Transforming Healthcare
The Path to a Healthy Gwinnett
Page 4

United for a Cure
The New Mammography Screening Center
Page 52

Streep at the Wheel
Learn How Meryl Streep Takes Control of Her Work-Life Balance

$1 Million Gift Helps Push for Open Heart Services
Page 54
Gwinnett Medical Center Foundation has formed a Physician Partners Group, chaired by Manfred Sandler, M.D., to serve as advocates for Project PATH and promote awareness of all fundraising initiatives both internally and to the community. This group of physicians is also asked to make an annual financial commitment to the GMC Foundation in support of Project PATH.

“It is our vision to build sustainable relationships with our physician community because we believe that their support and influence can take us to a new level in philanthropy,” says John Riddle, vice president of marketing and development at GMC. “We need them as advocates to our community leaders on behalf of GMC.”

Join GMC Physicians in Supporting Our Community’s Healthcare Future

Gwinnett Medical Center has an incredible vision for the future—a vision that will transform healthcare in our community. That vision, called Project PATH, is explained in detail on page 4.

The next step in Project PATH is to expand GMC’s cardiovascular services by adding open heart surgery. Find out how you can help by visiting openheartgwinnett.org.

Charitable contributions will be critical to funding our future and expanding services, such as the addition of open heart surgery. We hope you will consider Gwinnett Medical Center Foundation when making plans for your remaining charitable contributions in 2007.

You can donate online or use the envelope provided in this magazine to send donations to:

Gwinnett Medical Center Foundation
P.O. Box 1184
Lawrenceville, GA 30046

gwinnetmedicalcenter.org

To discuss other giving options, contact us by phone at 678-312-4634.
Groundwork, champagne and cranes

We are well along the path to planning, advancing and transforming healthcare in Gwinnett. To prepare for the work that needs to be done, we’ve laid groundwork, consulted architects and contractors, rerouted driveways, rearranged parking spaces and cleared out space for heavy equipment. These were small but important steps.

A construction tower crane, which will stand at Gwinnett Medical Center for the next two years, was erected on the edge of our Lawrenceville campus in late May. The tower crane is a tool that has enabled the transformation of healthcare to begin. It symbolizes not only the remarkable growth of our community, but also how our hospital system is committed to meet this booming population’s healthcare needs.

To mark the occasion of the crane being up and running, we held a Crane Christening, complete with local dignitaries, hospital staff and community members. Gwinnett Hospital System Board Chairman Wayne Sikes broke a bottle of perfectly good champagne on the crane’s hook, officially commemorating the launch of construction on our 155-bed patient tower.

When complete, our tower will stand eight stories tall and feature the latest in medical technology and patient convenience. Patient rooms will be almost twice the size of current rooms, with plenty of natural light. Every floor will have a 24-hour receptionist, room service, guest suites and family information centers. The tower will also house five specialty care centers, including Orthopedics and Neuroscience, a Joint Replacement Center, a Spine Center and a Cardiovascular Center, as well as four new intensive care units.

We will continue to move forward, but our pace is dependent on those who share the dream of transforming healthcare in our community. We invite you to support our efforts to continue to plan, advance and transform healthcare in our community and beyond.
Features

1 Promoting PATH Find out how Physician Partners advocate for a healthy community.

4 The PATH to a Healthy Gwinnett Get a sneak peek at Gwinnett Medical Center’s newest vision, which will ensure the very best in patient care.

8 The Originals Meet GECC’s original, dedicated staff members.

19 Striking a Balance With type 2 diabetes a national epidemic, it’s surprising how little most of us know about the disease. Here, we debunk the most common myths.

22 Teaming Up If cancer strikes, where do you turn? To these nine experts, who are your cancer-fighting dream team.

28 Quiet Desperation Fewer than half of the nation’s 29.5 million migraine sufferers have been diagnosed by a physician. Are you one of them? And, more importantly, what can you do about it?

38 In the Safe Zone At first, this 43-year-old working mother feared her chest pain was a heart attack. After a diagnosis of hypertension, she made lifestyle changes we all should consider.

46 Feeling the Burn? It’s not safe to assume you’re suffering from simple heartburn or indigestion. Find out more about GERD, a condition that can have serious consequences if left untreated.

49 Heart Partners Work with Gwinnett Medical Center and the American Heart Association to “build healthier lives, free of cardiovascular diseases and stroke.”

50 Extreme Makeovers Plastic surgery is on the rise, but how can you ensure the best results? Take a look at the benefits of in-hospital procedures.

52 United for a Cure Celebrate the new mammography screening center at GMC – Duluth, made possible with support from VolleyFest Inc. and Brighter Smiles for Brighter Futures.

54 From Their Hearts—for Other Hearts Read why Clyde and Sandra Strickland gave $1 million to expand Gwinnett Medical Center’s cardiovascular services.

56 Map Quest Find your way around the Lawrenceville campus with this handy map.
Gwinnett Medical Center has a vision that will transform healthcare in our community and ensure that the very best care is available for every patient we serve. That vision, introduced in the Fall issue of *Vim & Vigor* by Gwinnett Hospital System President and CEO Phil Wolfe, is called Project PATH.

Project PATH encompasses all the steps GMC is taking to fulfill this vision. Project PATH is not a particular initiative or program, but a collective name that includes all efforts we’ll undertake to fulfill this vision, which breaks down as:

- **PLANNING** to meet our community’s constantly growing healthcare needs
- **ADVANCING** medical technology and clinical excellence
- **TRANSFORMING** our facilities and expanding capacity
- **HEALTHCARE** that meets your needs

The following statistics show that fulfilling our vision to transform healthcare is sorely needed and is not optional.

- Since 1984, Gwinnett County has only added about 200 new hospital beds. In that same period, Gwinnett has added more than half a million new residents.
- The Gwinnett County population in 1984 was 226,000 people, with 426 hospital beds.
- Today in Gwinnett there are more than 750,000 people and 611 hospital beds.
- In a comparison with our neighbors, Cobb County has nearly 100,000 fewer residents than Gwinnett but has about 800 more hospital beds. (In Cobb County today, there are 679,000 people and 1,470 hospital beds.)

A transformation of healthcare in Gwinnett is absolutely necessary. Project PATH will enable GMC to make that happen.

**PLANNING to meet our community’s constantly growing healthcare needs**

Gwinnett Medical Center’s plans include:

- New facilities, such as Gwinnett Medical Center – Duluth and the new patient tower in Lawrenceville
- New services not yet offered in Gwinnett
- Continued progression of our excellence in clinical quality
- Possible expansion into north Gwinnett
- Ensuring the best technology is available right here in Gwinnett
- Building a growing roster of top-quality physicians

**ADVANCING medical technology and clinical excellence**

*We must ensure that our clinical quality is continually improving.*

In the past several years, clinical quality at GMC has taken a major step forward. The hospital:

- Ranked in the top 5 percent in the nation in clinical excellence, as well as in the top 5 percent in the nation in pulmonary care
- Is the first hospital in Georgia with a fully accredited continuum of acute stroke care
- Is the first hospital in Georgia to have an accredited chest pain center
- Was the recipient of the Beacon Award for Critical Care Excellence
- Was the recipient of the VHA Award for Community Benefits Excellence
- Was the recipient of the Solucient Insight Award for Exceptional Clinical Improvement

These awards prove we have already begun advancing our clinical quality, but more needs to be done.
TRANSFORMING our facilities and expanding capacity
We must grow with our growing population.

Gwinnett’s population has vastly outgrown our current capacity, meaning that the major obstacle we face is overcrowding.

- Our emergency rooms continue to see more than 100,000 patients per year.
- No other hospital in the nation has this many visits with the limited number of hospital beds we have.
- This results in backup—ER patients needing admission have nowhere to go.

The solution—more beds, more room for physicians and clinical staff to be able to serve our population’s healthcare needs.

The first step was GMC – Duluth, which opened last fall.

Our next step is the construction of our patient tower in Lawrenceville, which will be ready to serve our community in 2009 and will include:

- A new, eight-story patient tower
- 155 beds, with the latest medical technology and patient conveniences
- Patient rooms that are almost twice the size of the current hospital rooms and filled with abundant natural light
- Four separate intensive care units, each with a different specialty care focus
- Five specialty care centers, including: Orthopedics, Neuroscience, a Joint Replacement Center, a Spine Center and a Cardiovascular Center
- Floors with 24-hour receptionists, room service, family/guest suites and family information centers
- A completely renovated surgical suite with operating rooms dedicated to orthopedics, neurosurgery and vascular surgery

HEALTHCARE that meets your needs
Gwinnett Medical Center’s future services must adapt to the growing needs of our community.

Our future services will require community support to ensure the best technology continues to be available right here in Gwinnett and to build a growing roster of top-quality physicians.

To succeed, we must do all we can to borrow, earn and raise funds to meet these needs. We already have a great foundation of community support, with:

- More than $2 million raised to fund GMC – Duluth in 2006
- $25 million in financial assistance from the Gwinnett County Commissioners

Raising the remainder of the funds is essential, because:

- For every $40 the hospital earns, only $1 is available for Project PATH (such as the new patient tower).
- With a gift of $40 from an individual or business, the entire $40 is immediately available for capital expansion to invest in our healthcare future.

A Common Mission
We must do all we can as a community to ensure that we will have quality healthcare for our families, our spouses, our children and our grandchildren. This is a PATH we must travel—and we must travel it together. To learn more about how your family or company can invest in Project PATH, contact the GMC Foundation at 678-312-4634.
There is a pattern of recognition developing—stemming from the fact that Gwinnett Medical Center’s staff and physicians are committed to providing consistently high-quality care to our community. In the past year, GMC has won wide-ranging recognition for clinical quality. Here’s a sampling:

**Joint Commission Comes a-Calling**
In spring 2007, some anticipated but still unexpected visitors came knocking at GMC’s door. They weren’t interested in receiving healthcare services, but instead were there to review every single aspect of Gwinnett Hospital System operations—from inpatient care facilities and Gwinnett Extended Care Center to outpatient centers and clinics.

The six visitors were surveyors with The Joint Commission, a national organization focused on improving the quality and safety of care provided by healthcare organizations, and they were on a mission to give our organization an unannounced physical exam to be sure Gwinnett Medical Center’s policies, procedures and patient care processes are healthy and effective.

Because the federal government relies on The Joint Commission for accreditation of hospitals to receive Medicare and Medicaid funding, these surveys have become increasingly important, and delve deeply into every aspect of patient safety and care delivery. Our first unannounced survey revealed many areas of strength, one of which is our people. Surveyors specifically described them as “knowledgeable and excellent care providers in all settings.”

**Top Care Delivered**
This year also yielded a Top CARE Hospital award for GMC from the Georgia Healthcare Association (GHA). The award is GHA’s gold standard for excellence in patient care and for maintaining its standing in the top quartile of its peer group for at least three years. CARE hospital award winners are selected based on statistical analysis of quality and cost data regularly submitted to CARE for reporting and benchmarking purposes.

GMC was one of 19 hospitals in Georgia to receive the award, which represents outstanding achievement and sustained improvement and performance in clinical quality, patient safety and financial management. These three elements are truly keys to success for any hospital.

**Community Action**
Quality shows itself well when translated into community benefit. GMC received the 2007 VHA Leadership Award for Community Benefit, along with national recognition for its efforts to provide healthcare that matches the needs of its community. GMC was one of only five hospitals nationwide to be recognized for this achievement.

The prestigious award was presented by VHA Inc. at its annual Leadership Conference in Denver. “Hospitals across the nation do an excellent job of providing high-quality care for their patients, but there are still community needs that often go unmet through the regular course of care,” says Phil Wolfe, GHS president and CEO. “This is where community-owned, not-for-profit hospitals like ours can make a difference, and we have. Our mission is to serve many of the most vulnerable in our community.”
“The VHA Leadership Award for Community Benefit recognizes organizations for their focus and commitment to community benefit and the effective strategies they use to tell their community benefit story,” says Linda DeWolf, vice president of VHA and president of The VHA Health Foundation.

GMC was recognized for having a comprehensive community benefit strategy and providing an effective communications plan to tell the community benefit story. “We are honored to receive this award that demonstrates our stewardship and commitment to providing the highest quality services to meet the healthcare needs of our community, both today and for the future,” says Martha Jordan, R.N., planning analyst and coordinator of the community benefit report.

Insight into Stroke Care
GMC was also recognized by Thomson Healthcare for excellence in clinical quality and performance improvement with the third annual Insight Awards. GMC won the 2007 Insight Award for clinical quality in stroke care through applying best practices to identify, diagnose and treat stroke patients in the most efficient and clinically appropriate way possible. The Joint Commission also certifies GMC as a primary stroke center, offering comprehensive stroke care from diagnosis to rehabilitation.

“We are proud to recognize the hard work and dedication of GMC and share in their success,” says Terry Cameron, executive vice president of provider decision support at Thomson Healthcare. “GMC has used Thomson Healthcare solutions to positively impact clinical quality in stroke care.”

On hand to accept the VHA Leadership Award for Community Benefit are, from left, Joellyn Willis, Novation/HPPA president; Phil Wolfe, Gwinnett Hospital System president and CEO; Janet Schwalbe, GMC vice president of physician and community alliances; Martha Jordan, GMC planning analyst; and Dan Bourque, VHA vice president.

To see a full list of clinical awards won by GMC, visit gwinnetmedicalcenter.org/quality.
This summer marked the 10th anniversary of the opening of the Extended Care Center at Gwinnett Medical Center. This addition to our continuum of care gave our community new opportunities to receive subacute and intermediate care closer to home. But the center wasn’t always as advanced as it is now—GECC opened for business with one side of the building empty, remembers Pam Kauffman, GECC administrator.

“On our first day of business, Miles H. Mason III, M.D., admitted our first patient, Mrs. Mary Little,” Kauffman says. “We were so excited and the patient was tickled to have such attention. In queenlike fashion, she ate all of her meals in her room. By the end of the week we had three patients, and the rest is history.”

GECC earned surveys in 2005 and 2007 with zero deficiencies. The center also achieved national recognition with Step 1 of the American Health Care Association’s (AHCA) Quality Award in October 2005, given to facilities “that demonstrate a clear commitment to the application of continuous quality improvement principles,” according to the AHCA.

After 10 years, there are six true-blue staffers who have been at GECC since it opened. Known as “The Originals,” they are:

- **Connie Clay**, from patient accounts, has served Gwinnett Hospital System for 32 years. She was hired in the business office, where she served as an insurance clerk and insurance supervisor before moving to the GECC, where she handles patient accounts.
- **Ouida Hawks**, R.N., has also served GHS for 32 years. She was a nurse at Button Gwinnett and GMC before coming to GECC, and specialized in utilization management. Hawks loves to travel and has been to England seven times.
- **Pam Kauffman**, an administrator, began her career with GHS in 1990 as a social worker, and now boasts 17 years of service. Kauffman became a licensed nursing home administrator in 1994 and was intimately involved in planning for and opening GECC in 1997. Kauffman and her husband have three children—two sons and a daughter.
- **EVS tech JoAnn Lawlor** has served GHS for 15 years, with her first five at GMC before GECC opened. She is married to Steve and one of her three children was married in September. She loves to read and go shopping.
- **Joyce Odukale**, CNA, a restorative nurse aide, has been with GHS for 10 years. She came on board when GECC opened. Odukale is married with two children and loves watching TV—especially *American Idol*. Fantasia is her favorite winner thus far.
- **Office manager Melody Wade** has 20 years of total service at GHS, having worked in nursing administration before coming to GECC in 1997. She left GECC briefly seven years ago to move to GMC, but requested to be transferred back because she missed it. Wade has been married to Eddy for 34 years and has three sons and one granddaughter.
Get Involved in Your Care

On average, you have 16 minutes to discuss a nagging health worry with your physician and agree on a treatment plan. So how do you get the most out of that time? The American Medical Association and AARP have created an online pamphlet, “The Patient-Physician Relationship: A Partnership for Better Health Care and Safer Outcomes,” a guide to better communication with your physician. Here are three key pointers:

- Don’t hesitate to ask your physician questions.
- Be open about money or other issues that might keep you from receiving care.
- Work with your physician to choose medical treatments that are right for you.

“It’s important that patients and physicians know how to optimize their time together so patients can get the most benefit from their healthcare,” says AMA board member Peter Carmel, M.D.

Get Healthy. Take a Nap

Next time your boss catches you snoozing at work, you have a good excuse: New research shows that a daytime siesta helps reduce the risk of fatal heart problems.

In a study published in the *Archives of Internal Medicine*, researchers followed 23,681 healthy Greek adults for an average of 6.3 years. The study participants who napped for a half-hour at least three times a week had a 37 percent lower risk of dying from heart attacks or other heart problems than those who did not nap.

Researchers suggest that naps benefit the heart by reducing stress.
Have a Heart

A myth about heart disease is that it’s a man’s condition. The numbers tell the true story. Cardiovascular disease kills nearly 500,000 women each year, according to the American Heart Association. New AHA guidelines underscore the importance of preventing and treating heart disease in women.

The 2004 guidelines focused on short-term risks for heart disease and stroke, but the 2007 guidelines—which include new directions for using aspirin, hormone therapy, and vitamin and mineral supplements as well as expanded recommendations on physical activity, nutrition and smoking cessation—emphasize the need for healthcare professionals to focus on women’s lifetime risks.

To study up on heart disease risk and women, call 888-MYHEART (694-3278), and receive a free kit that includes a women and heart disease brochure, wallet card and red dress pin from the American Heart Association.

Lose Weight and Win

It’s not just about looking good in those new jeans. Dropping excess pounds is critical to your health. People who are overweight are at increased risk for high blood pressure, heart disease, stroke and especially diabetes. In fact, nearly nine out of 10 people with newly diagnosed type 2 diabetes are overweight.

“The diabetes epidemic has taken a devastating toll on families and communities across the country,” says Larry Deeb, M.D., president of medicine and science for the American Diabetes Association. “Early detection and treatment can help prevent type 2 diabetes or serious complications associated with diabetes.”

One way to find out if your weight puts you at risk for diabetes and other diseases is to look at your body mass index, or BMI, which is based on a calculation of your height and weight. Your doctor can help you figure out your BMI, or you can use online calculators.

If your BMI is high, be sure to consult with your doctor about the best way to lose weight and get to a healthy size.

It Figures

To figure out your body mass index, try the BMI calculator on the American Diabetes Association’s website. Go to diabetes.org, click “Weight Loss & Exercise,” then “Weight Loss” and “Diabetes and Metabolic Health.”
Is Gravity Your Downfall?

You’ll accept the wrinkles—reluctantly. And you can handle the stronger eyeglass prescription. But one thing you don’t have to passively accept as you age is a lack of balance.

Falls are a leading cause of injury for older adults. One in three adults older than 65 fall each year. The National Athletic Trainers’ Association and the American Academy of Orthopaedic Surgeons (AAOS) have developed guidelines to help older Americans avoid falls and lower the incidence of serious injury when falls occur.

“Seniors can help protect themselves against injuries by making some very simple changes around the house and by adopting an exercise regimen,” says AAOS President James H. Beaty, M.D. Here are a few things you can start doing.

To keep your muscles and bones strong:
- Exercise at least three days a week to improve strength, flexibility and balance.
- Choose low-impact exercises to avoid stress on your joints.
- Stretch daily to improve flexibility and mobility.
- Practice exercises designed to help improve balance.

To make your home safer:
- Make sure you have good lighting. And avoid extension cords—they’re easy to trip on.
- Opt for slip-resistant walking surfaces, and get rid of throw rugs.
- In the bathroom, plug in a nightlight and install grab bars.
- Install handrails on both sides of stairs, and make sure they extend one foot beyond the last step.

Is Gravity Your Downfall?

You’ll accept the wrinkles—reluctantly. And you can handle the stronger eyeglass prescription. But one thing you don’t have to passively accept as you age is a lack of balance.

Falls are a leading cause of injury for older adults. One in three adults older than 65 fall each year. The National Athletic Trainers’ Association and the American Academy of Orthopaedic Surgeons (AAOS) have developed guidelines to help older Americans avoid falls and lower the incidence of serious injury when falls occur.

“Seniors can help protect themselves against injuries by making some very simple changes around the house and by adopting an exercise regimen,” says AAOS President James H. Beaty, M.D. Here are a few things you can start doing.

To keep your muscles and bones strong:
- Exercise at least three days a week to improve strength, flexibility and balance.
- Choose low-impact exercises to avoid stress on your joints.
- Stretch daily to improve flexibility and mobility.
- Practice exercises designed to help improve balance.

To make your home safer:
- Make sure you have good lighting. And avoid extension cords—they’re easy to trip on.
- Opt for slip-resistant walking surfaces, and get rid of throw rugs.
- In the bathroom, plug in a nightlight and install grab bars.
- Install handrails on both sides of stairs, and make sure they extend one foot beyond the last step.

---

Noise Alert!

With autumn in full swing, it’s high season for mowing, mulching and blowing leaves. But lawn mowers, leaf blowers, chain saws and power drills can do serious damage to your hearing (the duration of exposure is a factor). If you use power tools that produce noise louder than 85 decibels, it’s time to invest in foam earplugs.

Plus, be sure to take care of your hearing all year. Here are the decibel levels of common noises:

<table>
<thead>
<tr>
<th>Noise</th>
<th>Decibel Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chain saw, rock concert</td>
<td>110 to 120</td>
</tr>
<tr>
<td>Personal stereo players</td>
<td>100</td>
</tr>
<tr>
<td>Farm machinery</td>
<td>90 to 110</td>
</tr>
<tr>
<td>Snowmobile</td>
<td>100</td>
</tr>
<tr>
<td>Motorcycle, lawn mower</td>
<td>90 to 95</td>
</tr>
</tbody>
</table>

Source: National Institutes of Health
Get Your Kids off the Couch

Experts recommend that kids get no more than one or two hours per day of “screen time” with a TV, computer or video game. But most kids get four to six hours. Here are tips from the American Heart Association on saving your kid from becoming a couch potato.

- Offer alternative activities. Try family game night, shooting some hoops, walking the dog or exploring a nearby park.
- Be active with your kids. Don’t just send them out to play—go play with them!
- Don’t position your furniture so the TV is the main focus of the room. Remove TVs from bedrooms.
- Plan TV watching in advance. Go through the TV guide and pick the shows you want to watch. Turn the TV on for those shows and turn it off afterward.

More Than a Bad Dream

Forget bedbugs and bad dreams. The things that really keep us up late at night affect our physical health.

When you’re trying to fall asleep, are you bothered by an irresistible urge to move your legs? Feel like climbing the walls? If so, you probably have restless legs syndrome (RLS). Up to 10 percent of Americans have this neurological condition. “Cases range from mild, like people who shift uncomfortably during a long airplane ride, to severe, like people who are forced to get out of bed and walk, sometimes for hours, to get momentary relief from the sensations in their legs,” says Georgianna Bell, executive director of the RLS Foundation.

Those with RLS usually use the words creeping, itching, pulling, creepy-crawly, tugging or gnawing to describe the sensation. Relief typically comes with movement of the legs.

Take Action

Physicians recommend eliminating alcohol and caffeine and exercising regularly to decrease the symptoms of restless legs syndrome. There are also medication options. You can study up on RLS at rls.org. Then talk to your doctor about your options.

Play It Safe

With kids back to school and the sports season under way, the American Academy of Pediatrics recommends the following steps to help your children avoid injuries:

- Wear the right gear. Players should wear appropriate equipment such as pads, helmets, mouthpieces, face guards, protective cups and eyewear.
- Increase flexibility. Stretching before and after games can increase flexibility.
- Strengthen muscles. Conditioning during practice and before games strengthens muscles used in play.
- Take breaks. Rest periods during practice and games can reduce injuries and prevent heat illness.
- Play safe. Strict rules against headfirst sliding (baseball and softball), spearing (football) and body checking (ice hockey) should be enforced.
- Avoid heat injury. Drink plenty of fluids before, during and after exercise or play; decrease or stop practices or games during high heat and humidity; wear light clothing.
MYTHS about diabetes might go to extremes, but the facts about the condition are much more sensible.

If I had a dollar for every time someone apologized for passing food to me at a party, I’d never have to work another day in my life.

I have type 2 diabetes, and it frequently surprises me to see how little people really know about the
condition. They think I shouldn’t eat any carbohydrates (“Are you allowed to have that?”) or wonder if I’m going to go blind.

Fortunately, my doctors are far more enlightened, thanks to an ever-improving understanding of diabetes and its treatment—especially in the past 20 years since I was diagnosed.

“I think the most important thing that has changed—the thing doctors are really trying to communicate to their patients—is the absolute necessity of controlling blood glucose levels,” says Larry Deeb, M.D., president of medicine and science for the American Diabetes Association. “If patients do that, we can prevent the complications of diabetes.”

Although some of the myths about diabetes may be a bit extreme, experts agree that the key to living well with diabetes is balance.

**MYTH:**
Diabetes is all about what you eat.

People with diabetes do need to adhere to a healthy diet. But they also need to follow any prescribed medication regimen and get regular exercise.

“I think the most important thing is to commit to being active every day,” Deeb says. “It doesn’t mean having to go to the gym every day. Any intentional activity, like taking the stairs instead of the elevator or parking at the far end of the parking lot, is beneficial.

**MYTH:**
Eating sugar causes diabetes—and people with diabetes should never eat sugar.

Diabetes is not caused by eating sugar. It’s a condition in which the body does not produce or properly use insulin, which can cause high blood glucose, or blood sugar, levels if not managed effectively.

Also contrary to popular belief, people with diabetes can enjoy sweets and other foods containing sugar as part of a healthy meal plan. “One cookie isn’t going to kill you,” says Cathy Nonas, R.D., M.S., CDE, an American Dietetic Association spokeswoman.

“There has to be a balance,” Deeb adds. “You can enjoy a piece of cake on your birthday, but remember it’s someone’s birthday every day. So enjoy life, but in moderation.”

**MYTH:**
People with diabetes have to follow a strict diet and can’t eat the same things everyone else does.

“A diabetes diet is pretty much the same as any diet that’s good for you,” Nonas says. This means eating plenty of vegetables, along with healthy portions of whole grains, low-fat meats and fish, plus small amounts of fresh fruit.

No single eating plan is perfect for everyone with diabetes, she adds, because every person’s body can respond differently to various foods. Frequent blood glucose monitoring can help people better understand how their bodies react to certain foods so they can make more-educated food choices.

---

**THE HEARTFELT TRUTH**
When people don’t effectively manage their diabetes, one of the most common complications is cardiovascular disease.

Larry Deeb, M.D., president of medicine and science for the American Diabetes Association (ADA), says people with diabetes can reduce their risk of heart disease by paying close attention to the “ABCs” of diabetes:

- **A is for A1C.** This blood test measures blood glucose control over the past two to three months. The ADA’s recommended target for people with diabetes is below 7 percent.
- **B is for blood pressure.** When your blood pressure is high, your heart has to work harder than it should. The ADA recommends that people with diabetes keep their blood pressure below 130/80 mmHg.
- **C is for cholesterol.** Cholesterol is a fatlike substance—only some of which is actually bad for you—in your blood. The ADA recommends target HDL (“good”) cholesterol levels above 40 mg/dL for men and above 50 mg/dL for women, and LDL (“bad”) cholesterol levels below 100 mg/dL.

Help Is Here!

Gwinnett Medical Center’s Diabetes & Nutrition Education Center can help in your fight against diabetes. Learn more at gwinnettdiabetescenter.org, or call 678-312-7660 (Duluth) or 678-312-4117 (Lawrenceville).
MYTH: If you’re predisposed to diabetes, there’s nothing you can do to prevent or delay its onset.

Some people are, in fact, predisposed to diabetes. On the other hand, Deeb says, people who are willing to exercise three or four times a week, eat a healthy diet and maintain an appropriate weight may be able to put off the development of type 2 diabetes for years, if not altogether.

MYTH: Living with diabetes is hard work.

Although effective diabetes management requires effort, the right attitude can turn it into something positive.

“We know that regular physical activity, maintaining a healthy weight and eating a healthy diet all improve blood glucose control,” Nonas says. “But people shouldn’t look at this as a punishment—it’s an opportunity to improve your health.”

MYTH: If you haven’t always managed your diabetes effectively, getting it under control now won’t do any good.

This is absolutely false, Deeb says. Those living with diabetes can have days or even longer periods when they struggle to maintain their balance. But that doesn’t mean they should stop trying.

“It’s the long-term commitment that counts,” he explains. “Even people who have started to develop complications can reverse those trends by improving their lifestyles. And it’s never too late to get back to it.”
Teaming

When your opponent is cancer, losing isn’t an option. Here’s how to build a cancer-fighting dream team

By Lori K. Baker
You could call me the cancer comeback kid. Three years shy of my 40th birthday, the age most women have their first mammogram, I discovered that I had invasive breast cancer that had spread to four lymph nodes. As a fitness buff and the mother of a 4-year-old son and 6-year-old daughter, I was so stunned by the diagnosis I felt numb. But I was determined to do what it took to beat this disease, even though the odds were stacked perilously against me. With Stage 2 breast cancer such as mine, there was a 75 percent chance the cancer would return in five years and be incurable.

Sure, it could have been easy to throw in the towel and declare defeat—but that’s just simply not what winners do. “To get the diagnosis of cancer or recurrent cancer is a terrible situation,” says Len Lichtenfeld, M.D., deputy chief medical officer for the American Cancer Society. “But patients need to become informed, take responsibility and take charge.”

Put Together a Game Plan
Fueled by my reporter’s instincts, I delved into research about my health condition as if I was on a hot assignment (which I was). My investigation included calling the American Cancer Society, whose national call center (800-ACS-2345) employs more than 400 people who can help newly diagnosed cancer patients learn about their disease and navigate the healthcare system. Then I sought doctors who were not only respected experts in their field but who also would discuss my condition and medical options as an equal—not a superior—and support me in my efforts to keep a positive attitude. “The good, caring physician by the bedside, whom you can talk to, trumps the expert who’s always flying around giving lectures,” Lichtenfeld says.

As I explored my options, I struggled against feelings of urgency—I wanted the cancer gone now. But Richard Wender, M.D., president of the American Cancer Society, says it best: “How many battles for your life will you face? This one is worth the extra energy, work and planning so you have a team that inspires confidence and in which you have a high level of trust.”

Fill the Positions
Who’s the captain of the cancer team? The patient, of course. But here are nine other key players on a cancer-fighting dream team:
On Your Terms

If you were the captain of a football team, you’d know the difference between a first down and a touchdown. As the captain of your cancer team, there’s also terminology you need to know:

**Adjuvant therapy (A-joo-vant THAYR-uh-pee)**
Treatment given after the primary treatment to increase the chances of a cure. It may include chemotherapy, radiation therapy, hormone therapy or biological therapy.

**Biopsy (BY-op-see)**
The removal of cells or tissues for examination by a pathologist to detect cancer.

**Lymph node (limf node)**
Lymph nodes are bean-shaped masses that can be found in the groin, armpit, neck or other places in the body’s lymphatic system, which acts like a filter. Important for the body’s immune system, they try to trap cancer cells and bacteria causing an infection.

**Metastasis (meh-TAS-tuh-sis)**
The spread of cancer from one part of the body to another.

**Prognosis (prog-NO-sis)**
The likely outcome or course of a disease; the chance of recovery or recurrence.

*Source: National Cancer Institute*
Medical oncologist. Often the main healthcare provider for someone who has cancer, this physician specializes in drug therapies (chemotherapy, hormone therapy and biological therapy)—either used alone or in combination with other treatments. A medical oncologist can discuss the best treatment choices for you, whether standard therapy or clinical trials.

Surgeon. A surgeon is often the first cancer specialist a patient sees if he or she needs a surgical biopsy or a tumor removed. The surgeon works in conjunction with other team members to plan the best course of treatment.

Radiation oncologist. This physician specializes in the use of radiation to treat cancer. Because there are many types of radiation, your oncologist will work with you to find the type that will best treat your cancer.

Dietitian. This health professional can help cancer patients with everything from preparing menus that will meet their special nutritional needs to making certain foods more palatable when they have a loss of appetite. Most hospitals have registered dietitians on staff, and you can ask your doctor about meeting with them.

Physical or occupational therapists. These healthcare professionals teach exercises and physical activities that help patients gain muscle strength and movement. For example, physical therapy can help rebuild muscles in your arm and shoulder if you have chest surgery. They also can help patients avoid or minimize certain side effects of cancer surgeries, such as swelling after a mastectomy. Your primary care physician or oncologist can refer you to rehabilitation services.

Social worker. Social workers who specialize in working with cancer patients can anticipate problems or difficult emotions they might feel—and offer solutions. Social workers often facilitate support groups at hospitals, where cancer patients and their families can gather to share experiences and gain support from people in similar situations. If you need help finding a social worker, start by contacting your local hospital.

Clergy or a counselor. Because cancer patients may feel vulnerable and afraid, these professionals can help you through this emotionally difficult time. “Spiritual or mental health support can be a vital part of your treatment, depending on the stage of your cancer,” Wender says.

Cosmetologist. A cosmetologist knowledgeable about cancer treatments can help a patient prevent and care for the likely side effects of chemotherapy or radiation, including hair loss and dry and sensitive skin. To find a cosmetologist in your area, call 800-395-LOOK (395-5665), the toll-free number of Look Good ... Feel Better, a national public service program founded by the Cosmetic, Toiletry, and Fragrance Association Foundation.

Post-Game Follow-Up
It’s been more than 10 years since I received that frightening breast cancer diagnosis, and I’m classified as “cured.” Nowadays, my annual follow-up visits with my oncologist have become a ritual celebrating another year of life.

Every time I see my oncologist I think about the old TV show character Marcus Welby, M.D., a doctor who combined compassion with medical wisdom. “How long has it been since you had cancer now?” my oncologist inevitably asks with a warm smile. “You’re a survivor in every sense of the word.”

Certified Cancer Care
Gwinnett Medical Center has been awarded the Outstanding Achievement Award from the Commission on Cancer (CoC), an affiliate of the American College of Surgeons. GMC was one of only 30 programs to receive the award this year, which places the hospital in the top 6 percent of facilities surveyed in the nation.

“We are pleased to acknowledge GMC’s commitment to providing high-quality cancer care,” says M. Asa Carter, CTR, of the American College of Surgeons Commission on Cancer.

Established in 2004, the CoC Outstanding Achievement Award is designed to recognize cancer programs that excel in providing quality care to patients. GMC received the award following an on-site evaluation by a physician surveyor. GMC demonstrated a Commendation level of compliance with seven standards that represent the full scope of the program.
WITH HER FIRST HUSBAND MURDERED, TWO MANIPULATIVE KIDS WHO HATE HER and a new spouse with a shady history, you’d think Bree Van De Kamp would be a migraine sufferer. But in reality, it’s Marcia Cross, the actress who plays Bree on Desperate Housewives, who suffers from the debilitating headaches.

“I got my first migraine around 14 when I was in high school,” Cross says. “I got sent home in horrible pain. But I wasn’t diagnosed for many years—maybe in my late 20s or early 30s.”

Cross’ story is not uncommon. Fewer than half of the 29.5 million migraine sufferers in the United States have received a diagnosis from their physician, according to the National Headache Foundation.

So how do you know if you have migraines? And more important, is there anything you can do about it?

Not Just a Headache
One theory is migraine headaches occur when nerves release chemicals that cause blood vessels on the surface of the brain to become irritated and swell. Pain is typically...
DESPERATION
fled around the eyes and temples, but also may be present in the face, sinus, jaw or neck. A headache is only one of the symptoms of a migraine. Other symptoms include:

- Nausea or vomiting
- Visual disturbances
- Sensitivity to light, sound and odor
- Fatigue or confusion
- Feeling cold or sweaty
- Lightheadedness

Nearly one-fifth of migraine sufferers experience visual disturbances, or auras—which are characterized by seeing wavy lines, dots or flashing lights, or having blind spots—before the onset of their migraines. Cross is one of them.

“I have the odd aura thing that happens with my eyes, and often a tingling in my pinky,” Cross says. “I also have trouble remembering simple things like someone’s name who is standing right in front of me.”

Profile of a Migraine Sufferer
Who gets migraines? Women, mostly. They are three times more

WHO GETS MIGRAINES?
WOMEN, MOSTLY. THEY ARE three
times more likely TO BE AFFECTED BY MIGRAINES THAN MEN.

Should You Have Your Head Examined?
Your doctor generally diagnoses migraines through your history, family history and neurological examination. In some cases, imaging studies, blood tests or a spinal tap will be ordered to rule out other causes of headache, such as blood clots or tumors.

James McDaniel, M.D., a neurologist at Gwinnett Medical Center, recommends such diagnostic tests when:

- Other neurological symptoms are present, such as numbness, weakness or difficulty walking.
- Headache pattern or severity changes.
- An underlying condition is present, such as cancer or HIV.
- The onset of headaches is after age 50.

Ahead of the Game
If it’s more than just an occasional headache and you suspect you could be suffering from migraines, call your doctor. You can get a jump-start on understanding migraines at headache.org, which has information and links to other headache- and migraine-related websites.
likely to be affected by migraines than men. They are most commonly experienced between the ages of 15 and 55.

If you want to know whether you’re at risk, ask your parents. Between 70 percent and 80 percent of migraine sufferers have a history of migraines in their family. “We believe that migraine is hereditary, a particular variation in a gene,” says Arthur Elkind, M.D., president of the National Headache Foundation.

But just because migraines are typically passed from generation to generation doesn’t mean you have to suffer like your grandmother did. Treatments are available.

Pain, Pain, Go Away
The first step in finding relief is talking to your doctor. “There are many people who think it’s just a headache, and they don’t take them seriously,” says Gretchen Tietjen, M.D., a spokeswoman for the American Academy of Neurology. “Talk to your doctor about your headaches. Many of them are very treatable.”

“There are many treatments available today that weren’t available 20 or 30 years ago,” Elkind says. “And more are being developed all the time.”

Treatments include over-the-counter and prescription medications taken at the onset of a migraine or on an ongoing basis, and biofeedback, in which patients train themselves to control the physical processes of stress, a top migraine trigger.

Another preventive treatment is trigger avoidance. Identifying and avoiding migraine triggers can be highly effective. Triggers include:

* Stress or anxiety
* Changes in weather or altitude
* Changes in sleep patterns or being tired
* Certain foods and beverages, including alcohol, aspartame, caffeine, cheese, chocolate and nuts
* Changes in hormone levels
* Intense physical activity

The best way to determine your triggers is to keep a diary. “There could be many things causing it,” Elkind says. “Keep a diary of what you’re eating and when you get a headache. If you have a headache every time you eat chocolate, you may want to avoid that.”

As for Cross, her triggers are stress, red wine, chocolate, citrus and cheddar cheese. “I’ve been really lucky,” she says. “I’ve only had one once at work, and that was 10 years ago now.

“It used to cause me anxiety, but that just made matters worse,” she says. “Then I realized that they can always reschedule—the show will go on. Now I’m not worried about it at all.”
Feeling the Burn?

Answers to the 6 most important questions about acid reflux

By Jane Farrell

ILLUSTRATION BY TERRY ALLEN
For years, nutritionist Jen Rackley suffered from persistent upper respiratory infections, coughs and “horrible stomachaches.”

“I ate Tums like candy,” Rackley says. Because of her indigestion, doctors prescribed medicine for a spastic colon, but that didn’t help. Eventually, her physician deciphered her symptoms as GERD, or gastro-esophageal reflux disorder—a condition that afflicts 21 million adults in the United States and can lead to major health problems.

But through medical treatment and lifestyle changes, it can be controlled and even eliminated. Here are important things to know about GERD.

1. What Causes It?
GERD occurs because of a malfunction in the digestive system. Normally, food travels from the esophagus to the stomach via a muscle, the lower esophageal sphincter, which acts as a valve, opening to let food into the stomach and closing to prevent acidic contents from backing up into the esophagus.

When the lower esophageal sphincter is weak and doesn’t function as it should, acidic stomach contents leak back (reflux) into the esophagus. This causes a bitter taste in the back of the mouth or a burning sensation, known as heartburn, in the throat or chest.

GERD also can be caused by a hiatal hernia, a condition in which part of the stomach distorts another valve-like muscle known as the esophageal hiatus, disrupting normal digestion.

2. What Are the Symptoms?
The most widely known signs are persistent heartburn or acid regurgitation. But you can have GERD even if you don’t have heartburn, according to the National Institute of Diabetes and Digestive and Kidney Diseases.

Signs can include morning hoarseness, food sticking in the throat, trouble swallowing, bad breath, coughs or chest pain. (Of course, if you do experience severe chest pain, get medical attention right away. Chest pain can be a sign of a heart attack.)

3. When Is It Time to See the Doctor?
Jack DiPalma, M.D., former president of the American College of Gastroenterology, recommends going to a physician if you are using antacids more than twice a week or if symptoms affect your daily life. For example, Rackley’s cough was so severe that she had to quit competitive swimming.

DiPalma also stresses the importance of giving your doctor a complete picture of your health-care. “I like it when a patient brings all their medications so I can see if there’s an injurious drug involved,” he says. “They should bring prescription, over-the-counter, and any alternative or complementary products, even if they don’t think [the medicines] are relevant.”
4. How Is It Treated?
Antacids (Rolaids, Maalox, Mylanta) are usually recommended first. If they don’t work, stronger medicines like H2 blockers (Tagamet, Zantac) can lessen acid production, as can a class of medications called PPIs (proton pump inhibitors), which includes Prilosec and Prevacid.

If you don’t respond to these, a doctor can perform diagnostic tests. These include X-rays of the esophagus and stomach; an in-office endoscopy, (an exploration of the esophagus using a flexible tube, or endoscope, which has a tiny camera); and a pH monitoring examination, in which a tube is placed in the esophagus to track acidity levels for 24 hours.

These tests also can detect a severely inflamed esophagus, which may lead to a condition known as Barrett’s esophagus. The exact causes of Barrett’s esophagus are not known. The American Cancer Society cites Barrett’s esophagus as a risk factor for esophageal cancer.

5. What Lifestyle Changes Should You Make?
The most crucial changes, DiPalma says, are to stop smoking and to avoid nonsteroidal anti-inflammatory drugs, such as aspirin, which have been linked to relapses of GERD. The National Institute of Diabetes and Digestive and Kidney Diseases also recommends avoiding alcohol; losing weight if necessary; eating small, more frequent meals; and avoiding foods that are spicy, acidic (like oranges and tomatoes), fried or high in fat.

Rackley has made similar changes in her life. As a result, she says, “my problems are very well-controlled.” Although her GERD has not gone away entirely, she has only occasional flare-ups, and those respond to medication.

Her lifestyle changes also include stress-management techniques and regular exercise. “I’m a big fan of yoga,” she says, laughing, “as long as I save the inverted poses for a couple of hours after eating!”

6. What If Nothing Works?
In cases that don’t respond to medication or to lifestyle modifications, patients can opt for surgery. A minimally invasive procedure known as a Nissen fundoplication involves wrapping the stomach around the lower esophageal sphincter. Other possibilities involve endoscopic procedures that tighten or strengthen the lower esophageal sphincter. The procedures don’t require major recovery time.

DiPalma cautions that even surgery may not entirely eliminate GERD. So it’s best to continue with lifestyle changes and possibly medications as needed. Your doctor is the best person to help advise you.

Stop the Burn
For more information about GERD, talk to your doctor. For a referral to a gastroenterologist at Gwinnett Medical Center, call Healthline at 678-442-5000.

Kids Get It, Too
Contrary to popular perception, GERD is not exclusively an illness of older people. An estimated 3 million to 7 million children and adolescents suffer from the condition.

“It seems to be on the rise,” says Jan Gambino-Burns, associate director of the Pediatric/Adolescent Gastroesophageal Reflux Association. “But it’s not certain whether that’s because it’s being more easily identified now, or because of other factors.” Other possible explanations she cites include the increasing obesity rates among children, a lack of exercise and an increase in asthma.

Gambino-Burns says symptoms may not be obvious. Kids who seem fussy may be just bypassing food that gives them indigestion. “Sometimes certain foods don’t taste good,” she explains, “so a child will avoid them. He’s not being a picky eater; he’s being a careful eater.” Other signs, which can be mild or severe, include breathing problems, sour breath and disrupted sleep.

The easiest way to find out if a child may be experiencing acid reflux, Gambino-Burns says, is simply to ask, “Do you have a yucky taste in your mouth after you eat?” If the answer is yes, parents should take their child to the pediatrician rather than going to the drugstore on their own. “It’s tempting to go to the pharmacy and buy something over the counter,” she says, “but a doctor will know which kind of treatment is best.”
With a gold stamp of approval for stroke care from The Joint Commission and a strong cast of awards, Gwinnett Medical Center is a perfect teammate for the American Heart Association (AHA) when it comes to fighting stroke and cardiovascular disease.

GMC served as the presenting sponsor for the 2007 Heart Walk, an event that promotes physical activity and heart-healthy living. Together, the AHA and GMC educated our community on stroke, heart attack warning signs and the urgency to seek medical help quickly, through literature and presentations leading up to the Heart Walk in mid-March. Ultimately, the 2007 Gwinnett Heart Walk was a huge success, with a 27 percent increase in participation from 2006.

Debra Lowder, regional director for the North Georgia Chapter of the AHA, says that the AHA is setting the bar high for the future of our country: “Our goal is to decrease cardiovascular disease, stroke and risk by 25 percent by 2010.”

How does this translate into saving lives?

◆ 115,000 fewer heart attacks
◆ 12.5 million people with lower blood pressure
◆ 40,000 fewer strokes
◆ 2.3 million fewer smokers
◆ 36 million people with lower cholesterol
◆ 20 million more physically active people

The new mission for the AHA is "Building healthier lives, free of cardiovascular diseases and stroke," and GMC is committed to helping the AHA achieve that goal by providing financial assistance that is used for research, professional education, community services and public health. Currently, the four major education causes of the AHA address women and heart disease, physical activity, childhood obesity and stroke awareness.
More than 16 million cosmetic and reconstructive procedures were performed in 2006, according to the American Society of Plastic Surgeons, while the number of solely cosmetic surgery procedures in 2006 increased 7 percent from the year before.

The statistics may surprise you, but plastic surgery and other aesthetic procedures have become increasingly more accessible to the average individual. Many factors have increased this availability, including the frequency with which physicians perform the procedures in an office setting, increased availability of minimally invasive procedures, prevalence of information available on the Internet and expanded financing options.

But because plastic surgery is often a dramatic and permanent alteration of a person’s appearance, it is important to have a clear understanding of the expectations, preparation and results. Cosmetic procedures are often permanent and, therefore, thorough research before surgery is important—with increased accessibility comes increased potential for unexpected outcomes.

A Pretty Picture
Most patients who choose plastic surgery do so to improve their self-image. Plastic surgery is closely linked to how individuals not only perceive themselves, but also how they believe they are perceived by others. Because

One way to rein in perfectionism is to focus on the task at hand. “Either deal with a task right away or decide when to deal with it and put it aside until then,” Butler says. “Don’t spend time in the limbo of neither getting down to work nor enjoying your leisure.”

“The really weird thing about acting is you can’t get ready to do it, you can’t do it before you do it, and you can’t do it in the trailer or your home,” Streep has said. “You can only do it in the moment it’s happening.”

Mike Nichols, who has directed Streep in several films, told Time, “Every day, more than any other actor I’ve worked with or seen, she comes on the set clearly feeling, ‘Oh, boy, I get to do this one more time!’”

Finding peace while juggling multiple life roles can come from focusing on what’s important to you and letting go of the desire to have everything perfect.

“Thank God I have my children,” Streep said on Oprah. “It’s everything. It’s not without compromise, and it’s not without mess ... but I like mess.”
of this, it is a dynamic field of medicine that is as much of an art as it is a science. While many procedures are performed in physician offices, Gwinnett Medical Center – Duluth is now working with a number of board-certified plastic surgeons to offer cosmetic surgery procedures that are priced competitively with in-office cosmetic procedures and offer patients the benefit of individualized support services.

The Right Setting
“The distinct advantage provided by hospital-based plastic surgery is oversight, not only of the physicians and the procedures, but of the equipment as well,” says David Whiteman, M.D., FRCS(c), a cosmetic surgeon on the GMC medical staff.

Hospitals are surveyed by third-party accreditation boards, such as The Joint Commission, which complete annual surveys to verify that a wide variety of standards are met. These accreditation boards also review staff training for nurses, respiratory therapists, anesthesiologists and surgeons.

“Hospitals have to ensure that physicians performing cosmetic procedures in a hospital setting meet the proper training and certification requirements,” Dr. Whiteman adds. “If cosmetic procedures are being done in a physician’s office, there’s little oversight over whether the surgery is performed by a physician with board certification.”

In addition to adherence to safety and training standards, Dr. Whiteman says that patients who are not in optimal health or who may need to be watched closely after a plastic surgery procedure have the advantage of an overnight stay in a private room with clinical staff who are specially trained to handle any potential complications.

“An unexpected outcome in a physician’s office would require a call to 911,” Dr. Whiteman says. “Cosmetic procedures done in the hospital setting allow for a team of health specialists to be available immediately should the patient have an unexpected outcome. That is a distinct advantage to patients. The bottom line is that cosmetic surgery is a real operation with real complications and should be considered a serious medical procedure.”

Top Five Procedures in 2006
Per the American Society of Plastic Surgeons, the top five surgical cosmetic procedures were:
- Breast augmentation
- Nose reshaping
- Liposuction
- Eyelid surgery
- Tummy tucks

The top five reconstructive procedures in 2006 were:
- Tumor removals
- Laceration repairs
- Scar revisions
- Hand surgeries
- Breast reductions
Breast cancer is the leading cancer among white and African-American women, although African-American women are more likely to die from the disease. But with technological advances, breast cancer can be detected at a very early stage, when treatment can make a great difference in results. The key to early detection is having routine screening mammograms, but with Gwinnett’s ever-growing population, ensuring access to these important services has become an increasing challenge.

Our community has recognized this incredible need to expand services. In fall 2007, a new mammography screening center opened at Gwinnett Medical Center – Duluth, funded by charitable donations of more than $650,000 from various organizations and individuals.

“Organizations like VolleyFest Inc. and Brighter Smiles for Brighter Futures had an incredible impact on this project, and they have allowed us to better serve the women in our community,” says John Riddle, vice president of marketing and development for Gwinnett Medical Center.

Kimberly Hutcherson, M.D., a radiologist with GMC – Duluth, explains: “The new center will increase access for routine screening mammograms by allowing us to perform an additional 8,000 screening mammograms per year. With better access to screening mammograms comes earlier detection of problems and greatly increased chances for a cure.”

**Screenings Come to You**

To bring the mobile mammography Care-a-Van to your location, call 678-312-4760.

To schedule a mammogram on the Care-a-Van, call Gwinnett Medical Center’s HealthLine at 678-442-5000.

**Volley for a Cure**
The Seventh Annual VolleyFest tennis tournament raised $215,000
A Meaningful Donation From Notre Dame Academy

The students of Notre Dame Academy in Duluth raised $2,000 through their signature community outreach event, Family FunFest. The money raised was given as a donation to Gwinnett Medical Center – Duluth's new mammography screening center in loving memory of Megan Callahan-Ryan, the former principal of Notre Dame Academy's Early Years campus. She died on April 27 of cancer at age 35.

"One mission of Notre Dame Academy is to help form compassionate individuals who serve," says Debbie Orr, president of Notre Dame Academy, and a personal friend of Callahan-Ryan. "We, as a Catholic school, have made it a priority to identify opportunities for our students to serve our local community. We plan to continue dedicating the proceeds from our annual Family FunFest to the Gwinnett Medical Center Foundation in honor of Megan, who will always be remembered and missed."

Notre Dame Academy: John Riddle (far right), vice president of marketing and development at GMC, accepts a check from Debra Orr, president of Notre Dame Academy, pictured with the late Megan Callahan-Ryan’s family: her husband, Tom, daughter Maura and son Johnny.

Brighter Smiles, Bright Futures

More than 50 local dentists have been curing cancer one smile at a time through Brighter Smiles for Brighter Futures.

Dentists raised funds by donating bleaching services in exchange for a $250 tax-deductible donation for breast cancer projects at GMC. A total of $207,500 was designated for the new mammography screening center at GMC and the remaining $7,500 will be used to purchase breast cancer treatment handbooks for GMC patients who are diagnosed with the disease.

If you would like to find out more about how to get your neighborhood involved with VolleyFest, visit volleyfest.org, or call VolleyFest Central at 770-271-7818.

Brighter Smiles for Brighter Futures:

Members of the Brighter Smiles for Brighter Futures steering committee, from left, Slade Lail, DDS; Paul Korb, DDS; Bruce E. Carter, DDS, chair; and Eddie Pafford, DDS, present a $115,000 check to GMC Foundation Director of Development Ginger Powell.

Notre Dame Academy: John Riddle (far right), vice president of marketing and development at GMC, accepts a check from Debra Orr, president of Notre Dame Academy, pictured with the late Megan Callahan-Ryan’s family: her husband, Tom, daughter Maura and son Johnny.
Clyde and Sandra Strickland believe in life’s simple things: love, God, family and community. “That’s what life is all about,” Sandra says. “Giving of ourselves and our money is an extension of our love for the community. We’ve always saved a portion of what we’ve earned, given to God and then given to the community.”

These values are evidenced in the Stricklands’ recent $1 million gift to Gwinnett Medical Center Foundation, “a gift from the heart, for the heart,” they say, because it will help to expand cardiovascular services in Gwinnett County. “Giving is not about us—it’s about others.”

Clyde adds, “We believe that Gwinnett Medical Center, over the next decade, will become one of the greatest hospitals in the country. It’s already taking steps on the path to being just that.” With generosity and passion from people like the Stricklands, the transformation of healthcare in Gwinnett is on its way.

Together as a Team
Entrepreneurs, teammates, partners and soul mates, Clyde and Sandra both grew up in North Carolina. Clyde’s family was made of sharecroppers, and at the age of 16 he left home to join the military. Sandra’s family owned a produce market where Clyde would often stop to visit. They married in 1963 and had three children: Theresa Bullock and Michael and Kenneth Strickland. They also have eight grandchildren and one great-grandson.

Over 44 years of marriage, they’ve moved eight times. “I’ve always looked for better opportunities,” Clyde says. “I would start a business and keep moving to the top until I couldn’t go any further, and then I’d move on to something different.”

At one point in their marriage, Clyde worked full time in a textile mill, folded pasteboard for an hour every day, worked in yards and sold sweet potatoes on Saturdays just to be able to provide for his family. His motivation and drive led them to Georgia in 1965. Clyde was working for Holbrook Waterproofing for $2.50 per hour and asked his boss if he could start an extension of the company in Georgia.

On Jan. 13, 1972, Clyde and Sandra set out on their own to build their own company, Metro Waterproofing Inc. Their strategy was to reach for greatness and set high goals. Metro Waterproofing started with only the essentials—a $100 ladder and $1,400 pickup truck.

Today, their company has transformed into the largest waterproofing business in the Southeast. “I’m very proud of the accomplishments we’ve made,” Clyde says. “God has blessed us beyond proportion and, because of this, we believe we should give what we’ve been blessed with back to the community.”

Leading the Way
The expansion of cardiovascular services in Gwinnett County is the
Open Heart Is in Your Hands

Because Gwinnett Medical Center does not have a certificate of need to provide open heart procedures or angioplasties, patients are forced to travel substantial distances across congested roadways to busy healthcare facilities in Atlanta.

Gwinnett Medical Center believes that residents of Gwinnett County simply can’t afford to worry about the amount of time it will take them to get into Atlanta to get the help they need. Our citizens must have timely access to open heart surgery and angioplasty right here in Gwinnett.

Your support is critical for this to happen. We must demonstrate to the state that this is not a matter of convenience, but that Gwinnett County residents must have timely access to open heart services.

WE NEED LETTERS OF SUPPORT FROM:

- Those in our community whose lives have been impacted by not having timely access to open heart services in Gwinnett County for themselves, their friends or their families.
- Those who have faced the significant access and traffic problems going from Gwinnett County to Atlanta for cardiac care. The state needs to hear that access is a problem.
- Those who have faced other delays in getting necessary cardiac care at facilities outside the county (due to scheduling, unavailability of beds, etc.).

LETTERS SHOULD:

- Be legible—printed or typewritten is best.
- Include a personal story related to the need for timely access to open heart services. This story may be about a friend or family member.
- Explain how the experience may have been different if Gwinnett Medical Center had open heart services available.
- Include the author’s:
  - Name
  - Address
  - City, state and ZIP code
  - Phone number (optional)
  - County of residence

TWO WAYS TO GET THE LETTERS TO THE RIGHT PLACE:

1. Type your letter when you visit openheartgwinnett.org
2. Mail letters to:
   - Attn: Open Heart
   - Director of Marketing and Public Relations
   - 100 Medical Center Blvd., Suite 257
   - Lawrenceville, GA 30045

To learn about giving or naming opportunities with Gwinnett Medical Center Foundation, call 678-312-4634 or visit gwinnettmedicalcenter.org and click “Foundation.”
Now through the end of construction (in 2009), Gwinnett Medical Center will have route alterations on the Lawrenceville campus. Please use this map to find your way around.

Thank you for your patience as we transform our facilities to meet your healthcare needs.
Write a letter to help bring open heart to Gwinnett.
Go to OpenHeartGwinnett.org.