

SUMMER 2015

LIVE

YOUNGER | LONGER

Cartilage restoration

Can you avoid joint replacement surgery?

Sleep yourself thin

7 essential facts
about childhood depression

What do you know
about addiction?

Fibroids
Surgery pros and cons

Sinuses
When do you need surgery?

Emergency
department:
4 fast facts

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Welcome to the Latest Issue of *Live Younger Longer*



It's summer, and that means we're all taking a break and enjoying the outdoors. Many of us are in a festive frame of mind this time of year. But as happy as the summertime can be, this time of year can also be challenging and stressful if you or someone you love struggles with addiction or depression.

We're here to help. This issue features myths and facts about addiction recovery and a list for parents and other caregivers to help recognize childhood depression. And if you or a loved one does need help, our trained and dedicated staff work as a team, creating individualized treatment plans aimed at effectively addressing behavioral health needs and improving the quality of life for our patients and their families.

A health crisis can happen at any time. In this issue you'll also read about our enlarged, refurbished emergency department. In the time since its reopening, the facility — which includes increased staff and state-of-the-art equipment — has been able to help reduce wait times significantly.

You'll also read about the Lake County Office of Education's hero program and resources available from the Hub. St. Helena Hospital Clear Lake has teamed with local schools and other partners to offer health, education and social support.

Finally, St. Helena Hospital Clear Lake is committed to providing the patient-centered care you and your family has come to depend on. Best wishes to you and yours for a fun and safe summer.

DAVID SANTOS
President & CEO | St. Helena Hospital Clear Lake

The St. Helena Region of Hospitals, which includes St. Helena Hospital Napa Valley, St. Helena Hospital Clear Lake and St. Helena Hospital Center for Behavioral Health, has combined with Ukiah Valley Medical Center and Frank R. Howard Memorial Hospital in Willits to form the Northern California Network of Adventist Health.

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Models may be used in photos and illustrations.



Can You Sleep Yourself Slim?



Forty percent of Americans get just six hours of sleep or less per night, according to a recent Gallup poll. And groggy mornings and a cranky attitude aren't the only side effects of insufficient shut-eye either — missing out on sleep can also lead to weight gain.

If you're trying to slim down or shape up, hitting the sack is just as important as sweating at the gym. These four reasons are your best excuses to hit the snooze button and get more sleep.

It reduces cravings for unhealthy food.

According to one study, the sleep-deprived group wanted foods that contained an average of 600 calories more than what they craved when they were well rested. Researchers think that getting a full night of sufficient sleep actually helps to reboot and refresh the circuits of the human brain, allowing it to make optimal food choices.

It can help you feel fuller, longer.

Getting a good night's rest not only helps you fight the urge to reach for a bag of chips, it also keeps your hunger pangs in check. According to one study, when people didn't get enough sleep, their hormone levels became unbalanced. Their levels of the hormone leptin, which is responsible for feeling full, dropped, and the levels of the appetite-inducing hormone ghrelin went up. As a result, researchers think sleep helps our bodies keep those hunger hormones in line.

You're more likely to exercise.

Losing weight takes a lot of energy, and if you are sleeping too much, it's going to impact your energy level, while sleeping too little can affect your ability to focus and concentrate on all the tasks at hand. One researcher believes that one of the main reasons getting enough sleep is linked to successful weight loss is that it provides you with the drive you need to stick to your goals.

Sleep leads to better calorie burn.

While you sleep, you're likely to burn somewhere between 50 and 100 calories an hour. Experts are now learning that getting the right amount of sleep encourages a healthy metabolism, and skimping on sleep throws it out of whack. Other research has shown that sleeping in cooler temperatures can stimulate the development of a type of fat called brown fat, which burns more calories and has been shown to improve insulin sensitivity.





7 Essential Things to Know About Childhood Depression

Not so long ago, childhood depression was hardly on anyone's radar. Teens struggling with depression were often dismissed as merely being moody or difficult. Many believed that young children simply couldn't sink into a full-blown depression.

"Now doctors know that childhood depression is not only possible but far more common than we suspected," says psychiatrist Bruce Anderson, MD, who practices at St. Helena Family Health Center Clearlake. In fact, research shows that nationwide about 1 out of every 20 children and teens is coping with depression right now.

Here are seven key facts every parent needs to know about childhood depression:

- 1** Depression in kids can look different than in adults. "Kids and adults alike can seem very sad or lose pleasure in things they once enjoyed," Dr. Anderson says. "But in contrast to adults, kids may appear more irritable than usual, rather than noticeably sad." They may also have more physical complaints, such as stomachaches or headaches. That's especially true in children who don't talk much about their emotions.
- 2** Symptoms may vary with age. Younger kids may refuse to go to school. "They may also cling to a caregiver," Dr. Anderson says. "Or they might worry excessively that a parent may die." Teens may sulk, be negative or complain that they feel misunderstood. Their grades may drop, and they may get in trouble at school. They may also engage in risky activities: reckless driving, shoplifting, and drinking or using drugs.
- 3** Some kids are more vulnerable than others. "Sometimes depression is hereditary, meaning it can run in families," Dr. Anderson says. Children with behavior problems or anxiety are also more prone to depression. And after puberty, girls are twice as likely as boys to suffer from depression.
- 4** Kids aren't to blame for their mood. Depression isn't the result of a character flaw. And it's not a sign of weakness. "It's a medical illness — like heart disease or diabetes," Dr. Anderson says. Researchers believe that it may be caused by an imbalance of chemicals in the brain. That imbalance might be triggered by several things, such as genes passed down in families or something stressful: divorce, for example. "Sometimes there is no obvious cause," Dr. Anderson says.
- 5** Depression needs to be treated. "Left untreated, depression can linger for months or longer," Dr. Anderson says. "And depressed kids can lose friends and act out at school and elsewhere." They may even consider suicide.
- 6** Treatment is effective. "Treatment can help most depressed kids feel like themselves again," Dr. Anderson says. For a mild depression, that treatment might only involve therapy—for the child alone or perhaps together with the family. For more severe depression, treatment may also include medication. But whatever form it takes, the earlier treatment starts, generally the better the results, Dr. Anderson says.
- 7** You can help. "Talk to your child about his or her feelings and things that might be happening — with friends, at school, or at home — that might be upsetting," says Dr. Anderson. "Help your child feel safe and supported." Most important, if there's any chance your child is experiencing depression, tell your child's doctor right away.

To learn more about adult or childhood depression or to find resources that can help, contact us at 707.995.4500.

Q&A What Do About

For decades, addiction was considered a moral failing. A weakness of will. A defect of the lower classes.

Though untrue, such blame-and-shame ideas gave a social stigma to addiction. To help clear addiction of this stigma, Melody Law, MD, who specializes in addiction medicine at St. Helena Hospital Clear Lake, sheds light on a disease that affects 1 in 11 Americans.

Q If addiction isn't a weakness or a failure of morals, what is it?

A Addiction is a chronic, relapsing disease of the brain. By chronic, doctors mean it lasts a long time and doesn't go away easily. Relapsing means symptoms can return if it isn't treated every single day. So just like people with other chronic diseases, such as diabetes or high blood pressure, people with addiction need treatment on a daily basis for the rest of their lives.

Q Why do you call it a "disease of the brain?"

A Research has proven that drugs and alcohol actually change the way the brain's nerve cells send, receive and process information. These changes affect the areas of the brain that are crucial in judgment, decision making and behavior control. The likely result: an impaired ability to exercise the self-control needed to stop using — even if someone desperately wants to.

Q How do you treat addiction?

A When someone comes to the outpatient clinic for addiction treatment, we spend an hour or so discussing what substance they struggle with and how we can help. It's a nonjudgmental conversation — never a blame game. For the patients, first steps to recovery include:

- **Detox.** This rids the body of the substance while managing withdrawal symptoms with safe medications.
- **Counseling** — either individual or in an intensive outpatient program (IOP). IOP patients spend two to three hours a day three times a week learning about addiction and developing coping skills to deal with their stressors (triggers) instead of turning to chemicals.

We are lucky to have mental health counseling services near us at the hospital, where I can refer patients after detox. Our clinic is also part of St. Helena Family Health Center's Live Well program, which offers programs for improvement in physical, social and spiritual well-being.

You Know Addiction?



Melody Law, MD

“ We all self-medicate, whether by eating sweets, drinking coffee or smoking cigarettes. For someone with addiction, the substance they use has become like a best friend who is always there for them, whether they are sad or happy. This is another reason people struggle to stop using — when you move on, you’re losing a friend. That leaves a hole in your being, which can lead to relapse. So we talk about replacement — replacing it with something healthier.”

— Melody Law, MD

The ABCDEs of addiction

According to the American Society of Addiction Medicine, people who are addicted to substances will exhibit, to varying degrees, these five characteristics:

- A. Inability to consistently abstain from, or stop using, the substance.
- B. Impaired ability to control behavior.
- C. Craving for the substance one uses to ease pain or feel pleasure — or both.
- D. Diminished recognition of how using the substance is affecting one’s behavior and relationships.
- E. Difficulty identifying, expressing or describing emotions.

For more information, please visit our website at www.sthelenahospitalclearlake.org or call to speak with Melody Law, MD, at 707.995.4545.

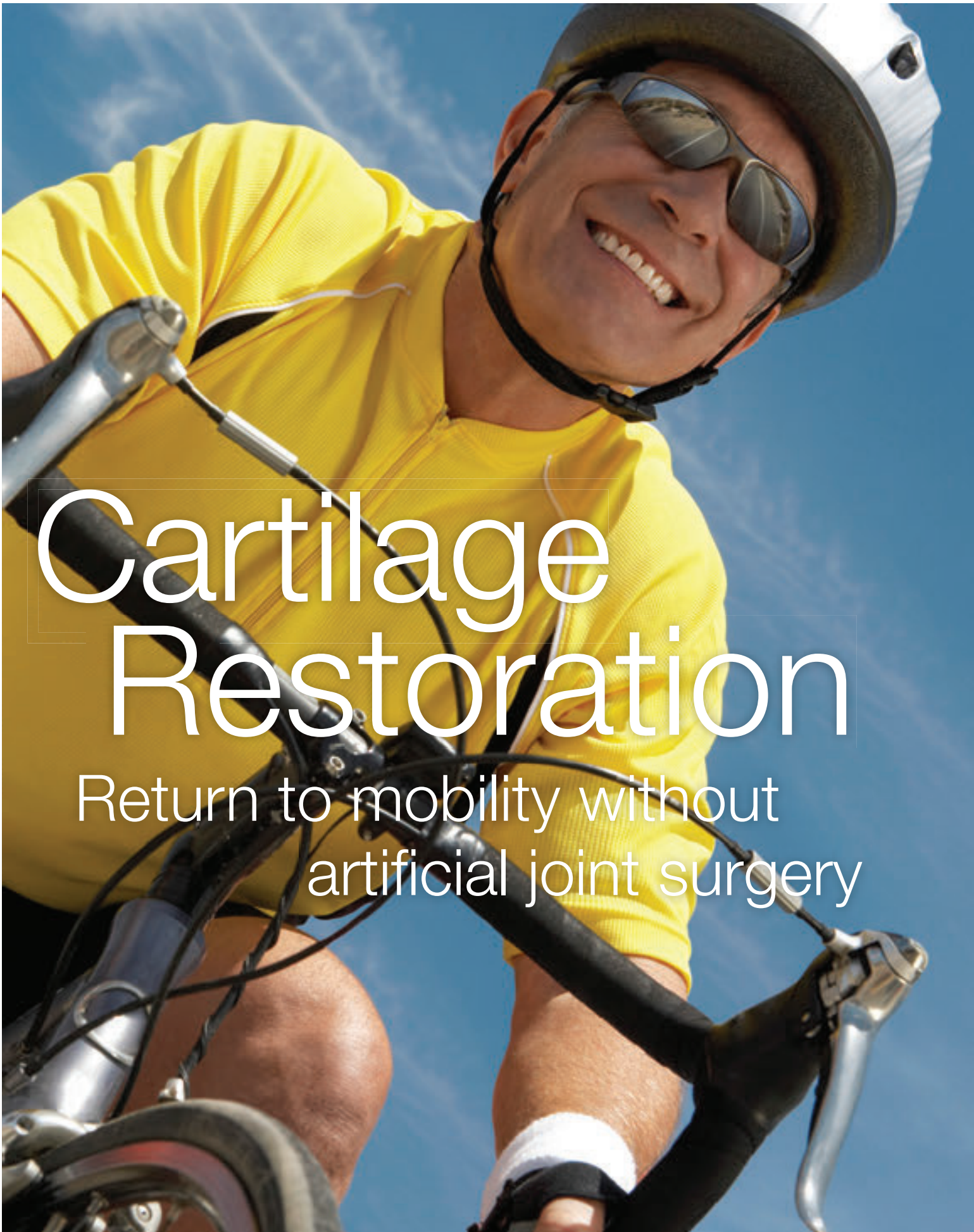
Ready to Stop Smoking?

If you’ve tried to quit tobacco, you know it’s tough. Nicotine is addictive. Like cocaine, heroin and marijuana, it increases dopamine in your brain — the same chemical that’s released naturally when you do pleasurable things, like eat great food or engage in a favorite activity. The effect of dopamine wears off quickly after smoking, so you get the urge to light up again.

For people in every stage of the struggle to overcome a nicotine addiction, Melody Law, MD, offers an eight-week smoking cessation program. It includes:

- **A free, weekly interactive lecture.** Topics include nicotine and its health effects, withdrawal symptoms and triggers, and how to develop coping skills.
- **Follow-up consultations.** (Check with your insurance for coverage.)

Classes meet Tuesdays from 4 to 5 p.m. at the Live Well Center. The program has continuous enrollment. Call 707.995.4545 for more information.



Cartilage Restoration

Return to mobility without
artificial joint surgery

Once upon a time, people with joint pain resulting from cartilage damage just had to grin and bear it. Today, advances in research and technology have made the repair, regeneration, and replacement of cartilage possible for athletes and others with debilitating joint cartilage damage...sometimes with such success that there is no need to use artificial joints to restore mobility.

Who is eligible?

The treatment is recommended for patients with knee cartilage damage or deterioration caused by:

- Injury or trauma, including sports injuries.
- Repetitive use of the joint.
- Congenital abnormalities, meaning those that a person is born with, affecting normal joint structure.
- Hormonal disorders that affect bone and joint development, such as osteochondritis dissecans (OCD).

Cartilage repair and regeneration is treatment for an otherwise healthy knee, but not for knees affected by osteoarthritis, a condition that causes natural cartilage deterioration from aging.

Types of Cartilage Restoration Procedures

Microfracture/drilling. The goal of microfracture is to stimulate the growth of new articular cartilage by creating a new blood supply. A sharp tool, called an awl, or a high-speed drill is used to make multiple holes in the joint's surface. The holes are made in the bone beneath the cartilage, called subchondral bone. This action creates a healing response. A new blood supply can reach the joint surface, bringing with it new cells that will form the new cartilage.

Abrasion arthroplasty. Abrasion arthroplasty is similar to drilling. Instead of drills or wires, high-speed burrs are used to remove the damaged cartilage and reach the subchondral bone.

Autologous chondrocyte implantation (ACI).

ACI is a two-step procedure. New cartilage cells are grown and then implanted.

First, an arthroscopic surgery is performed and a small amount of healthy cartilage tissue is harvested. The tissue, which contains healthy cartilage cells, or chondrocytes, is then sent to the laboratory. The cells are cultured and increased in number over a three to five week period.

A surgical procedure, or arthrotomy, is then performed to implant the newly grown cells.

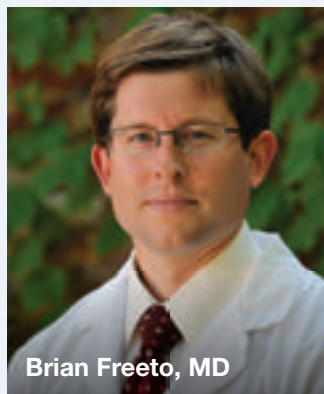
ACI is most useful for younger patients who have single defects larger than 2 centimeters in diameter. ACI has the advantage of using the patient's own cells; however, it does have the disadvantage of being a two-stage procedure.

Osteochondral autograft transplantation. In this procedure, cartilage is transferred from one part of the joint to another. Healthy cartilage tissue — a graft — is taken from an area of the bone that does not carry weight (non-weight-bearing). The graft is then matched to the surface area of the defect and then impacted into place. This leaves a smooth cartilage surface in the joint.

Osteochondral allograft transplantation.

If a cartilage defect is too large for an autograft, an allograft may be considered. An allograft is a tissue graft taken from a deceased donor. Like an autograft, it is a block of cartilage and bone. In the laboratory, it is sterilized, prepared and tested.

These are just a few of many techniques available today. There is vast research being done on new techniques which will continue to change the way we think and treat cartilage injuries.



Brian Freeto, MD

To learn more about new advances in cartilage restoration, contact Brian Freeto, MD, at 707.995.4508.

Fibroids

Common and Treatable

Tumors in the uterus, known as fibroids, are surprisingly common. In fact, they are the most common noncancerous tumors in premenopausal women, reports the National Institutes of Health (NIH).

They grow in the muscle of the womb — on the outside or inside of the uterus wall or within the wall itself. No one knows for sure what causes them, but both hormones and genetics play a role.

Though they are rarely cancerous, fibroids can be painful and disruptive. Fortunately, there are many options for treatment.

Painful periods

In many cases, fibroids don't cause symptoms and might not require treatment. But about 30 percent of women between the ages of 25 and 44 have symptoms, according to the NIH. Symptoms include:

- Longer, more frequent or heavier periods.
- Bleeding between periods.
- Pain or pressure in the lower back or belly.
- Pain during sex.
- Constipation.
- Difficult or frequent urination.
- Infertility, miscarriage or preterm labor.

Fibroids are usually diagnosed with the use of imaging tests, such as ultrasound or x-ray.



Get relief

There are many effective therapies for fibroids, including:

Medications. Over-the-counter drugs, such as ibuprofen or acetaminophen, may help relieve mild pain.

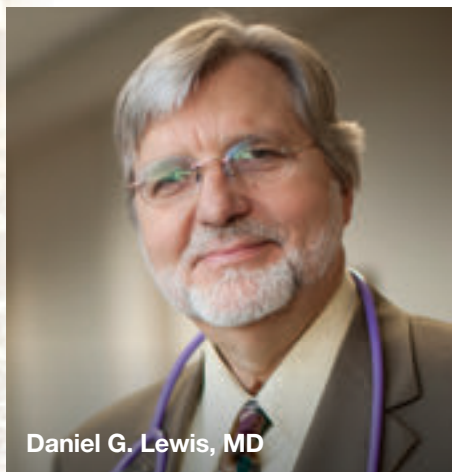
Prescription hormones, including birth control pills, may help lessen bleeding. But they can sometimes cause fibroids to grow larger.

Hormone-blocking drugs can stop periods and shrink fibroids. However, they may cause side effects similar to menopause, so they are typically used for six months or less.

Myomectomy. Fibroids grow inside of the uterus muscle but can be separated from the uterus itself. In myomectomy, the uterus is opened and the fibroid is removed, leaving the remainder of the uterus intact.

Uterine artery embolization (UAE). With UAE, tiny particles are injected into the blood vessels of the uterus. They block the blood supply to fibroids, causing them to shrink. UAE reduces the chance that fibroids will develop in the future. But in about one-third of cases, fibroids return within five years.

There is a small risk that UAE will cause early menopause or raise the risk of miscarriage, so it may not be the best choice for women who still want to get pregnant.



Daniel G. Lewis, MD

“There are many advantages to UAE,” says Daniel G. Lewis, MD, OB-GYN at St. Helena Family Health Center Kelseyville. “It preserves the entire uterus and ovaries and it is performed as an outpatient procedure with local anesthesia with sedation. This means the woman experiences minimal recovery time and can return to work and life faster and with less pain.”

— Daniel G. Lewis, MD

“There are many effective ways to treat fibroids, and the type of treatment chosen will depend on the severity of your symptoms and the fibroid size, number and location,” says Winston M. Eddy, MD, OB-GYN at St. Helena Family Health Center Clearlake. “Your preference and desire for future childbearing also enters into the treatment discussion. Not all treatments are recommended for all women.”

— Winston Eddy, MD



Winston Eddy, MD

Hysterectomy. If other treatments fail or if fibroids are very large, hysterectomy (removal of the uterus) may be necessary. It is the only sure way to cure fibroids, according to the NIH. After a hysterectomy, a woman can no longer have children.



Vitamin D May Protect Against Fibroids

Getting enough vitamin D may reduce a woman’s risk of developing fibroids, according to a study from the National Institutes of Health.

Adequate levels of vitamin D have been associated with a reduced risk of several diseases, including heart disease and colon cancer. But this is the first study to examine the link between vitamin D and fibroids. These noncancerous tumors of the uterus are the leading cause of hysterectomies in this country.

Researchers used blood tests to determine the vitamin D levels of 1,036 women ages 35 to 49. They found that women with vitamin D levels above 20 nanograms per milliliter — typically considered an adequate amount — were 32 percent less likely to develop fibroids than women with vitamin D below this level.

Foods fortified with vitamin D, such as milk and cereal, are good sources of this vitamin. The body also makes vitamin D when skin is exposed to sunlight.



To learn more about treatment options for fibroids, call 707.995.4500 or visit www.sthelenahospitalclearlake.org.

Sinuses: When You Need Surgery

When sinuses become infected, medicine is the first line of defense. Nose drops, saline washes, steroid sprays, antibiotics and other medications often help reduce swelling and knock down infections. But some people develop sinus problems that become chronic. Months — or years — of headaches, pain and misery can follow. Uncontrolled infections can travel to sensitive areas near the sinuses, including the eyes and brain. If aggressive use of medications fails, your doctor may suggest sinus surgery.

The goal of surgery

If sinuses don't drain properly, pus and other secretions can build up and become infected. Air also needs to move freely through the sinuses, or it can become trapped or cause a vacuum. Any of these conditions can lead to pressure and pain.

The goal of surgery is to improve drainage and reduce blockages so that the complex pathways between the sinuses and the nose work better.

Surgery helps by:

- Enlarging the natural openings of the sinuses.
- Correcting anatomical problems.
- Removing growths, called polyps.

Types of surgery

Today sinus surgery is usually done entirely through the nose, with no external scars. Surgeons use techniques that cause much less pain and downtime than older surgical techniques.

Sinus surgery options include:

- **Functional endoscopic sinus surgery (FESS)**, which involves inserting a very thin, lighted tool called an endoscope through the nose.

This allows the surgeon to see the sinuses. Using microinstruments, small amounts of bone or tissue are removed to enlarge and clear blocked areas to improve drainage. Sometimes the inside anatomy of the nose needs to be repaired too.

- **Image-guided surgery**, which involves a multidimensional mapping system, CT scans and infrared signals to guide surgeons through the sinus passages. The signals and scans help surgeons know exactly where to fix the sinus passages.
- **Balloon catheter sinuplasty**, a minimally invasive technique that uses a soft, flexible wire threaded through the nose to reach the sinuses. A small balloon attached to the wire is then gradually inflated to gently reshape the blocked areas.

Used alone, sinuplasty doesn't require cutting, so it preserves the original nasal tissue. But depending on the location, extent and cause of sinus problems, doctors may use a hybrid approach, combining sinuplasty with other sinus surgery techniques for the best results.



Stephen Marc Gugenheim, MD

“Patients typically return to their regular activity within a few days after sinus surgery,” reports Stephen Marc Gugenheim, MD, Otolaryngologist. “Most have better quality of life after sinus surgery.”

— Stephen Marc Gugenheim, MD

To learn more about treatment options for chronic sinusitis, contact Stephen Marc Gugenheim, MD, at 707.995.4518.



Emergency Department: 16 Months, 4 Fast Facts

You may have come to the grand opening celebration of the new emergency department (ED) more than a year ago. In the year since the ED at St. Helena Hospital Clear Lake opened its doors, the results have been phenomenal.

The 4,100-square-foot addition and upgrade have transformed the department. And its beauty is more than surface-level. The remake has strengthened St. Helena Hospital Clear Lake's ability to provide emergency care. "It's been great," says Rodney Look, MD, FACEP, chief of emergency services at the hospital. "The new facility has allowed us to update the way that we're able to see patients."

We hope you will never need to visit the ED. But if you find yourself in need of emergency care, here are four things you'll like to know:

1 We see patients quickly. With 12 beds and improved procedures, wait times are down significantly. Take direct bedding, for instance. It means we move patients to treatment areas right away. But not all of them! In order to speed things up for patients with minor medical concerns, we've created what we call vertical treatment. "Vertical treatment means you don't have to lie down in bed in order to be seen," says Tim Hall, ED Supervisor and a driving force behind many of the procedural changes. "If you think about it, when you go to your physician's office, you're not actually lying in a bed. For many examinations, we can take care of you sitting up just as effectively."

The department's goal is to have every patient be seen by a doctor within 30 minutes of entering the door, depending on how many patients there are and whether their concerns

are critical. Door-to-discharge times have been cut in half since the new ED opened its doors.

2 Privacy has improved. In the old ED, patients were seen in a single large room with curtain partitions. Private rooms are now the norm. They're spacious, with areas for family members or others to sit and space for your belongings. They're also quieter. That means they're better suited for conversation between staff and patients.

3 Staffing has advanced. The ED is fortunate to have a number of dedicated, long-term staff members. But the renovations have brought in additional staff, many of whom have worked in EDs that offer the highest level of emergency care. That's brought a new perspective to the department, as well as valuable experience.

"We have taken care of the sickest people that you could possibly imagine," Dr. Look says. "It gives us a calm presence. There are certain

people who may need a higher level of care after being stabilized. But our ED can take care of virtually any emergency patient."

4 Technology has been updated. One of the places you'll see this is bedside computers. It's part of the movement toward electronic medical records. And it benefits patients too. When providers issue orders, they do so via computer. Often, this helps treatment get started quickly. What's more, it reduces the potential for medical errors.

Care you can count on

According to Hall, "Our ED staff and leadership truly appreciate all the thank you cards they have received from grateful patients. We will keep striving to exceed our patients' expectations."

To find out more about our services, go online to www.sthelenahospitalclearlake.org.

Every Child Needs a Hero



Who can change hats faster than a speeding bullet — from nurse to chef, cheerleader to ref, teacher to playtime BFF? If you guessed “A parent,” you’re right. According to Shelly Mascari, former director of communications at Lake County Office of Education, an even better answer might be “A hero.”

“Every child needs a hero to help them reach their potential,” Mascari says. Parents, she believes, are perfect for the role. And that belief is at the heart of Lake County’s creative new parent engagement program, The Hero Project.

The challenge

Chances are you’ve seen one of The Hero Project’s billboards, which feature local heroes: families who live right here in Lake County. These role models — some couples, some single parents, some grandparents — have donned capes to help inspire all Lake County adults to be heroes to the kids in their lives. “Even the best parents face challenges,” says Mascari, who says The Hero Project is a go-to support system for all parents.

Through its website, monthly challenges and smartphone app, The Hero Project offers simple yet inspiring tips and strategies that adults can try right away to help them:

- Hone their parenting superpowers.
- Savor the special moments of childhood.
- Help their kids succeed in school and in life.

The Hero Project has been in existence for one full school year. With more than 1,300 members registered and almost 1,000 social media followers, it is estimated that 50 percent of all Lake County children age 0 to 8 have at least one parent enrolled.

During the summer, The Hero Project will sponsor a “Super Hero Scramble” obstacle course and offer specially created coloring books at the Lake County Fair. But come fall, the superpowers that will be championed at local events will be “Advocate” and “Read.”

Welcome aboard, Shelly!

Be a hero. Get involved.

Since the writing of this article, Shelly Mascari has joined St. Helena Hospital Clear Lake as our new Director of Community Wellness. She is developing initiatives to help the hospital to better reach our community and improve health outcomes in our county. Look forward to hearing from Shelly in upcoming issues of *Live Younger Longer*.

St. Helena Hospital Clear Lake encourages all local businesses and agencies to join in supporting this unique and inspiring program. Visit www.lakecountyheroproject.com for more information or register to become a superhero to the little ones in your life.

The Hub: One-stop shopping for social services

Schools are a natural, comfortable gathering place for families. That’s why they’re perfect for the Hub program, a community and school partnership. Two Hubs — one on the Upper Lake school campus and one at the St. Helena Konocti Wellness Center — give rural families easier access to educational, health and social supports.

According to Shelly Mascari, “Each Hub is an umbrella under which many Lake County agencies make services available.” That means each Hub is a one-stop shop where families can connect with resources that help them succeed. Those resources, tailored to each community, include:

- Medical services referrals and information.
- Dental services referrals and information.
- Transportation resources.
- Food, clothing and housing information.
- Counseling services for youth and families.
- Parenting support and education.
- Help with new insurance options through the Affordable Care Act.

For information, call:

Upper Lake: 707.275.8166

Lower Lake: 707.995.1806

Community Calendar

Hepatitis C Education Session

Mondays,
11:30 a.m. to 1 p.m.

Live Well
15230 Lakeshore Drive, Suite 103
Clearlake, CA

RSVP at 707.995.4545.

Diabetes and Weight Loss

Tuesdays,
noon to 1 p.m.

Live Well
15230 Lakeshore Drive, Suite 103
Clearlake, CA

RSVP at 707.995.4545.

Smoking Cessation Class

Tuesdays,
4 to 5 p.m.

Live Well
15230 Lakeshore Drive, Suite 103
Clearlake, CA

Six-week series.

RSVP at 707.995.4545.

Live Well Weekly Art Group Class

Thursdays,
noon to 1 p.m.

Live Well
15230 Lakeshore Drive, Suite 103
Clearlake, CA

RSVP at 707.995.4545.

Live Well Group Sessions

Goal Setting/Motivation
Positive Thinking/Stress Reduction
Fridays, noon to 1 p.m.

Live Well
15230 Lakeshore Drive, Suite 103
Clearlake, CA

RSVP at 707.995.4545.

Tomato-Cucumber Salad With Parsley and Mint



Ingredients

4 medium ripe tomatoes, seeded and chopped
½ medium cucumber, peeled, seeded and chopped
½ cup diced red onion
2 tablespoons fresh parsley, chopped
2 tablespoons fresh mint, chopped
1 tablespoon red wine vinegar
2 teaspoons olive oil
1 teaspoon Dijon mustard
Salt and freshly ground black pepper to taste

Directions

- In a large bowl, combine tomatoes, cucumber, red onion, parsley and mint.
- In a small bowl, whisk together vinegar, oil and mustard.
- Add to tomato mixture and toss to coat.
- Season to taste with salt and black pepper.
- Serve chilled or at room temperature.

Makes 4 servings.

Nutritional information

Serving size: ½ cup. Amount per serving: 59 calories, 3g total fat (1g saturated fat), 8g carbohydrates, 2g protein, 2g dietary fiber, 45mg sodium.

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St. Helena Hospital Clear Lake, please
visit www.sthelenahospitalclearlake.org/careers.

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are, you're never
too far from
expert care

**Frank R. Howard
Memorial Hospital**
One Madrone St.
Willits, CA 95490
707.459.6801

Ukiah Valley Medical Center
275 Hospital Drive
Ukiah, CA 95482
707.462.3111

**St. Helena Hospital
Clear Lake**
15630 18th Ave.
Clearlake, CA 95422
707.994.6486

**St. Helena Hospital
Napa Valley**
10 Woodland Road
St. Helena, CA 94574
707.963.3611

**St. Helena Center
for Behavioral Health**
525 Oregon Street
Vallejo, CA 94590
707.648.2200

