President’s Message

Dear Friends,

As our hospital continues to celebrate its 40th anniversary year, I reflect on the role our providers play, in concert with Howard County General Hospital, to provide excellent health care to our patients and their families, and making Howard County the healthiest county in Maryland for the fourth consecutive year. We have been privileged to care for generations; this is due in part to our partnership with Johns Hopkins Medicine, which now enables us to add Hopkins pediatric surgeons to the more than 800 skilled physicians on staff at HCGH. As a father and grandfather with family in Howard County, I know how important it is for new parents to know their little ones are getting the very best care close to home.

I also congratulate our Center for Maternal Fetal Medicine for receiving practice reaccreditation in obstetrical ultrasound and being one of only four centers in Maryland to be accredited in fetal echocardiography by the Ultrasound Practice Council of the American Institute of Ultrasound in Medicine. This award recognizes the dedication and skill of our professional staff and hospital employees who have made HCGH what it is today.

In celebration of our anniversary, I invite you to join us for our Family Health Fair on Saturday, July 13 from 9 a.m. to 1 p.m. in the upper parking lot of the Medical Pavilion at Howard County. This event will offer free health screenings and health education, access to community health organizations and HCGH physician practices, local entertainment and complimentary healthy food. I look forward to seeing you and appreciate your continued support of HCGH!

Sincerely,

Victor A. Broccolino, President and CEO; Howard County General Hospital

Are you wondering about the baby on the last issue’s cover?

We knew that the physician in the photo was Tuvia Blechman, M.D., but we didn’t know the name of the baby until Tracy Rate, a Sykesville resident, received her issue in the mail. She not only recognized the doctor, she recognized the baby. Tracy still treasures the original black and white photo of Dr. Blechman and her son, Hans Vreeland. Hans was born on September 15, 1990, soon after the NICU opened. He became a NICU patient after having trouble eating, but was released a few days later with a clean bill of health. “Eating isn’t a problem for him anymore!” Tracy laughed. Hans is a recent Naval Academy graduate who double majored in naval architecture and English. As an artillery officer and a 2nd Lieutenant in the U.S. Marines, Hans is completing his training at Fort Sill in Oklahoma before transferring to Camp Pendleton in San Diego.
In the late 1960s, James Rouse, the developer of Columbia, realized that residents of the new town needed convenient and superior medical care; a health care delivery system as unique as the model city. Rouse turned to The Johns Hopkins Hospital and the Connecticut General Insurance Company, which on October 1, 1969, partnered to create the Columbia Medical Plan (CMP), a new, prepaid voluntary health insurance plan with a primary emphasis on illness prevention. One of the country’s first Health Maintenance Organizations (HMOs), it was open to all citizens of Columbia.

As the rapidly developing area of Columbia continued to grow with new families moving to the new city, the need for a more comprehensive medical facility was evident. As a result, HCGH was founded in 1973 as the Columbia Hospital and Clinics Foundation. With just 59 beds, the hospital was originally designed to provide inpatient support for CMP members, providing short-term care, such as overnight stays, infant deliveries and simple surgery. Patients suffering serious illnesses were transferred to the specialty hospitals in Baltimore. Even before the hospital opened, however, the local medical community realized that the growing population needed a full-service hospital. Within its opening year, the facility was turned over to a community-based board of trustees and became the private, not-for-profit hospital we know today.

As our population has increased and aged, the hospital has grown to meet its needs by expanding and adding services like the Pediatric Emergency Department, cardiac and stroke rehabilitation, and cancer programs. Today, the diverse community we serve benefits from a full range of specialists, including a medical staff of nearly 900 physicians and allied health professionals, representing more than 90 specialties and subspecialties.

The hospital has grown to 249 licensed beds and has a staff of more than 1,700, compared to its opening staff of 208. It is the fourth largest private employer in the county and employs.
nearly 1,000 county residents. The workforce is diverse—44 percent of the hospital staff are minorities and our staff represents 59 different countries.

Our Children…Our Future
In keeping with our 40th anniversary theme of “Caring for Generations,” this issue of Wellness Matters focuses on children and teenagers. Not only were youth the largest part of our population when the hospital was born, their numbers continue to climb, from 25,000 under the age of 20 in 1970 to more than 80,000 in 2010. The population surge was fueled by families relocating to the county to raise their children. Just as other services in the community, like the public school system, grew to meet the needs of our youth, so did the hospital.

HCGH has delivered babies, treated children’s injuries and helped them heal in our outpatient rehabilitation programs. Children are a significant part of our mission to improve the health of our entire community—after all, our investment in children is an investment in our future.

One of HCGH’s most innovative changes was the creation of the Children’s Care Center in 1997, a unique combination of emergency and inpatient pediatric care, staffed with specially trained physicians and nurses. It was the first unit in the mid-Atlantic region to employ the innovative approach of the same physicians and staff simultaneously caring for patients in the emergency, observation and inpatient areas. Created at the request of local pediatricians, it was a welcome relief to families. At the time, pediatric patients were treated in the main Emergency Room, while parents of children with chronic illnesses spent valuable time traveling elsewhere for treatment.

HCGH made it possible for parents to get the necessary care close to home. The original nine-bed pediatric unit has grown into one featuring 12 private emergency treatment rooms and six private inpatient rooms. Children from newborn through age 17 are cared for in an area designed to provide a dedicated, safe and secure environment. Equipment and supplies are age and size appropriate, recognizing that children are not little adults. The staff now caters to the unique medical needs of children and their families.

Decades of Growth in Howard County
The 1970 U.S. census data shows the county population at just more than 61,000, but projected it would double in just 10 years. When the hospital was built, nearly 40 percent of county residents were under the age of 20 and one-third of them were under the age of 15. Young children were by far the largest group. Today, the largest population segment (48 percent of the total population) is older than 40 years of age. Perhaps that means that children who grew up here came back to raise their families here—and that others were attracted to Howard County because of the quality of life available here. Still, between 1980 and 2010, individuals under the age of 20 continued to make up about 30 percent of the population, demonstrating a strong need for the pediatric services provided by HCGH. By 2010, the county had grown to more than 287,000 residents, more than tripling the population since the early days of the hospital.
The Rouse Company Foundation

Helping the Hospital Grow with the Community

James Rouse, the founder of Columbia, believed that top-notch healthcare was a necessary requirement of a successful community and he stood behind those beliefs. The Rouse Company Foundation has given in excess of $3 million to HCGH. The company’s generosity began during the years that The Rouse Company was in business in Columbia, and long after the company was sold, the Foundation continues to fund select nonprofit organizations. The original parcel of land on which the hospital was built was donated by The Rouse Company. Alton Scavo, former Rouse Company Foundation chair and current member of the hospital Board of Trustees remembers, “We always felt very good granting funds to the hospital because of its important role in the community. Expansion of the services and facilities was an area of focus for these gifts, though the grants were given with no strings attached, for the hospital to use the funds for the most pressing need at that time.” Significant gifts that enhanced the hospital’s infrastructure include a $100,000 donation in 1976 for the North Wing Expansion Project and a gift of $1.8 million in 2006, which helped fund the Children’s Care Center and pediatric emergency services.

Here When You Need Us

A commentary by Foundation Chair, Paul Skalny

As I approach the end of my term as chair of the Howard Hospital Foundation, I’ve been reflecting not only on my experiences and the wonderful individuals I’ve met along the way, but also on just how important HCGH is to our community and the families who rely on the superior care delivered here every day. My immediate family has certainly benefitted from the exceptional care. Both of my children have needed to visit the emergency room for both routine injuries and a more potentially serious condition. As a father, I understand the angst parents feel when their child is sick or injured. I also know the feeling of relief, knowing that my child was in the best hands. And, what started as a scary and stressful experience, ended up to be okay thanks to the caregivers who not only tended to the needs of my child, but also understood and tended to the emotional needs of the family as a whole. This is the type of world-class care any parent would want for their children and can receive right here at HCGH.

It’s amazing to think about all of the little miracles and everyday wonders of medicine that take place within the walls of our great hospital. Just as important as the people providing the care are the sophisticated facilities and advanced technology in place to handle anything that comes through the doors. The hospital has grown over the years, and, thanks to many generous donors and community leaders, we have been able to expand its facilities and lay the groundwork and plan for new space to continue to care for future generations.

At HCGH, the future is now. As we continue to grow, HCGH needs to keep expanding to provide the many essential services those we serve have come to rely upon. We can meet the challenges of an ever-changing health care environment together, and, with your support, we’ll be able to continue to build a hospital for the future, where our neighbors, family and friends will receive exceptional care for generations to come. I hope you will join us on this journey and help build the HCGH of tomorrow. Learn more at hcg.org/give.
William Nicholas Koutrelakos (Nick) was a sophomore and a standout varsity soccer player at Marriotts Ridge High School, when an ordinary soccer game took a life-threatening turn. His father Nick Koutrelakos, M.D., an HCGH medical oncologist, describes what happened: “It was late in the game against Oakland Mills, and my son took a shot to the belly and went down. Nick never goes down, so I knew he had been hit hard. Marriotts Ridge won the match shortly thereafter, but my son did not run out with his teammates.” Dr. Koutrelakos knew something was wrong, and, when he approached his son, his fears were confirmed. “He said, ‘Dad, something is wrong. I was hit hard, and I have this bad pain in my left shoulder.’ I told him right then he must’ve ruptured his spleen.”

Immediately, Nick’s mother, Susan Lancelotta, also a physician, called 9-1-1 and he was taken to the HCGH Pediatric Emergency Department. Although Nick didn’t appear very sick on the ride over, within minutes of arrival, his condition quickly deteriorated. He was faint and losing blood, his blood pressure dropped, and his hematocrit was low. The staff gave him blood transfusions. When they realized he wasn’t stable enough to transport to a trauma center, they made plans to operate. “He was fading,” Koutrelakos says. “I told him, ‘You have to hold on, I promise you will survive this.’” Surgeon Susan Behen, M.D. was called in and she called Deepak Merchant, M.D. to assist in the surgery.
Nick continued to receive blood transfusions as surgeons worked to save his spleen. They realized that Nick’s spleen was “boggy,” and tests were ordered to determine if he had mononucleosis – a disease that primarily affects adolescents and young adults and leaves the spleen susceptible to injuries. The surgeons worked quickly to repair the lacerations and, despite complications, were able to save it. “The surgery was a work of art between the two of them,” Dr. Koutrelakos says. “They got the work done, they saved his life.”

After the surgery, Nick spent several days in the Intensive Care Unit (ICU) – one of the first kids his age to stay there. His parents took turns sleeping in Nick’s room, and, after he was stable, he was moved to the pediatric inpatient unit for two days, where Nurse Eva Von Bernstorff took great care of him. Test results confirmed mononucleosis, and Nick faced three more weeks of recovery at home.

Dr. Koutrelakos knows they were lucky. “He would’ve died if someone hadn’t recognized the symptoms so quickly. Sometimes, parents aren’t sure with that kind of injury and they take their child home and put them to bed and that’s it. The child doesn’t wake up.”

Today, Nick is a junior at the University of Maryland majoring in supply chain management and marketing. His parents have made adjustments. Now at least one of them is in town for every high school game for their youngest child. And, while they realize they can’t control every situation, they know that they can count on HCGH in an emergency. “The hospital does a great job recognizing the emergency and mobilizing the resources needed. Resources were immediately available when we needed them. There is not another community hospital around that can do what this hospital can do. The people here are really well trained; they live in the community, and they work in the community.”

“He was fading.
I told him ‘you have to hold on,
I promise, you will survive this.’”
- Dr. Nicholas Koutrelakos

Two Saves in Two Generations...

On Dec. 17, 2012, Nick Koutrelakos, M.D. received a call from his father who told him his mother, Mary Koutrelakos (or Yiayia, Greek for Grandmother, as the family calls her), wasn’t feeling well. Dr. Koutrelakos told him to call 9-1-1. Mrs. Koutrelakos arrived at Howard County General Hospital, short of breath. “Within 30 minutes of arriving, she had a heart attack, literally right in front of the doctor,” said Dr. Koutrelakos. “Physicians performed CPR and intubated her, and Jeff Trost, M.D. performed a catheterization of her heart.” It showed no blockages, and it was determined that her heart attack was caused by a disruption in her heart rhythm.

After a few days of observation in the special care unit, Eric Schwartz, M.D. installed a pacemaker. After a few more days of recovery, she was released from the hospital. Today, she is back to driving and her regular activities. Dr. Koutrelakos says, “Here are two situations where the hospital saved two generations of my family.”
Edward Cahill, M.D., came from a family of architects and engineers – he didn’t set out to become a doctor. But an aptitude test and a high school counselor led him to try medicine and eventually focus on pediatrics.

After graduating from medical school in 1970, he entered the Air Force and practiced pediatrics for two years. “Serving in the Air Force was great training,” he says. “In medical school, patients would not return for their follow-up appointments, and there was no ability to track them down or get them to come back. The Air Force gave me the experience of follow-up care, reinforcing the concept of continuity of care, something that I would need in private practice.”

Following his service, Cahill completed a fellowship in child psychiatry at The Johns Hopkins Hospital where he was introduced to his first partner, Allan Leffler, M.D., a Howard County pediatrician. “Dr. Leffler was incredibly bright; he was a member of the medical honor society and had done research,” says Dr. Cahill. “But, he decided he didn’t want to be a bench scientist. He wanted to be a family pediatrician, just like the old-time docs.” While completing his fellowship, Dr. Cahill began working weekends with Dr. Leffler’s practice, operating out of the basement of Dr. Leffler’s home. They entered into a full-time partnership and moved to new offices on Route 40 in Ellicott City. The practice expanded, added new physicians and moved to Chevrolet Drive in Ellicott City. Dr. Leffler died tragically in an accident in 2007, but Dr. Cahill still practices, carrying on the legacy of superior pediatric care that the duo started years before.

An Ever-evolving Practice of Medicine

Just as the offices and the county have changed during the past 40 years, so has the practice of pediatric medicine. Dr. Cahill recalls several significant changes, such as when the hospital hired hospital-based physicians. Neonatologists began providing 24-hour coverage in 1990 in the Labor and Delivery Unit and Special Care Nursery (the predecessor to the Lundy Family Neonatal Intensive Care Unit). Pediatric coverage for emergency and in-patient care began when the HCGH Children’s Center opened in 1997. Prior to this, pediatricians were on call around the clock, and often traveled to distant hospitals to care for their patients—not easy for physicians trying to run a practice. These changes also raised the level of care. “Before, regular [adult] emergency physicians weren’t ideal for treating children, and community-based physicians could be rusty in acute emergency care,” Dr. Cahill says. Now, with specially trained pediatricians in the hospital emergency department, pediatricians in private practice can concentrate mostly on office-based care, although many still visit the hospital to perform initial physicals on healthy newborns.

The Era of Managed Care

When managed care emerged, it brought major change to pediatricians who previously had operated on a fee-for-service basis. At the time, most patient insurance only covered hospitalizations. Dr. Cahill believes that broader preventive coverage offered through managed care plans brought mostly positive changes. “The good news was that patients could afford immunizations and physicals,” Dr. Cahill states. “Physicians didn’t have to worry that patients couldn’t afford the treatment they needed. It improved follow-up care because the price tag wasn’t too bad for the patient. The downside to managed care was that it rained patients down on us, which made us busy and things like hospital rounds and extra training or education fell by the wayside.”

Dr. Cahill also notes changes in medicine, including the vaccine for bacterial meningitis. “Before the vaccine, we would have to catch this dangerous condition early, diagnose it correctly and administer immediate treatment to preserve the patient’s intelligence and life,” he recalls. “Now we see very little bacterial meningitis because of the vaccine.”
**Looking to the Future**

Today, Dr. Cahill’s practice, Ellicott City Pediatric Associates, has four full-time and two part-time physicians, allowing him to finally slow down. “I don’t have to work weekends and evenings anymore, but I’m not ready to retire; retirement is oversold.” In his newly found spare time, Dr. Cahill enjoys riding his bike. As a member of the Baltimore Cycling Club, he has participated in tours through the Rockies, and last year, at age 70, he racked up more than 7,500 miles.

**REMEMBERING Dr. Leffler**

Long-time Howard County pediatrician Allan “Ted” Leffler, M.D., made a lasting impact on the community and the families for whom he cared. His life and career were ended prematurely six years ago in a car accident while on his way to HCGH to examine a newborn. To this day, former patients still stop his widow, Missy Leffler, to pay tribute to a doctor, and a man, who cared so deeply for the children.

Dr. Leffler believed that the highest quality of pediatric care, and access to this type of care, was imperative. So, in 1972, after putting himself through medical school at the Johns Hopkins University, he made a commitment to do just that—provide comprehensive pediatric care out of the basement office of his home on Montgomery Road in Ellicott City. Many evenings, he and his wife would be having dinner and the doorbell would ring—on the other side of the door would be a concerned parent holding a child needing his help. “He never minded helping parents when they needed him most,” remembers Mrs. Leffler. “One of the things I hear most from parents whose children he treated is that he gave them faith in themselves as parents. He believed that no one knows the child better than the parent, so he trained his staff to listen to what the parents were saying about their child.”

His true concern was the welfare of children. He demonstrated this by helping to support a strong community hospital at HCGH, and in his work with other health organizations throughout the state. The spirit of an old-fashioned family doctor lives on in those he inspired with his work.


To honor Dr. Leffler, Mrs. Leffler made a $25,000 contribution in his name to the hospital’s Campus Development Plan. The plaque, which hangs in the pediatric waiting room reads:

> “He devoted his life to improving the health and welfare of children. His kind heart, gentle spirit and unquenchable thirst for knowledge will never be forgotten.”

*Lovingly dedicated to Allan T. Leffler, II, M.D.*
Six years ago, Colin was born to parents Patrick and Debbie who had both grown up in Howard County. (Patrick was one of the first babies born at HCGH in 1973). The family moved to Malaysia for three years when Colin was a baby. It was there – half way around the world – that they first noticed Colin’s difficulties. “He was late to talk and walk,” said Debbie. When Colin was 15 months old, Debbie was home for a visit and took him to see the pediatrician who had cared for him when he was a baby. The doctor agreed with Debbie’s concerns.

Nearly two years later, the family returned to the States, and Colin was referred to The Bolduc Family Outpatient Center at HCGH for therapy. By then, Debbie knew that Colin had unique challenges. “To look at him, you would just think he was a light-haired, blue-eyed cheeky monkey,” Debbie explains. “He was, and still is, very outgoing and social, but the clue came on the playground. He wasn’t the same as other children who were climbing on the equipment and going down the slide. These things were overwhelming to Colin.”

Colin was nearly 4 when he began receiving therapy for sensory processing disorder and dyspraxia. “Colin had difficulty with motor planning,” says Jen Jackowski, OTR/L, Colin’s occupational therapist at HCGH. “Most people have the ability to copy, learn or produce a new motor activity–like jumping jacks, for example–just by watching, but for Colin, learning a new motor skill was a longer and more difficult process.”

Debbie now understands that Colin’s difficulties on the playground were due to these disorders. “With sensory integration, his little body was trying and failing to process everything that was going on–the loudness of the children, the fear of heights, the fear of an unstable surface. Dealing with many things at once was too much for his system. Before therapy, we’d take him to a playground when it wasn’t crowded and introduce him slowly, trying to get him to just put one foot on the ladder.” But progress was limited until he started his therapy with Jen.

Jen designed therapy that provided more information for Colin’s under-processing proprioceptive system to help regulate his over-processing vestibular system (a disorder that made Colin feel overwhelmed by movement). He was exposed to movement on an incremental basis to help him gain a better sense of where he was in relation to his surroundings. Jen says, “The neatest thing about working with Colin was watching this little boy, who was terrified of everyday things like walking in the grass, overcome his fears. He has developed into an amazing kid who experiences life in a more confident way.”

Debbie credits Jen for equipping both Colin and his parents with tools they didn’t have. “The difference was that Jen was trained, she was a treasure chest of knowledge, she had access to special equipment, and she taught us how to help Colin. He will climb the rock wall now, and two years ago I’d have said that it would probably never happen.” Today, Colin loves to run; he loves the feel of his feet hitting the surface. He loves to play on playground equipment and go down the slide, and he is beginning to accommodate sound and noise. On the Fourth of July, with the help of special ear protectors, Colin was able to enjoy the fireworks for the first time.

“As a parent, you don’t want your child to miss out on something because of a disability, especially when you know that, with help, it can be overcome and lead to a richer quality of life.” — Debbie
Quick Thinking, Medical Expertise

Save a Tiny Life

When nine-day-old Alex Torcaso arrived at the HCGH Emergency Room in May 2005, he was in shock and his parents were terrified and confused. Thanks to the quick thinking and extensive experience of the nursing staff and Medical Director David Monroe, M.D., Alex was diagnosed with a congenital heart defect and treatment began immediately. Although he later required surgery, it was the initial actions of the HCGH staff that saved his life.

The day before, Alex had been listless and was not eating. He even slept through the night, uncommon at his young age. “We had a regular pediatric appointment scheduled for that day,” says Alex’s mother, Christina Torcaso. “At the appointment, his temperature was very low. The pediatrician thought he had an infection and sent us to another hospital, but I grew up in Ellicott City and HCGH was my hospital, so we came here.

“We were worried and scared, and we parked right in front of the entrance with the car lights blinking,” explains Christina. “They led us right back to the pediatric unit. The staff told us Alex was critical and let us stay with him while they worked to save his life. During the entire ordeal, Dr. Monroe took the time to explain in detail what was happening. Dr. Monroe and the nurses called the neonatal specialist, who intubated Alex and put IVs in his head and in his arm. Alex was screaming. They ended up putting him in an induced coma and took a chest X-ray. Then, they told us that he was very sick. We are eternally grateful to Dr. Monroe and the HCGH staff, they were so caring.”

“We are eternally grateful to Dr. Monroe and the HCGH staff, they were so caring.”

Caring for a Child Means Caring for an Entire Family

While the pediatric nurses are specially trained to deal with children’s health, Donna and Diane emphasize that the care extends to the family. “While we are caring for the child, we must explain what is going on to mom and dad, especially in a crisis situation,” says Diane.

Both nurses have had cases that have made an impression on them. “One child was chronically ill and was in the ED a lot, usually very sick,” relates Donna. “One day one of her siblings came in sick and her mom showed me her Christmas picture. She looked so well and was dressed very nicely. It was wonderful to see her like that. It brought a smile to my face...that’s why we do what we do.”

Diane remembers a young patient who passed away, despite the heroic efforts of the staff. “It was a heartbreaking case,” she explains. “But you know that you have to be there for the parents and be strong for them. It’s okay to cry with them...and we have.”

“We have all had our own children get sick and need someone to help,” says Donna. “When kids are here in our care, they are like our children.”
Q&A with Dr. Jeffrey Lukish

Q. What are the common conditions that require children to need surgery?

“We care for the full spectrum of emergency and elective pediatric surgical conditions in infants, children and adolescents. The most common conditions requiring care are inguinal hernias, soft tissue masses and abscesses, as well as appendicitis and inflammation of the gallbladder. Recently, our team has performed operations on infants with pyloric stenosis at HCGH. This is a condition where the outlet of the stomach becomes swollen and breast milk and food cannot pass. In the past, these infants would have been transferred to Johns Hopkins as they are critically ill and dehydrated. Now, our team can support these infants at HCGH and perform this surgery telescopically via tiny incisions so the baby has minimal post-operative pain and easier recovery.”

Q. What are the special considerations you make when operating on a child?

“We are focused on family-centered care. We allow the parents to accompany the child to the operating room and remain there until the child is asleep and anesthetized. We have a special area of our recovery unit dedicated to children, and a team that cares for infants and children who are skilled in recognizing the signs of discomfort, allowing us to provide timely and optimal care. HCGH has also recently updated our surgical equipment. The instruments are innovative and specifically designed to work through much smaller incisions in infants and children.”

Q. What do parents commonly ask about?

“Most parents want to know if the surgical procedure is safe. I reassure them, stating that if my own son or daughter had this condition I would want them to get the procedure performed as soon as possible. HCGH has the important components of pediatric surgery that allow the procedures to be carried out safely with minimal risk and discomfort to the child.”

Q. What do you tell parents to ease their concerns about their child having surgery?

“As a parent of six children, I reassure them that two of my own children have required both elective and emergency surgery and it went perfectly. When I operate on a child, I tell the folks that this child is now mine for the time period of the surgery. He or she will be cared for like they are my very own.”
Healthy Behaviors for Kids

General Health
- Be a germ fighter! Encourage children to wash hands with soap and water before eating. Teach kids to sing Happy Birthday or the ABCs while soaping up to ensure they wash for at least 15 seconds.

- Catch some Zzzzs. Lack of sleep in children can lead to irritability, anxiety and behavior issues.

- What’s up doc? Make your child’s annual well check a yearly must-do. These yearly visits provide your child with necessary immunizations, chart growth and physical development, and ensure developmental and social milestones are being met.

- Save your skin. Skin cancer is the most common form of cancer in the U.S. Protect children’s skin from the harmful rays of the sun, stay away from tanning beds and promote sunscreen use to help minimize risks from sun exposure.

- Allergy alert. Food allergies have become increasingly common and some can be life threatening. Be prepared - learn more about what signs to look for in your child.

- Protect that head. Maryland law requires children under the age of 16 to wear a helmet when riding a bicycle. Properly fitted helmets can reduce the risk of head injury in children by up to 85 percent. Learn more at sha.maryland.gov.

Infants and Toddlers
- Don’t wait-vaccinate. Talk to your child’s pediatrician about annual routine immunizations, including the flu vaccine.

- Is your seat safe? Contact the Howard County Department of Fire and Rescue Services for child safety seat inspections, at 410-313-6090.

- Mommies matter. HCGH has many programs and wellness classes to help new mothers be successful. Infant care, breastfeeding and new mother support classes are held at HCGH throughout the year.

- Power to the family. Healthy Families Howard County is part of the Healthy Families America Initiative, a free, national program that identifies first-time parents, aligns them with community resources and offers them support in their new role as parents.

School-Aged Kids
- Practice safe sports! Have children wear properly fitted protective equipment, including helmets, and encourage them to stay well hydrated. We hope that injuries don’t happen, but if they do, our Pediatric Emergency Department and orthopedic specialists are here when you need care.

Pre-teens and adolescents
- Driven to distraction. Distracted driving can result in serious injury and even death. The dangers of texting and driving are real; set clear rules about no cell phone use while driving.

- Ban the butts. Teach kids about the health dangers of smoking and provide them with a smoke-free environment. If you smoke, consider quitting with the help of HCGH’s Smoking Cessation program “Smoke Free Lungs.”

- Adventures in babysitting. Learning how to manage young children and knowing what to do in an emergency situation will prepare teens for the responsibilities of babysitting. Take HCGH’s “Essentials in Babysitting” course.

- When to see a gynecologist. Young women can begin visiting a gynecologist at age 13 to 15, according to the American College of Obstetricians and Gynecologists, but pelvic exams may not be recommended at that age. For a list of gynecologists, visit hcg.org/findadoctor.

Kids and Good Nutrition
- Snack smart. Encourage children to reach for healthy foods that will satisfy hunger rather than the empty calories and fat of fast food.

- Be a healthy kid. Learn how to make a healthy, well-balanced diet part of your children’s lives at HCGH’s Springing up Healthy Kids Clinic at the Columbia Mall May 18.

- Shed the sugar. A trio of studies published online in the New England Journal of Medicine suggest that sugary drinks are a primary driver of obesity, and obesity is a risk factor for cancer, heart disease, and strokes, which account for over half of all deaths in Howard County each year. In response, The Horizon Foundation created Howard County Unsweetened, a community-wide effort with a simple goal: To make it easier for everyone—parents, kids, and kids at heart—to drink healthy beverages. Howard County Government and many other organizations have joined this effort, visit hocounsweetened.org.

Visit our blog, bocowellandwise.org, for more healthy tips for kids.
The Heart of a Woman: Taking Charge of Your Own Cardiovascular Health
Johns Hopkins cardiologist Lili Barouch, M.D., will discuss how to reduce your risk of heart disease and identify key warning signs that shouldn’t be ignored. Question-and-answer session to follow. Refreshments will be served. Call 1-877-546-1009 to register. 6/3, 6:30-8 p.m. Free.

Cataracts: What You Should Know
Learn about cataracts, how they develop, who is at risk, and the signs and symptoms. The management and treatment options for cataract including intraocular lenses and lens implant options, also will be discussed by ophthalmologist Melanie Sobel, M.D. 6/11, 7-8:30 p.m. Free.

Hernia: Common Types and Today’s Treatments
Johns Hopkins general surgeon Kevin Pei, M.D., will explain different types of hernia, what causes them, when treatment is indicated and the latest treatment approaches available today. 6/27, 7-8:30 p.m. Free.

Common Gastrointestinal Conditions
Learn about common issues, screening recommendations and treatment approaches to conditions that can be a sign of something more serious. Presented by gastroenterologist Preston Kim, M.D. 6/20, 7-9 p.m. Free.

Ask a Pharmacist
Bring your medications, vitamins, and herbals to our expert pharmacist and learn more about them. Offered in partnership with Johns Hopkins Outpatient Pharmacy. 6/4, 10 a.m.-2 p.m. Free.

Wellness Classes

**Special Events:**

The Heart of a Woman: Taking Charge of Your Own Cardiovascular Health
Johns Hopkins cardiologist Lili Barouch, M.D., will discuss how to reduce your risk of heart disease and identify key warning signs that shouldn’t be ignored. Question-and-answer session to follow. Refreshments will be served. Call 1-877-546-1009 to register. 6/3, 6:30-8 p.m. Free.

Cataracts: What You Should Know
Learn about cataracts, how they develop, who is at risk, and the signs and symptoms. The management and treatment options for cataract including intraocular lenses and lens implant options, also will be discussed by ophthalmologist Melanie Sobel, M.D. 6/11, 7-8:30 p.m. Free.

Hernia: Common Types and Today’s Treatments
Johns Hopkins general surgeon Kevin Pei, M.D., will explain different types of hernia, what causes them, when treatment is indicated and the latest treatment approaches available today. 6/27, 7-8:30 p.m. Free.

**Improving Your Health**

Weight Loss Through Bariatric Surgery
Learn about weight-loss surgery from the Johns Hopkins Center for Bariatric Surgery. 5/28, 6/25 or 7/23, 5-6:30 p.m. 410-550-0409 or hopkinsbayview.org/bariatrics. Free.

The Mall Milers

Dietary Counseling
Discuss dietary concerns/goals with a registered dietitian. $35/half-hour visit.

Free Blood Pressure Screening and Monitoring
For times and locations, go to hcgh.org or call 410-740-7601.

Phase II Cardiac Rehabilitation Program
Assists cardiac patients in the recovery phase following a heart attack, angioplasty or cardiac surgery. 443-718-3000.

Cardiac Rehabilitation Maintenance Program
Exercise for cardiac rehab program graduates. Tuesdays and Fridays, 8 a.m. or 9:30 a.m. 443-718-3000. $60 per month.

External Enhanced Counterpulsation Therapy
Non-invasive alternative treatment for patients with stage III or IV angina. 443-718-3000.

**Healthy Lifestyles**

Advance Directives
Understand what Advance Directives are, who needs them, how to get them and how to complete them. Leave with an Advance Directives document. 6/6, 6-7 p.m. Free.

Smoke-Free Lungs
Education and support for those wanting to quit or who have quit. Attend one or all sessions. 5/23, 6/13 or 8/15, 7-9 p.m. Free.

**Free Screenings**

Stroke Screening
5/29, 9-11 a.m. Includes blood pressure measurement and written stroke risk assessment only.

Skin Cancer
5/14 & 18, 5-7 p.m. Dermatologist will examine one or two areas of concern.

**Ask a Pharmacist**

Bring your medications, vitamins, and herbals to our expert pharmacist and learn more about them. Offered in partnership with Johns Hopkins Outpatient Pharmacy. 6/4, 10 a.m.-2 p.m. Free.

**2013 Diabetes Courses**

Learn how to change habits and get practical, attainable solutions for staying healthy. Our diabetes specialists will not tell you what to do; instead, they will empower you with information and design a diabetes management plan to fit your lifestyle.

Choose from group classes during the day or evening or a one-on-one counseling program. Most insurance plans cover all or part of this program.

**Individualized Diabetes Management**

Learn from a certified diabetes dietitian and nurse how to manage diabetes. 443-718-3000.

**Living with Diabetes**

Learn from an endocrinologist, podiatrist, psychologist, diabetes nurse educator and dietitian. 5/17 & 21, 6/14 & 18, 8:30 a.m.-2:30 p.m. in The Bolduc Family Outpatient Center at HCGH. To register or schedule an appointment, call 443-718-3000.

**Living with Diabetes: Executive Summary**

A condensed version of Living with Diabetes offered in the evening. 5/22 or 6/19 & 20, 6-9 p.m. To register or schedule an appointment, call 443-718-3000.
IMPROVING WITH AGE

Medicare 101: What You Can Expect from Medicare
Original Medicare (Part A Hospital and Part B Medical) and Prescription Drug Coverage (Part D) will be reviewed. Learn what is covered, your costs, available benefit programs and how the programs work. Presented by the State Health Insurance Assistance Program (SHIP), Howard County Office on Aging. 6/6, 7–8:30 p.m. Free.

Medicare 102: Why Medicare Isn’t Enough
Learn about Medicare Advantage/Health Plans (Part C) and Medicare Supplement Policies (Medigap) and what to consider when deciding which Medicare choices are right for you. Understand how plans vary, your costs and when the best time is to enroll. Learn how to protect yourself and Medicare from health care fraud. Presented by the State Health Insurance Assistance Program (SHIP), Howard County Office on Aging. 6/13, 7–8:30 p.m. Free.

AARP Driver Safety
Classroom refresher for 50+ years. 6/17, noon–4 p.m. $12/AARP members, $14/others.

AgeWell
Ongoing exercise program for ages 60+. 410-313-7213.

HEALTHY FAMILIES

Happiest Baby on the Block
Parents and parents-to-be will learn techniques to quickly soothe baby. 7/10, 7–9 p.m. $50 per couple (includes parent kits).

FOR CHILDREN AND TEENS

Essentials in Babysitting
Learn to manage children, create a safe environment, and apply basic emergency techniques. 6/8, 7/13 or 8/17, 9 a.m.–1 p.m. $50.

Home Sweet Home
Children (8–12) and their parents learn safe, fun ways for children to stay at home alone. 7/13, 9–11 a.m. Free.

Ongoing Support Groups: For a list of support group contact information, go to hcgh.org or call 410-740-7601.

Cancer Support Groups: For information, call 410-740-5858.
MAY

Farmers Market
Fridays, May 11 to October 26 / 2–6 p.m.
Stop by the rear of HCGH Visitor Lot C to purchase farm-fresh produce.

Focus on Childhood: Springing Up Healthy
Saturday, May 18 / 11 a.m.–2 p.m. Free.
The Mall in Columbia
Learn from our community experts. Topics to help kids stay healthy include good nutrition, staying active and ways to promote safety. Sample healthy food from Panera and Williams-Sonoma. Enter drawings for a 32GB iPad from HCGH, a bicycle and helmet from Sears, and a gift certificate from SA Elite.

Relay for Life
Friday, May 31 / 6:30 p.m. start.
Long Reach High School
For more information, call 410-781-4316 or visit www.howardrfl.com.

JUNE

Howard County Men’s Health & Fitness Fest
Saturday, June 1 / 10 a.m.–2 p.m. Free.
Howard High School
Includes health screenings, healthy food samples, fitness demonstrations and access to health professionals. Call 410-313-2001 for more information.

Howard County Family Wellness Day
Sunday, June 2 / 10 a.m.–3 p.m. Free.
Centennial Park
Previously known as Healthy Howard Day, Howard County Family Wellness Day promotes physical activity and a healthy lifestyle while highlighting the many activities and programs available that support wellness. Visit www.w promot e theh ealth.org for more information.

Cancer Prevention Study Enrollment
Wednesday, June 12 / 4–8 p.m.
HCGH Wellness Center, Suite 100
The American Cancer Society is enrolling volunteer participants (ages 30–65) who have never been diagnosed with cancer for the Cancer Prevention Study 3, which will help researchers understand the lifestyle, environmental and genetic factors that may cause/prevent cancer. For more information or to schedule an appointment, visit www.CPS3HowardCounty.org.

JULY

HCGH Family Health Fair
Saturday, July 13 / 9 a.m.–1 p.m. Free.
Hospital Parking Lot
Come enjoy free health screenings and exhibits. Healthy educational seminars and complimentary food and drinks. Walk through our Mega Heart exhibit provided by Cardiovascular Specialists of Central Maryland.

AUGUST

Girls on the Run 5K & Athleta Iron Girl Columbia and Rocky Gap Triathlons
Sunday, August 18
Join Team CONQUER Cancer to benefit the Claudia Mayer Cancer Resource Center. For information, visit hcgh.org/TeamConquer or call 410-740-7570.

For a complete listing of hospital events, visit hcgh.org.