

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

SUMMER 2016



CAPE FEAR VALLEY HEALTH

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WELLNESS

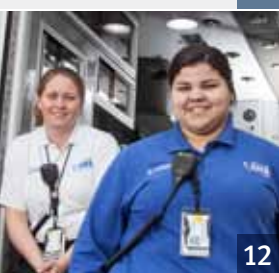
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volunteers needed for Adult Dental Clinic

We're looking for Dental and Non-Dental volunteers
to help at our FREE Adult Dental Clinic

Oct. 27-29 at the Crown Arena

For more info, visit www.ncdental.org and click NCMOM



MAKING ROUNDS

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A Joint Commission
TOP PERFORMER



LETTER *from the* CEO

Quality healthcare doesn't always end once a patient is discharged from the hospital. It can extend well into their recovery time at home.

Sometimes, a simple call to check if a patient is properly taking medication or following up with their doctor will do. Other times, a good old-fashioned house call may be in order.

We created our Community Paramedic Program last year to provide regular check-ups for pneumonia patients who have already been sent home. The paramedics are trained to look for signs of fever, worsening cough and pain, which can lead to a return visit to the hospital.

The goal is to reduce readmission rates for former pneumonia patients, who often require another hospital stay within 30 days. These readmissions are not only costly, but can also increase the risk of patient death.

Our Community Paramedics can educate patients in the home about diet, exercise, medications and any treatments they need. That includes IV medication and nebulizer treatments.

As a result, patients learn to take better care of themselves. That's important, because it's better for patients to recover at home instead of spending more time in a hospital bed.

The Community Paramedic Program has worked so well that we're expanding it to include patients with chronic obstructive pulmonary disease (COPD), which increases the risk of pneumonia.

We've also implemented a new bedside medication delivery program. It's available seven days a week at Cape Fear Valley Medical Center and during weekdays at Hoke Hospital. Patients who opt in receive medications prescribed at discharge time, right at the hospital bedside before they leave. This saves them a trip to the pharmacy.

Patients can pay for the medication with a debit or credit card, or simply add it to their hospital bill. Valley Pharmacy, in our Cape Fear Valley Medical Center lobby, and Hoke Pharmacy fill the prescriptions.

Both can bill insurance companies for patients with prescription drug coverage. The co-pay is standard, and those without insurance find costs are comparable to retail pharmacies.

We created the bedside delivery program for better patient convenience. We also want to ensure patients have the medication they need before they go home. Having proper medication is essential to recovery. Patients who don't get their medication risk being readmitted due to complications. And no one wants that.

At Cape Fear Valley, our care doesn't end when you leave the hospital. In some cases, it's just the beginning.

Mike Nagowski
CEO, CAPE FEAR VALLEY HEALTH



When It Comes To **Suicide,** Prevention Is Key

:: by Janet Conway



When someone takes their own life, those left behind can feel more profound grief than if their loved one died naturally or in an accident. Emotions can range from shock and anger to guilt and depression.

Suicides also affect the community. They cost the U.S. nearly \$45 billion a year in combined medical costs and lost wages. As a result, the Centers for Disease Control (CDC) considers suicide a public health problem.

It's the 10th leading cause of death in the U.S. and can affect anyone. Some groups are at higher risk, however. Suicidal thoughts, planning and attempts are significantly greater among young adults age 18 to 29. Native Americans and active or retired military have even higher rates.

Child suicide may be the most difficult to overcome for survivors. It's the second leading cause of death among young people age 10 to 20 in North Carolina.

Adolescence is a minefield of emotions and experiences. Breakups, drug and alcohol use, and bullying can all increase the risk for suicide. A 2013 study showed 17 percent of U.S. students in grades 9-12 seriously considered suicide.

John Bigger is the Service Line Director for Behavioral Health Care and a father of two teens. He understands more than most the difficulties of teenaged angst.

"I don't think there's been an adolescent," he said, "that's gone through puberty and hasn't had suicidal thoughts at least once, even if the thoughts were fleeting."

Statistics show 13.6 percent of students planned how to attempt suicide at least once during the past 12 months.

"Making plans steps it up to a whole new level of seriousness," Bigger said.

There's no single underlying cause for suicide among children or adults. However, some factors can increase the chance a person attempts or dies by suicide. They include:

- Previous suicide attempt(s)
- History of depression or mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness or chronic pain
- Feeling alone
- Traumatic experience
- Personality disorders
- Eating disorders
- Relationship problems
- Bullying
- Unemployment

It's important to know there's help for those wrestling with thoughts of suicide

Bigger says parents should be concerned if children suddenly give away their personal belongings.

"Other warning signs are changes in behavior and if their grades take a nosedive," he said.

Help Is Available

Phone Hotlines

National Suicide Prevention Hotline
(800) 273-TALK (8255)

Alliance Behavioral Health Care Access Line
(900) 510-9132

Contact of Fayetteville
(910) 485-4134

Veterans Suicide Hotline
(800) 273-8255 #1

Hearing Impaired TTY Users
(800) 799-4TTY (4889)

En Espanol
(888) 628-9454

Walk-In Services

Cape Fear Valley Emergency Department
1638 Owen Drive, Fayetteville

Community Mental Health Walk-in Clinic
1724 Roxie Avenue, Fayetteville
Monday – Friday, 8 a.m. – 10 p.m.
Saturday, Sunday & Holidays, 8 a.m. – 5 p.m.

For emergencies after hours, call 9-1-1
and request a CIT Officer


Community
MENTAL HEALTH CENTER
at CAPE FEAR VALLEY

www.capefearvalley.com

Screening Process

Screening for suicide is the first step toward prevention. Cape Fear Valley Health has adopted the Columbia Suicide Severity Rating Scale (C-SSRS), an assessment tool that evaluates suicidal thoughts and behavior. Developed by Columbia University, it has been found to be highly reliable in research studies.

It has several advantages over similar assessment tools. They include a shorter administration time, effectiveness for both males and females, and validity for all races and ethnic groups. The tool can also be used for screening children age 12 and older.

There are many versions of C-SSRS and it comes in multiple languages. The “Screener Version – Recent” version is used by untrained community members to screen for recent suicidal thoughts and behaviors (*see screening tool on page 7*).

Douglas Parrish, Director of Community Mental Health Center at Cape Fear Valley, says differentiating between thoughts and possible action is vital.

“Thinking about suicide is not nearly as dangerous as actual behaviors,” he said. “A lot of people live with thoughts of suicide. It’s their baseline.”

Parrish has trained many people in the tool, including Cumberland County school counselors, Cumberland County EMS responders and Cape Fear Valley Emergency Department personnel. He also recently trained community members in a workshop sponsored by the Junior League and Cape Fear Valley Health Foundation.

Assessments begin by asking two questions:

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?
2. In the past month, have you actually had any thoughts of killing yourself?

Parrish says people shouldn’t be afraid to ask these questions.

“Asking doesn’t make people want to do it,” he said. “Asking the questions make them less likely to do it.”

If the person answers yes to the second question, the screener goes on to ask questions 3, 4, 5 and 6. The screener should always ask question 6, regardless of how the respondent answers the first two questions. The last question is: In the past month, have you done anything, started to do anything, or prepared to do anything to end your life?

Examples include collecting pills, obtaining a gun, giving away valuables, writing a will or suicide note, taking pills out but not swallowing them, going on a roof but not jumping, actually taking pills, trying to shoot themselves, cutting themselves, or trying to hang themselves.

If the answer is yes, then the respondent is asked: How long ago did you do any of these actions?

“Any degree of commitment to hurt oneself is enough to act,” Parrish said.

What to do

If the respondent answers yes to question 1, but no to all other questions, an appointment with a psychiatrist or psychotherapist is encouraged. A primary care physician can make a recommendation.

If the respondent answers yes to questions 2 through 6, immediate help is needed. The screener should take the respondent to the local emergency department. Cape Fear Valley Medical Center’s Emergency Department has a dedicated psychiatric ED staffed with a psychiatrist.

For emergencies, screeners should call 911 and request a CIT officer. These police officers or sheriff’s deputies have crisis intervention training.

“Cumberland County has more law enforcement officers with crisis intervention training than other counties,” Bigger said. “Kudos to Cumberland County.”

People who live in Cumberland County can visit Community Mental Health Center at Cape Fear Valley. Located at 1724 Roxie Avenue, it offers urgent care and crisis services. Clients can walk in to see a mental health professional, Monday through Friday, from 8 a.m. to 10 p.m. Saturday, Sunday and holiday hours are 8 a.m. to 5 p.m.

“It’s important to know there’s help for those wrestling with thoughts of suicide,” said Parrish. “We can help them get past that time when they are at risk.”

Ask questions that are bolded and in red. Ask Questions 1 and 2.

Wish to be Dead:

Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

1. In the past month, have you wished you were dead or wished you could go to sleep and not wake up?

Suicidal Thoughts:

General non-specific thoughts of wanting to end one’s life/commit suicide, “I’ve thought about killing myself” without general thoughts of ways to kill oneself/associated methods, intent, or plan.

2. In the past month, have you actually had any thoughts of killing yourself?

If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, go directly to question 6.

Suicidal Thoughts With Method (*without specific Plan or Intent to Act*):

Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. “I thought about taking an overdose, but I never made a specific plan as to when, where, or how I would actually do it ... and I would never go through with it.”

3. Have you been thinking about how you might kill yourself?

Suicidal Intent (*without Specific Plan*):

Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to “I have the thoughts but I definitely will not do anything about them.”

4. Have you had these thoughts and had some intention of acting on them?

Suicide Intent with Specific Plan:

Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.

5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

Suicide Behavior Question:

6. In the past month, have you ever done anything, started to do anything, or prepared to do anything to end your life?

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

If YES, ask: **How long ago did you do any of these?**

One week ago? Two weeks ago? Within the last three weeks?



get

Increasing
the amount
and level of
exercise can
do a world
of good

:: by Ginny Deffendall



moving

Exercise is like a miracle drug. It improves almost everything.

It reduces diabetes and heart attack risk, controls weight, decreases inflammation and can even lower the risk for certain cancers. So it's a wonder why more people aren't doing it.

Research shows just half of American adults exercise the recommended 150 minutes per week. That equals to just 30 minutes a day, over five days.

Eileen Barbour is the health promotions coordinator at Cape Fear Valley HealthPlex. She says it's in everyone's best interest to find time to exercise – not just to get in shape.

“It can boost your self-esteem and enhance moods,” she said. “It can also increase your overall energy level, improve oxygen circulation and strengthen muscles, bones and the immune system.”

Even the busiest people can find time to exercise. They just have to start off slow. Barbour recommends morning stretch routines at first, then trying walks during the day. People who work at a desk can stand occasionally to do toe-raises or squats to strengthen leg muscles.

Activity and exercise level can increase in warmer weather. Walking pets or playing outdoors with children are always a good options. Yard work and gardening are others. Even using the stairs instead of an escalator or elevator while shopping counts as exercise.

All the previously mentioned exercises are considered aerobic, meaning they cause sweat, harder breathing and a faster heartbeat. This strengthens the heart and lungs and trains the cardiovascular system to deliver oxygen throughout the body more quickly.

Aerobic exercise also lowers blood pressure and glucose. Platelets in the blood also become less sticky, decreasing the risk for bloodclots during strokes and heart attacks. However, none of these benefits are possible unless people take the initiative to exercise.

“First you have to change your perspective,” Babour said. “I tell people to think they're an athlete or active person, not a couch potato.”

The next step is to prioritize. Scheduling exercise as a regular part of the workday is vital. Barbour recommends setting morning alarms to go off 15 minutes early to allow for some simple exercise or stretching. People can also do abdominal core exercises before bed or while watching TV at night.

No matter what exercise is performed, having fun is important. Barbour says enjoyable activities can include hula-hooping, dancing, horseback riding or cycling.

Setting realistic exercise goals and recording progress is also important. The growing popularity of electronic pedometers, activity trackers and even smartphone apps all make it easier to track progress. The technology can chart exercise activity by the hour, day, month or even year.

If time is truly scarce, try increasing effort during exercise. Research shows working out harder during shorter periods of time can also be beneficial. One minute of vigorous activity is as beneficial as two minutes of moderate activity, according to an American Heart Association study.

Experts suggest mixing in microbursts of intense exercise to shorten workout times. This kind of vigorous activity leads to hard, fast breathing. It also dramatically increases heart rate, making it difficult to talk without pausing for breath.

Not everyone can perform exercise at this level. People with medical conditions should speak to their doctor before attempting. Barbour says people who can exercise at an elevated level should definitely do so, however.

“It's important to look at barriers to exercise and create strategies to overcome them,” she said, “then reward yourself for meeting goals with new exercise shoes, a massage, new tunes, and such. Then revisit your dream of good health, and commit yourself to a healthy, active lifestyle!”



a silent killer

:: by Donnie Byers

Atrial Fibrillation is a potentially deadly condition, yet many sufferers don't even know they have it

Bob Kugelmann is no stranger to heart problems.

The 83-year-old had to retire from his adjunct professor position last year after needing his second heart valve replacement. He also suffers from atrial fibrillation, the most common form of heart arrhythmia. He discovered the condition just recently, thanks to Cape Fear Valley's cardiac rehabilitation program.

The former Air Force officer was exercising alongside classmates when a program staff member ran up and yelled for him to stop. He seemed puzzled and told her he felt fine. But she insisted.

What Kugelmann didn't realize was that he was having a supraventricular tachycardia (SVT) episode. His heart was essentially going into overdrive, reaching up to 300 beats per minute. The heart normally beats 60 to 100 times per minute.

An errant electrical signal in the heart causes SVT. Certain medications can, too. The condition can end just as quickly as it starts, without exhibiting any symptoms. SVT becomes

a serious health threat when it becomes chronic, lasts a long time, or causes observable symptoms.

A portable heart monitor Kugelmann was wearing alerted staffers of his skyrocketing heart rate. The monitors wirelessly transmit the wearer's heart rate to nearby computer screens monitored by nurses.

The staff called for the Rapid Response Team, which eventually took Kugelmann to Cape Fear Valley's Emergency Department. There, doctors decided he needed to be admitted.

He received a cardiac stress test and EKG the next day, revealing his atrial fibrillation. Two days later, doctors implanted a defibrillator and pacemaker into his chest.

"The doctors told me I was a lucky man," Kugelmann said. "They said if I wasn't at the hospital, being monitored, it would've been a very different outcome. These folks working at the rehab program are real heroes."

Rae Ashley is the program manager for Cape Fear Valley's cardiac rehabilitation program. He says the program is the



only one in the area that electronically monitors every participant.

“Kugelman could have had the incident at home,” Ashley said, “and had sudden cardiac death. With these kinds of patients, something can happen every day. That’s why we make them wear monitors.”

An estimated 2.7 to 6.1 million Americans suffer from atrial fibrillation, or A-fib, according to the Centers for Disease Control and Prevention. These numbers will only increase in the coming years as the U.S. population ages.

Atrial fibrillation occurs when the upper heart chambers, or atria, begin to quiver irregularly or too fast. The irregularity disrupts good blood flow to the rest of the body.

Hypertension and ischemic heart disease are the most common risk factors for A-fib. Others include obesity, diabetes, heart failure, hyperthyroidism, sleep apnea, chronic kidney disease and excessive drinking. People of European ancestry and those with COPD and enlarged left-side heart chambers are also at risk.

Fail to treat it and stroke can result. This happens because blood can “pool” in the heart chambers if the heart doesn’t beat properly. Blood clots can eventually form. If the blood

clots break loose, they can travel through the arteries, eventually lodging in the brain. This is what causes strokes.

Doctors can determine the risk of stroke in A-fib sufferers, by taking into account the person’s age, sex and any medical conditions. The problem is that many sufferers don’t even know they have A-fib, because it can be asymptomatic. Yet, sufferers can also have multiple symptoms. They include irregular or rapid heartbeat, heart palpitations, lightheadedness, shortness of breath, chest pain and fainting spells.

People who have A-fib and who are at risk for stroke can take anticoagulant drugs, such as Coumadin, to thin the blood. There are surgical options as well.

A-fib sufferers not at risk for stroke can take beta-blockers or calcium channel blockers to slow the heart rate. They can also take antiarrhythmic medication, such as digitalis, calcium channel blockers or amiodarone, to normalize heart rhythm.

Surgical options include pacemaker implants like the one Kugelman received, electric shock therapy to try to normalize the heart rate, and ablation, which uses heat or cold to destroy heart tissue that causes errant electrical heart signals.

“the doctors told me I was a lucky man... these folks working at the rehab program are real heroes.”

So what should healthy people do to prevent A-fib? The best option is to live a healthier lifestyle to improve overall heart health. They can eat better and lower salt, saturated fats and trans fat intake. They can also exercise regularly, avoid smoking and maintain a healthy weight.

If you suspect you may have A-fib, contact your family physician today. The condition increases the risk of stroke five times, as well as increases the risk for heart failure.



it's a wonderful life

Working as a paramedic can be both a task and a blessing

:: by Donnie Byers

Being a paramedic can be a thankless proposition. The hours are long and the work often dangerous. And the stress can be overwhelming when lives are on the line.

But this same pressure to perform actually draws many to the field. Stephanie Lunn, EMT-P, is one of them. The former army medic overlooks the downsides of her job, because she likes the rush from saving lives.

"We pretty much have the greatest job ever," said the 8-year EMS veteran. "I prefer working a busy Saturday night, when all the accidents are happening, than sitting around on a boring Sunday."

Many of her colleagues at Hoke County EMS of Cape Fear Valley Health feel the same way. They're not happy unless they're out on the road, rushing to that next 911 call. And the calls do come in.



Last year, Hoke County EMS responded to 8,617 calls for help, which averages nearly 24 calls a day. The staff will get 30 calls on a really busy day. That means all four of the department's ambulances will be running calls non-stop. But some days even help from four other rescue squads isn't enough.

"Those are the busy days," said Robert Godwin, Hoke County EMS Director.

Patrolling the county behind the wheel of an ambulance can be a task. Hoke County has 50,000 residents spread out over 392 square miles. Most of those miles are rural. Some are poorly marked or lacking any kind of signage. Others are pockmarked with potholes or uneven pavement, or no pavement at all.

Hoke County EMS employs a staff of 54 EMTs and paramedics. Every member works calls, including shift supervisors, because there are no administrative resources assigned to the department. It does enjoy the luxury of having 25 full-time paramedics now. It had just nine a few years ago.

Brian Pearce is the corporate director of Cape Fear Valley's EMS program, which took over Hoke County's EMS operations last year. He says Cape Fear Valley made it a point to hire more full-time and per-diem paramedics when the health system came in.

"Cape Fear Valley is a part of this community," Pearce said, "so many of those hires are from Hoke County. We wanted to provide a much greater service, at a better value, when we took over EMS responsibilities."

The value includes continually investing in the staff. Cape Fear Valley offers each paramedic more than 30 hours a year of ongoing training and education, through Sandhills Community College in Southern Pines and Cape Fear Valley's numerous training resources.

Two physician medical directors were also assigned to Hoke Hospital's new Emergency Department. They provide medical oversight when paramedics have questions out in the field, as well as work directly with ED patients.

From a patient standpoint, the most noticeable investment has been equipment. Cape Fear Valley bought four new Ford F-450 trucks last year to serve as primary ambulances. The department's four older trucks are now backups.

Each ambulance is equipped with the latest in EMS technology. That includes, self-raising patient stretchers and new, state-of-the-art EKG equipment for heart patients.

The EKGs allow users to radio-in 12-lead heart readings to cardiologists and the cardiac catheterization lab waiting ahead at Cape Fear Valley Medical Center. That's important, because every second counts when dealing with heart patients.

Rachel Debold-Deen, EMT-P, is a former teacher who became a paramedic at the urging of her brother. She describes her new line of work as both exciting and scary.

"We get the same types of calls usually," she said, "but you also get something different every day."

Debold-Deen and her partner, Kris O'Quinn-Winger, EMT, recently relearned this lesson while responding to a call in Raeford.

"We pretty much have the greatest job ever,,

When they arrived at the caller's address, a young, petite woman with a cherubic face met them outside. She was crying and vomiting from chest pain. The rescue team immediately took her vitals and medical history. They were shocked to learn the patient was 23 years old and already suffering from congestive heart failure.

"I couldn't believe it," O'Quinn-Winger said. "You just don't see this at her age."

The patient was given an EKG. It showed some irregularity, but no clear sign of a heart attack. She was asked where she wanted to go for treatment. She chose Scotland Memorial Hospital in Laurinburg, nearly an hour away.

Debold-Deen stayed in back of the ambulance with the patient, while her partner took the wheel. He flipped on the sirens and hit the lights, before taking off down the road. A confident smile quickly formed on his face.

"It's the adrenaline rush," O'Quinn-Winger said. "Both of my parents were paramedics too, so I guess I was born to do this."

Such is the life of an EMS paramedic.



In It For The Long Haul

Treat diabetes the right way, and you can lead a long, fulfilling life

:: by Donnie Byers

Kaye Dennis still remembers the day she was diagnosed with diabetes. It was during a routine doctor's visit 30 years ago, and it caught her and her doctor off guard.

The condition was early stage, so the doctor wanted to see how it progressed before prescribing treatment or medication. But he never followed up. The 65-year-old Elizabethtown retiree has been paying the price ever since.

She steadily gained weight, suffered numerous related health issues, and her A1C blood sugar level shot as high as 10.8 two years ago. A rate of 7.0 or lower is recommended.

The diabetes became so out of control that Dennis' current doctor ordered her to start seeing an endocrinologist. This time, it was the right call.

"My regular physician just couldn't get my blood sugar down," Dennis said. "It just kept escalating."

Her new endocrinologist took a more aggressive approach toward treatment. He prescribed insulin and three different medications to help bring her blood sugar down to a more manageable level. Regular exercise and blood sugar level checks were also ordered.

The regimen worked. Dennis' blood sugar level fell below 7.0 and has stayed there for more than a year. She's extremely pleased with the results, but admits watching what she eats every day is a struggle. She isn't alone.

America's questionable eating habits and seemingly limitless fast food options have led to skyrocketing diabetes growth in recent decades. Current statistics show 1 in 11 Americans now have the metabolic condition. The rate soars to 1 in 4 for people age 65 and older.

North Carolina has an even higher prevalence of diabetes. Roughly 1 in 9 residents has it, according to a 2014 study. Cumberland County's rate is even higher at 1 in 8 residents.

The numbers equate to \$5 billion a year in medical costs and lost wages for North Carolina employers. The state stands to lose \$17 billion a year by 2025 if the growth continues. And there are no signs of a recovery, anytime soon.

Diabetes is a lifelong disease that affects how the body handles glucose, a kind of sugar, in the blood. Most people have type 2, formerly called adult-onset diabetes. Type 1 is usually diagnosed in children and young adults, and was previously known as juvenile diabetes.

If left unchecked, both types can lead to blindness, limb amputation, organ failure and even death.

"It's a devastating disease," said Nduche Onyeaso, M.D., Dennis' endocrinologist. "One in three Americans has pre-diabetes and doesn't even know it."

As in Dennis' case, pre-diabetes can quickly lead to full-blown diabetes without treatment. Continue to ignore it, and the chance of death increases dramatically. Diabetes is currently the 8th leading cause of death for Caucasians in North Carolina; and 4th leading cause for minorities.

The ABCs of Diabetes

There are other consequences to consider. Uncontrolled diabetes is linked to obesity and increases the risk of cancer threefold. Four out of 10 newly diagnosed kidney cases can be attributed to the disease, as are 6 out of 10 non-traumatic amputations.

The numbers paint a harrowing picture. But treatment works if started in time and done correctly. It all starts at the dinner table.

Dr. Onyeaso works at Cape Fear Valley Diabetes and Endocrine Center. He says several of his patients lowered their A1C blood sugar level up to 3 points just through diet and exercise.

"One of the best things you can do is eliminate regular soda," he said. "Drink diet soda instead. It takes 20 minutes of



walking just to burn an 8 ounce glass of regular soda.”

The physician takes a numbers-approach toward exercise, as well. He says diabetics need to exercise at least 30 minutes a day, five days a week, to burn off extra calories. He also preaches the “ABCs” of diabetes treatment:

A: A1C blood tests. Should be done every three months. It gives physicians a better idea of how well their patient’s blood sugar is managed. Less than 7 is ideal. But the target number can vary based on age and treatment requirements.

B: Blood Pressure. Good control leads to less health complications. A reading lower than 140 over 90 is considered good for diabetics.

C: Cholesterol. The lower the better, but target levels are based on the individual patient. Physicians often put patients with high cholesterol on medication. LDL (low-density lipoproteins) cholesterol should be of particular concern for diabetics. Lower LDL numbers are better.

“We have an arsenal of anti-diabetic medications that are safe

“We have an arsenal of anti-diabetic medications that are safe and effective for the patient,” Dr. Onyeaso said. “Take them and follow treatment, and you can live for a very long time.”

and effective for the patient,” Dr. Onyeaso said. “Take them and follow treatment, and you can live for a very long time.”

He points to his “hero,” Bob Krause, as proof.

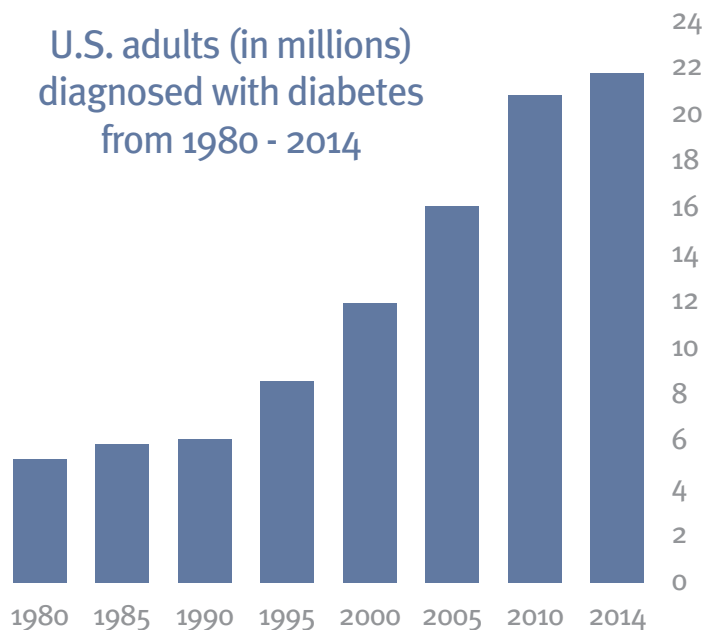
The retired engineering professor was diagnosed as a type 1 diabetic at age 5. Yet he lived to the ripe, old age of 90. He is believed to have lived with diabetes longer than any person in U.S. history.

The secret to Krause’s longevity was how meticulous he was about taking care of himself. He ate properly, took his insulin



Nduche Onyeaso, M.D.

U.S. adults (in millions)
diagnosed with diabetes
from 1980 - 2014



and medication like clockwork, and exercised every day until arthritis took away his mobility a year before he died.

He was so dedicated that his endocrinologist, Patricia Wu, M.D., declared him healthier than the average 30-year-old during his later years.

But Krause's dedication is an extreme example. Most people today lead busy, stressful lives. This can lead to depression or doubt when they don't see immediate results.

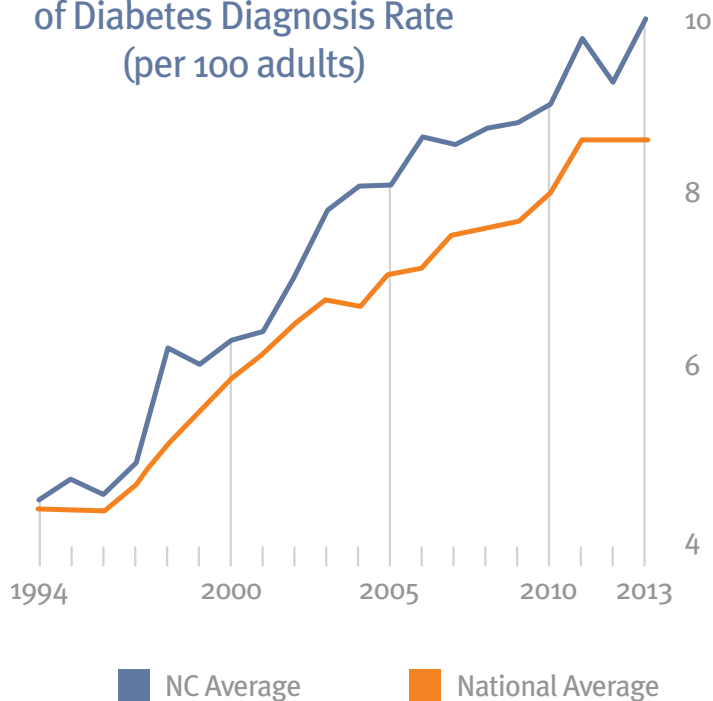
Dr. Onyeaso says diabetes treatment is a marathon, not a sprint.

"You can live a really long time," he said, "if you just channel your energy the right way, and get your blood pressure and cholesterol under control, on top of your blood sugar."

Dennis is slowly proving him right.

"Dr. Onyeaso said if everybody did as well as I did, he wouldn't have a job anymore," she said with bubbly energy. "Going to Dr. N.D. has saved my life!"

NC versus National Average
of Diabetes Diagnosis Rate
(per 100 adults)





A Breath Of Fresh Air

Cape Fear Valley's Pediatric Asthma Program is welcome news for area families and schools

:: by Anna Haley

Tamara Peterkin knows all too well how suddenly asthma attacks can occur.

One minute, her five-year-old son, Amari, can be playing without a care in the world. The next minute he can be wheezing and gasping for air. If he's lucky, a quick breathing treatment with a nebulizer will bring his breathing back to normal. If not, then it's a race to the nearest hospital.

Amari suffered a particularly severe attack in February, landing him in Hoke Hospital's Emergency Department. He needed inhaled and intravenous steroids to help normalize his breathing. He was then transferred to Cape

Fear Valley Medical Center's Pediatric Unit for overnight monitoring.

Any other time, the young patient would have been discharged with just instructions to follow up with his family physician. But on this occasion, Amari and his mother had the chance to meet with Mary Benjamin, a certified pediatric asthma educator.

Benjamin works with Cape Fear Valley's Pediatric Asthma Program. Her job is to educate the public about asthma and how to better cope with the condition. She talks to families at Cape Fear Valley Medical Center, whether it's a patient's first stay or a return visit.

Amari's mother already had a good grasp on asthma treatment before meeting Benjamin. But she still learned a thing or two from their meeting.

"I'd been slack about using Amari's controller medication," the mother said. "I learned that was *the* most important part of treatment."

Her son's breathing has improved noticeably since. He's also missed less school, allowing his parents to miss less work. And that's exactly what the Pediatric Asthma Program strives for.

"We're here to help," said Holly Lawing, the program's manager. "We want kids and parents to know the right thing to do, and the right time to do it, so we can prevent as many asthma attacks as possible."

Lawing advocates better control through better education, which should help children sleep and feel better. This should ultimately lead to better performance at school. Getting the word out to every student is the problem.

There are currently more than 5,100 children diagnosed with asthma in Cumberland County public schools. Lawing would love to personally sit down with each, but that's not possible. But she still tries.

Lawing has been with the asthma program since its inception 11 years ago. As part of her job, she visits Cape Fear Valley physician offices, Cumberland County schools and Head Start centers in an effort to educate the public

Holly Lawing,
Pediatric Asthma
Program Manager, (left)
and Shirley Johnson,
Cumberland County
Public Schools Health
Services Director



wherever she can. Even then, she'd still like to do more. County school officials are all for it.

"Asthma is the biggest reason kids miss school," said Shirley Johnson, Cumberland County Public Schools Health Services Director. "We're making great progress in helping decrease those numbers, though."

Lawing holds asthma education classes with school nurses and medication clerks throughout the year. That includes reviewing asthma action plans for students who have one and lobbying asthmatic students to get one if they don't. Asthma action plans outline medical treatment and what medication to use for students who suffer attacks in school.

Johnson says the nurses and clerks do a great job working with students with asthma. Their asthma training provides them with the knowledge to know what to do, and when to do it, which is a huge plus, she said.

Cape Fear Valley's Pediatric Asthma Program also gives schools free resource kits and asthma supplies. The materials include literature and management tools for home and school.

Johnson says families who can't normally afford the supplies are especially appreciative, as is Johnson.

"Having this program so entwined with our schools," she said, "is really helping us make sure proper care is secured for all these children."

Lawing and her small team at the Pediatric Asthma Program are more than happy to do their part.



Some Things Change While Others Stay The Same

This Cape Fear Valley trustee just can't seem to stay away

:: by Donnie Byers

If there's been one constant in Sandy Ammons' life, other than her family, it's her connection to Cape Fear Valley Health.

The Fayetteville native was not only born at Cape Fear Valley, but so were her two children, Jamie and Sarah. The hospital also gave her one of her first jobs after she graduated from college. She worked as a marketing coordinator for two years, before leaving to become marketing director at Fayetteville Diagnostic Center.

She eventually became the practice administrator. But as her duties grew, so did her children and desire to spend more time with them. She left the outpatient laboratory and imaging center to work from home as a marketing consultant.

Any career change has its ups and downs. The obvious downside to working freelance is that work is never guaranteed. The bright side is that consultants can pick and choose their clientele. Naturally, Ammons chose to work with Cape Fear Valley again.

It started through volunteer work to help Cape Fear Valley Health Foundation hold its first fundraising gala. The event was such a success, the foundation asked her to work on more projects.

For 14 years, Ammons ran her successful marketing business from home, because it allowed her the flexibility to meet family demands better. But on a whim, she applied for a marketing director position at Methodist University two years ago.

She was called in for an interview and emerged as the school's new vice president of University Relations. The leadership position oversees the position she originally applied for.

Flash forward a year later, and Ammons is now in charge of the school's Institutional Advancement department, as well. The new title oversees fundraising and alumni relations.

Her new career has also led to a seat on Cape Fear Valley's Board of Trustees. The at-large appointment obviously means more work. But it also allows Ammons to see old friends and former co-workers again, while working on community issues she believes in.

"I've always had a strong connection to the hospital," she said. "It's essential to our community. And now that I'm at Methodist, a university educating future healthcare workers, I know how important it is for both parties as a partnership."

Work Hard, Play Hard

Even vice presidents need downtime. For Ammons, it's usually spent cooking, exercising and reading books. She's taken a fancy to audio books lately. They let her hear new novels during hectic commutes.

Her real passion is travel, however. She loves faraway places that offer beautiful views and equally unforgettable experiences. Two years ago, it was a slow cruise to Alaska and Canada. The journey was filled with scenic landscapes of the Alaskan wilderness and gigantic glaciers leading to port in Vancouver, British Columbia.

Two years ago, Ammons did something totally different. She and her husband, Jim, and two of their friends took a bicycle tour of Belgium and the Netherlands. Visiting Europe is a common dream vacation. Doing it on two wheels, not so much.

"I really wanted to do something different and active,"



Ammons said. “We got to ride bikes and see all these beautiful villages. You’re practically looking into people’s backyards the entire time.”

The rest of her party wasn’t as thrilled with the idea of pedaling halfway across Europe. But they eventually came around after seeing the beautiful countryside. Thankfully for Ammons, the weather played nice.

The party did have to endure a driving rainstorm for a day. It pelted them mercilessly for hours, but they stuck it out. A warm barge was waiting for them at the end of the outing. It took take them to a nice dinner at a nearby café.

Ammons has also explored the French countryside with her daughter, Sarah. The now-20-year-old college student was studying abroad at the time and already knew where all the good restaurants, cafés and museums were.

Jim Ammons later joined the two to visit the hallowed beaches of Normandy. It was a once-in-a-lifetime experience for the former history major.

The mother and daughter also took a side trip to Italy. The excursion was filled with long walks along the picturesque cobblestone streets of Florence and Venice.

“Everything is just so beautiful there,” Ammons said. “Everything is so old, and there are no cars. You have to walk and use boats to get around. It’s just a nice lifestyle.”

As enamored as she is, Ammons could never give up her daily life back here in the states. She’s quite fond of her new duties at Methodist University. And serving on the board of her old employer is just icing on the cake.



Refusing to Be a Victim

Margaret Ann Alligood gets by with a little help from her friends

:: by Ginny Deffendall

Margaret Ann Alligood's journey back from breast cancer isn't the downtrodden story you often read about or see on TV. It was quite the opposite, thanks to her family and care providers. They lent the kind of support every cancer survivor deserves.

It all started with her surgeon, James Thomas, M.D., FACS, who diagnosed her illness. The good doctor didn't waste any time with her treatment, referring her to Kenneth Manning, M.D., a Cape Fear Valley Cancer Center medical oncologist.

Alligood trusted her doctor's judgment and liked her first meeting with Dr. Manning, but still wanted a second opinion. She sought an appointment at a larger academic medical center. But she quickly realized that Cape Fear Valley was the place for her.

"Second opinions are very good," Alligood said. "This one proved to me that Dr. Manning was paying attention to my case and was very knowledgeable, when it came to the latest research."

Dr. Manning recommended his new patient undergo a treatment so new that it had yet to be published in any medical journals. But the final decision was hers, and hers alone.

Alligood said yes. She instantly felt empowered and no longer a victim to her illness.

"I remembered an old Shirley Temple quote," she said. "The doctors make the incisions, but I make the decisions."

Alligood is glad she stayed in Fayetteville. Once into treatment, she found that having some normalcy in her life during the chaos of chemotherapy was important. Her husband, Richard, and their two daughters, Blair and Caroline, were able to attend treatment sessions and offer love and support.

"I was never alone," Alligood said. "My family, my church family, my friends, and my medical team were all there for me."

The patient was also moved by the Cancer Center staff.

"My nurse, Shannon, cared for me with incredible kindness, patience and understanding," Alligood said. "She knew what I needed before I needed it."

Kathy James, PA-C, is a Cancer Center physician assistant. She says it's this kind of personal interaction that sets Cape Fear Valley Cancer Center apart from the rest.

"We're a small cancer center," James said, "but I would put us up against any other. We really get to know our patients. They become extended family. If I had cancer, I'd come here too."

It's a sentiment shared by Dr. Manning, who is also a cancer survivor. And like Alligood, he chose to receive treatment at Cape Fear Valley Cancer Center, as well. He said it was an obvious decision for him, because he knows firsthand how nice the center is.

It's not the biggest, nor the prettiest. But he knows the staff, which he calls some of the best and brightest in the business. He says it's the staff that makes Cape Fear Valley Cancer Center work so well.

Dr. Manning goes on to say that people often think going to a larger academic medical center, such as Duke University or Chapel Hill, is imperative. He says patients can get the same quality of care right here at home.

"As soon as you hear the word 'cancer,' your whole thinking changes," he said. "You have to go through all this stuff. You get poked and prodded.

"Then you have to get used to undressing in front of people. It's only then the hard stuff begins: chemotherapy.

At Cape Fear Valley, you can go through all of this with the love and support you need close by."

Much of the support offered through Cape Fear Valley Cancer Center comes from volunteers and the programs supported through Cape Fear Valley Health Foundation's Friends of the Cancer Center.

Alligood can attest, as can her husband, Richard.

"The volunteers were as concerned for me as they were for Margaret Ann," said Mr. Alligood. "They want to make everyone comfortable. The Friends of the Cancer Center really touch so many lives at a time you least expect it."

It's just not moral support. The Friends of the Cancer Center often provides financial support to cancer patients in need. This includes gas vouchers to attend treatment, assistance with bills, and wigs and turbans for chemotherapy patients. The group also supports programs, such as art therapy and Healing Touch massages.

"I can tell you from personal experience that the massages are really nice," Dr. Manning said.

Alligood's last day of treatment was in January. She went in not knowing to expect. She was nervous and excited.

"It was an emotional and uplifting day for me," she said. "It was right up there with getting married and having children."

Alligood was so moved by her time at the Cancer Center that she approached the Health Foundation to ask how she could help their cause.

"There's a lot of sick people over at the Cancer Center," Alligood said. "Every bit of money collected through Friends of the Cancer Center goes to support cancer patients. That doesn't happen with a lot of charities. These patients need our help, and I feel it's now our turn to support them."



To find out how you can help support Friends of the Cancer Center, contact Cape Fear Valley Health Foundation at (910) 615-1285 or www.capefearvalley.com/foundation/.

stay safe

Stay out of the Emergency Department this summer. Avoid these **FIVE** common summer-related accidents and illnesses.





① sunburn

Use a sunscreen with an SPF of 30+ and reapply every two hours.



② dehydration

Drink plenty of water and avoid sugary, caffeinated and alcoholic drinks.



③ burns

Use caution when dealing with flammable liquids, open flames, camp fires and even barbeques. Leave the fireworks to the experts.

④ outdoor injuries

Wear appropriate attire and safety gear during activities like bike riding and hiking. Water recreation should be monitored by an adult, preferably one who knows CPR.



⑤ food poisoning

Don't eat food left out of refrigeration for more than one hour when the temperature is above 90° F.



It may not be a gold medal, but saving someone's life is still pretty cool!

During the summer months, blood donations decrease. Yet the need for blood is great. High temperatures, vacations, and school vacation are all factors that contribute to a donor-dry summer.

Thousands of patients in our area rely on generous volunteers to save their lives. Be someone's hero this summer by donating blood.

Donors who give during Urgent Days of Summer will receive a donor T-shirt and a free movie ticket!

While supplies last.



CAPE FEAR VALLEY
BLOOD DONOR CENTER

For more information on how you can be a hero, please call (910) 615-LIFE or visit www.savingliveslocally.org

Bordeaux Shopping Center : 3357 Village Drive, Fayetteville
Mon – Fri, 9AM – 5PM : 3rd Saturday of each month, 9AM – 3PM



CAPE FEAR VALLEY HEALTH : *NEW physicians*

ANESTHESIOLOGY

Hassan Amhaz, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cumberland Anesthesia Associates. Dr. Amhaz received his medical degree from Baylor College of Medicine in Houston, Texas. He completed a residency in anesthesiology at Wayne State University/ Detroit Medical Center in Detroit, Mich. Dr. Amhaz completed a fellowship in cardiothoracic anesthesiology at Duke University Medical Center in Durham.

Anand Dugar, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cumberland Anesthesia Associates. Dr. Dugar received his medical degree from Thomas Jefferson Medical College in Philadelphia, Penn. He completed a residency in anesthesiology at University of Pittsburgh Medical Center in Pittsburgh, Penn. Dr. Dugar is board certified in anesthesiology.

Lisa Newsome, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cumberland Anesthesia Associates. Dr. Newsome received her medical degree from Vanderbilt University in Nashville, Tenn. She completed a residency in anesthesiology at Vanderbilt University and Wake Forest University Baptist Medical Center in Winston-Salem. She completed a fellowship in cardiac anesthesiology at Wake Forest University Baptist Medical Center in Winston-Salem. Dr. Newsome is board certified in anesthesiology.

CARDIOLOGY

Jad Skaf, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Ferncreek Cardiology. Dr. Skaf received his medical degree from Lebanese University in Beirut, Lebanon. He completed a residency at University of Medicine and Dentistry of New Jersey (UMDNJ) – Cooper Hospital in Camden, N.J. Dr. Skaf completed fellowships in cardiology and cardiac electrophysiology also at UMDNJ – Cooper Hospital. He is board certified in internal medicine, cardiovascular disease, clinical cardiac electrophysiology and nuclear cardiology.

EMERGENCY MEDICINE



Brian Krakover, M.D.

Brian Krakover, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Medical Center Emergency Department. Dr. Krakover received his medical degree from Virginia Commonwealth University School of Medicine in Richmond, Va. He completed a residency in emergency medicine at Parkland Memorial Hospital in Dallas, Texas. Dr. Krakover completed a fellowship at University of Texas Southwestern Medical Center in Dallas, Texas. He is board certified in emergency medicine.

Noralea Rose, M.D., has been approved for the medical staff of Hoke Hospital and has joined Hoke Hospital Emergency Department. Dr. Rose received her medical degree from University of North Carolina in Chapel Hill. She completed a residency in emergency medicine at SUNY Upstate Medical University in Syracuse, N.Y. She is board certified in emergency medicine.

Joshua Short, M.D., has been approved for the medical staff of Hoke Hospital and has joined Hoke Hospital Emergency Department. Dr. Short received his medical degree and completed a residency in emergency medicine both from University of Kentucky in Lexington, Ky. He is board certified in emergency medicine.

FAMILY MEDICINE



Vicki Hardy, D.O.

Vicki Hardy, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Southern Regional Area Health Education Center. Dr. Hardy received her medical degree from Midwestern University in Downers Grove, Ill. She completed a residency in family medicine at Southern Regional Area Health Education Center in Fayetteville. Dr. Hardy is board certified in family medicine.

CAPE FEAR VALLEY HEALTH : *NEW physicians*

Sandhya Manivannan, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Southern Regional Area Health Education Center. Dr. Manivannan received her medical degree from Ross University in Portsmouth, Dominica. She completed a residency in family medicine at Southern Regional Area Health Education Center in Fayetteville. Dr. Manivannan is board certified in family medicine.

GASTROENTEROLOGY



Kiran Nakkala, M.D.

Kiran Nakkala, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Center for Digestive Diseases. Dr. Nakkala

received his medical degree from Kasturba Medical Center/Manipal University in Mangalore, India. He completed a residency in internal medicine and a fellowship in gastroenterology, both at Maimonides Medical Center in Brooklyn, N.Y. He is board certified in internal medicine and gastroenterology.

HOSPITALISTS

The following hospitalists have been approved for the medical staff of Cape Fear Valley Medical Center and have joined Cape Fear Valley Hospitalist Group:

Umer Ahmed, M.D., received his medical degree from University of Sint Eustatius School of Medicine in Sint Maarten, Netherland Antilles. Dr. Ahmed completed a residency in family medicine at Duke/

Southern Regional Area Health Education Center in Fayetteville. He is board certified in family medicine.



Hassan Kahi, M.D.

Hassan Kahi, M.D., received his medical degree from Damascus University in Damascus, Syria. Dr. Kahi completed a residency in internal medicine at Western Reserve

Care System in Youngstown, Ohio. He is board certified in internal medicine.



Zeeshan Khakwani, M.D.

Zeeshan Khakwani, M.D., received his medical degree from Ayub Medical College in Abbottabad, Pakistan. Dr. Khakwani completed a residency in

internal medicine at Conemaugh Valley Memorial Hospital in Johnstown, Penn.

Sandhya Nakkala, M.D., received her medical degree from Gandhi Medical College in Secunderabad, India. Dr. Nakkala completed a residency in internal medicine at Mary Imogene Bassett Hospital in Cooperstown, N.Y.

OTOLARYNGOLOGY (EAR, NOSE & THROAT)



Jennifer Tartaglia, M.D.

Jennifer Tartaglia, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Ear, Nose and Throat. Dr.

Tartaglia received her medical degree from University of Southern California Keck School of Medicine in Los Angeles, Calif. She completed a residency in otolaryngology at Los Angeles County USC Medical Center in Los Angeles, Calif. She is board certified in otolaryngology.

PATHOLOGY

Jason Hope, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Fayetteville Associates in Lab Medicine. Dr. Hope received his medical degree from University of North Carolina in Chapel Hill. He completed a residency in anatomic and clinical pathology at Medical University of South Carolina in Charleston, S.C. Dr. Hope completed a fellowship in cytopathology also at Medical University of South Carolina. He is board certified in anatomic and clinical pathology and cytology.

PEDIATRIC CRITICAL CARE

Donald Black, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Inpatient Pediatric Service. Dr. Black received his medical degree from SUNY Upstate Medical Center in Syracuse, N.Y. He completed a residency in pediatrics and a fellowship in pediatric critical care at Duke University Medical Center in Durham. Dr. Black is board certified in pediatrics.

Humberto Liriano, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Inpatient Pediatric Service. Dr. Liriano received his medical degree from St. Christopher College of Medicine in Luton, England. He completed a residency in pediatrics at Arnold Palmer Hospital for Children in Orlando, Fla. Dr. Liriano completed a fellowship in pediatric critical care at University of Texas Southwestern Medical Center in Dallas, Texas. He is board certified in pediatrics.

Muhammad Qureshi, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Cape Fear Valley Inpatient Pediatric Service. Dr. Qureshi received his medical degree from Quaid-e-Azam Medical College in Bahawalpur, Pakistan. He completed a residency in pediatrics at Brookdale University Hospital in Brooklyn, N.Y. Dr. Qureshi completed a fellowship in pediatric critical care at Children's Hospital of Buffalo in Buffalo, N.Y. He is board certified in pediatrics, pediatric critical care and pediatric infectious disease.

PEDIATRIC DENTISTRY

Trina Collins, D.D.S., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Village Family Dental. Dr. Collins received her dental degree from University of North Carolina School of Dentistry. She completed a residency in pediatric dentistry at Lutheran Medical Center in Princess Anne, Md.

Richard M. Burke, Jr., D.M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Village Family Dental. Dr. Burke received his dental degree from University of Pittsburgh School of Dental Medicine. He completed a general practice residency at Naval Hospital in San Diego, Calif. and a residency in pediatric dentistry at University of Iowa College of Dentistry in Iowa City, Iowa. He is board certified in pediatric dentistry.

PEDIATRICS

Prabesh Bajracharya, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined KidzCare Pediatrics. Dr. Bajracharya received his medical degree from Manipal Hospital, Bangalore, India. He completed a residency in pediatrics from Penn State Milton S. Hershey Medical Center in Hershey, Penn. Dr. Bajracharya completed a fellowship at Children's Hospital of Michigan in Detroit, Mich. He is board certified in pediatrics.

Eduardo Garrido Goico, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Rainbow Pediatrics of Fayetteville. Dr. Goico received his medical degree from Universidad Iberoamericana in Santo Domingo, Dominican Republic. He completed a residency at Lincoln Medical and Mental Health Center in Bronx, N.Y. Dr. Goico is board certified in pediatrics.

Leah Swift, D.O., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined KidzCare Pediatrics. Dr. Swift received her medical degree from Edward Via Virginia College of Osteopathic Medicine in Blacksburg, Va. She completed a residency in pediatrics at Wake Forest Baptist University Medical Center in Winston-Salem.

PSYCHIATRY

Anthony Mazzarulli, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Behavioral Health Care. Dr. Mazzarulli received his medical degree from Rutgers – New Jersey Medical School in Newark, N.J. He completed a residency in psychiatry and a fellowship in addiction psychiatry at University of Texas Southwestern Medical Center in Dallas, Texas. Dr. Mazzarulli is board certified in psychiatry.

Barbara Wise, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Behavioral Health Care. Dr. Wise received her medical degree from Virginia Commonwealth University Medical College of Virginia in Richmond, Va. She completed a residency at University of Texas Southwestern Medical Center in Dallas, Texas. She is board certified in psychiatry.

RADIOLOGY

Joseph Bass, M.D., has been approved for the medical staff of Cape Fear Valley Medical Center and has joined Valley Radiology. Dr. Bass received his medical degree from University of Texas Health Science Center at San Antonio in San Antonio, Texas. He completed a residency at Georgetown University Hospital in Washington, D.C., and University of Tennessee Medical Center in Knoxville, Tenn. Dr. Bass is board certified in radiology.

CAPE FEAR VALLEY HEALTH

: PHYSICIAN *briefs*



John Poulos, M.D.

John Poulos, M.D., recently co-authored an article titled *Safety and Efficacy of Ledipasvir-sofosbuvir in Black Patients with Hepatitis C Virus Infection: A Retrospective Analysis of Phase 3 Data*. The article was published in

the December issue of *Hepatology*. Dr. Poulos also served as lead author in a study entitled *Triple Therapy with Vitamin E, Milk Thistle and Carnitine Improves ALT and the Metabolic Abnormalities Associated with NAFLD*. The abstract was presented at the annual meeting of the American Diabetes Association and published in the June issue of *Diabetes Supplement 1 Abstract A617*.



Paul Carter, M.D.

Paul Carter, M.D., received the Old North State Medical Society 2016 President's Lifetime Service Award at the medical society's annual meeting in June.

Volunteer Services Award Winners



Cape Fear Valley Auxiliary awarded scholarships to five high school students at the Auxiliary's Spring Luncheon held in April. (From left to right) Daria Brown, Marleigh Hall, Benjamin Chochran, Daysia Mardré and Diamonique King.



Cape Fear Valley Auxiliary announced its 2016 Volunteers of the Year at its Spring Luncheon. (From left to right) Edith Tart, Makenton Louis, Jr., Liz Graham and Kathy Rouleau.

Cape Fear Valley Pastoral Education Program Receives Full Accreditation

Cape Fear Valley's Clinical Pastoral Education Program has received full-accreditation from the Association for Clinical Pastoral Education, Inc. (ACPE). This allows the hospital's local program to continue offering Level 1 and 2 Clinical Pastoral Education classes. The credentialing also allows Cape Fear Valley to create a future Chaplain Residency Program. The Rev. Cary J. Melvin led Cape Fear Valley's ACPE certification efforts.

Cape Fear Valley To Hold Umoja Free Health Fair and Clinic

Cape Fear Valley's Take Charge of Your Health program will be providing free health screenings at this year's Umoja Festival. The health fair will be Saturday, Aug. 27, from 10 a.m. to 2 p.m., at Smith Recreation Center, across from Fayetteville State University. Attendees can receive free screenings for cholesterol, blood pressure, body mass index (BMI), blood sugar and blood-typing. Free flu shots and HIV testing will also be available. Uninsured and underinsured adults can discuss their screening results with resident physicians on site. Screening appointments will be available beginning Aug. 1. For more information, visit capefearvalley.com.

Asthma Action Fair

More than 200 people attended this year's Asthma Action Fair held at the HealthPlex in May. The annual event provides educational seminars, resources and services for both children and adults affected by asthma in Cumberland and surrounding counties.

Medical professionals were on hand to answer questions and teach attendees how to better manage their asthma. Attendees were also able to see booth displays from local agencies, win prizes and receive free giveaways. They included spacers, peak flow meters and nebulizers provided by Cape Fear Valley's Pediatric Asthma Program, which coordinates the fair every year.

Annual Ribbon Walk & Run Raises Funds for Cancer Patients

Cape Fear Valley Health Foundation's Friends of the Cancer Center held the 2016 Ribbon Walk & Run on Sunday, April 10 at Festival Park. This year's event featured a sanctioned, timed run. Over 1,150 people participated in raising more than \$101,500. Special thanks goes to WKML's Don Chase for being the event's emcee and to Stanley Steamer and Gill Security Systems for being this year's presenting sponsors.

These funds provide direct assistance for cancer patients receiving treatment at Cape Fear Valley Cyperknife & Cancer Treatment Center. Friends of the Cancer Center provides financial, nutritional and medication assistance, transportation and wig assistance, messages and reflexology, Artful Reflections, and many other support programs for patients to help with the healing process during these difficult times.

Diabetic Ball Sends Kids To Camp

More than 140 people attended Cape Fear Valley Health's Pediatric Diabetes Spring Ball on Saturday, April 16. The event was held at Highland Country Club and raised more than \$14,000. The funds will be used to send diabetic children in Cumberland County to the health system's Pediatric Diabetes Camp.

Attendees enjoyed fine dining and dancing. Michael David Taylor, former Major League Baseball player, was the featured speaker. Eight children were honored for having lived with diabetes for a decade or more.

This year's event featured a live auction with items donated from local vendors. Brunilda Cordero, M.D., Hector Cordero, Village Pharmacy, Wayne and Edith Anstead, Dirty South Customs, Fayetteville Community Lions Club and Lilly Pharmaceutical sponsored the event.

For more information about Cape Fear Valley's Pediatric Diabetes Program, call (910) 615-1885.



Going Back To School

Cape Fear Valley Blood Donor Center and Cumberland County high schools partnered this year to raise nearly 3,000 units of blood under the Partners for Life program. Neighboring Partners for Life, held in neighboring counties, raised another 788 units of blood from high schools in Hoke, Bladen, Moore and Harnett counties. Combined, the blood will help save 10,000 local lives and equals half of all blood products used by Cape Fear Valley in a year.

Cash prizes were awarded to the schools that donated the most. Massey Hill Classical, Douglas Byrd and Jack Britt won first place in Cumberland County. Reid Ross Classical, Grays Creek and Pine Forest came in second.

West Bladen and Overhills were first place winners under the Neighboring Partners for Life program. East Bladen and Hoke County came in second. In the past year, these programs collected almost 100 more units than the previous year.

Campbell University Medical Student Wins National Award

Campbell University medical student Priyanka Kailash has received the Medical Student Professionalism and Service Award from the American College of Emergency Physicians (ACEP). The award recognizes students intending to pursue a career in emergency medicine who have demonstrated outstanding patient care and involvement in medical organizations in the community.

Kailash is currently researching the effects of opioids and prescription medication on Emergency Department patient satisfaction scores. The Cape Fear Valley Medical Center medical student will be formally recognized for her award at the ACEP's annual national meeting in October.



(From left to right) Anthony Grello, D.O.; Judith Borger, D.O.; Priyanka Kailash; and Cape Fear Valley CEO Mike Nagowski.

Wellness For Everyone

Cape Fear Valley Health and The Fayetteville Observer held its Thrive health and wellness Expo in May at the Crown Expo Center. The event drew attendees from across southeastern North Carolina who wanted to learn how to improve their wellbeing – through mind, body and spirit!

The event included dozens of vendors providing free health screenings, demonstrations, prize giveaways and more.

Live Zumba demonstrations were presented by Cape Fear Valley HealthPlex. Cape Fear Valley's Blood Donor Center brought its bloodmobile to accept blood donations right on scene.

Attendees were also able to enjoy live cooking demonstrations by Chef Curtis Aikens from the Food Network, and Chef Marcelo Villasuso who demonstrated Healthy Mexican Cooking. Both chefs provided samples for audience members.



CAPE FEAR VALLEY HEALTH *in the* Community

COMMUNITY CLASSES

FOR EXPECTANT PARENTS

BREASTFEEDING CLASSES

This class covers all the basics, including practical solutions to common problems.

July 13 & 27

Aug. 10 & 24

Sept. 7 & 21

6 – 7:30 p.m.

Cape Fear Valley Education Center

3418 Village Drive

FREE! Fathers are encouraged to attend.

To register, call (910) 615-LINK (5465).

SATURDAY ACCELERATED

PREPARED CHILDBIRTH CLASSES

Learn all of the information of the three-week Prepared Childbirth class in one eight-hour day!

Saturday, Aug. 6

Saturday, Sept. 10

Saturday, Oct. 8

9 a.m. – 5 p.m.

Cape Fear Valley Education Center

3418 Village Drive

Cost is \$30 per couple.

To register, call (910) 615-LINK (5465).

FAMILY BIRTH CENTER TOURS

Held every Tuesday at 5 p.m.

FREE! Fathers are encouraged to attend.

To register, call (910) 615-LINK (5465).

FOR ADULTS

ARTHRITIS OF THE HIP & KNEE

Thursday, July 28

Thursday, Oct. 27

6:30 – 7:30 p.m.

Cape Fear Valley Education Center

FREE! An orthopedic surgeon will discuss the signs and symptoms of arthritis and available treatments.

To register, please call (910) 615-7996.



CAPE FEAR VALLEY
BLOOD DONOR CENTER

MOBILE BLOOD DRIVES

FAYETTEVILLE

VALLEY AUTO WORLD

3822 Sycamore Dairy Road

Wednesday, Aug. 17, 9 – 11 a.m.

RICK HENDRICK TOYOTA

1969 Skibo Road

Wednesday, Aug. 17, 1 – 3:30 p.m.

CUMBERLAND COUNTY HEALTH DEPARTMENT

1235 Ramsey St.

Thursday, Aug. 18, 10 a.m. – Noon

CUMBERLAND COUNTY DEPARTMENT OF SOCIAL SERVICES

1225 Ramsey St.

Thursday, Aug. 18, 2 – 4:30 p.m.

BLOOD DONOR CENTER HOURS:

MONDAY – FRIDAY

9 A.M. – 5 P.M.

3RD SATURDAY

9 A.M. – 3 P.M.

For more information, please
call (910) 615-5433 or visit
www.savingliveslocally.org

IN THE REGION

UNION UNITED METHODIST CHURCH

2212 Nursery Road

Lillington

Saturday, Aug. 20, 10 a.m. – 2 p.m.

BEAVER DAM VOLUNTEER FIRE DEPARTMENT

11042 N.C. Hwy. 210 South

Roseboro

Tuesday, Aug. 23, 3:15 – 7:45 p.m.

BLADEN COUNTY DEPARTMENT OF SOCIAL SERVICES

208 McKay St.

Elizabethtown

Thursday, Sept. 22, 12:30 – 3:30 p.m.



SUPPORT GROUPS

Look Good, Feel Better

Meets the third Monday of each month, 9 to 11 a.m., at Cape Fear Valley Cancer Treatment & CyberKnife Center and Cape Fear Valley Cancer Center at Health Pavilion North. Licensed cosmetologists help women with cancer learn how to apply make-up and style wigs or scarves to compensate for changes that cancer treatment may cause. [For more information, please call \(910\) 615-6791.](#)

Mended Hearts of Fayetteville

Meets the second Thursday of each month, 6 to 7:30 p.m., in the Cape Fear Valley Rehabilitation Center Auditorium, Room B. Patients with heart disease and heart failure, as well as their families, are invited to attend. [For more information, please call \(910\) 615-6580.](#)

Defibrillator Support Group

This support group meets quarterly, 6:30 to 8 p.m., in the Carolina Room of the Cape Fear Valley Education Center, 3418 Village Drive. Meetings for 2016 are Thursday, Jan. 14; Thursday, April 14; Thursday, July 14; and Thursday, Oct. 13. [For more information, please call \(910\) 615-8753.](#)

Scleroderma Support Group

Meets the third Saturday of each month, 10 a.m. to noon, in the Medical Arts Center, Room 106A, 101 Robeson St. [For more information, please call \(910\) 308-9792 or \(910\) 237-2390.](#)

Stroke Support Group

Meets the third Monday of each month, 3 to 4 p.m., in the Cape Fear Valley Rehabilitation Center Physical Therapy Gym. [For more information, please call Vicky Parker at \(910\) 615-6972.](#)

Spinal Cord Injury Support Group

Meets the first Monday of each month, 3 to 4 p.m., in the Cape Fear Valley Rehabilitation Center Patient Cafeteria. [For more information, please call \(910\) 615-4051 or \(910\) 615-6066.](#)

Alzheimer's Caregiver Support Group

Meets the third Tuesday of each month, 2 to 3 p.m., at Heritage Place, 325 North Cool Spring St. [For more information, please call Sam Hutchinson at \(910\) 615-1633.](#)

Arthritis Support Group

Meets the fourth Monday of each month, 7 to 8 p.m., in Cape Fear Valley Rehabilitation Center Auditorium, Room A. There will be no meetings in February, July or December. [For more information, please call Stacia Britton at \(910\) 615-4078.](#)

Bereavement Support Group

Meets the first and third Thursdays of each month, noon to 2 p.m., at Cape Fear Valley Hospice and Palliative Care, Bordeaux Professional Center, Suite 203, 1830 Owen Drive. [For more information, please call \(910\) 609-6710.](#)

Fayetteville Brain Injury Support Group

Meets the second Tuesday of each month, at 6:30 p.m., in the Cape Fear Valley Rehabilitation Center Patient Dining Room. [For more information, please call Ellen Morales at \(910\) 486-1101.](#)

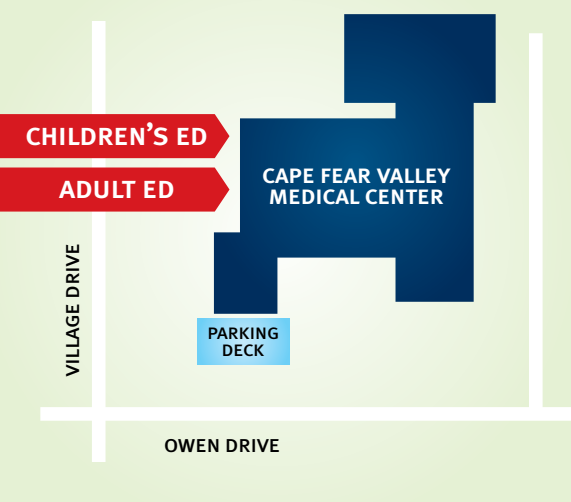


The Children's Emergency Department has moved.

The Children's Emergency Department has relocated from the Melrose Road side of the medical center to the Village Drive side of the medical center next to the Adult Emergency Department.

The Children's Emergency Department has its own entrance, waiting areas, 17 exam rooms, restrooms and vending area separate from the Adult Emergency Department.

The move locates all emergency services to one area of the medical center to improve patient access and convenience.



CAPE FEAR VALLEY HEALTH

www.capefearvalley.com