Doctors Give Back
Addiction Help
Goes Digital
HELPing Elderly Patients
Pediatric Partnership
Saves Lives
It’s no accident that so many of our major holidays—both secular and religious—happen during this time of year. The spirit of thanksgiving, and the pleasure of being with family and friends, helps counterbalance the shorter days and the colder weather. These “indoor holidays,” celebrated with feasts and lights and gifts, are opportunities for us to express our gratitude.

Nowhere is the spirit of sharing and giving stronger than among the volunteers of HELP (Hospitalized Elder Life Program), which we started in 2011 at California Pacific Medical Center (CPMC). In this issue, you will meet some of these volunteers and learn how simple interventions can improve the lives of older, hospitalized patients.

Join us on page 11 in making the acquaintance of 83-year-old Lily Becker, who faced numerous challenges in recovering from surgery to repair a broken ankle. In many ways, her medical success story owes its happy ending to the dedicated volunteers of the CPMC HELP program.

Here at CPMC, we appreciate the inventiveness, dedication, and generosity of our physicians, nurses, volunteers, and other medical professionals, who are devoted to providing high-quality, cost-effective health care in our Sutter Health network with compassion and respect.

Warren Browner, MD, MPH
Chief Executive Officer, CPMC
On the cover: Christie Navarro is one of many highly-trained volunteers in the Hospitalized Elder Life Program (HELP) who keep older patients more mobile and mentally alert.

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An Evening of Celebration and Well-Wishing

More than 500 guests packed the Grand Ballroom at The Fairmont San Francisco in October to raise a record $1.4 million for CPMC! Two spirited ovations were given to the evening’s tributee, Dr. Martin Brotman, Senior Vice President for Education, Research & Philanthropy for Sutter Health. Proceeds will fund the growth of the programs represented by the physicians who were also featured: Laurie Green, M.D., Obstetrics and Gynecology; Mohammed Kashani-Sabet, M.D., Cancer Services; William Stewart, M.D., the Institute for Health & Healing; and David Tong, M.D., Neurosciences.

1 (l to r) Event co-chair Carol Bonnie with Mrs. Denise Hale and Dr. Laurie Green announce the Denise and Prentis Cobb Hale Endowed Chair of Gynecological Oncology at CPMC. The initial holder of the chair will be internationally known researcher John Chan, M.D., previously at UCSF.

2 The San Francisco Gay Men’s Chorus opened the show in scrubs and lab coats singing “San Francisco” and “Give ‘Em Hope” from the Harvey Milk musical.

3 Dr. Brotman is surrounded by his family as he accepts the inaugural Martin Brotman Award for exemplary leadership as a physician and philanthropist.

4 CPMC-born Rozzi Crane, fresh off her national tour with the band Maroon 5 and the first artist to be signed by Adam Levine’s 222 Records, rocked the house with a “dessert set.”

5 Throughout the evening, patients read letters of gratitude to each of their featured physicians: (clockwise from left) Tho Vong with Dr. Stewart, Setareh Farsio with Dr. Green, Charles Flynn with Dr. Kashani-Sabet and Dawn Hartman with Dr. Tong.
Helping Those Who Hurt the Most

Doctors Who Volunteer in Developing Countries Find Abundant Satisfaction and Reward

By Esther Chapman
Doctors and medical professionals at Sutter Health donate their time and skills in hundreds of ways each year, from volunteering in underprivileged communities or at sporting events, to performing pro bono surgeries for individuals in need. Some go even farther literally, by traveling to developing countries to address desperate medical needs. During this season of giving, we profile a few of our many Sutter doctors who cross the globe to give back and improve the lives of others.

NEPAL: Bringing sight to the blind
They come by the hundreds, traveling over mountain roads in wooden ox carts to a makeshift surgical center in a rural high school classroom. Then the hours-long wait begins. For those who are blind, their one chance at restoring their sight lies in the hands of an eye camp surgical team that includes Santa Rosa eye surgeon Gary Barth, M.D.

For more than 35 years, Barth has taken his surgical skills to remote parts of Cambodia, India and Nepal. His mission is twofold: to bring sight-restoring surgeries to these distant parts of the world, and to train native doctors. On one recent trip to Nepal, he hand-carried corneal transplant tissues and conducted the first corneal transplants in western Nepal with the help of Nepalese surgeon Bidya Pant, M.D. Another visit consisted of 600 cataract surgeries over three days.

“When you bring an ‘eye camp’ to this type of region, you are lighting up a tremendous amount of lives – and not only the blind patients but also the family member who’s caring for that person. You may do 600 surgeries, but it’s like treating 1,200 people,” Dr. Barth says.

Dr. Barth remembers one patient named Babu Ram who had one blind eye and another eye clouded by a massive fungal infection. As a sugarcane farmer and his family’s sole wage earner, Babu Ram’s livelihood depended on his sight. Drs. Barth and Pant restored vision in the infected eye with a corneal transplant.

Dr. Barth revels in such success stories, yet he knows the key to sustained impact lies in finding homegrown medical talent willing to serve rural communities. That’s why he has taken a leadership role with the Seva Foundation, an organization focused on transferring First World skills to Third World populations. “It’s obvious the impact of poverty and lack of health care on crucial functions like blindness,” he says. “If we could partner to develop a health system that trains more local surgical talent, we could deliver so many people out of unnecessary blindness.”

HONDURAS: Stopping AIDS in Its Tracks
After landing in Honduras earlier this year to assist with the three AIDS clinics they helped found, Denise and Elliott Main, M.D., were greeted by armed security guards assigned to protect them during their visit. “Since we first came to Honduras in 2000, crime has significantly escalated, but the need for HIV/AIDS care and prevention persists,” says Denise, who along with her husband practices maternal fetal medicine in San Francisco at CPMC.

The Mains became involved in Honduras after meeting a group of AIDS patients during their first trip there. The patients had no medicine or hope for a cure, just the comfort of others and a priest who listened and helped them die with dignity and peace. The name they had given their group was Siempre Unidos (always united).

Intent on developing clinics that could screen and treat patients with full-blown AIDS, the Mains began traveling to Honduras several times a year.
"We went back in January 2003 determined to get antiretroviral drugs. In one week, we wrote a grant for the AIDS Healthcare Foundation, met with the Episcopal Diocese and the Honduran government, acquired an import license and began importing medicines, located a doctor willing to work with AIDS patients and started 16 of our 32 patients on antiretroviral drugs," Denise recalls.

The effort worked. AIDS deaths began to plummet as Siempre Unidos combined screenings and antiretroviral drug treatments with widespread outreach and education, especially to marginalized, high-risk populations like homosexuals and commercial sex workers whom government clinics will not treat.

The Mains maintain clinical oversight of the clinics while spending countless additional hours leading the U.S.-based foundation that raises $250,000 each year to sustain the clinics. Denise says she and Elliott are lucky to have ample stamina for this grueling schedule. But more to the point, she feels a strong obligation to the people Siempre Unidos serves.

"We're strong supporters of staying with one place for a long time. It takes several years to develop a partnership where people will tell you what they need and trust you’ll come back," she says.

**HAITI: Disaster Relief and Follow-Up**

Sometimes only days after a natural disaster occurs, Sutter Health physicians are on the way to provide critical medical relief. That was the case after Haiti’s catastrophic earthquake on January 10, 2012, when teams of physicians carrying suitcases of medical supplies donated by CPMC and Sutter Alta Bates Hospital boarded planes headed for Port-au-Prince. Toni Brayer, M.D., FACP, an internist and the CEO of Sutter Pacific Medical Foundation, who had previously participated in medical disaster relief after Hurricane Katrina, coordinated the effort with the help of Partners in Health, an organization long established in Haiti.

Both groups worked alongside Haitian medical professionals in primitive conditions that included no running water and few medicines or supplies. "We had to use our best medical expertise with the understanding that we didn’t have all the accoutrements to make diagnostics easier," Dr. Brayer recalls. "We had pediatricians jury-rigging bottles to use for IVs. It was true disaster medicine."

Orthopedic surgeon Noah Weiss, M.D., and physical therapist Jennifer Lehr, from Novato Community Hospital, also traveled to Haiti to provide orthopedic care. They remember treating patients whose initial emergency treatment—pins, rods and external fixators used to stabilize broken bones—remained on their legs many months after surgery, causing atrophy of muscles and joints. Other patients had such serious infection that amputation was unavoidable. Yet despite the difficult conditions and discouraging outcomes, both returned separately to Haiti the following year and plan to continue their involvement in the future.

"In many ways, those trips to Haiti reminded me why I chose this profession. It may be a drop in the ocean, but I really felt like I could help," says Dr. Weiss.
ADDICTION HELP GOES
By Madeleine Kahn and Laura Miyashita

Boredom is a withdrawal symptom. Get busy.

Using will not help you reach your goal of staying clean.

Remember, cravings come and go...
We’re all familiar with the scenario. You check your phone for an update. A minute passes. You check again. A few minutes pass. Another glimpse.

In our increasingly connected world, the smartphone and mobile technology have become important communication channels, offering customized updates and alerts nonstop. So why not capitalize on this technology, leveraging the smartphone as a sophisticated medical device and enabling advances in care?
Scientists at Sutter Health's CPMC Research Institute are doing just that—melding science with tech savvy in an effort to treat drug addiction and prevent relapse. “Mobile technology is the future of health care,” explains John Mendelson, M.D., who along with Gantt Galloway, Pharm.D., is a co-founder of the Addiction Pharmacology and Research Lab (APRL), a CPMC Research Institute program and one of the largest addiction pharmacology research centers in the U.S.

Text Messages Reinforce Positive Behaviors
Working with software engineers, Drs. Mendelson and Galloway are developing new technologies for detecting and treating drug overdose, and improving patient adherence with prescription medications. “Early on, we lent our addiction patients cell phones so we could monitor their mood, cravings, and drug use as they checked in throughout the day,” explains Dr. Mendelson. “Then once smartphones became more common, we’d have patients photograph their medications and email it to measure adherence.”

Now Drs. Mendelson and Galloway are conducting an early research study, using a text messaging intervention for methamphetamine-dependent patients. “We send messages four times a day to patients who are receiving group counseling for meth addiction. The messages include reminders of reasons for quitting that the patients have identified (like keeping a job or reducing conflict in a relationship), possible consequences of continuing to use methamphetamine (imprisonment or loss of child custody), or reinforcement of techniques taught in group to prevent relapse (avoidance of cues that trigger cravings, reaching out to clean and sober friends, getting exercise). If one texts back ‘craving,’ he or she receives another, more specific message designed to help at that moment of vulnerability, Dr. Galloway explains.

Patients struggling with addiction may not remember all of the techniques they are taught, and text messages are an inexpensive way of reinforcing what they have learned, according to Dr. Galloway. Having previously worked at the Haight-Ashbury Free Clinic as Chief of Pharmacologic Research, he emphasizes that reducing drug use is a tremendous achievement: “I learned to appreciate small increments of progress. I had the privilege of watching people struggle and move forward, and it changed my definition of success.”

At the Forefront of Addiction Management
The National Institute on Drug Abuse (NIDA) now characterizes addiction as a chronic, relapsing disease, much like asthma, hypertension, or Type 1 diabetes. Of the 40 million Americans struggling with addiction, more than half do not receive treatment, according to NIDA. Text messaging has the potential to be a cost-effective approach to improving care for those in treatment for addiction. It may also be a way to deliver care to the millions who have difficulty accessing formal treatment due to work schedules, child care responsibilities, or distance to treatment centers.

Smartphones Offer Medical Monitoring
As the Research Institute’s clinical trial on addiction demonstrates, smartphones are changing how patients interact with the health care system and helping with behavior monitoring and medical compliance. “Essentially, personal technology is enabling easy access to health care, including our own medical data, when and wherever we need it,” says Mendelson.

Just as Drs. Mendelson and Galloway research adherence and addiction management via smartphone support, mobile technology also is changing other facets of medicine. Booking a doctor’s appointment, checking lab results, or viewing your medical records are possible with Sutter Health’s My Health Online app. And many Sutter Health doctors encourage patients to use apps that help self-track data on one’s diet, stress level and sleep to gain insights into medical ailments such as recurring migraines or unexplained stomachaches. ✪
HELPing Elderly Patients

New Program Significantly Improves Outcomes for Older Population

By Madeleine Kahn

The Hospitalized Elder Life Program (HELP) at CPMC has helped reduce falls for older patients by 22% and readmissions by 25%.
Philanthropist Mrs. Athena T. Blackburn, who Dr. Wendy Zachary refers to as HELP’s “guardian angel,” says, “The program is very important to me. I’ve seen that downward spiral happen so frighteningly fast.”

HELP has been a labor of love, from the work of physician-champion Dr. Wendy Zachary to multiple gifts from our volunteers and philanthropic partners. “Close connections with our local communities through philanthropy and volunteerism make it possible for Sutter hospitals to provide the highest-quality care with a personal touch,” says Penny Cleary Vanderwolk, Director of Development for the North Bay hospitals.

To volunteer, contact Jacqueline Kanya-Matzen at matzenj@sutterhealth.org. To give, visit cpmc.org/giving, novatocommunity.org/Foundation, suttersantarosa.org/philanthropy or sutterlakeside.org/giving.
At age 83, Lily Becker* lives alone, enjoys gardening, and travels frequently. When she came to the hospital for surgery on a broken ankle, she assumed she would be able to return home to heal within a day or two. But instead of going home quickly, a series of small events triggered a downward spiral for Mrs. Becker. An anti-nausea medication she was given to make her more comfortable after the operation left her very confused. The drug affected her to the point that she didn’t understand why she was in the hospital. Because of that, she kept trying to get out of bed and leave. This made caring for her much more difficult and significantly extended her recovery time.

The first step that triggered this challenging situation was administering the anti-nausea drug, which can make older patients more susceptible to hospital-induced delirium. Sometimes called “sudden severe confusion,” delirium can affect even the most intelligent and high-functioning older patients. Fortunately, there is another effective way to provide older patients with the tools they need to remain active participants in their own healing process. The Hospitalized Elder Life Program (HELP) uses a small staff of geriatric specialists and a number of highly trained volunteers to keep the patients mobile and oriented.

HELP was developed by Dr. Sharon Inouye, then at the Yale University School of Medicine, because she saw that relatively simple interventions could make a tremendous difference to older patients. Now at more than 200 hospitals worldwide, HELP volunteers spend time with older patients each day, getting them up and walking, engaging them in therapeutic reminiscence, opening the vexing containers their food comes in, and massaging their hands and shoulders to help them sleep. A geriatric specialist also reviews charts and medication orders to assess the risk factors for every hospitalized patient over 70 years old.

First implemented at CPMC as a pilot program in 2011, HELP has already achieved a number of successes. HELP patients stay in the hospital an average of 8% fewer days than patients over 70 who are not in the program. The readmission rate for HELP patients is 25% lower than for those not in the program, and falls have been reduced 22%.

Dr. Inouye’s research has found that hospitals following the HELP protocols find measurable improvements to the level of care they deliver to all patients, to safety measures, and to patient and staff satisfaction. “HELP contributes to a culture change,” says Dr. Inouye. “Even staff members not formally involved in the program get trained just by watching the targeted interventions.” Thanks to this program, at CPMC’s Pacific Campus physicians are prescribing fewer sleeping pills and other narcotics, while nurses and other staff are interacting more with these patients.

Another benefit: HELP volunteers are so engaged by the meaningful contact with patients and by the clear success of the program that, since the program’s inception, very few of them have left. “This is the highlight of my week,” says volunteer Caroline White. “Learning how to be a receptive ear for someone, and to give them my undivided attention, feels like such a luxury.” Christie Navarro echoes this sentiment: “Unlike everywhere else in my life, I don’t have to rush when I’m working with HELP patients.” ✤

*The name was changed to protect the privacy of the patient.
Alex and Anna Lam were overjoyed last year to discover that they were expecting their third child. Even though they lived in Dublin in the East Bay, Anna planned to give birth at California Pacific Medical Center because “it offered the best care in the Bay Area.” But four months later, stress and worry took the place of excited anticipation. Halfway through Anna’s pregnancy, her perinatologist noticed a fetal bowel obstruction on her ultrasound, a potentially fatal condition for a newborn baby.

Two Hospitals, One Remarkable Team
By the seven-month mark, the issue wasn’t resolving itself, so Anna’s OB-GYN recommended that the couple speak to pediatric surgeon Claudia Mueller, M.D., Ph.D., medical director of California Pacific Medical Center’s joint venture with Stanford University’s Lucile Packard Children’s Hospital (LPCH).

LPCH is annually ranked as one of the nation’s best children’s hospitals by *U.S. News and World Report*. And thanks to the vibrant collaboration between the two leaders in pediatric care, Dr. Mueller is one of several LPCH doctors now at California Pacific who bring children highly specialized hospital care, including general surgery, urology, nephrology, orthopedics and neurology.

Dr. Mueller told the Lams that their baby would probably need surgery soon after birth to remove her intestinal obstruction—a harrowing notion for any parent—but they soon understood that they were in good hands. “It was a big surprise and we were panicked,” says Anna, “but we were relieved after we spoke with Dr. Mueller. She met with us for over an hour and explained everything. She also said we could call her anytime, even after hours.”

A Special Image
Dr. Mueller also recommended that Anna undergo a fetal MRI so that the Lams and their medical team could get a more accurate diagnosis and be better prepared for the surgery. Fetal MRIs are done only at children’s hospitals because they must be analyzed by radiologists trained in specialized techniques, so Dr. Mueller referred Anna to LPCH, where Radiologist-in-Chief Richard Barth, M.D., read Anna’s test. Once again, the partnership between LPCH and California Pacific made the procedure accessible for the Lams. For complex
“Madison had the smoothest possible course I could have imagined,” says Dr. Mueller. “She never looked sick, and I don’t foresee any future problems for her. Through CPMC’s collaboration with Packard Children’s, we can follow these families before and after surgery and provide this kind of continuity of care.”

The LPCH-CPMC team provide care for thousands of children each year, through 25+ pediatric specialty disciplines like cardiac, cancer, diabetes, emergency, epilepsy, autism, GI and others. Learn more at cpmc.org/pediatrics.

pediatric problems,” says Barth. “It has been excellent in forging physician relationships and improving the quality of care for both children and pregnant mothers.”

A Complicated Case
Ultimately, the fetal MRI was vital because it gave Dr. Mueller new information on the gravity of the baby’s condition and what she needed to do to resolve it. “The information showed a more complicated picture in that Anna and Alex’s baby had not just one blockage, but possibly more damage to the intestine,” explains Mueller.

Then in April, Anna gave birth to a girl named Madison. The very next day, Madison went directly into surgery, during which Dr. Mueller found an astounding 15 blockages. “It was the most I’d ever seen,” recalls Mueller. “Up until then the most I had treated was four obstructions in one patient.” To ensure Madison could keep as much of her small intestine as possible, Dr. Mueller made 10 separate repairs and sewed the intestine together.

Altogether, the surgery took four and a half hours to complete and would not have been possible without a multidisciplinary collaboration among Dr. Mueller, Anna’s OB-GYN, Madison’s neonatologist and gastroenterologist, and the California Pacific Neonatal Intensive Care Unit. “The entire team communicated with each other and worked well together, and the nurses were fantastic,” says Anna. “I was very emotional, and they provided a lot of comfort so that we understood what was going on. That relieved our stress because we knew the team was taking good care of our daughter.”

The Best Team in the Nation
Four weeks and one more operation later, Madison started eating normally, and within another three weeks, Anna and Alex brought her home.

“Madison had the smoothest possible course I could have imagined,” says Mueller. “She never looked sick, and I don’t foresee any future problems for her. Through CPMC’s collaboration with Packard Children’s, we can follow these families before and after surgery and provide this kind of continuity of care.”

“She’s like a normal, smiling, happy baby,” says Anna with awe. “If you didn’t know about her early issues, you wouldn’t even be able to tell that she’s already gone through two big surgeries. We’re incredibly grateful for the service provided by the LPCH-California Pacific partnership, and we’re convinced its team is the best in the nation.”
California Pacific Medical Center offers a wide variety of classes, events and support groups promoting a healthy lifestyle. See the reference key on the next page for contact information and locations (unless otherwise noted). Visit cpmc.org/classes for a full listing.

### Cancer

**Cancer Caregiver Support Group (CAN)**
- 4th Thursdays, 4–5 p.m.

**Look Good...Feel Better: For Women with Cancer (WHRC)**

**Lymphedema Education, Exercise & Prevention Group (CAN)**
- 3rd Wednesdays, 5:30-7 p.m.

**Liver Cancer Support Group (CAN)**
- 2nd Tuesdays, 2–3:30 p.m. Free.

**Melanoma Support Group (CAN)**
- 3rd Thursdays, 2–3:30 p.m.

**Gynecological Cancer Recovery Program (WHRC)**
- Call 415-600-0500 for dates and times.

**Ovarian & Reproductive Cancer Recovery Program (WHRC)**
- Call 415-600-0500 for dates and times.

**Walking Chi Kung for Cancer Patients (IHH)**
- 8 weeks: Saturdays, starting February 8, 7–8:15 a.m. Huntington Park, SF, Free.

**Chi Kung (IHH)**
- Free intro: Saturday, February 8, 9:30-11:30 a.m.
- 8 weeks: Mondays (Healing Harp Ensemble), starting January 27, 10-11:15 a.m. and Thursdays (Healing Harp Ensemble), starting January 30, 5:45-7:00 p.m. $295.

### Diabetes

**C A L I F O R N I A C A M P U S (D I A B):**

- **Adult Diabetes Education** (physician referral needed)
  - 415-600-0506
- **Type 1 and Type 2**
  - Individual and group sessions
  - Basic education
  - Advanced education
  - Carbohydrate counting
  - Insulin pumps
  - Continuous glucose monitors
  - Prediabetes-diabetes/preventing diabetes

- **Diabetes and Pregnancy Program (Sweet Success)**
  - Call 415-600-6388 for more information.

**Adult Support Groups**

- **Type 2—Living with Diabetes**
  - 11 a.m.-12:30 p.m., January 22, February 26, March 26.
- **Type 1—Insulin Pump Group**
  - 6-7:30 p.m., January 22, March 5

**Diabetes and Pregnancy Program (Sweet Success)**
- Call 415-600-6388 for more information.

**Pediatric Diabetes Education Program**
- Call 415-600-0750 for more information.

### General Health

**Facials (WHRC)**
- 75 min. $85; 90 min. $100.

**Glaucoma Education and Screening (CHRC)**
- Learn about risk factors, prevention, symptoms, diagnosis and treatment options. January 29, 11 a.m.–12:30 p.m. 2333 Buchanan St., Level A conference room.

**Health Consultations (WHRC)**
- Discuss menopause, osteoporosis, preparing for hysterectomy, mental health assessment and referral and/or nutrition. $60/hour.

**Long Term Care Insurance (CHRC)**
- This seminar will explain what long-term care is and costs. April 9, 5–6:30 p.m., 2333 Buchanan St., Enright Room

**Massage Therapy for Women and Men (WHRC)**
- 30 min. $40; 60 min. $70; 90 min. $90.

### Mind & Body Wellness

**Integrative Restoration (IHH)**
- 8 weeks: Wednesdays, starting February 26, 6:30-8:00 p.m. CEUs available. $195.

**Mindfulness-Based Stress Reduction (IHH)**
- 8 weeks: Mondays, starting January 27, 6:30-8:30 p.m. Daylong retreat Saturday, March 8. CEUs available. $325.
### Nutrition and Weight

**Cholesterol Education (CHRC)**
Learn how lifestyle factors and dietary habits can improve cardiovascular health. March 14, 2–3:30 p.m. 2333 Buchanan St., Level A Conference Room.

### Physical Fitness and Mobility

**Pilates Mat Classes (SWC)**
Mondays, 9–10 a.m. & 6–7 p.m.; Wednesdays, 6–7 p.m.; Fridays, 10–11 a.m.

**Total Body Fitness (SWC)**
Level I: Tuesdays 10–11 a.m., Thursdays, 3–4 p.m. Levels I & II, Saturdays, 10–11 a.m.

**Feldenkrais® (IHH)**
Free intros: Monday, January 6, 2-3:15 p.m. and Thursday January 9, 7–8:15 p.m. 10 weeks: Mondays, starting January 13, 2–3:15 p.m. and Thursdays, starting January 16, 7–8:15 p.m. $150.

### Pregnancy and Parenting

**Newborn Connections (NBC)**
- Big Brother, Big Sister Sibling Celebration
- Breastfeeding
- Childbirth Preparation
- Childbirth Preparation Express
- For Expectant Fathers Only
- Maternity Tour – available in English & Chinese
- Newborn Parenting
- Pain Relief Options: Ask the Anesthesiologist
- Prenatal Yoga: 6-Part Series
- Starting Solid Foods
- Transition to Parenthood: 3-part series
- Twins, Triplets and More!

**Childbirth Preparation (SLM)**
- Saturdays, 9 a.m.–2 p.m: January 11; March 08 en Español: Febrero 08, Abril 12 1580 Valencia St., Suite 508C
- 1st and 3rd Saturdays, 11:15 a.m.–12:30 p.m. Free.

**Postnatal Yoga for Parents and Babies (SLM)**
- 1st and 3rd Saturdays, 11:15 a.m.–12:30 p.m. Free.

**Prenatal Yoga (SLM)**
- Saturdays, 9:45–11 a.m. Free.

### Senior Health

**Fit for Life (SWC)**
Mondays, 10:30–11:15 a.m. Tuesdays, 2:30–3:15 p.m. Thursdays, 10:45–11:30 a.m. 2333 Buchanan St., Level A conference room.

**Memory Loss (BHC)**
- The Basics of Alzheimer’s
- Healthy Body, Healthy Brain: Alzheimer’s Education Class
- Know the 10 Signs of Alzheimer’s
- Maximizing Your Memory

**Yoga for Seniors (IHH)**
New students – 3 classes for $20.
Wednesdays, Chair Yoga, 11:30 a.m.–1 p.m., $110/10 class card; $14 drop-in.
Thursdays, Gentle Yoga, 9–10:30 a.m., $110/10 class card; $14 drop-in.

### Reference Key

**BHC = Brain Health Center**
provides patient care, education and research in the area of memory loss, dementia, and Alzheimer’s disease. 415-600-5555 Castro & Duboce, Level B cphmc.org/brainhealth

**CAN = Bryan Hemming Cancer Care Center**
offers patients a variety of helpful and compassionate care options in a caring environment. 415-600-3061 | 2351 Clay St. 1st floor | cphmc.org/cancer

**CHRC = Community Health Resource Center**
your resource for accessible health information and support. Classes offered on a donation basis. 415-923-3155 2100 Webster St., Room 106 cphmc.org/chrc

**DiAB = Center for Diabetes Services**
at California campus offers adults individual and group education sessions for type 1 and 2 diabetes self-management. 415-600-0506 3801 Sacramento Street, 7th Floor cphmc.org/diabetes

**DiAB* = Center for Diabetes Services - St. Luke’s Diabetes Center**
offers diabetes education for pregnant women and adults in English and Spanish. 415-641-6926 3555 Cesar Chavez St.

**IHH = Institute for Health & Healing**
classes teach fundamental tools for wellness and vitality. 415-600-1584 2040 Webster Street myhealthandhealing.org

**NBC = Newborn Connections**
offers education and resources for pregnancy, breastfeeding, and parenting, as well as a breastfeeding and baby boutique. 415-600-BABY 3698 California Street, 1st Floor cphmc.org/newbornconnections

**SLM = Maternity – St. Luke’s**
offers a variety of pregnancy and childbirth classes, as well as activities to supplement the care provided by your physician. 415-641-6911 3555 Cesar Chavez Street

**SWC = Sports Wellness Center**
where certified physical therapists are specially trained in sports and wellness programs. 415-600-5860 2360 Clay Street cphmc.org/sportswellness

**WHRC = Women’s Health Resource Center**
offers women’s health classes and support, and boutique for hair loss and breast needs. 415-600-0500 3698 California Street, 1st Floor cphmc.org/whrnc
CARING FOR THE WHOLE PERSON

Roberta Neustadter’s passion for making medical care available to all people began more than a half century ago as a volunteer for Sutter Health’s California Pacific Medical Center.

Now, through the Roberta E. Neustadter Mini Medical School in Integrative Medicine at CPMC’s Institute for Health & Healing, Roberta and IHH partner in providing education and healing services to thousands of patients and staff in and out of the hospital. These multidisciplinary perspectives, practitioners and modalities, all focused on the individual, create a holistic approach to illness and well-being.

We wish Roberta a very special 100th year in 2013.

Learn more about how you can invest in life-transforming work like this at cpmcf.org.
Thank you for making Wishes come true!

Together we raised nearly $1.4 million for health care in San Francisco. To view a gallery of images from this special evening, visit wishesforwellness.org.