

# VALLEY

## health & life



MAKING A  
DIFFERENCE:  
**PHYSICIAN  
VOLUNTEERS**

ALL ABOUT  
**KIDNEY  
STONES**

**KEEPING  
PREDIABETES  
IN CHECK**

**NEW GIFT**  
Honors Holyoke  
Nursing History

# HAPPY NEW YEAR!

## DEAR READERS,

Happy New Year! As we begin 2017, I must first give thanks to all of the support that Valley Health Systems and Holyoke Medical Center have received throughout the past year.

To the amazing staff that has continued to make our organization shine: In 2016, HMC, once again, received the Leapfrog Top Hospital Award, an elite distinction that recognizes less than 3% of all hospitals in the country for high quality and safety standards. Holyoke Medical Center is one of only two hospitals in the Commonwealth and the only hospital in Western Massachusetts to receive the Top Hospital Award.

To our patients who have chosen HMC as their hospital of choice: It is our patients who drive us to do better every time and have allowed us to grow over the past two years. As a result of that growth, we have added more than 200 new jobs in the Pioneer Valley since January 2014.

To our donors, such as James and Marjorie Shaw, who are featured in the cover story of this issue of *Valley Health & Life*: As a nonprofit organization, we rely on the support of our community to help us to continue to provide outstanding care here in the Pioneer Valley to those who need it most, regardless of their ability to pay. Our donors have never been as important as they are right now with the construction of the new Emergency Department, which is scheduled to open early this summer. Our fundraising efforts have already begun with "Care. Community. Commitment. The campaign for Holyoke Medical Center" that will continue throughout the year. To date, we have raised close to \$1 million of the \$3 million goal.

And to you, our readers: Thank you for continuing to value the information we share on services and providers available at Valley Health Systems.

As we look ahead to 2017, change will certainly remain a constant. We will continue to adapt and to provide the new standard of patient care you have grown to expect, and hope that you will continue to support of us in return.



Best Regards,

**SPIROS HATIRAS**

President and  
Chief Executive Officer,  
Holyoke Medical Center &  
Valley Health Systems, Inc.



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**Valley Health  
Systems, Inc.**

#### ■ HOLYOKE MEDICAL CENTER

575 Beech Street, Holyoke  
413.534.2500

#### ■ HOLYOKE VNA HOSPICE LIFE CARE

575 Beech Street, Holyoke  
413.534.5691

#### ■ RIVER VALLEY COUNSELING CENTER

319 Beech Street, Holyoke  
413.540.1100

#### ■ WESTERN MASS PHYSICIAN ASSOCIATES

10 Hospital Drive,  
Suite 301, Holyoke  
413.535.4714



# HEALTHY HABITS

FOR YOU AND YOUR FAMILY



## OH, NUTS

Folks who eat a handful of nuts five or more times a week are 29 percent less likely to die of heart disease than those who avoided nuts.

—*New England Journal of Medicine*



The number of minutes of exercise daily that may help reverse the health risks of sitting for eight hours a day.

—*The Lancet*



## WORKAHOLICS, BEWARE

Think someone is paying you a compliment when they describe you as a “workaholic”?

Wrong. According to recently published research, a workaholic is someone with a psychological addiction. The study assessed 16,000 respondents and found that those who met the criteria for workaholism also met the criteria for other disorders, including anxiety, depression and obsessive-compulsive disorder.

—*Plos One*



# 32%

The number of people with sleep problems who are dissatisfied in their relationships. This compares with 14 percent of sound sleepers.

—National Sleep Foundation

FOR THE RECORD



## WELLNESS EVENTS

### MEDICAL WEIGHT LOSS INFORMATIONAL MEETING

Topics will include nonsurgical and surgical options for weight loss available at Holyoke Medical Center. Staff will discuss this comprehensive medical weight-loss program and the multidisciplinary approach of our team.

**DATES:** January 3, January 17, February 7, February 21, March 7, March 21, 2017

### MENOPAUSE

Did you know that midwives provide a wide range of women's health services, even through menopause? Join Midwife Liza Winston as she discusses well-woman care through menopause and beyond. She will discuss what to expect during a well visit, recommended screening guidelines, and common experiences for menopausal women.

**DATE:** Wednesday, January 25, 2017

### HEART HEALTH: CONGESTIVE HEART FAILURE

Did you know February is American Heart Month? There are more than 200,000 cases of congestive heart failure each year in the U.S. Dr. Nirav Sheth will cover signs and symptoms, as well as what you can do to help prevent CHF.

**DATE:** Thursday, February 9, 2017

### COLON HEALTH: PROBLEMS AND PREVENTION

As we age, our risk of developing colon issues increases overall. Colon cancer and common colon disorders such as Celiac Disease, Inflammatory Bowel Disease and Irritable Bowel Syndrome can have an impact on everyday life. Join Holly Kinnell-Rust, FNP & Dr. Francis Martinez as they explore common colon health problems, symptoms and key approaches to prevention.

**DATE:** Wednesday, March 15, 2017

All programs will take place at 5:30 p.m. in the HMC Auxiliary Conference Center. Please register online at [holyokehealth.com/events](http://holyokehealth.com/events) or by phone at 413.534.2789.

# Making a Difference: HOLYOKE PHYSICIANS SERVE WORLDWIDE



Dr. Richard Levrault treating patients in Haiti in October 2016.

FOR SOME PHYSICIANS AT HOLYOKE MEDICAL CENTER, “vacation” means using their time and expertise to make a difference across the globe. Here, we catch up with three.

## Attending to hurricane survivors

Eight years ago, Richard Levrault, D.O., began a tradition of volunteering at the Haitian Health Foundation, started by his uncle, Jeremiah J. Lowney, M.D., in 1982. Initially offering free dental care, the clinic now provides medical services to a population of 250,000 people across a region of remote villages and cities—at the epicenter of Hurricane Matthew.

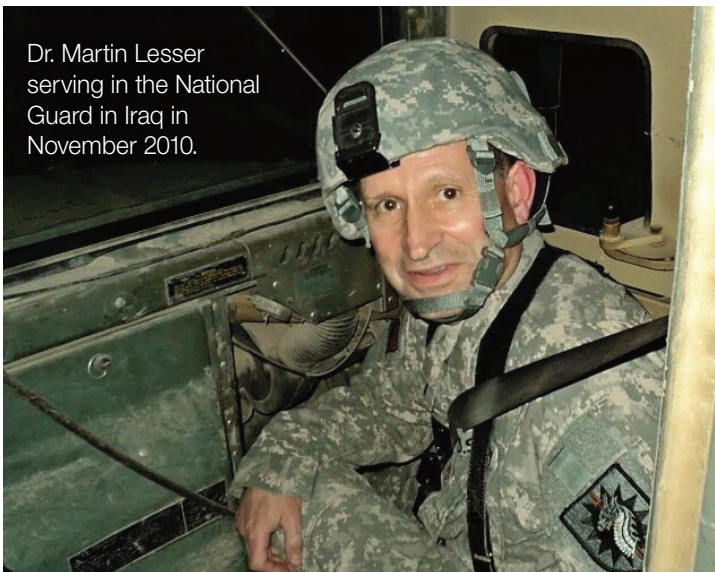
Dr. Levrault traveled to Haiti right after the hurricane, which hit the island as a Category 4 on October 4, 2016.

During his week-long stay, the foundation team treated an estimated 2,500 patients. Dr. Levrault focused on those injured by flying debris. “There was no health care, sanitation or food,” he says. “Wounds had become infected. Our treatment saved a lot of limbs. It’s rewarding to make that kind of difference.”

But there’s a downside to serving in communities where people have so little: “My kids hate it when I come back from Haiti,” says Dr. Levrault. “I always make them clean their plates and won’t let them throw away any food.” He continues to work for the foundation from his home base, soliciting, picking up and sending donations of money and food to Haiti.



Dr. Martin Lesser  
serving in the National  
Guard in Iraq in  
November 2010.



## Serving in the National Guard

Martin Lesser, D.O., always regretted not serving in the Vietnam War, but he has more than made up for it since by serving with the National Guard for nine years (and counting). After enlisting in 2007, he was deployed as a physician for 120 days in Iraq. He recalls the moment he first thought about joining up. "I was at a medical conference and watched a recruiter try to solicit uninterested doctors. I was embarrassed that no one was stepping forward to serve the troops." He signed on even though he was worried about the effects of a long absence on his practice. Dr. Lesser says he'll always be grateful to Michael Houff, director of physician services at Holyoke Medical Center, for helping to staff his practice while he was away.

Dr. Lesser continues to serve, grateful that the Center allows him time for his Guard duty each year. "My commission as a Lieutenant Colonel is a big part of my identity," he says. "It's an honor to serve. I prefer doing something extreme and intense. I'd rather be deployed again than sit on boards and attend meetings."

## Providing care in Tanzania

Elizabeth Noyes, D.O., a primary care physician with Western Mass Physician Associates at Holyoke Medical Center, and her husband Christopher Comey, M.D., decided to volunteer in Tanzania after meeting Mary Banda, M.D., a native of that country. Although Dr. Banda has spent her adult life in the United States, she returns often to Tanzania to run Bugando Medical Center in Mwanza.

At the Center, Dr. Noyes provides primary care. "People there have so little," she says. "When Mary is coming, thousands of people will come to the clinic. They will walk for days. They sleep under the trees until they get care. It's very gratifying to be able to help them." She recalls one elderly man who needed a CT scan, but he could only afford the \$100 cost if he sold his possessions or livestock. He and his family were speechless when Dr. Noyes collected the money from colleagues and handed it to him.

The couple plans to return in the summer with their 17-year-old son, Daniel, in tow. "There are a lot of opportunities for all volunteers," she says.

Holyoke Medical Center is proud of the volunteer services that our clinicians provide around the world, and happy to support and encourage them in their endeavors.



Dr. Elizabeth Noyes with colleagues (top) at Bugando Medical Center (bottom) in Mwanza, Tanzania, in October 2015.





# Taking CONTROL

A FEW  
SIMPLE  
STEPS CAN  
HELP KEEP  
PREDIABETES  
FROM  
BECOMING  
MORE.

**PREDIABETES MEANS THAT YOUR** blood sugar level is above normal, but it's not high enough to be classified as Type 2 diabetes. According to the Centers for Disease Control and Prevention, it's likely to become Type 2 diabetes in less than five years unless you take steps to stop the progression.

The good news is that prediabetes can actually function as a wake-up call for you to get started on the road to improved health. Read below for tips to help you combat prediabetes, and for information on how Holyoke Medical Center can help.

## LIFESTYLE: THE BEST DEFENSE

### DON'T WAIT ON YOUR WEIGHT

Reducing your body weight by 7 percent greatly reduces your chances of becoming diabetic.

### GET MOVING

Exercising for 30 minutes a day, five days a week, can have a significant

impact on slowing the progress of prediabetes.

### EAT TO LIVE, DON'T LIVE TO EAT

Many diabetes risk factors are connected to our diets; follow these tips to help bring your diet in line.

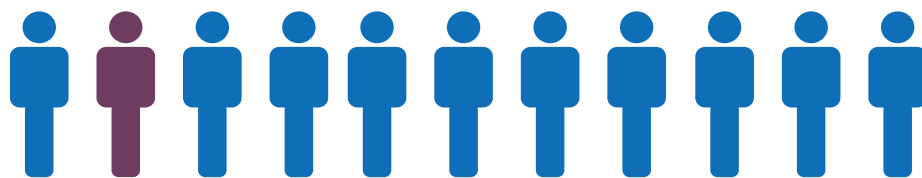
- **Veggies:** Incorporate a variety of colorful vegetables into your diet.
- **Fruits:** Get rid of the juices, sugary drinks and desserts, and instead opt for healthful whole fruits.
- **Grains:** Eat plenty of whole grains, contained in whole-grain breads and cereals, as well as oats, brown rice and farro.
- **Low-Fat Dairy:** Don't cut out dairy because you think it's fattening. Low-fat versions of milk, yogurt and cheese are good for your body.
- **Protein:** Fish and seafood are great sources of healthy protein. So are other lean meats (such as chicken), eggs, fortified soy products, beans, nuts and seeds.
- **Healthy Oils:** Cook and dress your foods with less oil. Use healthier oils such as olive oil, canola oil and sunflower oil.
- **The Don'ts:** Of course, sugar is a big no-no for anyone struggling with higher blood sugar levels. You should also avoid trans fats and excess sodium in your diet.



## Holyoke Medical Center Can Help

Each month Holyoke Medical Center offers a three-week series focused on empowering patients, their families and caretakers with knowledge to manage diabetes. To learn more or register, please call April Medeiros, Diabetes Educator at 413.534.2703.

## DIABETES BY THE NUMBERS



# 29.1 million

The number of Americans who have diabetes, or 1 out of 11 people.



If you're overweight, losing as few as 5 to 15 pounds can lower your blood sugar levels.

# 245 billion

The total amount in medical costs and lost work and wages for those who have a diabetes diagnosis.\*

(\*Centers for Disease Control and Prevention, 2014)





# New gift honors Holyoke's nursing history

A LOBBY DISPLAY CELEBRATES FORMER NURSING SCHOOL.

MARJORIE SHAW WORRIED, ALONG WITH MANY OF HER fellow alumni, that everything would be lost. Every year, fewer and fewer people remembered that there had been a nursing school at Holyoke Hospital. As vice president of the alumni association, she dreamed with her former classmates of finding a way to commemorate the Holyoke Hospital School of Nursing, where generations of nurses had trained from the late 1800s until it closed in 1977. The medical center's president and CEO, Spiros Hatiras, also wanted to find a way to honor the school's history and recognize its alumni as an important part of the Holyoke Medical Center community.

Finally, an ideal solution was discussed: a permanent museum-quality display of artifacts from the school. Through photographs, yearbooks and other memorabilia, the exhibit would demonstrate how both the nursing profession and the training of nurses have changed. It would inspire new nurses to think about how far the profession has come and ponder how it might evolve in the future.

The alumni association and hospital leadership imagined the exhibit in the medical center's lobby, a historical counterpoint to the computerized high-tech world of today's hospital landscape. It would highlight nursing-school life over time, with rotating displays focused on specific decades, from the earliest days to the 1970s. It would provide a glimpse of a bygone era when hospitals, not universities, trained nurses.

That era, Shaw remembers, was far different than today. When she was in nursing school in the late 1950s, students provided hands-on patient care, initially performing many tasks allocated today to nurses' aides. All utensils were made of stainless steel; students scrubbed everything from basins to bedpans. By late in the second year, as their clinical training

progressed, students were responsible for all nighttime patient care under the supervision of a registered nurse. To gain experience in specialties, Holyoke Hospital School of Nursing students spent time at institutions in larger cities, including Boston and Philadelphia.

In many ways, patient care also differed. One example: Until about 40 years ago, there was no such thing as outpatient surgery because there were no minimally invasive procedures, only open surgery. Everything from cataract operations to childbirth involved lengthy hospital stays, so there was a larger patient population to manage.

Student life was different too. When Shaw was at Holyoke Hospital School of Nursing, students spent their days working in the hospital or attending classes. In the evenings, they were required to study in their dormitory rooms. They had very little free time and their schedules were tightly regulated. It was a lifestyle quite different than that of today's nursing students, who study at universities and, outside of class, spend their time as they choose.

As planning continued, an obstacle emerged: A quality display case would cost \$15,000, something the hospital was willing to pay, but some fundraising efforts would need to be made.







Members of the Holyoke Hospital Alumni Association had the opportunity to view the display at the annual luncheon in October.

A few days after getting that news, Shaw sat in her kitchen with Connie Kurdziel, president of the alumni association, discussing the fundraising challenge. Shaw didn't realize that her husband, Jim, was listening in the next room. A few days later, he surprised her: He wanted to fund the display to honor her, as a graduate of the school who had gone on to earn both bachelor's and master's degrees, and to become an administrator at another local hospital.

In December 2016, Shaw's dream became a reality. Past meets present in the lobby of Holyoke Medical Center. The current exhibit showcases the 1930s. A mannequin outfitted in a 1936 graduation uniform, yearbooks, photographs, class rings, pins and insignias are all carefully arranged. Front and center in the display is a plaque that honors Shaw. It features her portrait with an inscription: "Display case donated by James Shaw in honor of Marjorie Wilhelmi Shaw, MHSA, for her accomplishments since graduating from Holyoke Hospital School of Nursing and honoring the class of 1960."

"I hope it will serve as an inspiration to alumni and to all nurses," says Shaw, adding that she also hopes it will strengthen the bonds within the alumni community. Already, it has done just that: Recently, 125 graduates from across the country gathered at the annual banquet to unveil the display, celebrate their alma mater and marvel at how far their profession has come. Next time you're at Holyoke Medical Center, we hope you'll take a few minutes to enjoy the display, a piece of our shared community history, permanently located in the main lobby.



Donors, Jim and Marjorie Shaw, with HMC President and CEO Spiros Hatiras at the Holyoke Hospital Alumni Association annual luncheon.

» Fundraising efforts at Holyoke Medical Center are now being focused on "Care. Community. Commitment. The Campaign for Holyoke Medical Center." Make your campaign pledge toward the new Emergency Department today by calling our **Development Office at 413.534.2579.**

# KIDNEY STONES

THE TRICK TO A BETTER OUTCOME? SEEK MEDICAL CARE SOONER RATHER THAN LATER. BETTER YET, FOLLOW OUR TIPS FOR PREVENTION AND REDUCE YOUR KIDNEY STONE RISK.

## EACH YEAR IN THE U.S. KIDNEY STONES CAUSE

more than half a million people to visit emergency rooms. You've probably heard that kidney stones can be very painful, which is true, but there's good news, too: You can take steps to reduce your risk.

Kidney stones are formed when minerals crystallize and harden in the kidney. Some stay there, and others travel through the urinary tract. Tiny stones are sometimes eliminated in the urine with only mild discomfort. But larger stones can force urine to back up behind them, causing dull aches between the ribs and pelvis, or pain on either side of the lower back, in the stomach or groin.

Most stones can be treated by drinking more fluids and taking over-the-counter pain relievers, and are eventually excreted in urine. Some, however, need to be either broken down or removed during an outpatient procedure. In rare cases, surgery that requires hospitalization is the best option.

The impact of a kidney stone can vary greatly from individual to individual. "A small stone can have a minimal effect, or it can land you in the ICU for a month," says Alexander Berry, M.D., of HMC Urology Services in Springfield. The comprehensive and coordinated care at Holyoke Medical Center means that treatment is tailored to the specific characteristics and effects of each stone—and the needs of each patient.

"The most common problem," says Dr. Berry, "is that people delay diagnosis and treatment." To determine the best treatment, doctors need to know the size and location of the stone or stones. Typically, ultrasound imaging is used to determine this. Doctors also need to understand the role your personal history may be playing.

Kidney stones have many causes, including inherited conditions, dietary factors and infection. Risk factors include obesity; diets high in salt, sugar or animal protein; weight-loss surgery (gastric bypass); and

certain medications and medical conditions. A personal history of kidney stones is itself a risk factor: One episode brings a 50 percent chance of recurrence within 10 years.

For stones that must be removed, the two options most commonly used are noninvasive shock wave treatment (lithotripsy) or ureteroscopy. Shock wave therapy works well for most stones, and is often used for those in the kidney. Administered in an outpatient setting, shock waves are aimed directly at the stone, blasting it into bits that then pass through the urinary system. It creates a level of discomfort that's similar to a colonoscopy.

Ureteroscopy, a more complex procedure, is often the treatment of choice for large stones located in the ureter (the duct through which urine passes between kidney and bladder). A short, flexible lighted tube called an endoscope is inserted through the bladder into the ureter. This scope allows the surgeon to see the stone and either remove it using a tiny wire basket or break the stone into small pieces using a laser.

Dr. Berry notes that neither procedure is likely to have side effects, and says that most patients return to normal activities quickly.



**Alexander Berry, M.D.**

» To learn more, attend Dr. Berry's talk on kidney stones: 5:30 p.m. on March 29, 2017, at the HMC Auxiliary Conference Center. Please register online at [holyokehealth.com/events](http://holyokehealth.com/events) or by phone at 413.534.2789.





## Best Practices for Prevention

Fortunately, there are steps you can take to reduce your risk of getting kidney stones.

1. Drink plenty of fluids. Dr. Berry recommends drinking 80 ounces (2.5 quarts) of liquid daily. Water is best. He suggests consuming more than half that amount in the morning to adequately hydrate throughout the day. If you perform strenuous outdoor work, you'll need to drink close to a gallon daily.
2. Stick to a diet that's low in salt, sugar and animal protein.
3. Reach or maintain a healthy weight.
4. Drink lemonade. Both lemonade and limeade are rich in potassium citrate, a substance that helps to prevent kidney stone formation. Just avoid versions with sugar, which can increase kidney stone risk. Dr. Berry suggests making your own lemonade by adding a tablespoon of lemon concentrate per quart of water, and sweetening with stevia, which is tea-based, to help mask the tart taste.
5. Don't avoid calcium-rich foods. Though most kidney stones are made up primarily of calcium, calcium in food is not linked to an increased risk of kidney stones. However, calcium supplements may be. Ask your doctor which preventive steps are important for you.

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## Symptoms to Watch For

Some patients with a kidney stone experience dull aches between ribs and pelvis. Others develop severe pain (often in waves) in the side, abdomen, lower back or groin. Urine may look cloudy or smell bad.

Emergency symptoms include:

- Pain that makes it difficult to find a comfortable position
- Pain with nausea and vomiting
- Pain with fever and chills
- Blood in the urine
- Difficulty passing urine.



# ACE Awards

THANK YOU TO OUR SPONSORS.

**THE SECOND-ANNUAL ACE AWARDS TOOK PLACE ON** Saturday, October 15, 2016, honoring two lifetime achievement award recipients and several exemplary staff members. Valley Health Systems would like to extend sincere gratitude to our sponsors for their generous support.

## **Leading Role Sponsors:**

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## **ACE Award Finalists:**

Front row: Dr. Zubeena Mateen, Awilda Masso, Julie Janocha, Wendy Gannett, Leslie Rosales

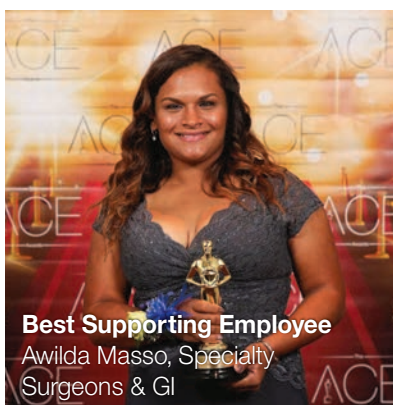
Back row: Dr. Nirav Sheth, Pamela Diemand, Dr. Richard Levrault, James Keefe, Cherelyn Roberts, Alexa Mignano  
Absent: Nilda Garcia

## *winners*



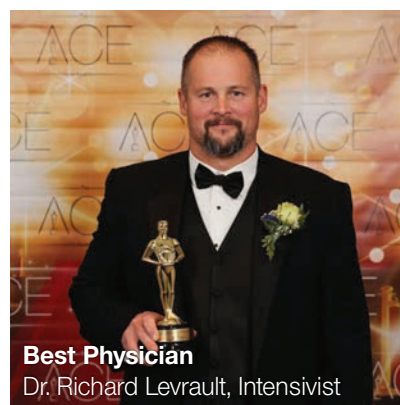
## **Lifetime Achievement Award Winner**

Dr. Garry Bombardier, Occupational Health, The Work Connection



## **Best Supporting Employee**

Awilda Masso, Specialty Surgeons & GI



## **Best Physician**

Dr. Richard Levrault, Intensivist



## **Best Caregiver**

Julie Janocha, Radiology



## **Best Leader**

Pamela Diemand, Inpatient Behavioral Health



## **Lifetime Achievement Award Winner**

Atty. Burton S. Resnic (Buddy), Former Board Member



# MEET OUR NEW STAFF MEMBERS

WE WELCOME 10 NEW MEDICAL PROFESSIONALS TO THE HOLYOKE MEDICAL CENTER FAMILY.



**Joanna Cichon, M.D.**

Specialty: Internal Medicine  
Location: Western Mass Physician Associates, 262 New Ludlow Road, Chicopee. To schedule an appointment, please call 413.552.3250.



**Bethany Williams, P.A.**

Specialty: Pediatrics  
Location: Western Mass Pediatrics, 10 Hospital Drive, Suite 201, Holyoke. To schedule an appointment, please call 413.534.2800.



**Steven Schonholz, M.D.**

Specialty: Breast Surgery  
Location: HMC General & Specialty Surgeons with locations in Holyoke and Westfield. To schedule an appointment, please call 413.540.5048.



**Shayhira Suazo-Herrera, M.D.**

Specialty: Endocrinology  
Location: HMC Endocrinology & Diabetes Center, 8 Isabella Street, Holyoke. To schedule an appointment, please call 413.534.2820.



**Samuel McArthur Jr., P.A.**

Specialty: Rheumatology  
Location: HMC Rheumatology, 575 Beech Street, Suite 402, Holyoke. To schedule an appointment, please call 413.534.2862.



**LaQuita King, M.D.**

Specialty: Pathology  
Location: Holyoke Medical Center



**Edward Koh, MD**

Specialty: Anesthesia  
Location: Holyoke Medical Center



**Florence Odutola, M.D.**

Specialty: Anesthesia  
Location: Holyoke Medical Center



**Jaehyun Byun, M.D.**

Specialty: Hospital Medicine  
Location: Holyoke Medical Center



**Roy Sittig, M.D.**

Specialty: Hospital Medicine  
Location: Holyoke Medical Center

# TIME TO FIX THE MIX?



WHEN THE ASSETS IN YOUR INVESTMENT PORTFOLIO GET OUT OF WHACK, REBALANCING CAN PUT THEM RIGHT—AND PROTECT YOUR FUTURE.

**“DON’T PUT ALL YOUR EGGS IN ONE BASKET,”** AN OLD saying warns us, and there’s true wisdom there. If your balanced investment portfolio becomes too heavily concentrated in the “basket” of stocks and not enough in bonds—or vice versa—you could be putting your nest egg at greater risk than you intend.

Rebalancing can help. It means redistributing funds among asset classes to get back to your intended target asset allocation—the percentages of invested funds placed in categories such as stocks, bonds, money-market funds or cash. Think of rebalancing as returning your portfolio to the mix of investments you chose based on your risk tolerance and life priorities.

“Research shows that over five years or more, if you’ve rebalanced your portfolio at least once a year, you’ll be better off,” says Carol Hoffman, a certified financial planner and Principal at Clear Perspectives Financial Planning in Cincinnati.

Suppose that two years ago, planning your investment strategy, you decided to put 60 percent of your funds in stocks and 40 percent in bonds. Then stocks went crazy. Now you find that because of the growth in the shares of stock you own, you have 64 percent of your money in stocks and just 36 percent in bonds. That would be fine if stocks always went up, or if stocks were always a better bet than bonds. But we know those things aren’t true. And if stocks now happen to crash downward, your 64 percent puts you in greater danger than the old mix—the one you chose—would have.

“When the stock market is up, that’s right when you want to sell,” says Hoffman. “But that’s hard for people. It’s emotionally difficult because everyone loves winning, so they want to hang onto whatever’s winning. But it’s well proven that you get the best return for your portfolio over the long term by rebalancing.”

In this case, rebalancing means selling a portion of your

stocks and buying more bonds to get the portfolio back to your desired balance. Rebalancing forces you to buy assets that have recently underperformed and sell those that have recently done well. In other words, it ensures that you follow the old investing adage: “Buy low; sell high.” Rebalancing helps you take advantage of the market’s tendency to overshoot on both the downside and the upside.

Be aware of any transaction costs when you look to rebalance, and figure those into your decision. If you shift funds too often, it could cost more than the adjustments would be worth.

Fortunately, some investment firms—especially with retirement accounts—offer free automatic rebalancing at specified intervals. There is also software that triggers a rebalance if a certain degree of change—say, 5 percent up or down—takes place in the percentage share allocated to an asset class.

“With a 401k or 403b plan, if you rebalance once a year typically there is no cost,” says Hoffman. “But if you do it more frequently, there could be fees.” If your assets are in other investment vehicles, such as an IRA, Hoffman advises that you ask about fees before you rebalance. In addition, there could be tax consequences to consider.

How often should you adjust your investment mix? For the typical investor in normal market conditions, annual rebalancing is likely very efficient. But keep in mind that in highly volatile market conditions you may want to rebalance more frequently.

Of course, rebalancing isn’t magic. By reducing your stock holdings from that 64 percent to 60 percent, you could limit your gains if stocks continue upward. But long-term planning remains your best guide.

No one can be consistently successful at timing markets, but with a disciplined approach you can help reduce your overall portfolio risk—and hopefully enhance returns.





# glorious grapefruit

TART AND TANGY IN FLAVOR, THIS CITRUS FRUIT HAS HEALTH BENEFITS THAT ARE PRETTY SWEET.

## DID YOU KNOW?

Named for their tendency to grow in clusters like grapes, these juicy gems were first discovered in the West Indies in the early 1700s. A member of the citrus family, they're believed to be the result of a natural crossbreeding between an orange and a pomelo. We can thank the Spanish for introducing grapefruit to Florida in the 1820s, though they grew grapefruit trees purely for their beauty, turned off by the fruit's slightly bitter taste. Today the United States is the world's top grapefruit producer, with about 75 percent of our country's supply grown in Florida. You can find the fruit in three main varieties, categorized by the color of their flesh: white, pink/red and star ruby/rio red.

## POWER UP

Step aside, OJ: Grapefruit can also help ward off nasty winter colds with its high vitamin C content (just one half of a grapefruit contains 80 percent of your recommended daily value). The fruit is also a good source of vitamin A, vitamin B<sub>6</sub>, potassium, thiamin and niacin, and contains pectin, a form of soluble fiber that may lower cholesterol. But not all grapefruit are created equal: The pink and red varieties contain lycopene, a powerful antioxidant that may play a role in reducing cancer risk, and are more vitamin-rich than the white. Grapefruit have also been touted for their supposed weight-reducing powers. Advocates of the "grapefruit diet"—a fad diet popular in the 1970s that involved consuming grapefruit at every meal—claimed that grapefruit contains a special fat-burning enzyme. While research has not supported this theory, at just 40 calories for one half of a medium-sized grapefruit, there's no doubt this nutrient-packed super fruit is a great option for those watching their weight.

## BUY · STORE · SERVE

You can purchase grapefruit year-round, and right now is the height of the grapefruit season, when they are ripe and contain the most antioxidants, according to research. Choose a grapefruit that is glossy, smooth and round and heavy for its size, steering clear of those with brown or soft spots. Store grapefruit at room temperature for up to a week, or in your refrigerator for up to eight weeks. Let grapefruit warm to room temperature before consuming, whether you prefer to scoop yours out with a spoon or slice it into wedges.





## Community Hospital. World-class Goals.

We're committed to raising \$3 million to bring world-class healthcare, including a state-of-the-art Emergency Department, to our community. The Campaign for Holyoke Medical Center is all about people – the thousands who rely on us for care each year and the benefactors who have already contributed close to \$1 million toward our goal.

**Now it's your turn. Make your campaign pledge today by calling our Development Office at (413) 534-2579.**

The Campaign for  Holyoke Medical Center