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MATTERS OF THE Heart

Georgia's Family Caregiving Magazine

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Women's Health Matters

By
Dr. Cori Cooper

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The Ultimate Resources For Family Caregivers

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Welcome to *Matters of The Heart* Magazine!

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of *Matters of The Heart* Magazine!

Allow Me To Introduce
Matters of The Heart Magazine!



I Want To Share Why You Might Want To
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Matters of The Heart Magazine

First, this magazine is a place where you can
help people locate outstanding Resources,
Services, and Products that are available not
only to **local communities**, but also to **the
region**, and even **nationally!**

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Second, *Matters of The Heart Magazine* is also a publication that helps people become healthier – both physically and mentally!

Third, *Matters of The Heart Magazine* stands out as a reliable, community-directed magazine in that it has steadfastly published 13 quarterly issues over the last 36 months, covering such critical health areas as:

- Family Caregiving
- Resident Advocacy
- Physical Health
- Mental Health
- Exercise
- Sleep
- Stress Reduction
- Spirituality
- Relationships
- Dementia and Alzheimer's
- Diabetes
- Heart Diseased
- COVID-19

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- Retirement Homes
- Houses of Worship
- Homes of many persons
- and on and on ...

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Thus, when you advertise with *Matters of The Heart Magazine*, you not only reliably educate people about the availability of needed resources, services, and products (including yours), but you also are assisting un-served and underserved communities in Georgia and beyond.

Sincerely yours,

Shirley Morman, Publisher
Matters of The Heart Magazine

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Mental Health for The Holidays

The Secret Life of A Hoarder!

Dr. Sonja Shavers, LCSW, Ed.D., Personal Wellness Strategist & Certified Health Coach



attention after it was spotlighted years ago during

According to the World Health Organization (WHO), since the outbreak of the COVID-19 Pandemic, anxiety and depression prevalence increased by 25% globally. The aftereffects of the pandemic are widespread and mental health disorders are more common than ever. The hoarding disorder gained

reality shows demonstrating for the world to see, the extreme challenges families faced when hoarding became an everyday reality. A diagnosis of hoarding disorder involves a professional assessment based on criteria in The Diagnostic and Statistical Manual of Mental Disorders: Fifth Edition (DSM-5). In earlier versions of the DSM, hoarding behavior was listed as a symptom of Obsessive Compulsive Disorder (OCD). In 2013, the American Psychological Association reclassified hoarding as a distinct disorder (www.ncbi.nlm.nih.gov).

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Individuals experienced higher levels of depression, anxiety and distress in response to stressful events related to COVID-19 and exhibited greater degrees of hoarding disorder (Fontenelle and Miguel, 2020; Ouellette et al., 2021). According to the DSM-5, Hoarding Disorder is defined as persistent difficulty discarding or parting with possessions, regardless of their actual value. This difficulty is due to a perceived need to save the items and to the distress associated with discarding them.

Too often the issue of hoarding arises with families resulting in unfortunate consequences for the hoarder and the family living in the hoarder's environment. Many of us have had an encounter with a hoarder or even lived with one. At the beginning of the Pandemic, the world panicked about shortages of everyday necessities such as food, gas, toiletries, etc. Bleach and Lysol products were also in demand and became difficult to find. Text messages warning about such shortages led to individuals stocking up to survive the unknown. Because the suppliers were not prepared for the number of bulk purchases and orders, the very products deemed necessary were out of stock, causing further panic. Those who already tended to overstock, overstocked more. Some who had never experienced hoarding tendencies began to behave as those who did.

Hoarding Disorder is a unique condition because the symptoms are on such a large display. The accumulation of objects to the point that prevents the use of space for usual human function is what make this disorder so different. Furthermore, there becomes a pathological failure to discard objects, even when there is clearly no value attached. Consequently, there are significantly more objects coming into the home and almost nothing is ever discarded.

This process is further complicated by family members and well-intentioned friends and community members who decide to "fix" the situation. The fix is usually done by having the extreme clutter cleared in part while the person with the condition is away from the home. Such interventions often leave a wall of distrust and strong feelings of betrayal and resentment, sometimes ending the relationships involved. In an effort towards immediate intervention, family and friends have called public health departments and inspectors or the Department of Children & Family Services when children live in the home. When victims of hoarder disorder experience this type of perceived invasion, they often cannot continue the preexisting relationship, despite the good intentions.

During my twenties, I experienced what I later learned was hoarding. I was brought along to a visit to a family friend to my friend. Upon entering the home, I was greeted with friendly smiles from the mature, well-educated couple we visited, but I was so confused as my eyes began to catch the condition of the space. Despite the fact that the home was a very quality structure, built for this professional couple, there was literally "stuff" everywhere. We went through a path after entering to get to the back areas of the den and kitchen combination room. Along the way, there was no ability to identify the furniture because everything was piled on top, everywhere. When we got to the back den and kitchen area, there was a very nice large sectional sofa but there was only room on the left end for one person to squeeze into. I was offered that one seat. The wife was moving about in the kitchen and her husband, and my friend pulled out some bars stools that once allowed seating at the breakfast bar area that was packed and stacked with things and papers in high piles. There was no room for meal consumption at the bar. I had no understanding of what I was seeing at the time but was later able to retrospectively make an assessment. It was also interesting to note that I subsequently discovered that despite a very long marriage, the couple ultimately separated and divorced. These two professionals had young adult children at the time and were educators who mentored countless other children in the community. I never learned of the wife's place in the hoarding process, but eventually discovered that the husband had a serious hoarding disorder. They have each passed on. I feel sadness, to this day, about this family who I grew to love but was unable to make a difference and did not have regular contact after moving away from the area.



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Women's Health Matters

By
Dr. Cori Cooper

It's probably not a surprise to you that women report a higher level of stress than men related to the compounding responsibilities of working, caring for the family, and maintaining the household. As a result, we often let our health suffer, neglect rest, feed our bodies with poor nutrition, and deprioritize movement. We focus on pleasing the needs of others and willingly sacrifice our own health. This willingness to deprioritize our health for other people's priorities is not a new concept. This idea that a woman's health is highly influenced by the culture in which she lives can be traced back to well before the 1980's.

As women, our thoughts, our beliefs, our unique experiences all contribute to the way we perceive health. We are hard wired to desire fulfillment and joy and that includes vibrant health. The challenge can be, however, that we feel obligated to ensure the people we love and care for also have the same opportunity for fulfillment, joy, and vibrant health. We hold ourselves responsible for other's happiness, even to the extent that we sacrifice our own. We seek to never disappoint and overextend ourselves for a false sense of achievement.

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I personally noticed this pattern after the loss of my first pregnancy. I went into labor early while carrying my twin girls, and unfortunately, they didn't survive. I remember pushing myself to work as I knew I would be on maternity leave, so I wanted to ensure I took care of everything and everyone before I delivered. Even though my pregnancy resulted in loss and I was devastated, I went back to work and delivered my best performance for the last half of that year. I think I unconsciously wanted to demonstrate strength and that I was ok when I came back to work. I honestly don't think it was intentional, but I remember thinking it was important for me to show up a certain way; to show that my work wouldn't be compromised for personal reasons.

As I look back to that time, it was a self-imposed expectation. No one put any external pressure on me to perform. As women, as caregivers, we often choose to bear a burden that if we're not careful, can significantly and adversely impact our long-term health. Revealed to me in that experience was this longing for more for my life, for my family, and for my community. I wanted more than the mirage Corporate America offered. I wanted to have an impact in the world that would leave it just a little bit better for my future family. That is what we do as women caregivers, but not at the expense of our own health. I sought a completely different approach to health and as a result, I would deliver a healthy baby boy, my only son, 3 years later.

On my path to motherhood, I realized my health wasn't just about working out and counting calories. I learned the power of acupuncture, yoga, supplementation, and a plant-based lifestyle. Health now meant being there for my son, showing up at school to volunteer or go on the class field trips, never missing a game, always being there to read that bedtime story. It was a level of achievement that had nothing to do with my paycheck. It was then that I made a decision that I wanted something different for my family. I wanted a legacy.

I started my health coaching business to help women reprioritize their health from a place of both physical, mental, spiritual, and financial wellness. From a place where caring for others and loving others well was empowering while offering real, tangible life-changing testimony. Not only do I teach women the importance of gut health and how supplementation can help support healthy blood sugar levels and maintain a healthy intestinal flora, but I also empower women to share those health wins with others and lay a foundation for both a health and a financial testimony.

Women's Health Matters. And that is even more important to understand as caregivers of others. We have to start wanting more for ourselves and seeing beyond the struggles we experience daily to make room for the bigger vision and purpose for our lives.

If you are interested in learning more about Dr. Cori Cooper and how you can use both supplementation and food to achieve a health and financial blessing, visit CoriCooper.com or reach out at info@coricooper.com.

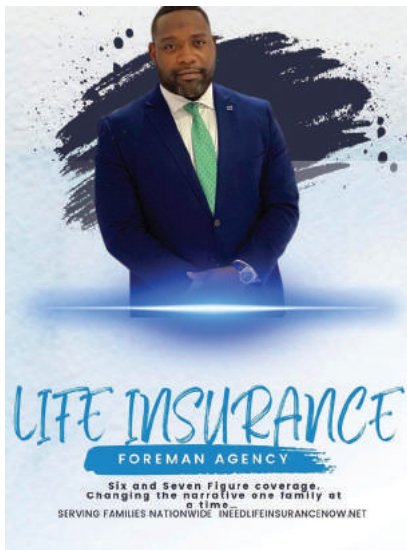
Dr. Cori Cooper is a Pharmacist, Certified Diabetes Care and Education Specialist and Master Certified Health Coach. With more than 20 years of experience, she teaches women how to stop sacrificing their health for other people's priorities and how to use food and supplementation to improve both health and finances so they can focus on what's most important.

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INSUFFICIENT FUNDS

By

Joseph Foreman



If you received a message stating “insufficient funds,” it typically means that you do not have enough money in your account to cover a transaction or payment you attempted to make. This message is commonly encountered when using a debit or credit card for purchases, making a withdrawal from an account, or trying to pay a bill. What about

insufficient funds when it comes to death?

Guess what? Many, 48% of people nationwide have insufficient funds when it comes to making sure the family isn't robbed of a true chance to grieve properly. Grieving is also a process that requires your loved ones to be able to make a decision in regards to how much time from work they may need. The time needed to truly inhale the situation and exhale relief of the finances are not being challenged in regard to not having the proper proceeds to handle such a task as the burial of a loved one!

When you don't have life insurance, the primary consequence is that your loved ones may face financial difficulties in the event of your death. Here are some specific implications:

1. Financial burden on your family: Life insurance provides a death benefit payout to your designated beneficiaries upon your passing. This money can help replace your income, cover living expenses, pay off debts (such as mortgages or loans), fund your children's education, or assist with funeral costs. Without life insurance, your family may struggle to meet these financial obligations, potentially leading to financial instability or hardship.

2. Inadequate protection for dependents: If you have dependents, such as a spouse, children, or elderly parents, life insurance can provide a safety net for them. It ensures they are financially supported and can maintain their standard of living even without your income. Without life insurance, your dependents may be left financially vulnerable and unable to maintain their current lifestyle.

3. Outstanding debts: If you have outstanding debts like mortgages, car loans, or credit card debt, your family may be responsible for repaying those debts if you pass away. Life insurance can help cover these debts, preventing your loved ones from inheriting them and potentially facing financial strain.

4. Funeral expenses: Funerals can be costly, and without life insurance, your family may struggle to cover the expenses associated with your burial or cremation. These costs can add an additional financial burden during an already emotionally challenging time.

5. Limited business continuity: If you own a business, life insurance can be used to provide funds for business partners to buy out your share or to facilitate a smooth transition. Without life insurance, your business partners may face difficulties in maintaining the operations or may be forced to sell the business under unfavorable circumstances.

An insufficient fund notice from your bank doesn't sting as bad as insufficient funds when it comes to not having life insurance and you or a loved one dies! Please make a sound decision today to make a conscious effort to get covered immediately. Let your love ones grieve and celebrate your life in peace. You deserve it. They don't deserve to raise money or ask for donations because of your insufficient funds....

Joseph Foreman
Your Favorite Agent

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Get Vaccinated and Stay Up-To-Date: 2023 Adult Vaccine Recommendations

by Donna D. Bellamy, PharmD, BCGP



Viruses are usually not treated with antibiotics, but with antivirals. Sometimes when viruses go untreated, bacterial infections can occur and cause a longer than usual recovery period. To protect against respiratory infection (as well as bacterial infections), following the below tips can decrease the chances of getting a respiratory

infection as well as seeking medical attention when symptoms appear and/or worsen:

- Get vaccinated and stay up to date on COVID-19 vaccines and flu vaccines. While getting vaccinated may not cause you not to get the virus, it will decrease your chances of severe illness, hospitalization and death. For uninsured person wanting a COVID vaccine, they may go to pharmacies participating in the CDC's Bridge Access Program or local health department. Providers enrolled in Vaccines for Children may also administer the vaccine free.
- You should also take daily precautions such as these recommended by health experts:
 - Wash your hands often with soap and water and/or use hand sanitizer with 60% alcohol.
 - Stay home when you are sick. If you have a fever (100.4 degrees or higher), wait at least 24 hours without a fever and taking fever lowering meds (like acetaminophen or ibuprofen) before contact with others. Fever (warm to the touch or feeling feverish), cough with or without sputum, vomiting, diarrhea, and fatigue may also be symptoms of being contagious.
 - Masking remains a great option to prevent not only yourself, but also others from getting sick, especially in crowded areas. N95, KN95 or KN94 masks provide the highest protection.
 - Get tested. Home test kits for COVID-19 can be obtained from your local pharmacy. Most insurances are probably no longer paying for the home test kits but the government is offering 4 kits again free of charge. Go to www.covid.gov/tests to order online (started September 25th).
 - Flu tests are also offered with or without the COVID-19 test at your doctor's office and pharmacy. Insurance will usually cover but you may be required to pay for an office visit. Pharmacies may ask for a fee for an influenza or COVID-19 test.
 - The Food and Drug Administration (FDA) has authorized COVID-19, influenza and RSV home test kit for ages 2 years and older, and that can be ordered online with Lab Corp or www.ondemand.labcorp.com. Most insurance companies will reimburse for this home test.



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The below medical chart advises and offers knowledge, medical descriptions, vocabulary and time periods for vaccines and symptoms for influenza, COVID19 and RSV.

	Influenza	COVID-19 (SARS- CoV-2)	RSV (respiratory syncytial virus)
Onset of Symptoms	1-4 days of exposure Sudden	2-14 days of exposure Gradual	4-6 days of exposure Gradual
Contagious	1 day before symptoms and lasting 3-4 days after symptoms**	2-3 days of symptoms most contagious but, lasting 5-10 days after symptoms**	1-2 days before symptoms and lasting 3-8 days after symptoms**
Vaccines	Yes; 6 months and older (full protection after 2 weeks) yearly. High dose is recommended for 65 years and older; 2 vaccines 30 days apart may be needed for kids 6 months to 8 years old	Yes; 6 months and older (full protection after 2 weeks); no longer called booster but updated vaccine to build immunity for new seasonal variants	Yes; Recommended for adults 60 years and older and pregnant women 32-36 weeks using shared clinical decision-making between doctor and patient Yes; monoclonal antibody for infants and young children: Nirsevimab (Beyfortus) administered by intramuscular injection; last 5 months (one RSV season) Recommended for all infants younger than 8 months born during or entering RSV season. Recommended for ages 8-19 months who are at increased risk of severe RSV disease a dose is recommended at the start of their second RSV season. Palivizumab (Synagis) intravenous monoclonal antibody given monthly IM injections during RSV season based on gestational age and risk factors
Outpatient Treatment	Yes; oral oseltamivir (most common) or baloxavir, inhaled zanamivir and injection peramivir antiviral for uncomplicated confirmed or suspected outpatient treatment (best results within 2 days of symptoms)	Yes; oral nirmatrelvir/ritonavir and antiviral remdesivir injection first line; Alternative oral molnupiravir is second line; Best results with 5 days of symptoms	Yes, In children: ribavirin aerosol and palivizumab intravenous monoclonal antibody in severe treatment No, in adults, symptom relief is most common treatment
Cough	Common	Common	Common
Diarrhea	Sometimes*	Sometimes	Rare
Fatigue or Tiredness	Common	Common	Sometimes
Fever	Common	Common	Common
Headache	Common	Sometimes	Common

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Loss of taste & smell	Rare	Common	Rare
Muscle or body aches	Common	Sometimes	Rare
Runny or congested nose	Common	Common	Common
	Influenza	COVID-19 (SARS- CoV-2)	RSV (respiratory syncytial virus)
Shortness of breath or difficulty breathing	Rare	Common	Sometimes
Sneezing	Common	Common	Common
Sore throat	Common	Common	Common
Vomiting	Sometimes*	Sometimes	Rare
Wheezing	Rare	Rare	Sometimes*
Home Test Kits	www.ondemand.labcorp.com paid by insurance or \$129	OTC pharmacy; insurance/cash	www.ondemand.labcorp.com ; paid by insurance or \$129

*Most common in children ** Can occur longer in weaker immune systems

This chart does not take the place of shared clinical decisions with your healthcare provider or pharmacist.

Chart Compiled from ABC News Photo Illustration, CDC, Mayo Clinic; <https://abcnews.go.com/Health/suffering-flu-rsv-covid-19-difference/>

www.cdc.gov

www.ondemand.labcorp.com

Other Adult Vaccines

Pneumococcal vaccine: helps protect against pneumococcal disease with causes pneumonia, meningitis, bacteremia, sinusitis and otitis media. Go to The Pneumo Recs VasAdvisor Mobile App or web version for recommendation for pneumococcal vaccine from the US Advisory Committee on Immunization Practices (ACIP); www.cdc.gov/wcms/4.0/cdc-wp/sample-pages/home-index.html

PCV13 or PCV15 for younger than 5 years old

PCV13 or PCV15 children 5-18 with certain medical conditional that increase risk of pneumococcal disease

PPSV23 children 2 thru 18 years with certain medical conditions

PCV15 or PCV20 Adults that have never received a pneumococcal vaccine if they are 65 years and older or 19-64 years old and have certain medical conditions or other risk factors; if PCV15 is used it should be followed in a year with PPSV23 (in immunocompromised 8 weeks)

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PCV20 Adults 65 years or older if they have received PCV13 (but not PCV15 or PCV20) and PPSV23 at or after the age of 65 years old

Tetanus vaccine: helps protect against tetanus (causes painful stiffening of muscles), diphtheria (can lead to difficulty breathing, heart failure, paralysis or death), and pertussis or whooping cough (can cause uncontrollable, violent coughing that makes it hard to breathe, eat or drink)

DTap for young children (2,4 and 6 months, 15 thru 18 months, 4 thru 6 years);
Tdap for preteens (11 thru 12 years)

Td or Tdap for adults (every 10 years) – never received get the Tdap then Td or Tdap every 10 years or after 5 years in the case of a severe or dirty wound or burn.

Pregnant people get a dose every pregnancy preferably during the early part of the third trimester.

Shingles vaccine: help prevent shingles. If you had chickenpox, you are at risk for shingles. Very painful nerve pain (postherpetic neuralgia) that last for months or years after the rash goes away occurs in 10-18% of people who develop shingles. Shingles can lead to eye complications, infection of the lung, hearing problems, brain inflammation (encephalitis). ACIP recommends 2 doses 2-6 months apart of recombinant zoster vaccine (RZV, Shingrix) in adults 50 years and older and 19 years and older who have weakened immune systems because of disease or therapy.

Monkeypox vaccine (Mpx): protects against the virus related to smallpox. Recommended to get 2 doses 4 weeks apart. Get the vaccine if you are gay, bisexual or other same-gender loving man who has sex with men or are transgender, gender non-binary or gender-diverse or have had sexual or intimate contact with someone who may have Mpx or had in last 2 weeks. Get vaccinated as soon possible after exposure and if in the last 6 months have had or expect to have one or more sexually transmitted infections or sexual/intimate contact, have a weakened immune system (HIV). The vaccine is FREE and can be obtained from your local health department.



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**Get a copy of your vaccine records from healthcare provider,
pediatrician, health department, pharmacy
or online request from the Georgia Department of Health at**

<https://dph.georgia.gov/immunization-records-request> or call 404-657-3158.

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Sobering Statistic: “Only 12% of Americans are Metabolically Healthy” & Benefits of Short-Term Fasting & The Doc Wilson 5-Step Program To Conquer Unhealthy Metabolism

Doc Wilson, Ph.D.



The statistic cited above was made by Mindy Pelz, M.D. in 2022 in her book (see REFERENCES) – and referred to a quotation that was originally made in 2018. This quotation implies that, in 2018, 88% of Americans were metabolically unhealthy; and we know that, since the 2018 statistic, the figure has been surging at an alarming rate.

You may refer to the partial list below to learn if you are metabolically unhealthy.

Signs of Poor Metabolic Health

- Obesity/Overweightness
- Cancer
- Type 1 Diabetes
- Type 2 Diabetes
- One or more Infections
- Dementia/Alzheimer’s
- Mental Health Issues
- Constant Fatigue
- Poor Sleep
- Heart Disease
- Peripheral Artery Disease

Doc Wilson’s 5-STEP PROGRAM

What YOU Can Do To Improve YOUR Metabolic Health

Step 1. Fortunately, there is a simple, straight-forward solution to preventing – and often even reversing – the negative and dangerous consequences of making poor health choices that negatively impact one’s metabolic health; and this solution will avoid much of the confusion that exists from the plethora of conflicting recommendations from both true experts, as well as want-to-be experts.

This step simply requires one to adopt proper lifestyle choices as they go about their life. Perhaps amazingly, this will solve a large portion of cases of not only physical illness, but also mental illness.

Step 2. NUTRITION

- Aim for at least 4 servings of fresh or frozen fruit virtually every day.
- Aim for at least 4 servings of fresh or frozen vegetables virtually every day.
- Aim for at least 3 servings (preferably more) of nuts/seeds virtually every day.

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- ❑ Be sure to practice variety in each of the above categories.
- ❑ Consider doing regular or occasional short-term fasting – in which, for example, you eat all of your daily food within an 8- to 10-hour window, which leaves 14 to 16 hours of fasting per day .
- ❑ Make your main source of protein beans and lentils.
- ❑ Avoid large amounts of sugar-laden foods, as well as foods made from “sugar equivalents,” such as doughnuts, pastries, muffins, et cetera.
- ❑ Aim for a gluten-free diet, which means avoiding foods made with wheat, rye, or barley.

Step 3. SLEEP

Aim for 7 to 9 hours of sleep virtually every night.

Several things that might improve your sleep quality:

- ❑ Be sure that the room temperature at night is as low as you are comfortable with.
- ❑ Use heavy, dark drapes to create a dark environment.
- ❑ If you use a nightlight, keep it out of sight in your (adjacent) bathroom.
- ❑ Use floor fans and/or other fans to drown out minor noises that likely would awaken you.

Step 4. EXERCISE

Cardio Exercise: Practice cardio exercise – in which your heart rate is elevated for 20 or more minutes at least 2 days (preferably 3 days) per week.

Once you reach a good level of conditioning, consider adding Interval Training, and, eventually, High Intensity Interval Training.

Note 1. If/When you reach a high level of cardio conditioning (that is High Intensity Interval Training), you will be able to decrease the length of your cardio exercise sessions to only 8 to 12 minutes!

Note 2. Be certain to consult your medical doctor before you make any major changes in your nutrition or exercise regimens.

- ❑ **Strength-Building Exercise:** Choose 10 to 15 exercises that will strengthen the major muscles of your arms, chest, back, shoulders, abdominals, and legs (especially your thigh). Do these exercises 2 or 3 days a week – with at least 1 day of “rest-and-recovery” between strength-building workouts.

Step 5. STRESS REDUCTION

- ❑ Consider taking “a walk-in-nature” multiple times each week – as often as your schedule permits. This could even include tending a flower garden.

REFERENCES

Mindy Pelz, M.D., 2022. Fast Like A Girl. A Woman's Guide To Using The Healing Power of Fasting To Burn Fat, Boost Energy and Balance Hormones (especially pages xvii, xix).

Dr. Mindy Pelz also has Postings on YouTube.



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When You Know Residents Rights, You Become A Powerful Advocate For Your Loved One!

Cheryl J. Wilson, M.S.
Advocacy for Seniors



When a person has a loved one in a long-term care facility, the role shifts. Although you are no longer *responsible for the direct caregiving of your loved one, you now have the opportunity to become a powerful advocate for them, ensuring they get the best care possible.* When

a resident is admitted to a long-term care facility, part of the admission process is letting the resident/family know what their rights are. *What I have found over 27 years of being a senior advocate is that most of the time, when residents/families are handed a list of "resident rights," they are generally seeing the facility's "policies."* What you need to know as an advocate for your loved one is that a facility policy cannot violate a resident's rights! When you understand resident rights, you *can ensure your loved one's rights are protected* while giving yourself the peace of mind of knowing that your loved one will be getting the best care possible.

Residents of nursing homes have rights that are guaranteed by the federal Nursing Home Reform Law. The law requires nursing homes to "promote and protect the rights of each resident" and stresses individual dignity and self-determination. States also include residents' rights in state laws /regulations.

Right to a Dignified Existence

- Be treated with consideration, respect, and dignity, recognizing each resident's individuality
- Freedom from abuse, neglect, exploitation, and misappropriation of property
- Freedom from physical or chemical restraints

- Exercise rights without interference, coercion, discrimination, or reprisal
- A homelike environment and use of personal belongings when possible
- Equal access to quality care
(Including but not limited to being called by the name you prefer, having staff knock before entering your room, explaining what they want to do, and asking your permission before proceeding with anything!)

Right to Self-Determination

- Choice of activities, schedules, health care, and providers, including attending physician
- Reasonable accommodation of needs and preferences
- Participate in developing and implementing a person-centered plan of care that incorporates personal and cultural preferences
- Organize and participate in resident and family groups
- Request, refuse, and/or discontinue treatment.
(Including but limited to what time you go to bed, what time you get up, attending your Care Plan Meeting, refusing a treatment, medication, therapy, or anything you do not feel is appropriate for you!)

Right to be Fully Informed.

- The type of care to be provided and the risks and benefits of proposed treatments
- Changes to the plan of care or in medical or health status
- Rules and regulations, including a written copy of residents' rights
- Contact information for the long-term care ombudsman program and the state survey agency
- Written notice before a change in room or roommate
- Notices and information in a language or manner he or she understands (Spanish, Braille, etc.)

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Right to Raise Grievances

- Present grievances without discrimination or retaliation or the fear of it
- Prompt efforts by the facility to resolve grievances and provide a written decision upon request
- To file a complaint with the long-term care ombudsman program or the state survey agency
(Whenever you file a complaint, be sure to show the negative effect it has on you. Don't just say they were short-staffed. Instead say, due to the lack of staff, no one answered mom's call light and she got up and tried to take herself to the bathroom, which led to her falling. When you show the negative consequences of the lack of staff, your grievance will be addressed much quicker.)

Right of Access to

- Individuals, services, community members, and activities inside and outside the facility
- Visitors of his or her choosing, at any time, and the right to refuse visitors
- Personal and medical records
- His or her personal physician and representatives from the state survey agency and long-term care ombudsman program
- Participate in social, religious, and community activities

Rights Regarding Financial Affairs

- Manage his or her financial affairs
- Information about available services and the charges for each service

Right to Privacy

- Regarding personal, financial, and medical affairs
- Private and unrestricted communication with any person of their choice
- During treatment and care of personal needs

Rights During Discharge/Transfer

- Right to appeal the proposed transfer or discharge and not be discharged while an appeal is pending
- Receive a 30-day written notice of discharge or transfer that includes the reason, the effective date; the location going to; appeal rights and process for filing an appeal; and the name and contact information for the long-term care ombudsman

- Preparation and orientation to ensure safe and orderly transfer or discharge
- Notice of the right to return to the facility after hospitalization or therapeutic leave

What I have learned after being a Professional Advocate for over 27 years.

The secret to honoring a person's right is to give them as much control of their daily life as they can manage. We all want control of our lives no matter how old we are. Seniors are no different. Even a person with dementia can make decisions. You can let them choose between two outfits each morning and let them choose the one they want to wear. A simple decision can give a person a sense of control over their life, affecting their day.

I Am The Resident – Becoming The Advocate For Your Loved One's Needs by Cheryl J. Wilson, M.S.

I wrote this book to educate families on their loved one's rights under Federal Law. Oftentimes, nursing homes only tell families what their policies are, not what a resident's rights are under Federal Law. You must understand that a facility policy cannot violate a resident's rights. Knowledge is Power; this book gives you the information and 64 real-life examples of how knowing the Federal law can help you get the care you seek for your loved one.

I am offering a 10% discount for all the readers of Matters of The Heart. If you go to my website, scroll down to the book, and hit the purchase book, it will take you to the publisher's website. Enter MattersoftheHeart (all one word), and you will get a 10 % discount. This is valid through December 31, 2023.

Cheryl J. Wilson, M.S.

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MATTERS OF THE HEART

“The Answer my Friend, is Not Blowing, in the Wind; The Answer, my Friend, is Within”! (mph)

Myldred P. Hill, Ed.D.



“Blowing in the Wind” is a song recorded by Peter, Paul, and Mary during the 60’s and written by Bob Dylan in 1963. I really loved hearing the song, captured by the lyrics, their voices, and the guitars. Early on, as a Contributing Writer for Matters of The Heart Magazine, I immediately was Spiritually led to adopt these words as a Guiding Principle – “The Answer

my Friend, is Not Blowing in the Wind, The Answer, my Friend, is Within.” I truly believe the mandate given by Founder of National Caregivers Network, LLC, Shirley Morman, would require a call to service strategically and unwavering in commitment and outreach to a targeted audience. An audience, even at the time prior to the Covid-19 Pandemic, systemic health challenges, and the tremendous growing population of individuals worldwide requiring caregiving services.

Commitment to Intercessory and Intentional Prayer Ministry has caused a mandated yearning to educate, uplift, inspire, and agitate even, the more, to go deeper and lift higher to satisfy the need to please the Giver of All Gifts! Although Words have always seemed to come natural to the tongue, finger and hand, to convey concepts, it is not easy to pen words for an audience, who, within its field, are earnest seekers for Wisdom, Truth, Caring, and Fruits of The Spirit as well as critics, and others who seem to at this time and place seek to pull down and destroy by any means necessary.

In the midst of it all, is the requirement to “Do The Work!” The Work of the Giver of All Gifts from a Pure “Heart” of Love. To remain Scripturally based, yet, not just quoting Scripture, requires one, this Contributor in particular, to remove self and perform the task.

My assignment Being: **Relationships**, has most times taken me straight to the Matter at hand- serving as Caregiver to my Spouse of 60 years (3 Scores) requiring that I “get it right” as much as humanly possible. The expectations are set, and I strive to please as much as possible, with God Being my Helper. His Servitude to mankind over a sphere or several decades helps to calibrate my moods, attitudes and behaviors.

Again, a song comes to mind, with words from the hymn “I Am Thine, O Lord.” Author: Fannie Crosby (1875). The 2nd Verse begins with “*Consecrate me now to Thy service, Lord, by the power of grace divine.....*” Without a doubt, consecrated and concentrated work is commanded and also demanded. Not only have I found songs to be highly beneficial in my Faith Walk, but also slogans, themes, quotes, etc. This quote I have used throughout my career: “In times of Peace, prepare for war” attributed to Niccolo Machiavelli, the father of modern political philosophy and political science, who states, “War should be the only study of a prince.” (Many others are credited for this same quote). I take privilege to add princess, also.

In Caregiving what is the significance of this quote? I must remind myself of the definition of the word Care.

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According to Oxford Languages Dictionary (1) Care is the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something. It includes further these words: "the care of the elderly." (2) Care is serious attention or consideration applied to doing something correctly or to avoid damage or risk. "he planned his departure with great care."

What does War have to do with caring for a loved one? I am reminded of Vows taken when 2 individuals enter into Holy Wedlock and Vow to take care of each other. It is a time of great Joy and anticipation of Love, happiness, and All things great and wonderful. Truth of the **Matter** is the challenge over the span of years of wear and tear, and breakdown of the body, mind, and Spirit can alter expectations and perceptions. Each has a natural path of erosion and change; and circumstances unravel the need for one to take Care of the other or both reach a point of diminishing return, requiring intervention outside the sphere of "Holy Wedlock!" Who *Cares* enough to sacrifice the time, resources and **Heart** to Do the Work?

Each Body and Soul yearns for satisfaction of needs, wants, and desires. Without a doubt, statistics show plainly that many are short on caring and commitment. The commands and demands are great and overpowering for all too many who "War Against Flesh, Blood, and Principalities in high and low places!"

So much is needed to prepare a population to first, recognize the need for providing more than bodily comfort, food, medicine, professional health care, social and legal expertise and guidance when individuals themselves are needing so much and lacking in familial care, support, and concern within the family, community or village.

It IS a Matter of The Heart. And the GIVING, I Am convinced comes from WITHIN the HEART. The Answer is not Blowing in the Wind. It is Within the Heart. Biblically, Giving is a facet of a larger subject called stewardship. According to James 1:17, God owns everything because He is Creator, Maker and Giver of all things- so when we give, we are merely giving back a portion of what belongs to God anyway.

Prayerfully, our Articles will prepare us to better serve the present age which reports a growing population of individuals needing care..... selflessly. Personally, I know it requires us to remind others that Relations are strengthened over a period of time to ensure that Care, Giving, and Endurance are assured. Illnesses, tragedies of all sorts which cause lives to change in an instance, require preparation..... Spiritual preparation. A Relationship signed, sealed, and delivered by our Creator, Triune God.

If I knew any other Way I would embrace it. I Know without a doubt, from experience, that the GREATER (1 John: 4:4) demanded each and every moment, is not blowing in the winds of education, politics, religion, or any other dogma.....It IS Within!

Myldred P. Hill, Ed.D.



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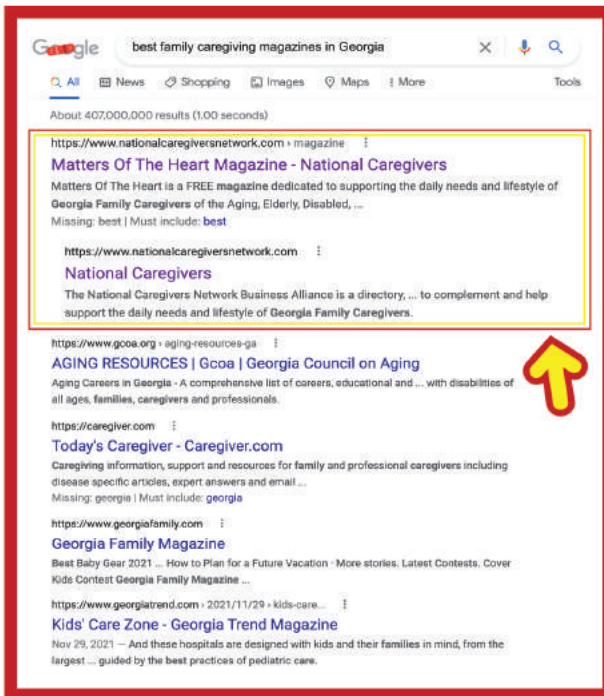
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Matters Of The Heart is a **FREE** magazine dedicated to supporting the daily needs and lifestyle of Georgia Family Caregivers of the Aging, Elderly, Disabled, Chronically Ill, Veteran, and End-of-Life Loved One. The magazine brings touching stories, helpful resources and information for caregivers and caregiving to help seniors/older adults and their families making informed decisions. We also advertise products and services to complement and help support the daily needs and lifestyle of Georgia Family Caregivers.

Matters Of The Heart is a magazine that is published quarterly within the 13 counties that comprise Middle Georgia and its surrounding areas.

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