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End bad habits for good
Did you know that getting adequate hydration is not just a summertime concern?

“Water is important to help fight flu and other illnesses common in winter,” says Michele Geiger, a registered dietitian with Kettering Health Network. Michele says the average person should drink at least 48 to 64 ounces of water daily during the winter months.

“Although winter is cold and we do not lose much water in the form of sweat, a colder climate may lead to more water loss via evaporation,” she explains. “Drier air in winter can quickly lead to dehydration, especially because our thirst for water may not be as intense as usual.”

Michele says that when we are dehydrated, fatigue sets in quickly, sapping our desire to move or exercise.

“Lack of adequate water intake is also responsible for fluid retention and a slowdown in weight loss, as adequate fluid is needed to allow for fat removal from the body when calorie expenditure exceeds calorie intake.”

If plain water doesn’t entice you, how about giving it a refreshing change? Here are some naturally healthy flavor enhancers—and you can also have fun experimenting with what you have on hand.

**Herbal infusion**
Fresh herbs, like basil and mint leaves, add unique and flavorful notes.

**One sweet pairing:**
Mint and watermelon

**One cool combo:**
Lime and cucumber

**Break the ice**
Make flavored ice cubes with 100% fruit juice, unsweetened tea, or chopped fruit.

**Fruit forward**
Add cubed melon or fresh or frozen berries. Add slices of orange, lemon, or lime, or squeeze in some juice.

Sources: American Diabetes Association; American Institute for Cancer Research
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Information in HEALTH CONNECTION comes from a wide range of medical experts. Models may be used in photos and illustrations. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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Protect your health with preventive care

Why it’s wise to keep a checkup checklist and see your doctor regularly

Scheduling a doctor’s appointment When you have bothersome symptoms is a no-brainer. The quicker that pesky cold goes away, the quicker you can get back to living your life. But seeing your primary care provider regularly, even when you don’t have a particular complaint, is vital to maintaining good health.

“The whole goal of seeing patients should be preventing or minimizing issues, as opposed to simply cause and effect,” says Dennis Bingham, MD, primary care physician with Kettering Physician Network. “It’s important to do the health maintenance recommendations so you can head off health problems in the future, as opposed to treating those problems once they exist.”

This task may seem overwhelming at first, but a conversation with your doctor can help determine which screenings are recommended for you based on your family history and other risk factors. And having a general understanding of some of the most common recommendations will enable you to become a more informed advocate for your health.

It’s important to remember that these are general guidelines to help you get started on monitoring your health. Your health care provider has a more specific look at your health journey and may recommend a different screening schedule tailored to your health needs.

Prevention and protection One of the most straightforward steps you can take to protect your health and prevent disease is keeping up with vaccinations. It’s easy to write off vaccines as something you completed as a child, but adults benefit from several types. While some vaccines may be recommended for adults with specific health issues, there’s one crucial shot that shouldn’t be avoided.

“Everyone should get a flu shot every year, regardless of their condition,” Dr. Bingham says. Other vaccinations are recommended for adults 65 and older, such as the pneumococcal vaccination. People with chronic health conditions like heart disease, emphysema, and diabetes may be directed to get this vaccination earlier.

Adults 50 and older should receive a shingles vaccine.

At-home habits While visiting your doctor for an examination is a key component of managing your health, there are also steps you can take at home to monitor yourself. For example, people who know they are at increased risk for cardiovascular disease (including those with a family history of atrial fibrillation, heart attacks, or strokes) may benefit from checking their blood pressure more often and keeping tabs on their heart rate.

Ready to talk with a provider? New patients can schedule primary care appointments online with the Kettering Physician Network provider of their choice. Visit ketteringphysiciannetwork.org/primarycare.

You can also call 1-888-726-2372.
<table>
<thead>
<tr>
<th>Screening</th>
<th>Recommended for</th>
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| Cholesterol screening | Men starting at age 35 and women beginning at age 45  
Adults with higher risk should begin at age 20 | Every 5 years |
| Diabetes screening | Adults starting at age 35 or 40  
People with certain risk factors, such as being overweight or having a family history of diabetes | Every 3 years |
| Mammogram to check for breast cancer | Women age 40 and older | Every year |
| Pap smears to screen for cervical cancer | Women ages 21 to 65  
Younger women should start getting Pap smears within 3 years of becoming sexually active | Age 21 to 30: every 3 years  
Age 30-plus: every 5 years |
| Colonoscopy to screen for colon polyps | Adults starting at age 45 or 50  
Adults with family history (two first-degree relatives) should start 10 years before the age of the family members when they were diagnosed with colon cancer; for example, if your father was diagnosed at age 50, you should start screenings at age 40 | No polyps or family history: every 10 years  
With polyps or family history: every 3 to 5 years |
Have you ever wondered how your family’s medical history might impact your own health? We asked Caroline Peterson, DO, medical director of Kettering Health Network’s Cancer Prevention Center, about the importance of knowing your family history and its potential effects on your risk for certain cancers.

Q: How does my family history affect my risk of getting cancer?

A: It’s important to know that there are eight hereditary cancers, meaning they can be passed down from a family member. These are cancers of the breast, ovaries, colon, uterus, stomach, pancreas, skin, and prostate. Knowing whether members of your family have had these cancers can provide needed context to your doctor for assessing whether you may be at risk for developing those cancers in the future.

Your risk can be affected by similarities in genes, habits, and environments to those of your relatives. Therefore, it’s essential to talk to your health care providers. They can recommend necessary tests and screenings and also tell you if a family link increases your risk in the first place. For instance, many people may not realize that men can pass a gene to a daughter for breast or ovarian cancer, and women can pass a gene to their sons that increases their risk for prostate cancer.

HAVE A QUESTION YOU’D LIKE TO ASK A DOC?
Email it to healthconnection@ketteringhealth.org.
I’m working to gather my family history. What information do I need to get from my family?

The more complete a report you can provide, the better we can assess your risk. Gather information from both sides of your family—your mother and father—going back three generations. Relevant family members include parents, grandparents, great-grandparents, brothers and sisters, children, aunts and uncles, nieces and nephews, cousins, and great-aunts and great-uncles.

The more information you have, the better. But if there are pieces you don’t know, just do your best to capture everything you can: who had cancer, what kind, and how old they were when they were diagnosed. If any of these family members have passed, find out at what age and the cause of death.

Knowing if you have had a family member with ovarian, pancreatic, or metastatic prostate cancer is especially important in assessing your risk. You should also note if any relative under the age of 50 has been diagnosed with breast or colorectal cancer.

Cancer definitely runs in my family. What steps do I need to take?

Knowing you might have a higher chance of getting cancer can feel scary, but there are steps you can take to reduce your risk. While people at average risk can manage their prevention and screenings with their primary care provider, those who have been identified by a health care provider as high risk may benefit from further therapies. The Cancer Prevention Center at Kettering Health Network offers resources such as increased screening schedules, medication that may reduce the risk of certain types of cancer, and even risk-reducing surgery.

Caroline Peterson, DO, is the medical director of Kettering Health Network’s Cancer Prevention Center.
Most of us know the feeling: You didn’t drink enough water or you had a night of poor sleep, and a headache hits. But if you get headaches more than every once in a while, it might be time to see a doctor.

Types and triggers
The two most common categories of headaches are tension headaches and migraines. Tension headaches are typically mild to moderate and may be triggered by dehydration or stress, explains Megan Mackenzie, DO, a neurologist with the Dayton Center for Neurological Disorders and chair of the Neurology Department at Grandview Medical Center.

“Migraine headaches, on the other hand, are more severe,” says Dr. Mackenzie. “For some people, they can even become debilitating.”

Some people get headaches only at specific times. For example, some women might experience hormone-related migraines around ovulation or menstruation. Other conditions, such as hypertension and obstructive sleep apnea, can also contribute to headaches. Whatever the underlying cause, treatments are available.

Medical options
If you have more than four headaches a month, your doctor might recommend preventive treatments, such as anti-hypertensive, anti-epileptic, or antidepressant medications.

Close the door on migraines and let your light shine
If you have chronic migraines, defined as at least 15 headache days per month for three months, you might be a candidate for botulinum toxin injections.

In the past few years, a new category of medications called calcitonin gene-related peptide (CGRP) inhibitors have been developed to specifically target episodic or chronic migraines. “CGRP inhibitors have given many people a new sense of hope—in the past, we didn't have any migraine-specific medications,” Dr. Mackenzie notes. “Now we have something new to offer.”

If you suffer from frequent migraines, a primary care provider or a neurologist can help you determine which treatment will be most effective.

Other methods Certain lifestyle changes could also help some patients. Adjusting your diet or taking supplements of magnesium or riboflavin might prove beneficial.

“Migraine patients also do much better if they have a sleep schedule with consistent wake and sleep times,” Dr. Mackenzie says. “Many people will get a letdown headache if they sleep in on the weekends. Try to eat consistent, nutritious meals throughout the day. And, while stress is something none of us will ever completely eliminate, try to manage it as much as you can.”

When to see a doctor

“If headaches are occurring frequently or disrupting your life, you don’t have to just live with it,” Dr. Mackenzie says. For example, if you’re missing out on big events, such as your child’s soccer game, or taking days off work because you’re at home with a migraine, it’s time to talk to your primary care provider. He or she might be able to offer treatments for your headaches or refer you to a specialist.

Some headache symptoms mean you need to go straight to the Emergency Department, Dr. Mackenzie cautions. “If you’re having the worst headache of your life that came on suddenly, it may be what we call a ‘thunderclap headache,’ and it requires urgent care.” You also need immediate medical attention if you are experiencing any stroke-like symptoms such as loss of vision, blurred vision, or weakness or numbness on one side.

“If you do suffer from headaches, speak with your doctor,” advises Dr. Mackenzie. “Just because a headache doesn’t affect you every single day doesn’t mean that you have to settle for having pain in your life.”

▼ SEEK RELIEF

Are headaches interfering with your quality of life? Find a provider who can help at ketteringhealth.org/brainandspine
Mental HEALTH

OUT
WITH THE OLD,
IN WITH THE
NEW

A new year is a blank slate. The perfect chance to make a change. Maybe you want to stop scrolling through your phone before you go to bed every night. Or perhaps you’d like to become one of those people who run in the mornings.

While you might not realize it, scrolling on your phone late into the night and getting up early to run have something in common: They are habits.

“Habits are essentially what we repeatedly do—actions we perform daily without even realizing it,” says Julie Manuel, MSEd, a licensed professional clinical counselor and clinical program manager for Kettering Behavioral Medicine Center. “For example, most people have a habit of brushing their teeth in the morning and before bed. These are autopilot actions.”

So, how do you break an unhealthy habit, such as scrolling on your phone before bed? Or start a healthy one, like running? Begin by taking a close look at your behavior.

Breaking an unhealthy habit

“To break a bad habit, you first need to recognize the when and why, also known as the ‘cue,’ of the habit,” says Julie.

1. **IDENTIFY THE CUE THAT PROMPTS THE HABIT.** Take some time to consider what events or circumstances precede a habit. Keeping your phone on your nightstand could be the cue for scrolling before sleep.

2. **INTERRUPT THE CUE.** Change your routine to disrupt the cue that prompts your habit. Set your alarm and check your phone a final time before entering your bedroom. Once in your bedroom, put your phone out of reach—say, on a dresser—instead of on your nightstand.

If you feel like a habit is negatively interfering with your daily life and you have been unable to change it, it could be a sign of a problem that needs medical attention, such as obsessive compulsive disorder or addiction.

Kettering Behavioral Medicine has a Co-Occurring Intensive Outpatient Program designed to address mental health-related issues and substance abuse. Talk to your primary care physician, be honest, and let an expert help point you in the right direction.
REPLACE THE UNHEALTHY HABIT WITH A HEALTHY ONE.
Substituting a healthy alternative can ease the transition period of phasing out an old habit. For example, replace smoking a cigarette with reading a book or listening to music to relax every evening before you go to sleep.

Forming a healthy habit “Starting a new habit takes time and discipline,” says Julie. “However, there are actions you can take to help set yourself up for success.”

MAKE A DETAILED GOAL AND PUT IT IN WRITING. You are more likely to stick to a concrete goal if you write it down. Instead of saying, “Exercise more,” write down a specific goal in a notebook; for example, “Run every Monday, Wednesday, and Friday.”

SET UP CUES. Create an environment that makes it easy to perform the new habit. Before you go to bed, set your morning alarm and lay out your running clothes. In the morning, the alarm will be your cue to wake up, and the running clothes will cue you to get dressed and start your run.

RECORD YOUR SETBACKS AND VICTORIES.
Writing down moments of struggle and success gives you a clear picture of what circumstances are most likely to cause a setback or enable progress. If you missed a run because you went to bed an hour later and felt too tired to get up, write that down and go to bed earlier the next night.

How long does it take to form a habit? Studies show that, depending on the behavior and individual, forming a new habit can take anywhere from 15 to 254 days.1 If you fall off track, don’t get discouraged. “Small steps are better than no steps,” says Julie. “If you have a setback, know we have the blessing of a new day to try again.”

1https://www.sciencedaily.com/releases/2014/08/140808111931.htm

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<tr>
<th>Routine</th>
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<td><strong>What is it?</strong></td>
<td><strong>What is it?</strong></td>
<td><strong>What is it?</strong></td>
</tr>
<tr>
<td>An action or behavior performed regularly, often around the same time</td>
<td>A behavior pattern developed through repetition until the action becomes almost involuntary</td>
<td>A disease of the brain marked by compulsive use of a substance or engaging in a behavior, despite harmful consequences</td>
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<td>Actions and behaviors are an intentional, conscious choice</td>
<td>You are not always aware of performing the action</td>
<td>The behavior or action becomes increasingly important and demands more of your mental energy and time as other aspects of your life become increasingly less important—to the point where you neglect them</td>
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<tr>
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<td>Buckling your seat belt</td>
<td>Using tobacco regularly</td>
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<td>Bathing</td>
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<td>Running in the morning</td>
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<td>Doing laundry</td>
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GET HELP
Need a primary care provider? Visit ketteringhealth.org/findaphysician.
To connect with a counselor or find more mental health resources, visit ketteringhealth.org/mentalhealth or call 1-855-788-2895.
Little more than a year ago, Maurice Walker was an ordinary man, living an ordinary life.

Athletic since childhood, Maurice maintained an active lifestyle as an adult. “I love to work out,” he says. At age 38, he was running 3 miles on a treadmill three to four days a week, lifting weights regularly, and playing basketball.

He was devoted to his family: his wife, Josephine; their two-year-old son, Elijah; and their second child that they had just learned Josephine was carrying. Maurice had recently started a new career. They were active members of their church and community.

“We were enjoying life, just like everybody else,” Maurice says. “Then it all came crashing down.”
Troubling signs

In December 2019, while on the treadmill, Maurice experienced a “weird feeling” of pain in his chest. He stopped, let his heart rate slow down, then got back on, but the pain returned. During his next gym visit, it happened again. “So I just started staying away from the treadmill,” he says.

At Christmastime, the family visited Maurice’s sister in St. Louis. During their stay, Maurice woke in the middle of the night, feeling extremely light-headed and dizzy. “I stumbled down the steps and told my wife, ‘Something isn’t right. We need to go to a hospital.’”

The hospital performed an EKG but found no issues with his heart. He was young and in good shape, they said. They did, however, diagnose him with diabetes and prescribed metformin.

Less than a week later, Maurice began waking up every morning at 3 or 4 a.m. with excruciating pain in his chest. “I could feel it coming on,” he says. “Then he would grab his chest and rock back and forth on the bed,” Josephine recalls. “And he would be crying—my husband is not a crier.” Sometimes his chest and the pain were so tight and intense that they called 911.

For about a month, Maurice made multiple trips to the emergency department, had multiple EKGs, and even spent one night in the hospital for observation. “They never found anything,” he says.

The doctors, including their family doctor, thought the pain was most likely acid reflux caused by the metformin, or possibly stress and anxiety over Maurice’s new job and baby on the way—though he wasn’t consciously anxious about either.

“The last thing I expected was heart issues, because I’ve been active all my life and exercise pretty hard,” Maurice says. “So there was nothing that ever led me to ‘Hey, this might be something heart-related.’”

“It all came crashing down”

In the early hours of January 26, Josephine, fighting morning sickness, was getting a drink of water when she heard a noise come from upstairs. She found Maurice passed out crosswise on their bed, making a strange, gurgling sound. She tried to wake him.

And then the gurgling stopped. Panicked, she checked for a pulse but couldn’t find one. She started CPR and called 911.

She also called his parents, who live five minutes away. “They got here before the paramedics, so I had to stop doing CPR to go open the door and run back upstairs,” Josephine says. “And then I’m back to doing compressions and breathing. I’m screaming and crying and my son wakes up and he’s all, ‘Mommy! Mommy!’ Then I hear his parents run up the stairs and Maurice’s dad says, ‘You gotta get him flat on the floor.’ So his dad helps me pull him off the bed, and then I’m doing compressions and his dad is doing the breaths for him.

“My mother-in-law had Elijah. She was crying. It almost doesn’t seem real, how we were able to do all that. But we kept doing that until the paramedics got there.”

By the time Maurice, still unconscious, left the house on a gurney, the paramedics had managed to restore his pulse and breathing. They advised taking him to Grandview Medical Center—a hospital Maurice had never gone to before—because it was the closest. They didn’t think he would survive if they tried to transport him farther.

The widowmaker

At Grandview, Josephine answered the same questions about Maurice’s habits and lifestyle that she’d been asked at all the previous hospital and doctor visits—as medical staff worked to stabilize him and figure out what had caused his heart to stop.

When the family was able to see him, Maurice had an irregular pulse and was strapped to the bed with a tube down his throat. “You could just see him struggling to breathe,” Josephine recalls. He remained unresponsive for several days.

Then his heart rate suddenly plummeted, and his heart stopped.

—Continued on page 14

Surviving two heart attacks and four strokes takes an indomitable spirit and exceptional care.
As soon as medical personnel got his heart beating again, they quickly moved Maurice down to the catheterization lab.

On the way, he coded again.

When they finally got him to the cath lab, interventional cardiologist Faisal Hayat, MD, discovered that Maurice had a 90% blockage in his main coronary artery, known as the “widowmaker.” He also had a congenital heart defect: One of his major arteries was running the wrong way.

Dr. Hayat was able to insert a stent, but due to the heart defect he had to place it in a location where it couldn’t stay long. The stent saved Maurice’s life and bought him time to regain his strength, but it was only a temporary fix until he could undergo open heart surgery.

Waiting and hoping
Afterward, Maurice’s care team had trouble getting his heart to resume beating. When they finally got a heartbeat, Maurice had been out for a very long time without blood or oxygen to his brain and the rest of his body. They cooled his body down to try to preserve his brain cells.

When Josephine next saw him, “he just looked lifeless,” she says. “He had all these machines hooked up to him.”

Maurice had suffered two heart attacks and four strokes. “They kept saying he had youth in his favor,” Josephine recalls. “Because he’s young, we just hoped for the best.”

Maurice remained unconscious for about a week and a half. His kidneys weren’t functioning. He was on a ventilator. A neurologist who assessed him doubted he had any remaining brain activity. His doctors thought he might be bleeding internally.

Then one day, Josephine entered the room to find Maurice shaking his foot. She told the nurse, “He’s in there. That wasn’t involuntary movement.” She says Maurice’s whole family has nervous energy; a telltale wiggle. The nurse told Maurice to squeeze her hand if he could hear her—and he did.

Finding strength
Maurice was conscious but in rough shape. His blood count was dangerously low, and he was in renal failure. He had to relearn how to swallow, talk, and walk. He was so weak, he could hardly sit up by himself.

Doctors offered him a blood transfusion to raise his blood count and help him recover his strength more quickly—but he and Josephine are Jehovah’s Witnesses, and their faith does not allow blood transfusions. Though weak and risking death by refusing, Maurice stood firm in his faith. “The Grandview staff respected my wishes, and that means more to me than anything,” he says.

Maurice slowly progressed. His kidneys resumed functioning on their own. Memories started to return. By March, he was able to leave the hospital and continue his recovery.

In May, just three days after being discharged from home health care, Maurice felt a familiar pain in his chest. He contacted Dr. Hayat, who met him at Grandview’s Emergency Department. The stent was failing. The blockage was back to 90%. It was time to schedule Maurice’s open-heart surgery.

Mohey Saleh, MD, performed the triple bypass, taking care to ensure Maurice lost as little blood as possible. Within a week, he had recovered enough to go home. And in July, through a virtual reunion held via teleconference, he had the opportunity to thank the many doctors, nurses, and other members of his care team, who not only saved his life, but also looked after his family—particularly Josephine, whose pregnancy progressed during the course of Maurice’s ordeal.

A week later, their baby was born. They named him Malachi: “God’s messenger.”

Are you at risk for a heart attack? Take our quiz at ketteringhealth.org/heartcare to find out.
Heart attacks aren’t always the swift, intense events portrayed on TV. Too often, people delay calling 911 because they don’t realize that what they’re feeling is a heart attack.

A heart attack happens when the heart’s blood supply is suddenly cut off, which damages the heart. Most heart attacks involve discomfort (felt in the center of the chest) that lasts more than a few minutes or comes and goes. Many people describe it as pressure, squeezing, fullness, or pain.

Other warning signs or symptoms can include:
- Pain in the upper body—such as in the back, neck, jaw, or shoulders, or in one or both arms
- Shortness of breath
- Cold sweat, upset stomach, or dizziness
- Extreme tiredness (sometimes for days ahead of time), especially in women

Some of these symptoms can be mistaken for other causes, says Mohammed Ali, MD, interventional cardiologist with Kettering Health Network.

“When symptoms from heart attack and severe heartburn from acid reflux are very similar and can be hard to tell apart,” he explains. “If you are having issues with acid reflux and you just ate a big meal, it might be acid reflux, but that doesn’t exclude the possibility of a heart attack. Your best bet is to seek medical help, especially if it’s your first episode.”

When to call 911 Dr. Ali says that if you have any chest pain or discomfort that is new, severe, prolonged, or causing concern, you need to call 911 immediately. “For someone who is having a heart attack, every minute is important. The faster you get to the hospital, the sooner you can receive treatment and the better the outcome will be. It is not uncommon that we see people come to the hospital after having symptoms for a few days. Usually by that time the heart muscle got affected, and complete recovery is not possible.”

You might think it’s better to have someone drive you to the emergency department rather than wait for an ambulance to arrive, but Dr. Ali says an ambulance—Continued on page 16
A final word of advice

Dr. Ali emphasizes that, as Benjamin Franklin said, “An ounce of prevention is worth a pound of cure” when it comes to heart attacks.

“Certain measures and lifestyle changes can significantly decrease your risk of having a heart attack, as well as increase your chances of recovering from one,” he says, offering seven steps toward better heart health that you can start today:

1. Avoid smoking.
2. Control your blood pressure and cholesterol.
3. Control your diabetes.
4. Eat a healthy diet.
5. Exercise regularly.
6. Avoid obesity and maintain an ideal weight.
7. Follow up with your doctor regularly.

What to do while waiting for help “Patients who get immediate, proper CPR have much higher chances of survival than those who don’t,” Dr. Ali says, offering the following advice:

If you are with someone who is having a heart attack

• Give the person a dose of aspirin to chew or swallow (if they are not allergic to it).
• Begin CPR if the person is unconscious. “If you haven’t received CPR training, we recommend skipping mouth-to-mouth rescue breathing and performing only chest compressions (about 100 per minute),” Dr. Ali says. “The 911 dispatcher will talk you through it until help arrives.”
• If there is an automated external defibrillator (AED), as in many public places, attach it while doing CPR, and follow its visual and audio prompts.

If you are the patient

• Chew or swallow an aspirin, unless you are allergic to it or you have been told by a doctor not to take it.
• Take nitroglycerin, if your doctor previously prescribed it to you.
• If you are at home alone, make sure the front door is open and the surroundings are safe for the medical personnel to get to you.

—Continued from page 15

is by far the best choice. “There are a number of ambulances distributed in different locations throughout the community, and in most cases, they will be able to get to you very fast,” he says. “Cardiac arrest or fatal arrhythmias can happen en route to the hospital. If such a problem occurs, it is much safer to be in an ambulance with well-trained personnel than in someone’s car.”

If you don’t have access to emergency medical services or you live in a rural area, Dr. Ali says you should have a neighbor or a friend drive you to the nearest emergency department. “Drive yourself only as a last resort—and keep in mind that it places you and others at risk,” he says.

Emergency CARE

Kettering Health Network has 13 emergency centers throughout Southwest Ohio, so emergency care is always nearby. Find your nearest emergency center at ketteringhealth.org/emergency
Creamy squash soup
[ with shredded apples ]

Makes 4 servings.

Ingredients
2 boxes (16 ounces each) frozen pureed winter (butternut) squash
2 medium apples (try Golden Delicious or Gala)
1 tablespoon olive oil
1/2 teaspoon pumpkin pie spice
2 cans (12 ounces each) fat-free evaporated milk (or 3 cups plant-based milk)
1/4 teaspoon salt
1/8 teaspoon ground black pepper

Directions
• Place the frozen squash in a microwave-safe dish. Cover loosely. Defrost in the microwave on medium power for 5 to 10 minutes, until mostly thawed.
• Meanwhile, peel then shred the apples using a grater or food processor, or peel and finely chop apples into thin strips. Set aside 1/4 cup.
• Warm oil in a 4-quart saucepan over medium heat. Add all but 1/4 cup of the apples. Cook and stir until apples soften, about 5 minutes.
• Stir in thawed squash and pumpkin pie spice.
• Add the evaporated milk about 1/2 cup at a time, stirring after each addition.
• Season with salt and pepper.
• Cook and stir over high heat just until soup is about to boil.
• Ladle into individual soup bowls. Top each with a tablespoon of the unused apples. Sprinkle with additional pumpkin pie spice, if desired.

Tip: For chunkier soup, try two bags (14 ounces each) frozen diced butternut squash. Or cut a fresh butternut squash into small chunks, and place in a microwave-safe dish covered with 1 inch of water. Microwave on high for 5 to 10 minutes or until squash is tender and can be easily pierced with a fork. Remove skin. Place squash in blender until desired consistency.

Nutrition information
Serving size: 1 1/2 cups.
Amount per serving: 334 calories, 4g total fat (1g saturated fat), 7mg cholesterol, 62g carbohydrates, 18g protein, 5g dietary fiber, 370mg sodium, 1,142mg potassium.

Source: U.S. Department of Health and Human Services

Soup is a great starter for bringing more veggies to the table! Turn the page to get inspired by the benefits of a plant-based diet.
If you resolved to eat healthier in 2021 and now can’t decide what to make for dinner, you might find inspiration for a delicious, nutritious meal in the produce department.

Most people are familiar with the terms vegetarian and vegan, two types of meatless diets. But you can choose a plant-based diet that incorporates more vegetables, fruits, and grains into your diet that still allows you to eat meat.

Registered dietitian Alicia Buterbaugh, a diabetes care and education specialist with Kettering Health Network, notes that there is no single definition of a plant-based diet. She describes it as simply adding plant-based foods into your normal meals and substituting plant-based products for unhealthy items.

**Plentiful benefits** Many studies have shown that plant-based diets can lead to better heart health and decrease the risk for type 2 diabetes and other serious diseases. They can also help people with type 2 diabetes regulate their blood sugar. Healthy plant-based diets are higher in fiber, which has shown to be beneficial for people living with type 2 diabetes. “Typically, these diets are going to be lower in fat,” Alicia says. “We know that a major complication of
diabetes is heart disease, and having a lower-fat diet is helpful in the prevention of that.”

**Easy changes to make** You don’t have to become a vegetarian or vegan to increase your plant intake. An easy way to do this is by eating a fruit and a vegetable in each meal. “It is amazing how many people go through an entire day without having a vegetable or fruit,” Alicia says.

She also recommends looking into Meatless Monday, a global movement where participants

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**7 STEPS TO WASHING PRODUCE**

Did you know that nearly half of foodborne illnesses in the U.S. are caused by germs on fresh produce? Wash your produce thoroughly before preparing your meal by following these 7 steps:

1. Start by washing your hands for 20 seconds with warm water and soap.
2. Cut away bruised or damaged areas on your produce.
3. Rinse all produce, even if it has an inedible peel.
4. Gently rub produce while holding it under plain, running water. You can skip the soap and special produce washes.
5. Use a clean vegetable brush to scrub firm produce, like melons and oranges.
6. Dry produce with a clean cloth or paper towel.
7. Remove the outermost leaves on a head of lettuce or cabbage.

**TIP:**
There’s no need to wash produce labeled “prewashed.”

Sources: Academy of Nutrition and Dietetics; U.S. Food and Drug Administration
are encouraged to have a meal without meat to improve their health and the health of the planet.

Alicia encourages including a variety of plants in your diet, but some fruits and vegetables have greater health value than others.

“When you can choose, always go for the whole fruit. Fresh or frozen vegetables are healthier than the canned variety,” she explains. “Have a variety of vegetables—the darker, the more colorful, the better. But have a variety; don’t just focus on any one.”

**Tips for unadventurous eaters**

Cooking for kids or other fussy eaters can be challenging, especially when you’re trying a new diet. However, you can include plants in a way that picky eaters of all ages will enjoy.

- Introduce the new item in a meal that includes other dishes the picky eater already likes.
- Don’t be afraid to allow the picky eater to use dips for snacks such as celery and carrot sticks.
- Add plants to recipes you know the picky eater enjoys.

“If you’re making chili, you can sneak some zucchini or summer squash in there to up the plants in that meal,” Alicia suggests. “Same with spaghetti sauce—there are vegetables you can add in that will be disguised.”

**Changes you can expect**

After adopting a plant-based diet, you might see an improvement in your cholesterol level and gradual weight loss. It all depends on the plant-based items you choose—if you’re avoiding processed foods and extra sugar, you will see improvements to your overall health.

“There are numerous studies showing the benefits of a plant-based diet,” says Alicia. “There is more than one way to eat healthier; this is one of the options.”
“The pandemic has completely changed people’s activity levels,” says Kettering Health Network athletic trainer Joseph Neel. “With the stay-at-home orders in place, people did not have access to exercise in ways they were accustomed to.”

With regular exercise activities on pause, people either attempted at-home workouts or just stopped working out altogether. This decrease in physical activity, often paired with an increase in at-home snacking or stress eating, caused many scale readings to trend up.

Lower activity levels add up In a study conducted by Weight Watchers, Americans gained an average of 12.5 pounds in the first four months alone of the COVID-19 pandemic.

While a few pounds here or there isn’t something to worry about in the long term, sustained levels of decreased activity and steady weight gain can be dangerous to your health.

“Lower activity levels add up,” Luckenbill says. “The more weight you gain and the longer it is maintained, the greater impact it has on your health,” says Daniel Luckenbill, MD, an orthopedic and sports medicine physician with Kettering Health Network.

“Beyond just weight gain, decreased activity can lead to impaired heart and lung function, an increased risk of developing some cancers, and a significant impact on mental health.”

Lifestyle changes, such as working remotely and virtual learning, have also influenced activity levels and health.

“I’ve seen a lot of patients suffering from knee and back pain since the pandemic started,” says Dr. Luckenbill. “With people working from home—sitting for long periods of time and working at desks or tables that are not ergonomically designed—they are experiencing musculoskeletal effects.”

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Dr. Luckenbill and other orthopedists help patients experiencing persistent muscle and joint pain return to a more active lifestyle through a remote treatment plan called the Home Exercise Program. Every patient receives a customized exercise program developed by an athletic trainer and a physician that they can complete at home.

**Commit to a healthier you**

“Regular physical activity can help with weight loss, increase muscular strength and endurance, improve cardiovascular health, decrease stress, improve mental health, increase lung function, boost energy levels, and provide many other benefits,” Joseph notes.

“It is important to find a way to continue to be active—even in the winter months and during a pandemic,” says Dr. Luckenbill. “Consistent physical activity influences all aspects of your health.”

**Exercise reimagined**

If your favorite exercise class has yet to resume, you still don’t feel comfortable returning to public places like the gym, or you simply don’t want to brave the cold weather, it is possible to work out at home.

Follow these tips to start an in-home workout routine:

- **START SMALL.** “If a person hasn’t been exercising and wants to start back up, a 20-minute workout is always a great place to start,” says athletic trainer Joseph Neel.

- **SWITCH IT UP.** Changing the type of exercise you routinely do not only helps prevent boredom but is recommended for optimal fitness. “Resistance training should be done three times a week, while bike riding, walking, and other forms of cardiovascular training may be done every day,” Joseph says.

- **STICK WITH IT.** If you miss a day—or a week—don’t be discouraged. Every bit adds up. Be gentle with yourself and start again the next day.

**TAKE THE FIRST STEP**

Consult your primary care provider before beginning a workout routine.

To make an appointment with our providers, call 1-888-726-2372.

Individuals experiencing sustained muscle or joint pain can schedule an appointment with an orthopedic and sports medicine physician. Call 1-877-930-9354.
**Fresh exercise ideas to try at HOME**

**Tone your upper body.**
Bicep curls, tricep extensions, and butterfly reps target your arm, back, and chest muscles. Try using household objects for weights, like canned foods or milk gallons.

**Tone your lower body.**
Calf raises, lunges, and squats target your leg and core muscles. You can hold household objects for weights while doing these exercises as well.

**Try Tabata training.**
Tabata is a high-intensity interval training program where you complete an exercise for 20 seconds, rest for 10 seconds, and repeat 8 times for a total of 4 minutes. An example of a Tabata workout requiring no equipment looks like this:
- Push-ups (4 minutes)
- Squats (4 minutes)
- Burpees (4 minutes)
- Mountain climbers (4 minutes)

**Go for yoga.**
Yoga is a full-body workout that often can be done without any equipment or props. Many local studios offer online classes, and free classes can also be found on websites such as YouTube. Before beginning a class, make sure the teacher is a certified yoga instructor.

**Do the stairs.**
If you have stairs in your home, ascending and descending flights repeatedly is a good cardio and leg workout. Start with walking up and down, and as you feel comfortable, increase your speed.

**Start walking.**
“Even something as simple as taking a walk can make a huge impact on a person’s health,” says athletic trainer Joseph Neel.
Lifesaving emergency care, always safe and nearby

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Find your nearest emergency center or check our current wait times at ketteringhealth.org/emergency