The Heartbeat

Published monthly for the staff and patients of
General Leonard Wood Army Community Hospital

September 2008

Ruiz assumes command of GLWACH

Col. Judith Ruiz (center) accepts the General Leonard Wood Army Community Hospital Guidon from Brig. Gen. James Gilman, Great Plains Regional Medical Command Commander, during the change of command Aug. 18.
(Photo by Mike Curtis)

By Carl Norman
GLWACH Marketing

The former Surgeon General Rehabilitation and Reintegration Proponency Office deputy director became General Leonard Wood Army Community Hospital's 24th commander during a change of command ceremony Aug. 18.

Col. Judith Ruiz assumed command from Col Theresa Sullivan during a 9 a.m. ceremony on the hospital's north lawn. Sullivan heads to duties as the deputy commander of nursing services and Pacific Command Region chief nurse, Tripler Army Medical Center, Hawaii.

Brig. Gen. James Gilman, Great Plains Regional Medical Command commander, presided over the festivities.

Before the ceremony, Gilman presented Sullivan with the Legion of Merit, awarded for exceptionally meritorious conduct in the performance of outstanding services and achievements. During the ceremony, with Soldiers in formation, ceremonial pomp and circumstance aplenty, and a crowd of nearly 200 gathered, the general honored "one of the medical department's hardest working, most dedicated and selflessly serving senior leaders."

Gilman said Sullivan has worked tirelessly and earnestly to solve every major issue affecting this command. Issues like life-threatening streptococcal infections in the training population, implementing the Army Medical Action Plan which stood up the Warrior Transition Unit and overseeing major facilities upgrades,

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TRICARE reimburses 'reasonable expenses'

By Carl Norman
GLWACH Marketing

People referred for medical treatment at facilities more than 100 miles from their primary care manager can be reimbursed for "reasonable travel expenses" as long as they follow specific rules.

Reasonable travel expenses are those the beneficiary incurs when traveling to their specialty provider – not in an emergency status. They include meals, gas, tolls, parking and tickets for public transportation, according to TRICARE officials. Expenses above $75 require receipts.

> Benefit applies to patients traveling more than 100 miles for specialty provider referral

Non-active duty TRICARE Prime enrollees and TRICARE Prime Remote family members are eligible for this benefit, known as the "greater than 100 mile rule." It's governed by federal statute and is not negotiable when determining how the Prime travel benefit is applied.

To be reimbursed, beneficiaries must have a valid referral from a TRICARE representative at the military treatment facility where they are enrolled or from the TRICARE Regional Offices if their PCM is a TRICARE network provider. TRICARE officials said this entitlement doesn't apply to expenses active-duty service members or their families residing overseas incur that other travel entitlements reimburse.

TRICARE officials use established government rates to estimate reason-

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Several General Leonard Wood Army Community Hospital staff members were recognized as Everyday heroes.

These staff member's dedication to Fort Leonard Wood's Soldiers, Sailors, Airmen, Marines, Coast Guardsmen, retired service members and their Families is outstanding and highly reflects GLWACH's motto of "Serving with Compassion and Courage."

Here's what our staff and patients had to say about them…

To Spc. Heather Layman, Rebecca Rios and Spc. Jennifer Higgins

Pathology Department, Victory Clinic and Respiratory Therapy, respectively

A thankful patient writes: "My compliments! I received superb customer service and health care during my retirement physical at the Victory Clinic July 31. Spc. Layman was truly talented and professional, helping me relax while I gave blood for the lab portion. Rebecca Rios was also helpful with directions and advice, and Spec Higgins was very helpful in the EKG department as well."

To David Mullies

Red Clinic

A thankful patient writes: "I would like to extend my deepest gratitude and appreciation for the outstanding and compassionate concern I've received from my Primary Care Manager David Mullies. He has taken such good care of me for the past couple years, especially as my health has declined and deteriorated.

This has been such a difficult journey for me that I had to take early medical retirement from my 21 years in GLWACH's Emergency Department. This breaks my heart.

Mr. Mullies has gone out of his way and way beyond his duties to ensure that I am getting the best of care at GLWACH and with the specialists he referred me to in Columbia. His compassionate and empathetic interaction with me has and does men so much. He listens, truly listens, and cares about my concerns and worries. He has reassured me, made sure I have adequate pain control, and has always been available to me. GLWACH is very lucky to have Mr. Mullies and his expertise. His compassion and care for his patients is known throughout GLWACH. He deserves the highest award given for patient care. I thank him every day.

To Sgt. Charles Ritter

Emergency Room.

A thankful patient wishes to thank everyone that was involved with his medical care on Jul. 3. The patient said he came to the emergency room and was treated so well and with so much kindness and expertise that he was overwhelmed. The ER staff was wonderful.

The patient said he would especially like to thank Sgt. Ritter and Dr. Wilson. He said from the shape he was in when he arrived, these were the two people who stuck in his mind the most. Sgt. Ritter basically took charge in the ER and made sure that his care was of the utmost importance. The patient said he is sure Sgt. Ritter treats all patients in this same manner and that's why he is so special.

The patient said his wife was already at the ER when he arrived by ambulance, and she witnessed all that had occurred that day. She's mentioned Sgt. Ritter's name in many conversations since, thinking the world of him and thanking God that Dr. Wilson was there that same day as well.

The patient said he doesn't know if he would have gotten the same care with any other doctor. He said Dr. Wilson is a very courteous person and lets the patient, or in his case, spouse, know everything that is wrong and everything he was going to do in a manner anyone could understand. In short, thank you to the entire GLWACH staff that was involved with his medical care and all the support that he has received since the accident.

"All of you are shining examples of what makes General Leonard Wood Army Community Hospital a wonderful facility in which to work and receive care," said Col. Judith Ruiz, GLWACH commander. "Thank you for what you do every day."

The Heartbeat

The Heartbeat is an authorized publication for members of the Department of Defense, and staff and patients of General Leonard Wood Army Community Hospital.
Contents of The Heartbeat are not necessarily the official view of, or endorsed by, the U.S. Government or the Department of the Army.
The editorial content of this publication is the responsibility of the GLWACH Public Affairs Officer.
Everything published in The Heartbeat is done so without regard to individual race, color, religion, sex, national origin, age, marital status, physical handicap, political affiliation, or any other non-merit factor.
The deadline for submissions is the 15th of the month prior to publication. Send submissions to Carl.Norman@amedd.army.mil.
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Deputy Commander for Nursing/Hospital Services: Col. Tempsie Jones
Deputy Commander for Clinical Services:Lt. Col. John Lowery
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Suicide prevention

Everyone should know the do's, don't to prevent this tragedy

By Carl Norman
GLWACH Marketing

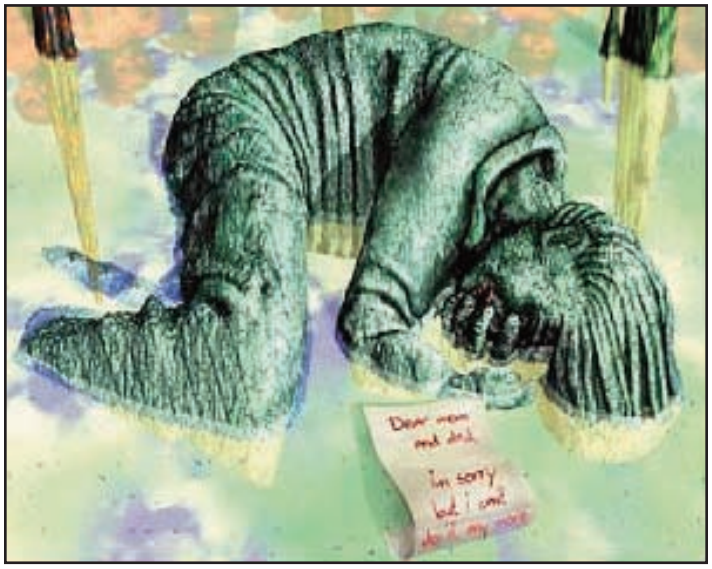
An estimated 32,000 Americans die by suicide each year. That's enough to populate the Waynesville-St. Robert area nearly five times over, making suicide the 11th leading cause of death in the United States.

That same trend follows in America's military. Suicide is the third leading cause of death among active-duty military members in peacetime, following only accidents and homicides.

But suicide deaths are only part of a growing problem, according to Linda Richards, General Leonard Wood Army Community Hospital licensed clinical social worker. She said more people survive suicide attempts than actually die, leaving them with serious injuries like broken bones, brain damage or organ failure. Suicide survivors can also be depressed and have other mental health problems.

Suicide not only impacts the individual and his family. Experts said it can fill an entire community with shock, anger, guilt and depression. Medical costs and lost wages associated with suicide also take their toll on the community.

Suicide affects everyone, but some groups are at higher risk than others, according to the Center for Disease Control and Prevention. Men are four times more likely than women to die from suicide, but women are three times more likely than men to attempt it. Suicide rates are also high among young people and those 65 years old and older.



As sad as it may be, many suicides could be prevented because most suicidal people want to be helped and rescued from their situation, Richards said.

"About 75 percent of suicidal people give clues they want to end it all, so all we have to do is be willing to not only listen, but hear," Richards said. "Suicidal people are trying to find out if anyone around them really cares if they live or die."

Medical experts from around the country said people must look for several possible clues that someone may be suicidal. While one clue by itself most often means nothing, several clues in a negative context may be an important danger signal.

Several factors can put a person at risk for attempting or committing suicide. But, having these risk factors does not always mean that suicide will occur. Risk factors for suicide include: Previous suicide attempts, history of depression or other mental illness, alcohol or drug abuse, family history of suicide or violence, physical illness, feeling alone and many others that can be found at www.cdc.gov/injury.

Richards said if anyone suspects a friend or loved one to be suicidal, there are some definite dos and don'ts when it comes to helping. Here are the do items:

Do take it seriously – 70 percent of all people who commit suicide give some warning of their intentions to a friend or member of their family.

Do be willing to listen: Even if professional help is needed, your friend or loved one will be more willing to seek help if you have listened to him or her.

Do voice your concern. Take the initiative to ask what is troubling your friend or loved one and attempt to overcome any reluctance on their part to talk about it.

Do let the person know you care and understand. Reassure your friend or loved one that he or she is not alone. Explain that, although powerful, suicidal feelings are temporary, depression can be treated and problems can be solved.

Do ask if the person has a specific plan for committing suicide and how far he or she has gone in carrying it out. Asking about suicide does not cause a person to think about, or commit, suicide. This is a myth.

Do get professional help immediately. Bring your friend or loved one to the nearest emergency room or crisis center. If the person is already in treatment, contact his or her clinician. Your friend or loved one will be more likely to seek help if you accompany him or her.

Do follow up on treatment. Take an active role in following up with the treatment process and medications. Be sure to notify the physician about any unexpected side effects or changes in behavior.

If for any reason you are unsure, uncomfortable or unable to take action, find a health care professional and share your concerns or contact Military OneSource at 1-800-342-9647 stateside.

Here are the don'ts:

Don't assume the situation will take care of itself.

Don't leave the person alone.

Don't be sworn to secrecy.

Don't act shocked or surprised at what the person says.

Don't challenge or dare.

Don't argue or debate moral issues.

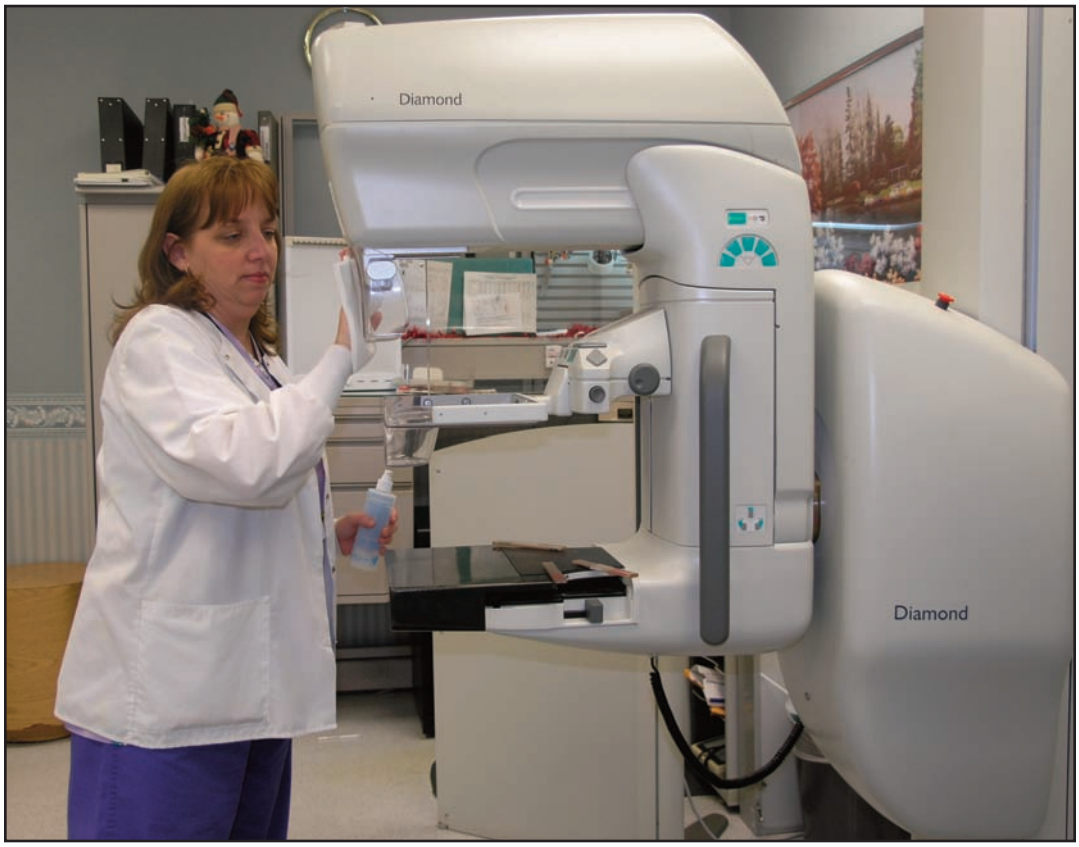
"Whatever you choose to do, the important thing is to make the effort," Richards said.

For more information, call (573) 596-0522

Saturday mammograms coming in Oct

GLWACH makes extra effort to protect women from breast cancer

By Cassie Friend
GLWACH Radiology



Lisa Bilderbeck, radiology division, cleans GLWACH's mammography machine before patients start arriving. GLWACH will over mammograms on Saturdays throughout October. (Photo by Carl Norman)

October is National Breast Cancer Awareness Month and General Leonard Wood Army Community Hospital's radiology department is offering screening mammograms each Saturday throughout the month to combat this silent killer.

The screening mammograms start Oct. 4, and hospital beneficiaries must call (573) 596-0029 to schedule the appointment.

The staff encourages people currently experiencing problems to contact their primary care physician first to get a diagnostic mammogram prescription. This allows providers to take a more detailed look than does the screening mammogram.

Mammography is the single most effective method of detecting breast cancer early since it can identify the disease several years before physical symptoms develop. It's a low-dose X-ray procedure that allows medical experts to visualize the breast's internal structure.

Mammograms are highly accurate, but like most medical tests, are not perfect. On average, mammograms will detect 80-90 percent of breast cancers in women without symptoms.

National Breast Cancer Awareness Month is a nationwide campaign dedicated to increasing awareness about detecting breast cancer early. The American Cancer Society emphasizes the need for women, 40 years old and older, to get regular annual mammograms.

Here are a few facts everyone should know about breast cancer and mammograms:

There is no guaranteed way to prevent breast cancer which makes annual mammograms critical to continued good health.

Early stage breast cancer typically produces no symptoms when the tumor is small and most treatable. By heeding the advice to get annual mammograms, breast cancer can be found at an early stage, before symptoms develop.

When breast cancer has grown to a size that can be felt, the most common physical sign is a painless mass. Less common signs and symptoms include breast pain or heaviness and persistent changes to the breast such as thickening, swelling, redness and nipple abnormalities such as spontaneous discharge, erosion, inversion or tenderness.

Here's some tips on how to reduce breast cancer risk factors:

Avoid weight gain and obesity.

Engage in regular physical activity.

Minimize alcohol intake.

Guidelines for detecting breast cancer early vary, depending on the woman's age, and include mammography and clinical breast examination. Anyone experiencing persistent abnormalities should see a physician immediately.

Early detection through mammography and self-examination greatly increase a person's treatment options along with the chances for successfully treating and surviving breast cancer.

The importance of annual mammograms for women cannot be stressed enough and GLWACH's doors are open to help.

Deployment: Kids need help coping

By Linda Richards and Kirsten Pollick
Behavioral Medicine Division

Deployment is a situation that affects many people physically and emotionally. Adults seem to learn how to cope with the situation, but children sometimes are a different story.

Children don't always express how they feel about their parent's deployment and may respond differently to each stage of deployment. They may show anxiety and worry by isolating themselves or through angry outbursts, behavioral difficulties, acting out, poor academic performance, losing interest in activities they previously enjoyed, and depression. Parents and teachers should watch for these signs in their children and students.

During the pre-deployment phase, some children and adolescents may distance themselves from the deploying parent or become angry with him or her. When the actual deployment time comes, children and adolescents may be confused about what this means to them and their family.

They could also get upset about losing a parent from their everyday activities and be concerned for their parent's safety.

Additionally, they may also have conflicting feelings ranging from being angry about the deployment to being proud of their Soldier parent.

Children and adolescents may feel that confiding in friends and family about their feelings is a burden or that people wouldn't understand them. They could also be concerned about how their relationship with the deployed parent may change, maturing during the parent's absence, and wondering if that parent still expects them to be the same when they come home.

Post-deployment also raises a number of issues for children and adolescents. They may be concerned about recognizing their Soldier parent due to weight loss or other physical changes. Some may find it difficult to reintegrate the absent parent back into the family. Routines and responsibilities may have changed that the absent parent is unaware of.

Here are some tip for adults to consider regarding children and deployments.

They're taken from a Military Family Research Institute and Defense Department Quality of Life Office study conducted in June 2004. It focused on adolescents' adaptations in military families when a parent is deployed.

Because older and younger children understand the situation differently, parents should use age appropriate language when discussing deployment.

Parents should recognize that children may be just as conflicted as they are about the deployment. Children may be happy and unconcerned one minute, and tearful and distressed the next.

Parents should recognize that anger is a normal response to the situation. This requires parents to help children deal with anger productively.

Encourage families to engage together in fun activities before the parent deploys. This gives children a positive focus on the upcoming deployment and not a negative one.

Parents can help children most by modeling healthy behaviors and expressing emotion.

There are multiple Army-sponsored programs for children up to age 12. It's important to address these issues with pre-teens and adolescents as well.

For more information, call (573) 596-0522.

Smarter Soldiers

Five General Leonard Wood Army Community Hospital Soldiers present Col. Judith Ruiz, hospital commander (fourth from left), and Command Sgt. Maj. Antonio Milton, hospital command sergeant major (far right), a check for $500. The team earned the cash by placing second in the Fort Leonard Wood "Are You Smarter than a Military Brat" contest. Team members are Spc. Bradley Youngblood, Consolidated Troop Medical Clinic; Spc. Virginia Harness, radiology; Sgt. Daniel Breauchy, medical maintenance; Sgt. Felicia Gililland, patient affairs division; and Master Sgt. Larry Bateman, deputy commander for administration NCO in charge. (Photo by Carl Norman)

News Briefs

Mandatory Army Substance Abuse Program training for civilians will be conducted at GLWACH on the following dates. All non-supervisory civilian employees must attend one session. Each session lasts approximately 90 minutes. Session dates are:

Sept. 23, 2 p.m., Dining Facility

Sept. 23, 2 p.m., Dining Facility

Sept. 23, 5:30 p.m., Dining Facility

Sept. 23, 8:30 p.m., Dining Facility

Sept. 25, 5 a.m., Dining Facility

Sept. 25, 8 a.m., Company Conference Room, Room 124 on the 1st floor

Sept. 25, 10 a.m., Dining Facility

All supervisors – military and civilian – must attend one of the three-hour Supervisors and Managers sessions set for the following dates:

Sept. 30, 8 a.m., Lincoln Hall: Supervisors and Managers

Nov. 19, 8 a.m., Lincoln Hall: Supervisors and Managers

Toni Caldwell, GLWACH Infection Control, presents "Importance of Influenza Vaccine for Health Care Workers" at 3 p.m. Oct. 2 in the Dining Facility. Everyone is encouraged to attend. For more information, call 6-0442.

GLWACH Organizational Day is set for Oct. 3 at Coyler Park on post. Lunch is free and will begin at 11:30 a.m. All staff members must show their hospital ID badges when getting lunch. There will also be plenty of games to enjoy, such as volleyball, tug-of-war, sumo wrestling (with the blow-up suits) and horse shoes. Sign up to play at Coyler Park; no early sign ups will be taken. O-Day t-shirts are also available; $8 for any size to include children's. For more information, call 6-0027.

GLWACH's Community Health Resource Center has relocated to the University of Missouri Technology Park on Replacement Avenue. The address is 197 Replacement Avenue, Building 2080. Classes will be conducted in Building 2080's multipurpose room, Suite 124. Beneficiaries must enter the front door and sign in with the receptionist. Classes begin at the new location on 22 Sep. For more information or directions, call 6-0491.

The GLWACH Breast Cancer Awareness Group meeting is set for 5-6 p.m. Oct. 7 in the University of Missouri Technology Park, Building 2081, Suite H. The group will watch the film, "Moving Beyond Breast Cancer." For more information, call 6-0491.

Yom Kippur, the Jewish day of atonement, will be held at the Temple of Israel in Springfield Oct. 9. Jewish Soldiers, who have their command's approval to attend, should arrive at the Central Iowa Chapel, Building 742, no later than 5:50 a.m. Oct. 9. The bus will depart at 6 a.m. sharp. For more information, call 6-1678.

Generally speaking

Lt. Gen. David Valcourt, Training and Doctrine Command deputy commanding general and chief of staff, greets the General Leonard Wood Army Community Hospital Warrior Transition Unit cadre Aug 28, in the Commander's Conference Room. The general visited GLWACH as part of an orientation to the TRADOC units he oversees and spoke with several Warriors in Transition. The general is the second VIP to visit GLWACH's Warrior Transition Unit in August, Secretary of the Army Pete Geren visited Aug. 15.
(Photo by Carl Norman)

Tips and tidbits from IMD

Alternate row shading makes it easier to read large data tables, but if you manually shade rows, any changes you make later will cause problems with your shading.

Here's a quick way to apply row shading using conditional formatting.

1. Select the data range to you want to shade.
2. Choose Format | Conditional Formatting from the menu bar to open the Conditional Formatting window.
3. Select Formula Is from the dropdown list.
4. In the corresponding text box, enter: =MOD(ROW(),2)=1
5. Click the format button to open the format cells dialog box and select the patterns tab.
6. Select the color you want and click OK.
7. Click OK in the Conditional Formatting window to apply the shading.

Excel shades the first row and then every other row following. If you add or delete rows, the row shading accommodates your changes.

For more information, call (573) 596-0354.

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chief of which is the renovated mother-baby unit.

"Making major changes in hospital facilities without interrupting hospital services is like building an airplane while it's in flight," Gilman said. "Only capable leaders, supported by superb staff work involving meticulous planning and seemingly endless coordination, are able to accomplish these tasks. General Leonard Wood Army Community Hospital has one such leader in COL Sullivan."

Gilman then turned his attention to GLWACH's new senior leader.

"Judy Ruiz brings to GLWACH a wealth of experience at the policy and strategic levels of the Army Medical Department," he said. "She is best known for her boundless energy, irrepressible spirit, and for being an identical twin."

He then pointed out that Ruiz' sister, Yolanda, is an Army nurse colonel, commanding the military treatment facility at Fort Rucker, Ala.

Looking to Ruiz' mother, Gilman said, "You can certainly take great pride in your girls today."

Following light applause and Gilman's exit from the stage, Sullivan took the podium.

"Today marks the end of a period that has, without a doubt, been one of the most challenging and inspiring of my career as a Soldier," she said. "The Soldiers and civilian staff have achieved so much with limited resources, in a period that has been most demanding. I am forever grateful and proud of the way you meet mission requirements.

Col. Judith Ruiz

"I'm sad to be leaving such a dedicate group of Soldiers, civilian staff and good friends. I will always remember you. It's been an honor to serve with you. Aloha."

As Sullivan exited the stage and took her seat beside family members, Ruiz went to the podium.

She said she's honored to join the GLWACH team, and the staff's dedication and commitment in coordinating, managing and delivering world-class health care right here in the home of the Army's largest training installation has never been more pressing or important.

"We owe our service members and their families a quality of care that equals their service," she said. "As we face the unique challenges, we are charged to support Fort Leonard Wood and the entire community in training and producing competent, well-trained leaders and service members to secure America's future and make a positive difference in the world.

"I look forward to fulfilling our commitment and restoring balance without further stressing our work force, families and loved ones while continuing to mold a culture of excellence."

GLWACH is a medical treatment facility that offers a full spectrum of care – from immunizations to surgical procedures. It employs nearly 1,100 military and civilian professionals and requires nearly $80 million per year to operate.

On any given day, GLWACH will:

Stock 740 medical supply items

Serve 563 meals

Deliver one baby

Admit seven inpatients

Perform seven operative procedures

Administer 755 immunizations

Perform 1,581 lab procedures

Dispense 3,653 prescriptions

Take 397 X-rays and other radiological procedures

Treat 1,160 people in its outpatient clinics and 219 Soldiers at the Consolidated Troop Medical Clinic

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able cost and expect beneficiaries to use the least costly mode of transportation. Lodging costs, including taxes and tips, as well as meal costs, including taxes and tips but excluding alcoholic beverages, may be reimbursed up to the government rate.

If a provider at a military treatment facility refers a beneficiary, he or she should contact an MTF point-of-contact for a briefing on the entitlement process and beneficiary responsibilities. Sherry Skinner is the POC at General Leonard Wood Army Community Hospital. If the beneficiary is enrolled to and referred by a civilian PCM, he or she should contact the TRICARE Regional Office.

Beneficiaries must make their own travel arrangement unless medical officials arrange government travel. They are also required to coordinate their own lodging arrangements.

MTF officials will provide beneficiaries specific instructions on how and where to submit their travel entitlement claim.

"In addition to reimbursing the patient's reasonable expenses, the military authorizes, in certain cases, a non-medical attendant to travel with enrolled patients such as minor children or undergoing procedures requiring anesthesia," Skinner said. "This individual must be 21 years old or older, appointed by the PCM, and will be reimbursed for actual travel expenses incurred."

If the non-medical attendant is an active-duty family member authorized to accompany a non-active duty TRICARE Prime enrollee, he or she is entitled to TDY allowances — per diem and mileage — not actual expenses. The non-medical attendant is not required to be enrolled in TRICARE Prime or to be TRICARE eligible. The patient, however, must be enrolled in TRICARE Prime.

For more information about the TRICARE Prime travel entitlement, call 596-0440.

Community Health Resource Center Classes

EDITOR's NOTE: Due to upcoming construction, General Leonard Wood Army Community Hospital's Community Health Resource Center has relocated to the University of Missouri Technology Park on Replacement Avenue. The address is 197 Replacement Avenue, Building 2080. Classes will be conducted in Building 2080's multipurpose room, Suite 124, beginning Sept. 22. Beneficiaries must enter the front door and sign in with the receptionist. For more information or directions, call (573) 596-0491.

Below is the General Leonard Wood Army Community Hospital Community Health Resource Center Class Calendar for Sept. 13 – Oct. 10, 2008.

All classes are conducted in the Community Health Resource Center except for breathing techniques which will be held in the MEDDAC Classroom, and others as noted. Sign up for classes by calling (573) 596-0491. Sign up for tobacco cessation classes by calling 1-866-299-4234, or call the CHRC for more information. Sign up for the Post-deployment Spiritual Wellness class by calling (573) 596-1678.

Classes offered are:

— Asthma Awareness: Discuss the causes, signs, symptoms and aggravating factors of asthma. Adults and children, 9 years old and older, who have asthma are encouraged to attend. Class dates are:
♦Sept. 26, 9 – 11 a.m.
♦Oct. 9, 9 – 11 a.m.

— Breast Cancer Support Group meeting:
♦Oct. 7, 5-6 p.m.

— Breastfeeding: Learn how to properly nourish and care for your child while breastfeeding. Class date:
♦Sept. 17, 9 – 11 a.m.

— Breathing Techniques: Learn techniques to help you breathe more efficiently when in labor. Class dates are:
♦Sept. 18, 5:30 – 7:30 p.m.
♦Sept. 25, 5:30 – 7:30 p.m.
♦Sept. 29, 5:30 – 7:30 p.m.

♦Oct. 9, 5:30 – 7:30 p.m.

— Cholesterol Control: Understand the pitfalls of shopping, cooking and eating for a low-cholesterol diet. Cardiovascular disease risk factors such as poor fitness, smoking and obesity are also discussed. Class date:
♦Sept. 22, 1 – 2:30 p.m.

— Diabetes Management: Learn about treatment, complications and how to prevent them, exercise, and self-care for diabetes. The dietician will instruct patients on how to follow a diabetic diet. Class dates are:
♦Sept. 19, 8 a.m. – noon
♦Oct. 3, 8 a.m. - noon

— Glucometer Education: Patients will be given instructions and a demonstration on how to properly use a Glucometer. Class dates are:
♦Sept. 17, 2:30 – 4 p.m.
♦Sept. 18, 9:30 – 11 a.m.
♦Sept. 19, 1 – 2:30 p.m.
♦Sept. 24, 2:30 – 4 p.m.
♦Sept. 25, 9:30 – 11 a.m.
♦Oct. 1, 2:30 – 4 p.m.
♦Oct. 2, 9:30 – 11 a.m.
♦Oct. 3, 1 – 2:30 p.m.
♦Oct. 8, 2:30 – 4 p.m.
♦Oct. 9, 1 – 2:30 p.m.

— High Blood Pressure/Hypertension: Discuss the causes, treatment and steps taken to beat high blood pressure. Class dates are:
♦Sept. 16, 9 – 10:30 a.m.
♦Sept. 23, 9 – 10:30 a.m.
♦Sept. 30, 9 – 10:30 a.m.
♦Oct. 7, 9 – 10:30 a.m.

— Infant Care: Parents-to-be learn how to properly bathe and care for their new baby, to include diapering. Class date:
♦Oct. 8, 9 – 11 a.m.

— Infant CPR: New and expectant parents, baby sitters and other care givers learn how to properly resuscitate a baby if its heart should stop beating. Class date:
♦Sept. 23, 5:30 – 7:30 p.m.

— Nutritious Weigh: Learn about low-fat eating, weight management techniques, cooking methods and dietary trends. Learn how you can lose pounds safely, the importance of exercise and reading food labels, and weight management theories. Class dates are:
♦Sept. 15, 12:30 – 2 p.m.
♦Oct. 6, 12:30 – 2 p.m.

— Self-Care Intervention Program: Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, hot to treat common illness at home, and how to use medications. Participants will receive a pharmacy card to receive non-prescription medication through the pharmacy. Class dates are:
♦Sept. 17, 1 – 3 p.m.
♦Sept. 24, 1 – 3 p.m.
♦Oct. 1, 1 – 3 p.m.
♦Oct. 8, 1 – 3 p.m.

— Tobacco cessation: Discuss tobacco use, skills to quit and coping strategies to remain tobacco free. Class dates are:
♦Oct. 2, 8 – 9:30 a.m.
♦Oct. 7, 3 – 4 p.m.