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Bulletin



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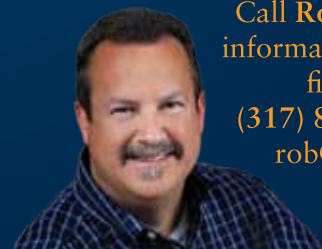
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The Bulletin is your magazine. Share your views by submitting reprints of your published articles; articles written expressly for *The Bulletin*; quips; short stories; brief comments; ideas; cartoons, etc.

Remember the *Indianapolis Medical Society Foundation* when planning your will. (Contribution form included in this issue.) Unless otherwise specified, your contribution will be directed toward medical scholarships.

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in this issue

Special Features

President's Page

We can offer support and guidance to patients
Richard H. Rhodes, MD..... 7

Senior/Inactives

Speaker: Jeff Rasley, JD
Philanthro-Trekking in the Nepal Himalayas
Richard H. Dick, MD..... 8

Did You Know ... (Obesity)..... 11

Honoring Ann Knight 12

Project Health

Contributions are now more than \$20 million
Carrie Jackson Logsdon, Director 14

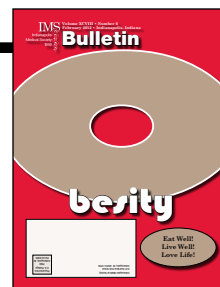
Special Feature

Obesity Facts..... 19

Departments

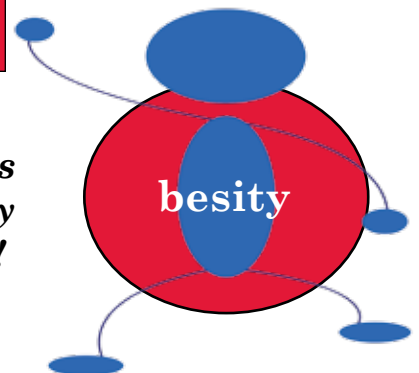
About Our Cover	5
Advertisers' Index.....	22
Bulletin Board.....	11
Classified Advertising.....	www.imsonline.org
CME & Conferences.....	20
IMS Foundation Form	22
IMS Leadership	18
In Memoriam.....	16
In Summary	22
New Members	12

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We can offer support and guidance to patients

One of the most common and most dangerous healthcare problems in the United States is obesity, where Indiana ranks 15th in the country with obesity rates of nearly 30 percent. In the last 25 years, obesity rates have more than doubled. Why? In a society that seems to value slimness to the extreme, why is obesity running rampant? The health problems are widely known and obviously seen, so why is America (and Indiana) fatter than ever?



There are many accepted causes of obesity. Genetics and health can contribute to a person's risk of obesity. The American Society for Metabolic and Bariatric Surgery's obesity fact sheet says that children's weights tend to be close to that of their parents, and that metabolic variation from person to person may point to varied weight gain and loss from person to person. Illnesses can cause weight gain, as can certain medications like contraceptives and anti-depressants. Psychological stress can also lead to weight gain. Overeating as a form of emotional displacement or as a defense or comfort mechanism is a common psychological response. However, what seems to be the most important and influential cause of obesity in America is environment and societal norms. Drs. Deborah A. Cohen and Thomas A. Farley make an argument in "Eating as an Automatic Behavior" in *Preventing Chronic Disease* that environment has a big effect on eating habits. If food is visible and within reach, a person is more likely to eat it, even if he or she is not hungry. People are likely to eat past the point of fullness if food remains on their plates. In a society that seems to value enormous portions, even of terrible food, this instinct is problematic.

The most obvious problems caused by obesity are those related to health. Obesity increases the instance of comorbidities. Some of the most common health problems that can result from obesity are type II diabetes, heart disease, sleep apnea, GERD, degenerative joint disease, chronic back pain, shortness of breath, chronic fatigue, and body aches. With these problems come greater unhappiness, increased dependencies on medicine to control the symptoms, and lower quality of life.

Return to a healthy weight has shown a dramatic reduction in these conditions and their symptoms.

Obesity is also economically costly. Obese people incur more medical costs than people of a healthy weight. More frequent doctors' visits, hospitalizations, and prescription drugs are all a costly side effect of obesity. Dangerously overweight people are statistically more likely to miss work due to health problems, minor or major, affecting their incomes. The cost of obesity is astronomical. The combination of healthcare costs

and potential lost wages are a personal economic strain. One treatment option that immediately comes to mind is bariatric surgery. Studies have shown that in the United States the cost of bariatric surgery is generally equivalent to the healthcare cost of two years of treatment of the side effects of obesity. Treatment is much more cost-

effective than maintaining the condition. While it is a very effective treatment for obesity, the surgery itself is just part of the treatment. Full treatment of obesity needs to include nutritional counseling and psychological support. Even with the physical changes that result from the surgery, support and guidance are still absolutely necessary for achieving and maintaining a healthy weight. A less drastic but wider-reaching treatment is societal, not personal. If environment and culture are two of the leading causes of obesity, then they are two areas that need to undergo major change. If junk food disappeared from schools and work places, if restaurant portions were decreased, even slightly, our caloric intake would be slashed. If eating is an automatic behavior more than a conscious one, then we need to remove the temptation and accessibility of unnecessary food. Bariatric surgery is an excellent treatment for qualified patients, but to put a stop to the epidemic there needs to be a shift in society's beliefs about and feelings toward food.

Obesity is an obvious problem here in Indiana, and changes need to be made to improve our health. Some changes can be personal, such as portion control or bariatric surgery. Some need to be made on a larger scale through increased education and support. As physicians, we can offer support and guidance to patients who are struggling with their weight, and help them find long-term solutions and healthier lives.





William H. Dick, MD

Speaker: Jeff Rasley, JD

Philanthro-Trekking in the Nepal Himalayas

Jeff Rasley is a most interesting gentleman, who hails from Goshen, Indiana. He went to college at the University of Chicago where he was awarded a Phi Beta Kappa. Later he graduated from Indiana University with a law degree. In addition, he earned a Master of Divinity from Christian Theological Seminary (CTS).



He was a self-employed attorney in Indianapolis for 30 years. His wry sense of humor is an important part of his personality. While Mr. Rasley spoke to us, dozens of slides were shown of the cities, villages, terraces and mountains. Many photos included the village people, especially the children.



Jeff became interested in Nepal when his wife showed him a hiking brochure for that country. Mr. Rasley is an avid trekker, mountain climber and kayaker. He first traveled to

Nepal in the 1995 and has been back on three more occasions, the latest one in October 2011.

Nepal is a land-locked country of 26 million, situated between China and India. The 500-year old monarchy came to an end in 2009. It is now a federal multiparty representative democratic republic. The capitol is Kathmandu, with a metropolitan population of 1.5 million. In the capitol, nearly half of the people are employed and there is a shortage of skilled labor.

Nepal contains eight of the ten tallest peaks in the world. Mountain climbing is dangerous. Avalanches do occur, of course, but more common is mountain sickness, which was encountered by Jeff this past October. It is highlighted by nausea, headache, dizziness and fatigue. It usually happens at elevations over 10,000 feet, though its occurrence is difficult to predict. At higher elevations, there is no change in the relation of oxygen to nitrogen. However, the number of molecules per volume of air decreases, so that symptoms may begin. At its worst, pulmonary edema or cerebral edema may occur.

One time Jeff and a few other people hiked up the mountains to the Bhasa Village. There they found a people who were happy in spite of a lack of running water, electricity, plumbing or use of the wheel. When asked what they needed, the villagers responded that what they would like is to have their children educated. Jeff learned of the philanthropy that the Hillary family had done. (Sir Edmund was the first to scale Mt. Everest in 1953). In 2003, Jeff met Sir Edmund's 84-year old sister in Nepal. Mr. Rasley vowed to add to their good work.

Nepal's height varies from 4,000 to 29,000 feet and is at the latitude of northern Florida. In the high mountains, it is much colder. It actually has five climatic regions, which vary with the altitude. The country is made-up mainly of farmers, who grow

millet, rice, wheat and corn on terraces. Most villagers keep chickens, a pig and a cow or water buffalo. For entertainment, they grow flowers and make them into gifts; gaze at the mountains; consume a local alcoholic drink and dance.

In the high elevations, live the Sherpa people, who are employed as porters, guides or cooks. They are small in stature and usually weigh no more than 125 lbs., yet they can carry 80-90% of their body weight. Most people practice the Hindu religion (80%), 10% are Buddhist, 4% are Islamic, with a few others. In southern Nepal arose a prince, Siddharta Gautema, known as the *Buddha* ("the enlightened one"). Most villagers actually practice a blend of the Hindu and Buddhist religions.

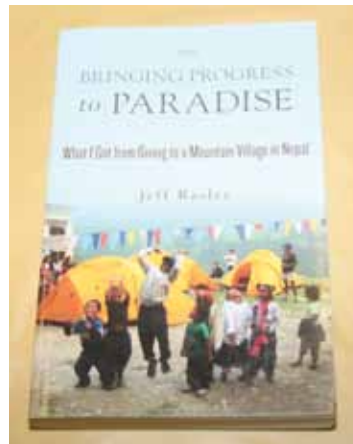
Mr. Rasley got to know people from the Nepal Trek Company, in the Bhasa village (altitude 7,000 feet) where the workers live. He initially raised funds totaling \$5,000 which was enough to fund a school with three grades and a teacher. Still needed is grades four through six, more teachers and a building. Both Nepali and English are taught at the school. Jeff did manage to arrange for hydroelectric power in the village. In addition, smokeless cook stoves replaced the old type. Electricity will allow for four light bulbs to be lit at the same time in a village home. In October 2011, five computers were delivered to the school.

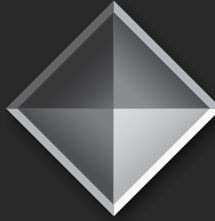
The Rai people living in the village have a very respectful attitude toward people (guests are treated with great hospitality) and recognize holiness in all things. The market town and a medical care clinic are a two-hour walk. Everything regarding distance is measured in time needed to walk to a place. Jeff emphasized that we should not give them things hoping that they become more like us. "Progress" should be defined by the villagers. He said that they need to be in control of their own capitol, labor and the right to manage their property.

Jeff is the U.S. representative for the Nepal-based Himalaya expedition company, Adventure Geo Treks. Mr. Rasley is coordinator of fundraising for the Bhasa village

project. He has now raised a total of \$20,000 for various projects in the village. A not-for-profit organization is being organized to fund further improvements for the village. Mr. Rasley has written several books and he brought copies of his 2010 book, *Bringing Progress to Paradise*.

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Bulletin Board

Michael S. Morelli, MD, Indianapolis Gastroenterology & Hepatology, discussed the latest information about digestive disorders and procedures that can alleviate such conditions at a Franciscan St. Francis Health Spirit of Women's All Right Now: Solving Digestive Disorders program. The program was held Wednesday, January 18, at the Indianapolis hospital's auditorium.

Two NWR radiologists presented again at this year's Radiology Society of North America (RSNA) conference. RSNA annually hosts the world's largest annual Radiology meeting in Chicago, publishes two highly respected peer-reviewed journals, offers opportunities to earn CME's, and provides research and education grants to attendees.

On November 29, 2011, **Vincent P. Mathews, MD**, board certified neuroradiologist and President and CEO of NWR, participated in a discussion on Radiology Compensation Plans. The physicians discussed different compensation plans for academic and private practices in the Radiology Leadership Series.

Also, in November, 2011, **Richard L. Hallett, MD**, board certified NWR Diagnostic Radiologist with a Certificate of Advanced Proficiency, Cardiac CT, presented course RC412, 'Vascular Diseases in Young Adults and Athletes.' This course was videotaped and offered online for CME credit, as well. RSNA records courses and makes them available to its members and other professionals interested in the topics covered.

Five cancer physicians from Indianapolis-based Community Health Network began seeing patients January 2 at the Cancer Care Center of Franklin-based Johnson Memorial Hospital.



Pablo M. Bedano, MD



Sumeet Bhatia, MD



Richard L. Hallett, MD



Vincent P. Mathews, MD



Michael S. Morelli, MD



Rick C. Sasso, MD



Radhika V. Walling, MD

The arrangement is part of the clinical collaboration the two hospital systems signed in March 2011. The new physicians are **Anuj K. Agarwala, MD**, (*photo unavailable*), **Pablo M. Bedano, MD**, **Sumeet Bhatia, MD**, **Hermachandra Venkatesh, MD**, (*photo unavailable*) and **Radhika V. Walling, MD**.

Rick C. Sasso, MD, Indiana Spine Group, served as a faculty member at the annual meeting of the Cervical Spine Research Society, which was held in Scottsdale, Arizona, December 8-10, 2011. He gave an invited lecture in the debate session, "Current Controversies in Posterior Cervical Reconstruction." In this symposium, Dr. Sasso lectured on "Foraminotomy for spondylotic radiculopathy." He also had four of his clinical studies presented as podium presentations dealing with the treatment of cervical myelopathy.

Dr. Sasso was the senior author in a manuscript, "Occipitocervical Fusion," published in the December 2011 special edition of the journal, *Orthopedic Clinics of North America*, entitled *Treatment of complex cervical spine disorders*.

Did You Know

Obesity is #2 (information provided by Get America Fit Foundation)

- Obesity is the #2 cause of preventable death in the United States
- 60 million Americans, 20 years and older are Obesity
- Nine million children and teens, ages 6-19, are Overweight
- Being Overweight or Obesity increases the risk of health conditions and diseases including: Breast Cancer, Coronary heart disease, Type II Diabetes, Sleep apnea, Gallbladder disease, Osteoarthritis, Colon cancer, Hypertension and Stroke

In 2004, the U.S. Centers for Disease Control and Prevention (CDC) ranked obesity as the number one health risk facing America.

Obesity currently results in an estimated 400,000 deaths a year in the United States and costs the national economy nearly \$122.9 billion annually.

Childhood Obesity affects more than 15 percent of the population under 18 years old that is classified as Overweight.

Obesity not only impacts lifestyle but can also lead to lower self-esteem, cause depression and discomfort in social situations, and significantly diminish quality of life. Obesity also increases a person's risk for developing serious obesity-related health conditions.

USA Obesity Rates Reach Epidemic Proportions

- 58 Million Overweight; 40 Million Obesity; 3 Million Morbidly Obesity
- Eight out of 10 over 25's Overweight
- 78% of American's not meeting basic activity level recommendations
- 25% completely Sedentary
- 76% increase in Type II Diabetes in adults 30-40 since 1990

Obesity Related Diseases

- 80% of Type II Diabetes related to obesity
- 70% of Cardiovascular disease related to obesity
- 42% breast and colon cancer diagnosed among Obesity individuals
- 30% of gall bladder surgery related to obesity
- 26% of Obesity people having high blood pressure

Obesity Related Disease Costs Overwhelm HealthCare System

- Type II Diabetes (\$63.14 Billion)
- Osteoporosis (\$17.2 Billion)
- Hypertension (\$3.23 Billion)
- Heart Disease (\$6.99 Billion)
- Post-menopausal breast cancer (\$2.32 Billion)
- Colon Cancer (\$2.78 Billion)
- Endometrial Cancer (\$790 Million)

Cost of Lost Productivity

- Workdays lost: \$39.3 Million
- Physician office visits: \$62.7 Million
- Restricted Activity days: \$29.9 Million
- Bed-Related days: \$89.5 Million

Childhood Obesity Running Out of Control

- 4% Overweight 1982 | 16% Overweight 1994
- 25% of all white children Overweight 2001
- 33% African American and Hispanic children Overweight 2001
- Hospital costs associated with Childhood Obesity rising from \$35 Million (1979) to \$127 Million (1999)
- New study suggests one in four Overweight children is already showing early signs of Type II Diabetes (impaired glucose intolerance)
- 60% already have one risk factor for heart disease

Surge in Childhood Diabetes

- Between 8% - 45% of newly diagnosed cases of Childhood Diabetes are Type II, associated with obesity.
- Whereas 4% of Childhood Diabetes was Type II in 1990, that number has risen to approximately 20%
- Depending on the age group (Type II most frequent 10-19 group) and the racial/ethnic mix of group stated
- Of Children diagnosed with Type II Diabetes, 85% are Obesity

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Project Health



Carrie Jackson Logsdon, Director

Contributions are now more than \$20 million

NEWS FLASH! Project Health's doctors, hospitals, and labs have contributed more than **\$20 million** in services to patients since we started taking patients in May of 2004! Obviously, none of this could have been accomplished without the hundreds of people who have donated to this worthy cause.

Project Health staffers tend to get very close to some families with the spouse or breadwinner undergoing chemotherapy. The brother of a woman (with cancer) and husband (with heart disease) offered to take a portrait of another family so they would have that keepsake. Another dear gentleman offered to do any kind of work that needs to be done around here. So this year we couldn't help it – in lieu of a gift exchange – Project Health and the IMS staff pitched in so that some of these families could have a *Merry Christmas*.

ABOUT THE PATIENTS - If you hear a rumor that Project Health cut its frivolous emergency room use to one-person all year – it's true. It has been less than 1% since 2006, but one-person? We didn't believe the numbers either until we double-checked everyone's work. In fact, if all the patients who told us they went to emergency rooms prior to Project Health continued this practice, the tab would be \$2,932,635. By teaching them the appropriate use of emergency rooms, each of the participating hospitals saved an average of \$938,667.

Project Health had 368 referrals in 2011, 127 were eligible, 247 were rejected because they qualify for Wishard Advantage, they live out of county, or we couldn't reach them after the initial contact. In our entire population, 43% are Hispanic, 20% African American and 37% Caucasian. Forty-seven percent did not earn a high school diploma, 30% did and 23% graduated college. Education stats have remained about the same every year. Transportation does not seem to be a barrier – 70% have their own car and 29% have a friend or relative drive them, leaving 1% with difficulties. However, 96% of the Hispanic patients say they need medical interpreters.

Ninety-percent of the Project Health patients are referred by community clinics. Another 8% are referred by volunteer physicians. The patients wait until their conditions are intolerable because 93% of them say they have no money. For prescriptions, 74% pay out of pocket through the \$4 co-pay plans at Wal-Mart, Target, Walgreens, and now, Marsh. Marsh is also giving away oral diabetes drugs to people with valid prescriptions. Twenty-five percent get their brand name drugs from physician samples.

Project Health patients' disease stats are:

- Asthma 9%
- Cancer 3%
- Diabetes 24%
- Depression 17%
- Heart Disease 5%
- Hypertension 20%
- Smokers 29% (national average is 21%)

We believe that the cancer numbers are actually higher. The patient might not come in with diagnosed cancer, but a few tests later they are diagnosed.

Ninety-nine-percent of the patients are either overweight or morbidly obese.

- less than 1% have BMI's under 25
- 40% have BMI's of 26-29
- 46% have BMI's of 30+
- 13% have BMI's over 40

Project Health defines all patients as the "working poor." Fifty-two percent of them work full time, 14% of them work part-time, and 34% do not have jobs. Of the unemployed, 5% have been unemployed more than three years and 95% have been unemployed 1-3 years. Of this group, 30% say they don't have insurance because they aren't working, 41% say they can't afford the insurance their companies offer, and with 29% the company doesn't offer insurance at all. Sixty-four percent say they've been without insurance more than three years, 2% say they've been without from 1-3 years and 34% say they have not had health insurance in a year.

Thanks to all of our doctors (some as far away as Florida) who made contributions. We are also extremely grateful for a \$50,000 grant from the Richard M. Fairbanks Foundation, a \$25,000 grant from I.U. Health, a \$30,000 grant from St. Vincent Hospitals, and a \$7,500 grant from Med-Pro. Thanks to these grants, Project Health is in much better financial shape for the remaining portion of this fiscal year.

All of the Project Health and IMS staff were sad to see Carol Stansifer retire "for good," and she has now been replaced with Brianna Lamoso, another brilliant, bilingual Butler graduate.

If you have any questions or comments, please phone Carrie at 317-262-5625 or email carrie@imsonline.org.

A belated Happy New Year!



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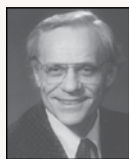


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In Memoriam



Martin Fundenberger, MD
1930 - 2011

Dr. Martin Fundenberger, 81, passed away on Saturday, December 17, 2011 in Lebanon, Indiana. He was born in Kleck, Yugoslavia on September 20, 1930. He came to America on December 21, 1949 with his parents.

Dr. Fundenberger resided in Chicago, Illinois, working as a tailor for Kuppenheimer Clothing Store until choosing to serve his country, as a platoon sergeant 1st class, during the Korean War from September 1951 thru July 1953. Dr. Fundenberger was an honor student at Camp Breckenridge and the top-ranking soldier in leadership training. He was awarded the Purple Heart during his service in the military.

He attended the University of Loyola and graduated from the University of Illinois in June 1956. He graduated from the St. Louis University School of Medicine in June 1960. He had a surgical internship and residency at the St. Louis University Department of Ophthalmology and completed his ophthalmology residency at Indiana University in Indianapolis in 1964. He actively practiced ophthalmology in Indianapolis until his retirement in 1992. He was a member of the American Medical Association, and the Indiana and American Academies of Ophthalmology, as well as the Phi Rho Sigma Fraternity.



Peter H. Cahn, MD
1932 - 2011

Dr. Peter H. Cahn, died on December 18, 2011. Dr. Cahn was born in Witten, Germany on March 28, 1932. His family left Germany in February, 1938, before World War II.

Dr. Cahn was a graduate of Shortridge High School and received his Bachelor of Arts degree from Indiana University in Bloomington with honors, which included Phi Beta Kappa and the I.U. Medical School with honors in Alpha Omega Alpha. After completing his internship at Philadelphia General Hospital he served as a Flight Surgeon in the United States Air Force. Dr. Cahn attended Ohio State University where he completed a residency in Ophthalmology. He was in private practice from 1963 until 1999.

He taught residents and medical students at Indiana University's Department of Ophthalmology beginning in 1964 and eventually became a Clinical Professor in 1977.

While phasing out of private practice he became Acting Chief of Ophthalmology at the Roudebush Veterans Medical Center and attending Staff Physician at Wishard Hospital Department of Ophthalmology. He retired from the I.U. Faculty in 2004.

Dr. Cahn was a member of the American Academy of Ophthalmology and served on the Commission of Professional Affairs of the Indianapolis Medical Society.



Charles Jackson Van Tassel, Jr., MD
1922 - 2012

Dr. Charles Jackson Van Tassel, Jr., passed away January 4, 2012, after a long and courageous battle with prostate cancer.

Dr. Van Tassel was born April 1, 1922 in Indianapolis. He attended Shortridge High School (1940) and he graduated from Wesleyan University in Middletown, Connecticut (1943) and then attended IU Medical School (1946). Dr. Van Tassel completed residencies in Pathology and Surgery at St. Vincent Hospital and Urology at IU Medical School.

He started his career in the military as Chief of Urology with the US Army as a Captain at Camp Cooke, California and Camp Atterbury, Indiana and was discharged in 1953.

Dr. Van Tassel had his private practice in urology, which began in 1953 where he maintained an office at the Hume Mansur Building until 1972. He then started the practice Van Tassel-Holland Urology until it joined Associated Urologists, Inc. He retired in 1998.

Dr. Van Tassel helped make history at St. Vincent Hospital. He was a key part of the move from the original location of St. Vincent at Fall Creek to 86th Street. He served as Chairman of Urology for 30 years and during his tenure as President of the Medical Staff and Chairman of the Executive Committee, he helped facilitate the start of the cardiac surgery program at St. Vincent.

He served as a member of the Board of Directors for the Indianapolis Medical Society from 1966 until 1969.

Dr. Van Tassel's dedication to medical students is reflected in thirty plus years of service on the IU Medical School Admissions Committee and his years of service as a Clinical Professor of Urology at the IU Medical Center. He received the American Medical Association's Physician Recognition Award three times, the Otis R. Bowen Distinguished Leadership Award (1995), the Indiana University Distinguished Alumni Award (1996), the St. Vincent Distinguished Physician Award (1997), and the J. O. Ritchey Award from the J.O. Ritchey Society of the Indiana School of Medicine (2009).



Robert M. 'Bob' Armer, MD
1929 - 2012

Robert 'Bob' M. Armer, MD, 83, of Indianapolis and Hollywood, Florida, died January 8, 2012. Dr. Armer was born on January 1, 1929 in Indianapolis.

Dr. Armer was a graduate of Indiana University and Indiana University Medical School. He interned at IU Medical Center and served a residency in Pediatrics there as well. Dr. Armer completed a fellowship in Pediatric Cardiology at the IU Medical Center.

A veteran, Dr. Armer served from 1946 until 1948.

Dr. Armer practiced in Indianapolis for more than 50 years. He was honored as a member of the 50 Year Club in 2005.

Honor Your Colleagues

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Use the handy contribution form on page 22 or phone Beverly Hurt, EVP, at **639-3406**



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*Appointed from the President's Advisory Council

Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

Linda Feiwell Abels (2012)
Christopher D. Bojrab (2012)
Kathy S. Clark (2012)
John C. Ellis (2012)
Alan R. Gillespie (2012)
Robert J. Goulet, Jr. (2012)
C. William Hanke (2012)
Gerald T. Keener, Jr. (2012)
David H. Moore (2012)
Robert Michael Pearce (2012)
J. Scott Pittman (2012)
Bridget M. Sanders (2012)
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Alternate Delegates to the State Convention, September 14-16, 2012, Indianapolis JW Marriott

The year shown in parentheses indicates year in which the term expires following the conclusion of the ISMA Annual Convention.

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John Duplantier (2012)
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Norrissa N. Howard (2012)
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Patrick J. Lotti (2012)
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David M. Ratzman (2012)
Jeffrey M. Rothenberg (2012)
Beata E. Samuel (2012)
Steven Richard Smith (2012)
Abideen Yekinni (2012)

Robert J. Alonso (2013)
David S. Batt (2013)
Daniel J. Beckman (2013)
Craig S. Cieciora (2013)
Marc E. Duerden (2013)
Brian W. Haag (2013)
Mark M. Hamilton (2013)
Andrew A. Johnstone (2013)
Jeffrey J. Kellams (2013)
Frank P. Lloyd, Jr. (2013)
Andrew L. Morrison (2013)
David L. Patterson (2013)
Kenny E. Stall (2013)
Ronald L. Young, II (2013)

Joseph S. Buckley (2014)
William C. Buffie (2014)
Brian D. Clarke (2014)
Robert E. Dicks (2014)
Doris M. Hardacker (2014)
Douglas J. Horton (2014)
Daniel E. Lehman (2014)
Ramana S. Moorthy (2014)
Maria C. Poor (2014)
Philip W. Pryor (2014)
Jason E. Rieser (2014)
Steven M. Samuels (2014)
Kenneth N. Wiesert (2014)

Indiana State Medical Association Past Presidents

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Peter L. Winters, 1997-1998
William H. Beeson, 1992-1993
George H. Rawls, 1989-1990
John D. MacDougall, 1987-1988
George T. Lukemeyer, 1983-1984
Alvin J. Haley, 1980-1981

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Marc E. Duerden (2014)

Special Feature – Obesity Facts

Overweight and Obesity: At a Glance from the Office of the Surgeon General

The Facts about Overweight and Obesity

- 61% of adults in the United States were overweight or obese (BMI > 25)* in 1999.
- 13% of children aged 6 to 11 years and 14% of adolescents aged 12 to 19 years were overweight* in 1999. This prevalence has nearly tripled for adolescents in the past 2 decades.
- The increases in overweight and obesity cut across all ages, racial and ethnic groups, and both genders.
- 300,000 deaths each year in the United States are associated with obesity.
- Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders, such as depression.
- The economic cost of obesity in the United States was about \$117 billion in 2000.

Health Disparities

Based on national survey data collected between 1988 and 1994:

- The prevalence of overweight and obesity increases until about age 60, after which it begins to decline.
- In women, overweight and obesity are higher among members of racial and ethnic minority populations than in non-Hispanic white women.
- In men, Mexican Americans have a higher prevalence of overweight and obesity than non-Hispanic whites or non-Hispanic blacks. The prevalence of overweight and obesity in non-Hispanic white men is greater than in non-Hispanic black men.
- 69% of non-Hispanic black women are overweight or obese compared to 58% of non-Hispanic black men.
- 62% of non-Hispanic white men are overweight or obese compared to 47% of non-Hispanic white women. However, when looking at obesity alone (BMI > 30)*, slightly more non-Hispanic white women are obese compared to non-Hispanic white men (23%; 21%).
- For all racial and ethnic groups combined, women of lower socioeconomic status (income < 130 percent of poverty threshold) are approximately 50% more likely to be obese than those of higher socioeconomic status.
- Mexican American boys tend to have a higher prevalence of overweight than non-Hispanic black or non-Hispanic white boys.
- Non-Hispanic black girls tend to have a higher prevalence of overweight than Mexican American or non-Hispanic white girls.
- Non-Hispanic white adolescents from lower income families experience a greater prevalence of overweight than those from higher income families.

Causes of Overweight And Obesity

- Overweight and obesity result from an imbalance involving excessive calorie consumption and/or inadequate physical activity.
- For each individual, body weight is the result of a combination of genetic, metabolic, behavioral, environmental, cultural, and socioeconomic influences.
- Behavioral and environmental factors are large contributors to overweight and obesity and provide the greatest opportunity for actions and interventions designed for prevention and treatment.

Physical Activity and Inactivity

- It is recommended that Americans accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most

days of the week. More may be needed to prevent weight gain, to lose weight, or to maintain weight loss.

- Less than 1/3 of adults engage in the recommended amounts of physical activity.
- Many people live sedentary lives; in fact, 40% of adults in the United States do not participate in any leisure time physical activity.
- 43% of adolescents watch more than 2 hours of television each day.
- Physical activity is important in preventing and treating overweight and obesity and is extremely helpful in maintaining weight loss, especially when combined with healthy eating.

Statistics are from ObesityInAmerica.org

Below are public health agencies and organizations monitoring and researching the epidemic of obesity and related diseases.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is the nation's top agency that works to prevent and control disease including obesity. On its website, the CDC has the latest statistics on obesity trends among adults, children and adolescents in the United States. It also provides a state-by-state breakdown of Obesity's economic impact on the U.S. health care system as well as an interactive map illustrating the growth of obesity in the U.S. since 1985.

Weight-control Information Network

Weight-control Information Network (WIN) is a national information service of the National Institute of Diabetes and Digestive Kidney Diseases (NIDDK) – the primary organization for research on obesity within the National Institutes of Health (NIH). WIN provides up-to-date, science-based information on weight control, obesity, physical activity, and related nutritional issues, including statistical information on the prevalence of obesity as well as the latest figures on the economic costs of the disease.

National Center for Health Statistics

The National Center for Health Statistics (NCHS) is the United States' principal health statistics agency. A part of the CDC, NCHS collects and produces data related to obesity, and its website lists recent studies that include data on the connection between sleep and obesity, the prevalence of obesity among adults and among children and adolescents. NCHS also has a statistics section on Obesity and Overweight conditions.

World Health Organization

The World Health Organization (WHO) is working to prevent and monitor the global epidemic of overweight and obesity. WHO's website has the most recent statistics and facts regarding the global spread of obesity. Their site also has a database that provides the BMI for each country around the world and a link to WHO's latest studies and publications on obesity and related chronic diseases.

American Obesity Association

The American Obesity Association (AOA) is one of the nation's premier public policy advocates for combating and curing obesity. AOA's website is filled with the latest data and figures on a myriad of obesity-related topics, including obesity trends in the U.S., morbid obesity, and statistics regarding obesity in minority populations and women. The AOA also has information about consumer protection issues and health effects related to obesity.

See *In Summary*, page 22, for local health clubs

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CME & Conferences

Community Health Network

Community Hospital East

First
Wednesday Critical Care Conference
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Second
Wednesday Medical Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.

Third
Wednesday Neuro Grand Rounds
Medical Staff Conf. Room, 12:00 - 1:00 p.m.
Months of January, March, May, July, September, November

Community Hospital South

Fourth
Thursday Medical Grand Rounds
Conf. Rooms A & B, 7:30 - 8:30 a.m.

Community Hospital North

First
Wednesday Pediatric Grand Rounds
Multi Services Rooms 1, 2 and 3
7250 Clearvista Dr. 7:30 - 8:30 a.m.

First
Friday North Forum
Reilly Board Room; 12:00 - 1:00 p.m.

Community Heart & Vascular/ Indiana Heart Hospital

First
Wednesday Disease Management Conference:
rotates CHF & EP Case Presentations
TIHH MCV Boardroom Videoconference to
CHVp South Conf. Rm. 7:00 - 8:00 a.m.

Third
Wednesday Ken Stanley CV Conference
TIHH MCV Boardroom Videoconference to
CHVp South Conf. Rm. 7:00 - 8:00 a.m.

Fourth
Wednesday Imaging Conference:
rotates Cath & Echo Case Presentations
TIHH MCV Boardroom Videoconference to
CHVp South Conf. Rm. 7:00 - 8:00 a.m.

Cancer Conferences 2011

Community Hospital East:

First
Tuesday East General Cancer Conference
Medical Staff Conf. Room, 12:00 to 1:00 p.m.

Second
Wednesday East Chest Cancer Conference
Cancer Registry Conf. Room, LL 22,
7:00 to 8:00 a.m.

Community Hospital North

First & Third
Tuesday North Multidisciplinary Breast Conference
8040 Clearvista Parkway, Suite 500, 7:00 - 8:00 a.m.

Third
Wednesday North General Cancer Conference
Reilly Board Room, 12:00 to 1:00 p.m.

Fourth
Wednesday North Chest Cancer Conference
Reilly Board Room, 7:00 to 8:00 a.m.

Community Hospital South

Second
Monday South Chest Conference (site specific-lung)
Education Center Rooms 5&6, 7:00 - 8:00 a.m.

First
Wednesday South Multidisciplinary
Breast Cancer Conference
Community Breast Care Center South,
533 E. County Line Rd., Ste. 101, 8:00 - 9:00 a.m.

Third
Wednesday South General Cancer Conference
President's Board Room, 12:00 to 1:00 p.m.

North Cancer Pavilion

Third
Wednesday Melanoma Cancer Conference
CHN Cancer Pavilion Conf. Rm., 7:30 to 8:30 a.m.

For more information, contact Valerie Brown, (317) 355-5381.

Indiana University School of Medicine/ Indiana University Health

IU – Methodist – Riley

Feb. 24 35th Annual Arthur B. Richter Conference
Ritz Charles Banquet Facility, Carmel, Indiana

Feb. 25 Review and Interpretation of the 2011 San Antonio
Breast Cancer Symposium
University Place Conference Center, Indianapolis

May 4 15th Annual IU Gastroenterology/Hepatology Update
Indiana History Center, Indianapolis

July 20 Review and Interpretation of the 2012 ASCO Meeting
University Place Conference Center, Indianapolis

Course dates and locations are subject to change. For more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

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We have more than 100 recurring meetings available. For a listing or more information, please visit <http://cme.medicine.iu.edu> or call 317-274-0104.

JWM Neurology

Saturday, March 10, 2012

“Neurology Connection 2012” Seminar for Physicians

This half-day course covers 9 topics relative to neurologic conditions and sleep disorders. For more information contact JWM Neurology at 317-308-2828 ext., 1604.

Indiana Psychiatric Society

2012 3rd Annual Tri-State

Integrative Mental Health Conference

April 20-22, 2012

West Baden Springs Hotel, West Baden Springs, Indiana

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This conference will offer interactive session on EHRs, as well as discussions on social media and technology, addiction, dual diagnosis, DSM 5, community health center update and more. Includes national speakers.

Visit www.pdallc.com for more information or to register.

Regular rate in effect until March 31, 2012. Late fee applies for registration after March 31.

*Please submit articles, comments for publication,
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CME and other information to
mhadley@imsonline.org
by the first of the month preceding publication.*

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CME & Events

Indianapolis Medical Society

February

- 13-14 AMA Presidents' Forum, Sun., 4-6:30 p.m.; continues Mon., from 7:30 a.m.-1 p.m., Grand Hyatt, Washington, D.C.
- 14-15 National Advocacy Conference (NAC), David Gergen, senior political analyst for CNN; same location
- 21 Executive Committee, Society, 6:00 pm, Sandwiches. Nominating Committee following

March

- 14 Senior/Inactive Luncheon, Society, 11:30. Speaker TBA
- 18 IMS Advisory Breakfast, 7:30 am ... prior to BOT
- 18 ISMA BOT, 9:00 am, ISMA Headquarters
- 20 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg. HAPPY DOCTOR'S DAY!
- 30

April

- 17 Executive Committee, Society, 6:00 pm, Sandwiches
- 25 Administrative Professional's Day (aka Secretaries' Day)

May

- 15 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg
- TBA MSE Board Meeting, Society, 6:15 pm, Sandwiches

June

- 6 ISMA BOT, 1:00 pm, ISMA Headquarters
- 13 Senior/Inactive Luncheon Meeting, 11:30 am, Society
- 16-20 AMA House of Delegates Annual Meeting, Chicago, IL
- 19 Executive Committee, Society, 6:00 pm, Sandwiches
- TBA Project Health Board Meeting, Society, 6:00 pm, Light Meal

July

- 17 IMS Board, Society, 6:00 PM, Social; 6:30 pm, Dnr/Mtg

August

- 21 Executive Committee, Society, 6:00 pm, Sandwiches

September

- 12 Senior/Inactive Luncheon Meeting, Noon, Society, Speaker TBA
- 14 ISMA BOT, 12:30 pm, Indianapolis JW Marriott
- 14-16 ISMA CONVENTION, NEW MARRIOTT HOTEL
- 18 IMS Board, Society, 6:00 pm, Social; 6:30 pm, Dnr/Mtg

October

- 16 Executive Committee, Society, 6:00 pm, Sandwiches

November

- 4 IMS Advisory Breakfast, 7:30 am ... prior to ISMA BOT
- 4 ISMA BOT, 9:00 am, ISMA Headquarters
- 10-13 AMA House of Delegates, Honolulu, Hawaii
- 20 ISMA Board of Trustees, 9:00 am, state headquarters

December

- 12 Senior/Inactive Luncheon Meeting, Noon, Society TBD
- 18 Executive Committee Holiday Dinner, with Spouses/Guests

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Your members' copy of the 2012 IMS Pictorial Roster should have reached you by now. If not, please phone the IMS at 639-3406 to let us know.

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Advertisers' Index

Circle of Friends.....	Praesentia LLC
Air Travel Group Insurance	17
Center for Pain Management	10
Diamond Capital Management	9
DocBookMD	15
Goodman Campbell Brain & Spine	13
Medical Society Exchange	23
IC System	21
IMM/ICD.....	12
IndyAutoShopper	12
ISMA Insurance Agency	9
The Marina Limited Partnership.....	3
Medical Society Exchange	23
The National Bank of Indianapolis.....	15
Northwest Radiology Network.....	24
Practice Billing.....	21
Praesentia LLC.....	12
St. Vincent Carmel Upright MRI.....	2
Staples®	4
Star Financial Bank	6
Superior Linen Service.....	21
Transworld Systems	12
Urology of Indiana	19

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