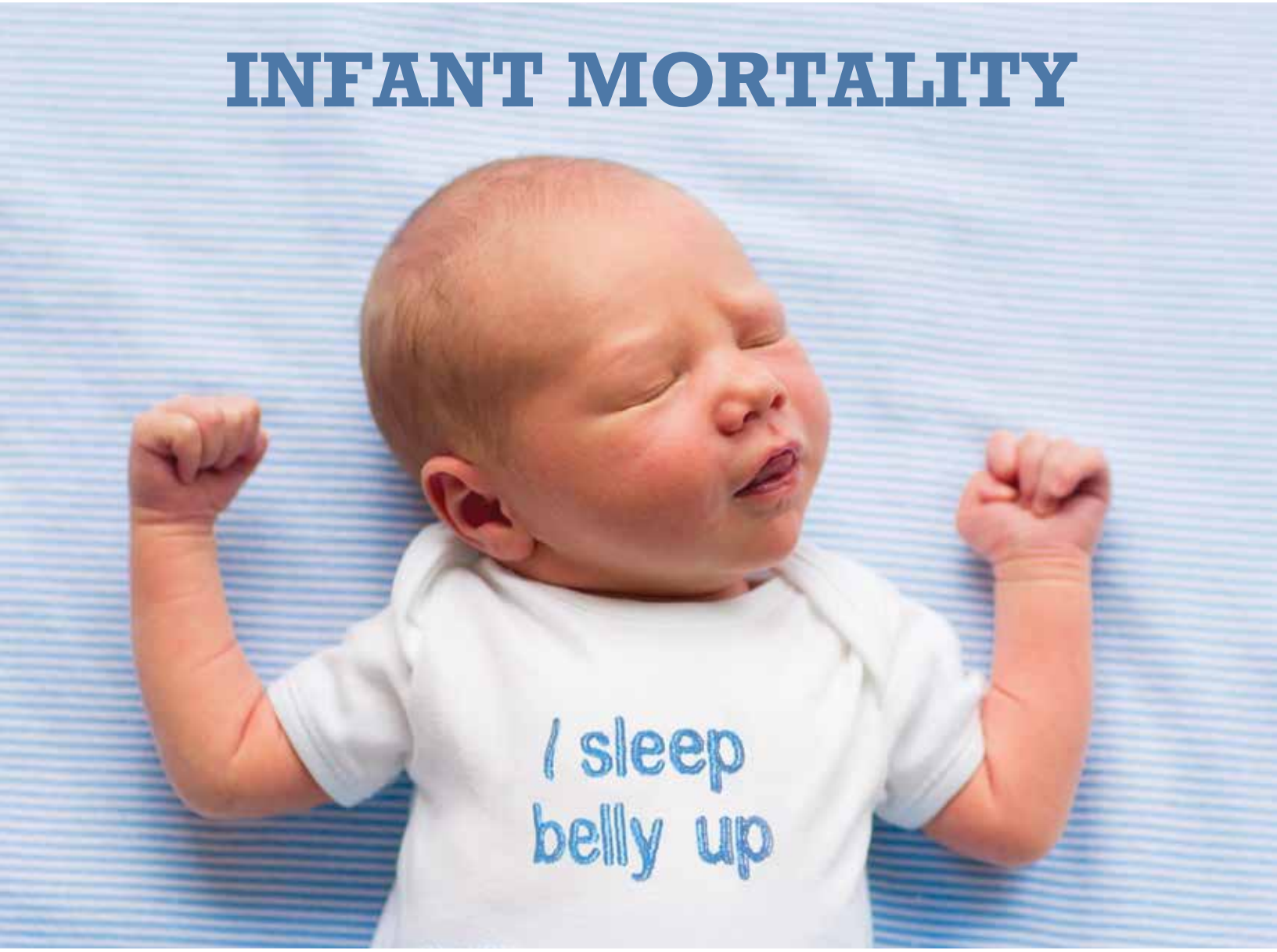
FORT WAYNE
MEDICINE QUARTERLY

WINTER 2019/2020 · VOLUME 17, ISSUE 4

Official Publication of the Fort Wayne Medical Society

INFANT MORTALITY



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Deborah McMahan, MD
Barbara Schroeder, MD

The Fort Wayne Medical Society offers our condolences to the families of the following physicians whose lives were dedicated to our medical community.

Brett Gemlick, M.D.
John Gilbert, M.D.
John Hoog, M.D.
James E. Luckey, M.D.
John Martin, M.D.
John D. Reed, M.D.
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Editor's Note | Elizabeth J. Canavati, M.S.

The winter holidays have come and gone. I hope that you were able to spend some quality time with family and/or friends.

Life is back to a more normal pace and I am hoping for snow this winter. We worked on a trail through the woods last fall and I am looking forward to using my snowshoes and/or cross-country skis when I take the dogs out to exercise. I love being outside in the cold, crisp air on a sunny, quiet day.

There are a few changes to the Quarterly that you will notice in this edition. Your Executive Director, Joel Harmeyer, will be contributing to the Quarterly to keep you abreast of items new and /or improved with your medical society. I have really enjoyed working closely with Joel and hope you take the opportunity to get to know him also.

After much deliberation, I have proposed to the editorial board to discontinue our In Memory section. On the one hand, I felt it was appropriate to acknowledge the contributions a physician had made to our medical community during their lifetime. On the other, I was having great difficulty finding people willing to write something about the physicians who had passed. The Editorial Board decided to acknowledge the deceased members in the Winter edition each year as a way of remembrance.

The FWMS Alliance is celebrating its' 25th year as hosts to the annual Doctor's Day at Science Central in March. When this event first started, the booths were filled with local physicians. In the past few years, physician participation has gone down to almost zero. We would really like to have a minimum of 25 physicians participate in this years' event. Please consider helping the Alliance with this special community service project and make it a really successful day.

My inbox is waiting for your opinions and expertise. We are always open to topic ideas and contributors. Please feel free to send me your ideas or articles at lizjcan612@gmail.com

The primary cause of unhappiness is never the situation but thought about it. Be aware of the thoughts you are thinking. Separate them from your situation, which is always neutral. It is as it is. ***– Eckhart Tolle***

About the Cover:

As a past-president of the ISMA-Alliance, I am proud to be a part of the Infant Mortality Awareness project that ISMA-A President Dawn Davis has initiated. This edition of the *Quarterly* is focusing on the many aspects of this crisis. I have attended the first two "baby showers" in Fort Wayne and Indianapolis and the responses from the attendees has been extremely positive. We are looking forward to the third "baby shower" in Evansville in mid-January.

If you would like to donate toward the Infant Mortality initiative, please support Healthier Moms and Babies efforts to decrease the rate of infant mortality in our community with a financial contribution or go to alliancefw.org/ISMA-A and choose Infant Mortality option.

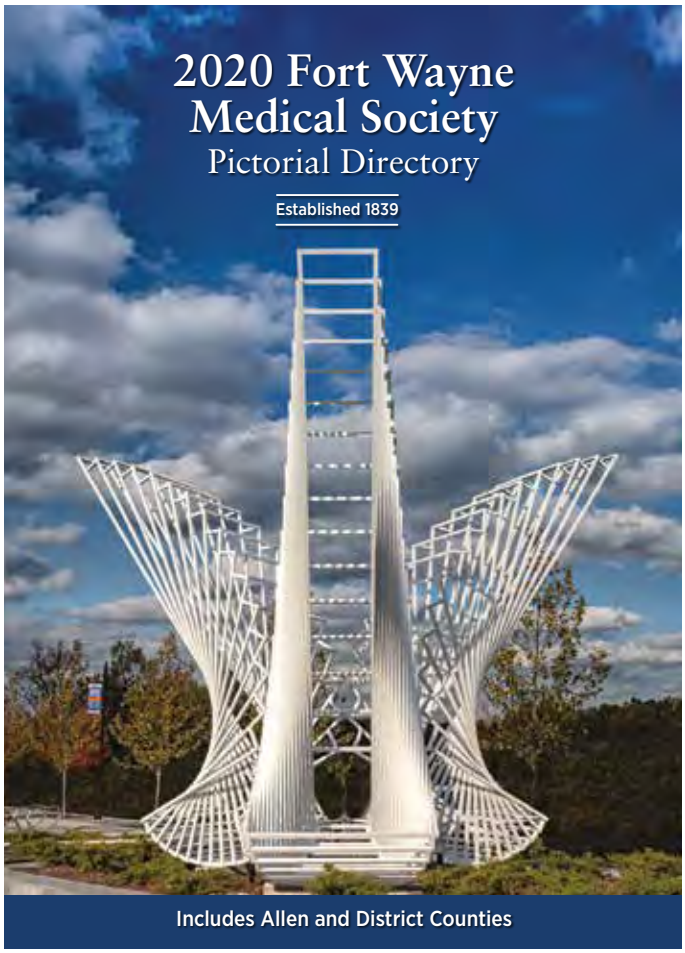
New Year, New Directory | Joel Harmeyer, Executive Director

As we ring in the new year, the Fort Wayne Medical Society is excited to release our **2020 Annual Pictorial Directory.** Copies will be arriving in members' mailboxes soon, and we hope you find value in the final product. Proofing, updating and releasing a new directory is quite an undertaking with our office staff of two initiating this work in September.

The process begins by verifying information for over one thousand current members. You've probably seen the official Verification Forms cross your desk, and we are grateful to our members and their staffs for confirming and returning these important documents. We also took great care to validate member information, cross-referencing with the ISMA's database while confirming details through phone calls and emails when needed. We believe you will find this book to be quite accurate.

Additionally, take special note of this year's advertisers. Not only do their contributions fund this directory, we selected area companies and businesses that specialize in physicians' needs. From malpractice insurance, to financial institutions and investment firms, our advertisers are committed to helping the members of Fort Wayne Medical Society. They are just a phone call away and ready to assist.

According to the FWMS archive, Volume I of the directory was released in 1960. We do not actually have a physical copy of the first volume (if you have one, we'd love to add it to our collection!). We do have a copy of Volume II from 1961. This edition was twenty-five pages long and featured advertisements from Dan Purvis Drugs, Sunny Schick Camera Shop and Rice Oldsmobile. The 1961 edition featured no physician photographs to accompany each record.



Over the years, the directory added more advertisements, spiral binding, and eventually, tabbed sections for easier navigation. The 2019 Directory featured contact information and headshots for 1035 members and was 179 pages in length. Look how far we've come!

For the 2020 cover, we selected a stunning photo of the new sculpture at Promenade Park, known as Convergence, by local photographer John Gevers.

For the last sixty years, as the calendar turns over a new year, we publish another member directory. As our world becomes increasingly digitized, it is comforting to know that a new, physical copy of this important reference book will be waiting for you. So, grab a Sharpie and write your name across the front, or better yet, order additional copies for the office. We hope our care and attention to detail comes across as you thumb through this year's book.

Here's to a great year for the Fort Wayne Medical Society and its members.

Happy 2020!

2019 Legislative Workshop

The Annual Legislative Workshop was held on Wednesday, October 16th, 2019 at the Fort Wayne Country Club. The event was free to all legislators, FWMS and FWMS Alliance members. There were nine legislators in attendance. ISMA President, Lisa Hatcher, and ISMA Director of Government Relations, Grant Achenbach also participated.

Grant gave an update on the proposed legislation. He noted that the General Assembly has a short session in 2020. Grant provided an itemized sheet of expected legislation prior to the Workshop.

Bill Pond was the Workshop Moderator again this year. He introduced the medical society and alliance officers and the legislators. ISMA-A President Dawn Davis was invited to give an overview of her state initiative addressing infant mortality. She had a table with the educational materials available for the Safe Sleep project.

The main topics of discussion, included the opioid problem, current concerns about vaping, and non-compete legislation.

Attendees were able to discuss issues of concern with their legislators after the panel discussion, while enjoying free cocktails and appetizers.

The Fort Wayne Medical Society would like to thank the legislators for participating in this annual event.

Society Honored at Neighborhood Health Celebration

Angie Zaegel, President/CEO of Neighborhood Health Clinics (NHC), presents Joel Harmeyer, Executive Director with a commemorative plaque honoring Fort Wayne Medical Society.

This award features a quote from the Journal Gazette in 1969 – the year Neighborhood Health Clinics (then known as Three Rivers Neighborhood Health Services) began. The inscription reads "The clinic was initiated by the Fort Wayne Medical Society to assure proper health care of the children of low-income families." Neighborhood Health Clinics' 50th Anniversary celebration was hosted at Berstaff Place with nearly two hundred attendees. The evening featured wonderful food and drink, live music and dancing, a poignant history video, and the unveiling of a new organization logo. Fort Wayne Medical Education Program was also honored for their service to NHC throughout the years.

Legislators and attendees at the Legislative Workshop

Neighborhood Health Celebrates 50 Years of Serving Fort Wayne

Katie Murray, Communications & Community Outreach Coordinator, Neighborhood Health

More than 50 years ago, a group of community health and civil rights activists decided to do something about the fact that too many Americans were living in deep poverty and desperately needed healthcare. One of those concerned individuals was a doctor named Jack Geiger. Dr. Geiger studied in South Africa and saw firsthand how a community-based health care model brought about astonishing positive health outcomes for the poorest and most vulnerable patients.

Inspired by this community-based model, Dr. Geiger along with other health care pioneers wrote a proposal to start a similar clinic program here in the United States. President Johnson's administration accepted the proposal as part of its "War on Poverty" initiatives and by the mid-60's our country's first community health centers were born---one in Boston, Massachusetts and the other in Mound Bayou, Mississippi.

Interestingly about that same time period, a group of local physicians, the Fort Wayne Medical Society along with the Fort Wayne Urban League, started similar conversations and also decided to take action with a one-year pilot project to provide well-child visits, known as Three Rivers Neighborhood Health Services and commonly referred to as the "Well Baby Clinic". Initially, the clinic was run by Ed Klocke, administrator, and a team of volunteer physicians and staff. In the beginning, it provided wellness checkups and immunizations for children from infancy to 6 years old and fees were based on ability to pay. In the clinic's first year of operation it served approximately 18,000 children in the Allen County area. Many families were referred by school nurses and the health department. Over the next 50 years Three Rivers Neighborhood Health expanded its services to include medical care for the entire family, including prenatal/obstetrical care through a partnership in 1974 with the Fort Wayne Medical Education Program.

In 1994, the Fort Wayne Medical Society stepped away from Three Rivers Neighborhood Health Services so the clinic could reincorporate as Neighborhood Health Clinics (NHC), Inc. This allowed Neighborhood Health (NH) to obtain Federally Qualified Health Center (FQHC) status in 1997 and receive funding through the Federal 330 Health Center grant program. To obtain the Federal 330 grant, NH must provide comprehensive health services either on-site or by arrangement with another provider, have an ongoing quality assurance program, and have a governing patient majority board of directors, and offer patient fees at an affordable rate and a sliding fee discount for those with incomes below 200% Federal Poverty Level.

The FQHC model is unique and has proven to be a cost-effective way of delivering high quality health care. It combines community resources with federal dollars to open neighborhood clinics in urban and rural America. Currently, approximately 1400 federally qualified health centers, like Neighborhood Health, serve 29 million patients and represent this country's largest safety net healthcare system.

Community health centers are located in the most underserved areas of our country where there are high levels of poverty and health inequities, especially for minority populations.

Today, NH employs approximately 160 staff members and has two Fort Wayne locations (1717 S. Calhoun Street and 3350 E. Paulding Road). What once was a well child clinic is now a full-service, comprehensive primary care program featuring:

- medical
- family planning
- prenatal/obstetrics
- integrated behavioral health
- general dentistry
- onsite optometry
- chronic care management
- discount pharmacy program
- free medication assistance program
- onsite laboratory
- medical/dental specialist referrals
- onsite interpreters
- health insurance enrollment/education
- other supportive services.

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NH is also the provider of the Women's, Infant, and Children (WIC) nutritional supplement program for Allen, Dekalb, and Noble counties. Since 2000, NH has operated a dental sealant program for children in Fort Wayne Community's Title I schools.

Neighborhood Health's mission is to provide access to quality health services where everyone is cared for with compassion and respect. Through preventive health screenings, chronic disease management, and mental health services, NH provides desperately needed care to people who may not have seen a doctor in a significant amount of time.

Though there have been many changes over the years, one thing has remained the same. The dedication of all volunteers and staff members to their patients and community of Fort Wayne. They ensure that NH's vision of building healthier communities by making access to services easier for those in need, improving the health conditions for those they care for and inspiring hope, healing, encouragement, and personal growth for those they touch.

Current Chief Medical Officer (CMO), and a member of the FWMS, Dr. Michael Mohrman, MD, shares his story of how this unique organization impacts the community and how it has helped him look differently at his calling to medicine.

Dr. Mohrman had been in practice as a family physician for 35 years with Brooklyn Medical Associates and Lutheran Medical Group, respectively. After many years of practicing, he decided to retire, stating "I looked forward to retiring as I realized I had been a little burned out. The joy and passion that I had always felt for my profession had waned." As his retirement date drew closer, he began to feel that he should continue in some way the profession he had spent so many years in training.

Just a few weeks after retiring, he was contacted by Dr. Philip Tyndall, MD and Mary Haupert - former CMO and former Chief Executive Officer (CEO) of NH - to have breakfast together. Dr. Mohrman had not known of NH prior to his retirement until he received their breakfast invitation. That morning sipping coffee with Dr. Tyndall and Ms. Haupert, he realized early in their conversation that this was the place he needed to be.

Over the last five years Dr. Mohrman has been a full-time Family Practice physician with NH. He also assumed the CMO role around his first eight weeks of being on the job. Previously he had always been in the leadership and administrative role of his prior practice and wanted to bring that skill set to Neighborhood Health's medical department. Of his experience at the organization he said "The spirit that drove me toward medicine way back when, has been rekindled. I now realize each day that I truly make a difference in the lives of the patients I serve. Many would not get care if it were not for Neighborhood Health. I have been good for my patients and they have been good for me."

On January 1, 2020, Dr. Mohrman has decided to step down from the CMO position but plans to remain at NH seeing patients two days per week. Assuming his role is Dr. Sharon Singleton, MD, a member of the FWMS and President of the FWMS Foundation. She has been a full-time Family Practice physician for NH for the last two years and is enthusiastic to carry on the endeavors that Dr. Mohrman has founded for Neighborhood Health's medical department and making a lasting impact on the patients the medical team serves.

Over the last 50 years NH has made a significant impact on the health care needs for those residing in Allen county and surrounding areas. In 2018 alone, it served 18,774 patients through 52,450 medical, dental, and optical visits. The patient population is a diverse one. Many come to this office who have commercial insurance, and many go there who have Medicaid/Medicare. Neighborhood Health will also help anyone who is underinsured or uninsured through its sliding fee discount program.

Regardless of a patient's insurance status, they will receive respectful and compassionate care from each department and all staff ranging from providers to receptionists. For those whose first language is not English, Spanish and Burmese interpreters are available and many staff are bilingual. NH is a place where one will receive comprehensive care all under one roof and feel welcome. This is a place of community, diversity, and acceptance.

In the years to come, NHC is dedicated to growing and adding services that will meet the needs of its patients and community in becoming their health center of choice.

neighborhood HEALTH

ISMA-Alliance Infant Mortality Initiative 2019-2021

ISMA-Alliance Infant Mortality Initiative 2019-2021

The loss of an infant is a tragedy that no one should experience. It impacts the entire family, health professionals, and the community.

Infant mortality is defined by the number of infant deaths before age one per 1000 live births, according to the Centers for Disease Control (CDC). The rate is calculated by dividing the number of infant deaths in a calendar year by the number of live births during the same calendar year.

The American Academy of Pediatrics (AAP) believes a 'safe sleep environment' can reduce the risk of all sleep-related deaths. The AAP states that a 'safe sleep environment' includes supine positioning, use of a firm sleep surface, room sharing without bed sharing, avoidance of soft bedding and overheating.

In 2017, Indiana had the 7th highest infant mortality rate in the country. My hometown of Fort Wayne, Indiana had two zip codes in the top ten for infant mortality in the state.

I volunteered to become the 2019-2021 Indiana State Medical Association-Alliance (ISMA-A) President with the desire we use the issue of infant mortality as our educational focus in the up-coming two years.

In researching numerous sources, it became clear that our organization and board could advocate for infant sleep safety in a costly manner. I found the Cribs for Kids national organization provided the most in-depth resources for safe sleep. Cribs for Kids provides safe sleep cribettes, crib sheets, and safe sleep educational materials, in English and Spanish. We applied and were accepted as a Cribs for Kids partner and safe sleep ambassadors.

The ISMA-A 2019-2021 **Safe Sleep Initiative** is designed to raise awareness of infant mortality throughout Indiana and to educate/promote safe sleep practices for infants. Our slogan is **'I Sleep Belly Up'.**

The CDC and the National Institute of Health state that the five leading causes of infant death in 2017 were:

- **Birth defects**
- **Pre-term birth/low birth weight**
- **Maternal pregnancy complications**
- **Sudden infant death syndrome**
- **Injuries, such as suffocation**

We decided to accomplish our initiative by holding statewide "Baby Showers' at most of the medical school branches in Indiana over the next two years.

Invitations are sent to our target audience—medical school students, local Alliance members, health professionals, and community leaders.

In addition, we wanted to partner with a local community nonprofit that was addressing Infant Mortality/Safe Sleep and assist with providing lower income parents with a **Safe Sleep Kit**, which includes:

- Crib
- Cribs for Kids crib sheet
- Onesie with the "I Sleep Belly Up" logo
- Halo Sleep sack
- Pacifier
- A take away of a safe sleep board book
- Cribs for Kids safe sleep material.

We budgeted for 25 Safe Sleep Kits and some extra funds for educational materials to be donated at each of the four planned baby shower sites.

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Since education is a significant component of the Safe Sleep Initiative, our budget was designed to include educational materials, such as this bookmark and a flyer for health care professionals, and Cribs for Kids safe sleep material for new parents.

Our **first** ISMA-A Baby Shower was held on October 23rd, 2019 at the Indiana University School of Medicine-Fort Wayne. We worked closely with our event partners – the medical school and the Fort Wayne Medical Society Alliance – in planning and advertising this event.

In addition to the Mayor, our guest speakers included the Indiana State Department of Health (ISDH) Safe Sleep Coordinator, Ms. Holly Wood and the Allen County Health Commissioner, Dr. Deborah McMahon.

A professional photographer was hired to video record the event in hopes of using it for further educational purposes. He also provided us with photos to use for other marketing opportunities.

Health Commissioner, Dr. McMahan and I were featured on the Insight television program

The Mayor of Fort Wayne signed a proclamation declaring October 23rd 2019 as Infant Mortality Awareness Day in Fort Wayne.

Infant Mortality: Safe Sleep Initiative

I SLEEP BELLY UP

Indiana has the 7th highest infant mortality rate in the United States.[1]

One baby dies approximately every13 hours in Indiana.[2]

1 Ely, DM and Driscoll, AK. (2019) Infant Mortality in the United States, 2017: Data from the period linked birth/Infant death file.

2 Labor of Love, Indiana State Department of Health. From http//www.in.gov/labor of love

INDIANA STATE MEDICAL ASSOCIATION ALLIANCE, INC.
Dedicated to the health of Indiana

American Academy of Pediatrics (AAP)

Recommendations for Safe Sleep

* Babies should sleep on their **BACKS** for all sleep times until their 1st birthday
* Babies should be placed on a **firm** sleep surface
* Babies should sleep in the same room where the caretaker sleeps for at least the **first 6 months**
* Babies should **only** be brought into bed to feed or sleep
* Babies should **NEVER** be placed on a couch, sofa or armchair to sleep
* Babies should **not** share a bed with anyone
* Babies should sleep **ALONE**, keep soft objects, such as: loose bedding, blankets, toys, bumper pads out of the baby's crib
* Babies should be offered a **pacifier** at naptime and bedtime. Studies have shown pacifiers may decrease the risk of SIDS
* Babies may be swaddled as long as the infant is **ALWAYS** on their back when swaddled. **Stop** swaddling when baby starts rolling over[1]

1 Moon, RY.(2019). How to keep your sleeping baby safe:AAP Policy explained- HealthyChildren.org. American Academy of Pediatrics. Retrieved from HealthyChildren.org

CITY OF FORT WAYNE

PROCLAMATION

WHEREAS,

WHEREAS,

WHEREAS,

NOW, THEREFORE, I, THOMAS C. HENRY,

INFANT MORTALITY AWARENESS DAY

IN WITNESS WHEREOF,

Thomas C. Henry
Mayor

Dawn Davis, ISMA-A President, Deborah McMahan, Allen County Health Commissioner, Mayor Tom Henry, Holly Wood, ISDH Safe Sleep Coordinator, and Cammy Sutter, FWMS Alliance President

During the conclusion of this event, Dr. McMahan raised a challenge for the medical students. She told them that the Fort Wayne community needed about 800 Pack-n-Play cribs annually. She challenged the students with a match in funds for whatever they were able to raise for Pack-n-Play cribs.

The medical students raised $315 and Dr. McMahan donated 5 Pack-n-Plays. The money and cribs were donated to Healthier Moms and Babies a few weeks later.

An Alliance member, who had attended the Baby Shower, presented this information to a 100 Women Who Care meeting that very evening. They voted to donate $5,000 to Healthier Moms and Babies for cribs. Another $3,520 was collected from several community donors, ISMA-A website link (**alliancefw.org/ISMA-A Infant Mortality**) and Facebook page.

The event was a great success and highlighted on the front page of the local Fort Wayne newspaper the next day.

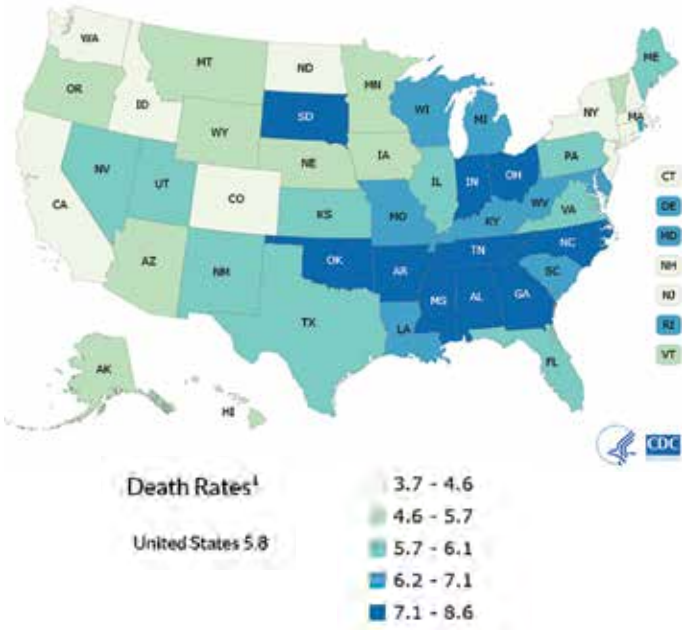
Infant Mortality: Allen County Has an Issue

Deborah McMahan, M.D., Commissioner

There are some things I can't believe I am still talking about 20 years into the practice of medicine and public health. I am still trying to talk people into flu shots and we still have high infant mortality rates (IMR). Even more discouraging is that we continue to see a significant racial disparity in infant mortality.

With the exception of one year, Indiana's infant mortality rate has remained above 7 deaths per 1,000 live births, which exceeds the Healthy People 2020 target of 6.0 infant deaths per 1,000 live births.

Infant Mortality Rates by State, 2017



Unfortunately, Allen County's rate is higher. Sadly, we have two zip codes that have IMR's that are among the highest in the state: 46806 is 3rd and 46805 is 10th highest.

	2013	2014	2015	2016	2017
Allen County	8.7	9.2	7.8	8.4	7.3
Indiana	7.1	7.1	7.3	7.5	7.3
United States	6	5.8	5.9	5.9	

Clearly, we have an issue.

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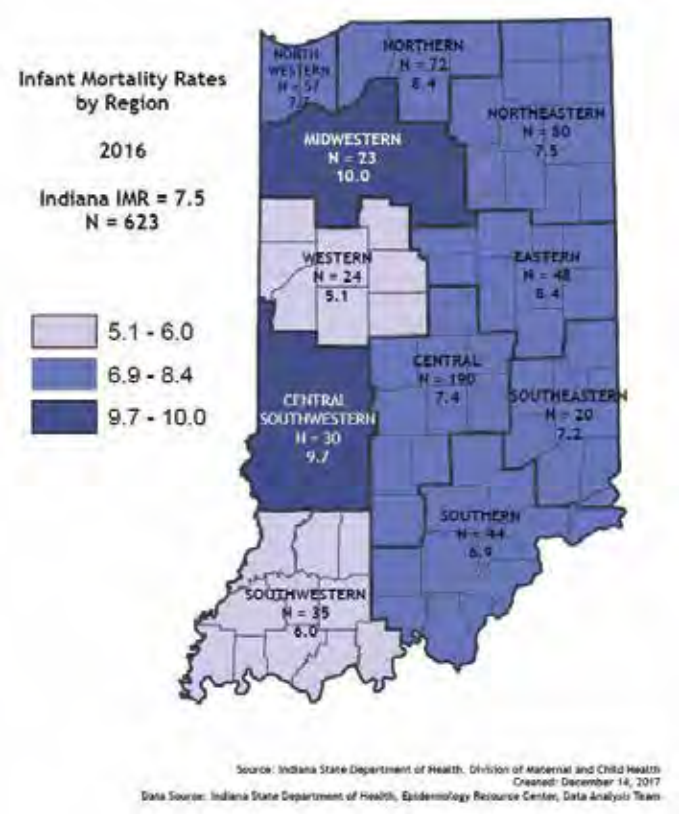


As I mentioned, there is a significant racial disparity in IMRs.

	2013	2014	2015	2016
Indiana	7.1	7.1	7.3	7.5
White	5.8	5.9	6.4	6.4
Black	15.3	14.7	13.2	14.4

Factors Contributing to Infant Mortality

An analysis of 2016 Indiana infant mortality data indicates there are four major contributors to our high rates including:

Obesity: Obese women have a 25% chance of delivering a premature infant. A recent study by the Fairbanks School of Public Health revealed that Indiana has the 12th highest rate of obesity among adults and the 11th highest rate of obesity among children and teenagers in the U.S.

Smoking: In Indiana, 13.4% of women self-report smoking during pregnancy, that number increases to 23% of pregnant women receiving Medicaid. About 10% of Allen County pregnant report smoking. [2]

Limited Prenatal Care: In 2016, the average month that prenatal care began was FIVE MONTHS. Only 69% of pregnant women in Indiana received prenatal care in the first trimester.

In Allen County only 61% of women receive prenatal care in the first trimester!

This is a very important risk factor.

According to HHS, babies of mothers who do not get prenatal care are 3 times more likely to have a low birth weight and 5 times more likely to die than those born to mothers who do get care. The CDC reports that younger women, women with less education, women having a fourth or higher-order birth, and non-Hispanic Native Hawaiian or other Pacific Islander and non-Hispanic black women were the least likely to begin care in the first trimester of pregnancy or to have at least adequate prenatal care (PNC).

Unsafe Sleep Practices: 13.6% of infant deaths in 2016 can be attributed to Sudden and Unexplained Infant Deaths (SUIDs). SUIDs encompass three main causes of death:

- Sudden Infant Death Syndrome (SIDS);
- Accidental Suffocation and Strangulation in Bed (ASSB); and
- Unknown/Undetermined.

Other issues include congenital malformations and assaults and injuries. There is some variation by race in terms of the cause of death.

Causes of Infant Mortality, 2016	All	Black	White
Perinatal Risks	46%	61%	42%
Congenital Malformations	22%	9%	26%
SUIDS	14%	13%	13%
Assaults and Injuries	4%	5%	4%
All Others	6%	12%	15%

There are a number of state and local activities intended to lower our infant mortality rate that include a new OB Navigator program – designed to identify pregnant women early on and assist them with obtaining prenatal care and other important issues. We are also very fortunate to have Healthier Moms and Babies (HMB) to educate and assist women during their pregnancy and Parkview is using community health workers as obstetric navigators to ensure good prenatal care is happening. The St Joseph Community Health Foundation offers quarterly educational and networking opportunities for those folks who provide services to moms and babies. These are just a few of the initiatives that are being employed to reduce our IMRs. In this edition of the *Quarterly*, you will find a number of articles addressing this issue in more depth.

One important issue is safe sleep. To that end, the Indiana State Medical Association Alliance (ISMA-A) has taken on the issue of infant mortality and is hosting a series of "baby showers" to raise awareness at various medical schools throughout the state. Specifically and locally, our own Dawn Davis, the current president of the ISMA-Alliance, would like to have a crib/pack and play for every baby born in our two high risk zip codes (about 800 cribs annually) that would then be distributed through HMB.

At the Alliance's first baby shower, I threw down the gauntlet to the guests – which was the Fort Wayne medical students. If you can believe it, those students raised $315 – which I have gladly matched.

The question is: what can you do?
If the students can dig deep,
surely we can dig deeper….

Each pack n play plus educational material costs HMB about $60. If you would like to contribute to this very worthy cause, please donate to HMB and indicate it is for a crib and infant mortality educational materials.

Sudden Unexpected Infant Death Clarification

Holly Wood

Sudden Infant Death Syndrome (SIDS) has been on the radar for nearly 50 years. Unfortunately, the term and our understanding of it have not progressed as much as we would like.

SIDS is a diagnosis of exclusion. This means that a death should NOT be classified as SIDS unless all of the following have been completed:

- a full scene investigation
- a complete autopsy
- a full review of medical records for the infant and both biological parents.

During those processes, if there are any possible contributing factors (soft bedding, co-sleeping, etc.) or causes of death (suffocation in soft bedding) that could be identified, this death does not qualify for a SIDS diagnosis.

We do not know what causes SIDS and it is not preventable. However, when we look at our case review data in Indiana, we are seeing contributing factors identified in the investigation. Many of these factors are related to unsafe sleep. These factors are adjustable and therefore create an environment where the death should be considered preventable. All of these deaths, both SIDS and other unsafe sleep-related deaths, fall under the umbrella of **Sudden Unexpected Infant Death (SUID)**. SUID also includes unknown causes and **Accidental Suffocation and Strangulation in Bed (ASSB)**.

Why should any of this matter to you? If deaths are not correctly identified, we cannot inform prevention effectively. If the SUID deaths we see are truly SIDS deaths, we can teach caregivers risk reduction strategies but we cannot offer prevention solutions. If a death is correctly classified as suffocation, strangulation, entrapment, or wedging (all falling under ASSB), we can give caregivers the tools and information they need to prevent these infant deaths from occurring. It can be incredibly hard to classify a death as positional asphyxia. You may even justify the SIDS diagnosis as an attempt to protect the caregivers. However, we can learn from each fatality and use that information to make sure more babies make it through the night safely.

We cannot address a problem unless we know it exists. When you consider how to classify the death of an infant, do your best to ensure that the classification is accurate. Understanding preventable deaths and correct classification gives some meaning to the lives lost and can further prevent baby deaths in the future.

Summary of ACOG Guidelines for Perinatal Care

Prenatal Care:

The current American Congress of Obstetricians and Gynecologists (ACOG) Guidelines for Perinatal Care, Seventh Edition October 2012 is available at http://www.acog.org/resources_and_publications/ 1

The following reference is a summary of the key clinical indicators of the guideline.

Office visits

- Frequency:
  - Advise office visit at 8-10 weeks of pregnancy (or earlier if the patient is at risk for ectopic pregnancy)
  - Every 4 weeks for first 28 weeks.
  - Every 2-3 weeks until 36 weeks gestation.
  - Every week after 36 weeks gestation.

Frequency of visits is determined by individual needs and assessed risk factors. Goal: Coordination of care for detected medical and psychosocial risk factors.

First Prenatal Visit (8-10 weeks of pregnancy if first contact earlier)

- Assessment
  - Initial history and physical.
  - Family medical history.
  - Genetic history.
  - General exam to confirm pregnancy.
  - Complete needs assessment.
  - Preterm labor risk, education and prevention.
  - Assess for tobacco, alcohol, drug use.
  - Domestic violence screening.
  - Screen for depression (current or historical) using a standardized screening tool.
  - Prescriptions: prenatal vitamins and iron supplementation as necessary.
- Education and counseling
  - Scope of care provided in the office and anticipated schedule of visits.
  - Expected course of pregnancy.
  - Counseling regarding specific complications.
  - Discuss routine lab studies/testing.
  - Discuss genetic counseling and available prenatal diagnostic testing (invasive and non-invasive).
  - Discuss high risk conditions.
  - Education regarding: labor and delivery, nutrition, exercise, working, air travel, routine dental care, tobacco use and smoke exposure, alcohol/drug consumption, over-the-counter medications, pets, etc.
  - Practices to promote health maintenance such as use of safety restraints including lap and shoulder belts.
  - Assess barriers to care (transportation, child care issues, work schedule).
  - Encourage maternity program enrollment and prenatal classes.
  - Encourage and provide influenza vaccination, regardless of the stage of pregnancy, during influenza season.
- Routine Laboratory/diagnostic studies
  - Blood type and screen.
  - CBC for H&H.MCV.
  - Platelet Count
  - Hepatitis B surface antigen (HBsAg).
  - Syphilis screening.
  - Screening for gestational diabetes if at high risk (see section on gestational diabetes below).
  - HIV testing unless they decline (opt-out approach). For women that decline the provider should address objections and strongly encourage HIV screening.
  - Cervical Cancer Screening (if the patient is due).
  - Urine C&S and urine dip for protein and glucose.
- Genetic and infectious disease testing and counseling
  - It is reasonable to offer cystic fibrosis carrier screening to all couples regardless of ethnicity. Genetic counseling is recommended for individuals with a family history of cystic fibrosis or those found to be carriers.
  - Hemoglobinopathy screening should be offered to individuals of African, Southeast Asian and Mediterranean descent. Couples at risk for having a child with sickle cell disease or thalassemia should be offered genetic counseling to review prenatal testing and reproduction options.
  - Patients of Ashkenazi Jewish decent should be offered prenatal carrier screening for hereditary diseases common in this group.
  - All pregnant women should be screened for chlamydia during the first prenatal visit. If positive, a test of cure should be offered to the patient four weeks after completing treatment and provide counseling to decrease risk of reinfection and refer partner for testing and treatment. Those women that are less than or equal to 25 years of age or at risk for chlamydia infection should be screened again during the third trimester.
  - All pregnant women at risk for sexually transmitted diseases should be screened for gonorrhea at the initial prenatal visit. Risk factors include age less than 25, a previous infection, new or multiple sex partners, inconsistent condom use, commercial sex work and drug use. If positive, a test of cure should be offered to the patient

four weeks after completing treatment and provide counseling to decrease risk of reinfection and refer partner for testing and treatment. Repeat screening is recommended during the third trimester of pregnancy.
  - Rescreen for HIV in the third trimester for women at high risk of acquisition
  - Rescreen for syphilis in women at high risk of acquisition
- Goals:
  - Improve the timeliness of prenatal care.
  - Prenatal care within the first trimester or within 42 days of enrollment.
  - Provide education and recommended screening and intervention.
  - Monitor progression of pregnancy.
  - Assess the well-being of the woman and her fetus.
  - Early detection and intervention of high risk factors.
  - Complete 80% of expected prenatal visits. (ACOG recommends 14 visits).
  - Decrease the incidence of smoking during pregnancy.
  - Improve the frequency of appropriate testing during pregnancy.

Gestational Diabetes (GDM) Risk1

Patients with the following risk factors should be screening for gestational diabetes at the first prenatal visit:

- Pre-pregnancy BMI30≥kg/m.
- Personal history of GDM.
- Known impaired glucose metabolism

Recent research by the Hyperglycemia and Adverse Pregnancy Outcomes (HAPO) has suggested that using a one-step screening method, instead of the two-step method described above, results in more accurate identification of women with GDM. The study also emphasized that universal screening is the best method to improve diagnosis results.

The lnternational Association of Diabetes and Pregnancy Study Groups (IADPSG) and the American Diabetes Association (ADA) are currently working with U.S. obstetrical organizations to consider adopting diagnostic criteria recommended by the HAPO study. A diagnosis of "Overt Diabetes" is also under consideration for high risk women who meet the criteria.

When Should a Woman First Be Seen in Pregnancy?

Kris Box, M.D., FACOG, State Health Commissioner

I was once asked, "Do you really want to see women in the first trimester of pregnancy?" My answer as an OB/ GYN was "No." I prefer to see them before they ever conceive.

Seeing a woman prior to pregnancy allows the healthcare provider to address maternal habits such as diet and exercise, substance use disorder, smoking and alcohol use, all of which impact a woman's health and the future health of her children. Something as simple as taking at least 400 mcg of folic acid three months before conception can reduce the risk of neural tube defects.

We know that 13.5% of women in Indiana smoke during pregnancy, and this is almost two times the national average.

Smoking doubles the risk of preterm birth, and preterm birth and its complications are the number one cause of infant mortality in our state. Having a discussion about pregnancy spacing and the increased risk of preterm birth with short interconception spacing will also help to decrease our infant mortality rate. Having the opportunity to counsel women with regards to the effects of these risk factors on a future pregnancy allows the woman to alter her lifestyle, thus improving not only her health, but the health of her future children.

Pre-conceptual care also allows us to address maternal health conditions such as obesity, diabetes, hypertension and other conditions that can significantly contribute to maternal and infant morbidity and mortality. Indiana is the 15th most obese state in the nation, and obesity markedly increases the risk for gestational diabetes, hypertension and indicated preterm birth. Uncontrolled diabetes in the first trimester of pregnancy significantly increases the risk for congenital birth defects, such as neural tube defects and cardiac defects, which contribute to our infant mortality rate. Also, assessment of a woman's mental health prior to pregnancy and in early pregnancy is critical, because hormonal changes and circumstances surrounding the pregnancy can worsen underlying mental health conditions. Conditions such as anxiety and depression can be exacerbated during pregnancy and can have a significant effect on the mother and her unborn child. Getting health

Indiana State Department of Health

conditions such as these under control before and during pregnancy reduces the risk of miscarriage and stillbirth, as well as other health problems, for the mom and baby. A family history assessment pre-conceptually also offers us the opportunity to counsel a woman with regards to the potential of genetically inherited risks, such as cystic fibrosis, spinal muscular atrophy and sickle cell disease, and to offer carrier testing for these conditions.

While preconceptual care is ideal, the reality is that most women have their first prenatal visit about eight weeks into their pregnancy.

The American College of Obstetrics and Gynecology supports initiating prenatal care as soon as a woman learns she is pregnant.

Seeing a woman in the first trimester allows the clinician to determine baseline blood pressures and other vital signs. An early prenatal visit, which includes a baseline physical exam, looking for heart murmurs and other physical signs, could reveal a previously unknown maternal health issue that needs to be addressed. The prenatal lab panel can identify anemia, sexually transmitted diseases and other potential infections that need to be treated. Early prenatal care also allows for more timely diagnosis of abnormal pregnancies, such as missed abortions, spontaneous abortions, ectopic pregnancies and molar pregnancies.

Most importantly, that early prenatal visit allows the obstetrical provider to establish a connection with a woman and her partner at a time when they have many questions and sometimes fears about the health of their unborn child and mom's health. We want to provide women with accurate information and guidance as early as possible, and to establish that trusting and compassionate relationship that women and families deserve.

Sudden Unexplained Infant Death-Talking to Parents

T. Anthony GiaQuinta, MD, FAAP, President, Indiana American Academy of Pediatrics

Occasionally, I get the urge to call all the patients I took care of before 2012 and apologize. The reason? I was dolling out lots of pediatric advice on raising kids…without having raised any kids. It's easy to go 'by the book' when you haven't really fought in the trenches. Then in 2012, I had my first child. I can't help but cringe at how naïvely confident I was in coaching parents going through the frustrations of colic, potty training, and sleep regressions.

But the topic I didn't understand the most was how hard safe sleep is. After all, we make it sound simple and easy: **A-B-C, Alone, Back, Crib**. Poof! Baby sleeps safe and sound! Safe, yes. Soundly? Ugh. For sure, having kids sleep on their backs, by themselves, and on a safe sleep surface was one of the all-time great public health initiatives. After the back-to-sleep campaigned kicked off in 1992, the number of SUIDS cases were reduced by 50% by the year 2000. But since 2006, SUIDS rates have remained stagnant, with **close to 3700 infants dying of SIDS each year for the past 15 years.**

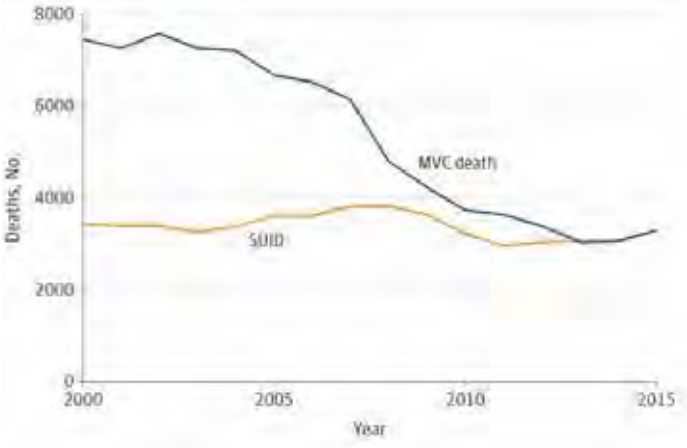
It feels hard to believe that 'getting the message' is the problem. In every nursery I have worked in, safe sleep is one of the key discharge instructions delivered by nurses and physician. Yet, a study examining infant sleep practices, by 6 months of age, 12% of infants slept on an unrecommended surface, 33% were placed prone, and 93% had loose/non-recommended items on their surface. These numbers are disappointing, especially considering the parents were knowingly video-taped!

So, why aren't parents following our directions? Whether you are a pediatric provider, grandparent, uncle, or aunt, we all play a roll in helping parents practice safe sleep. Here are some tips I find helpful:

1) **Affirm.** Tell families that safe sleep is HARD, but your baby is worth it (I made this into signs in each of my rooms!). This simple step of affirmation is a really wonderful tip to remove any tone of 'lecturing' and instead establishes a tone of respect, vital for any motivational change. After all, there are two sets of experts in the conversation, you and the parents.
2) **Guide.** Provide information for families in a respectful, sensitive way that presents factually the LOWEST risk of SUIDS.
3) **Listen.** Helpful statements might include, "I know you and I both want your child to sleep as safely as possible through the night, so that you can sleep soundly! Tell me why safe sleep has been tricky?" The answers can range from misinformation, culture/traditions, or misplaced fears. For example, many families believe that keeping infants prone or inclined will prevent asphyxiation. A quick tutorial on the anatomy of the airway is a quick fix!
4) **Explore.** Actively listening to reasons of unsafe sleep will undoubtedly unveil other social barriers in the home. A family that threw away their crib and sleeping on air mattresses due to cockroach infestation, a single mom sleep deprived and battling post-partum depression, or a family threatened by neighboring tenants to keep their infant quiet are all reasons parents have told me they had trouble practicing safe sleep. One of these families had an infant die of SUIDS…

The truth is, no vision other than zero SUIDs is acceptable. In the same time frame that we are suffering a stagnantly high level of SUIDs cases, we have made amazing gains in other public health measures, such as teenage drowning and fatal motor vehicle accidents. Yet, unlike these deaths, SUIDs cases often go unreported in the news and don't seem to be lamented publicly the same way, nor attacked with the same vigor. As a community of medical providers, parents, friends, and grandparent, let's set the tone that one SUIDs death is one too many, and that every child reaching his or her first birthday, is our community's greatest victory.

Figure. Annual Number of Unintentional Motor Vehicle Crash (MVC) Deaths Among Persons Younger Than 20 Years and Sudden Unexpected Infant Death (SUID) Among Persons Younger Than 1 Year in the United States from 2000 to 2015



Healthier Moms and Babies Addresses Infant Mortality

Paige Wilkins, Executive Director

Healthier Moms and Babies (HMB) aims to improve pregnancy outcomes and increase preparedness for the community's most vulnerable families. The organization began in 1996 as a demonstration project at St. Joseph Medical Center in the Foundation office.

The St. Joseph Medical Foundation conducted a Fetal Infant Mortality Review and found women were not recognizing the signs of preterm labor and could use extra support during their pregnancy to improve birth outcomes, thus the beginning of HMB. Upon the sale of the hospital in 1997, the organization was transferred to the Fort Wayne Medical Society Foundation, which serves as their umbrella organization.

Healthier Moms and Babies directly addresses the preventable causes of infant mortality, preterm deliveries, and admissions to the Neonatal Intensive Care Nursery. 100% of our clients receive education on nutrition, the signs of preterm labor, kick counts, breastfeeding and safe sleep.

Not only do we provide education on the direct causes of infant mortality, we support our clients by reducing barriers preventing them from attending prenatal visits.

The leading cause of infant mortality in Allen County is preterm birth. Many of our clients tell us after they graduate from one of our programs, the most important piece of education they learned was how to tell the signs of preterm labor and to count fetal movement. We are helping combat infant mortality, development and intellectual delays by providing our clients with a very important piece of education. This one piece of education is helping build healthier communities.

The organization offers a Healthy Start Home Visitation Program, Nurse Family Partnership, Baby and Me Tobacco Free, and Cribs for Kids to low income, at-risk pregnant women and their families. Nurses and case managers walk side by side with our moms, advocating and supporting them every step of the way and beyond. Through these programs, HMB is able reduce infant mortality and improve pregnancy outcomes in Allen County.

The organization is starting two new programs in early 2020. The fatherhood mentor program, #DADUP, will mentor fathers to be more engaged with the pregnancy and help them improve their parenting skills. Own Your Journey is an 8-week health and wellness program, which gives women the tools to be healthier in mind, body and spirit.

In the last three years, we've seen over 450 babies born and conducted over 5,000 home visits. Every home visit, safe sleep lesson, pack-n-play, diaper incentives and support group are crucial steps in helping the women, men and families we serve have the best possible birth outcome.

In our community, one baby dies every 9 days

	National	State	Allen County	Healthier Moms and Babies
BABIES BORN TOO EARLY	10%	12%	10%	6%
WOMEN WHO SMOKE	8%	13%	10%	7%
SLEEP RELATED DEATHS	2,300	100	5	0

Healthier Moms and Babies
Nurturing New Beginnings

Cribs for Kids®—Saving One Baby at a Time

Judith Bannon, Executive Director

As we celebrate our 20th anniversary, we find ourselves reflecting upon the journey that has brought us to where we are today while looking with clear eyes and full hearts into the future. In 1998, Cribs for Kids was born from a deep desire to find a practical solution to the problem of babies dying while sleeping in unsafe environments. This grassroots organization has come a long way in helping babies sleep safely but our work is ongoing. We are approaching our third decade ready to double down on our objectives.

Before Cribs for Kids, approximately 8,000 babies would succumb to **Sudden Infant Death Syndrome** (SIDS) every year. The SIDS community was working frantically toward discovering the causes. We were barely keeping our heads above water.

A break came in 1992 in the form of the **Back to Sleep Campaign**. While attending the International SIDS Conference in Sydney, Australia, as the head of SIDS of PA, I learned of a recent breakthrough. The Australian SIDS Alliance had spent years researching why Australia, the United Kingdom, and New Zealand suffered the highest rate of SIDS in the world, while Japan was experiencing the lowest. It was decided that the critical difference was the way in which the Japanese laid their babies down to sleep. They placed babies on their backs on tatami mats, while babies in Australia, the UK, and New Zealand were being put to sleep on their stomachs on sheepskin bedding.

Upon conducting our own SIDS research in Allegheny County, Pittsburgh, PA, we discovered that:

- the majority of babies were found in unsafe sleeping environments – in the parents' beds or napping on an overstuffed chair or couch
- if they were found in a crib, it was laden with blankets, bumpers and plush toys
- the majority of these babies were dying in low-income homes, born to families that could not afford a crib.

Cribs for Kids®

Helping every baby sleep safer

Once again, our goal post shifted and Cribs for Kids was launched from the practical need to provide safe sleep environments to every baby, regardless of their circumstances.

Fast forward to today, 20 years later. Our grassroots have sprouted a vast forest of redwood trees.

Cribs for Kids has licensed over 1,600 partners nationally. Our dedicated, mission-driven staff has developed programming geared toward spreading awareness through our **Safe Sleep Academy**. And through our network of partners, we have provided over 700,000 cribs to families in need.

The following programs are available to our partners at no cost:

- **National Safe Sleep Hospital Certification Program**
- **Managed Care Organization Prenatal Incentive Program**
- **Safe Sleep Ambassador Program.**

We encourage you to check out our website at **www.cribsforkids.org**, where you will learn more about our programming efforts, get to know our staff and partners, fill out our partner application, be the first to hear about our events, and discover ways to keep the babies in your life as safe as they can possibly be. Most importantly, follow along to learn ways in which you can help us reach our goal of spreading awareness far and wide to end these tragedies. As you can see, our tagline – ***Helping every baby sleep safer*** certainly applies. But now, as we come closer and closer to realizing our ultimate goal, it is time to ask for your help spreading our message.

Fort Wayne Medical Society | New Members

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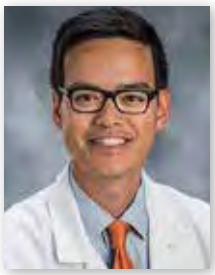

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Fort Wayne Medical Education Program Welcomes Their New Family Practice Residents

The Fort Wayne Medical Education Program is proud to welcome a new class of 12 residents this year! We are extremely pleased with the high quality applicants we interviewed and accepted. We are continuously striving to provide new Family Medicine physicians that will benefit the communities of northeastern Indiana.

Yekaterina Afonina, DO
Philadelphia College of Osteopathic Medicine
Michigan State University

Stephanie Flaig-Miller, DO
Marian University College of Osteopathic Medicine
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Marian University

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University of Southern Indiana

Patrick Krach, MD
Indiana University School of Medicine
University of Notre Dame

Trina Manalo, MD
Saba University School of Medicine
DePauw University

Chelsea McMillan, DO
Lincoln Memorial University – DeBusk College of Osteopathic Medicine
Wartburg College

Elizabeth M. Rodriguez, MD
Ross University School of Medicine
Roanoke Chowan College

Zac Slattery, DO
University of Pikeville College of Osteopathic Medicine
Bowling Green State University

Madeline Vandecappelle, MD
Ross University School of Medicine
Michigan State University

The Fort Wayne Medical Society and Alliance Welcome the IU School of Medicine FW – Class of 2023

WRITE	SUBMIT	GET PUBLISHED
Write it Down: • A case study of a patient with an 'unusual presentation'. • A touching or upsetting patient encounter and how you or your staff handled it. • Something new that you learned at your specialty meeting or journal. • A Letter to the Editor on an article written in the *Quarterly*, local or national news.	**Submit it to the Editor:** lizjcan612@gmail.com • 500-2000 words, typewritten in standard fonts, and sent as an attachment. • Visuals, such as charts, graphs, photos, may enhance your article. • Citations of references not required, but may be helpful for readers wanting further information. • "Headshot" picture of you – the author – is desirable. If you are a FWMS member, we have you. • **Deadline dates are second Thursday of February, May, August, and November**. Sooner is better.	**Get Published:** • Congratulations, you made the cut. You are now a *Fort Wayne Medicine Quarterly* published author. • Thanks for your willingness to share your experience and expertise.

Easy Access to Quality, Low-cost Prenatal and Infant Care Resources

Meg Distler, ED, St. Joseph Community Health Foundation

If you review the Indiana State Dept. of Health data, you will find that in Allen County:

- **40% of the 5,200 new moms giving birth are single; and**
- **42% of all new moms depend upon Medicaid to cover their medical expenses.**

This reveals that many of the pregnant women in our community need support and resources beyond their medical care to have a healthy pregnancy. Fortunately, we have found that helping these women, these new families, connect locally with those "social contributors to health" is easy.

Since 2015, the ***Prenatal and Infant Care Network*** has been active in Allen County, helping professionals and very dedicated volunteers share resources, referrals, and knowledge to assure our most vulnerable new families connect with quality care and needed resources. Currently more than 300 individuals from over 60 agencies participate in the Prenatal and Infant Care Network. The services and resources they offer to new families are constantly being improved to address gaps by innovative, local, caring professionals.

Since 2015, the St. Joseph Community Health Foundation has published a free local guide to these resources to promote referrals, collaborations, and access in the ***Prenatal and Infant Care Resource Directory.*** The 66 page, paper directory covers over 90 recommended local resources including, but not limited to, help for teen parents, food and nutrition, breast feeding, STD and STI testing, stop smoking programs, prenatal vitamins, free baby supplies, cribs, immunization, childcare, adoption, NAS, addiction support services, depression and more. Last year over 6,000 free copies of this resource guide to free and low-cost services for healthy pregnancies and first year of life were distributed. The guide has been designed with input from many local professionals to help other professionals and care providers, including family members, easily connect new families with the resources they need.
(*Available to order online at sjchf.org/directories).*

Complimenting the paper directory is a website, **HealthCareDirectory.org**. The online directory offers easy searching of organizations, offering most of the 90+ local resources by location and subject, and is available in 17 languages.

United Way's 211 is an important collaborator with St. Joseph Community Health Foundation. Both organizations share their resource databases with each other. United Way's 2-1-1 answers phone calls in both English and Spanish, helping individuals connect with social service agencies 24 hours a day, 7 days a week.

St. Joseph Community Health Foundation is an independent foundation operated by the Poor Handmaids of Jesus Christ since they sold St. Joseph Hospital in 1998. As the Executive Director for the past 21 years, I have had the opportunity to invest several million dollars through the St. Joseph Community Health Foundation into local grants and programming to support vulnerable pregnant women and new families, empowering them to lead healthier lives. We have studied many organizations' fiscal capacity, service trends, community impact, quality of programming, and their client stories. While all the quality programs are listed in the directories, there are ten resources that I recommend to any medical office working with pregnant women and new families needing help, to address their clients' most common needs outside of the medical care.

Case Management for Higher Risk Patients:
(Home visitation, education, outreach programs conducted by nurses and social workers to empower and support high-risk pregnant women. Typically, clients enjoy an ongoing relationship that strengthens them emotionally and spiritually, as well as physically.)

- Healthier Moms & Babies

Pregnancy Resource Centers:
(Introduction to baby through ultrasounds, nurse-monitored pregnancy tests, navigation to basic services and health insurance, parenting support classes. Like above, clients served at these seven local offices report enjoying ongoing relationships that strengthens them emotionally and spiritually, as well as having their family's physical needs met.)

- Women's Care Center
- A Hope Center

Free Baby Supplies:
(Diapers, cribs, clothes, formula and more)

- Christ Child Society's Crib Clubs and Layette Program
- Associated Churches' A Baby's Closet
- A Hope Center's Earn While You Learn
- Lutheran Social Service's Gear Up for Safety

Food and Nutrition:
(Online listings of local food banks, closets, hours of operation)

- Associated Churches Food Bank
- Community Harvest Food Bank

Health Insurance:
(Specialists in helping lower income, uninsured pregnant women in attaining health insurance coverage)

- Brightpoint's Covering Kids & Families

For easy access to each program's hours, eligibility, and details on their current services, consult www.HealthCareDirectory.org

The ST. JOSEPH COMMUNITY HEALTH FOUNDATION

Neurocognitive Consequences of Sleep-Related Breathing Disorders

Raj Padmalingam, MD, Professor of Pediatrics, Board Certified-Pediatric, Pulmonology & Sleep Medicine

Consequences of sleep-related breathing disorder knows no age limits. It spans the age spectrum from infancy to elderly. And it is these age groups that are in fact at a higher risk and more vulnerable to neurocognitive impairment from it.

Sleep-related breathing disorder terminology encompasses habitual primary snoring, upper airway resistance syndrome, obstructive hypoventilation and obstructive sleep apnea syndrome. This is a spectrum leading from one to the other, culminating in obstructive sleep apnea if not addressed. Apnea is defined in the pediatric population by polysomnography as having more than 90% airflow obstruction for two breaths. In adults, apnea is defined as more than 90% airflow obstruction for 10 seconds. Hypopnea is associated with more than 30% airflow limitation for more than two breaths and a 3% drop in saturation or an arousal.

Obstructive sleep apnea (OSA) in pediatrics was initially recognized as an entity in the 1970's. A publication followed by by Gulle Minault et al in 1976, which suggested surgery intervention with tonsillectomy and adenoidectomy may eliminate the symptoms of OSA in children with adenotonsillar hypertrophy.

Important risk factors for sleep-related breathing disorder include: obesity, large tonsils/adenoids, genetic predisposition, craniofacial anomalies and neurological disorders/ hypotonia, such as cerebral palsy, muscular dystrophy, etc. Specific genetic disorders include but are not limited to Prader-Willi syndrome, achondroplasia, and trisomy 21. A thorough work-up for sleep-related breathing disorder should include a good history and physical examination, ENT evaluation and polysomnography (PSG). PSG remains the gold standard to evaluate sleep-related breathing disorder. Confounding variables include the existence of asthma, allergies, eczema, rhinitis, and gastroesophageal reflux.

Treatment options are weight loss, surgical intervention with tonsillectomy and adenoidectomy and/or nasal turbinectomy, CPAP therapy, pharmacotherapies like leukotriene receptor antagonists (Singulair) and nasal steroids can be effective in mild OSA. These medications have been shown to be successful in alleviating the symptoms and even reversing the findings on PSG.

The sequelae of sleep-related breathing disorder fall into different categories. These categories include:

- primarily metabolic:
  - autonomic dysfunction (sympathetic activation),
  - increased C-reactive protein (which may be elevated in obesity)
  - development of insulin resistance
  - hypercholesterolemia
  - increased transaminases
  - decreased insulin-like growth factor
  - decreased growth hormone
  - increased leptin due to leptin resistance.
- cardiovascular :
  - autonomic dysfunction, which can lead to systemic hypertension, absent blood pressure dipping during sleep and an abnormal heart rate variably
  - left ventricular dysfunction
  - increased pulmonary arterial pressure
  - elevated vascular endothelial growth factor.

These sequelae result in overall cardiac dysfunction in the pediatric patient most evident by abnormalities in blood pressure regulation, changes in cardiac structure and endothelial function.

- behavioral/psychiatric:
  - sleepiness
  - hyperactivity
  - attention deficit/hyperactivity disorder (ADHD)
  - aggressive behavior
  - symptoms of depression and/or anxiety.
- cognitive:
  - poor attention
  - language delay
  - low general intelligence
  - impaired learning/memory along with challenges in executive function.

These are a result of sleep fragmentation, hypoxia and hypercarbia.

However, others categories are also affected.

Excessive daytime sleepiness and impaired daytime function relates to insufficient sleep from sleep deprivation, fragmented sleep from sleep disruption.

A study published by G. David Goazal et al looked at sleep-associated gas exchange abnormalities common in a cohort of "poor achievers" as defined by academic performance in the bottom 10th percentile in 5-7 year-old public school first graders, and demonstrated improvement in academic performance with therapeutic intervention directed at treatment for OSA.

Freidman et al, an Israel based publication, studied pediatric patients that were found to have neurocognitive impairment and OSA but were otherwise healthy children. They found that treating these patients with tonsillectomy and adenoidectomy resulted in improved functions to the level of the control group.

The management for obstructive sleep apnea includes wait and watch, medications (nasal steroid and leukotriene receptor antagonists for mild OSA), CPAP, and hypoglossal nerve stimulator - which has not been studied in pediatrics but is an available option in adults in whom the OSA is primarily a result from the tongue falling back into hypopharynx while asleep. In children and adults with attention deficit/hyperactivity disorder the question this falls under the chicken or the egg dilemma, which came first? Patients with ADHD do not sleep well and sleep disturbance can lead to hyperactive behavior, especially in children as opposed to in adults who complain of more sleepiness. From, CHA DD - natural resources Center for ADHD – ?one fourth 2 half number? of kids with ADHD/ADD have sleep problems, particularly falling and staying asleep. They are two to three times more likely to have sleep issues than children without ADHD/ADD. Associated issues are bedtime resistance, sleepiness, coexisting conditions such as depression, anxiety, etc. The most common sleep complaints in patients with ADHD are an unwillingness to go to bed, difficulty waking up in the morning, trouble falling asleep, breathing issues during sleep, night waking, and daytime sleepiness. The associated sleep disorders include restless leg syndrome, periodic limb movements, sleep-disordered breathing, along with circadian rhythm disorders.

In conclusion, sleep-related breathing disorder is common in pediatric population and is associated with crucial neurocognitive, behavioral, psychiatric and cognitive sequelae. Screening for sleep-related breathing disorder in patients with these concerns need to be done at every office visit. Snoring alone may cause concern. Generally, the worse the sleep-related breathing disorder the more likely to develop severe sequelae.

References available upon request.

Infant Mortality

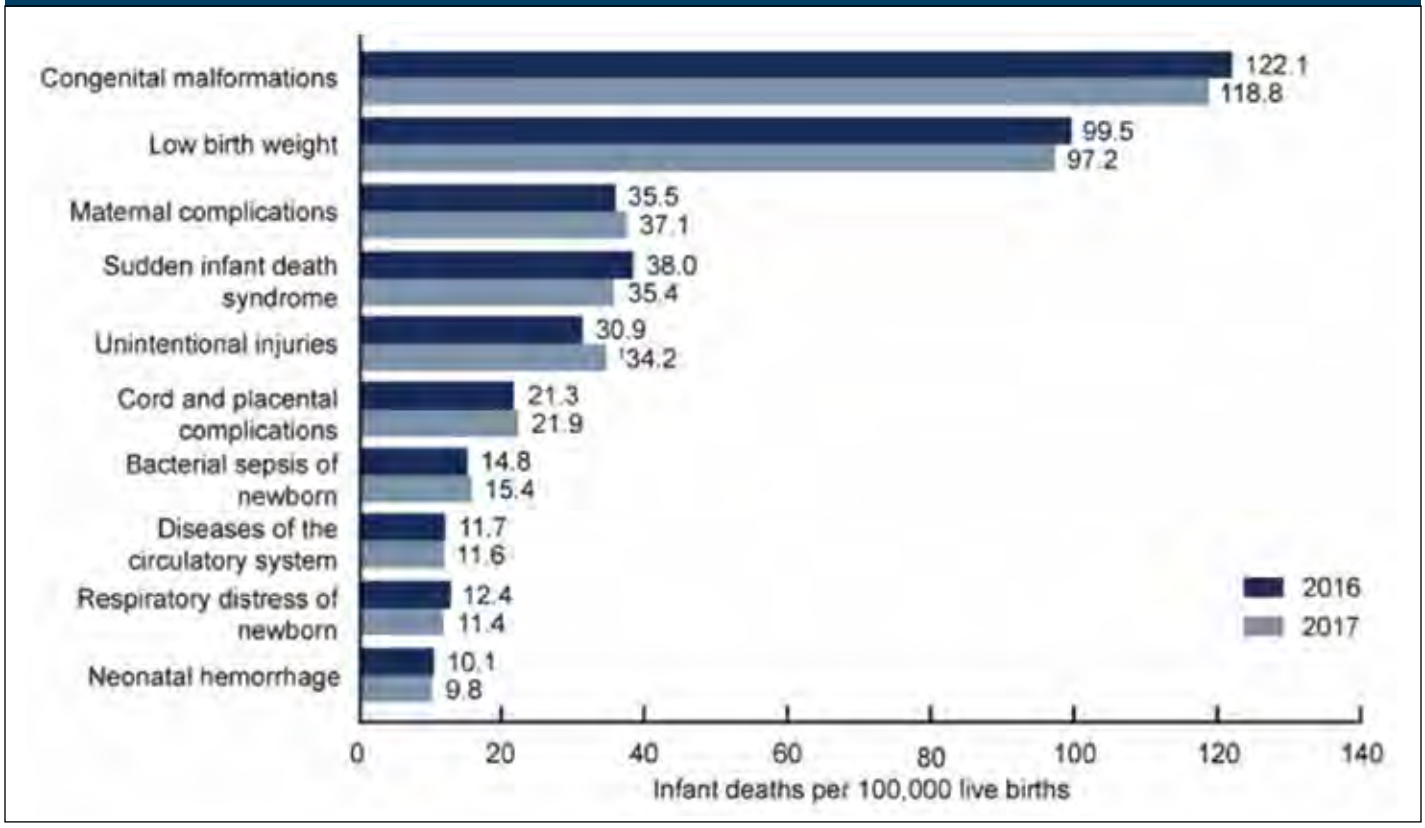
Amy Dawson, M.D., M.P.H., Fort Wayne Medical Education Program

In Indiana in 2017, 600 infants died at birth or within the first year of life (CDC). These are sobering losses and statistically place us badly on the national stage of developed countries. Understanding the top causes of infant mortality help us understand what the medical community can do to prevent these deaths, yet even that awareness is not sufficient to negate the effects of inequality, racism and social contributors to health which account for the vast majority of the excess deaths. The question for the medical community becomes, then, what is our role in preventing the social contributors to disease and outcomes?

The United States has half of the social spending, as compared to other OECD countries, as a portion of the GDP and spends twice what the other countries do on healthcare to make up the gap, leading us to our infamous "downstream" approach to healthcare in the US. In the case of infant mortality, we see that this is tremendously ineffective. In fact, both maternal and infant mortality have been used internationally as surrogate markers for the functioning of a health system because they depend on so many interrelated factors. This presents an incredible challenge to us in Allen county to help reduce mortality from such a multifactorial process.

Examining the top 10 causes of infant mortality in the US presented by the CDC, which account for two-thirds of all infant deaths, we see that the top four causes are 1. Congenital malformations. 2. Low birth weight. 3. Maternal Complications and 4. SIDS (Murphy et al., 2017).

Infant mortality rates for the 10 leading causes of infant death in 2017: United States, 2016 and 2017



†Statistically significant increase in mortality rate from 2016 to 2017 ($p < 0.05$).
NOTES: A total of 22,335 deaths occurred in children under age 1 year in the United States in 2017, with an infant mortality rate of 579.3 infant deaths per 100,000 live births. The 10 leading causes of infant death in 2017 accounted for 67.8% of all infant deaths in the United States. A total of 23,161 infant deaths occurred in 2016, with an infant mortality rate of 587.0 infant deaths per 100,000 live births. Causes of death are ranked according to number of deaths. Rankings for 2016 data are not shown. Data table for Figure 5 includes the number of deaths under age 1 year for leading causes of infant death. Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db328_table-508.pdf#5.
SOURCE: NCHS, National Vital Statistics System, Mortality.

Breaking down the risk factors for each of these four, we find many interventions that prevent more than one of the top causes of infant mortality:

	Congenital Malformations	Low Birth Weight	Maternal Complications	Sudden Infant Death Syndrome
Long-Acting Reversible Contraception (LARC)	Indirect	Indirect	Indirect	
Safe sleep				X
Delay elective delivery to after 39 weeks gestation		X		X
Healthy diet with a wide variety of fruits and vegetables	X		X	
Healthy weight	X	X	X	X
Dietary vitamins and minerals	X		X	
Avoiding: • Tobacco • Alcohol • Drugs • Teratogenic medications and • Environmental toxins	X	X		
Avoiding STIs, including: • HIV • Syphilis • B vaginosis • Chlamydia • Gonorrhea • Herpes • Trichomonas	X	X	X	
Avoiding other infections: • Rubella • Varicella • Zika • UTI	X		X	
Avoiding Multiple gestation in IVF		X	X	X
Avoiding (or treating) high blood pressure	X			
Avoiding (or treating) diabetes	X	X	X	
Spacing pregnancies by 2 years		X	X	
Detecting and treating blood clotting problems		X	X	
Mental and behavioral health, including: • Childhood trauma • Current domestic violence • Social support • Spiritual support and • Healthy work conditions	X	X	X	X

Table 1. Areas of intervention to prevent the top four causes of infant mortality. Early entry into prenatal care can address many of the listed preventive factors. (March of Dimes, NIH, CDC)

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National campaigns are available for us to implement in Allen County. These campaigns have been proven to be effective in lowering infant mortality rates and include delaying pregnancy with long acting reversible contraception (LARC), particularly in adolescents (St. Louis Study). Implementation of LARC separates sexual activity from pregnancy and famously reduced abortion rates in St. Louis by 40% by preventing unexpected pregnancies.

Early entry into prenatal care in the first trimester is actually a culture shift for many providers. Traditionally pregnant women have not been seen before the second trimester, if they were taking prenatal vitamins. The first trimester is now seen as a window of opportunity for early diagnosis and treatment of pre-existing risk factors and diseases that may affect pregnancy outcomes. Delaying elective deliveries until 39 weeks has had a possibility impact on reducing low birth weight babies born to women of normal risk in their pregnancies but does not prevent preterm birth from complicated pregnancies. And safe sleep campaigns prevent sudden infant death syndrome (SIDS) from unsafe sleep practices – see the article in this issue by Dawn Davis.

Figure 2 – An illustration of contributions of childhood trauma, social, behavioral and mental health to infant mortality

Many of these national strategies still do not affect the environment that women and children are living in that deeply influence infant mortality. To make a stronger impact, we need to add universal screening for multiple risk factors given across multidisciplinary services, including: healthcare to improve referrals and track successful interventions for social contributors to health, trauma, behavioral health needs, and managing the "pre-pregnancy" period as thoroughly as we manage the second and third trimesters of pregnancy.

The goal is to connect people to physical, social and behavioral health services, community wellness services, and education/mentoring for adolescents and young adults. **Medicaid quality publications for Indiana show that less than 60% of individuals ages 12-21 receive a well-child or physical exam every year by a primary care physician.** Exploring ways to capture preventive exams in this population allows the physician to screen for and address the vast majority of the issues listed as protective factors to avoid infant mortality.

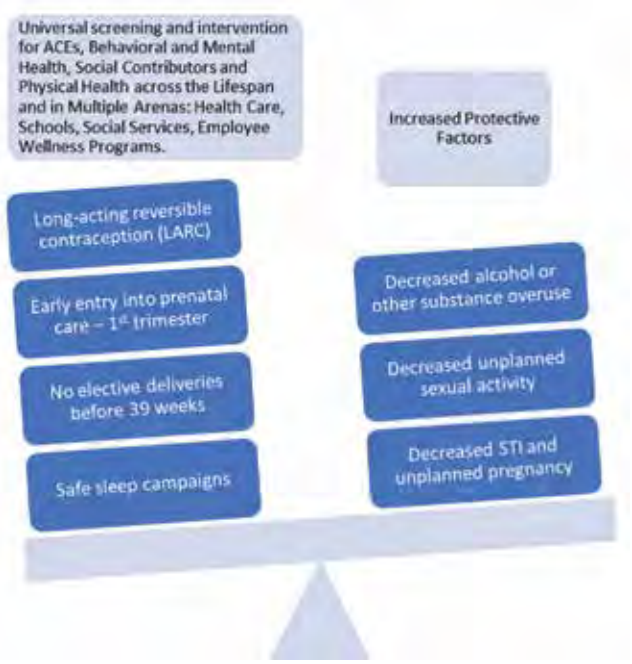

Figure 3 – An illustration of improved outcomes with comprehensive screening and intervention from multiple sources

In conclusion, infant mortality is the key measure of a functioning health system in a community. If we as medical providers can increase our access to children, adolescents and young adults living in poverty or with other vulnerabilities, we can provide robust assessment and early treatment for many problems that lead to infant mortality.

References are available from the author or editor.

IUSM-FW Students Engage in Initiative to Decrease Infant Mortality in Allen County

Gina Bailey, Assistant Director of Program Development

We often look for inspiration throughout our lives. Sometimes we are trying help ourselves become better in our own eyes, other times we are trying to help someone else. Every once in a while, inspiration finds us. The first-year students at Indiana University School of Medicine-Fort Wayne found inspiration to help decrease infant mortality in Allen County by attending a baby shower.

This wasn't an ordinary baby shower with games and guesses. This was the first of several Baby Showers that the Indiana State Medical Association Alliance (ISMA-A) will host throughout the state of Indiana to raise awareness about infant mortality. The Fort Wayne Baby Shower was co-hosted by the Fort Wayne Medical Society Alliance (FWMSA) and IUSoM Fort Wayne.

Just like traditional baby showers, attendees were encouraged to bring gifts of diapers and books. The ISMA-A and the FWMSA also accepted monetary donations to purchase: onesies embroidered with "I sleep belly up", crib sheets and Pack-n-Plays to donate to Healthier Moms and Babies, an organization whose mission is to reduce infant mortality and improve pregnancy outcomes in Allen County.

The featured speaker at the baby shower was Dr. Deborah McMahan, the Allen County Health Commissioner. Dr. McMahan spoke about the need for educating new families on how to put their infants to sleep. She noted that families most at risk of losing a child in the first year of life often lack this knowledge. They rely on information from their own mothers, who put babies to sleep on their sides or bellies in soft beds or cribs with extra blankets, bumper pads and stuffed toys, because that was the standard twenty years ago. She also rallied students to become involved in initiatives like this Baby Shower, to help educate and advocate for patients.

First year students, led by Bret Lawson, decided that they wanted to help with this initiative. They collected $315 among their class to donate to Healthier Moms and Babies to purchase more Pack-n-Plays. And they aren't stopping there. The students are seeking to raise more money through grant requests and challenging others to join them in assisting this program.

"This is a prime opportunity to educate future physicians about safe infant sleep, advocacy for patients, public health and lobbying," said Dr. Heather Wolfe, adjunct faculty and IUSM graduate. "I am really excited to get the students involved."

The students presented their donation to Healthier Moms and Babies Executive Director, Paige Wilkins and are scheduling time to ride along on visits with their staff to deliver the Pack-n-Plays to clients.

Fort Wayne Medical Society – Alliance | Cammy Sutter, President

An Active Alliance!

Energy and creativity abound among the physician spouses and the Alliance this program year! Two fall socials got things off to a spirited and fun start. The first was the annual **Med School BBQ** on August 7 at the IU School of Medicine, to meet and greet the medical students, residents and their families, letting them know we're here to support and encourage them on their year ahead. Next was the annual **Membership Social** on Sept 10 at Connor's Kitchen downtown, where we gathered over hors d'oeuvres and drinks, to welcome new members and reconnect with the old. Throughout the fall, we stayed active and connected with many other events, as well, such as food truck meetup, pickleball, book club and yoga gatherings.

A proud moment was in October, when we celebrated the **80th anniversary of the Alliance!** It's an honor to carry on the legacy of this organization which has been supporting medical families and serving the community for so long. We're grateful to the hundreds of physician spouses who came before us and we're proud to carry on this legacy. We celebrated with a birthday party luncheon at Club Soda.

FWMSA 80th BIRTHDAY PARTY

Members and friends celebrating 80 years as an Alliance

MEDICAL SCHOOL BBQ

BBQ Planning Committee: Jennifer Bojrab, Liz Hathaway and Dawn Davis

BBQ Theme: Start Your Engines

The Red Team

MEMBERSHIP SOCIAL

Alliance Board Members

Of course, the Alliance is much more than fun and friendship. We take seriously some of the weighty issues facing our medical community. We joined with the FW Medical Society in sponsoring the annual Legislative Workshop on October 16 at the Fort Wayne Country Club, bringing eight of our regional legislators together for a discussion panel. Grant Achenbach, ISMA Director of Government Relations, provided an update of proposed legislation. Each legislator followed with a summary of the medical-related advocacy they're supporting in their districts, ranging from elimination of non-compete clauses, to e-cigarettes, to keeping hospital costs down. A Q&A session followed, where physicians and audience members asked questions or raised concerns about issues facing medical practitioners. The evening concluded with time to meet and mingle with the legislators over hors d'oeuvres and drinks. It was an informative and worthwhile evening!

We also partnered with our state Alliance and state President Dawn Davis in hosting a **Lunch & Learn about Infant Mortality**. This free luncheon, held at the IU School of Medicine, featured Mayor Tom Henry, who offered opening remarks, and guest speakers Dr Deb McMahon, Allen County Health Commissioner, as well as Holly Wood, the Indiana Dept of Health Safe Sleep Coordinator, who addressed the serious infant mortality problem in Indiana and how safe sleep habits can save lives.

Many medical students were in attendance, along with nurses, OB-GYN physicians, and many community members. We applaud the good work being done by the non-profit Healthier Moms and Babies, which is distributing Pack & Play cribs in the local zip codes with high infant mortality rates. Those still interested in donating toward the cause can do so via **www.healthiermomsandbabies.org/donate.**

Alliance members and area physicians attending baby shower.

Spring 2020 will be busy for the Alliance, as we host our two signature community service events:

Doctors Day at Science Central, March 7. Our 25th year! This is a great community education event, featuring a health fair and promoting medical-related careers to elementary-aged children. Doctors, spouses, and children are encouraged to stop by!

Cinderella Dress Day, March 21 at the Grand Wayne Center. Teen girls attend a health fair and then get to shop for a free prom dress and accessories. Donations needed for gently used prom dresses (esp. size 15 and up,) jewelry and shoes. These can be dropped off at any Peerless Cleaners. Volunteers are also needed for Mar 21, especially for tear-down. Join our email list to receive the sign-up links.

Learn more about these events and the upcoming social happenings on our website, or better yet, contact Clara Gonzales at **clara_lg@yahoo.com** and ask to be added to our email list so we can keep you up-to-date!

Finally, a note of gratitude to the physician recruiters at Lutheran, Parkview, and IU Health for spreading the word about the Alliance to physician new hires. We love meeting new physician families and welcoming them into our Alliance family.

Of course, ALL physician spouses are encouraged to participate in the Alliance, regardless of how long one has lived here or what one's life stage. There's something for everyone, whether one is wanting friendship, a good cause to get behind, leadership development, or networking. Dues are just $45 a year. Those interested in becoming a member of the Alliance may do so online at **www.alliancefw.org**, or reach out to President and Membership Chair Cammy Sutter at **cammysutter@gmail.com**

PAGING ALL DOCTORS!!

We need at least 25 doctors for 25th Doctor's Day on March 7th at Science Central from 10 am-3 pm.

There are several ways to participate:

- Conduct a 20-minute presentation about your specialty in the Demonstration Theater.
- "The Doctor is In" Booth – This is a Peanuts Comic themed booth, where local physicians sign up for a 25-minute time slot to answer kids' pre-selected medical questions.
- Staff your hospital-affiliated booth for a short time that day (30 to 60 minutes).
- Be a greeter at the door and welcome guests to Doctor's Day at Science Central.
- Sponsor one of 25 healthy food bags for giveaway or help fund prizes for the Medical Career Poster Contest.

$25.00 donations can be made online at **alliancefw.org** or mail a check payable to FWMSA c/o:Liz Hathaway, 12014 Thornapple Cove, Ft. Wayne, IN 46845

Have questions? Contact Maria Krach at 437-3000 or mariakrach3019@gmail.com

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ALLIANCE UPCOMING EVENTS

January

1/13 10:30 – Noon Safety/Self-Awareness
Coventry Taekwondo 5744 Coventry Lane
RSVP to Liz Hathaway (260-402-3211)

1/22 Noon Book Club/LunchBiaggi's
"The Little Paris Bookshop" Nina George
RSVP to Liz Hathaway (260-402-3211)

February

2/04 Olive Twist Cooking Class (Space Limited)
Covington Plaza
RSVP to Liz Hathaway (260-402-3211)

2/19 Noon Book Club/Lunch FW Country Club
"This Tender Land" William K Krueger
RSVP to Liz Hathaway (260-402-3211)

2/22 SAVE THE DATE
Medical/Dental Mixer Invites to Follow

March

3/07 10 am –3 pm 25th Annual Doctor's Day
Science Central

3/18 Noon Book Club/LunchCatablu
"Half Broke Horses" Jeanette Walls
RSVP to Liz Hathaway (260-402-3211)

3/21 8 am – 1 pm Cinderella Dress Day
FW Convention Center

Check alliancefw.org for all updates

The **Alliance Holiday Lunch and Bazaar Fundraiser** was held on December 4th at Ceruti's Banquet & Event Center. There were more than 80 people participating in the luncheon. This fun event offered a chance for our members to celebrate the holiday season with friends and guests, while providing the opportunity to shop with more than 17 local vendors. All vendors graciously agree to donate at least 10% of their sales back to the Alliance. Friends who could not stay for lunch were welcome to come shop.

We would like to thank Tonya Hughes, and her committee for planning this event. Also, thanks to Betty Canavati and all the people who contributed to the "Feed the Reindeer" gift baskets: Dawn Davis, Liz Hathaway, Deanne Baker, Jennifer Bojrab, Tori Esguerra, IU School of Medicine, Preeti Jain, Vivian Tran, Kim Strnad, Nealum Ibrahim, Tonya Hughes, Kos Lugakingara, ISMA-Alliance and Chris Lambert (Christopher James menswear) and Emily Kai.

The funds raised are used to help underwrite our community service projects and medical education support.

ALLIANCE HOLIDAY LUNCHEON AND BAZAAR

Preeti Jain, Tonya Hughes and Liz Hathaway

2019-20 Alliance Board

Reindeer gift baskets

Festive table arrangements

Alliance and friends supporting the AMA-A 2019-20 Peanut Butter Challenge – 1,850 oz. (99 jars) collected

Brady Dubois Named CEO of Lutheran Hospital

Brady Dubois, an experienced health care leader with a focus on exceptional patient care, quality and operational performance, became Lutheran Hospital's new chief executive officer on Dec. 4.

Dubois comes to Lutheran Hospital from his position as president of Mosaic Life Care Medical Centers, a health care system based in St. Joseph, Mo. During his time at Mosaic Life Care, the organization expanded to four wholly owned hospitals, providing coverage to 21 counties in northwest Missouri, southwest Iowa, southeast Nebraska and northwest Kansas. From 2007 until he joined Mosaic Life Care in 2016, Dubois held executive leadership positions in hospitals and healthcare systems across the country. He also served as a Medical Service Corps officer for the U.S. Navy from May 2000-2007, where he oversaw several high-level initiatives within the continental United States, internationally and in deployed environments. It was during this time that his personal philosophy of "Mission First, People Always" was formed. He began his career as a recreational therapist at DeTar Health System in Victoria, Texas.

"Brady's experience and leadership style are the perfect fit for Lutheran Hospital and I'm confident that he will work with the team to take our flagship to the next level, with a focus on quality, safety and the patient experience. We are blessed to add Brady to the senior executive leadership team," said Mark Medley, FACHE, regional president and chief executive officer, Lutheran Health Network.

Throughout his healthcare leadership career, Dubois has worked extensively on physician recruitment, leading quality improvement efforts and building cultures of physician and employee engagement. While serving as chief executive officer for Northern Louisiana Medical Center in Ruston, La., he developed an industrial medicine program that served more than 240 businesses. During his tenure at Mosaic Life Care, Dubois successfully maintained a CMS 5-star designation and 100 Best Hospital status, along with improvement to a 50 Best Hospitals in America as recognized by Healthgrades™.

"I look forward to the opportunity to serve at Lutheran Hospital," said Dubois. "It comes down to patient care – we must excel at delivering care at the bedside with a concentration on outcomes, continuous measurement and improvement."

Dubois is a Texas native and roots for the Houston Astros. He graduated magna cum laude from Southwest Texas State University with a bachelor's degree in Recreation Administration. He received his master's degree in Business Administration from the University of Houston-Victoria.

Military life has taken him and his family to communities across the country and Dubois has been active in each one. Prior to moving to Fort Wayne, he was active in the Missouri Hospital Association and served as District 5 president. He also served on the Midwest Transplant Network Advisory Board and was active with Rotary in St. Joseph, Mo. Along with his wife, Amy, and three children, Dubois ws active in The Bridge Community Church, leading Bible study and serving as Vice Chair for Feed the 500, an annual fundraiser that provided Christmas meals to those in need.

"Amy and I are looking forward to making Fort Wayne our family's home and becoming involved in the community," said Dubois.

Lutheran earns American College of Cardiology's highest recognition for second consecutive year

Earning the American College of Cardiology's most important accolade is twice as nice for Lutheran Hospital in 2019. That's because this is the second year in a row it has been awarded the ACC HeartCARE Center National Distinction of Excellence.

Lutheran joined elite company in 2018 when it became one of only seven hospitals in the country to reach HeartCARE Center status. During its second review, Lutheran again demonstrated its commitment to comprehensive, high-quality culture and cardiovascular care. This achievement is based on a hospital's ability to meet specific accreditation criteria, and through its ongoing performance registry reporting.

"Lutheran is now one of just a few repeat recipients across the U.S.," said cardiologist Scott Mattson, DO, FACC, FASE. "This demonstrates the cardiovascular service line's dedication to providing objectively high standards of care and a commitment to quality improvement."

Hospitals and health systems that have received an ACC HeartCARE Center designation have met a set of requirements including at least two earned CV accreditations offered by the ACC, a third earned CV accreditation offered by the ACC or participation in a National Cardiovascular Data Registry, and involvement in additional efforts designed to help hospitals and institutions close gaps in guideline-based care.

As part of its 2019 attestation, Lutheran's list of accreditations through the ACC included: Chest Pain Center – Primary Percutaneous Coronary Intervention with Resuscitation; Cardiac Catheterization Lab with Percutaneous Coronary Intervention;

Heart Failure; and Atrial Fibrillation with Electrophysiology Services.

"In healthcare, many of the reviews we receive from outside organizations occur no more frequently than once every three years," said Latesa Conley, RN, accreditation manager, Lutheran Hospital. "It's very important to our team to have a respected body like the American College of Cardiology not only evaluate annually how we're doing in multiple quality improvement programs, but also verify in consecutive years that the comprehensive heart care we're providing is of the highest quality. Collectively, the entire Lutheran family is demonstrating that its focus on patients in need of these specialized services remains strong and consistent."

According to the ACC, hospitals receiving its HeartCARE Center designation have exhibited their commitment to reliable, high-quality cardiovascular care through comprehensive process improvement, disease and procedure-specific accreditation, professional excellence, and community engagement. Based on its assessment, the ACC believes Lutheran has proven to be a forward-thinking institution with goals to advance the cause of sustainable quality improvement.

The ACC offers U.S. and international hospitals like Lutheran access to a comprehensive suite of cardiac accreditation services designed to optimize patient outcomes and improve hospital financial performance. These services are focused on all aspects of cardiac care.

Lutheran Health Physicians Expands Family Medicine Services to DeKalb County

Auburn area residents will now have another primary care option in January 2020 when Lutheran Health Physicians (LHP) expands its family medicine practice into DeKalb County. With this expansion, family medicine physician Scott Armstrong, DO, as well as advance practice providers Tina Leavell, PA, and Nicole Sanderson, NP, will be joining LHPs and providing patient care in Auburn.

Located off Smaltz Way, on the west side of Auburn, this location will initially offer primary care services and convenient, on-site lab services. Space is available for additional specialists in the future.

In addition to LHP's presence in DeKalb County, Optimum Performance Sports has been selected to serve as the exclusive athletic training provider for DeKalb Central Schools.

Scott Armstrong

Tina Leavell

Nicole Sanderson

New to LHP in 2018, Scott Armstrong, DO, received his medical degree from Des Moines University College of Osteopathic Medicine and later completed a family medicine residency with Fort Wayne Medical Education Program in 2007. Dr. Armstrong has more than 10 years of experience as a family medicine physician.

Both Tina Leavell, PA, and Nicole Sanderson,NP, joined the LHP family medicine team in 2018. Leavell completed her master's degree in physician assistant studies from the University of Saint Francis in Fort Wayne, where in her final year she earned the Clinical Year Excellence Award in Physician Assistant Studies, a top student award at USF. Sanderson completed a Bachelor of Science in Nursing and Master of Science in Nursing degrees from the University of Saint Francis in Fort Wayne. She has several years of clinical experience working locally as a registered nurse and emergency care technician.

LHP currently serves northeastern Indiana with 89 family medicine providers and more than 30 locations that now include Auburn, New Haven, Nappanee and around the Dupont Hospital campus.

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Parkview Heart Institute announces affiliation with Cleveland Clinic Heart & Vascular Institute

The Parkview Heart Institute is now an affiliate of the nation's top-ranked heart program, the Cleveland Clinic Heart & Vascular Institute, further elevating cardiovascular care for patients in the region.

Roy Robertson, MD, FACC, president, Parkview Heart Institute, explained that the affiliation will give Parkview access to the best practices that have helped Cleveland Clinic achieve U.S. News & World Report's No. 1 ranking for cardiology and heart surgery for the last 25 years. Through the affiliate program, Cleveland Clinic will share its treatment protocols and procedures, and allow Parkview Heart Institute providers to collaborate with Cleveland Clinic clinicians. This will give Parkview patients access to Cleveland Clinic's expertise, including the latest treatments, technology and innovations in heart care.

This affiliation will help not only patients in Fort Wayne, but also patients throughout northeast Indiana and northwest Ohio at the many facilities that partner with the Parkview Heart Institute for treatment. The partnership is mutually beneficial, officials explained, as Parkview and Cleveland Clinic will both share ideas and information that will accelerate advances in heart treatments and protocols.

The Cleveland Clinic Affiliate program was launched in 2003, with Rochester as the first member. Over the past 16 years, the affiliate network has grown as large as 16 hospitals across the country. As affiliates, the two organizations remain independent, with no changes to physicians or staff.

This affiliation is the third of its type launched by Parkview Health within the last year, with the goal of advancing care and providing local access to nationally recognized expertise. In September, the health system formalized an affiliation with Cincinnati Children's Hospital for pediatric care. And in May, officials announced that Parkview Cancer Institute is a certified member of the MD Anderson Cancer Network®, a program of MD Anderson Cancer Center.

Parkview Huntington Hospital awarded nearly $750,000 grant for family medicine rural residency program

The U.S. Department of Health and Human Services, through the Health Resources and Services Administration (HRSA), has awarded Parkview Huntington Hospital a grant for nearly $750,000 to create a family medicine rural residency program.

According to HRSA, the Rural Residency Planning and Development Program grant was created to expand the number of accredited rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas of the United States.

Parkview Huntington Hospital is one of 27 Rural Residency Planning and Development Program grant recipients nationwide, and the only recipient in HRSA's six-state region of Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

Anticipated to begin in 2022, Parkview's program would accommodate four family medicine residents per year. The first year of residency would be completed in Fort Wayne, while years two and three would be completed in Huntington.

Parkview awarded nearly $725,000 grant for Rural Communities Opioid Response Program

The U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), has awarded a nearly $725,000 grant through the Rural Communities Opioid Response Program that will allow Parkview Behavioral Health to expand opioid treatment programs in rural counties of northeast Indiana.

The HRSA grant will grow Parkview's Medication Assisted Treatment (MAT) clinic program, which was established in 2018 with a $1.5 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of the program is to establish an integrated system of MAT clinics, consisting of an urban "hub" and rural "spokes" located strategically throughout northeast Indiana to combat substance abuse disorders, including opioid abuse disorder.

Parkview is one of 12 nationwide grantees who received Rural Communities Opioid Response Program awards from HRSA to establish and/or expand MAT clinics in 2019.

Earlier in 2019, Parkview Health was also part of a nine-county interdisciplinary team that received a grant of $1.4 million from the Indiana Family and Social Services Administration (FSSA) to fund the Opioid Mobile Response Team, which connects residents to medical and social services for treatment and recovery.

The expansion will begin with Huntington, Wabash and Whitley counties; additional counties are targeted for future expansion programs.

USDA awards $34,000 grant to Parkview Health to plan Farm to School programs with area districts

Parkview Health has received a $34,000 grant from the U.S. Department of Agriculture (USDA) to plan a Farm to School program with area school districts.

USDA's Farm to School grants fund school districts, state and local agencies, Indian tribal organizations, agricultural producers and non-profit organizations in their efforts to increase local foods served through child nutrition programs, and teach children about food and agriculture through garden and classroom education.

Farm to School initiatives are unique to each participating entity, and the planning grant allows recipients to explore how they could best implement a program in their area. Parkview's Youth Well-Being team will work with at least five area school districts to develop a comprehensive, regional Farm to School plan for northeast Indiana. School districts currently include Northwest Allen County Schools, East Allen County Schools, Metropolitan School District of Steuben County, Garrett-Keyser-Butler Community School District and Lakeland Schools (LaGrange County).

Bennett explained that the Farm to School program supports Parkview's mission to improve health and inspire well-being in the communities it serves. A regional Farm to School program could potentially address student nutrition habits, increase access to fruits and vegetables, improve household food security, enhance overall academic achievement, and even support positive changes in the diets and lifestyles of school teachers and staff.

School district representatives said they are also excited for the opportunity to create a Farm to School program.

"The initiative proposed by Parkview is an excellent fit for Northwest Allen County Schools, in that, we have an agricultural program at Carroll High School that is outstanding, the participation of our students in FFA and 4-H is strong, and our growing culinary arts classes have received state recognition," said Gloria Shamanoff, assistant superintendent, Northwest Allen County Schools. "With this foundation in place, the Farm to School initiative is a perfect extension to what opportunities are already available to our students. We are grateful that the Parkview family asked us to join the initiative."

"Farm to School provides the opportunity to support local agriculture while nourishing the students in our care. We are able to promote a variety of fresh and local commodities while laying the path to good nutrition and eating habits," said Stephanie Haynes-Clifford, food service director, Metropolitan School District of Steuben County. "All individuals involved with Child Nutrition are passionate about their students and their success. They are our future."

For the 2019-20 school year, the USDA awarded 126 Farm to School grants, totaling more than $9 million, that will serve more than 5,400 schools and 3.2 million students – 63 percent of whom are eligible for free or reduced-price meals.

DeKalb Health officially joins Parkview Health, becomes Parkview DeKalb Hospital

PARKVIEW DEKALB HOSPITAL

DeKalb Health has officially joined Parkview Health. Following a due-diligence period that began in March, the boards of both organizations approved the affiliation in late August, with an Oct. 1 start date. The Auburn hospital is the sixth community hospital to join Parkview Health and will be named Parkview DeKalb Hospital.

The transition will be gradual, and the public can expect to see changes in signage over the next several months. Many physicians will also be transitioning to Parkview Physicians Group, and patients will be notified as those changes are finalized.

As with Parkview Health's other community hospitals, Parkview DeKalb Hospital will maintain a local board of directors and its own foundation for philanthropic efforts. All funds donated to the new Parkview DeKalb Foundation – formerly the DeKalb Health Foundation – will be used to support local health and wellness needs in DeKalb County.

DeKalb Health opened its doors in 1964 and has proudly served the healthcare needs of DeKalb County and the surrounding communities for more than 50 years. The hospital is licensed by the State of Indiana as a non-profit, 56-bed, acute care healthcare facility, providing a variety of inpatient and outpatient services.

Parkview Health is a not-for-profit, community-based health system, serving a northeast Indiana and northwest Ohio population of more than 850,000. With more than 12,000 co-workers, Parkview Health's mission is to improve health and inspire well-being in the communities it serves.

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