



"Reaching From The Heart"

ISSUE: JUNE 2021



# MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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## Celebrating Caregivers

*Healthy,  
Wealthy,  
and Wise*



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## Publisher's Welcome!

### Striving, Thriving, and Flourishing In Family Caregiving

These issues are basically conversations about family culture, lifestyle, and health matters. Thus, we rejoice in welcoming you to **MATTERS of the HEART**; thank you for engaging in this special issue. For a few years, we have been on a journey of community awakening about being understood as a Family Caregiver. We consider ourselves to be a metaphor of the tree that has been planted and solidly rooted in a servitude commitment to support families. We believe that everyone in the community will be cared for, as described in Genesis. Think about it. What would we do without **Family Caregivers**? Our goal is to make sure that we provide a stellar, far-ranging job of addressing family caring issues through education to empower and liberate us in our various social interactions.

The seeds that we have planted for our trees are intended to foster the desires and needs of our community, covering such areas as:

- professional and research-based scholarship,
- healthcare resources,
- healthcare professionals,
- healthy living / lifestyle subject matters, and
- products and services to support and help Family Caregivers everywhere.

Furthermore, we know that such areas have much more meaning and relevance than ever before in the history of Family Caregiving, as well as in Healthcare in general – due mainly to the increased need for Family Caregiving and "Family Supervised Medicare" as a result of Covid-19.

Clearly, **Family Caregiving** has been a part of our lives and family cultures ever since the word "family" came into existence. We know that future issues of **MATTERS of the HEART** will continue to provide incredible value, and stimulate important conversations that will help to more strongly bring together communities both, locally and nationally.

Thank you for joining us in Caring!

*Shirley A. Morman*

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# FAMILY CAREGIVER RESOURCES

The National Caregivers Network LLC, is pleased to present **SOCIAL DISTANCING TIPS** for Family Caregivers and their family members.



## SOCIAL DISTANCING

### What does it mean?

Social distancing is the practice of reducing close contact between people to slow the spread of infections or diseases.

Social distancing measures include limiting large groups of people coming together, closing buildings and canceling events.

## AVOID

Group gatherings  
Sleepovers  
Playdates  
Concerts  
Theater outings  
Traveling  
Athletic events  
Crowded retail stores

Malls  
Workouts in gyms  
Church Services  
Visitors in your house  
Non-essential workers in your house  
Mass transit systems



## KEEP YOUR DISTANCE

Visit a local restaurant to get take out  
Visit grocery store

Pick up medications  
Play tennis in a park



Keep at least 6' - 8' between yourself and others

## SAFE TO DO

Take a walk  
Go for a hike  
Yard work  
Play in your yard

Clean out a closet  
Read a good book  
Listen to music  
Cook a meal

Family game night  
Go for a drive  
Stream a favorite show

Call or email a friend or elderly neighbor to check in  
Group video chats



## REMEMBER TO CONSTANTLY WASH YOUR HANDS

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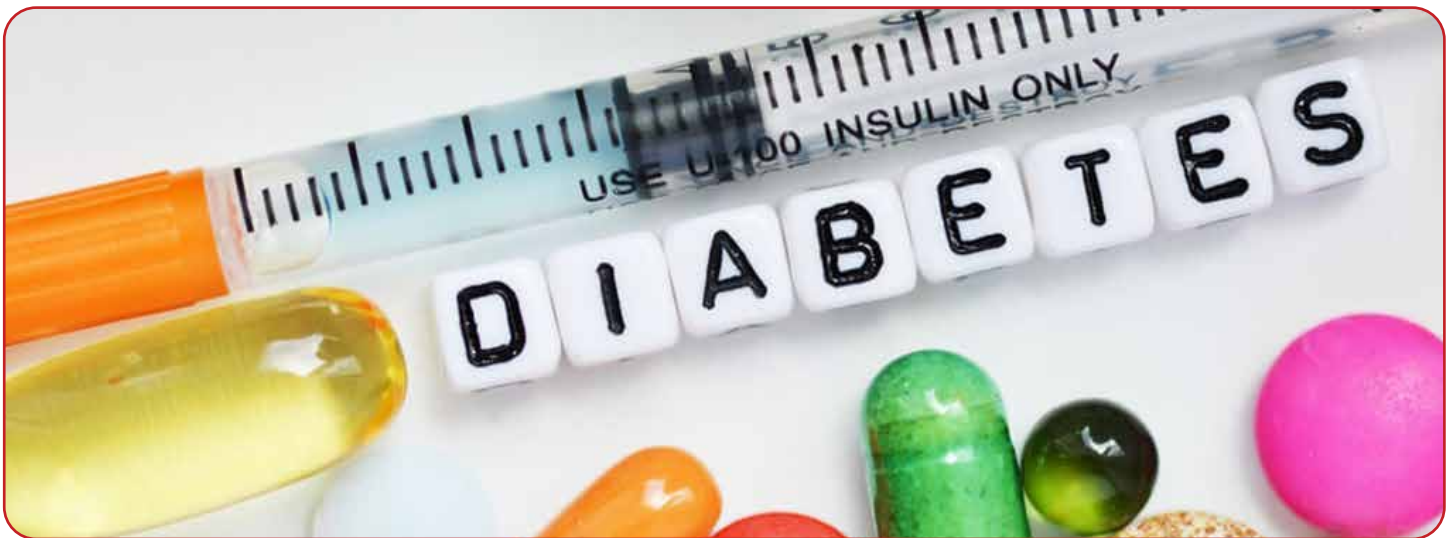
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## DIABETES & The EPIDEMIC in Type 2 Diabetes

Experts predict that, **by somewhere in the range of 2030 to 2050, 50% or more of the people living in North America will be Type 2 Diabetics!** This is especially troubling in view of the fact that, at least 95% of the time, Type 2 Diabetes is not only preventable, but also reversible at least 95% of the time, just by applying a small series of **lifestyle choices** with respect to nutrition, exercise, sleep, and stress reduction.

On the other hand, when a person with Type 2 Diabetes is not properly treated, they run the life-threatening risk of developing **gangrene** in their feet and lower legs. Gangrene is extremely dangerous because, if life-saving surgery (that is, amputation of the affected parts of the feet and lower legs) is not performed immediately, **they will die!**

### How to Prevent Type 2 Diabetes

#### Nutrition

- **Eat at least 5 servings of fruit each day**, such as bananas, apples, red bell peppers (usually cooked), cantaloupes, pineapples, etc.
- **Eat at least 5 servings of vegetables each day**, such as onions, mushrooms, kale, spinach, dandelion greens, etc.

– As part of your vegetables, eat **3 or 4 servings of a bean dish** each day for your main source of protein. Be sure that you cook the beans, and do not eat beans (or any other food) from metal cans due to carcinogenic plasticizers lining the cans.

– Alternatively, for your protein, you can consider healthy **grains**, such as quinoa, whole oats, millet, and teff, and **not wheat** (or varieties thereof, such as faro, kamut, and spelt), **rye**, **corn**, or **barley**. [Using only these grains will beneficially make you “gluten-free!”]

- **Eat at least 2 or 3 servings of nuts with each meal** to help your body better absorb oil-soluble nutrients, such as lycopene (in tomatoes); thus, instead of absorbing only 15 to 30% of the oil soluble nutrients that are in virtually all foods, you will be more likely to absorb 85 to 95% of the oil soluble nutrients!

- If you are Diabetic, you should **eat fruits only as part of a healthy meal!**



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## Exercise

### Cardio Exercise

• If you have not been exercising regularly over the past year, then **start slowly** – for example, by walking slowly for 5 minutes each day for the first week. Then, increase the time to 10 minutes each day for the second week. . . And so forth.

• Once you are able to walk for at least 20 minutes, start adding 2 to 5 small runs (for example, jogging for stints of 10 to 30 seconds) on 2 or 3 of your daily “walks.”

• Then, when your body feels ready, change your small runs into short sprints – working up to 30 seconds for each of 6 to 8 sprints, 3 times a week, and on non-consecutive days. Initially, take as much time as you want for recovery between sprints.



### Strength-Building Exercise

• The easiest way to strengthen your major muscle groups is to join a gym if your finances permit.

• **Choose 10 to 15 exercises** that, together, utilize the larger muscles of your arms, chest, back, shoulders, abdomen, and legs.

– For Muscles of Your Arms, Chest, Shoulders, and Upper Back, choose weights/resistances such that you can do only 6 to 12 repetitions “to muscle failure” (= “can’t do any more”).

– For Muscles of Your Legs, choose weights/resistances such that you can do only 12 to 20 repetitions “to muscle failure.”

– For Muscles of Your Core [lower back, abdomen, and side (“obliques”)] muscles, choose weights/resistances such that you can do only 10 to 20 repetitions “to muscle failure.”



## Sleep

Be sure to get a full night of sleep virtually every night. The length of sleep will be determined by your genetics; having said that, many will find 7 to 8 hours of sleep a night to be sufficient, though others may require anywhere from 3 to 10.5 hours of sleep. A sleep cycle (about 1.5 hours) allows you to “almost” wake up every hour and a half; if there is a fire, a screaming baby, etc., you will be able to fully awaken, and address the problem.

If your bedroom has windows, you should consider using heavy, dark curtains to create the “darkest sleep atmosphere” possible. In addition, you might want to consider purchasing one or more floor fans to drown out low-level noises that, otherwise, could interfere with your getting a good night’s sleep.

## Stress Reduction

One strategy (among many) is to “will” your muscles to relax. I do this every time my doctor’s staff takes my blood pressure. I can relax all of my muscles in about 5 seconds. With practice, you can, too! Practice this whenever you feel uptight!

### How to Reverse Type 2 Diabetes

Just follow the **Nutrition, Cardio Exercise, Strength-Building Exercise, Sleep, and Stress Reduction** programs outlined above. If you do not have substantial, permanent diabetic damage in your body, you will have **at least 95% odds of reversing your Type 2 Diabetes!**



Doc Wilson, Ph.D.

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## Becoming Healthy, Wealthy, and Wise: My Journey

In many communities, the discussion of what the elderly need to do to have the best possible health (as well as the longest healthy life) is dismal at best. There seems to be an embrace of deterioration and disease as if there were an inevitable path that everyone must take. Mature adults, as young as 50, often exchange stories about various ailments as if they were a rite of passage that had to be earned. **Have we as a community stopped envisioning a future that includes an energetic, vibrant quality of life that is free from prescription and over-the-counter pain medications?** Perhaps a greater awareness of the negative impact of such negative affirmations about the “expected future” of the elderly is in order. Let us explore some healthier alternatives.

Many health-conscious Americans take dietary supplements in an effort to combat loss of energy and to improve health. Yet, there is considerable evidence that isolated vitamins are not nearly as effective as healthy, whole foods for increasing energy and for optimizing healing of the human body. In fact, sometimes vitamins can cause serious harm! **The irrefutable truth is that the phyto-nutrients in healthy, whole foods slow aging and disease!** As mentioned in previous writings, Americans are more likely to resist plant-based diets, and, instead, embrace the SAD (Standard American Diet) diet, which includes highly processed foods that are low in health-promoting phyto-chemicals, and high in fat (that is, burgers, fries, animal fats, dairy). In spite of valiant, well-intended efforts, those who do their best to eat healthy, plant-based meals tend to face obstacles from the environment that they cannot control.

For one thing, fruits and vegetables frequently are transported for long distances before arriving at the local supermarkets. To prevent rotting, they are picked from their vines and trees before they are ripe. When they are not allowed to “ripen on the vine,” so to speak, many fruits and vegetables do not achieve 100% of their potential nutrition levels.

Therefore, too many of the foods that Americans buy may be nutritionally deficient to one degree or another; one consequence of this is that, each day, people need to consume more fruits and vegetables in order to have a chance at optimal health. When home-grown fruits and vegetables are planted under the right conditions, and provided adequate nutrients, they are richer in color, they are tastier, and they provide more nutrients.

Yet, the problem is that, even when fruits and vegetables are picked from a garden, Americans are not getting the recommended, combined 10 servings per day of “the colors in the rainbow”: green, red, brown, white, orange, yellow, purple.

So, what should the average health enthusiast do? Well, just as the news about an impending phone that would allow each person to answer a call from anywhere was highly questioned, fruits and vegetables in a capsule, similar to those demonstrated on the television show, “The Jetsons,” are here! There are a few on the market, but consumers would be wise to require a certain level of quality before they decide to incorporate this “food in a capsule” into their diets.

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### Questions to Ask

1. Is there rock-solid science behind it? Have studies been conducted by reputable laboratories and organizations to prove its effectiveness in the human body?
2. Is the product bio available (that is, readily absorbed by the human body)?
3. Is there a national certification confirming the quality of the product?

In addition to lacking essential nutrients from fruits and vegetables, most Americans are also suffering from inadequate levels of omega-3 fatty acids in their bodies. Omega-3 fatty acids are as critically important to the human body as are fruits and vegetables. Studies have shown that people who have the highest levels of omega-3s live healthier, happier, and longer lives than those with the lowest levels. A 2019 study that analyzed data from 45,347 Americans found that omega-3 levels were lower than recommended in ALL age groups, which proves that omega-3 insufficiency is common in the United States. Medical and health professionals agree that omega-3s cannot be produced by the human body; therefore, they must come from diets or supplements. Again, most people will not consume a diet in which regular food will provide the necessary omega-3s. A readily available source potentially would enhance the health of people throughout the USA.

Many Americans are familiar with “fish omegas” – complete with a fishy taste and burps that follow. But now, to the rescue, are plant-based omegas! There is also an omega supplement blend that includes omegas -3, -5, -7, and -9 – all in one capsule. These omegas contain pomegranate seed oil, sea buckthorn berry oil, raspberry seed oil, tomato seed oil, algae oil, and safflower seed oil.

### Some of the benefits of this omega bend include:

- **Retards the progression of prostate cancer (the number 2 killer for men after they contract prostate cancer),**
- **Reduces the destruction of collagen,**
- **Reduces skin damage,**
- **Reduces inflammation,**
- **Is high in Vitamin E and other antioxidants,**
- **Counters Atopic Dermatitis,**
- **Promotes mental clarity,**
- **Reduces obesity,**
- **Promotes healthy hair and scalp,**
- **Lessens the severity of PMS , and**
- **Helps lower cholesterol levels in the body.**



During a documented presentation, Dr. Richard Dubois, MD, FACP, FIDSA (former Chief of Internal Medicine at Atlanta Medical Center), stated that every cell in the human body needs omega fatty acids. He further stated that fish is not the key to fatty acid effectiveness in the human body; rather, DHA and EPA are the most beneficial types of omega-3 fatty acids, and these are found in algae. Dr. Mitra Ray, PhD, a Cornell- and Stanford-trained biochemist, focuses her research on cell biology, particularly as it relates to cancer, Alzheimer's disease, and other degenerative diseases. She has shared her excitement about the fact that the vegan plant omega blend is cold pressed because that process protects the integrity of the oils inside the capsules that are sensitive to heat. Dr. Ray now uses this omega blend – not just as a supplement, but also as a facial moisturizer as part of her beauty routine.

Given the benefits of fruits, vegetables, and omega fatty acids, are you consuming the necessary nutrition to optimize your gut bacteria, that, in turn, will help bring out the most vibrant, beautiful **YOU!**?

**Closing Note:** Omega-3 fatty acids are found in abundance in nuts and seeds. Not only will several ounces (an ounce is about a medium handful) of nuts and/or seeds with each meal help solve the problem of omega-3 fatty acid insufficiency, but also increase the absorption of oil-soluble nutrients, such as lycopenes (think tomatoes).

For more information and access to a community of like-minded individuals who are focused on living a vibrant, thriving life, contact Sonja Shavers, Ed.D. via the following: [sonrisetherapy@gmail.com](mailto:sonrisetherapy@gmail.com), Text to 912-657-9225, Follow on Face Book, Sonja Shavers



Sonja Shavers, Ed.D.

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## The Changing Population of Long-Term Care

When you think of a typical resident in a long-term care community (for example, a skilled nursing home or an assisted living community), who comes to mind? Most people will envision a picture of an elderly man or woman who has some sort of physical or mental impairment, such as Alzheimer's disease, that prevents them from being able to live independently in their own home. That picture of grandpa or grandma was pretty accurate when I first became a geriatric case manager in the mid '90s. However, in today's society, the picture of long-term care communities has drastically changed.

**Let's look at what you might see in any long-term care community in the United States of America in 2021.**

**Adults** – Anyone over 19 years old can be placed in a long-term care community. Some examples of younger residents you may find in a long-term care community include:

- **Individuals with a head injury**, which could be from a car or motorcycle accident, a fall, or even from an injury sustained while serving our country.
- **Gunshot victims** – Often after this type of injury, the patient will require six or more weeks of intravenous therapy. They are sometimes transferred to a skilled community for this kind of treatment.
- **Devastating and Debilitating Illnesses** – Some young adults face such problems, including Multiple Sclerosis, Muscular Dystrophy, Parkinson's, ALS/ Lou Gehrig's Disease, and even Cardiovascular Diseases (such as Heart Attacks and Diabetes).

- **Developmentally Disabled Adults** – These are adults with mental and/or physical disabilities that are so severe that their families are no longer able to care for them.
- **Psychiatric Residents** – These residents have psychiatric problems that can range from depression to schizophrenia, as well as other mental problems.
- **Residents with Chronic Substance Abuse Issues** – Not surprisingly, these residents can range from young to elderly, because addiction is an equal opportunity master. Typically, such a resident has experienced so much damage from their drug or alcohol abuse (including heavy duty brain damage!), that their ability to function independently is severely compromised.
- **Forensic Residents** – These residents exhibit propensities toward violence or other criminal activity. I have worked with residents who have been transferred from prison to long-term care communities because the prison was not able to provide the level of care that the individual needed.

As you can see from the above, the populations of long-term care facilities today are filled with residents who suffer from a huge range of types of illness, limitations, and backgrounds.

Furthermore, the increasing number of individuals with Alzheimer's and other forms of dementia being admitted into such long-term communities (because they no longer can live independently in a house or apartment), are further expanding the scope of medical conditions in long-term care facilities across the nation.

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Ultimately, each one of these residents has specific needs which require long-term care of some kind. So, yes, traditionally, **long-term care DID mean older adults who were losing, or had already lost, their ability to live independently.** However, in 2021, we are seeing a much greater diversity that requires more highly trained staff and resources in the long-term care communities that house them.

For these reasons, families need to be educated on what to look for when placing a loved one in a long-term care community. I believe that knowledge is power, and that a family who knows what to look for, and what questions to ask, is going to be able to make a much better decision when they evaluate potential places for a loved one who needs to move into a long-term care community.

Many families focus on the esthetics of a long-term care community – that is, the “curb appeal” – **instead of the type of care** that their loved one would likely receive in that particular facility. However, the reality is that many long-term care communities that lack “curb appeal,” provide outstanding care to their residents. The opposite is also true: A beautiful building does not automatically translate into quality care.

Families often ask me to tell them which communities are the best. What they are really asking is, “Which long-term care communities have little to no problems or complaints?” My response is always the same: When you are working with people, even those in the best communities, problems will arise periodically. The question should not be, “Which communities have no problems?” Instead, the question should be, “How does that particular community address problems when they arise?” Therefore, you should look for communities that do not try to justify, hide, or shift blame when conflict arises; rather, a good long-term care community will do a complete investigation.



Then, they will act on the results of what they have found. This is **transparency**, which is the true sign of a good long-term care community. Communities that are not honest with their residents (and with the families of their residents) sooner or later are going to lose the trust of their residents, families, and communities.

### Example of a Community Who Effectively Solves Problems

I once worked with an administrator of a long-term skilled community who called me from time to time, saying, “Cheryl, we really dropped the ball with one of our residents.” Then, he would provide me with the details of what had happened, and ask me what they should do to rectify the situation and make it right for the resident and their family. This stood out to me because I did not have many administrators who did this. And, I knew that if there ever was a complaint filed against his community, I could call him, and he would either say, “Yes, what was reported to you is true,” or “No, that’s not what happened.” And then, I knew he would share the situation from his perspective. Because of his history of always letting me know when he did something that was not right, I always felt comfortable when he said, “that’s not how the situation occurred” because I knew that he was being honest with me, or, at the very least, I knew that what he was telling me was what he truly believed to be true.

I feel honored at being asked to be one of the contributing writers for the *Matters of the Heart Magazine*. In the coming months, I will focus on topics that caregivers have to deal with when having a loved one in a long-term care community. I am always open to hearing from readers on topics they would like to see presented. Go to my website ([advocacy4seniors.com](http://advocacy4seniors.com)). Hit the “Ask Cheryl” button, and leave me a message on what you would like to see written.

Knowledge is power! When you know and understand your loved one’s rights, you can become a powerful advocate for your loved one that will result in an improvement in their quality of life and in your peace of mind!



Cheryl J. Wilson, M.S.



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# YOU ARE NOT IN THIS ALONE!

## Overcoming Obstacles: A Short Autobiography

### *Tips and Suggestions for Family Caregivers (Part 1)*

Chelsea J. McLendon was small-town raised (Soperton, Georgia), but eventually achieved her dreams of obtaining a Doctorate in Physical Therapy (a "DPT"), and living in a big city (that is, living in a city that was substantially larger than the one in which she was raised).

Chelsea is the product of a 43-year marriage that continues to blossom. Her father had worked his entire life as a brick mason, and her mother had worked as a secretary at the local health department. Chelsea was the only girl, and had two older brothers. Throughout their childhood, their parents instilled in all three of them the importance of a proper education, combined with plenty of hard work. At the early age of 12, during a night of homework review with her mother, Chelsea was introduced to the idea of Physical Therapy as a possible vocation.

Instantly, she fell in love with the profession, and made it her ultimate goal to become a Physical Therapist! Chelsea was an honor graduate of Treutlen High School in 2011, after which she attended Armstrong State University in Savannah, GA., where she received a B.S. in Rehabilitation Science in 2015, with a Magna Cum Laude designation for her outstanding scholarship! Over the following two years, Chelsea had little luck obtaining interviews and acceptance letters into DPT schools; however, that did not diminish her drive to make her dream come true. She came to realize that she had to find additional strategies outside of academic achievement to enhance her profile in such a competitive market. Therefore, while she worked full-time at a grocery store to pay her basic bills, she also began working part-time as a PT aide for the "hands-on" experience that had been missing from her resume.

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This resulted in 60+ hours of work each week. In addition, during this time she sat multiple times for the GRE exam – hoping for a higher score to make her stand out in such a competitive pool of applicants. In 2017, she finally was invited to several interviews, and ultimately was accepted into the DPT program of Gannon University in Ruskin, Florida. In May 2021, Chelsea achieved her lifelong dream of graduating with a Doctorate in Physical Therapy!

During her junior year in high school, Chelsea's father suffered a serious stroke. In addition, he had a second massive stroke a week before the start of a new semester when Chelsea was in PT school. Long hospital stays, frequent doctor visits, continuous bouts of various forms of therapy, and frequent changes in medications paint only a small picture of the obstacles that her father faced along his journey to recovery.

As you likely would expect, these experiences created some significant bumps during Chelsea's advanced education journey, but they also strongly influenced her desire to become a PT more than ever before – but especially leading to her pursuit of a specialty in neurological physical therapy. Furthermore, in the midst of her father's recovery, Chelsea had the important, but unexpected, opportunity to see things from both ends of the spectrum: as a family member, and as a future clinician.

Also, Chelsea immediately recognized the many limitations that accompanied living in small communities, such as Soperton, where advanced healthcare was not available for individuals such as her father, and where caretakers, family members, and friends had to travel 20+ miles to be treated. Additionally, she was conscious of the lack of sufficient resources to educate the community about all-important health topics, such as the key signs of a stroke, lifestyle choices that not only would greatly reduce the risks for heart disease, but that also would help educate citizens on best nutrition practices, as well as best caregiver practices, to name a few.



As a result of these limitations, Chelsea made it her private obligation to learn all of the critical steps that were needed to bring about the necessary, most effective improvements in the health practices of the citizens of Central Georgia!

**Challenges to Her Father's Recovery:** The biggest stumbling block that her father had to overcome was adjusting to the new idea of being fully dependent on someone else to complete tasks of daily living that, before, he had been fully capable of performing independently. However, Chelsea's mother faced similar challenges, but from the other end of the spectrum: as a primary caregiver. She experienced not only physical and mental strain, but also emotional strain while she juggled her roles as a caregiver, as a full-time worker, and as the manager-in-chief of the household! The immense amount of pressure that such caregiving places on the shoulders of the effector individuals, such as their mothers, is typically overlooked by family members, friends, and even medical providers. Caring for someone with a chronic injury or illness can be compared to running a marathon. At such times, the caretakers typically do not have, or are not aware of, the resources that would allow them to alleviate their stress by taking a break now and then.

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# YOU ARE NOT IN THIS ALONE!

## Overcoming Obstacles: A Short Autobiography

### *Tips and Suggestions for Family Caregivers (Part 2)*

Caregiving for someone, especially a spouse, often is a gargantuan challenge as each figures out how to adjust to the frustrating changes that the medical diagnosis has brought. However, with an effective support system, the caregiver, their partner, and other family members can overcome those challenges. With time, Chelsea and her mother discovered ways to address the multitude of challenges outlined above, and how to never lose sight of the importance of self-care.

#### • **COMMUNICATION:**

**-Constructive and Effective Communication** - When discussing important issues with your loved one, always make sure that you express it in a constructive and organized manner. To guarantee that you cover each desired topic, jot down your thoughts on a piece of paper before having the conversation. Note that being an active listener is equally as important as speaking, which leads me to the next topic.

**-Be a Patient Listener!** – When you are eager to get your thoughts out, remember to leave the line of communication open, meaning that you are just as eager to listen to what the other person has to say – and always display respect and gentleness. In addition, understand that knowing your loved one's fears and concerns could also help you provide more efficient care for the both of you!

**-Be Clear!** – When you have conversations with your loved ones, make sure that all of you have a clear understanding of what you are requesting or expressing. Many times, especially during episodes of frustration, it is easy to assume that others can “read our mind.”

Clearly expressing your thoughts and opinions can go a long way toward achieving effective communication.



#### **Chelsea Honors Her Mother**

In honor of her strength and resilience, I would like to dedicate this part of the article to Mom, and share some of her tips and suggestions with other heroes in the caregiver community – mainly to remind them that they are not in this alone! Mom had a remarkable range of tips and recommendations, many of which likely will be helpful to the reader:

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**-Try Again at Another Time!** - At times, conversations can get heated, and individuals can lose sight of the real issue at hand. Furthermore, everyone has bad days, or feels rushed for time, which can lead to "snappy" behavior. During such stressful moments, sometimes it is better to not initiate a conversation, and return to the discussion at a later time.



## • PROMOTE INDEPENDENCE:

**-Promote Independence!** - As a caregiver for our loved ones, we tend to have the habit of doing anything and everything for them to make sure that they are comfortable. However, doing so could actually be more harmful than helpful. We have to keep in mind that promoting their independence is a crucial part in their road to recovery, or coming to terms with their new "situation." Essentially, always keep safety at the top of your priority list, and have a detailed discussion with your loved one's medical team to determine their realistic capabilities.

**-Communicate with Their Therapist!** - If your loved one is participating in any sort of rehabilitative therapy (physical, occupational, speech, etc.), make it a habit to get a review of how each session went, and keep a written record of their progress; in addition, and query their therapists about how you can best incorporate their recommendations at your home. Also, never hesitate to express your concerns to the therapists about certain daily activities that you would like for your loved one to be more independent with performing, such as getting in/out of car, wheelchair mobility, chewing food, manipulating eating utensils, transfers, etc. This would help promote their functional independence, along with reducing any physical burdens that you may be experiencing.

**-Home Exercise Program!** - Typically, therapists issue home exercise programs to maximize carryover from one session to the next. Such home-based programs always have a positive long-term effect on a person's road to recovery. Even after discharge from therapy, this kind of program would help your loved one build, and then maintain, an even more powerful, active lifestyle that would contribute to fuller recovery of their independence.

## • UTILIZE YOUR RESOURCES:

**-Do Not Be Afraid to Ask For Help!** - A lot of times, we believe that it should be our sole responsibility to take care of our loved ones, but there are many people in your circle who are always going to be willing to lend a helping hand. But you will never know, unless you ask! Remember, everyone needs help with something!

### **-Create a Plan with Family Members/ Friends**

- If you have a strong support system of family and friends who are active with the care of your loved one, share the tasks at hand. Create a structured plan that will evenly spread the responsibilities, and decrease the burden on your shoulders.



**-How Best to Express Your Emotions** (Fear, Anger, Concerns, etc.) - This is one of the most important tips that I cannot stress enough. As a caregiver, it is easy to allow emotional stress to build up, which is not healthy for anyone. Our minds, like any other part of our body, can become disrupted and require special attention from the outside to bring a sense of relief and healing. There are many resources out there to help you in this area, such as counseling, religious leaders, family, and friends. Once again, utilize your resources to benefit YOU as a whole!

## • SELF-CARE:

**-Daily Self-Care** - I consider this The **GOLDEN RULE!** Schedule a specific time out of each day to dedicate to yourself! That can include drinking a cup of coffee on the patio, reading a book, taking part in a hobby, watching your favorite TV show, or whatever brings you peace of mind and happiness. You cannot take care of others if you do not take care of YOURSELF first!



Chelsea J. McLendon, D.P.T.

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# Listening Leading Learning



*Mrs. Willie Mae Purnell (1911- 2019)*

## LEAVENING... *Strengthening Relationships in Caregiving*

### Listening To The Lambs

*A Four-Part Magazine Article Series*

### Part 3

**R**elationships are very important because, as humans, we need to be connected to others for survival; thus, we naturally yearn to be close to other people. I am inspired to share an edited version of an article that I wrote while I was serving as the Director of Promotion and Missionary Education, Seventh Episcopal District (South Carolina). This article was included in the *YEARBOOK – A Mission Education Study Guide* (1978-1979, Women's Missionary Society of the African Methodist Episcopal Church). It depicts my childhood memories of community connectedness and relationships, which carved an important, indelible mark in my psyche that has served me well throughout my life – but especially during my childhood as I developed into a woman.

The Denominational Theme was: **Together with Love – Mission Can Happen!** I believe that caregiving truly is **A Mission of Love!**

I still have a vivid picture of Miss Lucille tottering down Norris Street in high heels, a brown French-style hat angularly tilted to the side, a tailored suit, and scary-looking, yet compelling, red foxes casually hanging around her shoulders. She was always smiling and seemed to be proud as she stepped down Norris Street. She was more relaxed when she sat on the porch with Miss Annie and me, and sometimes with Mr. Pap, too.



Miss Annie was my nurse-sitter, so to speak, because she raised me from a tiny baby. I was in her care during the daytime while Mama and Daddy worked. Mama says that I was so tiny as a baby that I had to be carried around on a "pillar" (her word for "pillow"). Once Miss Annie took over, she began to fatten me up.

*Provided By:*

I knew everyone on our block on Norris Street; all of us were really close – just like FAMILY! They included Miss Annie (whom I also called “Mama”), Miss Lucille, Mr. Pap, Miss Cora, Mr. Richard (who lived next door to us), Miss Geneva and Mr. Ernest (who lived two doors down), and all of their collective children: Carolyn, Gwen, Marilyn (who died very young), Alton, Li’l Ernest, Sadie, Pete, Carrie Lou, Bobbie Gene, Eva, Baby Brother, Sandra, Miz Waters, Ruby, and her mother, Miss Etta. It was clear that ALL of us really were JUST LIKE FAMILY!

Growing up was “Family,” and “Family” was growing up, and the word “Family” made us feel good and warm. People and things were always moving in our neighborhood.

Family was Mama and Daddy, Dorothy, Brother, Miriam, Viriam, Harold, Bettye Sue, and me, as well as Grandma and Great-Grandmama, until I was almost seven. Then, there were also Grandpapa on Daddy’s side, and all of the uncles, aunts, and cousins (some of whom I did not know, and some that I wished I hadn’t known). But they were ALL FAMILY. Family was “a Heap O’Folks!”

However, even though the heart of the message for the Study Guide was different, **the overarching theme was still that “Love is the Heart of the Matter”** when delivering a service, as well as when ministering to one of the fastest growing populations in society: the Seniors and Elders upon whose shoulders society stood, and the Rocks with which the present, vibrant generation was built and shaped.

The term **Leavening** is one used primary in baking. A **Leavening** Agent is “a substance causing expansion of doughs and batters by the release of gases within such mixtures, producing baked products with porous structure. Such agents include air, steam, yeast, baking powder, and baking soda.” They cream (butter and sugar), knead, mix, beat, and stir. They whip – like whipping eggs. They are biological and chemical. They work singularly and corporately together to produce a desired product or commodity. . . together as Family. Oh, the delicious cakes and pastries, that also use leavening techniques! They are added prior to baking the finished product.

#### **GREATER is Purpose or Use.**

Relationships are formed and stimulated by need, and, truth be told, sometimes by greed. In the leavening process, the term “air” is also used. In baking, leavening is the “air” that causes bread, cakes, and other baked goods to rise when they go into the oven.

In the context of **Caregiving**, the question arises: **What causes us to rise to the Level of Service which Strengthens Matters of the Heart?** I believe that it is the outcomes among **The Family** of those who comprise the community, neighborhood or village, that make **THE Difference!** For all the individuals residing on Norris Street, recall that each was called by name. Of the combined talents and gifts within the community, **which individuals RISE TO THE TOP because they utilize The Leavening Agents that are within each of them?**

We can go to the Scriptures, to learn how to strategically demonstrate our Purpose, which is to be assumed by each member of the Family of Our Creator to have “Life and More Abundantly!” New Living Translation **“My purpose is to give them a rich and satisfying life.” John 10:10.**

Within a broad definition of “Family” (as outlined above) are numerous opportunities to **Strengthen Relationships in Caregiving**. In my professional practice, I suggest tangible, realistic ways to contribute to Family and Society.

I believe that all of those who live on Norris Street, as well as the numerous others throughout the community, have within themselves the “Rising/Air/Spirit” to perform any task they desire in order to strengthen their Family.

**Caregiving is so much more than providing a warm, safe, clean space.**

**Most of all, it is an opportunity to:**

- **rise, shine, and Glorify the Creator**
- **volunteer to assist in preparing meals**
- **read and provide reading materials**
- **sing along with someone you once knew who sang during their life**
- **take a loved one out riding or outside to enjoy together the beauty of nature**
- **provide professionals who can help pro bono with legal services to families to protect their interests prior to illness or incapacitation**
- **read up on the current laws regarding the infirm population**

There are so many rich and varied opportunities to Pay Forward what each of us will want to happen to and for us should we be Blessed to become a receiver.

**Let’s all see how the FAMILY can become a Leavening Agent!**



Myldred P. Hill, Ed.D.

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## Managing Health Care Costs in Retirement

You have probably heard the expression, "If you haven't got your health, you haven't got anything." Unfortunately, in a world of skyrocketing medical costs and low investment returns, many retirees are beginning to think, "If I haven't got my health, I won't be left with anything."

It's been getting harder to prepare for retirement, and changes in health care costs are a big reason for the sudden difficulty. However, while some medical expenses are inescapable, it is possible for individuals to fund a healthy retirement if they are willing to prepare and investigate costs.

### Growing Costs of Health Care

There is little hope health care costs will recede anytime in the near future. Every year, the costs for everything from prescription drugs to hospital stays faithfully rise. No one is certain when the medical industry will make changes that might bring about a reduction or leveling of prices.

Rising health care costs should be a major concern for those preparing for retirement. Across the board, medical expenses are growing much faster than inflation. Retirees face the worst of it: age-related health issues increase the portion of their budget that goes to health costs and, with lifespans increasing, their years of care are mounting as well.

Though costs vary widely between individuals, it is estimated that the majority of today's retiring couples will face between \$100,000 and \$250,000 in medical expenses during retirement.

Many Americans are not prepared for this huge financial commitment and need to take steps to either increase savings or make them stretch far enough to cover all medical needs.

### Having a Strategy

Health care in retirement is all about realistic preparation and knowing personal needs. The most important step is for a person to be aware of what their preexisting conditions will mean during retirement. A person in excellent health at age 65 will incur much lower costs than someone will with heart disease or diabetes, but is also much more likely to eventually need more years of long-term care.

People also need to consider their approach to diagnosis and treatment. One person might prefer to visit doctors when they feel unwell for more than a day, another might wait for a problem to persist for a month before reporting it. The former will have higher regular payments, but the latter runs the risk of having major expenses from a condition that was allowed to worsen. Often forgotten, an important part of an overall health care plan (not limited to retirees) is creating an official health care directive. Usually in the form of a living will, people can layout rules for care in the event they are incapacitated and have little hope of recovery. Alternatively, people can grant power of attorney for medical treatment to a relative or trusted friend.

Either document can reduce unnecessary medical costs at the end of life and, more importantly, grant survivors peace of mind about proper treatment when the unthinkable happens.

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### Savings Strategies

There are a number of ways for retirees to reduce medical costs. The most effective method is simply to get as healthy as possible. Retirees who enter retirement in good health will not only incur fewer initial costs, but will be better able to enjoy themselves during retirement.

As stated earlier, a retiree's personal approach to seeking medical care influences expenses, many of which can be unnecessary if the wrong health insurance is used. This is most noticeable when Health Savings Accounts (HSAs) are ignored. HSAs allow a person to save money for medical costs in a tax-free account, but they are only available with high-deductible plans.

For a retiree who feels the need to visit his or her doctor frequently, it is better to use a low-deductible plan that will reach its limit quickly and put most of the costs on the insurer. However, if a retiree rarely goes to the doctor and has little chance of reaching his or her deductible, chances are good that an HSA will provide both premium savings and tax reduction (this is especially true early in retirement.)

### Medicare

Medicare can be one of the most influential ways to reduce health insurance costs in retirement. It is government health insurance available to retirees (typically at age 65) that is considerably cheaper than self-funded coverage. The Medicare program is available to retirees in three major parts:

- **Part A:** Hospital insurance that covers emergency care and hospice
- **Part B:** General health insurance that covers outpatient services, laboratory tests, mental health and regular doctor services
- **Part D:** Prescription drug insurance that helps pay for medication

People will often be told to begin Medicare coverage as soon as possible because of the low rates available and the penalties that could be incurred by delaying enrollment. (Both Medicare Part A and B carry penalties for those who do not enroll during three months preceding or following the month of their 65th birthday.) However, if an individual is still receiving insurance through his or her employer or a spouse's employer, immediate enrollment may not be the most efficient solution.

For the vast majority of people enrollment in Part A of Medicare does not cost a monthly premium. Though immediate enrollment in a free program seems like the obvious course of action, some employers will cancel matched contributions to an HSA plan when an individual starts any part of Medicare.

However, since the penalty for delaying enrollment in Part A only affects the small portion of people who have to pay the premium, HSA plan members may wish to wait until retirement to use Medicare.

**Funding a healthy retirement takes preparation — it's important to investigate health plan options and costs to find a plan that is right for your needs and budget.**

Because Part B requires premium payments, individuals who already have quality health insurance through an employer may not want to deal with the extra expense of having double coverage. Part B allows individuals to delay enrollment without penalty if they are enrolled in employer or group health plans (COBRA and retiree coverage do not count as employer health plans). Individuals who pay for their own insurance will usually find that immediate enrollment in Part B to be the best choice. If Medicare is used at the same time as a company health plan, it can become unclear which insurer provides primary coverage. It is essential that employees who intend to work past age 65 talk with their HR representatives and determine all the effects of Medicare enrollment. Only when existing coverage is understood can an individual find ways to lower costs.

### Long-term Care

Long-term care (LTC) programs, whether home care, assisted living or nursing care, are extremely expensive. On average LTC creates a bigger drag on retirement funds than anything else does. Though not every retiree ends up needing LTC, its general use increases exponentially as retirees get older.

As costs and lifespans continue to increase, more and more insurance companies are dropping their LTC programs (though several still offer them.) LTC insurance plans are typically expensive and must be purchased while retirees are still in good health. Even though the insurance may go unused for many years, retirees will have to adjust their spending plans immediately to accommodate the high annual premiums. Making a generic plan for future LTC is as significant as any other part of retirement planning.

There are many factors to preparing for health care costs during retirement, and no two plans are going to be the same. It is important to research as many different insurance options as possible and find coverage that fits both your needs and your budget. If you have questions about health care strategies for your retirement, contact Prudential to review the expenses your plan is built to handle and the adjustments that can still be made.

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# GODS PURPOSE

## Living Out Your God-Given Purpose

As we move through uncertain territory in the coming years (the pandemic, economic challenges, and social unrest), we would be wise to hold onto one constant: God (or a "higher power" – or however you choose to refer to refer). I call Him God. I believe that each of us was created to carry out a purpose(s) or mission(s) that God created just for us, and for which we have all of the talent, wisdom, and materials – or they will be there for us when we need them.

Think about it: We were created in His image, and we were created to be **creators** just like Him! Thus, part of our job is to help others who are less fortunate than us; in other words, part of our mission is to help create better lives for ourselves and others. As a first step, think about your current job. Did you select it based on your heart's yearnings? Or did you select your job based on Maslow's (1943) basic hierarchy of needs: food, shelter, and protection?

Have you noticed that people who appear to be living in true peace and fulfillment are living in a self-actualized mode? It is very hard to describe it in meaningful words; however, when you meet such a person, you instantly sense both their **inner peace** (peace with their self and with who they are, and who they have become) and their **outer peace** (peace with their role in the world and with everyone that they meet).

One definition of "peace of mind" is "freedom from anxiety, annoyance, or other mental disturbance" (definitions.net). Have you ever noticed that those who do not have "peace of mind" frequently are individuals who are not living out their God-given purpose? – I can identify periods in my life over which I did not have "peace of mind." And *every one* of those periods occurred when I was not living out my God-given purpose! I challenge each of you to seek out your unique, God-given purpose(s). When you do, I predict that you will begin living a more peaceful and more fulfilled life. And, more importantly, you will find that you naturally will be compelled to share with others this newly found greater peace. Furthermore, you will soon start to notice that those around you will begin to live more peaceful and more fulfilled lives, too. Tap into your spiritual power **now!**

Don't waste another second discovering that special blueprint that God designed just for you!

Teresa Hamilton is the President of Imagination Press, LLC - a consulting and publishing company. She is also the author of ***Eight Steps to a Fulfilling Life***.



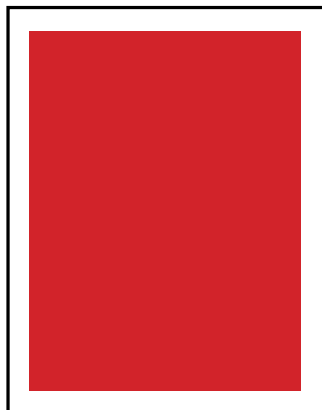
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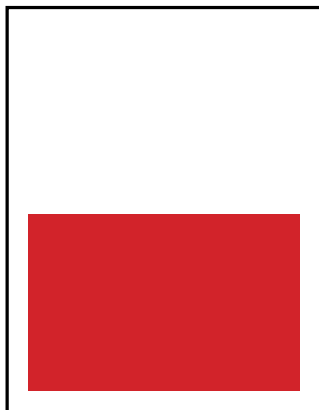
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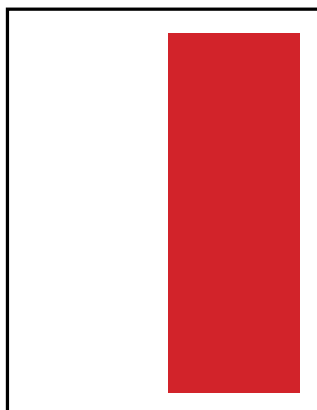
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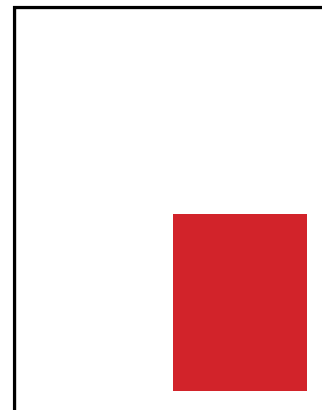
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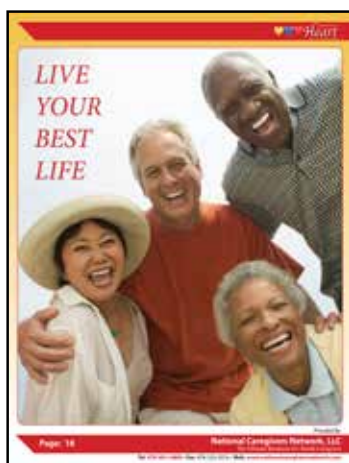
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## Digital Connect Care System Post-COVID19 Pandemic



As I begin to reminisce on the past year of the COVID19 pandemic, it becomes apparent to me that there are many things that we, as a country, came to realize that we desperately needed in order to survive the deadly COVID19 virus – namely, easy access to a digital Home Connected Care System for all patients.

One category of businesses whose doors were not closed during this pandemic is health-related facilities, such as pharmacies and hospitals. Also, drive-thru, curbside, and delivery pharmacy services became the norm during the highest surge of our pandemic. However, many patients cancelled their medical appointments due to their fear of Covid transmission even in health facilities. People who delayed emergency room and hospital visits decreased the revenue to many already struggling institutions.

The decline of inpatient and out-patient care utilization resulted in hospitals and healthcare systems losing at least \$323 billion in 2020, according to an American Hospital Association report. This loss in revenue has not yet recovered, but we hope and predict to see it recover with the approval of more COVID19 vaccines, as well as more evidence-based guidance for COVID19 testing and treatment.

The COVID19 pandemic showed us that we need a digital Home Care Connected System to be able to continuously monitor patients with the technology that healthcare professionals and caregivers could and should have upon discharge to their homes, including to provide real-time information of vital statistics, such as heart rate, blood pressure, breathing rate, etc. Other vitals, such as body temperature, lung function, blood glucose, oxygen level, and body weight could also be tracked.

This kind of information can be transmitted in real-time – so that, for example, a person would not have to write down this information, or remember when to take their medications, and not have to take their equipment or paper records into the medical office to allow the health professionals retrieve their home vital readings. People would greatly benefit from using such ProHealth equipment in their homes both before and after a pandemic. The COVID19 pandemic showed us that the citizens of our country need a digital Home Connected Care System that, when they are a patient, they could have results 24/7 – including protected security, as well as protection to contact not only a highly trained emergency response team, at the push of button, but also a system that knows the location and name of the person immediately upon receiving a “help” signal. Thus, patients do not have to feel isolated because such capabilities as medication reminders, activity detectors, and calls to bona fide medical personnel, can also be incorporated into the Home Connected Care System. People need to be able to be equipped with this security and medical alert system before and after any pandemic.

The COVID19 pandemic showed us that there was and still is a substantial need for a digital Home Connected Care System that could provide telehealth services with various certified healthcare professionals (i.e., general medicine, alternative medicine, dentist, ophthalmologist, dietician, pharmacist, etc.), that would not require an additional co-pay to obtain such consultation services – especially during times in which they could not contact their “regular” doctor or other healthcare professional.

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Although telehealth usage soared during the pandemic (partly because Medicare and HIPAA privacy rules were relaxed during the pandemic, and reimbursement rates were comparable to in-office care), 70% of physicians surveyed by the American Medical Association reported they had fewer total visits — both in-person and virtual — than before the pandemic began. Clearly, there is an unmet need for broadband and cellular services in the most rural areas, both before and after any pandemic, to provide digital Home Connected Care Systems. Furthermore, at a minimum, every home should have access to a cellphone and a computer.

Medicare, Medicaid, and private health insurance companies saw the immediate need to reimburse for these services due to COVID19 – not only for patient care, but also to keep the revenue stream flowing for both hospitals and physician-based practices. Of the 3,500 physicians surveyed by the American Medical Association (AMA) last summer, 81% reported that revenue was lower than pre-pandemic levels, with an average decline in revenue of 32% – causing many practices to lay off staff; in addition, some practices closed. Physician and outpatient practices must train, and make this equipment available to patients, both before and after any pandemic.

The COVID19 pandemic showed us that we need a digital Home Connected Care System that will be available to all persons with pre-existing conditions so that they will be able to receive the care they need both during and after any infectious pandemic, and also after discharge from a hospital. Just like a patient who goes home with their prescriptions that they were using while they were in the hospital, they should also be discharged with a digital Home Connected Care System that will assist monitoring vitals as they transition back to home care.

Although the digital Home Connected Care System is available, it is not yet available to all patients because it is not reimbursed by insurance companies unless it is through their physician. Furthermore, many physicians and patients are not aware that this remote patient monitoring (RPM) equipment, coupled with reimbursement, exists. RPM is the new buzz word that allows healthcare professionals and caregivers to remain connected to their patients and loved ones. This digital Home Connected Care System availability for all patients will indeed require a legislative bipartisan level of cooperation, as well as connected care among patients, caregivers, and healthcare professionals.

There is no reason that a pharmacist, who is usually within 5 miles of one's home, should not be able to monitor one's vitals virtually in between office visits, and also be reimbursed for it directly by Medicare Part B via remote patient monitoring when a patient renews their prescriptions. Today, pharmacists cannot bill directly for such services via Medicare Part B because insurers do not recognize pharmacists as providers. Also, there is no reason that an emergency room triage nurse should not be a connected care partner to obtain a patient's vital numbers at home before they reach the hospital. This is the connected care that all patients should be able to afford.

**Wouldn't you prefer to have someone monitor your vitals regularly, just as if you had a nurse coming to your home daily?**

**So, you ask, "What are the criteria for patients to enroll in a remote patient monitoring program?" Optimize Health gives the following 2021 enrollment criteria:**

- The patient must consent to participation in the program. Also, the devices must be registered with the FDA, and be ordered by a qualified medical professional.
- Data captured by such a device must be wirelessly synced.
- Patients must record and transmit readings for at least 16 out of every 30 days. The data monitoring services must be performed by a physician, or a qualified healthcare professional [The American Medical Association defines "a qualified individual" in terms of their relevant education and training, licensure/regulation (when applicable), and facility privileging (when applicable), and who performs a professional service within his or her scope of practice, and who also independently reports that performed service), or clinical staff (RNs, medical assistants, etc.), subject to state law.]

An "Electronic Caregiver" has to be FDA registered, and utilize a wireless synced equipment to provide the digital Home Connected Care System that is needed.

**How do you know if you need this equipment in your home?**

If you answer "yes" to at least 2 out of the following 6 questions, you should consider doing a consultation with your healthcare provider, or with me.

- 1. Do you have one or more chronic illnesses?**
- 2. Are you at risk of falling?**
- 3. Have you fallen in the last three years?**
- 4. Do you spend more than three hours alone per day?**
- 5. Do you take more than three medications per day?**
- 6. Do you worry about protecting yourself from a home intruder, or worry about burglaries?**

Dr. Donna, is a board certified, registered geriatric pharmacist, and is a partner with Electronic Caregiver, which provides security and health equipment, as well as remote patient monitoring services to individual patients, pharmacies, physician practices, hospital services, independent and assisted living facilities, adult daycare facilities, and other healthcare entities. You can schedule a demo and obtain more information on getting a digital Home Connected Care System by calling me at 478-508-6340, or by signing up on my landing page: <https://ecgcarepartner.com/donnabellamy>.

**What better way is there to save lives and keep people independently residing at home than with a digital Home Connected Care System?**



**Donna D. Bellamy,**  
**Pharm.D.**

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Tel. **478-401-4800** • Fax: 478-224-2016 • Web: [www.nationalcaregiversnetwork.com](http://www.nationalcaregiversnetwork.com)

## Get the Men in Your Life to the Doctor for Check-Ups



**F**or every month of the year, there is a celebration or a bring into awareness a common cause most notably February as Heart Month, October as Breast Cancer Awareness Month, or one month in particular like June is Bride's Month, Black Music Month, Mental Health Month and Men's Health Month. The average person may go through the entire month of June and not hear from any media or community source about Men's Health Month. In media and society in general, men's health is not discussed and not studied as much as women's health. It stands to reason, women's health is generated by economics; they go to the doctor more, read more about health, post more videos and blogs about health, and invest more in prescription drugs and over-the-counter drugs. The average man spends more time trying not to think about health and certainly trying not to discuss his health with anyone.

However, it is necessary to spend more time on men's health to start at closing the life expectancy gap between men and women. While the gap has decreased, women still live an average of five to seven years longer than men. Contributing factors, some experts believe, are that men drink and smoke more and will not seek the attention of a doctor as often as women. During Men's Health Month or anytime, women should approach health and wellness with the men in their lives. Women are already good at taking care of the family's health anyway, so it may be necessary take control and get men to the doctor whether or not they want to go.

Generally, when women want something done at home, they strategize and organize to get it done whether or not a man is in the house. Women need to use the same skill set to get men to be compliant and go to the doctor. Most women will know that something is wrong when they see over-the-counter medication coming into the house.

However, the non-compliant men won't admit it when they do not feel well. In some cases, an occasional drink or beer will increase beyond normal. Women will even know when a brother, nephew cousin, or other male relatives outside of the home are not well. Women talk. Therefore, women you have to take your heads out of the sand, and tell men that you know something is wrong. Scare tactics don't usually work because non-compliant men are already afraid. Try making an appointment and offer to drive them if necessary. Depending on the personality, you may have to have another male that they respect to call and gently work with the non-compliant men. Offer, and in some cases, insist on going with them to the doctor. More than likely, the non-compliant men see themselves as weak when they have to tell the doctor that more than one thing is hurting or bothering them. Depending on COVID restrictions, women should go into the doctor's office with them and assist with the telling of symptoms.

The compliant men are relatively easy; they need just a little motivation and pestering. Start by asking if they have called the doctor for an annual appointment. Men who live alone may need additional support or help. When they don't call the doctor and make an appointment, the women need to call for an appointment. Needless to say, the date will not suit them. Compliant men will either give an appropriate date or call the doctor themselves. Basically, the compliant men need someone to help them stop the procrastination.

As women in the life of men you know, don't overlook factors staring you in the face. You need to know that belly fat, and especially hard belly fat, puts men at risk for heart disease, diabetes, and cancer, dementia, and lung problems. Sleep apnea occurs about twice as often in men. So, there are good reasons you need to get them to the doctor.

Therefore women, this writer is putting it on you to pray, meditate, fast and get ready for a challenge. None of the suggestions above may work, but with the help of the Lord, the right method will come to you. Whether he is your father, husband, brother, son, nephew or significant other, get him off the sofa and exercise with him. Prepare nine servings of fruits and vegetables daily but restrict caloric intake. Go heavy on the fruit. If you cut an apple, peel an orange, or wash grapes and leave them on the counter, men will eat the fruit.

Most importantly, emphasize to them how much you love them and want them to be alive and healthy so that they will become more proactive about their own health.



**Dorothy Crumbly, M.S.**

*Provided By:*



## The Value of Precious Memories Through The Years

Some of the top concerns in our world today include global health, climate change, inequality and poverty (including systemic racism against black and brown individuals, Hispanics, and Asians, among many others), government transparency, and religious conflicts. All of these issues are at the top of the list of concerns among deep-thinking people. On the other hand, some are not affected by any of these issues – even though troubles are right before them in their own home; for example, how can people cope with the loss of conversation with someone in their family they have loved for a lifetime, including conversations in general, as well as making plans for their “golden years?”

The loss of a loved one is one of the most difficult challenges that most people face during their lifetime; losses that an elderly person may experience prior to their final breath include:

- **loss of conversation,**
- **loss of mobility,**
- **loss of memory,**
- **loss of appetite,**
- **loss of recognition (for example, who you are), and**
- **loss of appreciation for the finer things in life.**

Recently, a widow who had been married for many years, stated that **her greatest loss was the conversations that they had had with their spouse about their history together**, such as conversations about when they first met, who said “I Love You” first, their first child, their first grandchild, and their first great grandchild, among many other topics. Of course, one cannot reclaim time or turn back the hands of time, but **there are healthy ways that one can cope with such losses.**

When I was growing up, most households had **photo albums** that they eagerly reviewed from time to time, and to which they added more current photos, as well as written inputs, too. These albums typically included images of grandparents and great-grandparents, uncles, aunts, cousins, friends, etc.

When the various families gathered to look at the photo albums, the elders shared stories about the “silent” images. The memories that flowed from these stories were familiar to the storyteller, but, to the new listeners, the stories were always fresh, new, exciting, even riveting, and, at times, spiritual. Then, once they had heard the stories for the first time, they were able to share those stories with others when the albums were opened next.

Although the photo album is a powerful resource that allows people to journey back in time and review the past, all families do not have photo albums. Such cases call for creativity – including whatever memorabilia you may be able to assemble. It may be a box of items that belonged to your father or mother, plates, silverware, or an entire tool shop that gets the ball rolling on the first story of the conversation. I recommend placing less emphasis on what the item is that fuels the conversation, and more emphasis on **the power behind sharing stories from the past.** In addition, **simply talking about the past will bring healing to those who are hurting each day.** Also, such sharing of memories of a loved one will help remove the pain and loss that are inextricably associated with grief! In other words, **sharing memories with family and friends about a loved one helps them cope with their loss!**

Lastly, for those who are grieving losses (actually, losses of any kind), it profoundly helps to **just lean back and take things one day at a time.** Rather than worrying about what tomorrow will offer, it helps to focus on today and what needs to be done today, rather than getting wrapped up in what might or might not happen tomorrow.

The gospel of Matthew, chapter 6, verse 34 reminds us not to worry about tomorrow because it has troubles of its own. **No matter what your troubles are today, good reflection on happy times in the past will help you to perfectly execute “taking things one day at a time!”**



Dahl A. Moss, Elder, M.Div.

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# The Church In Recovery



**“Restoring Ministry in the Midst of a Virtual/Viral Pandemic World”**

**By: Rev. Mark S. Pierson**

Foreword by: Bishop Reginald T. Jackson | Epilogue by: Dr. Karma Johnson

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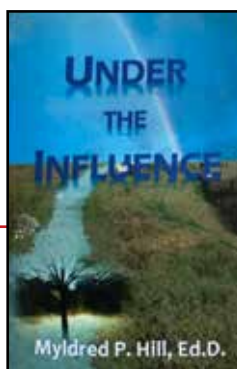
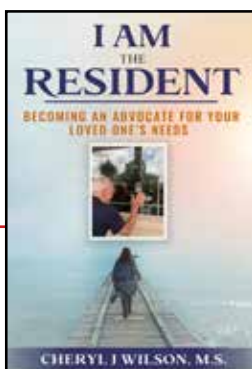
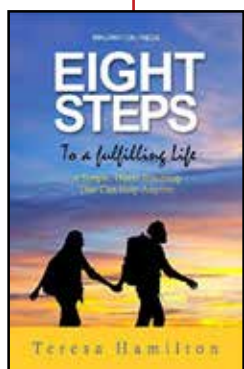
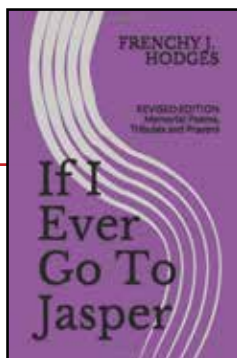
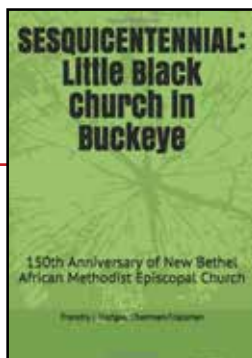
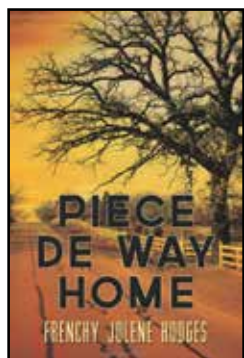
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## Featured Books Of Our Writers In This Issue



## Community Support For Veterans



DEPARTMENT of  
VETERANS SERVICE

The following announcement is authorized by the Georgia Department of Veteran Services, Director, South Region.

Occasionally, [ncngeorgia.com](http://ncngeorgia.com) will share Veteran Administration (VA) Caregiver related information on social media about resources and benefits offered to Caregivers; when this happens, interested persons should contact the Georgia Department of Veteran Services, South Region, VECTR Center, located at 1001 South Armed Forces Boulevard, Warner Robins, Georgia 31088. Telephone: 833-448-3287.

VA Offices in the South Region include: Albany, Americus, Bainbridge, Brunswick, Columbus, Cordele, Douglas, Dublin, Glenville, Hinesville, Lyons, Macon, Moultrie, Savannah, St. Mary's, Statesboro, Swainsboro, Thomasville, Tifton, Valdosta, Warner Robins, and Waycross.

The announcement is authorized by the Georgia Department of Veteran Services, Director, South Region.



**Thank you kindly for Friending  
and Following [ncngeorgia.com](http://ncngeorgia.com).**

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## NEW BOOK COMING SOON

# The Handbook of Cancer

By Doc Wilson



Doc Wilson, Ph.D.

**W**hen Doc Wilson's mother died from a kind of cancer that, at the time, was considered "incurable," he vowed to learn everything he could about causes, preventions, and cures for the common cancers. Subsequently, Doc was also diagnosed with cancer – even though he had led a close-to-exemplary lifestyle with respect to nutrition, exercise, sleep, and stress. Doc then decided to share his story and his illuminating findings about cancer through a book, as well as through seminars, and one-on-one and group health consultations.

Doc Wilson's ground-breaking book, ***The Handbook of Cancer. Causes. Preventions. Cures, (subtitle: What the Food and Beverage Does NOT Want You to Know!)*** addresses critically needed information that is not readily available from most members of the medical community. As is implied in the book's subtitle, the food and beverage industry is **not** in the business of educating the public about cutting-edge research that has the potential not only to help some cancer patients cure their cancers, but also to at least reduce anxiety levels, and even cancer levels, in other patients when they follow Doc's prescriptions!

Of course, since we live in a capitalistic society, we should not expect Food and Beverage entities to spend time and money on undercutting their respective, money-generating businesses; hence the need for **an unbiased "outsider"** like Doc. Doc's extensive background in biomedical sciences, and experience as a Personal Trainer and as a medical school professor, have provided Doc with a varied, rich, relevant foundation for writing ***The Handbook of Cancer***.

### **Brief Summary of Doc's Technical Training:**

- B.A. (Biology, Chemistry), Kalamazoo College, Kalamazoo, MI. Included Foreign Study: 6 months, University of Strasbourg, France.
- M.A. (Physiology), SUNY at Buffalo, "Passed with Distinction." NY.
- Ph.D. (Physiology, Biochemistry), University of Illinois at Urbana.
- Postdoctoral Fellowship (Biochemistry, Physical Chemistry), Duke University, Durham, NC.
- University of Maryland School of Medicine, Founder & Director, Renal Laboratory, Baltimore, MD.



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Offering caring and compassionate service to those in our community has been the mission of McCullough Funeral Home for nearly 70 years. Still family owned and operated, we have a history of unmatched integrity and we strive to maintain our reputation through quality, sincerity, and trust. We are dedicated to providing distinct and healing experiences for every family we are privileged to serve.



Michael McNeal, President