

FALL 2022

# Wellness Matters

Focus on Women's Health



HOWARD COUNTY  
GENERAL HOSPITAL  
JOHNS HOPKINS MEDICINE

# President's Message



*Dear Friends,*

In this issue of *Wellness Matters*, we focus on the person who is often in the role of caregiver at the center of our household—the mothers, wives,

daughters, sisters... the women in our lives. As a husband and father of two daughters, I value their health.

I am excited to share the news of an expansion of women's health care services on our campus with the addition of Johns Hopkins specialists who are joining our staff. Many of these physicians share their expertise and helpful health care knowledge in the following pages.

I also want to thank The Kahlert Foundation for its recent gift. The donation funded the expansion of Johns Hopkins gynecologic-oncology services here and a new peer mentor program for cancer patients coordinated by the Claudia Mayer/Tina Broccolino Cancer Resource Center. You can read more about these services and the Kahlert donation on page 10. The foundation's investment in women's health in Howard County is much appreciated as is the support of our numerous community donors, many of whom are noted in this issue. It is because of your support that we are able to continue to grow and serve our community with new services and technology.

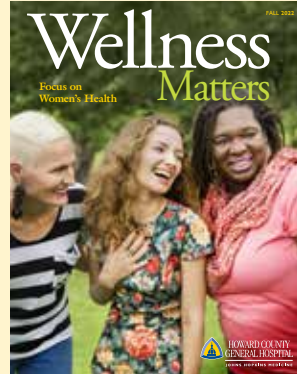
As we look to 2023, I wish you all continued health for the new year.

Sincerely,

M. Shafeeq Ahmed, M.D., MBA, F.A.C.O.G., *President*

**Please direct comments regarding Wellness Matters to 410-740-7810.**  
Hospital Information: 410-740-7890

# Wellness Matters



In this issue of *Wellness Matters*, have your breast health questions answered, learn about today's hip replacement approach and how women's care is advancing in Howard County.

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**Writing/Editing**  
Susan Case, senior director  
Marketing & Communications, HCGH  
Bonnie Henson Communications

**Foundation News**  
Emily Shreve, director  
Events & Communications  
Howard Hospital Foundation

**Design**  
Bonnie Henson Communications

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# Hip Replacement?

Do you feel stiff, struggle to tie your shoes or put on your socks and feel pain in your groin? Arthritis in your hip may be the culprit. Is a hip replacement the answer to getting you back on your feet and pain free?

While you can't control the genetic factors that can lead to hip arthritis, maintaining a healthy weight and staying active can help lower your risk. Your gender may also be a contributing factor.

"Women make up 58% of people undergoing hip replacement," says **Lucas Nikkel, M.D.**, a Johns Hopkins orthopaedic surgeon on staff at HCGH. "Women also have a slightly higher rate of inflammatory arthritis resulting in a higher rate of joint destruction."

## Is it Time to See a Specialist?

If you have seen your primary care doctor and are still experiencing discomfort or stiffness that's not getting better with ibuprofen or acetaminophen, you can try physical therapy to improve range of motion and function. "We occasionally will do steroid injections in the hip, but they don't work as well as they do in the knee and nothing rebuilds cartilage," Dr. Nikkel says. "Once you are having difficulty doing daily living activities — getting in and out of the car, going to the store, playing with your grandkids — it's time to see if a hip replacement is needed."

To confirm arthritis in the hip and worn-away cartilage, the orthopaedic surgeon will usually order a standing X-ray of the hip or pelvis.

## The Surgical Approach

"There are more than 20 surgical approaches to hip replacement. In the early 2000s, most hip replacements were performed from the patient's back or side. Today, replacing the hip from the front, called anterior hip replacement, is a popular option. Many of my patients who've had one surgery from the front and one from the back say the front is less painful and a faster recovery," Dr. Nikkel says.

With the front surgical approach, the surgeon can access the joint between the muscles. A new titanium socket is placed in the pelvis, and the thigh bone is fitted with a new ball top. An X-ray is taken to ensure the length of the leg is correct before the surgery is over.

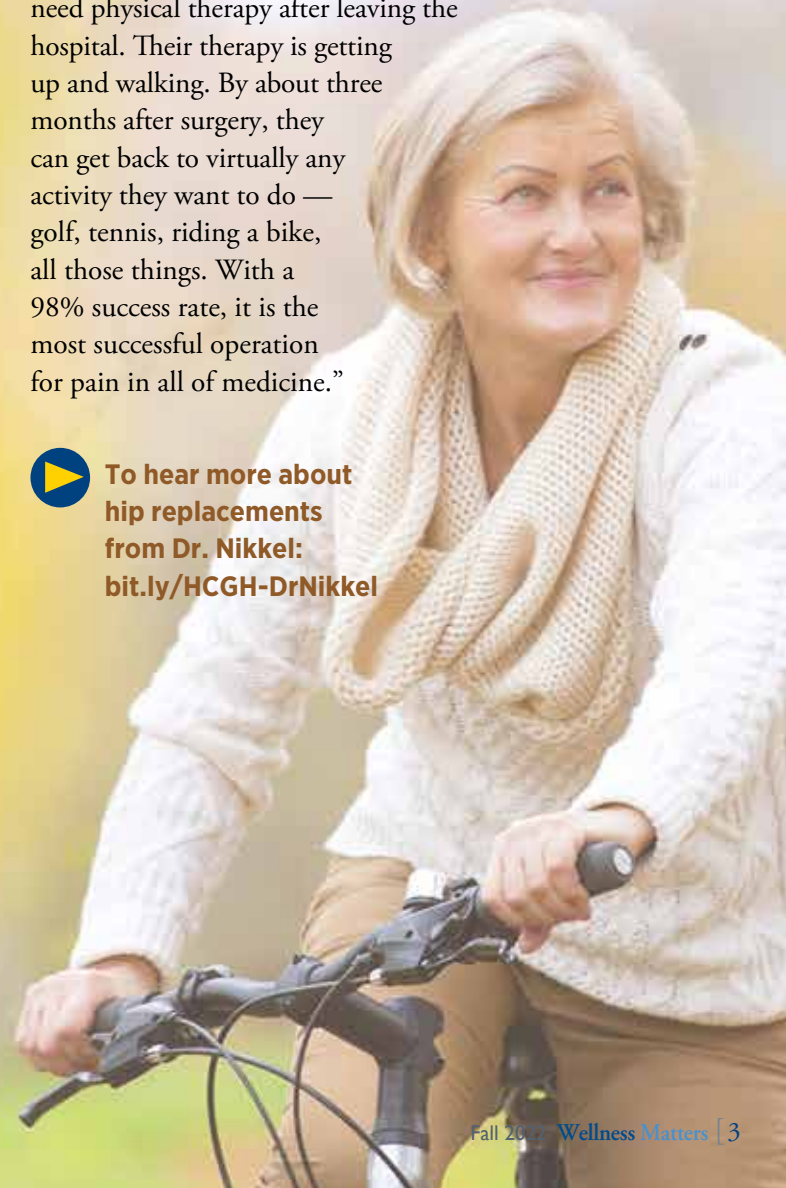
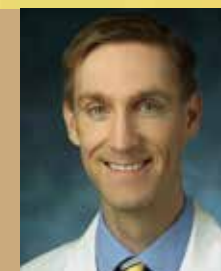
Most patients will go home the same day, use a walker for one to two weeks and transition to a cane for a couple of weeks afterward. By six weeks, most patients can walk without any assistive devices.

"One of the advantages of going through the front is that we really don't put patients on any hip precautions," Dr. Nikkel says. "About 95% of patients do not need physical therapy after leaving the hospital. Their therapy is getting up and walking. By about three months after surgery, they can get back to virtually any activity they want to do — golf, tennis, riding a bike, all those things. With a 98% success rate, it is the most successful operation for pain in all of medicine."

**To hear more about hip replacements from Dr. Nikkel: [bit.ly/HCGH-DrNikkel](https://bit.ly/HCGH-DrNikkel)**

**Lucas Nikkel, M.D.**, is a board-certified orthopaedic surgeon with Johns Hopkins Musculoskeletal Center in Columbia.

**Appointments: 443-997-6754**



# UNDERSTANDING Gynecological Cancers

**“Knowing your risk factors and symptoms you should pay attention to can make all the difference in catching several types of gynecologic cancers in earlier stages,” says Katherine Ikard Stewart, M.D., a gynecologic oncologist with the newly expanded Johns Hopkins Kelly Gynecologic Oncology Service clinic in Columbia.**

## Uterine Cancer Facts

Uterine cancer is cancer of the lining of the uterus (endometrial tissue) and occurs most often after menopause. The biggest risk factor is obesity and a family history of uterine or colon cancer. Symptoms include postmenopausal bleeding, abnormal bleeding between periods and less common — pelvic cramping and pain.

“Postmenopausal bleeding is never normal, even if it’s just for one day or very light pink spotting and should always be evaluated by your gynecologist,” Dr. Ikard Stewart says. “With obesity being one of the biggest drivers of uterine cancer, maintaining a healthy weight markedly decreases your risk. Birth control pills and hormonal IUDs can also reduce your cancer risk.”

There is not a routine screening test for uterine cancer, but it is typically detected by an office endometrial biopsy done when a patient is experiencing abnormal vaginal bleeding.

Once diagnosed, treatment typically involves a minimally invasive hysterectomy that includes the removal of the cervix, uterus, fallopian tubes and ovaries as well as a lymph node assessment. The surgery results will determine if additional treatment is needed with radiation and/or chemotherapy to help prevent recurrence.

**Katherine Ikard Stewart, M.D.,** is a gynecologic oncologist with the Johns Hopkins Kelly Gynecologic Oncology Service in Columbia.

**Appointments: 410-955-8240**



## THE GREEN GLOW OF NEW TECHNOLOGY

HCGH now has new infrared technology that allows surgeons to visualize sentinel lymph nodes with a robotic laparoscopic system used specifically in patients with uterine cancer. Knowing if lymph nodes have cancer cells helps guide the patient’s next steps in treatment.

“During surgery to remove the uterine cancer, dye is injected into the patient’s cervix that travels through the lymphatic channels and into the sentinel lymph node, which is the first draining lymph node from the tumor,” says Dr. Ikard Stewart. “Using a special camera that precisely illuminates the sentinel lymph nodes in green, we can identify and remove just the few sentinel lymph nodes. This allows us to accurately determine if the cancer has spread to the lymph nodes. Previously, patients had to undergo the removal of many abdominal and pelvic lymph nodes, which increased their risk of postoperative complications such as swelling of the legs and lower extremities.”

## Ovarian Cancer

“Unfortunately, ovarian cancer is often not detected until advanced stages because early ovarian cancer is usually asymptomatic and, once symptoms develop, it has often spread throughout the abdomen. It is important to know your own personal risk factors, such as a family history of a first-degree relative with ovarian or breast cancer, having the BRCA gene or another genetic mutation that puts you at increased risk,” notes Dr. Ikard Stewart.

Symptoms can be vague and often attributed to other more common conditions. Typical symptoms include:

- abdominal bloating
- increasing abdominal size or swelling
- early satiety—when you eat and feel full quickly
- pelvic or abdominal pain
- changes in bowel habits—constipation or diarrhea
- changes in urinary habits—urinating more frequently or a sense of urgency to urinate
- unexplained weight loss

Early ovarian cancer is often not able to be detected during a pelvic exam, and there is no standard screening test. Treatment typically involves a combination of surgery and/or chemotherapy depending on the stage and type of ovarian cancer.

**“We have seen some significant advances in recent years in the treatment of advanced ovarian cancer with the addition of poly (ADP-ribose) polymerase (PARP) inhibitors which are targeted therapies tailored to the molecular characteristics of a patient’s tumor. The treatment has increased patients’ survival significantly, especially those with BRCA-mutated cancers.”**

— Katherine Ikard Stewart, M.D.

## Cancer of the Cervix

Cervical cancer is typically caused by the human papillomavirus (HPV). Risk factors include early sexual activity, multiple sex partners, a history of sexually transmitted diseases and smoking.

“The Gardasil® vaccine has completely changed the landscape of cervical cancer and is highly effective at preventing infection of high-risk types of HPV that lead to invasive cervical cancer,” Dr. Ikard Stewart says. The vaccine is recommended for boys and girls and administered as a routine vaccination at 11–12 years of age. In addition, the vaccine is recommended for everyone through age 26 if not vaccinated when younger.

Symptoms of cervical cancer include bleeding after intercourse and irregular or heavy vaginal bleeding.

“Getting regular pap smears starting at age 21 is a very effective screening tool for early detection of cervical cancer,” Dr. Ikard Stewart says. “Pap smears can detect pre-cancerous lesions on the cervix and allow treatment before they become cancer. Cervical cancer can often be treated with surgery alone when detected at an early stage. When detected at more advanced stages, a combination of chemotherapy and radiation is often required and survival rates are much worse.”

## THE ROLE OF IMMUNOTHERAPY

Immunotherapy treatment consists of medications that harness a patient’s immune system to help fight the cancer by stimulating an immune response. Dr. Ikard Stewart says,

**“The FDA approval of several immunotherapy treatment options for patients with gynecologic cancers has proven to be very promising with high response rates leading to increased survival for many of our patients. We are continuing to study and learn more about which patients can most benefit from immunotherapy options.”**

# Q&A

WITH

Olutayo Sogunro, D.O.

# Know Your Breast Cancer Risk

Johns Hopkins breast surgeon Olutayo Sogunro, D.O., shares her thoughts on the impact of family history and genetics on your risk for breast cancer.



## What role does a family history of breast cancer play in my risk?

You can't change your family or your genetics, but you can know about them. If you are concerned about breast cancer, talk to your family. Learn your family history, not just about breast cancer, but all types of cancers, especially ovarian, pancreatic and prostate cancer. Your risk significantly increases if you have *first* degree relatives diagnosed with breast cancer: your mother, father, sister, brother or your daughter or son.

## What is my risk if I have an extended family history?

The increase in risk is much less if you have a secondary relative diagnosed like your grandparent, aunt, uncle or cousin. However, if you have multiple second-degree relatives, that can increase your risk *more* than having a single second-degree relative with breast cancer. Note the history of maternal and paternal sides of the family. For example, paternal aunts with breast cancer may be more indicative of a risk on the father's side than on the mother's side.

## What other factors put me at risk for breast cancer?

We all have modifiable risk factors—things in our control—one of which is obesity. When you are overweight, estrogen is stored in your excess fat cells. Estrogen by itself is not bad. It's the excess of estrogen that makes it a risk. Make nutrition and a healthy lifestyle a priority and maintain a healthy weight. Also, consume alcohol in moderation. Excessive drinking can also increase levels of estrogen and other hormones.

## What role do genes play in my risk?

There are a lot of genes associated with breast cancer. The most common breast cancer gene mutations are BRCA1 and BRCA2 which result in a greater than 60% increased risk of developing breast cancer. BRCA mutations are also associated with increased risks for other cancers including ovarian (more than 40% increased risk), prostate (15–20% increased risk) and pancreatic (5% increased risk).

## If I have a first-degree family member who had prostate or pancreatic cancer, should I be screened for BRCA mutations?

If you just have one member with prostate or pancreatic cancer, genetic testing is often not recommended. However, if you *also* have a first-degree relative who had breast cancer in the same generation, I would suggest speaking to your physician about genetic counseling.

## If I have a first-degree relative, who was diagnosed with breast cancer with a BRCA mutation, should I be screened?

Yes, you should talk to your physician about genetic counseling. In these situations, that will typically be followed by genetic testing.

## I am a male, and my mom had a BRCA breast cancer. Should I be concerned about having the gene and being screened?

Absolutely. First degree is not just about the women in the family, it is the men too—dad, brother and son. Men can have BRCA mutations, and a lot of male breast and other cancers, such as prostate, can be BRCA related.

## Is it possible to have a genetic mutation and not have had a first-degree relative diagnosed before you?

Absolutely, 100%, YES! That's how mutations start—someone must get it first—making screening and breast health important for all.

## I don't know if my family has the BRCA mutation, where do I go from here?

If you have a concern, talk to your primary care physician or gynecologist, and share what you do know about your family history. They can help guide your next steps. You can also contact the high-risk breast cancer screening program in our office to speak with one of our advanced practice providers.

## If I have a family history, should I get a mammogram before age 40?

Yes, depending on the age your family member was diagnosed. If you have a family history of a first-degree relative with breast cancer (non-BRCA), you should start getting your mammogram 10 years before the youngest person with cancer was diagnosed and/or at age 40. For example, if your mom was diagnosed with breast cancer at age 45, you should start getting mammograms at age 35. However, if your mom was diagnosed at age 55, that doesn't mean you start at 45. Age 40 is the latest you should begin screening regardless of family history.

According to the National Comprehensive Cancer Network, female patients with a BRCA mutation are recommended to begin annual breast screening at age 25. Women in this group should consider breast cancer prevention strategies and being followed in a high-risk screening program.

## Do I even need an annual mammogram if no one in my family has had breast cancer or a mutation?

The average woman has a 12.5% risk of developing breast cancer in their lifetime—that is one in eight women. Compared to other cancers, that's high. Most women with breast cancer have no risk factors or family history. That's why we have the recommendation to start breast cancer screening for those at average risk at age 40.

## What can I do to watch for signs of breast cancer?

Do a monthly self-breast exam beginning around age 25 for patients with an average risk. Don't just feel your breasts and armpits (where the lymph nodes for the breast are), you also want to look at your breasts. Watch for discolorations or dryness around your nipple, feel for masses or anything else that was not there before. It's a change in your breasts that you're looking for, something that wasn't there a month ago or two months ago.

## Is there a specific time each month I should do a self-breast exam?

It's easy for us to forget to do our monthly self-breast exams, but we don't forget to pay our mortgage or rent. Pick the day of the month that you pay a bill. Add your monthly self-breast exam to your to-do list that day and consider it your breast-health bill.

## What is the most important thing I can do for my breast health?

Besides getting your screening mammograms and doing self-breast exams, the next most important thing you can do is to know your family history. A lot of patients have had genetic mutations or breast cancer in their family and maybe didn't know about it until they asked. That knowledge can make a difference and help inform what treatment or testing we should be considering and if screening should start before the standard age of 40.

**Olutayo Sogunro, D.O.**, is a board-certified surgeon specially trained in breast surgical oncology. She practices at The Johns Hopkins Breast Center in Howard County.

**Appointments: 410-884-4744**



 **Hear more from Dr. Sogunro:**  
[bit.ly/HCGH-DrSogunro](https://bit.ly/HCGH-DrSogunro)

# Meet Our Nurses

## A MOVE UP AND CLOSE TO HOME

Meet **Marian Asiedu, MSN, RN, CWCN**  
*Director of Medical/Surgical Nursing*



Marian Asiedu, MSN, RN, CWCN, joined HCGH in August after working at Johns Hopkins Hospital in Baltimore for 14 years—first as a med-surg nurse, then as a nurse manager. When she heard about the opportunity for a director position at HCGH, so close to her home, she jumped at the chance. **Here is her story.**

The commute to downtown had become unbearable for me, and I have always wanted an opportunity for advancement. While I have loved every single role in my career, I have always wanted a bigger platform to

be the agent of the changes I aspire to see in nursing. In my new role here, I am responsible for the overall medical surgical units' operations and working with different stakeholders and influencing nursing in a new way.

I am a transformational leader. I believe in empowering leaders to influence their staff to own their practice and believe that they are an informal leader irrespective of their role. We have an advancement ladder and a professional practice office which helps mobilize the resources and tools for our staff to be successful.

I am a nurse because I've always wanted an opportunity to make a difference for the patients I care for during the most vulnerable times of their life.

## FROM NEW GRAD TO NEW NURSE LEADER

Meet **Chad Dammers, BSN, RN**  
*Nurse Manager  
 Nursing Support Services*



Since Chad Dammers, RN, joined HCGH in 2013 as a new nurse, he has taken every opportunity to learn more, be mentored and to mentor others, and expand his nursing education. Today, he has grown into a nurse leader in a job he loves. **Here is his story.**

Nursing is one of the most rewarding careers you can have, and it provides many different opportunities to work with patients and support them through the good times and the bad. It can be a hard job working long shifts to provide care, but we're like a family and there to support each other.

I started my career here as a floor nurse, and after a year was asked if I was interested in learning to become a charge nurse. After two years as a charge nurse, I wanted to grow and immersed myself in learning more about my unit. I soon became the clinical program manager, and in 2021 was named interim manager. Today, I am in a new role—support services manager which gives me an opportunity to develop and implement new processes with other managers.

Over the years, I was fortunate to have many managers coach me to help me grow. Now, I try and pass that on to other nurses and mentor those interested in growing as well as those who might not know they want to grow until you encourage them to become leaders.

With the help of the hospital's tuition reimbursement program, I am also continuing to advance my education and working toward my master's degree. It's a big but necessary expense, and I'm happy the hospital understands the benefit of nurses having advanced education and supports us obtaining it.

Being able to work with people and know that together, we're doing the best for our patients is why I stay. It makes it easier to come to work when you know you have your family there with you.

## NEW TO DELIVERING CARE

Meet **Kaitlyn Adams, RN**  
*Labor and Delivery*



Kaitlyn Adams, RN, has only been a nurse for a little over a year, but when she was young, she knew she liked to help people and her calling would revolve around doing just that. **Here is her story.**

Growing up I liked to help people and animals, so I knew I was going to be either a veterinarian or a nurse. I am glad I chose nursing—it has been a wonderful experience.

Being a nurse in labor and delivery has been special because I feel like I am a part of a very important moment in someone's life. My favorite aspect of my job is being able to help and support my patients through the whole laboring process.

As my career progresses, I am planning to continue my education with the hospital's support and get my master's degree. After that, I intend to work toward a certificate in midwifery.

When I first came to HCGH to shadow a nurse and get a feel for the hospital, I could tell it was a welcoming environment. It was because of the community feel of a smaller hospital that I chose to work here. I really enjoy the fact that everyone knows everyone and there is a good relationship between all the different professions, which can be hard to find in a big hospital.

## JOIN OUR NURSING TEAM

To learn more about a nursing career at HCGH, visit [bit.ly/HCGH-nursing](https://bit.ly/HCGH-nursing) or scan the QR code >>>



## STEPPING INTO NURSING:

### STEP 1. EDUCATION

In high school, take English, sciences, and basic and advanced math. Work experience in the health care field is good too!



### STEP 2. RN PROGRAM

Complete studies and receive a Bachelor of Science in nursing.



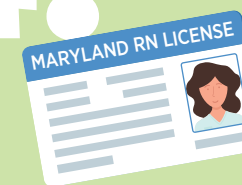
### STEP 3. NCLEX-RN

Take the NCLEX-RN exam, which will make you eligible for a state RN license.



### STEP 4. RN LICENSE

Apply for your state license.



### STEP 5. START YOUR NURSING CAREER



# The Gift of Advancing Cancer Care in Howard County

With half of women in Howard County traveling outside of the area to receive specialty health care, HCGH developed a vision for expanding women’s health services on our campus. All that was needed was the funding. Longtime donor, The Kahlert Foundation, answered the call with a recent \$1.5 million gift that lays the foundation for our vision. With that support, we have taken the first step in enhancing care for women by bringing a Johns Hopkins Kelly Gynecologic Oncology Service clinic to the hospital’s campus.

“We are thrilled to support the vision for women’s health in Howard County. We raised our family in Ellicott City, and it is gratifying to us to give back so others are able to enjoy the best health and quality of life.”

—Roberta Kahlert

Member of The Kahlert Foundation board of directors

Johns Hopkins gynecologic oncologist Katherine Ikard Stewart, M.D., will be the clinic’s director. The addition of a full-time gynecologic oncologist will enable HCGH to provide the most innovative treatments and surgical approaches to prevent, detect and treat gynecologic cancers. “Our role is to oversee the full scope of care for women with gynecologic cancers. This often includes the use of various combinations of treatment modalities including surgery, chemotherapy and/or radiation therapy,” Dr. Ikard Stewart says.



“Expanding gynecologic oncology care in Howard County allows more patients to be seen closer to home for the many appointments that come with a cancer diagnosis. We also know that patients with gynecologic cancers have better outcomes when they live close to and have access to a GYN oncologist.”

Elizabeth Edsall Kromm, Ph.D, M.Sc., HCGH vice president of Population Health and Advancement, says, “We are incredibly grateful to the Kahlerts for their investment in the hospital. Their gifts have left an indelible mark on the health of our community, and this most recent donation will further our ongoing commitment to move health care forward in Howard County by expanding access to world-class care for patients when they need it most.”

## Supporting Cancer Patients in Their Journey

In addition to bolstering clinical services, the Kahlert gift also funds the establishment of a new cancer peer mentor program through the HCGH Claudia Mayer/Tina Broccolino Cancer Resource Center (CMTBCRC). The mentorship volunteer program will match any cancer patient who is seeking support with someone who has had a similar diagnosis to provide hope, encouragement and reassurance.

“This is a wonderful and much-needed extension of the support groups and individual counseling services the center currently provides,” says Chris Miller, manager of the CMTBCRC. “When I was faced with my cancer diagnosis years ago, I benefited from a peer mentor, and I know firsthand the incredible impact they had on my journey to survivorship.”

If you are interested in participating in the peer mentor program, learn more at [bit.ly/HCGH-CMTBCRC](https://bit.ly/HCGH-CMTBCRC).

## Breast Cancer Survivor Starts Walking Group



Debbie (right) with members of the walking group.

Through the CMTBCRC, Debbie leads walking groups in downtown Columbia three times of day at a slow and regular pace, allowing patients at all stages of diagnosis and treatment to participate. For information and to sign up, visit [bit.ly/HCGH-cancersupport](https://bit.ly/HCGH-cancersupport).

Lisa Jacobs, M.D., director of The Johns Hopkins Breast Center in Howard County, expresses her appreciation for the support of community members and donors like Debbie.

Columbia resident and HCGH donor Debbie Goldstein counts helping people as her life’s work. When the retired physical therapist experienced a recurrence of breast cancer in 2020 requiring three surgeries and 30 sessions of radiation, she turned to walking to get through her recovery and dreamed of starting a walking group for patients receiving radiation and chemotherapy.

“I felt passionate about helping cancer patients and recognized the psychological and physical benefits that walking provides,” says Debbie. “I knew that the walking group was how I wanted to make a difference.”

Debbie contacted the Claudia Mayer/Tina Broccolino Cancer Resource Center (CMTBCRC), which offers a variety of support programs for patients, survivors, caregivers and families. With the enthusiastic support of The Johns Hopkins Breast Center in Howard County and the CMTBCRC, Debbie became a credentialed HCGH volunteer and, once COVID-19 restrictions eased, launched the walking group in April 2022.

“We often form bonds with patients as we navigate their breast cancer journey together. It is inspiring to see patients like Debbie show their gratitude by giving back to HCGH and donating their time, talent and treasure.”

—Lisa Jacobs, M.D.

Debbie shares, “What began as a walking group has evolved into a refuge of peer support and companionship that gives patients and survivors something to look forward to and has built lasting friendships. My hope is to lead this program for a very long time.”

## Make a Gift to Support the Cancer Resource Center

In addition to walking groups, your donation provides critical funding for support groups and programs at the CMTBCRC including:

- mindfulness and meditation
- coloring & knitting
- young adult support group
- peer mentoring

To make a gift, visit [bit.ly/SupportHCGH](https://bit.ly/SupportHCGH) or scan the QR code at right.



## WELCOME Howard Hospital Foundation New Board Members

**Stephanie Brown, M.D.**, has been a family physician for more than 25 years and practices with Kaiser Permanente’s urgent care centers and Clinical Decision Unit.

**Judy Smith** is COO of On Point Consulting and serves on the advisory board of the Women’s Giving Circle of Howard County.

**Scott Springmann** is market president and senior vice president at Truist.



Stephanie Brown, M.D.



Judy Smith



Scott Springmann

Learn more about our new board members: [bit.ly/HHF22board](https://bit.ly/HHF22board).

# Thank You!

Below we gratefully acknowledge members of Howard County General Hospital's three giving societies for their inspirational philanthropic investment in our community hospital.

**Leadership Society** recognizes donors who have demonstrated a commitment to the health and wellness of Howard County by giving \$100,000 or more to support the hospital's efforts.

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 Whiting-Turner Contracting Company  
 Julie and Jim Young



“ We give to the hospital because we believe it takes a village, and all helping hands are needed — especially when there is a health and wellness matter impacting a family member, friend or someone in our community.”

— Dennis and Maria Miller

**Legacy Society** members have named Howard County General Hospital in their will, trust, life insurance or retirement account and have notified the Howard Hospital Foundation of their intent.

Anonymous  
 Vivian C. "Millie" Bailey†  
 The Beigel Family  
 Kay Y. Ota-Berman†  
 and Sanford A. Berman†  
 The Bolduc Family Foundation  
 Howard County General Hospital  
 Volunteer Auxiliary  
 Howard County Government  
 The Horizon Foundation  
 The Kahlert Foundation  
 Lundy Family Foundation  
 The Rouse Company Foundation  
 Katy Voss and Robert Manfuso†  
 F. Jean Warthen†  
 W.R. Grace Foundation

**Jim Rouse Visionary Society** recognizes donors who have demonstrated a commitment to the health and wellness of Howard County by giving \$1 million or more to support the hospital's efforts.

Anonymous  
 Kay Y. Ota-Berman†  
 and Sanford A. Berman†  
 The Bolduc Family Foundation  
 Howard County General Hospital  
 Volunteer Auxiliary  
 Howard County Government  
 The Horizon Foundation  
 The Kahlert Foundation  
 Lundy Family Foundation  
 The Rouse Company Foundation  
 Katy Voss and Robert Manfuso†  
 F. Jean Warthen†  
 W.R. Grace Foundation



“ Maple Lawn is proud to support Howard County General Hospital and its health care heroes! As a premier live-work-play community, Maple Lawn is committed to the health and well-being of our residents and businesses throughout Howard County and beyond.”

# With Gratitude

Below we acknowledge those who made gifts of \$1,000 or more between July 1, 2021, and June 30, 2022.

## \$250,000 – \$500,000+

Anonymous  
 The Kahlert Foundation

## \$100,000 – \$249,999

Cyndi and Ron Gula  
 The Horizon Foundation

## \$30,000 – \$99,999

L. Earl and Mary T. Armiger Foundation  
 Lillian Bauder  
 Blossoms of Hope/The Howard  
 County Cherry Tree Project  
 Tom & Dotty Grimes Charitable Fund  
 Howard County Economic  
 Development Authority  
 Charles and Mary Lisa Langmead  
 M&T Bank  
 Carla and Creig Northrop  
 and Northrop Realty  
 Hillery and Alton Scavo

## \$15,000 – \$29,999

Apple Ford Lincoln  
 The Coburn Family  
 Event Consulting & Management/  
 Merriweather Symphony of Lights  
 Harkins Builders  
 Mary Agnes† and Fred Lewis†  
 Maple Lawn  
 Mackenzie and Scott Moran  
 NVR/Ryan Homes  
 Renate and Alwin Wenzel

## \$10,000 – \$14,999

Syeda and M. Shafeeq Ahmed  
 Allen + Shariff Engineering  
 The Beigel Family  
 Patricia and David Condron  
 Barbara Ann Costello  
 Gregory Der  
 Bill Franey  
 Holly and Rand Griffin  
 Howard Community College  
 LG-TEK and The Sherman Family  
 Charles Miller Jr.  
 Brian and Aimee Moran  
 Shelley Mulfitz  
 Fernanda and Claro Pio Roda  
 Missy and Tom Radcliffe  
 The Wagoner Family

## \$5,000 – \$9,999

The Adams Foundation  
 Anonymous  
 APL Federal Credit Union  
 Bantam Technologies  
 Nancy Bienia

The Stephen and Renee Bisciotti  
 Foundation

Marcia and John Boyle  
 Rachel and Scott Butler  
 Chubb Surety  
 Columbia Medical Practice  
 Beverly and Thomas Crovo  
 Davis, Agnor, Rapaport & Skalny  
 Nuala and Stephen Duffy  
 FEDDATA

Howard County General Hospital  
 Professional Staff  
 The Jain Family Foundation  
 Johns Hopkins Federal Credit Union  
 Johns Hopkins Medicine  
 Margaret and Victor Kim  
 Elizabeth Edsall Kromm  
 and Jonathan Kromm  
 Kupcakes & Company  
 Lowe Wealth Advisors  
 Madison Mechanical Contracting  
 Mary and E. Randolph Marriner  
 Amanda and Thomas McGuire  
 Maria and Dennis Miller  
 Paul Miller  
 Miller Family Foundation  
 Mom365 Newborn Photography  
 Rob and Ann Moxley  
 Lois C. Muhl  
 Taslima and Mahfuzur Rahman  
 Security Development  
 St John Baptist Church  
 Patricia and Lawrence Taubman  
 Truist  
 Katy Voss  
 Melissa and Andy Wilson  
 Women's Giving Circle  
 of Howard County

## \$2,500 – \$4,999

A.P.W. Paving  
 American Radiology Associates, PA  
 Apex Home Loans  
 Appliance Builders Wholesalers  
 Jennifer Baldwin  
 Bank of America Merrill Lynch  
 Larry and Barbara Bormel/  
 Bormel, Grice & Huyett, PA  
 Builders FirstSource  
 Clarks ACE Hardware  
 Consolidated Medical Services  
 Contino Family Foundation  
 Costello Construction  
 Downtown Columbia Partnership  
 DPR Construction  
 Mim and Steve Dubin

Dunn's Floor Covering  
 Enterprise Holdings Foundation  
 Faith Ventures Foundation  
 First National Bank  
 Hoenes Family Foundation  
 Hollins Family Foundation  
 JEMS Contracting  
 Christina and William Jones  
 Lakeside Title Company  
 Level Landscape  
 Melinda Reed-Linton  
 and Robert Linton

The Lutheran Village at Miller's Grant  
 Becky and Tom Moran  
 Suzi Padgett and Don Barrick  
 Kathleen Plunkett and Bob Fruit  
 Richburn Liquor Bowl  
 Robyn Properties  
 Joyce and Steve Snelgrove,  
 In memory of Helen Cox  
 Sarah and Chris Sundberg  
 Supreme Orthopedic Systems  
 The Traffic Group  
 UHY Advisors  
 Upstream Insights  
 Vintage Security  
 Erin Watson  
 Kathleen Murphy White  
 Williamsburg Homes  
 Harry H. Witzke's Family  
 Funeral Home  
 Julie and Jim Young

## \$1,000 – \$2,499

Anonymous  
 Jody Aud  
 Valerie and Dan Beyers  
 Lisa and Mark Biegel  
 David Bird  
 Suzanne and John Brinkley  
 Ryan Brown  
 Cardiovascular Specialists  
 of Central Maryland  
 Brad Closs  
 Julie and Brad Coburn  
 Edward Cochran  
 Colonial Electric Company  
 Carolyn and Perry Cregan  
 DCCA  
 Kartik Desai  
 Phyllis and Francis Donovan  
 Cathy and Joseph Dymek  
 ENTAA Care  
 Vibha Fauver  
 Kelly and Gary Garofalo  
 Elizabeth and Harold Ginsberg

Abby Glassberg and Frank Staines  
 George A. Graham II  
 Hankin Family Charitable Foundation  
 Howard Bank  
 Howard County Foot & Ankle  
 J.I. Foundation  
 Voyle James  
 Bach and Bob Jeffrey Family Fund  
 Johns Hopkins Orthopaedics  
 at Howard County  
 Junior Achievement  
 of Central Maryland  
 KCI Technologies  
 Sharon and Roy Keeny  
 Kiwanis Club of Ellicott City, MD  
 Janet and William Klingaman  
 KLN  
 Angela and Joshua LaPier  
 Law Office of Ryan J. Dymek  
 Nia and Derrick Leak  
 Sheri and Robert Lewis  
 Valerie Linardi  
 Peggy and Wardell J. Lindsay Jr.  
 Hank Mandelbaum  
 Maryland Patient Safety Center  
 Maryland Primary Care Physicians  
 Maxim Charitable Foundation  
 Linda F. McDaniel  
 Dotty and W. Brian McGowan  
 Marina and Tim Morris  
 Robert Mullen  
 Jeanette and Doug Nazarian  
 Jennifer Nickoles  
 Muralidhar and Gayatri Nimmagadda  
 Tracy Novak  
 Clare and James Openshaw  
 Christopher P. Parr Charitable Fund  
 Pearl Foundation  
 Richard Phillips  
 Stephanie and Edward Porter  
 Patricia Pugh  
 Diana and Tom Rawlings  
 Roots Market  
 Laura and Bill Salganik  
 Mark Shelnitz  
 Andrew J. Smith  
 Tenable  
 Brian S. Walter  
 Arnold and Marlene Weinberg  
 Charitable Fund  
 Wells Fargo Advisors  
 William Werner

† Deceased

## HCGH Recognized for High-Quality Cardiac Care

HCGH received five awards from the American Heart Association/American Stroke Association recognizing the hospital's demonstrated commitment to following treatment guidelines for heart disease and stroke, leading to more lives saved.

The Get With The Guidelines®: Stroke Gold Plus Quality Achievement Award recognizes HCGH's commitment to ensuring stroke patients receive the most appropriate treatment.

The Target: Stroke<sup>SM</sup> Honor Roll Award and the Target: Type 2 Diabetes Honor Roll<sup>TM</sup> Award recognize HCGH for meeting quality measures. The Mission: Lifeline® STEMI Receiving Center Gold Achievement Award recognizes HCGH for implementing specific measures to treat patients who experience the deadliest type of heart attack. Additionally, HCGH received the Mission: Lifeline® NSTEMI Gold Achievement Award.

## WELCOME New Board Members



Marcellous Frye Jr.



Kathleen Hetherington, Ed.D.

**Marcellous Frye Jr.** is an owner and CEO of Ques, an engineering consulting firm. He was appointed to chair the HoCo Rise Collaborative for Jobs and Economy and to the Howard County Economic Development Authority.

**Kathleen Hetherington, Ed.D.**, was president of Howard Community College before retiring in 2021. She represented Maryland as commissioner on the Education Commission of the States and was selected by Gov. Larry Hogan to co-chair the Maryland Citizen Redistricting Commission.



Leonardo McClarty



Charley Sung

**Leonardo McClarty** is president and CEO of the Howard County Chamber of Commerce. He previously directed economic and community development for the city of York, Pennsylvania.

**Charley Sung** is a lawyer with Sung Hwang & Kim. He previously practiced law with DLA Piper, Piper Marbury Rudnick & Wolfe and Gilbert Randolph. He chairs the board of the Korean Society of Maryland and serves on the Howard County Liquor License Hearing Board.

## HCGH doctors serving you

These HCGH physicians have recently relocated or established new offices in Howard County.

### BREAST SURGERY

Olutayo Sogunro, D.O.  
The Johns Hopkins Breast Center in Howard County  
5759 Cedar Lane  
Columbia, MD 21044  
410-884-4744

Diane Kepner, M.D.

Crossroads Medical Group  
4801 Dorsey Hall Drive, #201  
Ellicott City, MD 21042  
410-997-7660

### CARDIOLOGY

Stacy Fisher, M.D.  
Johns Hopkins Cardiology at Columbia  
5450 Knoll North Drive, #170  
Columbia, MD 21045  
443-997-0270

### GASTROENTEROLOGY

G. Shelton McMullan, M.D.  
Capital Digestive Care  
5500 Knoll North Drive, #460  
Columbia, MD 21045  
410-730-9363

### FAMILY PRACTICE

David Jang, M.D.  
Columbia Medical Practice  
5450 Knoll North Drive, #260  
Columbia, MD 21045  
410-964-4600

### NEPHROLOGY

Novia Singh, D.O.  
Mid-Atlantic Nephrology Associates  
5999 Harpers Farm Road, #E150  
Columbia, MD 21044  
443-575-4880

### NEUROLOGY

Bhavana Sharma, M.B.B.S.  
11085 Little Patuxent Parkway, #201  
Columbia, MD 21044  
410-740-7922

(continued next column)

### OB/GYN

Joshua Cohen, M.D.  
Johns Hopkins Community Physicians  
6350 Stevens Forest Road, #107  
Columbia, MD 21046  
443-367-4700

### ONCOLOGY AND HEMATOLOGY

Arshia Soleimani, M.D.  
Chesapeake Oncology—  
Hematology Associates  
5450 Knoll North Drive, #140  
Columbia, MD 21045  
410-740-1744

### ORTHOPEDIC SURGERY

Lucas Nikkel, M.D.  
Joshua Thomas, D.O.  
Johns Hopkins Musculoskeletal Center—Columbia  
10700 Charter Drive, #205  
Columbia, MD 21044  
443-997-6754

### PEDIATRICS

Chelsea Allen, M.D.  
Limary Garcia-Gonzalez, M.D.  
Klebanow and Associates  
8821 Columbia 100 Parkway  
Columbia, MD 21045  
410-997-0500

### PULMONOLOGY

Rose Yu, M.D.  
Johns Hopkins Community Physicians—Pulmonary Medicine  
11085 Little Patuxent Parkway, #201  
Columbia, MD 21044  
410-715-1060

### PLASTIC SURGERY

Nadya Clarke, M.D.  
Columbia Aesthetic Plastic Surgery  
8860 Columbia 100 Parkway, #206  
Columbia, MD 21045  
410-740-9330

To find a specialist, visit [hcg.org/findadoctor](http://hcg.org/findadoctor).

# Wellness Classes

## CHILDBIRTH AND PARENTING EDUCATION

**Childbirth and Parenting Education** classes costs are per couple and offered virtually via Zoom and in person. **Childbirth Preparation, Breastfeeding and Infant Care** include an online course and an instructor-led class. For information, dates and to register, visit [hcg.org/babyclasses](http://hcg.org/babyclasses).

### • Childbirth Preparation: *Virtual*

Our certified childbirth instructor will provide an overview of childbirth preparation and demonstrate breathing and relaxation techniques. Does not include Birthing Center Tour. \$75. As of January 2023, \$80.

### • *New: In-Person Childbirth Preparation*

Topics are the same as *Childbirth Preparation: Virtual* but offered in a small group, in-person setting with hands-on demonstrations. Includes an in-person tour of the Birthing Center. Limit six couples per class. \$100.

### • *New: Individual Childbirth Preparation and Tour*

Meet individually with a certified childbirth educator to prepare for the birth of your baby and take a personal tour of the Birthing Center. Instructor will address childbirth topics that are of most importance to you in an in-person, private setting. Limited to expectant mother/birth partner. \$150.

### • **Breastfeeding**

Mothers and their partners will learn to navigate breastfeeding during the first 6 to 8 weeks after birth and have their questions answered. \$40.

### • **Infant Care**

Learn about the care of your newborn including crying and comforting, feeding, bathing, sleeping and newborn safety. Our nurse will discuss infant care and newborn behavior, safety and health. \$65. As of January 2023, \$70.

### • **Infant and Toddler Safety, Childproofing and CPR**

Learn about car and sleep safety, childproofing/injury prevention, consumer-product safety, emergency preparedness and infant CPR and choking response techniques. \$45. As of January 2023, \$50.

## ADVANCE CARE PLANNING HELP

Our staff can help you complete an advance directive, which is a legal document that assigns a health care agent who would speak for you should you be unable to communicate. It can also include a living will that communicates your health care wishes. Having your advance directive on file at the hospital allows providers to follow your wishes if you are in the hospital and unable to communicate. Learn more at [speakeasyhoward.org](http://speakeasyhoward.org). To schedule an appointment call **443-518-6684** or email [HCGH-ACP@jhmi.edu](mailto:HCGH-ACP@jhmi.edu). Third Thursday of the month, 1:30-4:30 p.m. (masks required) Free.

**Classes and support groups are offered virtually via Zoom and in person when possible.**

To register, visit [hcg.org/events](http://hcg.org/events). For more information, call **410-740-7601** or email [jstanto6@jhmi.edu](mailto:jstanto6@jhmi.edu).

### • **Breastfeeding Support Group**

Meet with other breastfeeding mothers and a lactation consultant. For more information, email [bmadera1@jhmi.edu](mailto:bmadera1@jhmi.edu). Wednesdays, 12:30-1:30 p.m. Free.

### • *New: New Parents' Support Group*

For parents of babies up to 5 months, this 8-week support group includes presentations on parenting topics, community resources and an opportunity to share experiences with other new parents. Meets in person, but parents may opt to join virtually via Zoom. Saturdays, 3/4-4/22, 10-11:30 a.m. Free.

### • *New: Pregnancy Support Group*

For expectant couples up to 36 weeks pregnant, this support group includes presentations on pregnancy and parenting, community resources and an opportunity to share experiences. Meets 1.5 hours a week for 8 weeks. Virtual via Zoom. Free.

### • **New Mom's Support Group**

Meet for support, referrals, guest speakers, discussion of parenting topics and an opportunity to connect with other new mothers of babies up to 5 months old. Virtual via Zoom: Tuesdays, 12/13-1/31, 10-11:30 a.m. Free.

### • **Birthing Center Tour: *Virtual***

Our nurse will answer your questions and discuss hospital services, preregistration, COVID-19 policies for Labor and Delivery and Maternal-Child units and more. Virtual via Zoom and does not include a live video tour. Free.

### • **Empower: Supporting Positive Parenting for Substance-Exposed Newborns: *Virtual***

Mothers will learn to console their baby experiencing neonatal abstinence syndrome in this instructor-led course. Free.

## LIVING WELL WITH CHRONIC DISEASE: *Virtual*

In this 6-week self-management program learn skills to manage chronic health conditions. Book included. For dates and to register, visit [bit.ly/startlivingwell](http://bit.ly/startlivingwell). Free.

## LIVING WELL WITH DIABETES: *Virtual*

In this 6-week workshop, learn self-management skills such as goal setting and stress management strategies; appropriate exercise and nutrition for diabetics; understand glucose monitoring; and skin and foot care. Book included. For dates and to register, visit [bit.ly/diabetes-virtual](http://bit.ly/diabetes-virtual). Free.

## DIABETES SUPPORT GROUP: *Virtual*

This group provides social and emotional support of your experience with diabetes as well as educational resources. First Thursday of the month: 6-7 p.m., and third Thursday, 10-11 a.m. To register, visit [bit.ly/VirtualDiabetesGroup](http://bit.ly/VirtualDiabetesGroup). Free.

For more information about these offerings and other Living Well classes, contact [HCGH-J2BH@jhmi.edu](mailto:HCGH-J2BH@jhmi.edu).



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## DONATE TO HELP OUR TINIEST PATIENTS BREATHE EASIER

HCGH is asking for your support in bringing new technology to our Labor and Delivery and Neonatal Intensive Care units to aid in the first breaths of our youngest patients. This important piece of equipment delivers the first breath, with the safest amount of pressure and air, to those newborns in need of respiratory support. **Will you join us with your support?**

To make a gift, visit:  
[bit.ly/SupportHCGH](https://bit.ly/SupportHCGH)  
or scan the QR code. >>>



# Calendar 2022 ..... of Events:

### Medicare 101: What You Can Expect

Free

November 9/1-2:30 p.m.

December 8/10-11:30 a.m.

*Held virtually via Webex*

Learn about Medicare Part A (hospital), Part B (medical) and Part D (prescription drug). How does Original Medicare work? What are the benefits? What is your share of the costs? When should you make decisions regarding your coverage? Registration required: **410-313-7392**.

### Medicare 102: Why Medicare Isn't Enough

Free

November 16/1-2:30 p.m.

December 15/10-11:30 a.m.

*Held virtually via Webex*

Learn about Part C (Medicare Advantage), other Medicare Health Plans and Medicare Supplement Policies (Medigap Plans). Learn how the two paths work, what they cost and when you can enroll. Registration required: **410-313-7392**.