

For a **WEB EXTRA** with a video clip of the dance performance in Rauner, see [dartmed.dartmouth.edu/sp11/we04](http://dartmed.dartmouth.edu/sp11/we04).

**STATEMENT:** New Hampshire became the first state in the nation where the governing boards of all hospitals signed a resolution to work together to improve patient safety. The Granite State already ranks first for providing appropriate evidence-based care.



## BODY LANGUAGE EX LIBRIS

A modern-dance troupe. Choreography inspired by a 16th-century anatomy textbook. A library as a performance space. Those disparate elements came together when the Dartmouth Dance Ensemble put on a performance in a dramatic glassed-in space in Dartmouth's Rauner Special Collections Library, home to the most valuable books on campus.

Mayuka Kowaguchi, DC '11, the lead choreographer, says the impetus for the event came when she took a tour of Rauner.

One of the books that made an impression on her was Andreas Vesalius's *De Humani Corporis Fabrica*—meaning "On the Structure of the Human Body." She was amazed by Vesalius's beautiful anatomical illustrations. So she and the 11 other dancers in the

troupe used the images as inspiration for their movements, highlighting the human body's bone, skin, and muscles.

Kowaguchi says the performance was especially meaningful to her because it showed how science and dance—two "totally unrelated parts of [her] life"—could be brought together. And all the dancers enjoyed the chance to understand the body at an anatomical level, in a way they never had before. K.P.



THE DARTMOUTH

## KIDNEY SWAP TRUMPS PATS

The worst part about her decision to donate a kidney, joked Catherine Richard of Henniker, N.H., at a press conference at DHMC, was having to miss a Patriots game. To prove that was no small matter, she sported a Pats jersey at the press conference. The best part? Richard and her sister-in-law, Kathy Niedzwiecki of Pelham, N.H., were participants in the first four-

way kidney swap arranged as part of a national pilot by the Organ Procurement and Transplantation Network. Before the pilot, paired matches had to be made on an ad hoc basis.

The other donor and recipient involved in the DHMC swap live in St. Louis, and Barnes-Jewish Medical Center was the other participating institu-

tion. "Expanding the database of willing and able live donors . . . through programs like this pilot," says Dr. David Axelrod, DHMC's chief of transplantation surgery, "enables us to maximize access to this precious resource." A.S.



MARK WASHBURN

## Dartmouth supports effort to HEAL the region

How big was a typical cookie when you were growing up? That's a question that Kristen Coats, coordinator of the Upper Valley Healthy Eating Active Living (UV HEAL) partnership, likes to ask teachers and administrators when she's visiting their schools. With that simple question, she helps them tune in to portion sizes and the nutritional quality of the food available in their schools.

"People are used to the 'super-size me' mentality," says Coats, who has a master's degree in public health. Extra-large cookies, along with sugary drinks and processed foods, have become the "cultural norm," she adds.

Changing that cultural norm is one of the goals of UV HEAL, and three other HEAL partnerships throughout New Hampshire. UV HEAL, funded in part by Dartmouth-Hitchcock and several large foundations, is made up of more than 20 local organizations, including day-care centers, schools, health-care providers, businesses, and nonprofits.

**Slow:** Changing cultural norms can be "a slow process," Coats admits. That's why she celebrates the small steps that UV HEAL has helped its partners make in the past two years.

One partner, the Children's Center of the Upper Valley, a day care in Lebanon, N.H., has replaced Fruit Loops with healthier cereals, created gardens for growing vegetables that go

into the kids' snacks and lunches, and secured a grant to purchase tricycles for its playground, among other changes.

Other partners, such as the Upper Valley Trails Alliance and the Lebanon Parks and Recreation Department, have worked with planning boards, city councils, and private landowners to create a four-mile greenway for biking and walking.

**Fruits:** In another UV HEAL project, students are competing in a game called Reach the Peak, in which they earn points for eating fruits and vegetables.

"Our students are very excited," says Joni Butler, who's been a physical education teacher at Enfield, N.H., Village School for 21 years. "They are jumping up to tell me . . . that they are eating their fruits and vegetables when I enter the lunch room." In mid-January, 105 of the school's 210 children were playing Reach

**One day care has replaced Fruit Loops with healthier cereals.**

the Peak. And some of their older siblings, at Enfield's Indian River School, post messages on UV HEAL's interactive website (see [www.uvheal.org/](http://www.uvheal.org/)) about their own efforts to stay active and improve their diets.

Having that kind of influence in Enfield, a town in the Mascoma Valley, is particularly important because that area is "a food desert," explains Coats, meaning there is no local place to buy fresh fruits and vegetables.

Last year, Vital Communities—a regional nonprofit and a UV HEAL partner—surveyed



MARK WASHBURN

**Benjamin Lin is enjoying a lunch of vegetable soup at a local day care, thanks to the DHMC-supported HEAL initiative.**

Mascoma Valley residents about their access—or lack thereof—to fresh produce. “We see strong evidence that Mascoma residents are interested in attracting or developing a local ‘bricks and mortar’ store that is large enough to provide quality, moderately priced fruit and vegetable options,” Vital Communities reported in December 2010. UV HEAL and its partners are now helping to figure out a way to meet that need.

While a single survey or a single greenway may not be enough to create a wholesale shift in the cultural norms of the region, Coats sees promise in the sum of such initiatives.

**Sustain:** “It is less about one particular program and more about how we are working together to create communities that sustain us,” says Coats. Addressing overweight and obesity problems requires “a community-wide approach,” she adds. “Everybody matters.”

JENNIFER DURGIN

## DMS students find elders “kind” and “witty”

**H**anging out with a bunch of retirees doesn’t sound like the way a group of medical students would choose to spend a free evening. But at Hanover’s Kendal retirement community, eight DMS students have turned out for Skills Night. They’re there to learn some of the clinical skills involved in geriatrics, and Kendal residents have volunteered to act as patients.

The students and volunteers first get to know each other over dinner. “We had surprisingly deep conversations,” DMS first-year Regina Duperval says later, “and they were really kind.”

After dinner, the students get to work. They’ll focus on cognitive function and mobility, says Dr. Stephen Bartels, director of the Dartmouth Centers for Health and Aging, since “memory loss and falling are common problems with aging.”

**Gait:** In one room, physiotherapist Nancy Evans shows students how to assess an elderly person’s gait, speed, and balance. “On the word ‘go,’ walk toward this line, then return to your seat,” says a student to Kendal resident Bill Griffen. He obligingly shuffles three meters to and from his chair in 11 seconds, indicating good mobility; a frail person might take two minutes or more. “Well, I’ve had both hips and a knee replaced,” Griffen quips, drawing chuckles.

Meanwhile, Dr. Linda Dacey is demonstrating how to record changes in resident Wiggy Grassi’s blood pressure as she sits upright and then stands. If the pres-

sure drop between positions is greater than 20 points, Dacey says, it indicates orthostatic hypotension, meaning the patient is more likely to fall.

**Risk:** “One in three people over the age of 65 falls each year,” explains Joanne Cook, a nurse practitioner at Ken-

**“Memory loss and falling are common problems with aging.”**

dal. “So it’s important to understand risk factors for falls and how to screen for them.”

A third group of students is carrying out mental status tests, guided by Bartels. Kendal resident Hershner Cross confidently names 23 different animals in a minute, showing “spontaneous recall of well-learned information,” Bartels says. Cross also has a good grasp of spatial relations, easily drawing the hour markers and a specific time on a clock face. But when told a story and quizzed on the details afterward, he comes up short. It’s an attention issue, Bartels explains.

“My ‘patient’ was in his mid-nineties,” says first-year student Kevin McNerney. “I was really struck by how witty he was. It was remarkable . . . to see that he hadn’t experienced much of a mental decline at all.”

“We’d discussed such

tests in class, but we hadn’t yet moved from theory to practice,” adds second-year Amy Thomas. “Actually doing the assessment helped me to understand how it works.”

Duperval is glad she attended. “I’d never considered geriatrics before, but now I’m starting to see it as a [career] option,” she says.

Thomas, on the other hand, has long planned to specialize in geriatrics and worked closely with several faculty members to organize Skills Night. She credits her interest in the field to growing up with both sets of grandparents and three great-grandparents.

“One of the fastest-growing segments of our population is people 80 and older,” Thomas says, “so we need to be trained to understand the unique challenges of treating these patients.” She hopes Skills Night will become a yearly event and help change the perception among her peers that geriatrics is stodgy.

ALISSA POH



YURI ARCUS

**Preparing for situations like this was the goal of the evening.**