Copy by Amy@AveryWrites.com

On-going media releases and other marketing and education collateral

Work included: research, SME interviews, writing, and SME reviews

April is Alcohol Awareness Month:
When alcohol abuse is not the only issue

Signs of alcohol abuse are familiar, but what if alcohol is not a person's only concern? Signs of alcohol abuse include absenteeism, tardiness at work or school, drinking alone and to excess, and a general preoccupation with alcohol. Unfortunately, symptoms like these are also not uncommon in people who have mental health issues.

How can one tell whether alcohol abuse or a mental health issue is causing certain behaviors. Can one problem hide the other? Can one problem cause the other?

During Alcohol Awareness Month in April, staff at Silver Hill Hospital, a private, not-for-profit psychiatric hospital in New Canaan, offer some insight into these issues.

"Identifying whether someone's behavior is caused by alcohol abuse or by a mental health condition, or both, can be difficult," said Sandra Benti, a licensed clinical social worker and Senior Treatment Care Coordinator at Silver Hill Hospital. "When both issues exist, they become intertwined."

Over one-third of people who abuse alcohol have at least one serious mental illness, according to the National Mental Health Association (NMHA). Looking at the statistics another way, of all people who are diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.

This is called a "dual diagnosis," and treatment can be complex, Benti said.

For example, sometimes people who are depressed use alcohol to "treat" their negative emotions. This is called "self-medication," and it can be a symptom of someone who has a dual diagnosis. For other people, severe alcohol abuse causes severe behavior and emotional problems that mimic the symptoms of mental health conditions, according to NMHA.

No matter what the cause, when a person's behavior deteriorates to the point that it creates problems with home, family, work or daily functioning, a variety of treatments can help.

"If both alcohol and a mental health issue are problems for someone, professionals will work with the person to treat both issues," Benti said.

The first step in treatment with health professionals is to address substance abuse by cleansing the body of alcohol, or of drugs if that is an issue. This might take a few days or a few weeks and is most safely accomplished with the close supervision of medical professionals.

"Once the alcohol is out of a person's system, the root causes of symptoms he is experiencing become easier to sort out," Benti said. "At that point, we can also address the second part of any dual diagnosis, the mental health issue."

Along with a 12-step program targeted to end alcohol abuse, people with a mental health issue can work with professionals who use medications or various therapies for care.. Treatment saves lives and saves money, according to studies by NMHA.

"Our experiences here at Silver Hill as well as scientific evidence shows that treatment for alcohol abuse and mental health illnesses works," Benti said. "Treatment improves people's lives, and it benefits loved ones as well as the person who is participating in treatment."

Founded in 1931, Silver Hill Hospital is a nationally recognized, independent psychiatric hospital. The not-for-profit facility provides patients with diagnosis and treatment of the full range of psychiatric illnesses and substance abuse disorders. Silver Hill is distinct in offering a full continuum of care with both inpatient treatment as well as longer-stay residential Transitional Living Programs.

Copy by Amy@AveryWrites.com
Web site for a children's hospital (Geisinger)
Approx. 200 Web pages and thousands of links
B2Consumer and and B2kids: www.geisinger.org

[Landing page:]

Every child is special.

For the full range of your child's care—from before birth and up to adulthood—we offer an extraordinary devotion to children. And an extraordinary range of expert medical care.

Our physicians bring expertise in over 40 children's specialties and subspecialties. Our staff devote their time and training to advancements in care for the most fragile of infants and for the toughest of teens. And from bright decorations to child-sized equipment, we've designed our hospital around your child's needs.

Medical expertise. Advanced treatments. Extraordinary dedication. We bring all this into your community and throughout central and northeastern Pennsylvania. Welcome to The Children's Hospital.

[Sample specialty page:]

Nephrology

Enjoy dry clothes and carefree sleepovers.

Kidney stones and bedwetting need not be a part of your child's daily life. We work with pediatricians and other specialists across Pennsylvania to help children put those experiences in the past. Our goal, like yours, is to help your child to replace the real discomforts of kidney conditions with pleasant times—with simple joys like a carefree sleepover with friends.

Leading your child's team is a pediatric nephrologist. This is a physician focused on children with conditions of the kidneys and urinary system. We work with hundreds of children every year to get kidney disorders under control.
From bedwetting to care before or after a kidney transplant, our entire staff offers expertise in evaluation and treatment of a range of disorders. **>more**

[sample children's website page, 6th-8th grade reading level]

Just for Kids!

When you're in the hospital, we do everything with you — a kid — in mind. Every person you see is here to help you get better. We make sure that you have everything you need. We even have some things you don't need, just because they're fun!

If you're under age 12 or so, explore this website. Like our children's hospital, it's made just for you.

Check out the boxes below for more information about your room, visitors, meals, and more. You can even watch a video about a boy who came here for an operation. **>more**

Copy by Amy@AveryWrites.com

Media Release: Health/Medical Government Trial

Appeared via Business Wire: GEN--Genetic Engineering & Biotechnology News

CapMed Joins with IBM and Leading Community Pharmacies to Provide Patients with Medication History

In a matter of weeks, a select number of people in the United States will begin experiencing healthcare of the future, a future expected to be shared by people nationwide by the end of the year. In a pilot program beginning December 1, 75 people in North Carolina and New York state will quite literally have in their hands the power to carry their personal medical information from physician to pharmacist to insurer to home, via software and hardware products developed by CapMed, a division of Bio-Imaging Technologies, Inc. (NASDAQ/MNS: BITI).

This project is part of the Nationwide Health Information Network (NHIN) initiative to empower healthcare consumers with easy access to information important to their health and wellness. CapMed has partnered with IBM to facilitate the Consumer Empowerment Use Case, which calls for providing patients with the ability to register with the internet-based network and to download their medication history into a customized Personal Health Record, or PHR.

"It's often difficult to get important medical documents quickly from one part of a hospital to another, much less from one provider to another," said Wendy Angst, General Manager of CapMed. "We've been offering solutions to this problem to leading healthcare institutions for 10 years, and are excited to partner with IBM to offer the latest generation of our product for this project."

Patients in this initial project will be volunteers from the Fishkill/Taconic region of New York and from the Research Triangle Park-area and Rockingham County, both in N.C.

This project will be a first-ever implementation in which a patient can electronically, via the internet, receive their prescription history directly from participating pharmacies. Participating patients can download medication history data directly into their CapMed PHR from SureScripts, the nation's largest provider of electronic prescribing services.

According to IBM, CapMed was chosen for this project because of its leadership in standards-based data exchange, coupled with PHR expertise garnered from a 10-year history of providing personal health records for over 600,000 people nationwide.

"IBM has a long history of selecting highly qualified partners that add significant value in our programs, said Ginny Wagner, Certified Executive Project Manager at IBM. "CapMed has demonstrated leadership with supporting the import and export of standards-based data . . . ."

"Electronic Personal Health Records have the power to transform the healthcare system, saving the valuable time of physicians and other providers, and helping patients manage their health," Angst said. "When patients cannot easily share up-to-date medical histories, it can lead to costly repetition of examinations and testing. At worst, it can lead to delayed diagnoses and even death."

For this project, CapMed will be using a combination of the HealthKey and Online Personal Health Records to enable patients to manage medications, as well as medical conditions, test results, physician and emergency contact information and related data.

"An underlying theme for the NHIN initiative is that empowered and informed consumers will be better able to manage their own healthcare," Angst said. "So we've designed a product that has been proven to be easy to use, to encourage widespread adoption within this initial trial, and ultimately to support widespread adoption and usage of health management tools."

Components of CapMed's system, which was designed specifically for the NHIN initiative, includes an internet-based software application for use on home computers as well as a USB-port key-fob that patients carry with them. As a leader in developing standards by which such information can be shared among diverse stakeholders—from clinicians to family members to payers and even schools or employers—CapMed's product gives the patient full control to authorize who has access to what information.

"The patient's active role in this initiative is key, so we have used our experience to make the software compatible not only with software used by the clinician or other providers, but also with a variety of home medical devices, such as blood glucose monitors," Angst said.

Copy by Amy@AveryWrites.com
Health System and Health Tech PowerPoint slide deck and notes for National Professional Conference: ACHE

Physicians and the Electronic Health Record
What if we build it,
and
they don't come?

HIMSS Annual Conference:
Transforming Healthcare through I.T.

Learning Objectives
or
Why are you here today?

- *Identify common barriers to implementing an electronic medical record (EMR)*
- *Identify specific barriers to physician adoption*
- *Learn how to avoid catastrophic failure*

Sentara
Healthcare:
An Overview

The EMR Today

- *Environmental Variables*
- *Organizational Variables*

8 Steps to Change Management
1. Create a sense of urgency.
2. Form a powerful guiding coalition.
3. Create a vision.
4. Communicate the vision.
5. Empower others to act.
6. Create short-term wins.
7. Consolidate improvements.
8. Institutionalize what works.

What is eCare? Sentara eCare Health Network

- *Technology*
  EPIC Systems Electronic Medical Record (EMR)
  Document Scanning & Management
  Medication Barcodes & Scanner
  Device Integration
- ***Processes***
  Planned redesign of 18 major processes
  Finding new ones that need improvement!

(design by client)

What is the business case?
Total Cost of Ownership & Benefits

Common Barriers To Adoption
(And how to get over them)

Develop a focused approach to:
1st: Implement
2nd: Stabilize
3rd: Optimize

Change Management is key

- *It's NOT about the Technology*
- *Attitude Not Aptitude*
- *Transparency*
- *Control / Influence*
- *Strong Communication*
- *Circles of Influence*
- *Be Patient*
- *Embrace the Skeptics / Manage the Disruptive*
- *There is no Perfection*

WII FM
(What's In It For Me?)

Copy by Amy@AveryWrites.com

Feature for Baylor University Medical Center, Texas
Audience: lay public with post-graduate education
Topic: Overview of DNA Research

Abstract:

Imagine a future when the family physician can focus solely on a patient's susceptibility to diseases, instead of on existing symptoms of a medical condition.

Genetic research is creating such a future. Both practical and promising research is emerging from virtually every twist and turn of the DNA helix. Discoveries are quickly advancing our understanding of the relationships between human genetics and disease.

"We're experiencing a paradigm shift in the way medicine is being practiced," says Geoffrey S. Ginsburg, M.D., Ph.D., director of the Center for Genomic Medicine at the Duke University School of Medicine in Durham, N.C. "There's a real opportunity to learn early in our lives about our genetic risks and to proactively plan to avoid illnesses. As a researcher, that's what gets me up in the morning."

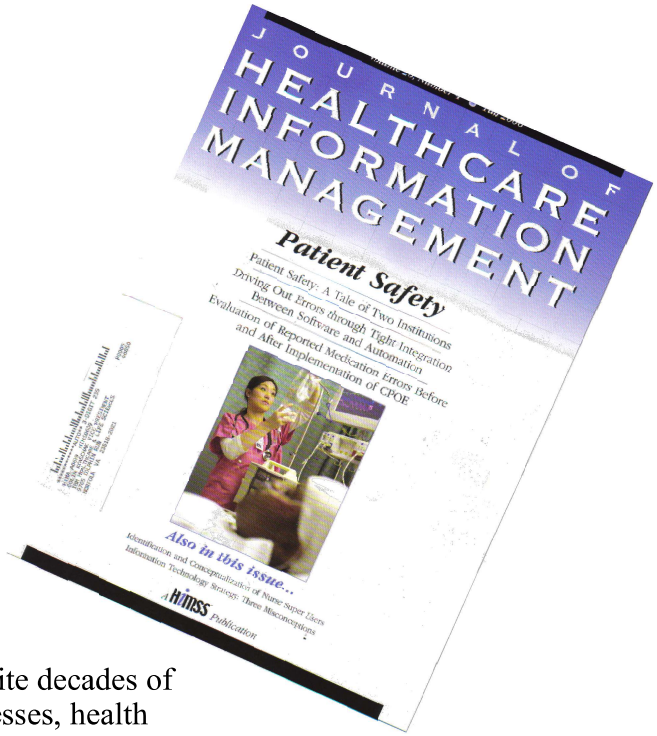
[3,000-word story]

National Healthcare Trade Journal Article
(ghostwritten)
Topic: Home Telemonitoring

Abstract:
Home monitoring technology is a somewhat rare example of highly effective healthcare Information Technology (IT) that patients "get." This contrasts greatly with the life-saving but confusing technology they encounter in traditional healthcare settings. Clinical and IT professionals throughout the U.S. and in Europe demonstrate that patients learn quickly to understand and grow to value telemonitoring as a tool to take charge of their health.

Healthcare providers involved with home telemonitoring programs report significant direct and indirect benefits for all stakeholders, as well as a number of lessons learned when working with:

- patients
- clinical and medical staff
- healthcare administrators and board members
- third party payers



Despite decades of successes, health telemonitoring technologies are still relatively untapped. However, new and advanced technologies are cued up for the marketplace, and demographic and regulatory shifts are already pushing stakeholders towards a new frontier in telemonitoring.

Based on their own experiences and an extensive literature review, the authors conclude: the new frontier of home telemedicine is here. Where are you?

[3,400-word story]

Copy by Amy@AveryWrites.com

Patient Education Piece: Lymphedema
6-8th grade reading level

Give lymphedema the treatment

If you've ever had cancer—even if it was decades ago—you might be at risk for fluid build-up and swelling of the lymph tissues. This condition is called lymphedema.

Swelling occurs most often in the arm or leg affected by cancer treatment, but it can also develop in other parts of the body.

Research studies show little success in treating lymphedema (pronounced LIM-fuh-DEE-muh) with either medications or surgery. But these studies do agree on two key points:

> First, the most effective treatment is to prevent swelling.
>
> Second, the more *you* know, the better chance you have to reduce and even prevent lymphedema.

Prevent fluid build-up

Lymph fluid flows throughout the body through lymph vessels. Cancer and cancer treatment can restrict this flow and are the most common causes of lymphedema in the U.S., according to the National Lymphedema Network.

When fluid builds up, it can cause mildly to extremely painful swelling. And once lymph tissues are stretched in this way, they swell more easily at other times.

So prevention is the best treatment for lymphedema:

- Wear loose-fitting clothes and accessories.
- Exercise regularly.
- Maintain a healthy diet and weight.
- Treat cuts and scrapes carefully.
- Prevent muscle strain.
- Elevate swollen areas immediately.

Many people work with therapists trained in treating lymphedema. Others use customized "compression" garments to help prevent swelling.

Learn as much as possible to help you enjoy the most active lifestyle you can.

Copy by Amy@AveryWrites.com
Case Study: B2B *(ghostwritten)*

When a small medical device company in Texas was ready to begin a large post-approval trial of its high-tech heart valve, it turned to Tiempo's Clinical Research Software. Cost savings were only one of the company's goals.*

The Opportunity: Better product, fewer medications

Vascular Technologies (VT),* based in Austin, knew it had a great product with its new prosthetic valve.

"We'd spent over a decade on this technology, and the valve was already at the top of its class in valve performance," said John Crisp, Executive Vice President for Regulatory Affairs. "Patients were seeing important quality of life benefits that merited additional study, and we were ready for the next phase: post-approval research to explore these benefits."

With FDA approval, the valve would be the only mechanical heart valve available in the U.S. for low-dose anticoagulation therapy.

"We had to find the right partners to work with us," John says. "We needed a web-based product that met all of our needs for data capture and study management."

VT gained FDA approval to begin the trial, and medical researchers in dozens of prestigious medical centers across the U.S. were in place to begin.

Small company, high stakes

The randomized control clinical trial of the VT Prosthetic Heart Valve involves up to 1,200 patients across 40 different medical centers nationwide. Compared to other medical device trials, theirs is a large study. Stakes were high in finding an experienced company with the software to manage, track and report on all facets of the study.

Some software providers proposed charging five figures per month to provide what VT needed. With healthcare IT costs coming down in many other areas—for storage in particular—these high costs did not make sense to the decision-makers at VT. John kept looking.

"At that time, the issue of upfront costs was also especially important," John says. "As a small medical device company, we needed a partner who could work with us."

After researching five vendors, they chose Tiempo's clinical research software platform.

"From a total cost perspective, we were able to offer significant savings," says Tiempo's David Jones. "Even considering the role of their internal team, savings approached 50 to 60 percent."

"Not only was the cost reasonable, they were willing to offer flexibility on payment terms," John said. "Trials are expensive, and they understood our needs."

Solutions: Robust software, responsive service

As the VT team put the software to work, their choice of Tiempo was confirmed.

"John knows the regulatory environment," David says. "He knew exactly what functionality he needed in a software product to track and report progress on the VT heart valve."

Since beginning the trial, site investigators have offered their own evaluations of the software. They say data entry is simple, the web-based platform is convenient, and the paperless system has huge advantages. Investigators also told VT officials that the "serious adverse event" notification is particularly helpful.

"The software deployed quickly, and the investigator sites love it," John said. "Several investigators have actually volunteered to tell us how well Tiempo functions to manage the studies. The fact that they haven't been contacting us with problems attests to that fact, too."

Streamlined processes, valuable reports, cost savings

By choosing the right partner, VT and their investigator teams are now concentrating on patient outcomes and evaluating clinical benefits, not on paperwork and documentation. Tiempo has streamlined those tasks.

And due to VT's dedication to their product, patients who need prosthetic heart valves are many steps closer to eliminating a lifelong need for higher doses of anticoagulation medication.

Officials expect that the cost savings realized by relying on the Tiempo software can be invested into further product development.

VT has also turned to Tiempo products and services to support its patient safety registry.

More information

To see how the team at Tiempo can support you with your next important post-approval or investigator-initiated clinical trial, contact us.

[Contact information]

A pseudonym

Amy@AveryWrites.com

Event planning and promotion:

regional, national, international

Over 6 years for one client, I helped **organize dozens of on-site and virtual events: pre-event planning, speaker and attendee coordination, onsite management, post-event evaluations, etc.**

- **25 events**, in London, Jakarta, Tokyo, Madrid, D.C., Sofia, and more
- **2-4 days each**
- **9-15 educational sessions per event**
- **Consulted with on-location planning teams** to coordinate dates, details, speakers, locations, contracts, agenda, tourism
- **Built event websites and mobile apps**
- **Managed speaker communications** pre- and post-event

With 25 events, one builds on the next

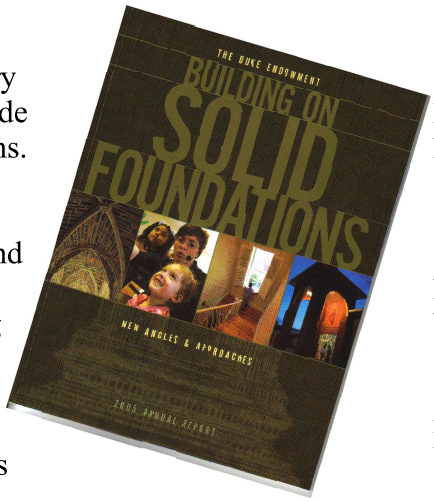
Working as part of a 3-person event staff, our results were impressive: Attendees and speakers found the conferences valuable enough that many attended multiple events each year.

One example: Madrid, Spain

- **3 days**
- **9 educational sessions**
- **3 pre-event half-day workshops**
- **26 speakers and tutors**
- **375 attendees**
- **from 20 countries**
- **4-6 networking events, with several at off-site locations**

Copy by Amy@AveryWrites.com

The Duke Endowment/Foundation
UNC-Chapel Hill School of Medicine
Annual Report Feature (excerpt)



In church sanctuaries throughout the country every week, parents stand alongside their children, singing hymns. It's routine, maybe even mundane for many.

For parents like David and Shell Keim, however, hearing all six children sing with them was not something they even imagined to hope for. Their fourth child, Micah, is hearing impaired.

"Probably one of the toughest things someone can tell you is that there's something wrong with your child," said David Keim, of Cary, N.C. . . .

The Keims dove immediately into research, and what they learned added urgency. Speech and language delays can permanently limit learning, especially in young children.

"Early intervention is a one-way track," said Craig Buchman, M.D., professor of otolaryngology at the University of North Carolina School of Medicine in Chapel Hill and Medical Director of a unique early intervention program. "If a child doesn't get help early on, the brain gets trained in a way so that it can no longer use sound signals." . . .

Learning to hear is hard work

A team of professionals who specialize in hearing and speech for the deaf embraced Micah and his family. Staff provided focused, intense therapy to help him first with hearing aids and later with a cochlear implant, a permanent device that electronically translates sound into digital information that the brain can understand.

"It's hard work to interpret sounds heard through 'electronic hearing,'" said Carolyn Brown, Program Coordinator for the Carolina Children's Communicative Disorders Program (CCCPD), an affiliate of CASTLE.

CASTLE's on-site educator, three speech-language pathologists, a teacher for the deaf, and assistant teacher all help preschoolers understand the meaning of sounds they've never before heard, and to speak in ways past generations could not.

"Deaf kids can talk," Brown said. "When we blend the new technology with advanced teaching interventions, it really does happen." . . .

Top Award Winner:
Silver Quill for feature writing
International Association of Business Communicators, Southern Region

Teachers become students

North Carolina is on the cutting edge of speech-language programs, and CASTLE and its affiliate CCCPD, both part of the UNC School of Medicine, support professionals across the state.

"We have a two-fold approach," Brown explained. "We provide services directly to children who are deaf and hard of hearing and also provide professional training to those working in the schools."

Said one 24-year veteran teacher, "What CASTLE has done for me is raise the bar for what my students can accomplish through listening. When I left the Center [after training], I had really gained customized skills that I could take back to my schools and my students." . . .

New sounds, this time for the family

From Micah's initial evaluation, to finding support and information, to his learning to listen and then to speak, the Keims give credit to CASTLE for bringing great changes to their lives.

Even for an untrained observer, the impact is clear.

Micah, now 7, busies himself with a drawing, but stops to delight in the click, click, click, click of the spring-loaded button on an ink pen. His speech, too, comes more and more easily.

"I'm going to be a pediatrician," he told an observer, nimbly and clearly pronouncing the complex name of the profession.

Watching his son, happy and drawing intently, Keim said, "I don't know what we would have done without the people there.

"It's hard to find . . .," he started slowly, then hesitated to find the right words.

"A CASTLE," Micah finished for him, never looking up from his drawing.

Micah's practice at preschool has given him a confidence that anyone can hear, and about a month after he began using the cochlear implant, it was his family's turn to hear something new. During church services with the entire family, they were caught by one of the most exciting sounds ever to resonate through the sanctuary.

"Micah was singing along," his father said. "I don't think I've ever heard a more beautiful sound."

Copy by Amy@AveryWrites.com

Public Relations Management Plan completed during my tenure *working within the health system's marketing department*

National Award Winner:
Public Relations Society of America
Certificate of Merit
for Healthcare P.R. Management
PRSA MacEachern Awards

1. Situational Audit: Trends Near and Far

In addition to national trends showing growth in women's health product lines, Manchester Memorial Hospital's own research substantiated the relevance of these trends to our market area and identified the needs and expectations of our target audiences. . .. Further, a competitor 10 miles away had begun promoting their version of a women's center.

Based on this research and input from an Advisory Group of 18 women, the Center took shape: located within the hospital, which is central to our market base, it offers a myriad of health care services by and for women (mammograms, PAP smears, physical examinations, counseling, etc.)

2. P.R. Objectives: Seeing is believing

The role of Public Relations became to communicate two main messages about this product: the concept that it offers a convenient, centralized option for health care services and that the V.I.P. membership would be worth the one-time $10 fee.

Visits to the center became our main strategy for introducing this new concept.. . .

3. Results of program launch

We were thrilled that our free on-site programs were sell-outs and that we received 1,100 VIP membership applications within two months of campaign launch. . . .

4. Measuring the success of marketing

To measure success, we turned to projected expectations of staffing needs based on the previous year's research. The Nurse Practitioner position became full-time by month five, 18 months earlier than expected. Likewise, secretarial and mammography staffing increased about 1/4 of an FTE about 18 months earlier than projected.

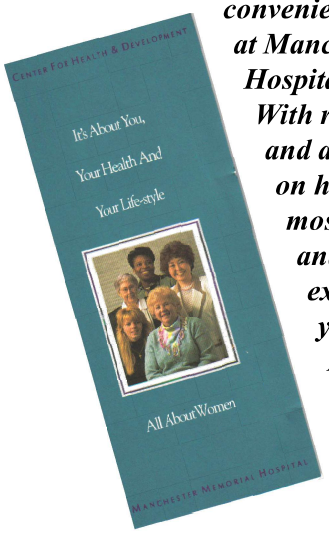
Anecdotes

Women 20 miles outside our market attended the programs and asked if they could join and use the Center's health services. . . .Some of these women drive by three hospitals to reach us.

Hospital staff, including physicians, also joined.

Provider-to-consumer Introductory Brochure (excerpt)

The concept of All About Women is simple: you asked for a central location for your health and educational needs. We've made sure you get it conveniently and comfortably at Manchester Memorial Hospital.



With regular office hours and a nurse practitioner on hand to answer your most intimate questions and provide examinations, we hope you will find that the All About Women center helps you to develop and maintain a healthy life-style.

About Our Staff

The All About Women staff includes a medical director, nurse practitioner, registered dietitians, registered radiology & mammography technologists, mental health professionals, exercise physiologists, massage therapists, and health educators.

About Our Services

To complement both your personal doctor's care and your own busy schedule, All About Women offers you a variety of health and educational services:

- Breast Examinations & Mammography, accredited by the American College of Radiology
- Routine Gynecological Exams
- Pap Smears
- Contraceptive Counseling
- PMS Counseling
- Menopause Counseling
- Personal Cholesterol & Blood Pressure Screenings
- Fitness Counseling

Copy by Amy@AveryWrites.com (by-lined)

Health System Magazine for consumers
Sidebars: Pharma topics

How do we get "safe & effective" prescription meds?

"With any medication, you need to understand what it can do, what the risks are and how much relief it can offer," said Morris Jones, PharmD, Registered Pharmacist at Memorial Hospital.

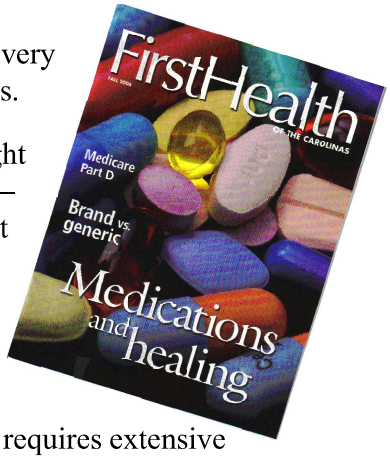
That's precisely the goal of the U.S. Federal Drug Administration (FDA). Though their goals--to ensure that drugs are "save and effective"--can be stated simply, the process is costly and complex:

1. Drug development and purification by the manufacturers can involve hundreds of staff and 100,000 or more ingredients, with no promise of success.
   "This is one reason medications cost so much," said Jones.
2. Short and long-term animal testing can span weeks or years.
3. Clinical studies on human volunteers, several thousand in all, are complex. Researchers evaluate safety, effectiveness and side effects at each of three levels of testing.
4. New Drug Application review, or NDA, is the final step. If it passes NDA review for safety and effectiveness for specific uses, the manufacturer begins production.

Does the FDA truly ensure that drugs are "safe and effective"?

Some critics say drugs are released without thorough research and with sometimes deadly consequences. Others claim people die when new treatments are held up in the approval process, which takes about eight years, according to the FDA.

Officials in other countries experience the same conundrum. Canada's review process is less stringent but more lengthy, according to the *Canada Medical Association Journal*. Europe "has lagged a long way behind the US" in getting lifesaving cancer drugs into the marketplace, according to a European medical journal. Government-controlled pricing and reimbursement issues have also kept drugs and patients apart.



New drugs are great, but every drug--new or old--has risks.

"A tried and true drug might be a better—and cheaper—option, or a new one might have side effects that actually help the patient in more ways than one," Jones said.

The bottom line: the FDA requires extensive research, but every drug has its own risks and benefits, specific to each patient and each condition. So, do your own research, and talk to your doctor or pharmacist.

Vaccinations:

Making movies and vacations safer

Is the community swimming hole or the local movie theater a danger zone? They were in the 1950s, when highly-contagious polio killed or paralyzed 33,000 people.

And measles kept people indoors when it attacked almost half a million people in the Americas during one outbreak.

Vaccinations, however, have quickly made it safe to come out to play. For public health officials, "Community Immunity" is the mantra. The more people who are vaccinated, the more protection there is for everyone, including infants and others who cannot be vaccinated.

"Vaccines aren't really drugs, but they can protect you and others," said Morris Jones, PharmD.

Thanks to vaccines, measles cases, for example, went down to about 40 last year, and there's not been a case of polio in the U.S. in 20 years.

Global travel, too, makes vaccines important.

As a case in point, one unvaccinated and infected tourist in 2003 caused a measles outbreak involving over 700 people --and killing three--in the overseas community he visited. And 1,200 people contracted polio in other countries last year.

Today in the U.S., **whooping cough (pertussis)** is at a 50-year high though vaccines are available.

Immunizations for it, as well as **measles, smallpox, rubella, tetanus and chickenpox** are all part of standard childhood vaccinations in the U.S.

Get immunized to protect yourself and your neighbors from preventable diseases that are in your backyard, or just a plane ride away.

Copy by Amy@AveryWrites.com
By-lined feature included in award-winning series
Audience: "Highly educated" consumers

Part of award-winning publication: Gold Winner: Aster Awards for excellence in medical marketing for a publication series

Exploring the twists and turns of the DNA helix

Both practical and promising research is emerging from virtually every twist and turn of the DNA helix. Discoveries are quickly advancing our understanding of the relationships between human genetics and disease.

"We're experiencing a paradigm shift in the way medicine is being practiced," says Geoffrey S. Ginsburg, M.D., Ph.D., director of the Center for Genomic Medicine at the Duke University School of Medicine in Durham, N.C. "There's a real opportunity to learn early in our lives about our genetic risks and to proactively plan to avoid illnesses. As a researcher, that's what gets me up in the morning."

The range of genetic research encompasses studies of health before birth and chronic disease later in life; mental health disorders and physical illnesses; inherited traits passed from parent to child and those shared by siblings and cousins.

"Families have a remarkably strong sense already that the kinds of diseases their relatives have can increase their risk for those diseases," says Elizabeth Hauser, Ph.D., Interim Chief of the Division of Medical Genetics at Duke.

"If we can understand the genetic components of that risk, we can offer more targeted treatment, and maybe even prevention," she says. "Genetics puts some specificity in the phrase, 'it runs in the family.'"

Encouraging breakthroughs

Study of the human genome and increasingly specific components of genes is offering solid medical strategies to diagnose, treat and predict disease. In the past two years alone, scientists have pinpointed around 50 new genes related to chronic conditions that had been previously impervious to research, according to experts.

Hauser and fellow researchers, for example, have been following the genetic trail of over 900 families who have histories of early-onset (before age 50) coronary artery disease (CAD).

"We've been doing this study for 10 years, and I'm starting to see light at the end of the tunnel," she says. "I'm starting to see ways our research can help these families, how it can give family members a more complete risk profile that they each can use individually."

Hundreds of studies

Scientists are exploring the relationship between diseases and genetics across a broad array of medical disciplines. They have identified different genetic risk factors for neural tube defects, multiple sclerosis, age-related macular degeneration and cardiovascular diseases, for example.

Researchers are also investigating potentially inherited dermatological conditions such as eczema; ophthalmic conditions such as eye movement disorders; neurological disorders such as Alzheimer's disease, restless leg syndrome and multiple sclerosis; plus others related to severe obesity and septic shock.

Other scientists begin with studies such as these, then explore how external factors like exercise, diet and stress affect genes to cause disease.

"We used to sit around and postulate about the role of genetics and of the environment," Hauser says. "But with the increase in information available today, we're developing the ability to stratify patients, to group them with risk factors and identify ways to reduce health risks."

Dramatic choices

As research leads to more definitive diagnoses, it also leads to therapies. As reported this year in the *Journal of the American Medical Association* (*JAMA*), in one study of overweight patients, scientists found that half of the patients who received nutrition counseling based on results of individual nutrigenomics testing lost significantly more weight on average than those who received conventional nutritional counseling.

Research also enables geneticists, pharmaceutical researchers and physicians to proffer preventive treatments even before a disease produces its first symptoms. Another *JAMA* study on genetic mutations related to osteoporosis offers insights that might lead to drugs that target the disease.

In addition, discovery of the "BRCA" gene mutations that lead to specific types of breast cancer defines important options for those who inherit the gene. Some choose to keep a tight schedule for regular screenings. Others choose preventive mastectomies even before cancer develops.

Early diagnosis

In other cases, DNA research offers patients and their physicians the chance to catch diseases early, when treatment and prevention can be most effective. The Duke study on early-onset coronary artery disease is one such example.

. . . .continued *(available upon request)*

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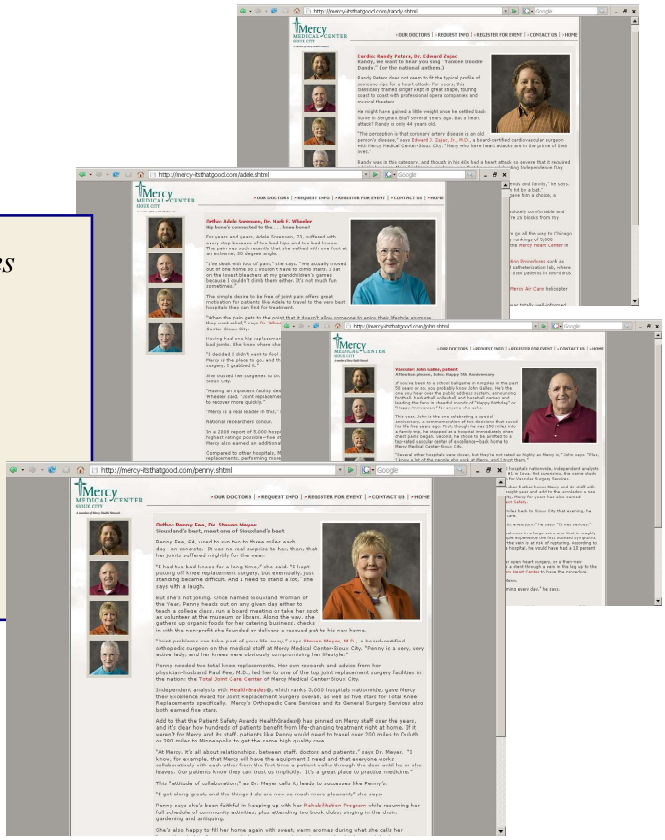
Webpages: "Sioux City Stories of 5-star care"

Patient Vignettes for Health System Service Lines



Siouxland's best, meet one of Siouxland's best

Web-based series: patient vignettes promoting service lines:
- *orthopedic surgery: knee (excerpt shown here)*
- *orthopedic surgery: hip*
- *vascular surgery*
- *cardiovascular: bypass surgery*
- *cardiovascular: emergency balloon angioplasty*

Penny Fee, 64, used to run two to three miles each day—on concrete. It was no real surprise to her, then, that her joints suffered mightily for the wear.

"I had two bad knees for a long time," she said. "I kept putting off knee replacement surgery; but eventually, just standing became difficult. And I need to stand a lot," she says with a laugh.

But she's not joking. Once named Siouxland Woman of the Year, Penny heads out on any given day either to teach a college class, run a board meeting or take her spot as volunteer at the museum or library. Along the way, she gathers up organic foods for her catering business, checks in with the non-profit she founded or delivers a rescued pet to his new home.

"Joint problems can take part of your life away," says Steven Meyer, M.D., a board-certified orthopedic surgeon on the medical staff at Mercy Medical Center-Sioux City. "Penny is a very, very active lady, and her knees were obviously compromising her lifestyle."

Penny needed two total knee replacements. Her own research and advice from her physician-husband Paul Fee, M.D., led her to one of the top joint replacement surgery facilities in the nation: the Total Joint Care Center of Mercy Medical. . . ..

Considering the awards HealthGrades has pinned on Mercy staff over the years, it's clear how hundreds of patients benefit from life-changing treatment right at home. If it weren't for Mercy and its staff, patients like Penny would need to travel over 200 miles to Duluth or 380 miles to Minneapolis to get the same high quality care.

"At Mercy, it's all about relationships, relationships between staff, doctors and patients," says Dr. Meyer. "I know, for example, that Mercy will have the equipment I need and that everyone works collaboratively from the first time a patient walks through the door until he or she leaves. Our patients know they can trust us implicitly. It's a great place to practice medicine."

This attitude of collaboration leads to successes like Penny's.

"I got along great, and the things I do are now so much more pleasant," she says.

Penny says she's been faithful in keeping up with her Rehabilitation Program while resuming her full schedule of community activities, plus attending two book clubs, singing in the choir and gardening.

She's also happy to fill her home again with the sweet, warm aromas from "marathon baking" sessions, which require several trips between her kitchen and the basement pantry.

"Before, my knees just slowed me down too much. Now, I don't even think about it," she says. "I now have my life back."

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BayCare Health System, Va.
Geisinger Health System, Penn.
The Cleveland Clinic, Fla.
Scripps Health, Calif.
Atlantic Health, N.J.

Publications/Media:
Journal of Healthcare Information Management, national
Pharmaceutical Manufacturing & Packing Sourcer magazine, London
Web patient and donor testimonials
e-Newsletters

Education & Special Interests

Master's level study in marketing and healthcare management
Master of arts degree in education, focusing on adult communication and communication theory
Health literacy and plain language communications
Ethical use of AI; 50-hour foundations course (2026)
Industry courses, workshops, webinars

Professional Involvement

American College of Healthcare Executives
Association of Healthcare Philanthropy
Society for Healthcare Strategy & Market Development (Advisory Board; national speaker)
Center for Health Literacy
International Association of Business Communicators
American Marketing Association

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Unsolicited comments about my work:

Someone asked who was doing our marcom [marketing communications], and I hesitated to tell him--I don't want you to get too busy and forget me! But I did, and I told him you are a bargain, worth every dime.
-- County Economic Development Director

Excellent. Well written and well researched. A very practical article and a valuable piece for our journal.
-- Reviewer for a national industry publication, for a ghostwritten journal-length article

This is one of the best-written case studies I've ever read. Well done.
-- Marketing V.P., B2B healthcare

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I just wanted to call to say 'job well done.' You took a complicated topic and made it easy to understand.
--Professional interviewed for a feature

I am glad we have you to support our efforts. We just can't do it all ourselves, and I appreciate your help.
--From a client's boss, for on-going contract work

YES!!! This is what I was envisioning. Excellent job!
-From a client regarding fundraising collateral

The client was very pleased. I can't tell you how happy we are. Thank you for all your hard work!!!!
-From a national agency representative

Amy, these are WONDERFUL stories. You're a great addition to our magazine team. . .. Hope you'll be interested in an assignment for the next issue.
--Corporate Magazine Editor