace, Sylvania
www.davesrunning.com

July 16

Bean Days 5K Run/Walk and 1 mile Fun Run

7:15 a.m., Montpelier Exempted Village School
www.beandaysballoonfestival.com

July 16

Hobart's Relay for Life Car Show

10 a.m.-2 p.m., Hobart Service, Troy
www.facebook.com/hobartrelayforlifecarshow

July 24

White Star Triathlon & Duathlon

8 a.m., White Star Quarry, Gibsonburg
www.allsportsraces.com

AUGUST

Aug. 14

Project V.O.I.C.E. 5K Run/Walk

8:30 a.m., Swan Creek Toledo Metro Park, Toledo
www.runsignup.com

Aug. 20

Moonlight Mud Run

10 p.m., Black Swamp Runner, Oak Harbor
www.blackswamprunner.com

Aug. 27

The Color Run

10 a.m., University of Toledo
www.thecolorrun.co

SEPTEMBER

Sept. 11

Glow Cedar Point 5K and 1-mile Fun Run

7:30 p.m., Cedar Point, Sandusky
www.rev3adventure.com

Sept. 18

Oak Openings Stampede

8:30 a.m., Oak Openings Preserve, Whitehouse
www.oakopeningsstampede.com

CENTRAL



JULY

July 10

Flower Run

6:30 a.m., Scioto Audubon Metro Park, Columbus
flowerun.itsyourrace.com

July 12

HOOFit: Exercise on the Go

9 a.m., Columbus Zoo and Aquarium, Powell
www.ohiohealth.com

July 16

Lifeline of Ohio Dash for Donation

6:30 a.m., Genoa Park, Columbus
www.dashfordonation.org

July 30

Lower Lights Run for Spaghetti

9 a.m., Bicentennial Park, Columbus
www.llhc.org

July 31

Ohio State Fair 5K

8 a.m., MAPFRE Stadium, Columbus
www.ohiostatefair.com

AUGUST

Aug. 6

Purple Heart Run

9 p.m., Genoa Park, Columbus
www.fallen15.org

Aug. 18

Blueberry Festival Glow Run

7:30 a.m., Signature Homes, Lexington
www.lexblueberryfest.com

Aug. 26

Night Nation Run

5 p.m., MAPFRE Stadium, Columbus
www.nightnationrun.com/columbus

Aug. 27

2016 Central Ohio Heart Walk

8:30 a.m., Columbus Commons
www.centralohioheartwalk.kintera.org

Aug. 28

OhioHealth Emerald City Half & Quarter Marathon

7 a.m., Dublin Methodist Hospital
www.emeraldcityhalfmarathon.com

SEPTEMBER

Sept. 10

9/11 Heroes Run

9 a.m., Alum Creek Park, Westerville
www.travismanion.org

Sept. 16

March of Dimes Night Moves

5 p.m., COSI & Genoa Park, Columbus
www.marchofdimes.org

Sept. 18

Hollywood Hustle

10 a.m., Hollywood Casino, Columbus
www.hollywoodcolumbus.com

SOUTH

JULY



July 4

Pray Hope Believe 5K

8 a.m., Colerain Township Municipal Complex, Cincinnati
www.thecurestartsnow.org

July 2

Run, Walk and Boom

9 a.m., Yoctangee Park, Chillicothe
www.cctchillicothe.com

July 16

Roundtown Classic

6:30 a.m., Mary Virginia Crites Hannan Park, Circleville
www.roundtownclassic.com

July 31

Walk of Angels

7:15 a.m., Spring Grove and Crawford avenues, Cincinnati
www.runsignup.com

AUGUST

Aug. 5

2016 Superhero Run for Kids

7 a.m., St. Xavier Church, Cincinnati
www.prokids.org

Aug. 6

The Color Run

10 a.m., Cincinnati Riverfront
www.thecolorrun.com

Aug. 7

Big Brothers and Big Sisters Splash & Dash 5K

9 a.m., Sawyer Point and Friendship Park, Cincinnati
www.racedmc.com

Aug. 13

Bashful Ostrich 5K

8:30 a.m., Scarlet Oaks, Sharonville
www.bashfulostrich5k.org

Aug. 13

Rib Ruckus – Gate to Gate 5K

8 a.m., Gabriel Logan Manufacturing Solutions, Logan
www.ohioraceday.com

Aug. 28

The Cheetah Run 5K

8 a.m., Cincinnati Zoo & Botanical Gardens
www.racedmc.com

SEPTEMBER

Sept. 17

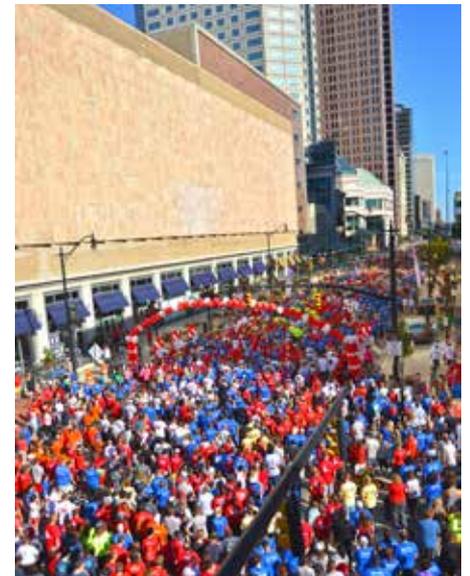
Color Run Night 5K

8:15 p.m., Coney Island, Cincinnati
www.thecolorrun.com

Sept. 24

Purplestride Cincinnati

7:30 a.m., Sawyer Point, Cincinnati
www.purplestride.kintera.org



Top: Autism Speaks Cleveland Chef Gala

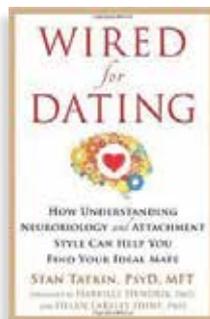
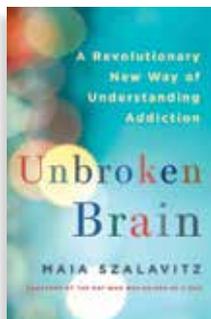
Above: Glow in the Dark 5K

Right: Central Ohio Heart Walk

Photos courtesy of Autism Speaks, Glow in the Dark 5K and Central Ohio Heart Walk

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.



Unbroken Brain: A Revolutionary New Way of Understanding Addiction

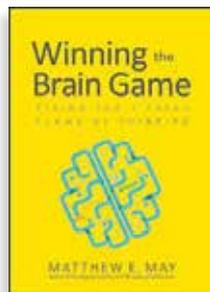
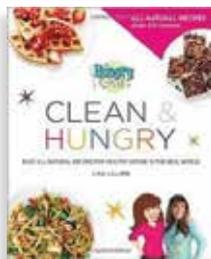
By Maia Szalavitz
\$12.50, St. Martin's Press

Offering an interesting, new perspective on addiction, *Unbroken Brain* challenges the current perception that addiction is simply a personality defect. This book focuses on the idea that addicts are actually sufferers of learning disorders, arguing that seeing the condition as a disorder could help improve the way we treat addiction.

Wired for Dating: How Understanding Neurobiology and Attachment Style Can Help You Find Your Ideal Mate

By Stan Tatkin
\$12.41, New Harbinger Publications

Using the latest research in the fields of neuroscience and attachment theory, Stan Tatkin provides readers with helpful tips on cultivating lasting, compatible relationships. Learn key concepts that will help you understand the science of attraction, and use these tips to your dating advantage.



Hungry Girl Clean & Hungry: Easy All-Natural Recipes for Healthy Eating in the Real World

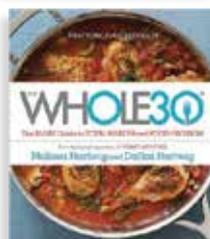
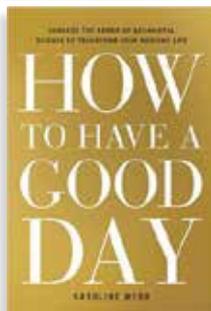
By Lisa Lillien
\$11.89, St. Martin's Griffin

Hungry Girl Clean & Hungry emphasizes the importance of clean ingredients, providing readers with numerous, guilt-free recipes that don't sacrifice portion size. The recipes also feature ingredients that are easy to find at any supermarket.

Winning the Brain Game: Fixing the 7 Fatal Flaws of Thinking

By Matthew E. May
\$12.57, McGraw-Hill Education

Creative strategist Matthew May uses modern neuroscience and psychology to help quantify the "seven fatal flaws of thinking," providing readers with tips on how to become a more innovative thinker. The goal is to offer readers new insights on how to become a better decision-maker, and to use the brain in a more creative way.



How to Have a Good Day: Harness the Power of Behavioral Science to Transform Your Working Life

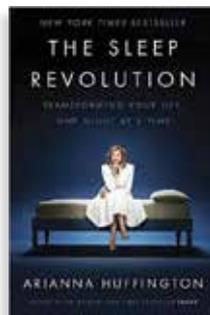
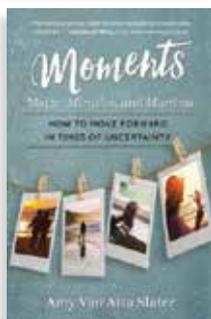
By Caroline Webb
\$14.60, Crown Business

Using the latest research in the field of behavioral sciences, Webb offers readers the chance to change the way they work and live. She provides three scientifically based ideas that offer a step-by-step approach to change the way people prioritize, make goals and achieve success.

The Whole30: The 30-Day Guide to Total Health and Food Freedom

By Melissa Hartwig
\$18, Houghton Mifflin Harcourt

Melissa and Dallas Hartwig are the *New York Times* best-selling authors of *It Starts With Food*. Now, their new project, *The Whole30*, provides recipes that will not only shed excess pounds, but also improve sleep quality, energy levels, mood and overall self-esteem.



Moments: Magic, Miracles, and Martinis

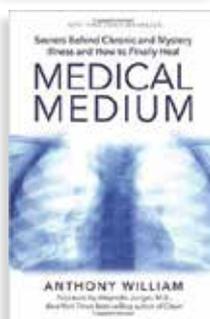
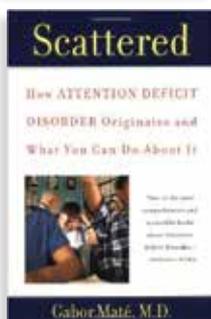
By Amy Van Atta Slater
\$11.95, Turtle Spirit Press

Moments tells a story that emphasizes the importance of positive inspiration, and how transformation can magically allow you to navigate personal conflict. Slater tells a palpable story of divorce, parenting and chronic illness that shows readers the incredible durability of the human spirit.

The Sleep Revolution: Transforming Your Life, One Night at a Time

By Arianna Huffington
\$15.85, Harmony

Co-founder and editor-in-chief of *The Huffington Post* Arianna Huffington talks about the crisis of sleep deprivation, and the negative effects it has on our health, job performance and everyday wellness. Using the latest sleep science, Huffington explains exactly what goes on while we dream and sleep.



Scattered: How Attention Deficit Disorder Originates and What You Can Do About It

By Gabor Maté
\$12.67, Plume

Dr. Gabor Maté argues the pivotal role that environment, family dynamics and parenting plays in the onset of Attention Deficit Disorders. This book serves as a guide for the millions of people in the United States who suffer from ADD.

Medical Medium: Secrets Behind Chronic and Mystery Illness and How to Finally Heal

By Anthony William
\$17.29, Hay House, Inc.

Opening the curtain behind the mystery of chronic illness, Anthony William uses his 25 years of experience helping patients who suffer from various ailments, providing readers with a whole new understanding and innovative techniques on how to treat chronic illness.

In the News

Regular Exercise May Boost Prostate Cancer Survival
www.nlm.nih.gov

An American Cancer Society study found that men who had a high level of exercise before a prostate cancer diagnosis had a higher chance of survival than those with lower or non-existent exercise routines. Even if the patient started exercising only after diagnosis, their chances of survival still went up.

Common over-the-counter drugs can hurt your brain
www.cnn.com

A new study found that use of anticholinergic drugs can cause cognitive issues including short-term memory loss and an increased risk of dementia. This type of drug is sold over-the-counter and by prescription in the forms of Benadryl, Dimetapp, Dramamine and others.

You're taking care of someone with Alzheimer's, but who is taking care of you?
www.latimes.com

Support groups have been created for caregivers of people with Alzheimer's to help them overcome the stress and guilt associated with caregiving.

Why children are more likely to develop food allergies
www.sciencedaily.com

Children may be more prone to allergies because their bodies have not yet developed cells to prevent allergic reactions, according to a study. The child can also outgrow these allergies as the immune system learns to tolerate the various allergens.

Childhood poverty linked to brain changes related to depression
www.medicalnewstoday.com

Upon finding that children raised in poorer families have worse cognitive and educational outcomes and tend to be at higher risk of psychiatric illness, researchers studied whether poverty also can affect the brain in a matter that leads to depression.

Pancreas Cell Transplants Help Diabetes: Study
www.nbcnews.com

Transplants of insulin-producing pancreas cells are already available in some countries, and researchers in the United States are hoping to get license to use this treatment for those with high risk of death due to Type 1 diabetes.

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.



My Fitness Pal

Free; iOS and Android

Use this app to count calories and record food intake and exercise on your phone to reach your weight loss goals. The app can also synchronize with the website, www.myfitnesspal.com.



Couch to 5K

Free; iOS and Android

Go from a couch potato to a 5K distance runner in eight weeks with this app tailored to running beginners.



FITRadio

Free, \$3.99 for premium; iOS and Android

Get access to new music mixes daily, categorized by workout type, genre, BPM and more.



Pact

Free; iOS and Android

Make a weekly pact to exercise or eat healthier and pledge what you'll pay if you don't reach that goal. You'll earn money if you do reach it.



Zombies, Run!

Free, \$2.99/month premium; iOS and Android

Immerse yourself in a running game experience where you complete missions and outrun zombies.



Waterlogged

Free, Premium \$3.99; iOS and Android

Set your goal and track your water consumption over time, and even program reminders to drink more.



Blogilates

Free; iOS and Android

The app inspired by the YouTube channel of the same name offers workout calendars, recipes and interaction with others who use the app.



Yonder

Free; iOS and Android

Share your outdoor adventures with a community of people who enjoy doing the same, and find new places to visit near and far.



ShopWell

Free; iOS and Android

This app allows you to scan barcodes to get food details and gives access to healthy grocery lists and nutritionist advice.



ThriveMarket

Free; iOS and Android

A socially conscious online store that offers natural and organic products at up to 50 percent off retail prices. There are more than 4,000 products offered to be shipped to your door.

Where Have All the Ear Infections Gone?
www.well.blogs.nytimes.com

The number of ear infections in children is lower today than it was in the 1980s and 1990s. Researchers are trying to figure out why, with possible reasons being the higher number of vaccinations, breastfeeding or doctors avoiding over-prescribing antibiotics.

Cold cap helps preserve hair for breast cancer patients
www.miamiherald.com

Mount Sinai Medical Center is introducing a newer and improved cold cap therapy,

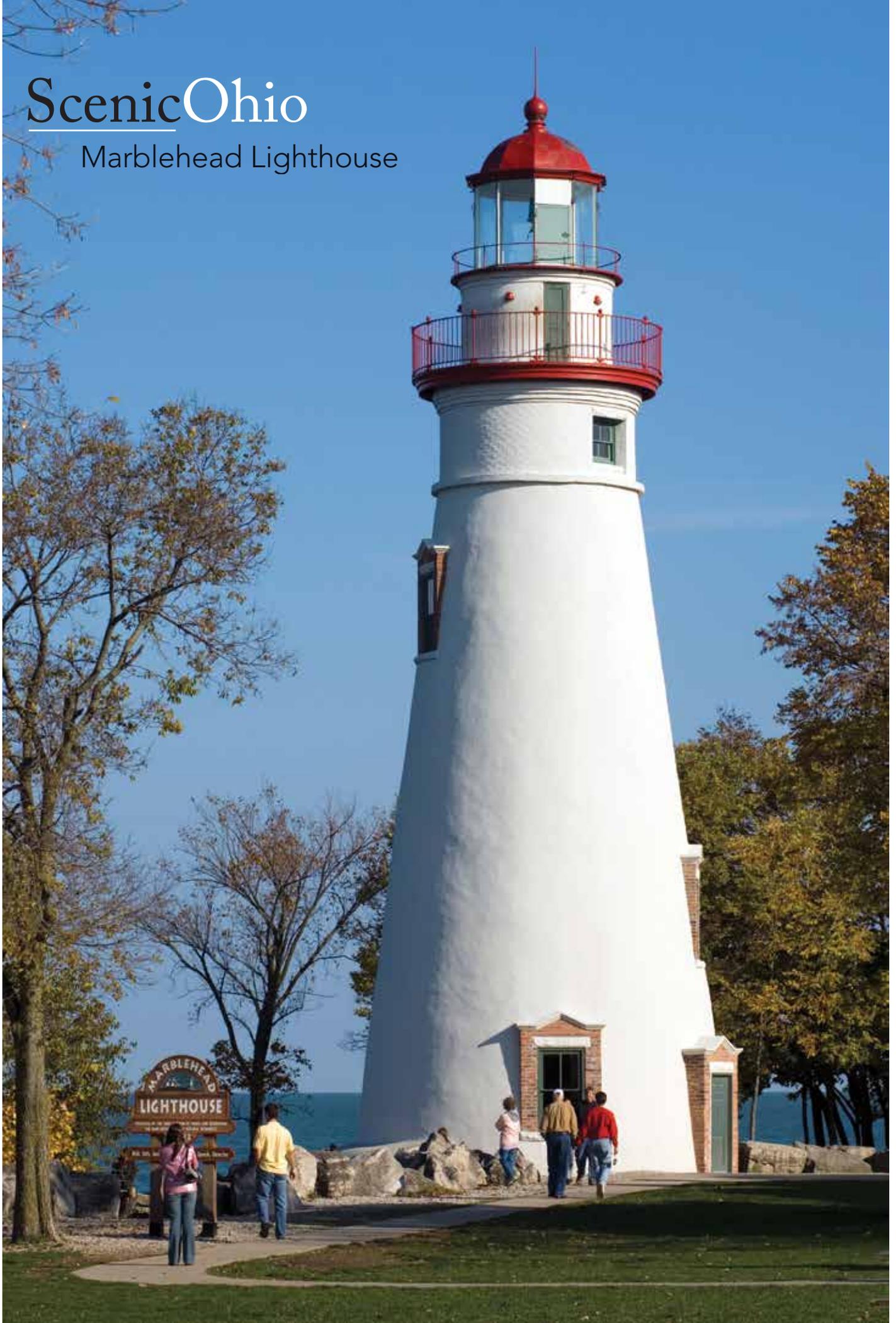
which involves less maintenance than the original technology and allows cancer patients undergoing chemotherapy to prevent their hair from falling out.

Obesity — On or Off?
www.nejm.org

A recent genetic study in mice showed that there is a susceptibility to obesity that is not genetics-related.

ScenicOhio

Marblehead Lighthouse





Blanchard Valley Hospital inpatient tower

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Immediate openings available:

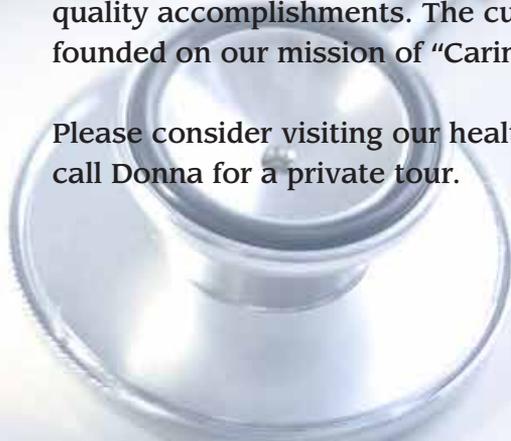
- Adult Hospitalist
- Endocrinology
- Family Medicine
- Gastroenterology
- Hematology/Oncology
- Neurology
- Pediatric Hospitalist
- Psychiatry - Adolescent
- Psychiatry
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery



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Blanchard Valley Hospital was recently named one of the nation's 100 Top Hospitals® by Truven Health Analytics™. BVHS has been nationally recognized for many clinical and quality accomplishments. The culture of our organization is founded on our mission of "Caring for a lifetime."

Please consider visiting our health system and community, just call Donna for a private tour.



 **Blanchard Valley**
HEALTH SYSTEM
FINDLAY, OHIO



Donna Ridenour
BVHS Physician Recruiter

Donna Ridenour

Office: 419.429.6401

Cell: 419.957.5111

FAX: 419.422.1604

dridenour@bvhealthsystem.org





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