



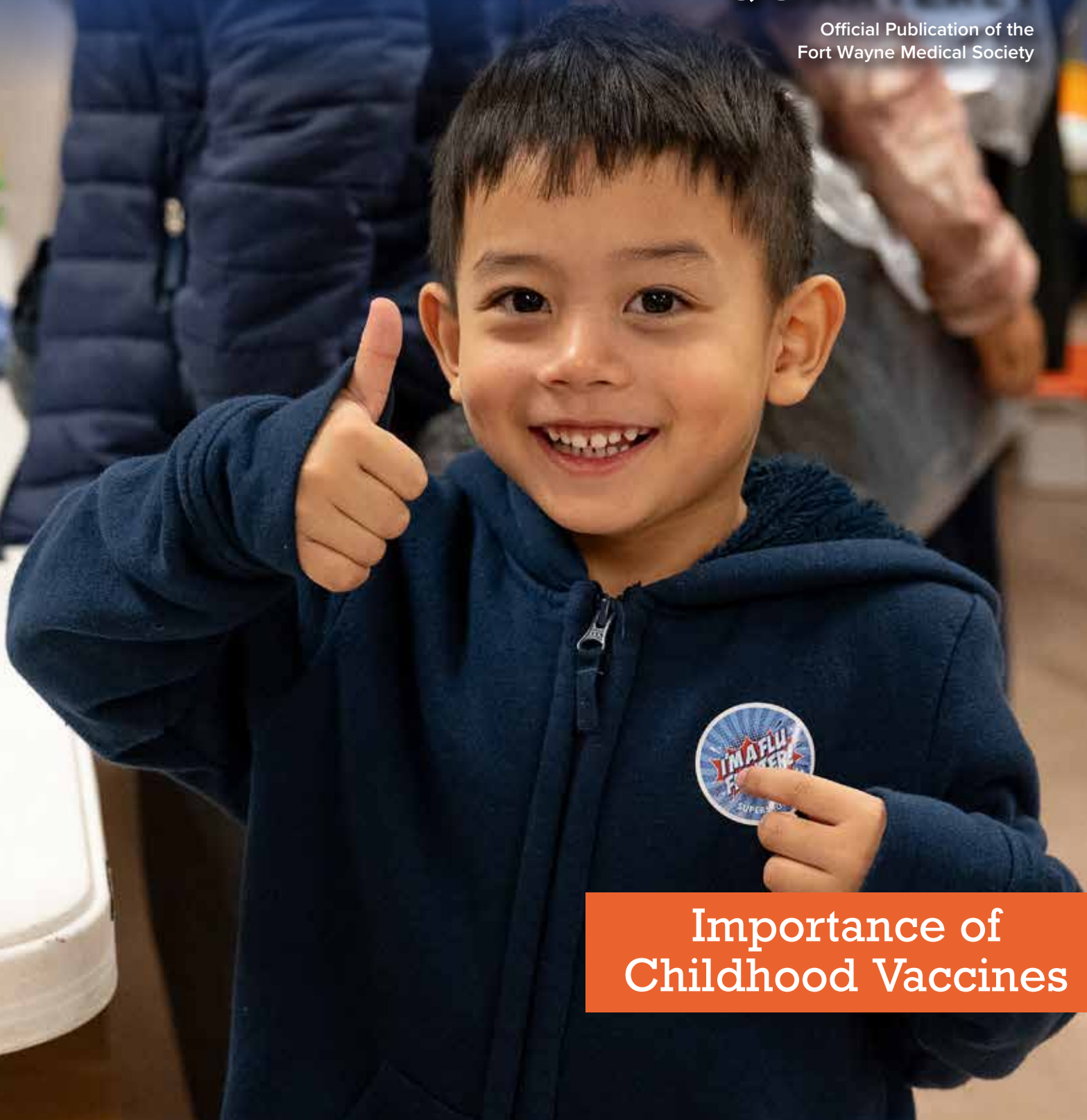
FORT WAYNE

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Spring 2026 • Volume 23, Issue 2

QUARTERLY

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Importance of
Childhood Vaccines

More Board Member SPOTLIGHTS inside!



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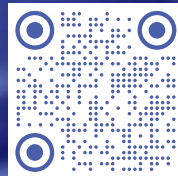
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Mission Statement

The Fort Wayne Medical Society is committed to the goals of the American Medical Association, the purpose of which is the preservation of the art and science of medicine, the personal development of member physicians and the protection and betterment of the public health.

The Fort Wayne Medical Society is committed to the principles of physician autonomy and self-determination in the practice of medicine.

The Fort Wayne Medical Society is committed to fulfilling the role of an active cohesive leader of the healthcare resources of our community by maintaining and assuring the quality, availability and the responsible economic utilization of our healthcare resources.

The Fort Wayne Medical Society is committed to active involvement in the decision-making process regarding medical, social, political and economic issues affecting patients and physicians within hospital and all various inpatient and outpatient settings.

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The views expressed in *Fort Wayne Medicine Quarterly* articles are those of the authors and do not necessarily represent those of the Fort Wayne Medical Society.

Editorials are welcome and members are encouraged to respond to an opinion that might be different from their own.

References from articles will be included, if space allows. When not included, references can be obtained through the editor.



Our spring edition of *Fort Wayne Medicine Quarterly* is bursting at the seams with forty pages of insightful articles, local medical news, and much more. We hope you enjoy reading it as much as we love putting it together for you!

Super Shot's childhood vaccine media campaign featuring local physicians from a variety of healthcare systems really caught our eye this spring. We asked Super Shot if they could translate those powerful television ads into a cover story. They were happy to oblige.

Accompanying our cover story, we have an article from leading vaccine expert and past FWMS president, Scott Stienecker, MD. Dr. Stienecker graciously provided an article on the latest advancements in mRNA vaccines.

Additionally, we hear from ISMA President, Ryan Singerman, DO, and colleagues, who submitted a case study on the measles vaccine. Regular contributor Andrew Roberts, MD, also shares his insights on this vital topic.

Aside from our vaccine coverage, we have an article from our Chairman of the Board, David Donaldson, MD, on the ongoing relevance of the landmark 1975 Indiana Medical Malpractice Act. There is no better example of your membership dollars in action than this legislation, originated and continuously defended by the ISMA.

We also have 2026 match results from Fort Wayne Medical Education Program. It is always exciting to see which physicians matched with FWMEP – a spring ritual that has been happening since 1972!

Lastly, we share four more board member spotlights with you. We appreciate learning more about our trustees and believe you will find value in the experiences they share.

SAVE THE DATES!!

**2026 ISMA
District 12 Meeting**
Tuesday, June 23th
Hors d'oeuvres and Cocktails
6:30pm ET
Sycamore Hills Country Club



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**Fort Wayne
Medical Society**

mRNA Vaccines—Exciting New Advances with an Important New Tool | Scott Stienecker, MD



mRNA vaccines represent a transformative platform enabling rapid, adaptable

responses to infectious diseases while expanding into oncology and chronic disease applications. Advances such as self-amplifying and circular mRNA may improve durability and efficacy. While safety data from billions of administered doses remain reassuring, ongoing research continues to refine delivery systems, reduce reactogenicity, and evaluate long-term outcomes. The platform's flexibility positions it as a cornerstone of future precision medicine.

What is an mRNA vaccine?

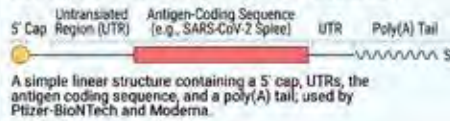
Non-replicating mRNA vaccines, such as the current COVID-19 (coronavirus disease 2019) vaccines, have an advantage in that once injected into the body, they are taken up by various antigen presenting cells in the tissues (such as dendritic cells) that process then present the antigen to T-Helper cells which then activate B-Cells to make antibody. The antibodies bind to a specific viral target stimulating the other immune cells to destroy or inactivate the virus's ability to bind. Upon a viral challenge (infection), it will activate both humoral and cellular immunity.

continued on page 8

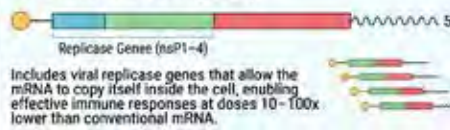
mRNA Vaccines: From Molecular Blueprint to Immune Defense

THE MOLECULAR ARCHITECTURE (VACCINE TYPES)

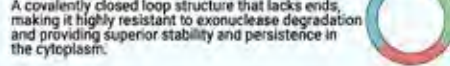
NON-REPLICATING mRNA (THE CURRENT STANDARD)



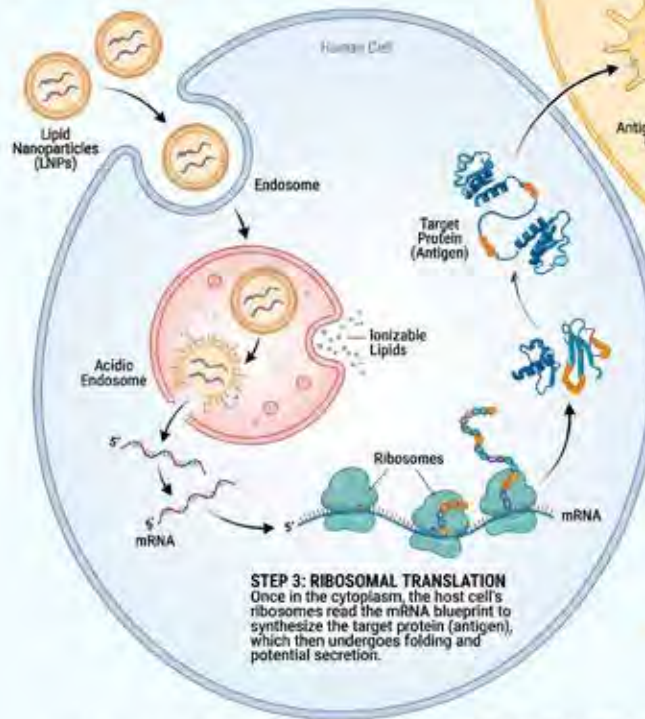
SELF-AMPLIFYING mRNA (saRNA)



CIRCULAR mRNA (circRNA)

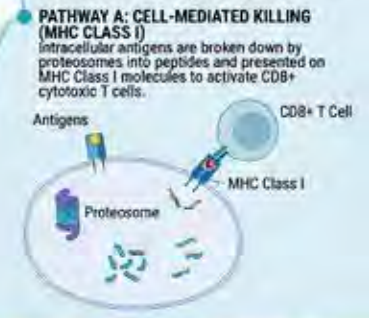


THE CELLULAR MECHANISM (UPTAKE & TRANSLATION)

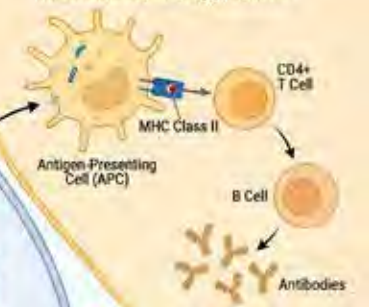


THE IMMUNE RESPONSE (ACTIVATION)

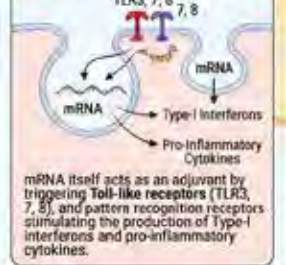
HIGH REACTOGENICITY PROFILE
mRNA vaccines are characterized by higher reactogenicity than traditional vaccines, frequently causing temporary local and systemic reactions as the innate immune system activates.



PATHWAY B: ANTIBODY PRODUCTION (MHC CLASS II)
Secreted antigens are engulfed by Antigen-Presenting Cells (APCs) and presented via MHC Class II to CD4+ T cells, which coordinate B cell antibody production.



THE SELF-ADJUVANT EFFECT



DOSE-DEPENDENT RESPONSE
Adverse events are often tied to dosage; for example, 100 µg doses are typically well-tolerated, while 400 µg doses in early trials showed unacceptable reactogenicity.

Billion-Dose Safety Validation:

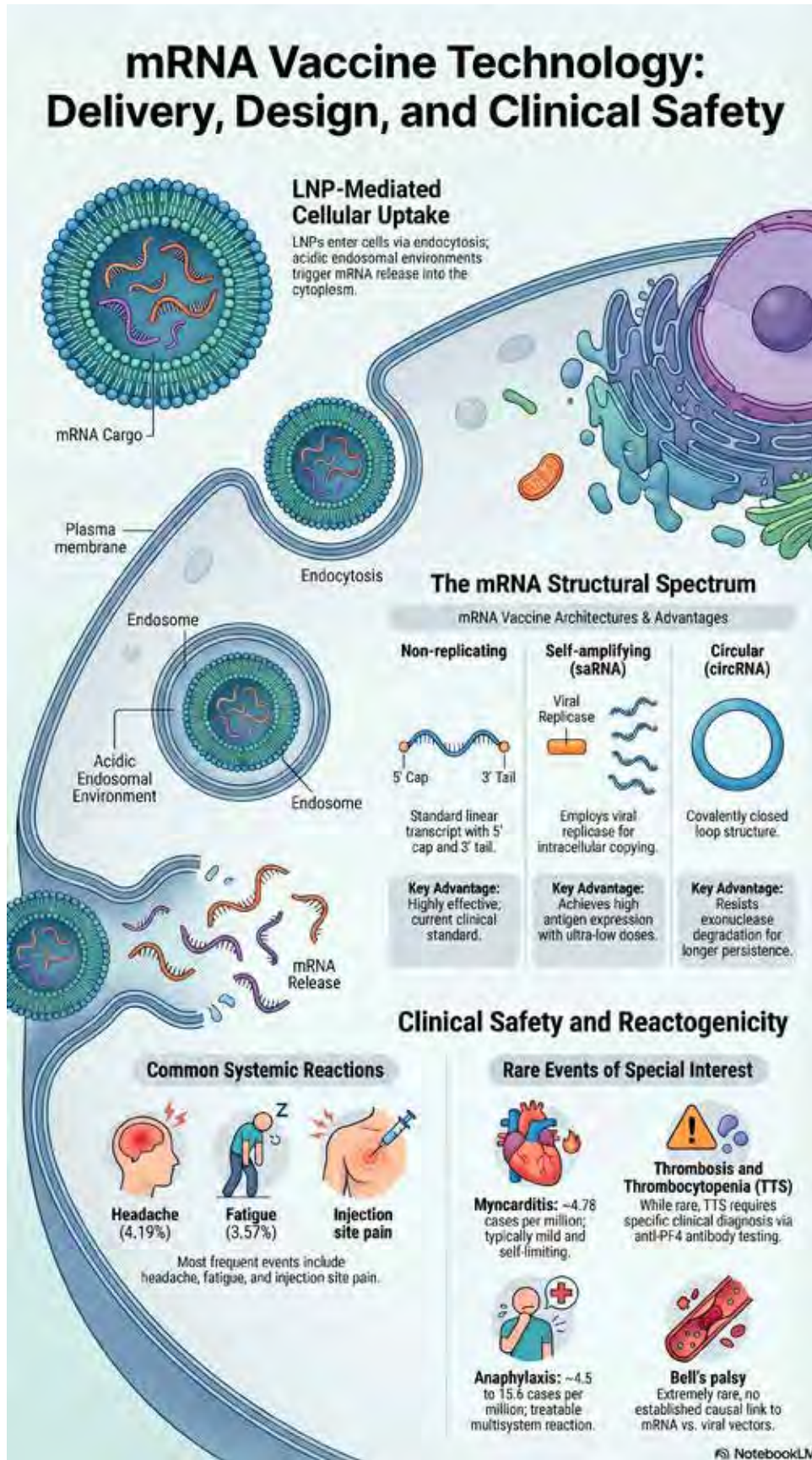
Billions of doses of mRNA vaccines have been administered worldwide by 2026, the safety profile has been well-characterized by multiple countries demonstrating high efficacy across all age groups, including the elderly (>=65).

ADVERSE EVENT SPECTRUM		
CATEGORY	EVENT TYPE	DESCRIPTION/CONTEXT
COMMON (MILD/MODERATE)	Injection Site Reactions	Local pain, redness, and swelling at the site of administration.
	Systemic Symptoms	Fever, fatigue, headache, and chills (typical of innate immune activation).
SEVERE (RARE/VERY RARE)	Unacceptable Reactogenicity	Associated with ultra high doses in early phase trials (e.g., 400 µg influenza mRNA).
THEORETICAL CONCERNS	Mutagenic Potential	Negligible risk as mRNA does not enter the nucleus; concerns only exist if reverse transcriptase (from HIV or cancer) is present.

continued from page 7

sections are often enclosed in lipid envelopes that enhance phagocytosis by dendritic cells, macrophages and muscle cells. Improvements in these lipid capsules are expected to lead to improved uptake and fewer side effects. Since the mRNA is translated into the cytoplasm in the ribosome and doesn't enter the nucleus and is not known to integrate into DNA, the risk of genomic alteration is extremely low based on current evidence.

Other advances include self-amplifying mRNA as well as circular mRNA with improved stability thought to confer a longer lasting immunity important for some chronic diseases and cancer therapies. With self-amplifying mRNA, the mRNA also includes a viral replicase that encodes an RNA-dependent RNA polymerase that first amplifies the antigen target mRNA in the cells many fold, that then is translated by the cytoplasmic architecture (ribosome) to generate a large amount of antigen that stimulates other T-cells and B-cells (plasma cells) to generate a humoral and cell-mediated immune response. The antibodies targeting an infection or malignant cell activate cytotoxic T-cells to attack the target. Circular mRNA loops back and attaches to its start which resists degradation leading to persistence in the cytoplasm for a much longer duration of antigen expression. This may be particularly useful for certain types of cancer therapies.



These sections of messenger RNA last only hours to days before degraded into component nucleic acids and recycled by the host cells. To reach the target cells, mRNA

A key advantage of this platform is the speed of development of a vaccine to a specific target. The vaccine design can occur within weeks once a target antigen

is identified, with clinical-grade production and scale-up occurring over several months. That allows, say, Influenza targets or COVID-19 targets to be rapidly changed as the virus evolves.

Advances

A combination vaccine targeting Influenza and COVID-19 (e.g. Moderna mRNA-1083) (mCombrax) has been submitted to the FDA in the United States and is under review. It has been approved in Europe for age 50+ as of early 2026. There was a Moderna mRNA-1073 vaccine in early phases but had an earlier version of the COVID-19 strain than the -1083 version. A combination mRNA Influenza/COVID/RSV vaccine is also in phase 1 trials complimenting the recently approved RSV (respiratory syncytial virus) vaccine (mRESVIA -mRNA 1345). Pfizer and BioNTech have reported mixed results in early trials, particularly with Influenza B strains, prompting reformulation efforts. Other targets under investigation include CMV (Cytomegalovirus), EBV (Epstein-Barr Virus), HSV (Herpes Simplex Virus), Zika virus, Nipah virus, Lassa fever, Ebola fever and yellow fever.

Pfizer and BioNTech are reportedly heavily investing in next-gen formulations directed against various cancers to improve organ safety and lower the doses needed to fight the cancers.

Cancer Care and Chronic Diseases

Both Moderna and BioNTech are working on mRNA vaccines to open the door to specialized personal cancer care (precision medicine) by designing vaccines that encode tumor-specific neoantigens to generate a targeted immune response. Other oncologic target vaccines include melanoma, lung cancer, colorectal cancer and pancreatic cancer.

Safety profile

Billions of mRNA vaccines have been administered worldwide so far. mRNA vaccine safety profile has been well researched in the USA and elsewhere. One of the more accessible databases is the Vaccine Adverse Event Reporting System (VAERS). In this system, VAERS is a passive surveillance system, and reports do not establish causality. Those initially vaccinated with the COVID-19 vaccines were encouraged with active solicitations

for events via cell phone messages on a regular cadence for those that enrolled. The most common side effects included: headache, fatigue, pyrexia, dizziness, nausea, and pain at the injection site. Of the serious side effects reported, mRNA-1273 (Moderna) more commonly reported myocarditis than BNT162B2 (Pfizer/BioNTech) but cases were usually self-limited and had full recovery. Rare side effects included anaphylaxis, pericarditis, Bell's palsy, Guillain-Barre syndrome, thrombosis and thrombocytopenia.

Theoretical concerns have been raised regarding mutagenesis with mRNA vaccines under highly specific conditions (e.g., presence of reverse transcriptase). However, there is no evidence of this occurring in vivo in humans, and current data support a strong safety profile. Ongoing studies of newer platforms such as self-amplifying and circular mRNA continue to evaluate long-term safety. Further trials – especially with the circular mRNA and self-replicating mRNA – will have to look for these theoretical concerns.

mRNA vaccines provide an exciting opportunity to target a variety of diseases that have been otherwise difficult by enhancing our immune system's response. This promises an opportunity for precision oncologic medicine and difficult infectious diseases that have resisted other attempts.

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Back the Science. Broadcast the Facts.

A community effort to support physicians and rebuild trust in vaccines

Connie Heflin, Executive Director, Super Shot



Since 1993, Super Shot has worked alongside physicians and public health leaders to ensure children and adults in northeast Indiana have access to lifesaving immunizations. As a nonprofit community vaccine clinic, Super Shot was created to remove barriers to vaccination, whether those

barriers are financial, logistical or educational. Super Shot continues that mission today by providing accessible vaccines to children and adults throughout Fort Wayne and Allen County.

But recently, a new barrier has become increasingly difficult to overcome - federal changes to the childhood immunization schedule coming from the CDC and the Advisory Committee on Immunization Practices (ACIP).

In 2025 and early 2026, the CDC removed universal recommendations for multiple childhood vaccines. This led to the American Academy of Pediatrics (AAP) to publish its own evidence-based childhood vaccine schedule.

All of this “noise” at a federal level has caused confusion for families. In response, Super Shot and community partners have come together to launch a public service announcement (PSA). The PSA features local physicians who care for families across Allen County. The goal is simple but powerful: remind our community that the most trusted source for vaccine information remains the physicians who know their patients best.

The PSA was produced locally by Super Shot and the Allen County Department of Health in partnership with videographer Brad Bores, and it highlights physicians from organizations across the region who came together to speak with one voice about the importance of vaccines.



Back the Science.
Broadcast the Facts.



Partners involved in this PSA include:

- Allen County Department of Health
- Fort Wayne Pediatrics
- IU Health Physicians
- Lutheran Health Physicians
- Parkview Health
- Pediatric Associates Inc.

“This PSA is about reinforcing something physicians have always known,” said Tony GiaQuinta, MD, FAAP, Medical Director at Super Shot. “Vaccines remain one of the most effective tools in modern medicine for preventing disease and protecting public health.”

While national conversations around vaccines can feel polarizing, the PSA focuses on something deeply local: the relationship between physicians and the families they care for.

“These doctors aren’t strangers to the families they serve,” GiaQuinta said. “They’ve seen these children grow up from the time they were babies. They’ve answered questions about car seats, fevers, backyard injuries and walked through every stage of childhood. They’re trusted partners in a child’s health, and they’re still here to answer questions about vaccines.”

The PSA originally launched as a :60 video but was later adapted into a :30 version to maximize airtime and reach more viewers across northeast Indiana. Through local television placements the campaign is working to ensure that accurate, physician-led information about vaccines reaches families where they already consume news and information.

For physicians practicing today, the campaign is intended to provide visible support. “We heard from many physicians that they are facing more pressure and more questions fueled by misinformation,” GiaQuinta said. “This PSA is a way for the medical community to stand together and remind families that the science behind vaccines is strong, and the physicians who recommend them are people they know and trust.”

The campaign also reflects a broader philosophy shared by Super Shot and its partners: improving vaccination rates and community health requires collaboration. By bringing together local healthcare systems, pediatric practices, and public health leaders, the PSA demonstrates that the medical community is united in its commitment to protecting children and families from vaccine-preventable diseases.

At its core, the message is not about institutions or organizations. It’s about trust. And in Fort Wayne, that trust begins with the physicians who care for our community every day.



To watch the :60 second video or support the campaign, scan the QR code.



Board Member SPOTLIGHT



Joshua Wallet, MD, FACS, FASCRS
Colorectal Surgery • Center for Colon & Rectal Care

“Remember the ‘why,’ always.”

I’ve built my career around something simple, but easy to lose sight of over time: remembering the “why.” Medicine has a way of pulling you into the day-to-day demands, but staying grounded in *purpose* is what keeps the work meaningful.

Quick Take

- Coffee order: Chai tea latte with oat milk
- Favorite drink: Guinness
- Favorite dessert: Carrot cake (no raisins), with close seconds being Costco cake and peanut butter pie from Paula’s on Main
- Favorite restaurant: Tolon- “God’s butter!”
- Favorite shows/movies: *The Simpsons*, *Family Guy*, *Seinfeld*, *The Office*, and *Marvel* movies
- If I wasn’t a doctor, I’d be: Freelance photographer or owner of a sports card store.

Life Outside the Office

My time outside of medicine is largely spent collecting, buying, and selling sports and non-sport cards and memorabilia. It’s something I genuinely enjoy and a completely different pace from my work.

If I had a full day with no obligations, I’d spend it walking through the Smithsonian, taking my time reading every exhibit.

Family

My wife is a teacher, and we have three children who are all pursuing their own interests. My oldest is in her first year at Purdue studying interior design. My middle child is a junior in high school with interests in sports media. My youngest will be a freshman next school year and wants to be an engineer.

If You Dumped Out My Bag

An iPad, schedules, and old journal articles.

Cases That Have Stayed With Me

It’s difficult to point to any one “interesting” case. In reality, it’s usually not good for the patient to be considered interesting.

The most difficult cases are the ones where, as a surgeon, I know there is nothing I can do to help. Those moments stay with you.

Favorite Quote

“ It’s fine.
I’m fine.
We’re fine. ”



Balance and Staying Grounded

It helps to have a family that tolerates my long hours, but sometimes maintaining balance is as simple as choosing to ignore work and be present.

I try to go to the gym when I feel motivated, but more importantly, I make time for my family and give myself “me” time when I need it.

Avoiding Burnout

Honestly, sometimes the healthiest thing to do is to step away. I'm fortunate to have amazing partners and colleagues who allow me to do that!



Physician Wellness, Reconsidered

I think physicians sometimes believe they are always in control. But the Serenity Prayer still applies—having the wisdom to know the difference between what you can change and what you can't.



On Quality, Operations, and Growth

These things will always be out of balance with one demanding more attention than the other at different times.

For me, the best way to stay aligned is to keep the patient at the center of everything.

Trends Influencing My Work

The continued research into optimal treatment for rectal cancer is one of the most important developments in my field.

At the same time, artificial intelligence is the ultimate double-edged sword of our age. It has enormous potential, but it also comes with real concerns.

The biggest barrier to delivering high-quality care continues to be health insurance or a patient's lack of it. There's no realistic single solution, but that doesn't mean we stop making reforms that will hopefully make high-quality care easier to deliver.



**Fort Wayne
Medical Society**

Board Member SPOTLIGHT

Sharon Singleton, MD

Family Medicine • Lifestyle Medicine
Retired, former Vice President and
Chief Medical Officer at Neighborhood Health



Medicine has been one of the most fulfilling parts of my life, but it's also one of the most demanding. After recently retiring from full-time practice at the end of 2025, I've had more space to reflect on the journey-what I've learned, what I wish I had known earlier, and what continues to matter most.

Quick Take

- Coffee order: Soy latte
- Favorite drink: Kir royale
- Favorite dessert: Bread pudding
- If not a doctor, I'd be an: Environmental lawyer
- Favorite travel destination: Paris
- Currently reading: *The Secret of Secrets* by Dan Brown
- Favorite movies: *The Thomas Crown Affair*, *The Best Exotic Marigold Hotel*, *The Proposal*, and *Top Gun*
- Favorite restaurants: Proximo, Cork 'n Cleaver, and Biaggi's, but Club Soda for drinks and music
- Favorite travel destinations: Pacific Northwest (Seattle & Orcas Island), New Orleans & London

Life Outside the Office

I've always loved discovering new places and experiences: restaurants, museums, cities, and outdoor activities like hiking and kayaking. Travel has been a big part of my life, whether it's exploring the Pacific Northwest, enjoying the energy of New Orleans, or spending time in London.

I'm incredibly fortunate to have three wonderful grown children and four grandchildren who I adore (and spoil whenever possible)! I also have two rescue dogs, Cinder (black lab mix) and Bode (mini Bernedoodle).

I enjoy cooking, especially whole food recipes from scratch, learning piano, reading, and spending time outdoors. If I had a full day to myself, it would likely include some combination of all those things, along with time shared with family and friends.



Cases That Stayed With Me

The cases that have always stayed with me are the ones where patients defied the odds: those who faced serious illness or life-altering events and then made intentional lifestyle changes that allowed them to truly thrive beyond expectations.

On the other hand, some of the most difficult cases have been shaped not just by medicine, but by systems. I recall a long-time patient who declined precipitously after surgery, and despite efforts to coordinate care across multiple specialists, communication barriers and EMR challenges made it incredibly difficult to align on a path forward. It was frustrating and heartbreaking, and ultimately, the patient passed after a year of complications.

On Quality, Operation, and Growth

I always come back to one principle: this is first and foremost about providing the best care possible to our patients. Everything else should follow from that.



Favorite Quote

“ Let your life speak ”

– Parker J. Palmer

Physician Wellness, Reconsidered

We all know that stress isn't good for us, but it's not always easy to step away from it. Taking the time to truly care for ourselves is something we have to be more intentional about.

Balance and Staying Grounded

Medicine doesn't lend itself easily to balance. There are always tasks, always patients to follow up on, always more to do. It does not lend itself easily to a lot of free time.

And yet, it has been the most fulfilling career I could have imagined.

Spending time with family and friends has always been essential. Walking my dogs, meditating, and connecting with colleagues have also helped me reset and regain perspective during more challenging times. I say this as I just recently retired from full time work.

Trends Influencing My Work

Value-based care and insurance quality measures have had a significant impact on how we practice.

At the same time, artificial intelligence is both exciting and concerning. It has the potential to transform care, but it also raises important questions about how we maintain the human side of medicine.

One of the biggest barriers I experienced was the increasing burden of computer work and EMRs that are not intuitive. Having more efficient systems, or even something as simple as a scribe, would allow physicians to spend more time where it matters most: with patients. I believe there have to be huge changes ahead which can help doctors get back to direct patient care and allow them time to think as they decide the best ways to care for a patient. I'd especially like to see a much easier, more fluid way for doctors to communicate between themselves in order to optimize decisions of patient care.

What I Wish I Had Learned as a Resident

I wish I had better understood the true value of organized medicine as the world was changing and allowing everyone but doctors to make decisions about health care. We learned to care for patients clinically, but not nearly enough about the importance of physicians having a voice at the table, when so many other organizations were deciding how we should practice and deliver that care.



Biggest Influence

My parents had the greatest influence on my approach to life. They taught me to always do the right thing, to help others, to be adventurous, and to never stop learning.



**Fort Wayne
Medical Society**

Board Member SPOTLIGHT

Stephanie Kidd, DO, MBA
Family Medicine - IU Health Primary Care



I've taken a slightly different path into medicine than many. As a non-traditional student, I came in with a broad range of life experiences that ultimately shaped how I approach both my career and my patients. Looking back, I feel my residency prepared me well, but I also believe that life experiences outside of medicine teach us just as much, if not more.

Cases That Have Stayed With Me

One of the most interesting cases I encountered during residency was a Creutzfeldt-Jakob case.

The most difficult case, though, is one I still think about: a metastatic cancer case that went previously undiagnosed but presented during a night shift after they were found unresponsive and septic. I had to have an end of life discussion with their very young son, who had also recently lost their other parent. That was one of the most emotionally exhausting moments of my career-carrying a great deal of emotional and mental weight while having to remain composed.

Quick Take

- **Coffee order:** Cortado
- **Favorite drink:** Plain, ice-cold water!
- **Favorite dessert:** Tiramisu
- **Favorite Restaurants:** Hideout 125 and Umi. I love a good surf and turf... cannot beat a great filet
- **Favorite travel destination:** Rome
- **If not a doctor, what would you be:** Some type of entertainer – I enjoy being in front of people
- **Favorite movies:** Anything with Meg Ryan or *Jim Carrey* and *The Avengers*

Physician Wellness, Reconsidered

We often tell others to take care of themselves first, but we don't always follow that advice ourselves. We need to practice what we preach.

Life Outside the Office

I enjoy being outdoors engaging in water activities, hiking and traveling.

I'm also passionate about real estate investing and rehab projects, which give me a creative outlet in a completely different way.

At home, life is full. I'm married with five children and two grandchildren! We also have a very energetic 1 year old German Shepherd named Apollo.





“ I like to laugh, have fun, and am quite goofy no matter where I am or what I am doing! ”

Balance and Staying Grounded

I recently adopted the term “*work-life harmony*.” I’m a workaholic by nature and actually enjoy working. If there is ever a time I don’t have “something to do” I find something. That “something” may be researching for my businesses, facetime with the grandbabies or working on other investments. If I feel like doing something creative, I just do it.

Finding Meaning During Burnout

If I start to feel frustrated or burnt out, I remind myself of the number of times I have had patients show gratitude for the care I have given. It can be very helpful to reflect on the role I play in helping my patients feel better and improving their lives.

On Quality, Operations, and Growth

I stick to a patient first mindset. If something doesn’t align with what’s best for the patient, even if that’s an operational demand, I still pick my patient every time.

One of the biggest barriers to delivering high-quality care right now is being short-staffed. Adequate staffing would make a significant difference and would make our lives less stressful-I think I can speak for every physician on this one!

Trends Influencing My Work

I’m not really someone who follows trends closely. I focus more on encouraging an overall healthy lifestyle for my patients. That said, I’ve been a big advocate for continuous glucose monitors (CGMs) and am glad to see them becoming more widely used. I just wish insurance companies would get on board with their importance in helping us battle obesity and diabetes.

On the other hand, trends like scope creep and the increasing number of employed physicians are concerning. I worry that the role of physicians in medicine is being diluted.



Biggest Influence

Some of the biggest influences in my life came early on. When I was a teenager, I worked at Kroger. One day a regular customer presented me with a car seat for my daughter because I was a teen mother. He showed me the importance of compassion and giving back to others when I’m able to do so.

In undergrad another woman encouraged me to pursue medicine when I hadn’t even considered it. In my family I was the first to go to college and we had no physicians. She changed the entire course of my career!



Fort Wayne
Medical Society

Board Member SPOTLIGHT

Scott Yen, MD, FACP

Internal Medicine Residency Director,
Parkview Health Graduate Medical Education



Medicine, to me, isn't just about getting to the next milestone. It's about the people, the shared experiences, and the moments along the way. I try to carry that mindset into all areas of life, remembering to appreciate the journey as much as the destination.

Quick Take

- **Coffee order:** Black. Preferably a local brew. It took a year to get rid of sugar, then another year to eliminate cream. Now I can enjoy guilt-free coffee...until I start shaking from too much caffeine!
- **Favorite dessert:** Nothing compares to an excellent homemade shortbread cookie
- **If not a doctor, I'd be a:** High school chemistry teacher
- **Favorite travel destination:** Anywhere with a large body of water in which you can just spend time listening to the rhythms of the water.
- **Favorite shows/movies:** The *Star Wars universe series* & movies, especially *A New Hope*
- **Favorite restaurant:** Spoke and Ivy – great take on American fare

Life Outside the Office

I enjoy things that let me be both creative and present. Cooking is an outlet for me, mostly comfort food. I also spend time building Legos both as a teaching tool and just for fun building large models. I also enjoy puzzles, especially around the holidays when it becomes a shared activity with family.

If I had a full day to myself, it would be simple: read a good book, cook a great meal, and spend the evening with my family around an outdoor firepit, talking, laughing, and just savoring the time together.

Family

My wife, Cathy, works in non-profit leadership. We'll be married for 35 years this year! Our son, Chris, is a chef in Chicago at the restaurant *Miru*. Our daughter, Erin, is a dancer in San Francisco. She was just married this past October, so we've welcomed a wonderful new son-in-law, Ryan, into the family.



What I'd Tell My Resident Self

Enjoy the journey and the moments that make up the journey. No matter how hard it was at times, the people I trained with were some of the kindest and most helpful I've ever met. Too often, I was focused on finishing the next task instead of taking time to appreciate both the good and the difficult moments we experienced together.

Physician Wellness, Reconsidered

I think one of the biggest misconceptions is that wellness is separate from the workplace.

You must find joy in the work itself. If everything about your job is just waiting for your next day off, that's not wellness. Find those small moments throughout the day that fill your cup and make you look forward to coming back.



What I'm Passionate About

I've become really interested in understanding how to motivate the modern learner. It ties into my role in residency education, but it's also something I think about more broadly; what drives people to grow, improve, and succeed.

This involves reading books, taking lessons from them and then figuring out how to integrate it into residency education.

Favorite Quote

“ If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions. ”

– Albert Einstein

Balance and Staying Grounded

Balance means recognizing that there are going to be times where you give everything to your professional obligations. But when that stretch is over, you must truly step away and be present with your family and personal life.

For me, staying grounded also comes down to staying active. No matter how busy the day is, I make time for some form of exercise, even if it's just a short walk or a quick yoga routine to reset.

Trends Influencing My Work

I think this is a bit of a no-brainer: AI is changing how we work, and I think it's largely for the better.

At the same time, it weighs heavily on my mind. As someone involved in training the next generation of physicians, I want to embrace the technology, but I also want to make sure it's used appropriately and ethically.

On Quality, Operations, and Growth

It starts with building a strong team. Set clear goals, surround yourself with people who share those goals, and use everyone's strengths to manage the competing priorities.

And always remember, it's a team effort when things go well. When they don't, take responsibility.



Biggest Influence

My wife, Cathy has absolutely been the biggest influence in my approach to life. She has taught me the importance of chasing your dream, no matter how difficult it may appear to be. Reaching your goals requires a growth mindset and a willingness to be uncomfortable to reach those goals



A United Front for Our Children: Why Allen County Physicians Are Speaking Up

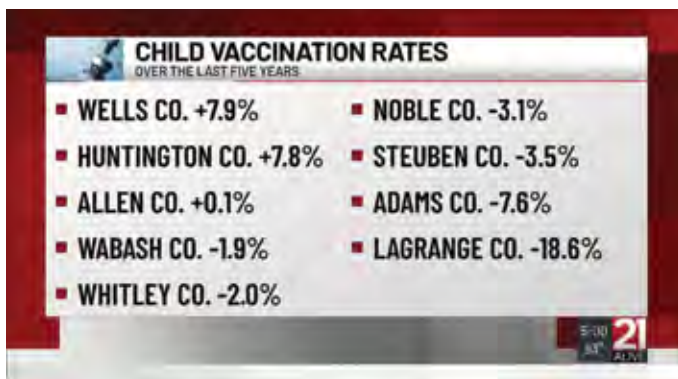
Andrew Roberts, MD



Spring in Fort Wayne brings a welcome thaw and a return to our neighborhood parks. Having just wrapped up coordinating my daughter's elementary basketball program this past February, I am constantly reminded of how closely our children share their space. They share their basketballs and their water

bottles and inevitably their germs. When I watch my own daughters head into their classrooms or run down the court, my first instinct as a father is to protect them. As a physician, I know the most profound protection we can offer them is often the one you cannot see with the naked eye.

We need to have an honest conversation about what has happened in our community over the last few years. Since the COVID pandemic began, we have witnessed a dramatic and concerning shift in how people view public health and routine medical care. The anxiety, the political fights, and the isolation of that era spilled over into everything we do. Vaccine hesitation is no longer a fringe idea confined to small corners of the internet. It has seeped into our daily conversations at the grocery store and into our exam rooms across Allen County.



Parents are overwhelmed with conflicting information online where algorithms prioritize fear over facts. Social media platforms are designed to keep us engaged and nothing drives engagement quite like outrage and worry. This relentless confusion has led to a real and dangerous drop in routine pediatric immunizations right here in our own backyards. We are losing ground on public health victories that took decades to achieve.

We do not have to look far to see the immediate consequences of this hesitation. The recent measles outbreak in

our area was a loud wake up call for all of us. Measles is one of the most contagious viruses known to humanity. It can linger in the air of a room long after an infected person has left. Diseases we had successfully pushed into the history books through diligent pediatric care are no longer just distant threats. They are actively finding the gaps in our community immunity right now.

When vaccination rates drop below that critical threshold, it is the children who bear the burden of these completely preventable illnesses. We watched local families deal with the fear and the harsh reality of a highly contagious disease that we have the exact tools to stop. It was a stark reminder that our protection is only as strong as our collective participation.

Adding fuel to this fire of confusion is the recent push from the federal level to alter the childhood vaccine schedule. With the shifting rhetoric coming out of the Department of Health and Human Services, parents are understandably asking what they should do. They hear suggestions about spreading out shots or delaying certain immunizations and they bring these completely valid worries to their pediatricians.



The answer from the local medical community remains crystal clear. Major medical organizations like the American Academy of Pediatrics and the American Academy of Family Physicians are standing firm against the noise. They continue to passionately advocate for the original and rigorously tested immunization schedule. They know that the infant immune system is incredibly robust and capable of handling the precise antigens introduced by these vaccines.

The rigorous testing and continuous monitoring of these vaccines is unparalleled in modern medicine. Every single shot on the schedule has been evaluated for safety and effectiveness over millions of doses. The experts also know that delaying vaccines does not protect a child. It simply

leaves that child vulnerable to devastating diseases like pertussis, meningitis, and measles for a much longer period of time. Spreading out vaccines simply means spreading out the window of extreme risk.

This brings us directly to the incredible recent awareness initiative spearheaded by Super Shot. In a truly powerful show of unity, physicians representing Parkview Health, Lutheran Health Physicians, IU Health Medical Group, Fort Wayne Pediatrics, and Pediatric Associates have come together. It is exceptionally rare to see every major health care system and independent practice in our region step outside of their separate organizational structures to share a single microphone.



But that is exactly what this critical moment requires. The message from this unprecedented coalition is simple, compassionate, and unwavering. Childhood vaccines are safe, they are incredibly effective, and they are the absolute foundation of pediatric health. Before vaccines, polio paralyzed thousands of children every year. We do not see those tragedies frequently today precisely because the vaccines work.

The physicians featured in the Super Shot campaign are not distant bureaucrats making decisions from an office in Washington. They are the pediatricians and family doctors who live in our neighborhoods. They shop at our local grocery stores and their kids play in the same sports leagues as ours. When national rhetoric actively contradicts decades of proven medicine, it is the local physician who must do the heavy lifting to rebuild that trust face to face in the exam room.

The doctors in our community stand by the established science because we have seen it save lives over and over again. We have also sat at the bedside and seen the heartbreaking consequences when a child is left unprotected. We want to prevent that pain before it ever starts.

A critical piece of this entire conversation is access to care. We cannot simply tell parents to vaccinate their children and expect the problem to solve itself. We must ensure they have the actual means to do so. Super Shot serves as the leading provider of vaccinations to children in Allen County. They ensure that financial hardship or a lack of insurance is never a barrier to a child getting the protection they deserve.



For families who are uninsured or underinsured, Super Shot provides these life saving immunizations with a nominal administration fee. Crucially, they turn absolutely no one away for an inability to pay. Organizations like this stand in the gap so our entire community remains secure and healthy. It is the purest form of public service.

The ultimate goal of vaccination is not just the absence of disease. It is the preservation of a normal and joyful childhood. It is keeping kids at their desks learning without disruption. It is keeping them on the basketball court playing with their friends. It is keeping our most vulnerable community members safe from unintentional exposure. This includes the newborn babies in the neonatal intensive care unit and the grandparents undergoing chemotherapy who rely on the rest of us to form an invisible shield around them.

As we move deeper into the spring season and begin looking toward summer physicals and back to school preparations, I ask you to lean on the trusted voices in our community. If you have questions or concerns about the vaccine schedule, bring them directly to your doctor. Let us block out the online noise and the political maneuvering. Let us trust the local experts who have dedicated their entire professional lives to caring for our families. Together we can ensure our children have the healthiest possible start and keep our community safe for generations to come.



Though I have been tardy to many events, I am particularly sad to be one year off recognizing and celebrating the 50-year anniversary of Indiana's 1975 Medical Malpractice Act. I guess we can pretend this was written last year. Governor Bowen, a former physician himself, in working with the legislature made Indiana one

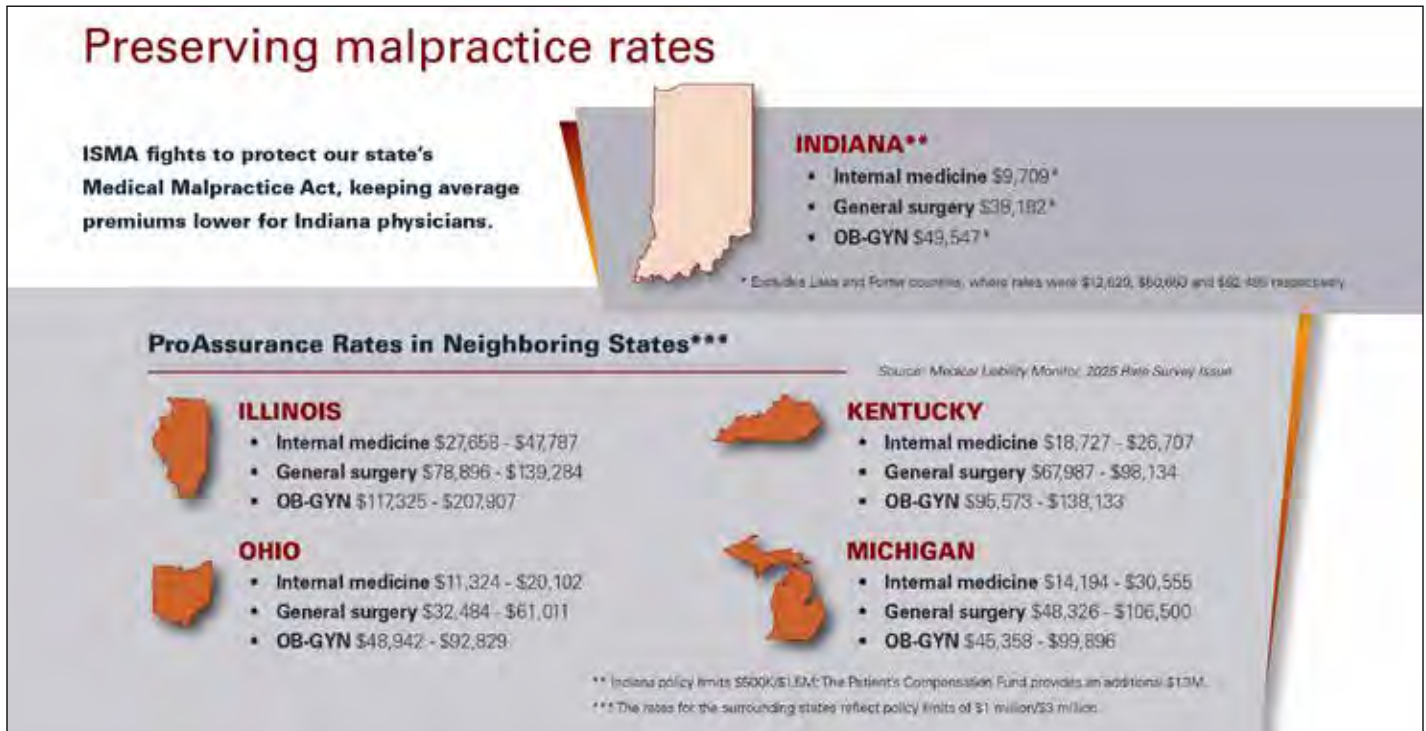
of the first and most influential states to pass physician protective legislation. Some doctors new to the state may even be unaware of the comprehensive reform that took place 51 years ago as a response to rising claims, higher payouts, and skyrocketing insurance rates, allowing our state to be one of the most physician friendly states to practice medicine.

The structural arrangements capped total liability damages, now at \$1.8 million, reduced volatility in jury awards, stabilized malpractice premiums, and encouraged insurers to remain in Indiana. In fact, recent data has shown that premiums in some specialties are 40-70% lower compared to neighboring states. A very innovative feature of the legislation is the Patient Compensation Fund [PCF], which pays damages exceeding the provider's required insurance coverage. This approach not only distributes risk and safeguards physicians against catastrophic losses but also ensures that injured patients may obtain compensation even if the provider lacks sufficient insurance coverage. Attorneys are limited to 15% of any recovery from the PCF. Another signature

feature of this framework is the medical review panels, which consist of three physicians and an attorney chair. This provides expert medical input prior to jury trial, reduces unnecessary litigation cost, and filters out non-meritorious claims. The Act additionally has the protective feature of a 2-year statute of limitations except for children less than 6, or if the "discovery rule" applies. Lastly, it should be comforting to know that this legal triumph has overcome many legal challenges and has been constitutionally affirmed at the state Supreme Court on multiple occasions.

In summary, the lower premiums, predictable liability exposure with damage caps, physician medical review panels, and insurance backstop with the Patient Compensation Fund, will continue to make Indiana a physician protective state aiding in physician recruitment and retention. Realizing that local component medical societies, such as the Fort Wayne Medical Society, along with the Indiana State Medical Association had major influential roles educating and encouraging law makers for this landmark legislation once again underscores the importance of being supportive of Fort Wayne Medical Society and Indiana State Medical Association.

I hope we all appreciate the valiant efforts and recognize the spirit that animated our predecessors favorably pioneering a physician friendly practice environment of which we are now the fortunate beneficiaries. I doubt to be around for the 100-year celebration but hopefully someone else will recognize this signature legislation in 2075.



HOMEGROWN TALENT, LIFELONG CARE: CONTINUING A LEGACY OF TRAINING AND CARE IN FORT WAYNE

For more than **50 years**, the **Fort Wayne Medical Education Program (FWMEP)** has played a defining role in shaping the physician workforce in Northeast Indiana. Since 1972, the program has trained more than 500 family physicians, many of whom chose to stay, practice, and build their lives right here in our community. Today, nearly 70 percent of FWMEP residents remain in Northeast Indiana after graduation, a remarkable testament to the strength of this program and the medical community that surrounds and supports it.

Many of you reading this have been part of that story. *Some of you trained here. Some of you taught here. Some of you welcomed residents into your practices, mentored them, supervised them, and helped shape the next generation of physicians* who now serve our region. The Fort Wayne Medical Society and FWMEP have long shared a commitment to ensuring that Northeast Indiana not only has access to care today, but also a strong physician workforce for the future.

That shared commitment is what brings us to this moment.



Almost **70%** of FWMEP residents remain in Northeast Indiana once they graduate.



Neighborhood Health has entered into a new phase of partnership with the Fort Wayne Medical Education Program through the continuity clinic on Broadway, formerly the Family Medicine Center, which Neighborhood Health now operates. This continues a relationship that began in 1974 and formalizes a long-standing partnership in which FWMEP residents already care for many Neighborhood Health patients, including our prenatal patients. The clinic remains a critical site for residency training and for providing essential prenatal and primary care services in one of our community's highest-need areas.



This transition does come with additional operational costs, and to help support this effort, the **Lutheran Foundation has provided a matching grant and will match donations dollar for dollar** that support the continuity clinic and residency training partnership. Neighborhood Health is honored to help steward this next chapter in partnership with FWMEP and the Fort Wayne medical community, and we would be grateful for your consideration of support as we work together to train future physicians and continue caring for the patients who rely on this clinic every day.

The Lutheran Foundation has provided a \$1 for \$1 match.
Matching funds are available up to \$250,000 - deadline June 30th, 2026

Yes! **I would like to donate to Neighborhood Health**

Name: _____
 Phone: _____
 Address: _____
 Email: _____
 Amount: \$ _____

Mail checks to:

Neighborhood Health
 111 E. Ludwig Rd, Ste 101
 Fort Wayne, IN 46825



SCAN or visit www.mynhfw.org to donate online

The Lutheran Foundation will match this gift \$1 for \$1

Questions? contact Sarah Neace - sneace@nhci.org • 260 -702-3042

All donations will support this Neighborhood Health Broadway Clinic and its partnership with the FWMEP. Neighborhood Health is a tax-deductible (c)(3) organization.

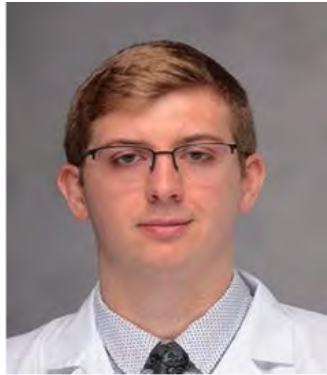




2026 Match Results



Ashlyn Chauhan, DO
*Campbell University School of
Osteopathic Medicine*



Chad Elliott, DO
*West Virginia
School of Osteopathic Medicine*



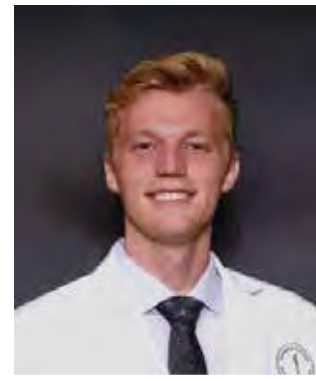
Srilekha Kollipara, MD
*MediCiti Institute of
Medical Sciences*



Steven Li, DO
*West Virginia
School of Osteopathic Medicine*



Evyenia Lippe, MD
*University of Illinois - Peoria
College of Medicine*



Davin Lyman, DO
*Burrell College of
Osteopathic Medicine*



Lorraine Mukona, MD
*Avalon University
School of Medicine*



Chloe Verhaeghe, DO
*A.T. Still - Kirksville
College of Osteopathic Medicine*

Comparison of Physician Group Measles Vaccination Rates against Indiana State Department of Health Averages: Brief Report |

Ryan Singerman, DO, FAAFP,¹ Eric Reichenbach, MD,¹ Annalisa Smith, DO,¹ Carly Daley, PhD, MS,² Caralyn Logan Delaney, BS,² Jamie Berndt, BSN, RN,² Xintong Lu, MPH²

Affiliations: 1Parkview Family Medicine; 2Parkview Health Services and Informatics Research



INTRODUCTION

Vaccination remains one of the most successful and monumental medical achievements of the 20th century. Nearly 100 years ago, the number one cause of death was infectious diseases, namely pneumonias, influenza, and tuberculosis.¹ Yet, by 2018, these causes of death had dropped to the 10th leading cause, well behind heart disease, cancer, accidents, and smoking.² Amongst causes of infectious disease, the measles virus is a highly contagious pathogen that can cause severe illness with the potential for long term complications, permanent disability, and even death.³ Scientific evidence denotes the minimum threshold to protect a community from a measles outbreak is an overall 93% vaccination rate.⁴ The effective immunity achieved after one dose of the Measles, Mumps, and Rubella (MMR) or Measles, Mumps, Rubella, and Varicella (MMRV) vaccine in individuals older than 12 months is 93%, however, two doses boost the effectiveness to 97%.⁴

The current vaccine schedule recommends the first dose to be given after children turn one year old and the second between four to six years of age. Due to the recent emergence of measles cases in the United States,⁵ we wanted to assess the degree to which our institution has protected our population with the MMR or MMRV vaccine as a first step to addressing any gaps in coverage in our area. To this end, we calculated the percentage of school-aged patients (kindergarten and first grade) between 2020 and 2025 who received one

or two doses of the vaccine and compared the vaccination rates to Indiana Department of Health (IDOH) data. Per the IDOH, two doses of MMR or MMRV are required without an exemption to attend public school.⁶ Through this investigation, we aimed to determine how our institution, a large non-profit health system in the Midwest United States, is performing compared to the Indiana state standard, and examine for potential disparities in vaccination coverage that may exist by race, insurance, income, and zip code. This project is a first step toward understanding disparities and identifying potential barriers that may prevent individuals from being vaccinated against measles.

METHOD

The project received exempt determination from Parkview Institutional Review Board. Information was retrieved from the hospital system's EPIC electronic health record (EHR) database following our inclusion criteria: patients aged five to eight years old during the 2020-2024 school years who completed at least two well child visits per their health history and had an Indiana address listed in the medical record at the time of the data extraction. We defined kindergarten as patients who were five years old at the start of the school year (August 1st), based on the requirement that children must be five years old before they start kindergarten.⁷ Since Indiana does not legally require kindergarten, but all children must legally be enrolled in school the year they turn seven,⁷ we defined first grade as patients who were at least six or seven years old at the start of the school year.

Descriptive statistics were employed to determine the vaccination rates for one or two doses and compare them to the vaccination rates for kindergarten and first grade students across the state of Indiana, publicly published by IDOH. Due to evidence of disparities and inequity in immunization coverage,⁸ vaccination rates for this population were stratified by information available in the EHR regarding race, insurance, and zip code at the time of the data pull to identify potential disparities for further investigation. Vaccination rates by income level were assessed using publicly available census data on median income levels per zip code.

RESULTS

A total of 44,225 patients were identified and included in the analysis. Among these, 41,034 (92.8%) received at least one dose of the MMR or MMRV vaccine and 36,646 (82.9%) received two doses, a difference of 9.9%. However, 3,191 (7.2%) remained unvaccinated, having not received a single dose. The vaccination rate across the ten zip codes with our highest number of

patients (totaling one third of the overall study population) was 94.1%.

Averaged across the five years (2020-2025), the percentage of patients in our data set who received two doses by kindergarten was 68.4% and two doses by first grade was 82.4% (Table 1). By comparison, the percentage of students in the IDOH data who received two doses by kindergarten and first grade was 89.9% and 90.1%, respectively. There was a notable and unexplained decrease in kindergarten vaccination rates in IDOH state data from 2021 to 2022 (92.2% to 83.0%, respectively), followed by an increase to 90.3% in 2023. In contrast, we did not observe regional fluctuation over the five-year period for patients in our kindergarten categories. The IDOH data for first grade increased from 84.0% in 2022 to 93.2% in 2023. The two-dose vaccination rates for regional first graders increased by an average of 14.4% from the vaccination rates for kindergartners.

Table 1. Health system MMR/MMRV vaccination rates for the first and second dose stratified by grade and calendar year and IDOH data per grade and calendar year

School Year, Grade	Patients as defined by age criteria* (N)	≥ 1 Dose, n (%)	≥ 2 Doses, n (%)	IDOH data: 2 Doses, %
2020–2021 K	5,233	4,807 (91.9)	3,403 (65.0)	93.1
2020–2021 1st	10,538	9,820 (93.2)	8,898 (84.4)	NA**
2021–2022 K	5,308	4,857 (91.5)	3,561 (67.1)	92.2
2021–2022 1st	10,546	9,751 (92.5)	8,747 (82.9)	NA**
2022–2023 K	5,270	4,813 (91.3)	3,574 (67.8)	83.0
2022–2023 1st	10,541	9,752 (92.5)	8,684 (82.4)	84.1
2023–2024 K	5,342	4,826 (90.3)	3,716 (69.6)	90.3
2023–2024 1st	10,578	9,787 (92.5)	8,669 (82.0)	93.2
2024–2025 K	5,204	4,741 (91.1)	3,680 (70.7)	90.9
2024–2025 1st	10,612	9,748 (91.9)	8,546 (80.5)	93.0

* Some individuals were counted in more than one School Year, Grade category because 1) they transitioned from K (kindergarten) to 1st (first grade), e.g., those counted in the 2020–2021 kindergarten group were also counted in the 2021–2022 first grade group, and 2) the defined age range for first grade spanned two years.

**Data not available from the IDOH database.

continued on page 28

The vaccination rates among patients with Medicaid vs Commercial providers were 92.2% vs 92.9%, respectively, for single dose, and 81.4% vs 83.2%, respectively, for two doses, which is near parity with the overall single and two dose vaccination rates (Table 2).

Table 2. Comparison of first and second dose MMR/MMRV vaccination rates between Medicaid and Commercial insurance types.

Insurance Group	Patients (N)	≥1 Dose, n (%)	≥2 Doses, n (%)
Commercial	34968	32501 (92.9)	29108 (83.2)
Medicaid	9257	8533 (92.2)	7538 (81.4)
Total Population	44,225		

Note: Medicaid included Anthem Medicaid, Caresource Medicaid, Medicaid Out of State, Medicaid Traditional, Michigan Medicaid, and UnitedHealthcare Medicaid

Notably, the single dose vaccination rate among the most common commercial insurance providers after adjusting for non-traditional cost share health plan (i.e., plans where members of groups with shared interests contribute to health care costs) was 95.5%, suggesting that this group was a potential outlier. Figure 1 shows the single dose vaccination rate of the population based on the insurer, listed in order of covered lives served.

Figure 1. Detailed distribution of MMR/MMRV single dose vaccination rates by top 16 (97%) of providers

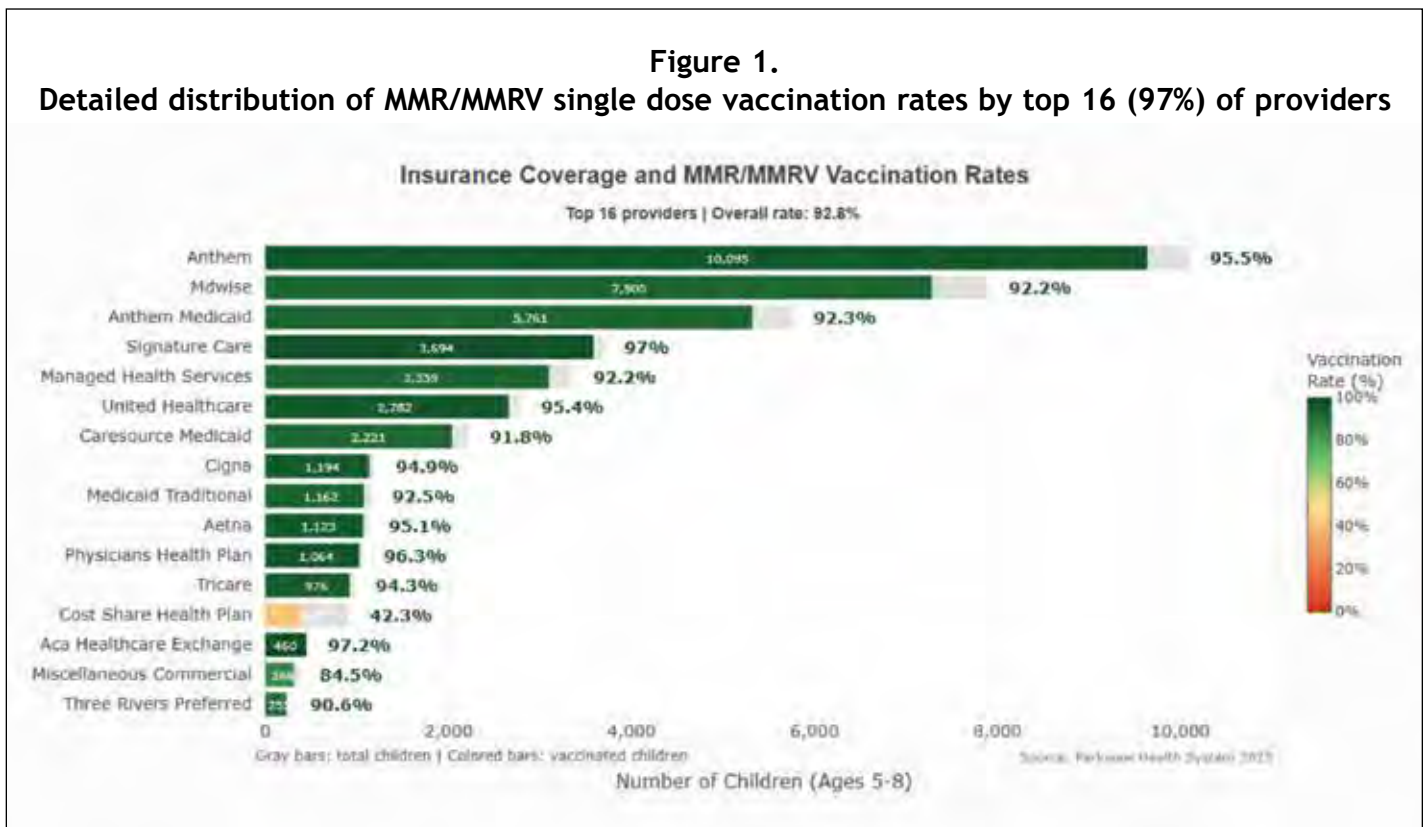


Table 3 shows vaccination rates stratified by race as documented in the EHR. Vaccination rates for most groups were near parity or higher than the overall rates at the individual level, noting that “Unknown/Declined” had the lowest vaccination rates for single and two doses (88.9% and 71.8%, respectively), and “Burmese” had the highest vaccination rates (96.4% and 89.6%, respectively).

Table 3. MMR/MMRV vaccination rates for the first and second dose, stratified by race

Race	Patients (N)	≥1 Dose, n (%)	≥2 Doses, n (%)
White or Caucasian	32,336	29,914 (92.5)	26,767 (82.8)
Black or African American	3,805	3,558 (93.5)	3,144 (82.6)
Hispanic or Latino	2,297	2,182 (95.0)	2,009 (87.5)
Multiracial	2,294	2,182 (95.1)	2,013 (87.8)
Unknown/Declined	1,895	1,684 (88.9)	1,361 (71.8)
Asian	802	752 (93.8)	649 (80.9)
Burmese	605	583 (96.4)	542 (89.6)
Smaller Group	191	179 (93.7)	161 (84.3)
Total Population	44,225		

Note: White, Black or African American, Hispanic or Latino, and Asian were retained as reported (without multiple entries); Burmese was analyzed separately; individuals with two or more race entries were grouped as Multiracial; Unknown and Patient Declined were combined; and all other single-race categories with limited sample sizes (e.g., American Indian or Alaska Native, Middle Eastern, Native Hawaiian or Other Pacific Islander, Puerto Rican, Samoan) were combined as Smaller Group. The categories were based on data entered for Race in the EHR. Ethnicity data from the EHR was not included.

Overall, income level data based on median income per zip code appears to demonstrate a slight decrease in vaccination rate from the lower to higher income groups (Table 4). However, using Medicaid coverage as a corollary, the inverse is suggested. The subpopulation that did not have median income data available based on zip code had higher vaccination rates than the vaccination rates at the individual level for single dose and two doses (97.7% and 94.4%, respectively).

Table 4. Vaccination Rates by Median Income Level Using Zip Code Census Data

Income	Patients (N)	≥1 Dose, n (%)	≥2 Doses, n (%)
< \$65k	11253	10486 (93.2)	9248 (82.2)
\$65k–\$74,999	12388	11466 (92.6)	10177 (82.2)
≥ \$75k	15976	14579 (91.3)	12869 (80.6)
Income N/A	4608	4503 (97.7)	4352 (94.4)
Total Population	44,225		

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CONCLUSION

Noting that epidemiological evidence places the threshold to achieve herd immunity against measles at 93% of the population receiving at least 1 dose of an MMR or MMRV,⁴ we conclude, based on our findings in this sample, that the population we serve is protected from the measles virus. However, our second dose vaccination rates do not achieve parity with the IDOH vaccination rates, warranting further investigation into reasons why patients are not fully vaccinated per our EHR data.

Though the individual-level vaccination rate suggests the population we serve is protected, some subpopulations in our study had vaccination rates below 93%. These data provide initial insights into subpopulations that are not protected from the measles virus, although the relationship with these data and lower vaccination rates is unknown. The vaccination rate for patients with a non-traditional cost share health plan (2.1% of the total population) was less than 50%, suggesting a relationship between this type of healthcare coverage and whether patients receive the measles vaccination. Further investigation is needed to understand the nature of patients covered under non-traditional cost share health plans and the intersections of other factors that led to this result. Understanding this is of particular interest when considering that the outbreak in Texas beginning in January 2025 began in a religious group with low vaccination rates.⁵ As we observed that patients are protected (with a single dose vaccination rate of 94.1%) in areas of Indiana where our patient population is highest, more attention is needed to understand vaccination rates where the patient population or our health system influence is lower.

There are several limitations to consider in this study. We defined kindergarten and first grade groups using age parameters; therefore, we cannot claim that these groups represent actual kindergarten and first grade populations. Also, the income data were based on median income per zip code using census data rather than actual income data for the patient sample. Further, zip codes were captured at a single time point, which does not reflect the reality of patient mobility across time.

Next steps could involve engaging the community and health system by conducting further research with focus groups, surveys, and interviews to explore reasons why patients are under or unvaccinated. Possible avenues

could examine gaps in reporting and documentation of vaccination status in the EHR, barriers to health care access, or categorical exemptions to vaccination (i.e. medical, cultural, religious, or other). With a better understanding of the reasons behind patient vaccination statuses, our institution can develop methods to improve vaccine uptake and delivery as well as improve documentation practices to ensure the data accurately reflects the vaccination statuses of patients.

Future investigations into vaccine hesitancy, access to care, mobility of the population, lapses in reporting or insurance, and influence of external factors of public and private school requirements would be in order. Understanding and dismantling systemic and structural barriers that may lead to disproportionate vaccination rates is one way to ensure that our public health efforts are properly protecting our population from vaccine preventable diseases, and that no one is being marginalized or left vulnerable.

This project did not receive grant funding. The content is solely the responsibility of the authors and does not necessarily represent the official views of Parkview Health.

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▶ **Coming this year: Major expansion of Family Birthing Center and new Level II Special Care Nursery at Parkview Hospital Randallia**
Investment brings more than 75 new clinical positions

Parkview Health today announced substantial investments in women's and children's services at Parkview Hospital Randallia, including the construction of a Level II Special Care Nursery (SCN) and an expansion of the Family Birthing Center (FBC) to support growing maternity volumes. The multimillion dollar project will enhance access to high quality maternity and newborn care for families across the region.

With construction set to begin in May 2026, the estimated \$10.8 million project includes a Level II Special Care Nursery spanning approximately 6,300 square feet with 12 private rooms and 14 beds – two of which will be dedicated to twins. The FBC expansion will add six postpartum rooms across approximately 7,300 square feet, each expected to support up to 100 additional deliveries annually.

"Over the past several years, the Parkview Regional Medical Center NICU has undergone multiple expansions, yet the community's need for higher level newborn care continues to grow," said Dr. Tony GiaQuinta, physician leader for children's services at Parkview Health. "Our commitment is simple: every newborn who requires critical care should have immediate access to the services they need, close to home. Adding a Level II SCN at Randallia allows us to care for more babies who need additional support, while ensuring those requiring intensive care can be rapidly transferred to PRMC's NICU."

Following completion of the nursery, Parkview will request state designation of the Randallia Family Birthing Center as a Level II Obstetrics Center, advancing from its current Level I designation. This upgrade will allow the facility to care for mothers as early as 32 weeks gestation who do not require intensive care.

Once achieved, the hospital will offer the first Level II Special Care Nursery within the Parkview Health system.

"Since the midwives moved to Randallia in 2023, we've seen remarkable momentum," said Dr. Thomas Miller, physician executive for women's services at Parkview Health. "To continue providing exceptional, patient centered care, we must grow with the families we serve. This expansion gives us the space and



resources needed today and positions us for the increased volume we anticipate as we advance to a Level II Birthing Center."

To support the expanded services, Parkview anticipates hiring approximately 60 new RN, patient care technician (PCT) and respiratory therapist full time equivalents, equating to an estimated 75+ individuals. Additional recruitment is expected for roles including neonatal nurse practitioners, physical therapists, occupational therapists, and speech-language pathologists. **Those interested in career opportunities can explore openings at parkview.com/careers.**

"This investment strengthens our ability to care for families across northern Indiana and northwest Ohio," said Dr. Miller. "Expanding the Family Birthing Center and adding Level II newborn services ensures that more mothers and babies can receive the care they need."

Dr. GiaQuinta added, "Families should have access to specialized maternity or newborn care. By expanding these services at Randallia, we are building a stronger, more accessible system for the next generation."

Construction is expected to be completed by the end of 2026; Hagerman will serve as the contractor.

For more information about Parkview Health's women's and children's services, visit parkview.com.

▶ **Parkview Regional Medical Center named among Newsweek’s ‘World’s Best Hospitals’**



Parkview Regional Medical Center (PRMC) was recently named to Newsweek’s World’s Best Hospitals list.

PRMC was ranked No. 289 in the U.S., which currently has about 6,100 total hospitals in operation, and was one of nine Hoosier hospitals to make the 2026 list. Parkview’s rating improved this year, from No. 311 in 2025.

“As Parkview’s flagship hospital, PRMC stands out not just for the breadth of services it provides to our patients, but for the excellent experience our team of thousands of physicians, nurses, caregivers and support staff delivers every day,” said Jerry Grannan, president, PRMC and Affiliates. “Whether it’s our emergency department, family birthing center, inpatient rooms, surgical suites or co-located heart and cancer institutes, patients coming to PRMC receive excellent care from people who care.”

Newsweek partnered with Statista to evaluate more than 2,500 hospitals across 32 countries to develop its eighth annual ranking. Hospitals were scored based on four data sources: recommendations from medical experts, including doctors, hospital managers and other health care professionals; hospital quality metrics; existing patient experience data; and Statista’s Patient-Reported Outcome Measures Implementation Survey, which includes questionnaires completed by patients to measure their perceived functional well-being and quality of life.

PRMC has been a consistent leader in quality and safety in Indiana, with “A” Hospital Safety Grades from The Leapfrog Group on 23 of 25 report cards dating back to 2013; has been named one of U.S. News and World Report’s best hospitals in Indiana in 2024 and 2025; and recognized as a quality and accountability leader by Vizient.

“When it comes to quality and safety of care, PRMC is not just a leader for Parkview but for our state,” said Dr. Michael Yurkanin, chief physician executive, PRMC & Affiliates. “Our team-based approach to care means we utilize the expertise of our many physicians and specialists to treat our patients holistically, finding the mix that fits each individual’s particular needs.”

▶ **Five Parkview nurses receive DAISY awards**



Five Parkview nurses were recognized this fall by The DAISY Foundation for extraordinary nursing.

The DAISY Foundation was founded in memory of Patrick Barnes, a 33-year-old man who spent eight weeks in a hospital being treated for an autoimmune disorder. During his stay, Barnes received excellent nursing care, and, in his memory, his family created **The DAISY Award**® to honor nurses who go above and beyond for their patients.

Recognized in 40 countries and territories, the Foundation has honored 220,000+ nurses across 6,500+ healthcare organizations and schools of nursing, with more than 2.5 million nominations submitted by patients, families and colleagues. The award not only recognizes nurses for exceptional care, but helps to inspire and engage co-workers, build team spirit and reinforce the importance of providing patient and family-centered care.

Between Oct. 1 and Dec. 31, the following nurses received DAISY awards. For their individual award stories and photos, follow the links below to The DAISY Foundation website:

- **Joshua Collins**, ortho trauma, Parkview Regional Medical Center
- **Jasmin Hoot**, surgical trauma intensive care unit, Parkview Regional Medical Center
- **Ruthanne Miller**, surgical assessment unit, Parkview DeKalb Hospital
- **Brandi Million**, family birthing center, Parkview Huntington Hospital
- **Marcus Wells**, cardiovascular intensive care unit, Parkview Heart Institute

“What motivates me most is knowing that for many patients and families, I may be the person they remember during some of the hardest moments of their lives,” Hoot said. “Whether it’s offering comfort, advocating for their needs, or simply being present, I strive to treat every patient as I would want my own loved one treated.”

“I felt honored and grateful to have received the DAISY award,” Miller said. “It shows that both the big and small things that I do for my patients don’t go unnoticed.”

In total, 110 Parkview nurses have been honored with a DAISY award since 2021.

“Our DAISY nurses exemplify the excellent care our patients can expect at Parkview,” said Juli Johnson, chief nursing and healthcare markets executive, Parkview Health. “These nurses go above and beyond to serve their patients by listening, building rapport and meeting their needs both on a clinical and personal level. Parkview delivers great care by nurses who care.”

For more information about The DAISY Award, visit daisyfoundation.org.

▶ Parkview Health partners with Undue Medical Debt to eliminate more than \$64 million in debt for 35,000+ patients

Parkview Health has partnered with national non-profit Undue Medical Debt to abolish \$64.13 million in debt for 35,694 patients. Notifications in Undue Medical Debt-branded envelopes began arriving in the mailboxes of those who qualify in January. Once the letters are received from Undue, no further action is needed.

“Parkview Health remains deeply committed to lowering healthcare costs,” said Parkview Chief Financial Officer Jessica Lee-Hansen. “We take great pride in all that we’ve done so far, such as renegotiating an agreement to further lower our hospital rates with our largest commercial payor and growing our lower-cost ambulatory care sites. Eliminating this debt – no strings attached – is another example of our commitment to bringing financial relief to patients.”

Undue works with hospitals and other providers across the country, along with collection agencies, to acquire portfolios of past due medical debt belonging to those least able to pay after good faith efforts have been made to collect. Then, it erases that debt out of the blue.

Parkview Health chose to donate its debt, rather than sell the debt to Undue.

“We are grateful to partner with Parkview Health on this transformative medical debt relief initiative that will bring much-needed financial and emotional relief to over 35,000 patients,” said Undue Medical Debt President and CEO Allison Sesso. “No one chooses to get sick, injured or have a chronic condition. This collaboration demonstrates Parkview’s belief that removing these unpayable debts of necessity helps their communities thrive and reengage with care. And since the qualifying accounts are being donated, Undue is able to leverage our donor support even more effectively to provide unexpected relief to Indiana residents and beyond.”

Undue acquires debts belonging to individuals who are financially burdened. They have two criteria for debt relief: a person’s medical debt must represent 5% or more of their current annual household income and/or a person’s current household income must be at or below 400% of the current federal poverty guidelines.

Parkview’s donated debt spans patients nationwide but primarily includes those residing in Indiana and Ohio. The majority of patients receiving debt relief have commercial insurance, followed by those who are self-pay, and those on Medicare or Medicaid. About 330 of the patients are covered by military/veteran insurance.

“Debt forgiveness goes far beyond just financial relief,” added Dr. Ray Dusman, president of physician and clinical enterprise, Parkview Health. “When people avoid or delay care due to cost, their health and overall well-being can suffer – and no one should have to choose between their health and financial security.”

Parkview is committed to making healthcare accessible to those who need it, regardless of their health status or ability to pay. Parkview offers financial assistance to those who qualify, as well as extended payment plan options and financial advocates to support patients in estimating their costs, applying for assistance or reviewing payment plans.

▶ Parkview prices fall for third straight year, new report from Indiana Legislature shows

Parkview Health’s commercial prices have declined for three years straight, according to the 2025 Milliman Hospital Price Benchmarking Analysis. The study was required under House Enrolled Act 1004 (2023) and issued by the Indiana Department of Insurance. It reveals that Parkview remained below Indiana’s statutory 285% of Medicare benchmark in 2022, 2023 and 2024, underscoring consistent progress in lowering costs.

The Milliman report found Parkview’s total contracted commercial prices were:

- 278% of Medicare in 2022
- 272% of Medicare in 2023
- 262% of Medicare in 2024

All three years remain under the state benchmark and show a steady downward trend, with 2024 falling 23 percentage points below the threshold.

“These results affirm that our long term affordability strategy is working,” said Dr. Jason Row, president, Parkview Physicians Group, and chief value transformation officer, Parkview Health. “Perhaps more importantly, we’re not slowing down. We implemented a number of new strategies to lower the total cost of care in 2025 as well and look forward to seeing these initiatives continue to make care more affordable and accessible for patients and employers.”

Parkview’s recent affordability initiatives include:

- Partnering with Undue Medical Debt to abolish more than \$64 million in medical debt to 34,000+ patients nationwide.
- Introducing an ER/urgent care model in Fort Wayne to ensure patients receive the most appropriate level of care – and associated cost – based on their injury/illness. A second ER/urgent care will open in Marion in 2027.
- Collaborating directly with employers to improve employee well being and increase access to care through on site clinics, shared clinic models and data analytics that reduce absenteeism and help identify patients’ rising risks to intervene before acute care is needed.
- Further reducing rates for Parkview Signature Care EPO+, a direct to employer health plan that offers more than 25% savings compared to traditional commercial insurance options.
- Investing in ambulatory surgery centers, outpatient facilities and hybrid care delivery models to provide lower cost options for many procedures.
- In partnership with Hylant and Butler University, hosting an innovation competition aimed at reducing costs for patients.
- Negotiating significantly reduced rates with Parkview’s largest commercial payor, reflecting lower hospital rates through 2029 compared to rates in 2019.



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▶ Lutheran Health Network Reports on its Care for the Greater Fort Wayne Community in 2025

Total Impact Exceeded \$766 Million

At more than 1 million patient encounters last year, Lutheran Hospital, Lutheran Downtown Hospital, Dupont Hospital and The Orthopedic Hospital delivered on their commitment to provide quality healthcare for the Fort Wayne community and beyond. The health system's 2025 Community Benefit Report shows care extended well beyond the hospital and clinics, contributing more than \$766 million to the greater Fort Wayne area through charity/uncompensated care provided, capital dollars reinvested in services and facilities, employee payroll, charitable projects and payment of more than \$76 million in taxes.



The health system used its resources to increase access and strengthen services through more than \$53 million in capital projects. Lutheran Health Physicians celebrated the grand opening of its newest healthcare facility at 1215 Healthcare Place in Fort Wayne. The new clinic offers comprehensive services, including seven primary care physician offices and on-site imaging. In a further move to enhance specialized care for women, Dupont Hospital has added a new urogynecology service line.

"We are dedicated to caring for the patients and the community we call home. Because your health is the foundation of a full life, we provide advanced medical services right here in Fort Wayne," said Brent Parsons, chief executive officer of Dupont Hospital. "We don't just treat symptoms, we transform lives by helping you manage your health through every chapter of life."

Area families grew with the help of Dupont Hospital and Lutheran Hospital as 3800 babies were delivered in 2025. Lutheran Hospital achieved a significant milestone, reducing first-time (primary) cesarean sections by 29% in 2025, meaning more moms were able to have natural births, which often means faster recovery, fewer complications, and healthier babies.

Keeping patients safe remains a priority, and this focus has led to Lutheran Downtown Hospital earning an A on the Leapfrog Patient Safety Grade in November and The Orthopedic Hospital receiving numerous recognitions on clinical performance from Healthgrades, among those distinctions being among America's 100 Best for Orthopedic Surgery.

Emergency medicine is a critical service, with 85,000 visits to the emergency room at Lutheran Hospital, Dupont Hospital and Lutheran Downtown Hospital and the affiliated freestanding emergency rooms – Lutheran Downtown Hospital Stelhorn ER.

Life-saving medically necessary care was provided to all patients, regardless of their ability to pay, with more than \$124 million in charity and uncompensated care in 2025. The network's critical transport service, Lutheran Air, reached a significant milestone, successfully completing 15,000 patient flights, underscoring their readiness and capability to handle time-sensitive emergencies across the region.

The health system and its employees also support local organizations that make a difference, especially those addressing social determinants of health. Through service projects such as the annual Jars of Love Peanut Butter drive for Community Harvest Food Bank and contributions to charitable organizations such as Matthew 25 Health and Care, Hope's Harbor and the Rescue Mission, Lutheran Health Network gives back to the community throughout the year.

Payroll of more than \$452 million supports the delivery of around the clock care by a team of physicians, nurses and support staff, all passionate about serving patients. Their compassion and skills make a difference in the lives of neighbors, friends and the larger community.

"Our team is the heart of our hospital, and we're doubling down on our investment in their growth and a vibrant culture where the best talent thrives," said Lorie Ailor, chief executive officer at Lutheran Hospital. "As we look ahead, we're not just providing care - we're setting new standards. Our passion for our patients fuels our drive to innovate, ensuring that every person who trusts us receives safe and compassionate care every single day."

▶ Lutheran Health Network Celebrates Doctors' Day with over a Dozen Donations to Local Charities in Honor of its Medical Staff

As a continued tradition, Lutheran Health Network has a unique way to commemorate National Doctors' Day and honor the providers who serve on our team. Instead of personal gifts, Lutheran Health Network teams presented checks to area non-profits as a meaningful way to recognize its medical staff. These charitable organizations help provide safe housing, neighborhoods, access to nutritious food, physical activity and so much more.

"We offer these gifts as a humble expression of our thanks to our medical teams," says Nicole Rexroth, CEO of Lutheran Health Physicians. "The expertise and dedication our staff demonstrates daily is truly remarkable. It is a privilege to witness the life-changing, compassionate care they offer every patient who enters Lutheran Health Network."

Area donations include:

Bluffton Regional Medical Center

Recipient: The Closet \$1,000

Recipient: The Resilient House \$1,000

Dukes Memorial Hospital

Recipient: Miami County 4H \$500

Recipient: Dukes Auxiliary Scholarship Foundation \$500



Dupont Hospital

Recipient: Hope's Harbor \$6,000

Lutheran Downtown Hospital

Recipient: Wellspring Social Services \$2,000

Lutheran Hospital

Recipient: A Mother's Hope - \$2,000

Recipient: Super Shots - \$2,000

Recipient: Forgotten Stones - \$2,000

Lutheran Kosciusko Hospital

Recipient: Combined Community Services \$3,000

Recipient: Joe's Kids - \$3,000



The Orthopedic Hospital

Recipient: Wellspring \$3,500

Lutheran Health Physicians

Recipient: Gigi's Playhouse \$2,000



The first-ever Doctors' Day was celebrated on March 30, 1933, in Winder, Georgia. Eudora Brown Almond, wife of Dr. Charles B. Almond, decided to set aside a day to honor physicians. March 30 was selected because that day in 1842 marked the introduction of general anesthesia in surgery. On March 30, 1958, a resolution commemorating Doctors' Day was adopted by the United States House of Representatives. In 1990, legislation was introduced in the House and Senate to establish a national Doctors' Day. Following overwhelming approval by the United States Senate and the House of Representatives on October 30, 1990, a joint resolution was signed into law by President George Bush, designating March 30th as National Doctors' Day.

► Jars of Love Peanut Butter Drive Sets New Record for Second Straight Year

To help address hunger in the community, Lutheran Health Network and our community team members collected 11,972 jars of peanut and other nut butter for six area food banks. This year's total crushes the previous record for the network collected in 2025, which was 5,984 jars. Peanut butter is a sought-after item for food banks because of its high nutritional value and long shelf life. Yet, it is one of the least donated items. According to Feeding America, food insecurity ranges in our coverage areas from 10-15%, which has a dramatic impact on overall health and well-being.

The drive mobilized teams across the Lutheran Health Network and Northeast Indiana, including Lutheran Hospital, Dupont Hospital, Lutheran Downtown Hospital and The Orthopedic Hospital in Fort Wayne. Other participating facilities included Bluffton Regional Medical Center in Wells County, Dukes Memorial Hospital in Miami County and Lutheran Kosciusko Hospital in Kosciusko County.

"We take great pride in our annual support of local food banks, and I am incredibly moved by the dedication shown across our hospitals and offices during this year's drive. Our sincerest thanks to our team members and their willingness to step up ensures

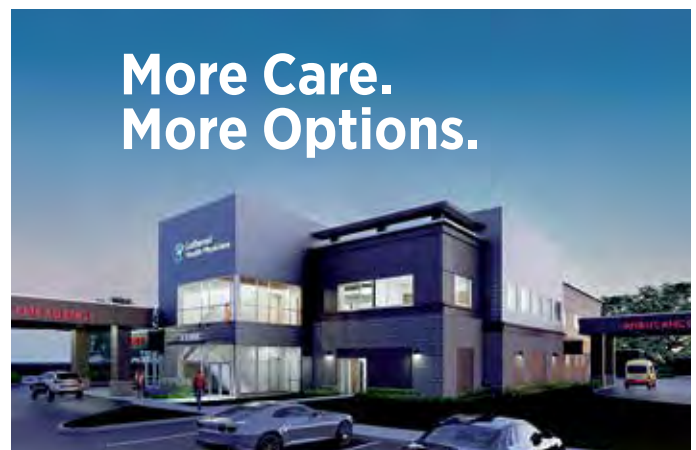
we continue to make a meaningful, healthy impact on the families and neighbors we serve," said Lorie Ailor, Chief Executive Officer of Lutheran Hospital.

"We are deeply grateful for Lutheran Health Network's commitment to our mission. Whether it's a healthy snack for a child or a reliable meal for a senior, your generosity provides more than just sustenance. Even something as simple as a jar of peanut butter serves as a powerful symbol of the care and community support our neighbors rely on," said Carmen Cumberland, President and Chief Executive Officer of Community Harvest Food Bank.

A special thank you goes to our community team members, the YMCA of Greater Fort Wayne, OPS - Optimum Performance Sports, Elevatus Architecture, Purdue University Fort Wayne, Dauch and the Fort Wayne Komets, who gathered over 3,561 jars collectively.

Organizations benefiting from the drive:

- Community Harvest Food Bank
- Feeding Tomorrow's Future Today - Food Packs for Hungry Kids
- Wells County Food Bank
- Combined Community Services
- Miami County Helping Hands and the Salvation Army



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