

Hope Lives Here

With the help of philanthropic support, high-quality health care has a home at Swedish.





Better care tailored to the unique needs of our patients. That's what our specialized programs make possible for our community.

Donors like you ensure we can continue to learn from our patients and put new ideas into motion to improve care at every age and stage of life, from holistic dementia and menopause care to multidisciplinary support for pediatric metabolic disorders.

Thank you.



Nancy Isenberg, M.D.

Understanding Dementia

Exploring the Mysteries of Dementia

We all have our moments of forgetfulness. For some, it's more than a misplaced phone or a forgotten number. It's a progressive disease. Many in our community are facing an uncertain future with dementia either for themselves or a loved one.

In the United States, over 6.2 million people aged 65 or older are currently living with

cognitive decline caused by dementia. By 2060, that number is projected to skyrocket to almost 14 million according to the CDC.

But what if you could take actionable steps now to lower your odds of developing dementia and even mitigate symptoms if you do start to experience a decline? New research suggests that 40% of dementias can be prevented. The **Swedish Center for Healthy Aging** is actively pursuing methods for preventing and better managing dementia.

A New Model of Care

The center uses proven dementia prevention science in an innovative care model to treat people with emerging or ongoing cognitive symptoms. Along with neuropsychological evaluations and cognitive exercises, mind body interventions, health coaching and prescription therapies, the center focuses its approach to care around personalized, precision and evidence-based lifestyle medicine.

Research is proving that evidence-based lifestyle medicine—including brain and heart healthy nutrition, restorative sleep, stress reduction, physical activity including strength training, fostering strong social connections, lifelong learning and avoiding harmful substances like tobacco and alcohol- has a significant effect on dementia prevention, risk reduction and progression.

This approach is not like when your doctor simply tells you to lose weight or exercise more. This is an immersive team care model. The center partners closely with patients and their care partners to ensure that they have consistent support in creating and maintaining new health promoting behaviors. For example, the center provides patients with the tools, training and team support for safe strength and aerobic exercise, gentle yoga, art and music therapy and is planning to offer culinary classes with food grown in our hydroponic garden. We also plan to hire a physical therapist to reduce frailty, sarcopenia and promote health span.

Headed by double board-certified neurologist Nancy Isenberg, M.D., MPH, the

center not only provides leading edge, holistic care, but continually strives to advance the understanding and treatment of dementia.


“We are implementing approaches on the forefront of medicine both for prevention and ongoing care of dementia along the entire continuum from early-stage symptoms into advanced care, as well as care partner education and support,” Dr. Isenberg states.

The Gender Gap

Dementia disproportionately affects women, with two-thirds of all cases of Alzheimer’s disease occurring in women. Additionally, women experience a faster decline in brain health after diagnosis compared to men. While women share common risk factors for dementia with men, they also have unique factors that are just beginning to be understood.

The **Women’s Brain Health Program**, a part of the Swedish Center for Healthy Aging, offers evidence-based care to women facing cognitive challenges from midlife onwards. The program is also investigating the connection between menopause and cognitive health.

Recently, Dr. Isenberg and Dr. Jessica Z.K. Caldwell of the Cleveland Clinic published a paper on brain health during and after menopause. Early research suggests that menopausal hormone therapy, in some cases, and interventions targeting lifestyle and chronic diseases could have a particularly beneficial effect on women’s brain health.



“We believe it is our mission—our moral obligation—to improve the quality of life and the health span for people affected with dementia, to support their families and to help our communities thrive.”

—NANCY ISENBERG, M.D.



As research continues to uncover the explicit needs of the aging female brain, the Women's Brain Health Program will evolve to meet those challenges.

Access For All

Not only is it critical to continue to unravel the mysteries of dementia, it's also vital to ensure that our entire community is better educated regarding dementia and given ready access to care. The more informed the community is about dementia, the earlier we can diagnose and care for people.

The center is honored to be engaged in a wide variety of community outreach work including:

- Co-Directing Washington State's Project ECHO Dementia program. This program builds and expands dementia care by offering mentoring, guidance and case-based learning from dementia specialists to physicians working with patients in rural and underserved communities throughout the state.
- Partnering with the African Americans Reach & Teach Health Ministry to provide dementia education and outreach.
- Hosting the Center for Health Aging's inaugural community-focused Healthy

STRIVING FOR EARLY DIAGNOSIS

Early detection of dementia is often key to prevention and mitigating symptoms. But access to quick and effective testing tools in primary care clinics is challenging. As a result, diagnosis is too often delayed until the later stages of dementia.

The larger Providence system is looking to breakdown this barrier to care by collaborating with health technology company Neurotrack on an innovative screening tool.

The 3 Minute Cognitive Screening test can be used in primary care clinics to check key aspects of brain health, including processing speed, working memory and executive function. Results are immediate and if they show impairment, patients are encouraged to complete more extensive cognitive assessments.

Dr. Isenberg notes that if we identify people earlier in the mild cognitive impairment phase, and we then target personalized and precision risk reduction for patients, we could help people live longer, healthier lives and reduce health care costs.

Aging Summit in May with more than 150 attendees.

- Participating in Seattle Science Foundation Grand Rounds lectures for healthcare providers.

"We believe it is our mission—our moral obligation—to improve the quality of life and the health span for people at risk and living with dementia, to support their families and to help our communities thrive." says Dr. Isenberg.

Thanks to your ongoing support, Dr. Isenberg and the Center for Healthy Aging team are advancing the treatment of dementia through innovative research, exceptional patient care and ongoing community education and programs.



New OB/GYN residency program adds critical capacity

First-year residents lead change.

From puberty to menopause and beyond, reproductive health to family planning, the medical specialty of obstetrics and gynecology does so many things for so many people. It's hard to quantify the potential of these practitioners to increase thriving as they support patients with education and better outcomes throughout their lives.

Given the importance of these providers, it becomes even more critical to ensure that we have enough OB/GYN physicians regionally

and throughout the U.S. and to equip them with future-ready training and experiences. “The need for more programs from a national standpoint is profound, especially as the country is grappling with reproductive rights,” says OB/GYN Residency Program Director Suzanne Peterson, M.D. “Nationally, only 50 percent of counties have an OB/GYN, and there’s only been one residency program across Washington, Alaska, Idaho, Montana and Wyoming.”

Swedish’s newest residency program, which trains physicians just out of medical school, doubles that capacity. Now reaching the end of its first year, the program builds on all the momentum of dedicated caregivers delivering many of the region’s babies and supporting patients throughout their lives with the Women’s Wellness and Specialty GYN Services.

A new path for residents

Modeled after the Cleveland Clinic, the program is only the second in the U.S. to have a designated tracking program that lets residents choose their pathway. This means they have increasing elective blocks of time throughout their four residency years where they decide the focus, allowing for a total of six months of training they intentionally choose.

The opportunities within our network are vast. Residents might choose extra training in such areas as gynecology oncology, surgery, addiction or perinatal psychiatry. Beyond our system, we can connect residents with opportunities and partnerships with the University of Washington, Washington State University and more for practicing in rural areas or exploring another area of the specialty. “They can create their own adventure,” says Dr. Peterson. “Having this kind of ownership and control makes for happier physicians practicing what gives them joy.”

Another aspect that makes the program unique is a mutual choosing that occurs based on the program’s and residents’ shared desire to move the field forward. “We’re looking for people with more flexibility than most and creative ideas on how to make change,” says



“This program fosters people’s interests and what they love in this specialty.”

– DOMINIQUE DIXON,
CURRENT RESIDENT

Dr. Peterson. “Before joining the program, they have been leaders and changemakers and want to be a part of something new.”

“Throughout undergrad and during my medical training, I’ve had to make my own pathways,” says resident Dominique Dixon, who looks forward to providing abortion care, family planning, contraceptive support and gender-affirming hormone treatment. “It’s exceedingly hard to practice in this field. There are so many difficult things we see, people in a lot of difficult situations, and all the political issues—it’s a high-stress environment. This program fosters people’s interests and what they love in this specialty.”

Supporting growth and renewal

At its essence, this effort has been about visionary faculty educators building a much-needed values-driven, community-oriented program. “One of the silver linings of COVID-19 was having the time and space to build something more powerful than anything we could do individually,” says Dr. Peterson. “We talked about our hopes and dreams for renewal and restarting after living through the past three years and we’re thinking of all the things we love in our field and the amazing things to come as we’re growing our program’s family.”

Community support will ensure this program can continue to expand and thrive. Dr. Peterson has a vision for the program that not only includes upgraded surgical training equipment, but also opportunities to advance social and reproductive justice, health quality, and equity through the Office of Health Equity, Diversity and Inclusion (OHEDI). “For example, Swedish

has a pretty amazing partnership with Meharry Medical College,” says Dr. Peterson. “We would like to develop more rotations for Meharry students in the OB/GYN realm, which requires housing and travel support to get students here.”

Research is another area of mutual advancement where Swedish’s depth and breadth supports residents. Residents will, in turn, impact the system in areas that interest them, like menopause, healthy aging and better outcomes for all patients. In this area and others, residents appreciate being a small group and entering on the ground floor. “Some of the highlights so far have been supportive faculty, a wonderful community of residents and amazing surgical opportunities,” says resident Brittany Bear, who mentions that the operating room is where she’s happiest.

“This program is special,” says Dominique, who recently reached the milestone of 100 deliveries serving as the primary caregiver. “Many people focus on the drawbacks of joining a new program without years and years of doing the same thing, but I’m grateful we get to practice in a new environment.”

Meanwhile, the momentum is just starting, and the community is growing. “It’s been intimate this year with six residents, but it’s a four-year program, so next year we’ll have 12, then 18 and then 24,” says Dr. Peterson.



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– BRITTANY BEAR,
CURRENT RESIDENT



OUR COMMITMENT TO THE FUTURE

While Swedish is not a traditional teaching hospital, you might be surprised at how many doctors and nurses we train across dozens of specialties—from general surgery to family medicine. Through our residency and fellowship programs, we continually evolve toward our mission of improving the health and well-being of every patient we care for and the vision of health for a better world.

CURRENT RESIDENCY AND FELLOWSHIP PROGRAMS

ACGME Accredited

- Addiction Medicine Fellowship
- Colon and Rectal Surgery Fellowship
- Family Medicine/Cherry Hill Residency
- Family Medicine/Rural Training Program Residency
- Family Medicine/First Hill Residency
- General Surgery Residency
- Geriatric Medicine Fellowship
- Sports Medicine Fellowship
- Obstetrics and Gynecology Residency (new in 2022)

CODA Accredited

- General Practice Dentistry

CPME Accredited

- Podiatric Surgical Residency

Fellowship Council

- Minimally Invasive Colon & Rectal Surgery Fellowship
- Minimally Invasive Thoracic Fellowship
- Minimally Invasive Foregut Fellowship

Non-Accredited

- Advanced Hospital Medicine Fellowship
- Advanced Obstetrics Fellowship
- Advanced Pelvic Surgery Fellowship
- Robotic Urology Fellowship
- Structural Heart Fellowship

Non-Accredited Neuroscience Fellowships

- Minimally Invasive Spine (Neurosurgery and Orthopedic)
- Skull Base/Cerebrovascular/Endovascular
- Interventional Spine
- General Neurosurgery



The gift of a healthy future

How the Resilience Program is overcoming childhood obesity

Every parent dreams that their child will go on to lead a better, healthier life than they did. But after decades of cheap processed and sugary foods invading our grocery stores and homes, an epidemic of childhood obesity is now threatening that dream.

Obesity affects almost 1 in 5 children, bringing with it complications like non-alcoholic fatty liver disease, high blood pressure, high blood sugar, all under the umbrella of metabolic syndrome which increases the long-term risk of heart disease,

stroke and diabetes. After years of seeing young patients struggle with these once rare conditions, pediatric gastroenterologist Uma Pisharody, M.D., came up with a multidisciplinary plan to not only reverse existing health problems but also prevent them altogether in future generations.

With your support, Dr. Pisharody and her colleagues have helped nearly 300 children and their families on the path to better health. And through a three-day conference held in 2022, they are spreading their message to primary care providers throughout Swedish and beyond.

The Pediatric Resilience team from left to right: Kristen Shane, RN, BSN, FMCHC, Leslie Lee, MS, RD, Kathleen McIntosh, RN, BSN, Uma Pisharody, MD, FAAP, Alicia M. Essers, MS, CCC-SLP, 200 RYT, Allison LaRoche, MD, MPH, FAAP

Real food, real healing

This effective approach centers around JERF, the silly sounding acronym for Dr. Pisharody’s main message: just eat real food. But kids and their families are not simply given the instructions to eat better, they are seen by a series of specialists who provide the tools they need to make consistent lifestyle changes along with any necessary medical treatments. And in-between specialist appointments, a health coach cheers families on as they tackle healthy eating and wellness together.

One of the benefits of this multidisciplinary approach is that families don’t need to wait long to be seen. There’s no specific order to the program, so they’ll see the specialist with the first availability. To date, the team has been able to accommodate all children referred into the program.

Spreading the message

Not only are our patients and their families learning about these conditions for the first time, but it is also often new information for providers as well.

“The conditions we’re seeing now were relatively rare 30 to 40 years ago,” says Dr. Pisharody. “I wasn’t even trained in type II diabetes or non-alcoholic fatty liver disease in medical school.” Now, she’s bringing this knowledge to an audience of providers who see patients the most: primary care.

Resilience Program by the numbers

5 providers

300 children seen

6 months the time when most see improvements

200 conference attendees, including online

Last spring, the Resilience Program hosted a 3-day Metabolic Health Symposium for physicians and healthcare professionals. Each day focused on a different part of the body, covering the liver, the gut and finally the brain. The presentations and panels featured speakers from Providence Swedish and national experts, as well as patients sharing their own experiences. This symposium is now accessible for on-demand learning through our website.

By spreading the message about healthy eating and lifestyle medicine to providers and in turn parents, we can spare the next generation from a lifetime of chronic health problems.



**Thank you for investing in the health
and well-being of our community.**

To learn more about the personalized care that you help make possible, please contact:

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