



The Heartbeat

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

June 2009

'Choice' campaign extended

By Carl Norman
GLWACH Marketing

"The Choice is Yours" program has been extended through Sept. 1, giving TRICARE Prime beneficiaries an extra two months to decide if they'd like to select a civilian network provider as their primary care manager.

The announcement came during a 3 p.m. town hall meeting at Baker Theater June 30 where approximately 300 beneficiaries gathered to discuss the program's pros and cons.

"This is the first time this sort of thing has been offered at Fort Leonard Wood and I've heard nothing but great things from people who have

switched," Col. Judy Ruiz, GLWACH commander, said, citing that more than 1,000 people have made the change. "Our beneficiaries deserve the best possible health care, and offering them a chance to see a doctor that's closer to home who provides great continuity of care is a win-win for everyone."

Under "The Choice is Yours," all TRICARE Prime beneficiaries have the option of selecting a civilian TRICARE network provider to serve as their primary care manager. This means beneficiaries living in Rolla, Lebanon, Richland, St. Robert, Waynesville and other communities can select a PCM in their local town instead of having to travel to Fort Leonard Wood and com-

pete with active-duty military members for acute, routine and wellness appointments.

And the really great news is beneficiaries choosing this option remain covered under TRICARE Prime, Ruiz said. Nothing in the appointment-making process changes other than the office you call. All other processes, including referrals for specialized care, remain the same.

"Changing your PCM to a civilian provider doesn't mean you leave the military health care system," said Donna Ichord, GLWACH Managed Care Division chief. "You can have your prescriptions filled at the

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New WTU Commander

Lt. Col. Robert Letizio, Deputy Commander for Administration, passes the Warrior Transition Unit guidon to Maj. Mark Wilkinson during a change-of-command ceremony in the Dining Facility. Wilkinson assumes command from Maj. Czarvito Rogers who has taken on duties as GLWACH's Patient Administration Division chief. The Fort Leonard Wood WTU is a company-size element that provides command and control, administrative support, primary care and case management for injured and ill Soldiers meeting the Warrior in Transition status. (Photo by Carl Norman)

GLWACH needs providers

By Carl Norman
GLWACH Marketing

If General Leonard Wood Army Community Hospital's current staffing level doesn't improve soon, additional changes could be coming to services offered at the facility.

Currently, GLWACH is searching for three pediatricians, 10 family practice physicians, three general medical officers, one internist, five emergency room physicians and three physician assistants. This provider

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Patient handoff info critical to success

By Col. Tempsie Jones

Deputy Commander for Nursing
and Hospital Services

Sometimes the best way for health care providers to take care of a patient is simply to talk to them.

Patient handoffs are a serious issue. According to The Joint Commission's Sentinel Event Database, communications breakdowns were the root cause of more than 65 percent of 3,811 sentinel events. Of those communications breakdowns, 75 percent resulted in the patient's death. More than half of these breakdowns were associated with patient handoffs.

The handoff's objective is to provide accurate information about care, treatment, or services that a patient has received as well as the patient's current condition and any recent or anticipated changes in the patient's condition. Some examples of handoffs include:

- ◆ Nursing shift changes
- ◆ Physicians transferring complete responsibility for a patient
- ◆ Physicians transferring on-call responsibility
- ◆ Temporary responsibility for staff leaving the unit for a short time
- ◆ Anesthesiologist's report to the postanesthesia recovery room nurse
- ◆ Nurse and physician handoff from the emergency department to inpatient units
- ◆ Different hospitals, nursing homes, home health care and other types of organizations



According to The Joint Commission's Sentinel Event Database, communications breakdowns were the root cause of more than 65 percent of 3,811 sentinel events.

- ◆ Laboratory and radiology results sent to physician offices

Other examples can be unique to certain settings, such as transitioning patients between clinical staff and program staff in behavioral health care organizations.

In all of the above situations (and in any other scenario where one provider is handing over responsibility for a patient to another), information accuracy

is paramount. The handoff process must also be interactive, meaning it should include an opportunity to ask and respond to questions.

This "question and answer session" should be a formal process that takes place during all handoffs. A provider should not simply pause a moment and assume a colleague knows that is the time for questions.

Remember that the purpose of communication is mutual understanding. Avoid vague or potentially confusing terminology. Choose your words carefully to ensure clarity, and make sure you have correctly understood the information you have been given and your colleague understands information you have provided.

Interruptions should be kept to a minimum, and providers should focus their attention on the information being exchanged. If there is a time and a place for multitasking, it is not during a patient handoff. Also remember, there is no place for ego in health care. Do not be afraid to ask questions, no matter how simple they may appear.

The handoff communication should not end until both parties feel confident that everyone involved correctly understands the exchanged information. Don't take this for granted. Institute a "repeat" or "read-back" procedure where the person receiving the information repeats the information to ensure accuracy. Using a written checklist, questionnaire, or tool to ensure you have covered all the bases is also helpful.

The Heartbeat

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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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Three GLWACH warriors earn EFMB

By Carl Norman
GLWACH Marketing

They treated wounded Soldiers while being shot at, performed tasks to strict standards in extremely stressful and hazardous situations and endured 12 days of hazardous weather, heat, grueling conditions and exhaustion to be counted among the best of the best in the medical field.

And as the dust settled at Fort Campbell, Ky., three General Leonard Wood Army Community Hospital Soldiers stood proud as they donned the Army's most elusive honor – the Expert Field Medical Badge.

Capt. Daniel Wiggins, GLWACH lab manager; Sgt. Clinton Akin, Community Health Resource Center; and Spc. Christopher Wiederhold, mental health specialist, were among 275 Soldiers from across the Army vying for a chance to earn the Army's hardest-to-achieve badge.

The EFMB historically only graduates 10 to 20 percent of its students, according to Lt. Col. Brian Smalley, Chief of Aviation Health Clinic and soon to be Fort Campbell's next division surgeon. GLWACH sent six Soldiers; three of them earned the badge for a 50 percent pass rate.

"I'm extremely proud of Captain Wiggins, Sergeant Akin and Specialist Wiederhold, not only for what they've accomplished, but for the desire to be ready to care for a fallen comrade in any situation," said Col. Judy Ruiz, GLWACH commander. "Our staff is second to none,



(Left to right) Capt. Daniel Wiggins, Spc. Christopher Wiederhold and Spc. Keenan O'Donnell, all from General Leonard Wood Army Community Hospital, take a break between events at the Expert Field Medical Badge course at Fort Campbell, Ky. (Courtesy photo)

I've always said that, and these three earning the Army's most difficult badge proves it."

The April EFMB session was the first time in five years the 101st Airborne Division (Air Assault) and Fort Campbell has offered the course due to frequent deployments. The EFMB course and testing encompasses a 12-day period where Soldiers medically train in combat-life saving skills while living in a simulated combat environment.

Smalley said the first six days consist of field training, three lanes of 42 different tasks to successfully complete while EFMB instructors help them through the process. Six follow-on days of assessments in tactical events follow.

Some of the tactical events include land navigation, warrior skills training, weapons assembly, evacuation and a

physical fitness test. The final assessment is a 12-mile road march.

Soldiers may complete all tasks and written exams successfully and fail, if they are unable to complete the road march in three hours, Smalley said.

Wiggins said earning the EFMB means a great deal to him.

"It's all about providing the best medical care to our war fighters on the frontline and in the rear of the battlefield," Wiggins said. "As a lab officer, earning the EFMB doesn't significantly affect my career; but as a Medical Service Corp officer it signifies my willingness to learn complicated medical tasks that may be invaluable on the battle field."

He said learning the Combat Medic tasks quickly and then being able to complete them to standard in a simulated combat environment

was the most difficult part of the course. He also said that none of the course was easy, but if he had to choose a portion that was, it would be, oddly enough, the 12-mile forced road march.

"After two weeks of strenuous field training and EFMB evaluations, it was the simplest," Wiggins said. "It was painful and exhausting, but it basically was just a gut check."

Wiederhold said the three months of meetings, briefings, studying and field exercises he endured before going to the actual course, all while working 12-hour night shifts, was grueling but worth it.

"It's hard for me to think of words to describe the mixture of exhaustion and elation I felt when standing in that field for the pinning ceremony at the end of the 12-mile ruck march," he said. "The experience has taught me more about my capacity as a Soldier, or even the human capacity in general, to endure through trials and pain and achieve the objective. I value the experience more than I can say"

Capt. Casey Arriaga, Medical Department Activity company commander and officer in charge of the EFMB field site, organized the event for the 101st division and offered it to other medical units throughout the continental United States.

"It was my honor to offer this course," Arriaga said. "It's my hope that the Soldiers who do not receive the badge come back and try again; and for those who received the badge, wear it proudly."

Health promotion formulary increases

General Leonard Wood Army Community Hospital's main and Post Exchange pharmacies have expanded their health promotions pharmacy formulary from 20 to 55 items, saving beneficiaries time and money.

The health promotions pharmacy formulary includes 35 additional pain relievers, cold and cough medications, antacids, antihistamines, decongestants and fever-reducing agents just to name a few.

"In times past we only had 20 items to choose from and people were able to receive two items per person, per household, per week," said Capt. Immanuel Watkins, GLWACH's Outpatient Pharmacy officer-in-charge. "Since we expanded, people can now get five items per person, per household per week."

Expanding this formulary saves beneficiaries time and money several ways. Here's how:

First, people will save time by not having to schedule an appointment with their primary care provider, Watkins said.

"You can just come to the pharmacy and speak with a pharmacy technician or request to speak to a pharmacist and explain what symptoms you or your family members are experiencing," he said. "From there, the technician or pharmacist will make their recommendation on what over-the-counter medication(s) would benefit you."

Watkins said GLWACH's pharmacy technicians are highly trained, educated and



Capt. Immanuel Watkins, Outpatient Pharmacy officer-in-charge, stocks some of the new medications added to GLWACH's health promotions pharmacy formulary. (Photo by Carl Norman)

are professionally certified, so people can be confident in the decisions they make.

"All of our pharmacist have professional degrees in pharmacy and are available to answer any questions you may have -- in person or over the phone -- without having to set up an appointment."

Next, because beneficiaries don't need an appointment, they don't have to take time from work. They can simply call a GLWACH pharmacist, have their medications ordered, and pick them up at lunch or after work, whichever is most convenient.

"And you'll save money because now you do not have to utilize the off-post pharmacies, grocery and conven-

ience stores and spend cash to acquire the over-the-counter products you may need," he said.

There are also other benefits beneficiaries can gain from using the health promotion pharmacy, Watkins said. People can build their own home pharmacy and select medication that treats one specific symptom and they can stock items they frequently use.

"When patients need over-the-counter medications, they should know our pharmacy is devoted to working with them and the other members of their health care team to give them the best care and keep them in tip-top shape," Watkins said.

He reminded everyone that

they must attend the health promotions class and obtain a health promotions card to use this benefit. People can call 1-866-299-4234 to sign up for the health promotions class.

NOTE: Over-the-counter medications are used primarily for treating minor temporary conditions. They help to control symptoms but do not normally cure a condition. If the problem you're treating with health promotion medications doesn't improve in seven days, make an appointment with your health-care provider.

If you have questions, call (573) 596-0515.

(Article courtesy of the GLWACH Pharmacy Division)

Army programs help with stressors

By Jerry Harben

U.S. Army Medical Command

The Army joins the rest of the nation in observing May as National Mental Health Month.

The mental health of Soldiers and their families has received great attention in the news media, and Army leaders are emphasizing programs to deal with psychological issues.

“Soldiers are getting comprehensive training to deal with stressors which they may encounter,” said Col. C. J. Diebold, chief of psychiatry at Tripler Army Medical Center, Hawaii, and psychiatry consultant to The Surgeon General of the Army. “An example is Battlemind training, a program with modules specific to the phases of the deployment cycle, as the types of stressors that Soldiers encounter are different when they are preparing to deploy, are in theater and upon return home. Battlemind also has training for spouses, as deployment has a significant impact on Families.”

Diebold said suicide prevention is a very high priority, and the Army is being very aggressive in educating Soldiers through chain teaching from the senior level on down. The emphasis is on suicide warning sign and risk factor awareness, and people being comfortable enough to ask if they are concerned about their buddy’s safety and knowing how to get him the help he needs. The central theme of the program is ‘ACE’, which stands for ‘Ask, Care and Escort.’

“An additional major initiative is emphasizing comprehensive Soldier fitness,” Diebold said. “It’s along the lines of taking a look at the entire person and assessing what their needs are – biological, psychological, social – to maximize the ability to function well throughout their entire military careers. It’s proactive and based on a prevention-type model, in contrast to waiting to treat a problem after it occurs.”

Brig. Gen. Rhonda Cornum, a physician and combat veteran, is leading a project to develop an assessment tool

“The good news is that slowly but surely stigma in seeking mental-health care is decreasing.”

Brig. Gen. Rhonda Cornum
Physician and combat veteran

for all aspects of Soldier fitness.

“The best way to treat a death by heart attack is not CPR,” Cornum recently told the Army News Service. “The best way is to prevent the heart attack. It’s a lifestyle and culture change. And that’s how we should look at mental health.”

She said to look at it with a preventative model and enhanced health model, not a “waiting until we need therapy” model.

“That’s what comprehensive Soldier fitness is setting out to do,” Cornum said.

“The Army is very cognizant of the stigma with seeking mental-health care,” Diebold said. “This issue is not unique to the military, but Soldiers have been reluctant to see a mental-health provider due to concern over potential negative impact on one’s career and being identified as ‘broken’ by command and fellow Soldiers.

“The good news is that slowly but surely stigma in seeking mental-health care is decreasing. One very important reason is because leaders at all levels have taken the initiative mandate that no Soldier is to be denied access to mental-health care, there will be no reprisal for seeking care, and they will not be labeled as ‘weak’ or ‘broken’ for getting help.”

The Office of The Surgeon General recently issued a fact sheet listing Army behavioral-health programs and initiatives. Included are:

◆ Some 250 new behavioral-health providers and more than 40 marriage and family therapists have been hired

to work in military treatment facilities in the United States.

◆ Health-care providers receive post-traumatic stress training so that they can accurately diagnose and treat combat stress injuries.

◆ On average, 200 behavioral-health personnel from all military services are deployed in support of Operation Iraqi Freedom, and about 30 in Operation Enduring Freedom.

◆ All Soldiers receive a Post Deployment Health Assessment on re-deployment, usually in the theater of operations. The Post Deployment Health Reassessment some 90 days later provides Soldiers the opportunity to identify any new physical or behavioral-health concerns that may not have been present immediately after redeployment. This assessment includes an interview with a health-care provider. The fact sheet states this has been a very effective new program for identifying Soldiers who are experiencing some of the symptoms of stress-related disorders and getting them the care they need before their symptoms manifest into more serious problems.

◆ The Respect-Mil pilot program at Fort Bragg, N.C., integrates behavioral-health care into the primary-care setting, providing education, screening tools, and treatment guidelines to primary-care providers. It has been so successful at reducing the stigma associated with seeking mental-health care that 15 more sites have implemented it, and another 17 sites should implement it in 2009.

◆ Battlemind training is a strengths-based approach highlighting the skills that helped Soldiers survive in combat instead of focusing on the negative effects of combat.

It has been expanded into programs for Soldiers and spouses. The Website www.battlemind.org explains the program.

For more information on General Leonard Wood Army Community Hospital’s Behavioral Medicine programs, call 596-0522.

White Eagle clinic moves to new location

General Leonard Wood Army Community Hospital's White Eagle Clinic relocated to Room 135 on the first floor June 26-28.

The clinic relocated to clear the way for an upcoming project that will construct a state-of-the-art primary care clinic on the north side of the facility and renovate a large portion of the existing facility.

The White Eagle Clinic's new location is on the same hallway as Radiology. Beneficiaries can

get there from the front desk by taking the first hallway to the right past Admissions and Dispositions. The White Eagle Clinic will be located on the left side of the hall.

Beneficiaries can also access the clinic by using the far right outside door from the South parking lot and going to the first floor. The clinic will be on the right side of the hallway.

Call the White Eagle Clinic staff at (573) 596-1600 for more information.



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shortage caused hospital leaders to temporarily close inpatient medical services so current providers could be redistributed to meet patient demand.

Temporarily closing inpatient medical services means no adult patients are being admitted to GLWACH for disease-related illnesses such as pneumonia; they are being referred to civilian TRICARE network facilities. GLWACH's inpatient pediatric, obstetric and surgical services remain in force.

Additionally, the shortage prompted GLWACH to allow beneficiaries to select a civilian TRICARE provider as their primary care manager via "The Choice is Yours" campaign and to freeze all new TRICARE Prime enrollments to the facility. The only exceptions are all active-duty military members and active-duty family members living on Fort Leonard Wood.

Col. Judy Ruiz, GLWACH commander, asks for everyone's patience as leaders tackle the staffing situation, and said everything possible is being done to find a remedy.

"We're offering incentives such as recruitment bonuses, covering certain relocation costs, and other incentives to contracting companies to fill these positions quickly," said Tom Wink, GLWACH's Clinical Support Division chief. "Our recruitment bonuses are

currently some of the highest in Great Plains Regional Medical Command."

Interested physicians need to be board certified in family practice, internal medicine, pediatrics or emergency medicine, Wink said. This level of certification provides for a higher quality of care.

GLWACH is aggressively recruiting providers through the government system and working with a professional recruiting service. Leaders here are also working with experts at Great Plains Regional Medical Command and U.S. Army Medical Command for a solution to the problem. The military entities are looking into loaning the Fort Leonard Wood facility two emergency room physicians and two pediatric physicians until relief comes.

Additionally, GLWACH received \$8.2 million from the "Grow-the-Army" initiative to fund civilian and contract providers. "Grow the Army" will increase the Army's overall force by almost 75,000 Soldiers while realigning other units.

"Our first and foremost mission is to provide medical care to active-duty service members and their families, and we expect that current population to increase some 3,000 by September 2009 through 'Grow the Army,'" said Ruiz. "Even though we have the money to pay them, we're finding it ex-

tremely difficult to find providers that want to come to this rural area."

GLWACH leaders are optimistic that staffing here will improve by the September-October 2009 timeframe. However, if it doesn't, beneficiaries should expect some services to change, Wink said.

For example, all non-active duty TRICARE Prime beneficiaries would be required to go to a civilian network provider for their acute care needs, he said. Acute care is a medical problem, such as an upper respiratory infection, that is new and has been present for less than 48 hours or an existing problem that has worsened within that same timeframe.

Patients requiring pediatric or internal medicine care could also be referred to the network, as well as many specialty care services.

"None of this is set in stone as definitely going to happen, we just want everyone to know the possibilities if staffing doesn't improve," Ruiz said. "We're doing everything we can to solve this problem, but we'll need everyone's support and understanding until we do."

For more information on provider recruiting at GLWACH, visit <http://glwach.amedd.army.mil/> and click on the "We have job openings just waiting for the right people" button.

Program standardizes weight management

By Capt. Brenda Bustillos
GLWACH Nutrition Care Division

In July, General Leonard Wood Army Community Hospital's Nutrition Care Division will be implementing a new joint Defense Department-Veterans Administration program called Army MOVE! that will standardize weight management programs and education across all services.

This new standardized program will provide intensive multimodal educational approaches that lead to weight loss, including medical nutrition therapy, physical activity, and cognitive/behavioral modifications. Program experts will take a multi-disciplinary approach to assessment, inter-

vention and maintenance as health and fitness are directly linked to today's military performance and to help ensure mission requirements are met. Health care providers will offer a tiered approach to weight management, to include self-help, individual counseling, and group support when possible.

The DOD Obesity Clinical Practice Guideline Workgroup endorsed the MOVE! program as part of the toolkit the department will use to execute the VA/DoD Obesity Clinical Practice Guideline.

MOVE! provides a variety of online patient educational tools/handouts and classes provided in real-time. Soldiers deployed to Iraq and

Afghanistan can access Army MOVE! online from Army Medical Specialist CORPS dietitians who can answer their questions while they teach the class in real time. Army dietitians are stationed throughout the Army Medical Command, including overseas deployments and four at GLWACH.

Army MOVE! Online, which can be accessed from the Ultimate Warrior Website on Army Knowledge Online, is an additional tool that Soldiers can access to support weight management, health, fitness and performance efforts.

Contact GLWACH Nutrition Care Division at 596-1762, or visit <https://www.us.army.mil/suite/portal/index.jsp> for more information.

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wGLWACH pharmacy and get your lab and radiology procedures done here as well."

She said TRICARE Prime beneficiaries can also get specialty and inpatient care at GLWACH, on a space available basis.

"Our list of TRICARE network providers is growing all the time," she said. "Changing primary care managers to a civilian provider is easy, and with our TRICARE network family of providers growing every day, beneficiaries will have many to choose from."

While active duty military members are required to be treated at GLWACH, this new health care option is open to active duty family members, retirees and their families as well as TRICARE Plus beneficiaries.

GLWACH's TRICARE Service Center staff is ready to assist those wanting to change PCMs.

People can either stop by

Building 470, Room 2222 from 7:30 a.m. – 4:30 p.m., Monday – Friday, call 1-888-TRIWEST (1-888-874-9378), or visit www.triwest.com for more information.

"With the 'Choice is Yours,' campaign, we're making health care more convenient for families and reducing some of the stress many already feel in today's hectic and fast-paced world," Ruiz said. "I believe the civilian community health care system will satisfy your family's needs and expectations and help us truly make a difference, one patient at a time."

Here are a few comments and questions taken from "The Choice is Yours" Town Hall Meeting:

◆ TRICARE beneficiaries should not have to travel more than 30 miles to their primary care manager.

◆ With a civilian network provider as their PCM, beneficiaries will pay co-pays of \$12

per outpatient visit and \$30 per emergency room visit.

◆ There are no restrictions on X-ray, lab, or pharmacy. However, if X-rays are taken at GLWACH, the patient has to pick them up at GLWACH and take them to their provider. It is best to get the services at the provider's office on the same day as the appointment.

There is no additional co-pay and the results are available to the provider.

◆ If a beneficiary can't get to their PCM and needs urgent care, they should go to an urgent care clinic. There is information on urgent care clinics on the TRIWEST web site.

◆ This campaign doesn't pertain to TRICARE for Life enrollees as they are covered by Medicare Parts A and B. Medicare pays first then TRICARE picks up the rest of the allowable charges.

◆ If one enrolls outside the MTF and wants to come back to the MTF, can they? Answer:

Yes, if the MTF opens enrollment, but beneficiaries must stay outside the facility for 12 months.

◆ What if a beneficiary goes to a network emergency room but others working in that facility aren't network providers. Are they responsible for the balance? Answer: Beneficiaries would pay only one co-pay. Avoid providers that don't participate in TRICARE.

◆ If I'm scheduled for appointments with GLWACH specialists and choose a PCM off post, will my specialty appointments be cancelled? Answer: No.

◆ If I choose a PCM that I'm not happy with, can I change? Answer: Yes, beneficiaries can change PCMs two times per year.

◆ If we live on post do we have to go off post? Answer: No. If you're a family member of active duty and live on post, you can enroll on post or off post.

Community Health Resource Center Classes

EDITOR'S NOTE: General Leonard Wood Army Community Hospital's Community Health Resource Center is located in the University of Missouri Technology Park on Replacement Avenue. For more information or directions, call 329-1901.

All classes are conducted in the CHRC, 197 Replacement Avenue, Suite 144 unless otherwise noted. Sign up for classes by calling 329-1901. Sign up for the Post-deployment Spiritual Wellness class by calling 596-1678.

Below is the Community Health Resource Center Class Calendar for July 1-31, 2009.

— 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:

- ◆ July 1, 9 – 11 a.m.
- ◆ July 15, 9 – 11 a.m.

— Breastfeeding: Learn how to properly nourish and care for your child while breastfeeding. Class date:

- ◆ July 22, 9 – 11 a.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 dates:

- ◆ July 13, 1:30 – 3 p.m.
- ◆ July 27, 1:30 – 3 p.m., MEDDAC Classroom at GLWACH

— Diabetes Journey for Control :

Session 1, Diabetes Overview, explains diabetes, blood glucose and insulin, and resolves some common myths. Class date: ◆ July 7, 1 – 3 p.m.

Session 2, Healthy eating, describes relationships between diabetes and food. Class date:

- ◆ July 14, 1 – 3 p.m.

Session 3, Monitoring your blood glucose, discusses blood glucose targets and what makes your blood glucose go up and down. Class date:

- ◆ July 21, 1 – 3 p.m.

Session 4, Complications, explains potential long-term complications. Class date

- ◆ July 28, 1 – 3 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 date:

- ◆ July 17, 8 a.m. – noon

— Early Pregnancy and Pets in Pregnancy: Learn what to expect in the first six months of your pregnancy as well as how to introduce your pet to your newborn. Class date:

- ◆ July 13, 8:45 – 10:45 a.m., OB Clinic at GLWACH

— Glucometer Education: Patients will be given instructions and a demonstration on how to properly use a Glucometer. Class dates:

- ◆ July 2, 12:30 – 2 p.m.
- ◆ July 9, 12:30 – 2 p.m.
- ◆ July 13, 9:30 – 11 a.m.
- ◆ July 16, 12:30 – 2 p.m.
- ◆ July 17, 1 – 2:30 p.m.
- ◆ July 20, 9:30 – 11 a.m.
- ◆ July 23, 12:30 – 2 p.m.
- ◆ July 27, 9:30 – 11 a.m.
- ◆ July 30, 12:30 – 2 p.m.

— High Blood Pressure/Hypertension: Discuss the causes, treatment and steps taken to beat high blood pressure. Class dates:

- ◆ July 2, 9 – 10:30 a.m.
- ◆ July 9, 9 – 10:30 a.m.
- ◆ July 16, 9 – 10:30 a.m.
- ◆ July 23, 9 – 10:30 a.m.
- ◆ July 30, 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:

- ◆ July 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:

- ◆ July 28, 5:30 – 7:30 p.m., MEDDAC Classroom at GLWACH

— Informed Childbirth: Learn techniques to help you breathe more efficiently when in labor. Class dates:

- ◆ July 13, 2 – 4 p.m.

- ◆ July 20, 2 – 4 p.m.

- ◆ July 27, 2 – 4 p.m.

— Legal Issues & Pregnancy: Learn about profiles and related issues military members face when pregnant. Class date:

- ◆ July 10, 1 – 2 p.m., JAG office, Building 315, call 596-0629 for more information

— 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:

- ◆ July 20, 1:30 – 3 p.m., MEDDAC Classroom at GLWACH

— Pregnancy/Post Partum Physical Training: Mandated by the U.S. Army Center for Health Promotion and Preventive Medicine, this class is a standardized physical training program that is mandatory for all pregnant and post partum Soldiers Army wide. Class dates:

- ◆ July 7, 7:30 – 8:30 a.m.
- ◆ July 14, 7:30 – 8:30 a.m.
- ◆ July 21, 7:30 – 8:30 a.m.
- ◆ July 28, 7:30 – 8 :30 a.m.

— Self-Care Intervention Program: Learn how to avoid illness and pursue wellness; learn the importance of healthy habits, how 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:

- ◆ July 1, 1 – 3 p.m.
- ◆ July 8, 1 – 3 p.m.
- ◆ July 15, 1 – 3 p.m.
- ◆ July 22, 1 – 3 p.m.
- ◆ July 29, 1 – 3 p.m.

— Sleep Remedies: Can't sleep? Sick of counting sheep? Try our new Sleep Remedies Class to get your zzzz's. Class dates:

- ◆ July 24, 9 – 11 a.m.

— Tobacco Cessation Class: Discuss tobacco use, skills to quit and coping strategies to remain tobacco free. Class dates:

- ◆ July 14, 9 – 11 a.m.
- ◆ July 28, 9 – 11 a.m.

To sign up for any Community Health Resource Class or for more information about them, call 329-1901