

A healthier today

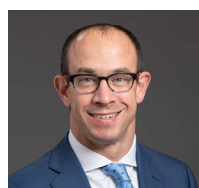
Rush Generations

and a vital tomorrow



Your Health

What Your Doctors Want You to Know About Lung Cancer Screening



Christopher Seder, MD
Thoracic surgeon

About 219,000 new cases of lung cancer are diagnosed in Americans each year — but only 30% of them are caught early, according to the U.S. Centers for Disease Control and Prevention. “By the time lung cancer causes symptoms,

it’s often too late to cure,” says **Christopher Seder, MD**, chief of thoracic surgery at RUSH MD Anderson Cancer Center, who notes that symptoms can include persistent cough, chest pain or coughing up blood.

“Screening gives us a chance to find cancer early, when it’s still curable,” Seder says. “If we wait until symptoms show up, the cancer has usually spread.”

Understanding the risk

Smoking remains the biggest cause of lung cancer. “About 80% of people who develop lung cancer have a history of smoking,” Seder says, but he emphasizes that people who don’t smoke aren’t immune either. “We also see cases from radon exposure, secondhand smoke or genetic factors. Anyone with lungs can get lung cancer.”

The U.S. Preventive Services Task Force recommends screening with annual low-dose CT scans for adults age 50 to 80 who have a 20-pack-year smoking history and are still smoking or have quit within the last 15 years.

If the scan is clear, patients who still meet the screening criteria return in one year for another scan. If something looks suspicious, further imaging or a biopsy may follow.

“Most of what we find are small nodules that aren’t cancer,” Seder says. “But if it is cancer, we can act early — and that’s where the success stories come from. With newer techniques and therapies, we can treat more people than ever before.”

Minimally invasive surgery means that many people with early-stage lung cancer are able to recover quickly. “We use robotic and video-assisted techniques through tiny incisions,” Seder explains. “This means you can go home sooner, with less pain and fewer complications.”

Quitting still matters

“It’s never too late to quit smoking,” Seder says. “Your risk starts to drop the day you stop.” Although e-cigarettes are often perceived as safer, he warns, “We don’t yet know their long-term effects, and they’re certainly not harmless.”

Early detection and prevention remain the best tools against lung cancer. “The most powerful step you can take,” Seder says, “is to talk to your doctor about screening. It’s simple, it’s effective and it could save your life.”

What’s a pack year?

How much a person has smoked over time is measured in “pack years.” This measurement combines the packs smoked per day with the number of years smoked. For example, one pack year equals smoking one pack of cigarettes per day for one year. Twenty pack years could mean one pack a day for 20 years, two packs a day for 10 years, or half a pack a day for 40 years.

In This Issue

- 2 **Important Conversations**
How to Manage Worries for a Better Night’s Sleep
- 2 **What Matters**
Be SMART in the New Year
- 3 **Stages**
Preparing for the Possibility of Long-term Care: A Simple Guide to Not-So-Simple
- 4 **Things to Know**
3 Things Rush Cardiologists Do for Their Own Hearts



Join us on Feb. 4 for a discussion on cancer prevention and screening. See the calendar insert for details.

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How to Manage Worries for a Better Night's Sleep



Sheila Dowd, PhD
Clinical psychologist

Many of us have faced restless nights in recent times. Whether it's concerns about health, finances, work, family or the future, worries often linger past bedtime, disrupting sleep and leaving us exhausted. **Sheila Dowd, PhD**, a clinical psychologist at Rush, offers the following strategies to help tame evening anxiety and reclaim restful nights.

"We could spend a lot of time worrying when there are no clear solutions to be found," Dowd says. "Realizing that some worrying won't bring us clarity right now is a helpful revelation, especially when we're worrying before bedtime."

Recognize the "what if" cycle

Dowd explains that worry tries to serve a purpose: "We're taught that we should worry, that it protects us and helps us prepare." But it often backfires. It's easy to fall into "what ifs": What if I lose my job? What if I get sick? What if I can't manage tomorrow? The more you run that loop, the harder it is to rest.

Dowd suggests several practical techniques to shift your mindset and ease into sleep. First: make a "worry list." Write down what's troubling you, then sketch out next steps for each concern. "If you can think about that next step, it may quiet the worry before you go to sleep," she says.

Another helpful move is cutting back on news and screen exposure, especially before bed. "Limit your news sources and stick to a plan. Disconnect from your devices — especially the news or social media — before bedtime," Dowd advises.

She also emphasizes maintaining a clean mental boundary between your bedroom and daily life. "Avoid working, hanging out or eating meals in bed," she says. Your bedroom should feel "calm, quiet and sacred" to reinforce its identity as a place of rest.

And consistency is essential. Dowd recommends creating a stable sleep routine, even amid disruptions. Try waking at the same time every day, avoiding naps, and limiting caffeine or alcohol near bedtime.

Lean into gratitude

As a counterbalance to worry, Dowd suggests a powerful tool: reflecting on gratitude. "We are all very busy and are juggling a lot, but taking a brief moment to write down three things you are grateful for each day has been shown to improve mood," she says.

Worries may always knock at the door. But by externalizing them, disengaging from unhelpful news, preserving your bedroom for rest and anchoring your mind in gratitude, you can slow the cycle and reclaim peaceful sleep. "A quiet brain before bed makes for a more restful night's sleep," Dowd says.

Join us on March 25 for a discussion on understanding sleep in aging. See the calendar insert for details.



Be SMART in the New Year

As a new year unfolds, it's the perfect time to pause and reflect on what matters most — your health, happiness and sense of purpose. One way to translate your reflections into action is through **SMART** goals: those that are **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**ime-bound.

SMART goals make it easier to turn good intentions into lasting habits. Instead of saying "I want to be healthier," try "I'll walk for 15 minutes after lunch five days a week." By defining goals clearly and tracking progress, you create structure, accountability and momentum for meaningful change.

The approach works across all aspects of well-being, from improving sleep, nutrition and hydration to maintaining mobility and cognitive health. As progress builds, your goals can evolve. Start small, celebrate milestones and adjust as you go.

The SMART framework also connects to the broader principles of healthy aging by supporting specific actions that contribute to independence, emotional balance and alignment with your personal values. Each small, intentional step can bring you closer to what matters most: living well

Join us on Jan. 21 for a discussion on what matters in the new year. See the calendar insert for details.

Preparing for the Possibility of Long-term Care: A Simple Guide to Not-So-Simple Conversations



By Kathryn McGrew, MSW, PhD

Professor emerita, sociology and gerontology, Miami University Scripps Gerontology Center

We live in a society that praises personal independence, undervalues our actual interdependence (reliance on each other) and stigmatizes dependency.

It's no wonder that in the hundreds of interviews I've conducted with middle-aged and older adults about care, the vast majority express concern about becoming a "burden" on others. We don't want to imagine it, it's uncomfortable to talk about and we underestimate what we can do about it anyway.

While the certainty of our mortality leads us to designate end-of-life medical decisionmakers through health care proxies and spell out our health care wishes through advance directives, we feel far less certainty about our future need for care in activities of daily living. In fact, more than 80% of us will depend on others for long-term care, either at home or another care setting, before we die. We may arrive at our need for care suddenly or gradually, but we often arrive underprepared.

What if we let go of the idea of long-term care as a burden and clear the way for the rewards and satisfaction that can be part of the care experience for ourselves and for our caregivers? This requires conversations that are both immediate and ongoing. The goal is to have a say now about the care we may need later, with more clarity and consensus and less confusion or conflict when the need for care arises.

I propose scenario-based conversations that flow in three steps: **If. And. Then.**

Have the conversations with yourself first, then share and discuss with others who are important to you, especially prospective caregivers. Along the way, actively demonstrate and invite frank conversations about observations, limits and preferences. In the process, consider what matters most to you in terms of the effects your

care has on you, the people who care for you and others affected by your need for care.

1. IF I need care

Imagine what it will be like to need personal, hands-on care from another person. For example, imagine having — and not having — dementia. And be frank with yourself. If you can't fully imagine needing help with toileting, for example, your conversations will be superficial and not productive.

2. AND these are my/our circumstances

Always consider: Which of these circumstances are likely to change and which are more stable?

Who: Your living arrangement, prospective caregivers and social support network

Where: Accessibility into and within your home, your lifestyle, your community and available services

Financial resources: Your income, financial assets and obligations, insurance and financial plans

Legal arrangements: Trusts, compensation agreements, powers of attorney and advance directives

3. THEN, given the circumstances, what's possible, preferred, already planned, ready to plan or in place?

Tentative options: Who is able to care for you and where? How much could they do and for how long? What is available, affordable and appropriate for your prospective caregivers and for you? Which options could change, and which are more stable?



Your preferences: Given these options, what are your preferences for who, what, where, how much care and for how long? Be sure to communicate your backup preferences, too.

Plans: What plans have you already made, and what plans are you ready to make? What actions have you already taken or are you ready to take, given your options and preferences?

If you have trouble starting these conversations with family or friends, or you feel stuck, inviting an unbiased third party like a counselor or clergy member to join you can be helpful. **TheConversationProject.org** can also provide guidance. However you begin, take small steps when you need to, document your conversations — and keep talking!

Join us on Jan. 28 for a discussion with Kathryn McGrew about preparing for the 'fourth age' of life: the stage when we depend on others for care. See the calendar insert for details.



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(800) 757-0202



PLEASE NOTE: All physicians featured in this publication are on the medical staff of Rush. Some of the physicians are in private practice and, as independent practitioners, are not employees or agents of Rush. Rush is an academic health system comprising Rush University Medical Center, Rush Copley Medical Center and Rush Oak Park Hospital.

3 Things Rush Cardiologists Do for Their Own Hearts

Rush cardiologists don’t care for hearts only in the clinic — they live by their own advice every day.

I drink lots of water.

“Keeping our bodies hydrated helps our hearts pump blood more easily and allows oxygen to reach our muscles, which helps our muscles work efficiently. So, I drink a ton of water — usually around three to four liters a day.”

— Tochi Okwuosa, DO, cardio-oncologist

I eat a healthy diet.

“My diet mainly consists of pulses (chickpeas, lentils, beans and other edible seeds in the legume family), whole grains, fruits, vegetables and occasionally grilled chicken and fish. I try my best to avoid processed foods and keep my portion sizes limited.”

— Gaurav K. Sharma, MD, interventional cardiologist

I believe moderation is key.

“My mantra in life is that everything is good in moderation. I enjoy what I eat, but I don’t feel the need to finish everything on my plate. I try my best to get plenty of sleep, and I incorporate exercise in my daily routine. I always tell my patients to be gentle with themselves when finding a healthy balance. Not every day will be perfect and that’s OK. We each have our own journeys toward living a more heart-healthy lifestyle.”

— Melissa Tracy, MD, cardiologist

**Join us on Feb. 18 for a discussion on heart health.
See the calendar insert for details.**

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Winter 2026 Free Health and Aging Events

The following lectures will be held virtually. You can view them online or listen to them via phone. Lectures typically last about an hour. For updates on Rush Generations programs, sign up for our emails at bit.ly/RushGenerations.



To join these lectures online,

visit the Rush Generations
YouTube page at the
time of the event:
cutt.ly/RushGenYouTube.



To dial in via phone (audio only):

Call **(312) 626-6799** at the
time of the event and enter
meeting ID 413 655 0125#.

January

Carrying the Dream Forward: Mentorship and Equity in Action | Annual Rev. Martin Luther King Jr. Celebration

Thursday, Jan. 15, 11:30 a.m.

(note special date and start time)

Join us for our annual Rev. Martin Luther King Jr. celebration. This year's panel highlights mentorship as a force for advancing equity and opportunity, featuring inspiring stories from Rush programs.

What Matters in the New Year

Wednesday, Jan. 21, 1 p.m.

As we embark on a new year, it's the perfect time to think about your health priorities and what truly matters to you! Join Schaalman Senior Voices and Rush Generations for a conversation that encourages reflection and meaningful goal setting.

Preparing for the Fourth Age of Life

Wednesday, Jan. 28, 1 p.m.

The "fourth age" of life is marked by increased dependency on others for care. Kathryn McGrew, MSW, PhD, professor emerita of sociology and gerontology at Miami University Scripps Gerontology Center, explores how we can face the fourth age with openness and resilience.

February

Cancer Prevention and Screening

Wednesday, Feb. 4, 1 p.m.

According to the American Cancer Society, 44% of cancer deaths in 2025 were due to risk factors that could be reduced through lifestyle changes and cancer screenings. Join us for a conversation about what you can do to decrease your risk, including information about what screenings you need and why.

Heart Health

Wednesday, Feb. 18, 1 p.m.

Come hear from experts in the field of cardiology as they discuss common heart issues that can appear as we age. You'll get insight into ways to prevent heart disease and lead a heart-healthy life, plus tips for improving your quality of life if you're living with a heart condition.

March

Nutrition and Healthy Eating

Wednesday, March 4, 1 p.m.

Join us for this National Nutrition Month lecture on nutrition and healthy eating. You'll hear about ways to incorporate healthy eating into your everyday life and learn about programs at Rush and in the community that can help you reach your nutrition goals.

Understanding Sleep in Aging

Wednesday, March 25, 1 p.m.

As we age, it's common for our sleep patterns to change. Join us as we take a closer look at the relationship between aging and sleep, discuss common sleep issues and review sleep tips for older adults.

Workshops

This quarter's offerings are a mix of in-person and online via Zoom.

zoom



To participate in in-person events, pre-registration is required. Please call (800) 757-0202 to reserve your spot.

To participate in the Zoom event, you'll need internet access and Zoom on a computer, tablet or smartphone with a webcam. Please call (800) 757-0202 and be ready to provide a valid phone number and email address so we can send you a Zoom link.

If you don't have access to Zoom but would like to join a self-guided version of the workshop with a weekly conference call check-in, please call (800) 757-0202.

Fit & Strong

**Mondays, Wednesdays and Fridays
Jan. 21 to March 16, 1 to 2:30 p.m.**

Johnston R. Bowman Health Center
710 S. Paulina St., Suite 438
Chicago, IL 60612

For people with limited leg mobility, this program combines strength training, aerobic walking and education to improve balance, mobility and lower body strength while reducing pain and anxiety.

A Matter of Balance

**Tuesdays and Thursdays
Feb. 3 to Feb. 26, 10 a.m. to noon**

Johnston R. Bowman Health Center
710 S. Paulina St., Suite 316
Chicago, IL 60612

This workshop can help you reduce fall risks, build strength and balance and overcome the fear of falling.

Learning to Live Well With Chronic Pain (online via Zoom)

**Thursdays, Feb. 19 to April 2
1 to 3:30 p.m.**

A workshop for people living with chronic pain, this program gives you skills to better cope with day-to-day pain management.

Connect with Rush Generations at our partner City of Chicago senior centers

You can join a Rush Generations wellness program or meet with a Rush social worker, nurse, dietitian or pharmacist at these centers. For schedules, call Rush Generations at (800) 757-0202 or contact the center nearest you.

Austin

5071 W. Congress Parkway
(312) 743-1538

Central West

2102 W. Ogden Ave.
(312) 746-5300

Kelvyn Park

2715 N. Cicero Ave.
(312) 744-3799

Southeast

1767 E. 79th St.
(312) 747-0189

Southwest

6117 S. Kedzie Ave.
(312) 747-0440

West Town

1613 W. Chicago Ave.
(312) 743-1016

These centers, and all City of Chicago senior centers, also offer lunch, activities and community connection Monday through Friday.

For more information, call the City of Chicago senior services help line at (312) 744-4016, Monday through Friday, 9 a.m. to 5 p.m.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-563-2987 (TTY: 1-312-563-2987).

Polski (Polish)

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-312-563-2987 (TTY: 1-312-563-2987).

繁體中文 (Chinese)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-312-563-2987 (TTY: 1-312-563-2987)

한국어 (Korean)

주의: 한국어 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-312-563-2987 (TTY: 1-312-563-2987)번으로 전화해 주십시오.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-312-563-2987 (TTY: 1-312-563-2987).

العربية (Arabic)

ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم 1-312-563-2987. (TTY: 1-312-563-2987)

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-312-563-2987 (телетайп: 1-312-563-2987).

ગુજરાતી (Gujarati)

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-312-563-2987 (TTY: 1-312-563-2987).

اُردُو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-312-563-2987 (TTY: 1-312-563-2987)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-312-563-2987 (TTY: 1-312-563-2987).

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-312-563-2987 (TTY: 1-312-563-2987).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-312-563-2987 (TTY: 1-312-563-2987) पर कॉल करें।

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-312-563-2987 (ATS: 1-312-563-2987).

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-312-563-2987 (TTY: 1-312-563-2987).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-312-563-2987 (TTY: 1-312-563-2987).

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