



"Reaching From The Heart"

ISSUE: DECEMBER 2021



# MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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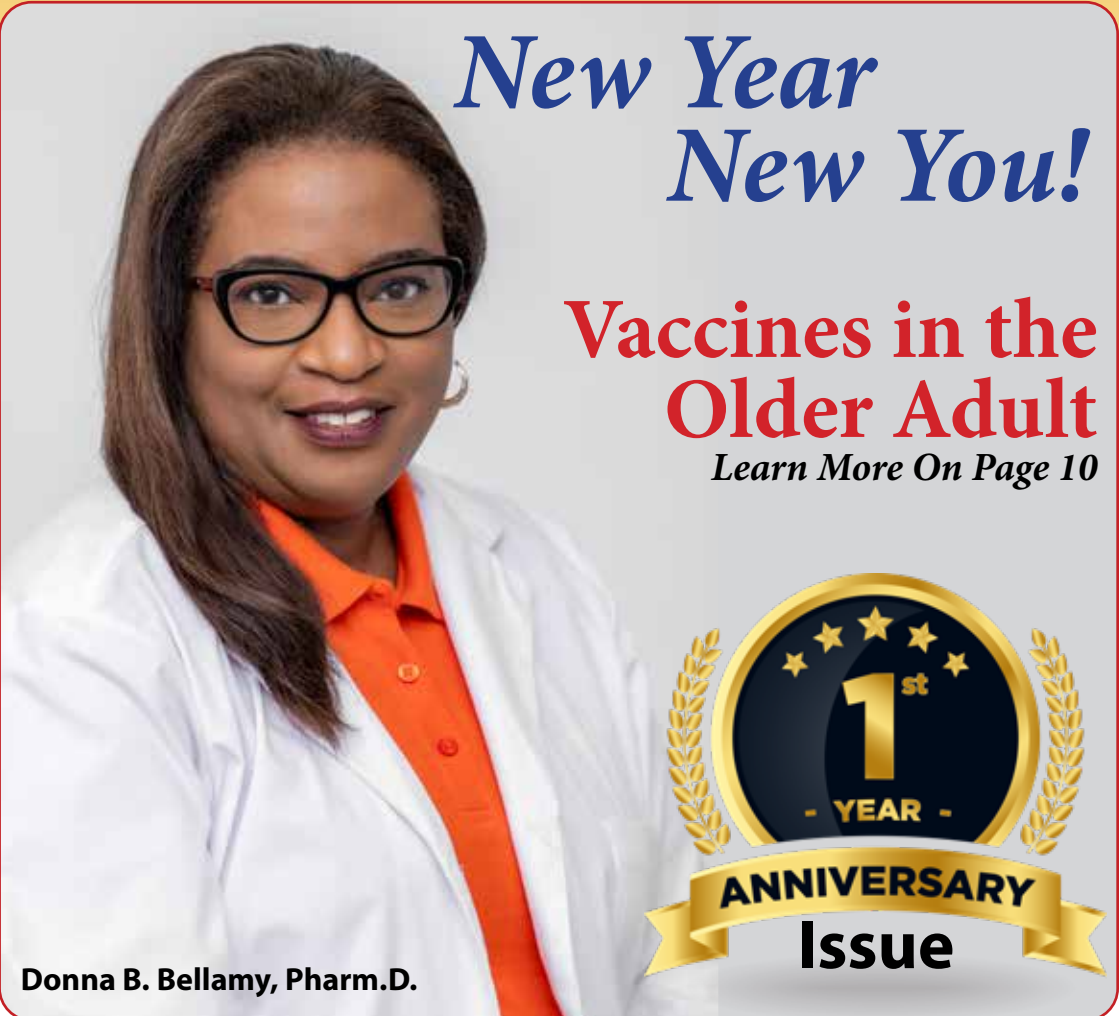
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Donna B. Bellamy, Pharm.D.



**National Caregivers Network, LLC**

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## Publisher's Welcome!

### Season's Greetings

As the spirit of the Holiday Season is upon us, so are our everlasting thoughts and memories of loved-ones. Our hearts celebrate birth, life, love, caring, and sharing, like no other time in our life experience of family. It is our shared way of expressing triumph over joy, grace and peace during a time like no other. When I think of my lifetime of family holidays, I especially think of my life-long holiday season family dinner time gatherings and what now seems as the ambiance of a beautiful and glowing fire burning in the fireplace in every home in my hometown growing up, holiday celebrations at my family home where the treat and wonder of the dinner meal assured great southern food traditions, among family generations.



When we all think of holiday gatherings, for sure, our thoughts, conversations and laughter are about family times and memories, over family generations and of course, family talk more valued each gathering, each year, among everyone. While there will be the absence of a loved-one's voice or voices not heard in the house, nor at the dinner table, nor seated around the fireplace, nor engaged in a favorite board game or card game, or singing praise, we know these holiday times are Matters of the Heart for all of us.

So, as we joyously, gracefully and peacefully unite as family and family friends, in a world that seems turned upside down, we unite also remembering and celebrating family and loved-ones present and passed on. It is my earnest hope, as yours, that a peace will come over all of us, in some way, as we remember that comfort comes through a lifetime of love and memories.

*Thank you for supporting us in 2021!*

*Shirley A. Morman*

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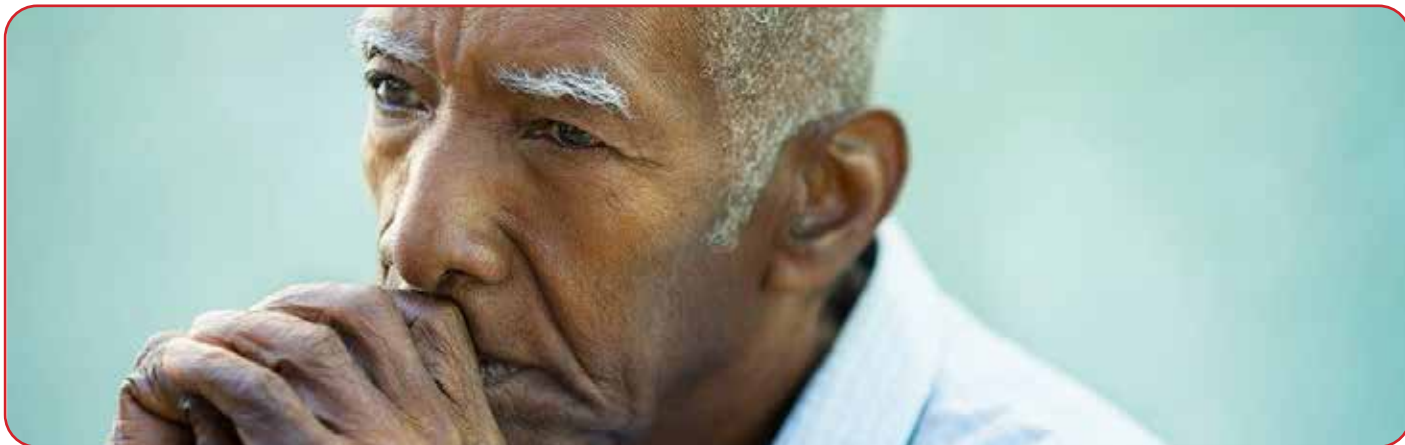
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## The Value of Precious Memories

**D**uring the holiday season, coping with the loss of a loved one is one of the most difficult challenges that most people face during their lifetime. Similarly, 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 she had with her 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!”**



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## Type 2 Diabetes

### SYMPTOMS



Increased urination



Increased thirst



Increased hunger



Fatigue



Blurred vision



Frequent infections



Erectile dysfunction



Pain/tingling in hands & feet



## The Diabetes Epidemic & Undiagnosed Kidney Disease

For some years, medical experts have been predicting a large increase in the number of diabetics not only in North America, but also in many places around the globe. However, in addition, many cases of diabetes and kidney failure go undiagnosed each year because of failure to use state-of-the-art diagnostic tests – some of which are easy to administer, and inexpensive to perform.

A recent report (2020), which reviewed 129 studies, concluded that the best test to indicate if you are diabetic is your blood sugar (glucose) level one hour after a meal; if it is greater than 155 mg per deciliter, your risk for strokes, heart attacks, premature death, and renal failure is greatly increased – even if your fasting glucose level is normal (less than 100 mg per deciliter), per the gold standard test for diabetes (the hemoglobin A1c test).

More than 30% of Type 2 Diabetics do not know that they are diabetic because their fasting A1c levels are normal. In addition, some experts report that at least 60% of diabetics do not know that they are diabetic! An earlier report (2016) reached similar conclusions to those above.

One problem with early-stage kidney disease is that there may be no outward symptoms; hence, frequently, an individual can go undiagnosed for months – even years – until full-blown kidney failure becomes evident.

Your **blood glucose level one hour after a full meal** should be measured to see if you are diabetic if **any** of the following apply:

- A fat belly (more than two inches of fat when you gently pinch the fat around your belly button, and/or if you have less than two inches of fat by this “pinch test,” but have a “beer belly” in side-view)
- You smoke or live with a smoker
- Your systolic blood pressure at bedtime is over 120
- Your diastolic blood pressure at bedtime is over 90
- Your LDL cholesterol is over 100
- Your HDL cholesterol is less than 40
- Your Lp(a), a clotting factor, is more than 30 mg per deciliter
- Your C-Reactive Protein is greater than three mg per liter
- Your High Sensitivity C-Reactive Protein is greater than 10 mg per liter
- Your Hemoglobin A1c is greater than 5.6

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**NOTE:** It is important that you consult your doctor prior to making major changes in your nutrition and exercise – to be absolutely certain that there is no contradiction relative to your body and your medical situation (possibly including prescription medications that you may be taking).

At least 95% of the time, **Type 2 Diabetes** is not only preventable, but also reversible. To prevent or reverse Type 2 Diabetes, develop and faithfully follow a **super healthy exercise and nutrition program** that includes, among other aspects:

**NUTRITION:** In general, aim for nutrition that is **100% vegetarian**, as well as **100% gluten-free**.

- Eat at least **5** servings of **fruit** a day – being certain to apply variety; ideally include 1 to 2 servings a day of **berries**
- Eat at least **5** servings of **vegetables** a day – being certain to apply variety
- **To eat gluten-free** means to avoid food made of wheat (including the many kinds of wheat), rye, or barley
- Also, minimize eating and/or drinking foods with lots of **sugar**, including **soft drinks** and “sugar equivalents” such as high fructose corn syrup, flour (which is converted to sugar from the break-down of the starches in the flour), etc.; a similar precaution is to avoid **sugar-free soft drinks**
- For **protein**, avoid all meats; instead, eat lots of **beans, lentils, nuts, and seeds**

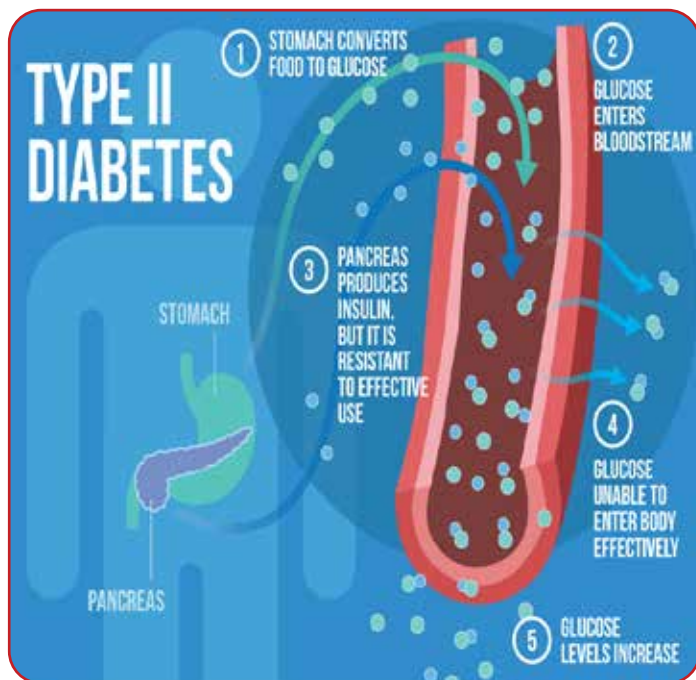
**EXERCISE:** Include both **strength-building exercise**, and **cardio exercise** in your exercise regimen.

- For **strength-building exercise**, choose weights/resistances such that you can do only **6 to 10 repetitions to muscle failure** (= you can't do any more). Once you can do 11 or 12 repetitions to muscle failure, increase the weight/resistance a notch.
- For **cardio exercise**, do some sort of **INTERVAL TRAINING**, such as 30 seconds of all-out **sprint**, followed by 30 seconds of **partial recovery**. That constitutes one **Interval Cycle**. Over time, work up to **6 to 8** back-to-back **Interval Cycles**. You can also include 3 to 5 minutes of warm-up, and 5 or so minutes of cool-down immediately at the end of your workout (the cool-down is very important). If you have not been doing regular vigorous exercise, be sure to work up to a vigorous level **gradually!**
- Aim for **3 workouts each week**, with a day of **recovery** between workouts. Also, you can take 10 or so minutes of a “moderately brisk” walk on the in-between days.

**WHY ARE THE ABOVE RECOMMENDATIONS CRITICALLY IMPORTANT?!**

If you develop Type 2 Diabetes or Kidney Failure, or both, your odds of experiencing one or more of a huge number of **extremely dangerous things** can happen to your body, including (but not limited to) the following:

- Loss of eyesight
- Loss of hearing
- Sexual dysfunction
- The need for **immediate EMERGENCY AMPUTATION surgery** of a toe, a foot, or a whole leg because of gangrene
- Heart attack
- Stroke
- Peripheral Artery Disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Decrease in Mental Function; decrease in brain size
- Decrease in the level of function of your Immune System, including an increased risk for contracting **cancer** and infections, including COVID-19
- Increased risk for contracting some kinds of arthritis
- Etc.



Doc Wilson, Ph.D.

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# THE HEART - Leading & Strengthening Relationships

*“The Answer, My Friend, is Within”*



**In the sacrificial and life-changing world of Caregiving, Relationships ARE “The Heart of The Matter!”** Writing articles for “Matters Of The Heart Magazine,” an organ of the National Caregivers Network, LLC., proved to sustain a sense of accomplishment and pride, all the way to the culmination of a year-long, 4-series journey. It was neither hard work nor easy work; rather, it was more in the “emotional fun and satisfaction” realm.

Upon completion of this inaugural event, it had to be more than just a “finished assignment,” because it became what the Founder, I believe, prayed for, believing that it could indeed happen, and be a celebrated and worthy work – demonstrating that, in the midst of pandemic, political, and societal turmoil and upheaval, as well as the usual social injustices across the land, a group of committed individuals could and would come forth with relevant, historic, respected, and transformational blueprints for change. **This was especially so regarding matters which touched many more lives than were reported by the traditional press:**

- Approximately 43.5 million unpaid caregivers attended an adult or child
- About 34.2 million unpaid caregivers were older than 50 - a majority (82%) of these cared for one other adult, whereas 15% cared for 2 adults, and 3% cared for 3 or more adults
- Approximately 39.8 million caregivers (16.6% of Americans) provided care for adults 18+ with a disability/illness [Coughlin, J., 2010]

- About 15.7 million adult family members were caregivers for someone who had Alzheimer’s disease or other dementia [Alzheimer’s Association, 2015]

Some of the statistics above apply to informal, unpaid caregivers, and others apply to formal caregivers who were paid for their work.

**Relationships are important in ALL essential matters of life and living.** Therefore, I truly believe that, if we choose to aim for perfection and excellence in human relations, we need to focus on being demanding of ourselves to first build, and then apply, as much energy and strategic precision as is humanly possible! Please allow me a few paragraphs in which to explain.

Several years ago, when I was involved in a career that was centered on outcomes, and in which so much depended on the cooperation and performance of others, I felt the need to **Seek Guidance from a source which specialized in results and change: Prayer!** I believe that, in prayer, I obtained an infallible formula for success. Of course, “success” can be very subjective, based on who is scoring and who is deciding acceptable outcomes. In Prayer, which is certainly personal and private, and which, in many cases, is assessed and measured by indescribable standards, I found the platform that I needed, on which to not only fulfill my purpose(s) in life, but to also experience the joy and happiness that my soul needed so badly!



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### **This is what I came up with, through Prayer:**

Through trial and error, I found that it is incredibly difficult to establish relationships that will survive such unintended hurdles and challenges as misunderstandings caused by second and third parties, and which will strongly impact even the closest of human bonds.

No matter how committed two people, a committee, a board, or groups of various sizes are, opposing forces can, and often will, arise to sabotage a relationship thought to be totally solid and sound. In the caregiver-care receiver relationship, it will arise because all of us are human.

Furthermore, when individuals, especially patients who are taking various medications that can have multiple and unpredictable effects on their bodies, and who may be feeling the effects of those medications (physically, emotionally, socially, financially, and spiritually), it can become most difficult, and for some, impossible or nearly impossible, to develop a give-and-receive operational pattern to get a job done with the least amount of stress, drama, and/or trauma.

Without "Take it to God in Prayer" AND determination that "With God, All Things are Possible," as well as the Scripture Memory Bank that had been etched in my brain from childhood, I would have become a Victim rather than a Victor in the care-giving setting.

This enlightening Belief and Revelation was not only Wise, but it also allowed physical and emotional stability for my brain! Since ***The Work HAD to be done, and I HAD to do it!*** I had to acknowledge my powerlessness and God's sufficiency; I HAD to Trust Him, for He was residing in my HEART, and not in my head! Indeed, it was a genuine Matter of the Heart!

The "Heart Leadership" led to my acknowledging that I Had to Remain in that proper Posture – knowing that whatever circumstances arose, my Abba Father had me in His loving and sufficient care. How to stay in that Zone caused me to seek the Holy Spirit's teachings – through Confession of ALL Sins and acts of unrighteousness, Repentance, and Cleansing allowed me to Believe that I was Worthy to receive Everything that the Word of God Promises. I Prayed, I studied, I began to Grow. I discovered where God's domain is – in The Heart of His Creation. His blown Breath (Himself) that is in each of us (including in ME), caused me to Accept each and every Promise that He makes each and every day – Morning by Morning NEW Mercies I See!

And Oh, the benefits beginning to unfold: HE, lifting up the pains of the Giver and Receiver, made All the difference. In this World we will experience, challenges, set backs, hurts, pains, deceptions, and tongue and word murderings which can cause us to feel USELESS and LESS THAN. I believe that THIS can be one of the biggest hindrances to Caring for Others.

Our mistaken beliefs (placed in our minds and spirits by the Oppressor/Satan/Devourer) encourage us to feel that we are incapable of Loving ourselves and others enough to be used as instruments for fulfilling God's purposes. Among the many Scriptures is one that I particularly like: "Whatever we do to the Least of these, we do it to HIM." (Paraphrased).

The least, not in worthiness or value, but in neediness and dependency, are those who have physical impairments, and emotional and mental diseases, that are manifested through the human anatomy!

In other words, those described in the statistics above. Like the Eagle that soars above the Earth, Our Creator raises our HEART capacity to look among those needing care, and, from His Bounty, SUPPLIES our Every Need!

This, I have come to believe, is our Wind Beneath HIS Wings – knowing that all of the PROMISES of The Rainbow are not only

- (a) True, but also are
- (b) accessible to us because we Believe, and are Called by HIM, and
- (c) are Heirs to every good and perfect gift we need to properly Serve
- (d) And to become, & continue to be, acceptable & valued Caregivers.

Finally, the Sun shines in the lives of those we care for; we see it and behold it when we see their expressions of appreciation, and Thanksgiving, not so much for us, but more for God who provides Each Good and Perfect Gift. Even in the midst of those who have emotional and mental challenges – causing confusion and detractions from reality, Our Triune God's Grace and Mercy sustain us day by day.

**Praise God From Whom ALL BLESSINGS Flow!**



Myldred P. Hill, Ed.D.

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## Vaccinations and The Older Adult



**T**his article discusses the recommendations for the most common vaccinations needed by older adults to ensure that their immune systems are primed for some of the most common illnesses that potentially could negatively impact the quality of their lives, or even whether they live or die! The recommended vaccinations include those for influenza, pneumococcus, and shingles, in addition to the COVID19 virus. All recommendations disclosed should be discussed also with one's healthcare providers and/or pharmacists for timing and for tactics to reduce possible side effects, if applicable. One should keep timely records of all vaccinations, and instruct healthcare providers to send those results to the state's immunization record keeping entity. One can obtain all vaccination records from one's local pharmacist – usually by a simple state protocol that does not require that a prescription be taken to a pharmacy; however, in some states, the tetanus and hepatitis B vaccines may require prescriptions from a physician.

**The Influenza Vaccine** is administered by an intramuscular injection and is recommended annually for any person 6 months or older. Children under the age of 9 may receive two doses in a single flu season. Persons 9 and older will only need one dose in a flu season. It takes two weeks for one's immune system to build protection after vaccination. The influenza vaccine does not cause the flu; however, a person can develop symptoms like the flu after receiving the vaccine in response to the vaccine mounting immunity to the virus.

Possible side effects of the vaccine include soreness, redness and swelling at the site of the injection; fever; muscle aches; and headaches. You should speak to your vaccination provider before receiving the vaccine if you are moderately or severely ill, have had a neurological disorder called Guillain-Barre Syndrome (GBS), have had an allergic reaction after a previous dose of influenza vaccine, or a severe, life-threatening allergy to any vaccine! A high dose flu vaccine has been designed specifically for adults 65 years and older to help their immune systems mount robust responses. The Flu Mist is also available as a nasal spray. Unlike the vaccine that is injected (which is an inactivated vaccine), the Flu Mist is a live virus vaccine; therefore, in this case a weakened flu virus is administered. Because it is a live virus, the Influenza Vaccine should not be given to pregnant women, immune-compromised individuals, or children less than 2 years old.

**The Pneumococcal Vaccine** is administered by intramuscular injection that comes in two kinds: the Pneumococcal Conjugate Vaccine 13 (PCV13); or the Pneumococcal Polysaccharide Vaccine 23 (PPSV23). The PPSV23 vaccination is recommended for adults 65 or older who do not have immune-compromising conditions, cochlear implants, or cerebrospinal fluid leaks, and who also have not previously received PCV13. Adults 65 and older may benefit from PCV13 serotypes if they are residing in nursing homes and other long-term care facilities, or residing in settings with low pediatric PCV13 uptake, or traveling to settings with no pediatric PCV13 program. The PCV13 vaccine should be administered at least 1 year after receiving the most recent PPSV23 dose. All adults 65 or older should receive 1 dose of the PPSV23 vaccine – regardless of their previous PPSV23 vaccination history. Doses of PPSV23 should be administered 5 years apart from each other; or 8 weeks after PCV13 administration, if the PPSV23 vaccine was never administered, or its administration status was not known.

Adults 19 or older, who previously received one or more doses of the PPSV23 vaccine, should receive 1 dose of the PCV13 vaccine at least 1 year after receiving the last dose of the PPSV23 vaccine if they have immune-compromising conditions, CSF (Cerebral Spinal Fluid) leaks, or cochlear implants. For those who require an additional dose of the PPSV23 vaccine, administration should be no sooner than 8 weeks after receiving the PCV13 vaccine, and at least 5 years after receiving the most recent dose of the PPSV23 vaccine.

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**Shingles vaccine (Shingrix)** is an intramuscular injection that is given in two doses separated by 2 to 6 months apart. Shingles is the only vaccine to protect against shingles and postherpetic neuralgia (shingles pain that last a long time after the blisters have cleared), the most common complication of the shingles. Persons who are 50 years and older should get two doses even if they have had shingles, received Zostavax or not sure if they had chickenpox because even after one recovers from chickenpox, the virus stays inactive in the body and can reactivate years later and cause shingles. There is no maximum age for getting Shingrix vaccine. You should not get Shingrix if you have had a severe allergic reaction to any component of the vaccine or after a dose of Shingrix, tested negative for immunity to varicella zoster virus (you should get the chickenpox vaccine) or you are currently pregnant or breastfeeding. If you have a moderate or severe acute illness with or without a temperature of 101.3 or higher you should wait until you recover before getting the vaccine. The side effects which may last 2-3 days are sore arm, pain, swelling or redness at the vaccine site, fatigue, muscle pain, headache, chills, fever, stomach pain or nausea. Shingrix can be administered with flu and pneumococcal vaccines. COVID19 vaccine and shingles vaccines are both inactive vaccines and can be given together. However, when given together there are reports of shingles flare after the COVID19 vaccine and the side effects profiles are the same and therefore may cause enhanced side effects. Shingles is a viral infection caused by varicella zoster virus, the same virus that causes the chickenpox. It causes a very painful rash that can occur anywhere on your body but is not life threatening.

**COVID19 or coronavirus or SARS-COV2 vaccines** are given intramuscularly and there are three vaccines approved in the United States, two mRNA vaccines (Pfizer and Moderna) and one viral vector vaccine (Johnson & Johnson). All persons from 5 years and older are recommended to obtain the COVID19 vaccine unless the person is allergic to any ingredients of the vaccine or has had a life-threatening reaction to the first dose of the vaccine. The mRNA vaccines require two doses (or primary series) at least 21 days (Pfizer) or 28 days (Moderna) apart and the Johnson and Johnson primary series vaccine requires one dose. Immunocompromised persons may receive an additional dose at least 28 days after the second dose for the mRNA vaccines to ensure an adequate immune response is built. Persons 65 years and older should obtain a booster dose which is also recommended for persons at least 6 months after the mRNA vaccines and 2 months after the Johnson and Johnson vaccine. This allows the immune system to increase the antibodies that have likely begun to decrease over 6 months to increase to its primary series levels. It is recommended to continue with the previous vaccine in

the primary series unless the vaccine is not available. With the booster doses, patients may switch to another vaccine product. The Johnson and Johnson vaccine booster is with an mRNA vaccine which seems to give markedly higher antibodies than if given the same vaccine. Primary side effects of the vaccine are soreness, pain, swelling and redness at the site of the vaccine, headache, chills, fatigue, fever and muscle aches which usually last about 24-48 hours. Coronavirus is a spike protein that causes an inflammatory storm within the body attacking various cells of the heart, lung, arteries/veins, gastrointestinal tract, blood vessels and other organs through entrance of aerosols primarily through the nose and mouth.

Other vaccines the older adult should speak to their healthcare professional about is the **Tetanus (Td) or Tetanus/Diphtheria/Pertussis Vaccine (Tdap)** vaccine for which the Tdap is recommended and Td booster every 10 years and **Hepatitis B** Vaccine for adults who want to be protected and if they have any of these disease states: chronic liver disease, diabetes (age 60 years and older), hemodialysis and kidney disease. The Hepatitis B vaccine is given in 2 or 3 doses depending on the vaccine.

Persons who: have a condition that makes them more susceptible to contracting COVID19, generally unable to leave the home or if leaving the home requires a considerable taxing effort, has a disability, clinical, socioeconomic or geographical barriers or challenges with transportation, communication or caregiving to getting the COVID19 vaccine can request the vaccination primary series, immunocompromised or booster be given at their residence. Contact your healthcare provider, home health agency or health department. Your local independent pharmacies may also provide this service.

While the vaccines may be cumbersome to the Older Adult due to access issues and multiple vaccines, the preventative measures that vaccines protect to keep an older person well and out of the hospital due to debilitating and life-threatening illnesses can outweigh the immediate inconvenience that may occur. You should speak to your vaccination provider before receiving any vaccine if you are moderately or severely ill, have had an allergic reaction after a previous dose of the pneumococcal vaccine or a severe life-threatening allergy of any vaccine.

During the past week, CDC recommended persons to receive the Pfizer or Moderna vaccine due to a rare but sometimes life threatening blood clots with the Johnson and Johnson Vaccine.



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## Modifying Christmas Dinner



Could you be the one to change the way your family eats Christmas Dinner? In most families, Christmas dinner is considered great if we have far, far more than we need to eat. We convince ourselves that we must have something for everyone, like three to four meats, six to seven carbohydrates, and more cakes and pies than a bakery. If you have family members coming to your dinner who are diabetic, hypertensive, obese and have heart trouble, then you could be the one to help them and others change the way the family eats and save a generation of younger family members from chronic disease. The suggestions listed below may help if you don't announce that you are altering the diet and don't allow others to bring in dishes that are unhealthy. It takes courage and planning, but here are a few tried and proven changes.

First, eliminate the green bean casserole with cream of mushroom soup and onions on top. The dish is too salty and usually the beans are already over cooked in the can. A week ahead of time, try instead fresh pole or string beans cooked with a little low sodium chicken broth. Cook until they are crunchy and too hard to eat. Don't boil the beans. Set aside, cool and drain the broth off; freeze them until the day you want to serve them. About an hour before you are ready to serve, sauté some onions until translucent, add the beans and a little of the original broth to the pan. Season with garlic powder, and Mrs. Dash of your choice.

Next, it takes courage not to serve ham, and it is difficult to find a ham that is not high in sodium. If the ham has a bone in it or if it is a fully cooked smoked ham from a big discount store, ham is not the choice that should be served to family members who are obese, have cardiovascular disease or are diabetic. A three-ounce piece of ham with bone-in could have as much as 1230mg of sodium which is more than half of the sodium that people with chronic disease need.

There are hams with a lower sodium processed ham that may please those who must have ham, but may cost slightly more and must be sliced at the supermarket.

If you are serving cornbread dressing from scratch and using a self-rising meal, along with other store-bought breads and stuffings, don't add salt. Bread has hidden salt. With cakes and pies, just cut down on the number of them available. Some people don't have the discipline to resist. Your guests may go into shock if you don't have "mac and cheese." Okay, give it to them. However, eliminate the potato salad and don't let anyone bring it.

So, what about fried turkey you ask? We have already said in many articles fried is not good. Why take a good piece of lean turkey and douse it in oil? People who like fried turkey have often had a bad experience with roasted turkey. Research indicates that a moist and tender turkey is best done with an oven bag such as the bag you will find in the aluminum foil section. Please do not cook your turkey in a brown paper bag or with aluminum foil. There is evidence on the web to explain why. However, if you type into the search bar "How to roast turkey in an oven bag" you will find several videos on how to roast a moist turkey.

Finally, change takes place a little at a time. If you don't want to alter the menu this year, have the discussion on what to serve next year. There will be protests that this is a once-a-year celebration and there is nothing wrong with over indulging at this time of year. The chronically ill people will protest most. It is not a good idea to argue with them. Insist that you are trying to teach the younger generation how to live longer.



Dorothy Crumbly, M.S.

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## Why Thoughtful Legacy Planning is Important For Black Business Owners



**L**egacy Planning is a cost-effective tool that can help families create generational wealth. Legacy Planning involves Wills and Trusts to protect your family's income and business(es). This is especially important for African Americans and their businesses in the era of COVID-19 (according to studies, no progress has been made in reducing income and wealth inequalities between black and white households over the past 70 years).

Consider the following scenario that happens far too often in communities across the country. In the Washington D.C. metropolitan area, there is a high percentage of black businesses. When the owners of these businesses choose to retire, they will often pass the business down to their children or to another family member. Many times, though, our close relatives lack the knowledge on how to manage the business or how to put in place people who can. The result is that family businesses that flourished under mom and dad's management are going bankrupt as soon as they pass away.

Educating your heirs about how to handle your hard-earned assets is an unspoken, but critical, component of Legacy Planning. A Will leaving written instructions on how the business is to be managed or by whom the business should be managed both go a long way.

A Business Trust does even better to pass down the education and resources necessary to keep your operation running smoothly for your children, grandchildren, and beyond. When it comes to protecting your hard work for your family, the best policy is to be thoughtful with your assets rather than spend obscene amounts of money in the name of protecting your wealth.

During my Legacy Planning sessions, for example, I routinely ask my clients to envision how an asset or piece of property can improve a loved one's quality of life. How you choose to enhance the life of a person with your gifts will determine whether your plan is successful or not.

Plans that just give large amounts of money or assets outright to children without considering the child's personal development or skills, for example, will be more likely to fail.

Protecting generational wealth for yourself and your family should be your priority as a business owner. You need to have thoughtful consultations with a Legacy Planning attorney who can discuss long-term strategies to preserve your assets.

Your heirs will thank you!



Stevaughn Bush, Esq.

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## Becoming Whole Food Rich: Sounding the Alarm!

According to the US Department of Health and Human Services, Office of Minority Health, the following are true:

- **African Americans are twice as likely to die from diabetes than whites**
- **1 in 3 African Americans have high blood pressure**
- **Black men have the highest rate of prostate cancer in the WORLD and are twice as likely to die from it**
- **1 in 4 Black women over the age of 55 has diabetes**
- **1 in 4 Black men has diabetes by age 65**
- **Compared to Whites, African Americans are 35% more likely to die from high blood pressure and as stated earlier, twice as likely to die from diabetes**

These statistics are alarming to say the least! The fact that they do not include the issues of heart disease, breast cancer and obesity (adults and children) means that there are more reasons to be alarmed! We have to do more to improve the outlook of the future particularly for African Americans. My heart's passion is to participate in the education of our community, not just raise awareness but also to expand critical thought. I want to inspire others to think deeper about nutrition, food choices, exercise,

sleep, alternative resources and a change in our behavior. We are all watching our loved ones pass away for various reasons. We each have to do more and take responsibility for the decisions we make on a daily basis in order to significantly empower our health. No longer can we use excuses that prevent us from taking control over our health. While it is important to go to the doctor, we MUST begin to do our own research.

We have become so accustomed to diabetes and high blood pressure in our family and community, that we perceive these diagnoses as "normal". These conditions are not "normal" and can lead to death as illustrated in the above statistics. The fact that African Americans are 35% more likely to die from high blood pressure and twice as likely to die from diabetes, compared to Whites, tells us that we are doing something very wrong!

According to Dr. T. Colin Campbell, nutritional biochemist and author of *The China Study* (2005), the missing link is NUTRITION! The China Study is the largest nutrition study ever and was conducted over a period of ten years!

*Provided By:*

Campbell and other researchers were interested in understanding what causes cancer and other diseases. Because China had diverse populations, lifestyles and dietary habits, Campbell and team considered China a great choice for the study.

Consequently, Dr. Campbell concluded that there are dangers in consuming animal products. Yes! This includes meat, cheese, milk and other dairy based foods. He stated that “a pattern was beginning to emerge: nutrients from animal based foods increased tumor development while nutrients from plant based foods decreased chances for tumor growth”. Based on his research, he further concluded that casein (the main protein in cow’s milk) in high doses could turn on cancer genes. Consuming the high doses could double or quadruple the risk of developing cancer. Along the same lines, organic beef has the same molecular structure as regular beef, indicating little to no benefit to choosing “higher quality” beef. On the other hand, a whole food plant based diet is rich in vitamin, minerals, antioxidants, fiber and protein. The plant based diet is also capable of preventing or healing diabetes, bone degeneration and brain disease! According to Campbell, there are virtually no nutrients in animal based foods that are not better provided by plants. At this point, many are concerned about meat, cheese and cow’s milk being at risk of deletion from the diet! Such concern is a common reaction. My family is having the same passionate discussion. Stay present as we continue.

Americans have just finished Thanksgiving family celebrations. While these gatherings are so nice and necessary for family to re-connect, the challenge is the traditional soul food menu and the impact it may have on our health. An article from the Howard University News Service entitled, More People Eat Their Way Into the Hospital During the Holidays, Dr. Allen J. Taylor, chief of Cardiology at Georgetown University Hospital stated that “the number of emergency hospital visits we receive after the holidays are because people tend to not pay attention to their diets during the holidays... Our emergency visits increases 25 percent to 50 percent after the holidays because of this reason alone” (<http://hunewsservice.com/new-years/more-people-eat-their-way-into-the-hospital-during-the-holidays>). Consider the ham and candied yams full of sugar, the macaroni and cheese, chitterlings and greens cooked and seasoned with pork fat. There is no surprise that medical attention often becomes necessary! I am not here to judge food on anyone’s plate.

I have my own struggles that I am working to overcome. However, research has proven that genetics are usually not responsible! Science is proving that genetics are less to blame for many of the conditions that are common among us. Culture is front and center. We absolutely inherit the bad habits surrounding food preparations that are packaged, presented and received as a demonstration of love. I so agree with one of my vegan colleagues who said we are hoping for healing on the one hand and eating the very foods that are killing us on the other. What if the miracle you need is right there on your plate? So, do we have to stop eating all animal based foods right now?

According to Dr. Reginald Fowler of Atlanta, one simple change can make a big difference in our health over time! If this information motivates the reader to stop consuming all animal products at once, congratulations because your health will likely improve drastically in a short period of time. For many, adding a new vegetable to your daily routine each week will have positive results although you may wait longer to see those results. One thing that my family has chosen to do on our journey to better health is to add Juice Plus Wholefood Plant Powders to our diets. Let me tell you what that is.

**For access to more information on Juice Plus+ Clinical Research:**

<https://sonjashavers.juiceplus.com/us/en/products/clinical-research>

For more information regarding recent research, watch Stanford educated biochemist and author, Dr. Mitra Ray, Ph.D. She explains the new brain health research shared from the Juice Plus Science Institute while also discussing how a healthy lifestyle and diet are key to cognitive function. <https://www.youtube.com/watch?v=qd4KMNXg6pE>

For more information about the connection of food to disease, watch More Than an Apple a Day... <https://nutritionfacts.org/video/more-than-an-apple-a-day-preventing-our-most-common-diseases/> Watch Bridging the Gap <http://player.vimeo.com/video/640118697/>

For more information regarding your health and wellness journey, contact **Dr. Shavers** via the following:  
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**Text to 912-657-9225,**  
**sonjashavers.juiceplus.com,**  
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## How Do I Select a Good Long-Term Healthcare Community for My Loved One? (Part 2)

In part 1 of this series, I discussed how to research long-term care communities to narrow your options to only one or two that you want to tour. Here, in part 2, I discuss how to go about touring a long-term care community, making your final decision, and once that you have placed your loved one in your chosen long-term care facility, how to ensure that your loved one receives quality care throughout his or her stay.

**Step 3 – Tour the Community with a knowledgeable staff person, and observe the following as you ask your questions:**

### **Environment**

- Does the community look “homelike?” Would you want to live there?
- Do you notice any offensive odors?
- Is the temperature comfortable? Would the temperature be comfortable for your loved one?
- Are the floors and walls clean?
- Are the hallways cluttered with equipment and/or laundry bins?
- What is the noise level? Is the intercom system being overused?
- Is the activity schedule posted? If so, is it posted at a level where a resident in a wheelchair can see the schedule?
- Is the food nutritious and appetizing?



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### **Residents**

- Do residents appear well-groomed?
- Are the residents smiling and interacting with one another?
- Are residents “gathered” in one area? (This often occurs around the nurse’s station, or lined up outside the dinner room.)
  - This is a **red flag**. Unless a resident wants to spend their time at the nurse’s station, they should be allowed to be in their rooms, or anywhere else they want; but the residents should not be lined up waiting for the dining room to open up.
- Are any residents “restrained”?
- Does privacy seem available to residents?
- Do residents seem comfortable around the staff?
- Do staff and residents respect one another?
- Do residents appear engaged in “meaningful” activities as much as they are physically able?

### **Staff**

- Do the staff members smile?
- Do the staff members seem energetic?
- Does staffing appear adequate?
- **Do the staff members speak to the residents, or just walk by them?**
- Do the staff members respond promptly to call lights?
- Are the staff members socializing more among themselves than they are working?
- Are the staff working and helping one another?

**Mealtime** (If you have the opportunity to observe a meal being served)

- Is the food nutritious and appetizing? Do they have enough liquids with their meal?
- Are residents who are not capable of feeding themselves just sitting with their meals in front of them?

### **What’s Next?**

After touring the long-term care community and meeting with appropriate staff, visit unannounced one or two more times during regular visiting hours. During the initial visit, they knew you were coming, and were prepared for you. Now, during your unannounced visit, verify what you were told on your initial visit. Communities are typically staffed at a higher rate during the day shift, which is also when most of the administration staff members are present. On your next visit, go during the evening shift, and observe the evening meal and the evening staff members to see if you are satisfied with what you observe.

### **Make Your Decision**

Once you have done your basic research, meet with the admissions staff and sit down with your loved one to make the decision based on which community is best able to meet his or her needs. Involve your loved one as much as they can, and, if possible, take them to meet the staff and tour the facility both with you, and with a staff member.

### **How Do You Ensure That Your Loved One Gets Good Care?**

**Be involved!** In addition to doing your upfront research and touring, make your final decision based on what your loved one would want. Once you have placed your loved one in such a community, visit often, go at different times, and attend the care plan meetings (the initial assessment is done within 14 days, and the first (subsequent) care plan should then be set by the 21st day, and then every three months thereafter). In addition, always ask questions, and offer solutions based on your loved one’s history, and on what has worked for them in the past.

**Note:** *Care Plans are a Federal requirement only for communities that take Medicare and Medicaid. **You can always request a meeting with staff at any community to discuss concerns and ask questions regardless of their Federal Level.***

Finally, many families are often torn by having the guilt of promising their loved one years ago that they would never place them in a nursing home; and now that is what is happening. These families are often struggling to come to terms with what they are doing. I tell such families: You did not cause the illness or situation that requires your loved one to be placed in a nursing home or assisted living community. You are not qualified to provide the level of care that your loved one needs. **The most loving thing that you can do at this point is to work hard to find the best community for them that can meet their needs, and then become an advocate for them.** Never let a well-meaning friend or family member tell you that you are doing a great job in your home, and that you should continue to provide care for your loved one in your home. Do not worry needlessly; you will know when the time is right.

Don’t wait so long that you pass away before the individual who needs placement. I can’t tell you how often this happens. The primary caregiver is so involved in the care of their loved one that they don’t take care of themselves.



Cheryl J. Wilson, M.S.

<https://www.advocacy4seniors.com/>

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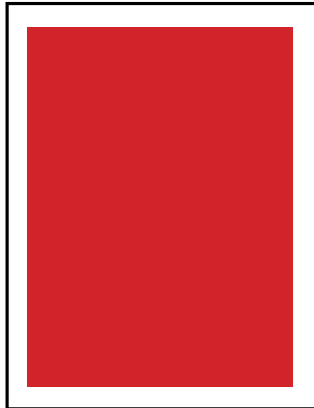
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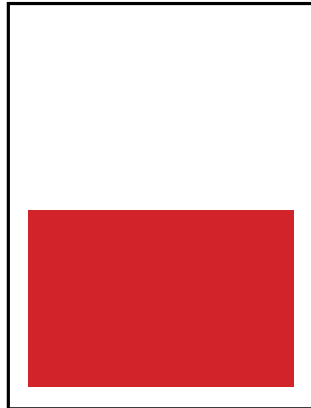
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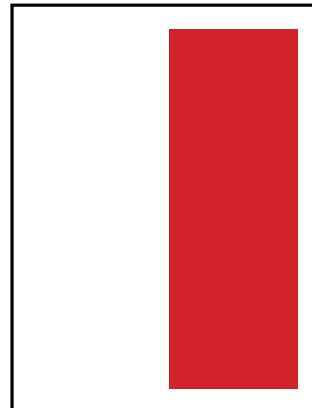
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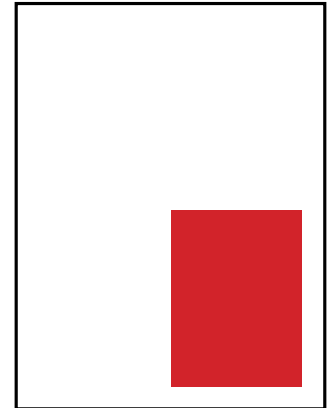
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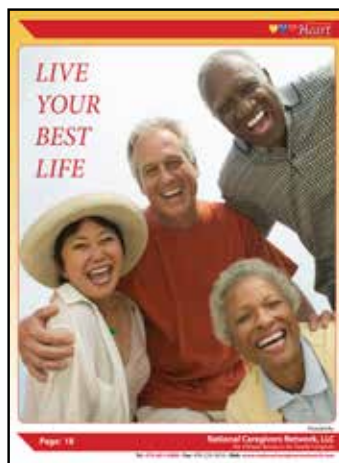
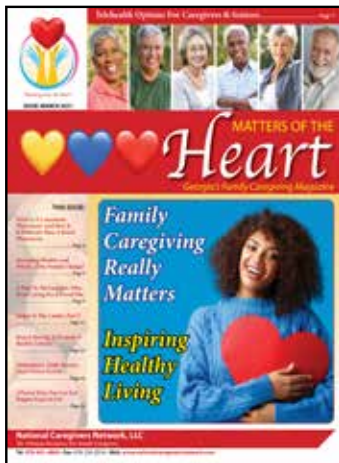
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## NEW BOOK COMING SOON

# 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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