MARYLAND’S HEALTH MATTERS

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HOPE FOR A HEALTHY LIFE
UM Capital Region Health bariatric patient Chiquita Lane shows off her 121-pound weight loss after vertical sleeve gastrectomy.

NOTICE: All photographs taken during the COVID-19 pandemic were produced using appropriate prevention measures, including physical distancing and masking when distancing was not possible. Photographs without these measures in place were taken prior to the COVID-19 pandemic. During this time, we are taking extra steps to ensure your safety when you walk through our doors. According to the University of Maryland Medical System’s Universal Masking Policy, everyone must wear a mask inside at all times in UMMS facilities.

Maryland’s Health Matters is published by the Communications & Marketing office at University of Maryland Capital Region Health. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.
WE ARE READY TO CHANGE UP HEALTHCARE IN PRINCE GEORGE’S COUNTY

The June opening of the new University of Maryland Capital Region Medical Center in Largo marks a new era of health care in Prince George’s County and the surrounding area. The new medical center delivers on a promise to provide safe, quality and the compassionate care our community deserves.

The excitement and anticipation that comes with opening a state-of-the art hospital offers us a unique opportunity to transform ourselves and change up how we keep our community healthy and meet their health care needs.

In the coming weeks you will hear more from us. We will be talking about our new hospital, UM Capital Region Medical Center, the care we provide and how we plan to improve the health of the communities we are privileged to serve.

More to come and we are excited about the journey that lies ahead.

Nathaniel Richardson, Jr, President and Chief Executive Officer

8 Ways to Reduce Your Diabetes Risk

DIABETES IS A CHRONIC CONDITION THAT AFFECTS MORE THAN 34 MILLION PEOPLE IN THE US—20% OF THEM UNDIAGNOSED.

DIAGNOSED DIABETES CAN be managed, but it’s better to avoid the condition if possible. Here are healthy lifestyle choices you can make to reduce your risk:

1. **Check your glucose level.** A blood glucose test will tell you whether you have diabetes or prediabetes.
2. **Eat a healthy diet.** Keep your weight in check by reducing calories and saturated fats. Choose more vegetables, fresh fruits, whole grains and low-fat dairy products.
3. **Stay active.** A healthy lifestyle includes regular exercise. Walking is a simple and easy way to get moving.
4. **Don't smoke.** People who smoke nearly double their chances of developing diabetes.
5. **Limit alcohol.** Heavy drinkers are more prone to gain weight, and obesity increases the risk of diabetes.
6. **Get enough sleep.** Adequate sleep will keep your energy levels high all day. Aim for at least seven to eight hours.
7. **Manage stress.** Feeling stressed can lead to unhealthy habits.
8. **Know your numbers.** Get regular checkups and talk with your health care provider about ways to manage any conditions, such as hypertension and high cholesterol.

To learn more about diabetes care at UM Capital Region Health, visit umms.org/capital/health-services/diabetes.
Welcome,
NEW PHYSICIANS

CHARLES J. FOX, MD, FACS
Dr. Fox, associate professor at University of Maryland School of Medicine, Division of Vascular Surgery and with duties at the R Adams Cowley Shock Trauma Center, has joined the Vascular Care department in the UM Capital Region Health Medical Group. Dr. Fox is a well-regarded vascular surgeon with an academic interest in vascular trauma care. He graduated with distinction from the George Washington University School of Medicine. Dr. Fox completed his postgraduate training at Walter Reed Army Medical Center in Washington, DC, in both general and vascular surgery. Dr. Fox is a retired U.S. Army Lieutenant Colonel and former program director for vascular surgery training at Walter Reed Army Medical Center. He is a Bronze Star Medal recipient for military service in Iraq and Afghanistan.

Learn more about Heart and Vascular Institute services at umcapitalregion.org/hvi.

BRIANA WALTON, MD, MPS BAD, FACOG
Dr. Walton joined the Women’s Health services department in the UM Capital Region Health Medical Group. Dr. Walton specializes in urogynecology, which combines expertise in gynecology and female urology and focuses on the diagnosis and treatment of pelvic floor disorders. She helps women with conditions that involve what she calls the “three Bs”: bladder, bowel and bulges. Dr. Walton is a graduate of the University of Cincinnati College of Medicine, where she also completed her postgraduate training. She completed her fellowship training at Harvard Medical School. Dr. Walton works with each patient to develop an individualized care plan that identifies the patient’s goals and how to achieve them. She offers surgical and non-surgical solutions to help her patients regain and maintain their quality of life.

Learn more about Women’s Health services at umcapitalregion.org/womenshealth.

EMPOWERING NURSES

VANZETTA V. JAMES, DNP, MS, MBA, RN, CCRN-K, NEA-BC, WAS APPOINTED CHIEF NURSING OFFICER AT UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH.

Dr. James’ leadership challenges all nurses to continuously evolve their clinical skills to meet the community’s health care needs while preparing to move into a new state-of-the-art-hospital facility in Largo in June 2021.

Dr. James shared the following thoughts:

HOW WOULD YOU DESCRIBE YOUR EXPERIENCE SO FAR?
My passion for nursing is a calling, not just a profession. Here, I have the opportunity to work with many individuals who care about people and improving their well-being. Nursing is a work of heart that combines the art of compassion with the science of healing.

WILL YOU BE HIRING NEW NURSING STAFF WHEN YOU MOVE INTO THE NEW HOSPITAL IN LARGO?
Nurses are always in high demand. Don’t wait for the move to apply for a nursing position. We are hiring now. Our recruiters are actively seeking candidates. I encourage interested nurses who resonate with our mission and values to check our website for openings.

WHAT SHOULD WE KNOW ABOUT YOU?
I am a dedicated and passionate leader. I encourage nurses to remember why they entered the profession. Professionalism in nursing means continuous learning and improvement of skills, knowledge and abilities.
PLAQUE BUILDUP INSIDE of your arteries can cause peripheral artery disease (PAD), which, if left untreated, can lead to serious health conditions. Preventing plaque accumulation in your arteries is one of the most efficient ways to prevent PAD. Making these lifestyle changes will help you maintain good cardiovascular health and prevent PAD. If you suspect you may have PAD, these changes can also help alleviate your symptoms.

1. Butt out. One of the major PAD risk factors is smoking, according to the American Heart Association. Don’t smoke, and if you do, take steps to quit.

2. Cut the fat. An unhealthy diet can increase your cholesterol levels and your PAD risk. Reduce the amount of saturated and trans fats in your diet to help lower your cholesterol.

3. Get moving. Regular physical activity can help lower your blood pressure and cholesterol levels, both of which can increase your risk of PAD if they are too high. Aim for approximately 30 minutes of moderate activity each day.

4. Say goodnight. Regular sleep helps your body repair your heart and blood vessels. Most adults need roughly eight hours per night.

5. Ask for help. Your primary care provider can offer guidance on how to maintain your cardiovascular health.

Need a primary care provider? Visit umcapitalregion.org/primarycare.
WEIGHT LOSS SURGERY AT UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH CAN HELP YOU MAKE LASTING, LIFELONG CHANGES.

C.T., A 46-YEAR-OLD businesswoman, had been trying to lose weight for 25 years. She tried numerous diets—from keto to cabbage soup to intermittent fasting—without results before she checked into bariatric surgery services at UM Capital Region Health.

“I had always been health-conscious, but I had a hard time bouncing back after celebrations or cheat days,” she said. “Plus, I would eat less than the people around me and still gain weight.”

Another patient, S.S., a 50-year-old childcare worker, had a similar experience with yo-yo dieting. Despite her best efforts, her weight loss never seemed to last.

“About four years ago, I tried exercising and changing my eating habits,” she said. “I was able to lose 60 pounds before eventually gaining it back.”

If you struggle with weight loss, like these women, you’re not alone. Several patients at UM Capital Region Health have similar stories. Many people with obesity have lost weight and regained it, or struggled to lose any weight at all. It’s not because you aren’t trying. When your body mass index (BMI) is higher than 35, treating obesity and staying a normal weight are incredibly difficult tasks—less than 1% of people are able to lose significant amounts of weight and keep it off, according to the American Society for Metabolic and Bariatric Surgery.
WHY BARIATRIC SURGERY?
When coupled with a healthy lifestyle, bariatric surgery can help patients with a BMI of 40 or higher lose weight and keep it off. Patients with a BMI of 35 and other obesity-related health conditions, such as diabetes, high blood pressure or sleep apnea, may also see their health conditions improve after surgery.

“We spend a lot of time with our patients before surgery,” said Marc S. Rickford, MD, FACS, medical director of the bariatric program at UM Capital Region Health. “It gives us a lot of familiarity with their needs and goals.”

Dr. Rickford and his multidisciplinary team at UM Capital Region Health look at all aspects of a patient’s well-being before moving forward. Every patient meets with a nutritionist to discuss healthy eating habits and a psychologist to discuss the emotional aspects of weight loss. Some patients meet with gastroenterologists, sleep specialists or other doctors to evaluate obesity-related conditions.

“I want every patient to undergo surgery in the best possible health,” Dr. Rickford said. “That’s why we spend so much time with patients before surgery. It’s an opportunity to set them up for success.”

That opportunity is also what made Dr. Rickford choose bariatric surgery as his specialty. Dr. Rickford graduated from Howard University College of Medicine in 1996 and became board-certified in general surgery in 2005. He valued the way bariatric surgery gave him a chance to help his patients reach their long-term goals.

“I tell every patient the minute they come through my door, they’re patients for life,” he said. “That relationship is integral to bariatric surgery’s success.”

WHAT MAKES BARIATRIC SURGERY WORK
UM Capital Region Health performs two main types of bariatric surgery:

- **Gastric bypass**, in which the surgeon creates a smaller stomach pouch and bypasses part of the small intestine, helping the patient absorb fewer calories. This procedure is considered the gold standard for bariatric surgery; patients can lose up to 70% of excess weight within the first year.
- **Sleeve gastrectomy**, in which the surgeon removes about eight-tenths of a patient’s stomach, leaving a much smaller pouch. Patients who undergo sleeve gastrectomy often lose about 50% of their excess weight within the first year.

Dr. Rickford performs each weight-loss surgery using minimally invasive techniques. Each surgery requires only four to five small incisions in the patient’s abdomen. This means shorter healing time, lower infection risk and less post-operative pain.

“Fundamentally, all of the procedures accomplish similar things, but in different ways,” Dr. Rickford said. “Each surgery limits the amount of food a patient can eat. It also changes the gut hormones, reducing how often patients feel hungry.”

CHOOSING A PATH
Finding the right bariatric surgery for you is essential to your success. Dr. Rickford takes care to explain the risks and benefits of each surgery to his patients to help them make a healthy decision. This practice stood out to D.T, a 50-year-old hairstylist who had been approved for bariatric surgery four times before her visit to UM Capital Region Health.

“One of my previous doctors recommended one type of surgery for me, but I was worried it wasn’t the best choice,” she explained. “I told the doctor my concerns. He said if one surgery didn’t work, I could come back for a different one. I didn’t want to do that.”

In contrast, Dr. Rickford told D.T. which procedures he recommended for her and why. He discussed her goals and listened to her concerns. Together, they agreed a sleeve gastrectomy was the best choice.

SUCCESS AFTER SURGERY
As many of Dr. Rickford’s patients will tell you, your weight-loss journey does not end when you leave the hospital.

“I tell every patient the minute they come through my door, they’re patients for life. That relationship is integral to bariatric surgery’s success.”

—MARC S. RICKFORD, MD, FACS, MEDICAL DIRECTOR OF THE BARIATRIC PROGRAM AT UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH
“I FEEL UNSTOPPABLE.”

Recovering from a stroke motivated Chiquita Lane, 40, to commit to more change. Her sleeve gastrectomy surgery was originally scheduled for July 11, 2019, but Dr. Rickford pushed it to Oct. 17 for health concerns.

“I feel like I can really live now instead of just existing,” said Lane, who has lost 121 pounds so far. “I feel unstoppable. My ideal self is attainable, and surgery helped me realize that.”

After her stroke, Lane says she felt she had been given a second chance at life. After her bariatric surgery, she feels she gave her son a second chance of his own.

“I took him to an amusement park when he was 6, and I was too big to go on any of the rides with him,” she said. “Two weeks ago, I surprised him with a trip to the same amusement park, and we went on every single ride.”

“LIVING TO TELL HER STORY

Chiquita Lane (see “I Feel Unstoppable” above) is a manager at a public health organization and mother to a 14-year-old boy. She speaks openly about overcoming difficulty, whether through her work with HIV-positive individuals, her life as a stroke survivor or her decision to undergo weight-loss surgery.

“After my stroke, my health diminished,” she said. “I was always big, but I didn’t have high blood pressure or cholesterol. I thought that meant I was healthy.”

Lane’s doctor told her she had prediabetes due to her weight. She was 317 pounds.

“It’s one thing to be a big person and not let your body hold you back,” she said. “But this was my body telling me, ‘Girl, you’ve got to make a change. You can’t carry this weight anymore.’”

Lane felt motivated to pursue weight-loss surgery not only for her own health, but for her son’s.

“He means everything to me, and he already went through the trauma of my stroke,” she said. “I didn’t want to put him through more.”

“What are the results?

S.S., who weighed 319 pounds at her heaviest, had a sleeve gastrectomy on Aug. 4, 2020.

“I had high blood pressure and diabetes, and my numbers were climbing,” S.S. said. “My doctor increased my metformin to 1,000 milligrams. I didn’t want to go on insulin.”

Since her surgery, S.S. has lost more than 50 pounds. She has more energy and can exercise more regularly, as movement is easier for her.

“I’m happy I went through with it,” she said. “If I had to have the procedure 10 more times, I would choose UM Capital Region Health for each one.”

D.T. weighed 252 pounds before her surgery on March 3, 2020. She also received a sleeve gastrectomy. Now, she’s more active, taking boxing classes and riding bikes with her grandson.

“I’m down to 119 now,” she said proudly. “My back and my knees don’t hurt anymore. The pain used to keep me up at night, but now I can actually sleep.”

C.T. also had the sleeve gastrectomy on Feb. 25, 2020. Prior to her procedure, she weighed 300 pounds.

“I’ve lost 65 with more to go,” she said. “I’ve started jogging. I couldn’t have done that before my surgery. I’m happy I can work towards my goal: a happier, healthier me.”

“The bariatric coordinator, Cathy Akers Todd, is an excellent resource for patients pre- and post-surgery,” Dr. Rickford says. “She’s a registered nurse, and she runs the support group for our bariatric patients. She even organizes group walks. She works hard to ensure our patients learn how to maintain their success with a healthy lifestyle.”

Vikisha Fripp, MD, FACS, plastic and reconstructive surgeon at UM Capital Region Health, offers body contouring after weight loss and reconstructive surgery.

“When patients lose a significant amount of weight, they may have excess skin,” Dr. Fripp said. “It can be frustrating for patients to lose weight but still not have their clothes fit. In some serious cases, excess skin can lead to infections. Body contouring allows me to help my patients achieve the ideal versions of themselves. I collaborate closely with them to help them achieve their desired results.”

“Dr. Fripp has been a valuable member of our team for several years,” Dr. Rickford said. “She is a colleague and friend, and her services are important to the UM Capital Region Health team.”

Attend a free bariatric surgery information session online. To learn how to connect, call 301-809-2013.
Black Women’s Health

UNDERSTANDING WHAT AFFECTS BLACK WOMEN DISPROPORTIONATELY AND HOW TO TURN THE TIDE

BLACK WOMEN ARE at increased risk for some serious and dangerous conditions, including COVID-19. In fact, the pandemic has put a spotlight on these health disparities. Why does this happen and what can be done to level the playing field?

UNDERSTANDING THE RISKS
Black women are enjoying a longer life expectancy today. However, this life expectancy still remains nearly four years less than their white female peers.

What is causing the discrepancy? According to the National Center for Chronic Disease Prevention and Health Promotion reported by the Centers for Disease Control and Prevention, researchers suspect it’s because younger Black women are more likely to suffer from diseases that affect white women later in age. As you might suspect, living with a disease for many years wears down the body. This slow wearing results in earlier death.

It has been found that Black women are at greater risk for many conditions, including the following:
- Cancer
- Diabetes
- Heart disease
- High blood pressure
- Infant mortality
- Kidney disease
- Mental health disorders
- Stroke

SUPPORTING A CHANGE
Lowering the incidence of these diseases requires addressing the root causes of health disparities. Raising awareness of the overt and implicit bias affecting Black women throughout their lives is needed to address these forces in a meaningful way.

One big step is enhancing provider-patient communication to ensure that everyone speaks the same language. Clear discussions about disease risks, symptoms, diagnosis, treatment and prevention empower every patient to expect— and ask for— equitable care. Involving or enhancing the role of community health workers and educators may help promote trust and communication.

In addition, research indicates that patients have better outcomes when treated by people with a similar appearance. Training and engaging more health care providers of color is an important part of improving care for diverse communities.

With these steps things can change, starting today.

Visit umcapitalregion.org to find a physician who understands the unique health issues facing Black women today.

THE HEART OF THE MATTER
One of the most pressing health needs facing Black women is heart disease. According to the American Heart Association, by the age of 20, nearly half of all Black women will be living with a type of heart disease.

If you are a Black woman, take heart disease to heart. Talk with your physician today to find out if you’re showing early signs or symptoms of heart disease.
THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) KIDNEY TRANSPLANT PROGRAM SEAMLESSLY BLENDS COMPASSION, EXPERTISE AND INNOVATION TO PROVIDE A TRANSPLANT SURGEON WITH A KIDNEY OF HER OWN.

SILKE VERENA NIEDERHAUS, MD, clinical associate professor of surgery, made up her mind to become a transplant surgeon at age 11, after receiving her first kidney donation from a nine-month-old deceased donor. Dr. Niederhaus is a member of the UMMC kidney transplant team. This multidisciplinary team is the largest in Maryland, consisting of expert surgeons, nephrologists, nurse coordinators, immunologists and others who specialize in this advanced type of care. Located in Baltimore, UMMC serves as the academic medical center for the University of Maryland Medical System and is uniquely positioned to provide the advanced, multidisciplinary care that kidney transplant surgery requires.

As part of this experienced team, Dr. Niederhaus provides a unique perspective as someone who has twice undergone transplant surgery herself. Most recently, Dr. Niederhaus received a transplant using the UMMC paired kidney exchange.
“Our paired kidney exchange program activates when a donor is ready to give a kidney, but it isn’t a good match with the recipient,” explained Daniel Maluf, MD, FACS, director of the transplantation program and interim chief of the transplant surgery division at University of Maryland School of Medicine (UM SOM). “This program allows that donor to trade with another donor’s recipient.”

A good kidney donor match involves compatible blood typing, cross matching and antibody testing results that indicate the transplant is likely to be successful. Blood relatives are often good matches, but others may be as well.

“This program requires an advanced level of care and consideration,” Dr. Maluf said. “Not all transplant centers provide this service. It’s a complex procedure that requires a large group of donors to meet many recipients’ needs. UMMC is able to participate in multiple paired kidney exchanges nationally, which helped Dr. Niederhaus meet her match for a living donor.”

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SCAR-FREE SURGERY

More than 2,000 living donors have changed the lives of patients through the University of Maryland Medical Center (UMMC) Transplant Center, but unless one of them told you, it’s unlikely you would be able to tell they had surgery. UMMC is the first hospital in Maryland and third hospital in the country to use minimally invasive kidney donation procedures that leave almost no scars on the donor’s body.

This innovative surgery is called the single port technique, in which the surgical incision is placed inside the donor’s navel. Also called laparoendoscopic single site (LESS) surgery, it involves expert surgeons’ removing the donor’s kidney through the single incision. Once healed, the incision is concealed within the navel, making the surgery virtually scar-free. In addition to the cosmetic benefits, patients also have fewer limitations in movement after this type of surgery, making it a safe and attractive option for living kidney donors.

While this form of kidney donor surgery is comparatively newer than multiple-port laparoscopic surgeries, it has become the consistent standard of care at UMMC for the past several years. The transplant team conducts workshops to train other surgeons on this groundbreaking technique, and has written a chapter in the latest edition of the surgical textbook Kidney Transplantation explaining this technique’s benefits. As knowledge about LESS surgery increases, UMMC remains one of the first and most experienced hospitals in America to perform it.

The Living Donor Program

100,000+ people are currently awaiting a new kidney, and the average wait time to receive one from a deceased donor is three to five years.

That is why one-third of kidney donations at University of Maryland Medical Center (UMMC) come from living donors.

“If you have a choice between a deceased or living donor, you choose the living donor,” said Silke Verena Niederhaus, MD, clinical associate professor of surgery at UMMC. “A living donor is the only chance you have to get a kidney soon enough to stay off dialysis.”

Dialysis is a procedure needed when normal kidney function is reduced to a fraction of what is required to clean the blood naturally. Dialysis involves multiple treatments that may take hours every week, along with dietary modifications and regular laboratory tests—often challenging but essential steps to prolong life.

Who Can Become a Living Donor?

Most of our donors are related to the patients receiving their kidney, but not always. As long as your blood type is compatible with the patient’s, it is possible you could become a living donor. Living donors must be at least 18 years old and in good general health. To ensure this, a donor surgeon performs a thorough evaluation of each living donor, as does a transplant nephrologist. Both physicians review physicals and test results to ensure each donor is healthy and will not be put at risk by donation. Donors at UMMC usually have a quick and excellent recovery with a 100% survival rate.

Want to give someone the gift of life? Call 410-328-5408 to speak to our experts about becoming a living donor.
LIVING & GIVING
Kidney donations can be given by deceased or living individuals, but waiting for a deceased kidney donation can take years. Living donations are essential to keeping patients alive and healthy, especially when waiting for a deceased donor could delay their much-needed care. Generally, patients who receive kidneys from living donors have higher long-term survival rates than those who receive kidneys from deceased donors. Living donors also provide patients with more options, as kidneys from unrelated living donors can be just as successful as those from blood relatives.

“Living donor kidneys can last longer and recipients do better, so that’s what we aim for,” said Nadiesda Almanzar Costa, MD, assistant professor of medicine at UM SOM and nephrologist at UMMC. “The exchange program is a great benefit when patients can’t find a donor match on their own.”

Dr. Niederhaus was part of the kidney exchange program, and eventually, her husband became her best match for a donor.

“My husband jokingly said the morning of his donor evaluation, ‘Well, if I have cancer, you’re going to figure this out by this afternoon,’” Dr. Niederhaus said. “Ironically, by lunchtime we found out he had a cancer in his right kidney.”

THE SEARCH CONTINUES
Dr. Niederhaus’ husband received a robotic partial nephrectomy, a delicate minimally invasive surgery that removes the cancerous tumor while preserving the healthy kidney, that has now resulted in his being cancer-free. However, on that fateful day, Dr. Niederhaus was still without a donor. In the end, Dr. Niederhaus’ kidney exchange included eight different people. Four separate donors provided functioning kidneys to four individual patients, including Dr. Niederhaus, over the course of a week. Felicia Stolusky, who was unable to donate a kidney to her mother, became Dr. Niederhaus’ living donor.

“I performed the surgery with another nephrology specialist,” said Eugene J. Schweitzer, MD, professor of surgery at UM SOM and a transplant surgeon at UMMC. “It was incredible to see the donor kidney immediately functioning and to be a part of another successful kidney donor transplant.”

Dr. Niederhaus was back on her feet the day of her surgery and returned to her office to review patient charts seven days later. To avoid any potential exposure to infection, she waited three months to resume performing surgeries.

“Dr. Niederhaus returned to her regular life right after her surgery,” Dr. Costa said. “She’s such an inspiration. I am in awe of what she can do. She’s a great friend, an excellent physician and an amazing advocate for people with kidney disease.”

To learn more about becoming a living kidney donor, call 410-328-5408 or visit umms.org/ummc/health-services/transplant/kidney/living-donor.

Source for statistics: Organ Procurement and Transplant Network, specifically the state level data for Maryland.
COVID-19 Immunity: What You Need to Know

To understand immunity, it is important to know how viruses work and how the immune system responds to them.

Viruses are pieces of genetic material surrounded by a protein coating. When viruses enter our bodies, they find a cell and inject it with their genetic material. This allows them to take control of the cell and multiply.

To battle this, the body’s immune system must destroy infected cells. When the body first encounters a new viral infection, it deploys T cells, which find and kill infected cells. If the infection continues, the body then deploys B cells, which create antibodies that can better attack infected cells. Even after the infection has passed, antibodies remain in the body to help the body fight off future infection. This is called natural immunity.

It’s important to get the COVID-19 vaccine even if you’ve recovered from the disease. Natural immunity varies from person to person and for different diseases. It is still unknown how long natural immunity lasts for COVID-19.

Do you still need to wear a mask and social distance after getting the COVID-19 vaccine?

The vaccine will help to keep you from getting sick from the virus, but experts are still learning if the vaccine protects against the spread of the virus. Until we have more answers, it’s important to continue to protect yourself and others through COVID-19 prevention measures.
THE WEBSITE FOR University of Maryland Capital Region Health Foundation outlines a number of options for giving to support the mission of UM Capital Region Health. That mission is to transform the health care landscape within Prince George’s County by providing greater access to high-quality, compassionate care. The most noticeable and highly anticipated step in this transformation is the new UM Capital Region Medical Center in Largo. This new 205-bed, leading-edge medical facility is a “once-in-a-generation” project from both the construction and health care perspectives.

The Foundation has launched the “Together, We’re The Change Campaign,” which offers donors the unique opportunity to directly invest in the health care of this community. This campaign features giving opportunities to create a lasting legacy with naming recognition on select units within the new Medical Center.

Donor support of our philanthropic efforts can take many forms and at a range of investment levels. A diverse assortment of naming opportunities is available on each of the five floors of the new Medical Center. Some of the most visible and exclusive opportunities are the Main Lobby, Cath Lab and the Conference Center. Several donors have created custom options to support clinical services to which they have a special connection.

“Together, as Prince George’s County residents, we can make a difference in our community through multiple forms of philanthropy and civic action,” said Sandy A. Roberts, Foundation Board Chair. “The new Regional Medical Center affords us additional opportunities to make impactful investments in our community health care and will transform the health care landscape within Prince George’s County by providing greater access to high-quality, state-of-the-art, compassionate care. We want your involvement, seek your investment, and with your support, we can all ensure that the new Regional Medical Center will provide a positive impact to our community.”

The Foundation continues to make progress towards its fundraising goal to provide funding for key priorities:

- Behavioral health
- Diabetes and chronic disease management
- Domestic violence and sexual assault center
- Emergency and trauma services
- Heart and vascular care
- Women’s health and specialty services

The UM Capital Region Medical Center, set to open in June 2021, will support the mission of improving the health status of the county residents.

Visit umcapitalregionfoundation.org to learn more about our campaigns.
UPCOMING COMMUNITY HEALTH PROGRAMS & EVENTS

MENTAL HEALTH FIRST AID TRAINING VIRTUAL
- Adult Part 1: Monday, March 10, 2–5pm
- Adult Part 2: Wednesday, March 12, 2–5pm
- Youth Part 1: Thursday, April 22, 9–11am
- Youth Part 2: Friday, April 23, 9–11am

Just as CPR helps you assist an individual having a heart attack, Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. In this course, you learn risk factors and warning signs for mental health and addiction concerns, strategies to help someone in crisis and non-crisis situations, and where to turn for help. Registration is required. Space is limited.

For additional information or to register, call 301-254-6763 or email umcapitalcommunityhealth@umm.edu. You must attend part 1 & 2 to receive certification.

UM CAPITAL DIABETES PREVENTION PROGRAM (DPP) VIRTUAL
- Thursdays, 5:30–6:30pm. First class starts Thursday, May 6.

Thinking about making healthy changes to prevent type 2 diabetes? A CDC-recognized diabetes prevention lifestyle change program can help you build healthy new habits that last a lifetime. Learn, laugh, share stories, try new things and build new habits—all while lowering your risk of type 2 diabetes and improving your health. (For general information regarding the program, visit cdc.gov/diabetes/prevention.)

Space is limited. Participants accepted on a first-come, first-served basis.
To discuss eligibility requirements and register, call 301-254-6763 or email umcapitalcommunityhealth@umm.edu.

DINE, LEARN & MOVE GOES VIRTUAL
Join us each month for 90 minutes of virtual fun. Get active, learn simple tips for making healthy choices and engage with a chef while watching a cooking demonstration. Dine, Learn & Move is FREE and presented in partnership with Prince George’s County Health Department, University of Maryland Capital Region Health, Suburban Hospital and M-NCPPC, Department of Parks and Recreation, Prince George's County. (To learn more, visit wellness.pgparks.com, email wellness@pgparks.com or call 301-446-6833; TTY 301-699-2544.)

Love in the Time of Coronavirus
- Wednesday, Feb. 24, 6–7:30pm
This year’s American Heart Month session includes a gentle flow yoga demonstration and cardiologist Dr. Sheila Woodhouse of University of Maryland Capital Region Health on heart health in an environment of increased risk.

To register for one of these programs, email wellnessInfo@co.pg.md.us. All ages welcome.

Close to the Kitchen: Stay Safe, Healthy & Active
- Wednesday, March 24
During National Nutrition Month, learn to make smart food and activity choices, and incorporate intentional cleaning practices to keep the whole family safe from infections.

LET’S TALK ABOUT HEALTH
A Community Conversation
- Third Wednesday of each month, 12pm
Tune in for a lunchtime webinar series on a different health topic each month. Learn more and register for the webinar at umms.org/letstalk.
END COVID

IT STARTS WITH YOU.

The COVID-19 vaccines are authorized by the FDA as safe and effective. Vaccination is the best tool for stopping the virus and helping us keep our communities safe.

Don’t wait. Get the vaccine.

LEARN MORE: umms.org/vaccine