My Mother's Amazing Meatloaf Mystery
by Rev. James L. Snyder

Every mother harbors a mystery of some sort. Many handed down from one generation to the next forming a bond so strong no man can penetrate. I came to realize this at an early age, which has stood me in good standing throughout life. Namely, don't mess with female secrets.

It all started at a church fellowship supper, which is usually the centerpoint of any good church. Attend just one church fellowship supper and you learn everything that needs to be known about that church. These functions, as you might guess, are supervised entirely by the women of the church.

My mother's mystery had roots at a church fellowship supper. Everyone was expected to bring their signature dish.

For example, everyone knew Sister Grace's signature dish was her sweet potatoes topped with marshmallows. Nobody in her right mind would dare bring a similar dish. Also, Sister Sylvia always brought the mashed potatoes with gravy, which everybody agreed would be a featured plat du jour at the Marriage Supper of the Lamb. Sister Eloise's contribution was apple pie to die for, and the list went on and on.

Of course, being new to the church we did not understand this culinary dynamic. So, when we were invited to the first church fellowship supper the head lady asked my mother what dish she would bring. Not really having such a dish, my mother casually mentioned meatloaf, which seemed to settle the issue.

For some reason the church fellowship supper slipped our mind and the evening before my mother suddenly remembered. "Oh, my," she exclaimed, "I forgot to make the meatloaf."

Being a practical-minded person, she simply went to one of her favorite markets, purchased a freshly made meatloaf and brought it home and "doctored it up," as she said. That settled, she thought no more about it.

The next day at the church fellowship supper, we arrived bearing our store-bought meatloaf. How were we to know this was anathema at the church? We were just delighted to be with the rest of the church people enjoying the delicacies. I will never forget the great spread we encountered. So much food, so little stomach.

Fifteen minutes into the eating portion of the fellowship supper, people began complementing my mother on the meatloaf. "This is," one lady proclaimed, "one of the

(Continued on page 6)
Your 12 Point Plan for Personal Success
by Stephan Iscoe

No one becomes successful by accident. Success requires making a plan and sticking to it. It is simple, but does require commitment; it is not hard to do, but does require hard work. The good news is that once you begin, the results start coming almost instantly. The miracle of successful living is that the smallest step towards success attracts more success! Here is a very brief outline of the key points that will help you achieve the highest levels of success.

1. Look into the nearest mirror - the person staring back at you is the only person responsible for your success. Smile! No one else is the cause of your success or to blame for your short comings. Successful people take full responsibility for their actions.

2. Smile back at your reflection. Successful people are cheerful, optimistic, and forward thinking. If you think you don't have anything to smile about, smile anyway. Positive thoughts drive out negative thoughts. It's hard to have a negative thought while you are smiling!

3. Positive self-esteem is the foundation for success. Feel good about yourself and your abilities, achievements and potential. Don't dwell on your mistakes. Remind and praise yourself on your past accomplishments. Congratulate yourself for taking positive steps toward a more successful future.

4. Believe in yourself. You are here for a purpose. God doesn't make extras just to fill in the scenery. Find your mission and begin working to fulfill it.

5. Desire to be a success. Decide right now that you will be successful. Commit to being successful.

6. Associate with successful people. Do what they do. When faced with choices, make the choice a successful person would make. Blow your bonus check on a gambling trip or invest it?

7. Avoid unsuccessful people. Do not under any circumstances associate with negative people. Negative people are toxic; they destroy, they do not build. They are vampires that can live only by draining the life from others. The odds are greater that they will pull you down faster than you can lift them up. You can choose to stay away from all the negative people in your life. Avoid all the whiners, complainers, blamers and thumb suckers.

8. Do what you are best at and what you get the most satisfaction from. There is no reason to stay stuck doing things that are frustrating, boring, unhealthy, unproductive, demeaning or unfulfilling.

9. Write down a vision of how you want to live your life. Be specific. Where you want to live, what kind of carpet, who your friends are, the pony's name, what the new church rec hall you donated looks like, etc. Make a Future Scrapbook; paste in pictures, drawings, essays, clippings. Make up news headlines about your achievements. Every day visualize yourself as you would like to be - and then act that way!

10. Write down your biggest goal, the one you most want to fulfill. Write it in the present tense, "I am...", "I have...", "I contribute...". Success is the result of a personal decision, so start your goal with "I". Read your goal aloud every morning and night. Tell people your goal. Make a plan to achieve your goal and stick to it.

11. Study the science of success. Read books, listen to tapes, watch videos and positive TV programming. Talk to successful people and ask them how they became successful. Fill your mind with positive thoughts and give yourself positive self-affirmations.

12. Every day do something that brings you closer to your goal. Never give up. You can only fail if you quit trying. Keep on keeping on and you will succeed. Achieving success requires following a system. Begin today by putting these 12 points into daily practice.

Everybody experiences fear of failure, uncertainty, insecurity, low self-esteem, indecision, depression, nervousness and embarrassment. Successful people master these temporary conditions by taking positive action, by sticking to their plan, by maintaining their vision of the future, by learning from setbacks and by redecking themselves to the pursuit of their mission. By following these simple steps you will become successful and achieve all that you desire.

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Stephan Iscoe is a successful consultant and trainer in Ann Arbor, Michigan. Stephan welcomes your feedback at 888-842-5651. Visit http://LinktoSuccess.com
Potential Changes to Interpretive Guidelines for Nursing Homes

The Federal Government (CMS or Center for Medicaid and Medicare Services) has been working on amendments and expansions of selected interpretive guidelines. Since they are focusing on regulations which have significant impact upon quality of life, F-Tag 248 is one of the regulations having revised interpretive guidelines. These changes were created with guidance from an Expert Panel which included several experienced Activity Professionals. At the recent NAAP (National Association of Activity Professionals) convention in April, it was said that projected time for implementation of these new interpretive guidelines ranged anywhere from two months to a year from now. Regardless of their implementation date, all activity professionals should be aware of the pending changes and how they will impact our work with elders in nursing homes. Hopefully, your State association is keeping you informed, as is our National association. Once the changes are approved, there is a thirty-day implementation period. It is after that thirty-day transition period that surveyors will expect the changes to be implemented. It is important to note that revisions to the proposed draft, which may currently be circulating amongst professionals, could continue. It is never final till the Final Rule.

Personally, I think many of the changes are for the better. They will push our profession forward and challenge us to provide the best care for the elders living in our communities. The pending changes signify strong validation from CMS regarding the significant impact that involvement in therapeutic activities can have upon quality of life.

Summary of Key Changes

There are very specific references to the types of activities and the therapeutic value of each. There is more emphasis on activities being scheduled and implemented to meet specific needs and introduced to each resident based on the individual’s comprehensive assessment.

- Although this is pretty standard within most activity programs, the therapeutic process is being stressed. Activities to enhance overall resident well being, self-esteem and success are being emphasized. Activities is no longer being seen as a diversion to simply occupy time, but seen as a means for the resident to live life fully within the long term care setting.

There are many references to age appropriateness of programming and appropriateness of supplies and equipment. There are specific descriptions of using adult oriented adaptive equipment from the resident’s generation rather than toys.

- Most activity departments have eliminated use of toys. Many companies now offer developmentally and age appropriate equipment for use with elders. Activity departments will need to ensure their budget allows for purchase of such equipment.

There are numerous references to the use of adaptive equipment for specific losses and limitations. Specifics such as use of amplifiers for the hearing impaired, magnifying equipment for visually impaired, use of vises, grips and adaptive holders for task oriented activities as well as procedural changes to our approach within specific activities for the cognitively impaired are listed throughout the changes.

- This is an area where some activity departments will need to expand their services and approach. Funding will need to be acquired to allow purchase of adaptive equipment. Please refer to last months article as it focused on the adaptation process. There are many catalogs and web sites listed which will assist your department in meeting this requirement.

Activity care planning is discussed at length in the proposed changes with an increased emphasis on the importance of activities and how each resident should have activity needs and interests addressed within the interdisciplinary care plan.

ABOUT DEBBIE

Debbie Hommel is a Certified Activity Consultant on State and National level, with over twenty-seven years of experience in providing direct care and consultation to long term care, medical day care, assisted living, and ICF/MR facilities throughout New Jersey, New York, Maryland, and Pennsylvania. She is an experienced trainer and workshop presenter, conducting a variety of seminars throughout the Tri-State area for the Activity Professional, Administrator, and allied healthcare professional. She is ACC certified through the NCCAP.
Building a Ladybug

(Reprinted from the June 2004 issue of ElderCare Activities Guide)

This small group activity is played easily with two to six people. It creates an atmosphere of fun and as you will see, everyone’s ladybug will come out looking different. It will create lots of laughter and fun!

Materials needed:
1 Paper
2 Markers/Pencils
3 One Dice

Rules:
Roll the dice once on each turn. Draw the body part of the number rolled on the piece of paper (look on the schedule below). If you roll the number more times than there are body parts (look at the diagram to the right), then you must pass your turn.

Schedule:
1 - Head
2 - Antennas
3 - Right side legs
4 - Body
5 - Spots
6 - Left side legs

Diagram:
(2) Antennas
(1) Head
(3) Right Side Legs
(4) Body
(5) Spots
(6) Left Side Legs

REALITY CHECK
1. Eventually you will reach a point when you stop lying about your age and start bragging about it.
2. Don’t let anyone tell you you’re getting old. Squash their toes with your rocker.
3. The older we get, the fewer things seem worth waiting in line for.
4. Some people try to turn back their odometers. Not me. I want people to know why I look this way. I’ve traveled a long way and some of the roads weren’t paved.
5. Maturity means being emotionally and mentally healthy. It is that time when you know when to say yes and when to say no, and when to say WHOOPPEE!
6. How old would you be if you didn’t know how old you are?
7. When you are dissatisfied and would like to go back to youth, just think of Algebra.
8. You know you are getting old when everything either dries up or leaks.
9. I don’t know how I got over the hill

(Continued on page 10)
Summer Precautions and Trip Ideas

SUMMER PRECAUTIONS

As we enter into the summer months, there are some heat related precautions that we should be taking. We want to take our patients outside in the warm sunshine as much as possible. There is something to be said about taking a fresh breath of air and enjoying all that nature has to offer.

But with that, comes some concerns such as heat and sun related conditions. With some planning, your time outside is sure to be enjoyable. Make sure the facility has invested in sun screen. Encourage your residents to place sun screen on themselves before venturing outside. For those residents who are unable to put the sun screen on themselves, you may have to do this for them. Watch what position residents are faced when brought out side. You don’t want their faces directly facing the sun. The elderly are more likely to burn.

When planning outdoor events such as barbecues, you may need to invest in a tent. Usually barbecues occur at lunch time, which is the height of the sun exposure. If you have a bug problem outside or are going to a park, you may need bug spray.

Your facility may wish to develop a policy regarding temperatures. The policy might state that when temperatures reach 90 or above, that the residents should stay inside.

Additionally, you may need to invest in hats. Each resident for infection control purposes, would need their own hat, labeled with their name in it. You can purchase hats in bulk & very inexpensively at www.activitytherapy.makesparties.com, which is a wholesale party catalogue for activity director.

The maintenance department should do a check of the patio area to make sure the sidewalks and grass levels are in good repair. We mention grass levels because if the grass edging is too low, a wheelchair could either get stuck or flip over. This is a good time to make sure everything outside is in good working order.

Who is monitoring the outside areas? You should have staff responsible for periodic checks to make sure everyone is safe. Provide staff to monitor the outside. This might be a great volunteer position to recruit teenagers to volunteer and run the patio program.

Finally, have a hydration station outside at all times. The hydration station should have cold drinks and cups available. Many facilities are purchasing lovely clear glass jugs and filling it with ice and floating lemons. As the ice melts, it creates a lovely cool drink. Some suggestions for the glass jugs would be Ice Tea, Lemonade, Limeade and Orange Juice.

The activity department could schedule an activity at 3:30 P.M. and conduct it on the patio. It would be a nice way to end the end the day when temperatures are cooler.

TRIP IDEAS

There are many wonderful choices in the summer to add to your trip planning. One thing is to incorporate a Trip Planning Committee and have your residents suggest future outings.

The activity department should also begin a Trip Book that includes places to visit, information about each place, the phone number and address, directions and pertinent information. The trip book will

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer’s Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer’s support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of National Council of Certified Dementia Practitioners http://www.nccdp.org

http://www.activitytherapy.com offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminiscence videos for dementia, activity books, and dates to remember, party supplies, resources and links.
When going on a trip, it is important to develop a form that will list the following: Resident Names who are on the trip, Name of place, address, phone number, transportation company name and phone number, which staff is attending, date & time you are leaving and time you are expected back, dress required by the residents. Dietary should also be notified so they will have light snacks and beverages for the vans. You especially want to take orange juice for residents who are diabetic. You should carry a cell phone with you at all times in case you have an emergency.

The activity department should never go on a trip without a nursing assistant. The reason for this is that there are times residents may need help with toileting or feeding. The nursing assistant is trained to help in these areas. Additionally, nursing assistants enjoy the opportunity to get out of the building and a change in the routine.

Make sure residents have received their medication prior to leaving. Some facilities have given the medication to the activity staff to give to the residents. This should be discouraged. Even handing a pill to a resident is "dispensing medications." This must be done by a nurse only. Usually there is a window of time, so that if they miss a dose while on a trip, they have time to get the dosage when they return. But always check.

Did the doctor clear this patient for a trip. Generally you will find in the doctors notes that the resident is approved to participate in activities and go on outings. But you should check the chart and make sure that this was done.

Some trip ideas are; Botanical Gardens, Picnic at a local park, Summer Concerts, Zoos, Day Cruises, Fairs, Baseball Games, Nursery, Football Games, Plays in the Park, Free Exhibits at Parks, Aquariums, Water Parks (just watching is fun), Beach, Lakes, Boardwalks and Fishing.

Many places will give you reduced fees or even free. We mention the water park, because the water parks will often provide a free pass because the seniors are coming in to watch and not swim. Of course, if they are able to swim, this would be a fun event.
• This change will have significant impact in New Jersey, where I reside and practice activities. We have adopted a true interdisciplinary approach to care planning.

Many activity professionals integrate most activity needs into primary issues of cognitive loss, behaviors and mood and do not have an “activity care plan” in place. If your State has adopted this integrated method of care planning, you may have to revise your care planning technique, as we will in NJ. To prepare for this change, strengthening and expanding our input into overall interventions is a first step. When the changes become final and if they remain as written, specific activity based care plans (problem, goal and interventions) can be easily added.

Finally, there is much discussion and emphasis on interdisciplinary responsibility in promoting and engaging the resident in activities. There are several references to activities being “everyone’s responsibility”.

- This is not a new idea but the way the revisions are written, this idea is emphasized throughout with several examples. Now is the time to in-service staff and take a stronger role in care planning. Once the revisions are implemented, we can use them as a frame of reference for support.

We all respond differently

(Continued on page 10)
### Wacky Days of June

Provided by Activity Directors Network
Pennie Bacon, Site Owner
http://activitydirector.net

#### MONTHLY OBSERVANCES

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<td>American Rivers Month</td>
<td>National Pest Control Month</td>
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<td>Audiobook Month</td>
<td>National Rivers Month</td>
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<td>Cancer in the Sun Month</td>
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<td>Celibacy Awareness Month</td>
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<td>Child Vision Awareness Month</td>
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<td>National Accordion Awareness Month</td>
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<td>World Infertility Month</td>
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<td>Zoo and Aquarium Month</td>
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#### WEEKLY OBSERVANCES

**Week 1**

- International Volunteers Week
- National Fishing Week
- Stepparents Week

**Week 2**

- Nursing Assistants Day & Week
- National Headache Awareness Week
- Black Single Parents Week
- Superman Week
- Nursing Assistants Week
- Take A Kid Fishing Weekend
- National Flag Week
- National Hermit Week
- Families in Business Week
- Meet A Mate Week
- National Little League Baseball Week

**Week 3**

- National Hug Holiday Week
- Universal Father's Week
- Carpenter Ant Awareness Week
- Watermelon Thump Week

**Week 4**

- National Headache Awareness Week
- Fish Are Friends, Not Food! Week
- National Prevention of Eye Injuries Awareness

**Special Note:**

- Ice Cream Soda Day 20th

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http://www.theado.makesparties.com
THE OTHER SIDE OF THE FENCE

A farmer was helping one of his cows give birth when he noticed his four-year-old son standing wide-eyed at the fence, soaking in the whole event.

The farmer thought, "Great, he's four and I'm gonna have to start explaining the birds and bees. No need to jump the gun - I'll just let him ask, and I'll answer."

After the calf was safely delivered, the farmer walked over to his son and said, "Well son, do you have any questions?"

"Just one." gasped the still wide-eyed lad. "How fast was that calf going when he hit that cow?"

http://www.suddenlysenior.com

Meatloaf continued from page 7)

10. The golden years are really just metallic years: gold in the tooth, silver in your hair, and lead in the rear.

11. Life would be infinitely happier if we could only be born at the age of 80 and gradually approach 18.

12. One of the many things no one tells you about aging is that it is such a nice change from being young.

13. Age seldom arrives smoothly or quickly. It is more often a succession of jerks.

14. Yeah, being young is beautiful, but being old is comfortable.

15. Old age is when former classmates are so gray and wrinkled and blind that they don't recognize you.

16. If you don't learn to laugh at trouble, you won't have anything to laugh at when you are old.

17. First you forget names, then you forget faces. Then you forget to pull your zipper up, then you forget to pull your zipper down.

18. One must wait until evening to see how splendid the day has been.

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(Reality Check continued from page 4) without getting to the top.

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http://www.suddenlysenior.com

(Interpretive Guidelines continued from page 7) to change. Some like to wait till it actually happens before adjusting.

Others panic long before it happens, creating unnecessary unrest. Having experienced a few regulatory changes in the past, it would be wise for our profession to be aware of what is coming and start preparing now.

A good book about change is “Who Moved My Cheese?” by Spencer Johnson, MD. One quote in the book is “Change happens” and it is that simple.

With or without us, change will happen. How we decide to deal with the change will define our future.
The Gift of Life

(ARA) - Fifty years ago, as Ronald Herrick waited to be wheeled into an operating room, he never imagined the impact he was about to have on history. Ronald, then 21, was about to become the first living transplant donor.

He was giving one of his kidneys to his twin brother, Richard, who was dying from chronic kidney disease. A team of physicians in Boston had decided to undertake a radical idea. At the time, a transplant from a living donor was quite controversial, both for its risky procedure and the new ethical questions that arose from the idea of performing surgery on a healthy individual.

Yet after lengthy discussions with clergy and medical experts, the surgeons decided to proceed. Because the Herricks were identical twins, they were considered the perfect candidates for breaking into this new territory. The organ would almost surely be compatible—which it was, making the groundbreaking procedure a success.

Since that December day in 1954, the advances in transplantation have been astonishing. Evidence of that advancement can be seen in the yearly Transplant Games that Ronald himself recently attended. Held this year in Minneapolis, this sporting event celebrates the triumph and spirit of transplant recipients. “I looked out over a crowd of 8,000 people. It was such a sight. I stood next to the doctor who performed my surgery. It was a very proud day.”

Herrick spoke to the crowd on furthering the success of organ donation and finding new donors. “Get yourself down to the DMV,” he urges. “Make sure you have it listed on your driver’s license.”

“As much as we think of transplantation as a medical triumph, it’s really a triumph of the human spirit,” says UNOS executive director Walter Graham. “We all have the power to save lives by saying yes to organ donation.”

Each day an average of 106 people are added to the nation’s organ transplant waiting list. That list is maintained by the non-profit United Network for Organ Sharing (UNOS), based in Richmond, Va. Under contract with the federal government, UNOS maintains the nation’s waiting list for deceased organ transplants and highly sophisticated computer programs to match organs with transplant candidates in the most equitable way possible. UNOS also provides patient and public education to support and promote life-saving transplantation. In fact, each year more than 25,000 people are saved through transplantation of hearts, livers, kidneys, lungs, and pancreata. This number includes nearly 2000 children under the age of 18.
Seven Tips to Cope with Cancer Treatment

(ARA) - The uncertainties surrounding the cancer treatment process can leave many feeling anxious or even overwhelmed. The patient Web site of the American Society of Clinical Oncology (ASCO), http://www.PLWC.org, recommends several steps people living with cancer can take to cope with their disease and maximize the quality of their lives during treatment.

1. Don’t Go It Alone
It is important to understand your disease. During the initial visit, absorbing the news of a cancer diagnosis and its unfamiliar medical language may be difficult. You may want to take a family member or friend who will not only be supportive but also can act as your ears and memory. A tape recorder can also make for a great substitute. Keep in mind however, that the companionship of a loved one can also help ease the stress of visits with your doctor.

2. Don’t Be Afraid to Ask Questions
Studies show that people with cancer who are fully informed about their disease and treatment options usually tend to fare better and experience fewer side effects than those who simply follow doctors’ orders. Being informed gives you some control over your disease. Don’t be shy about telling your doctor if you are having trouble understanding an explanation, description, or unfamiliar medical term. Your doctor should make time to answer your questions, explain your disease, and ensure you fully understand your available treatment options.

3. Confront Your Anxieties
Nearly 30 percent of people with cancer experience feelings of anxiety. It can be helpful for patients to talk with their doctor about what aspects of the treatment process they find frightening. According to Jamie Von Roenn, M.D., Chair of the ASCO Task Force on Pain and Symptom Management, the truth is often better than you might imagine. Asking your questions lets your health care provider know that you have concerns and the issues can then be addressed.

4. Get Online
Turn to reliable resources to learn about your specific cancer type and the treatment options available. People Living With Cancer (www.PLWC.org), the patient Web site of ASCO, the world’s leading professional society of doctors who treat people with cancer, features a wealth of doctor-approved cancer information on coping strategies, clinical trials, and more than 80 types of cancer. The Web site also has links to other helpful cancer information resources on the Internet.

5. Address Side Effects Early On
There are more than 30 side effects associated with cancer treatment. The most common include constipation, fatigue, hair loss, nausea, and pain. Preventing side effects before they begin and treating symptoms early are the best ways to reduce discomfort. Talk with your doctor to develop a plan to manage the side effects associated with your specific cancer type and treatment. You will find that there are a wide variety of effective solutions available to you from medications to lifestyle and behavior changes.

6. Get Organized
Getting organized also allows you to take the time necessary to make important decisions. Many people find that being organized
helps them gain better control over all the information they receive during their treatment. Having one place for all your care information including insurance statements, prescriptions, appointment notes, and test results can prevent frustration.

7. Don’t Neglect Your Finances

Try to decide ahead of time how to adjust to your budget to deal with any loss of income resulting from less time at work, or expenses that are not covered by insurance. Consider making special arrangements with creditors. Enlist the help of a friend or family member to keep track of your regular monthly bills. Consider using a bill-paying service to ensure the peace of mind that your bills are being paid on time.

Courtesy of ARA Content

ELEMENTARY SCHOOL TEST

Kids were asked questions about the old and new testaments. The following statements about the Bible were written by children. They have not been retouched nor corrected, all incorrect spelling has been left in).

1. In the first book of the bible, Guinness's. God got tired of creating the world so he took the sabbath off.

2. Adam and Eve were created from an Apple tree. Noah's wife was called Joan of Ark. Noah built an ark and the animals came on in pears.

3. Lot's wife was a pillar of salt during the day, but a ball of fire during the night.

4. The Jews were a proud people and throughout history they had trouble with unsympathetic Genitals.

5. Sampson was a strongman who let himself be led astray by a Jezebel like Delilah.


7. Moses led the Jews to the Red sea where they made unleavened bread which is bread without any ingredients.

8. The Egyptians were all drowned in the dessert. Afterwards, Moses went up to Mount Cyanide to get the ten amendments

(Continued from page 11)

But the tragic fact remains; there are not enough organs donated each year for the people who need them. And the number of people waiting continues to grow. “Each day an average of 17 people die while waiting for a suitable organ,” says Graham.

He urges all people, no matter their age or medical history, to consider themselves as potential donors. It’s also vitally important, he adds, to discuss your decision with your family.

“Fifty years ago organ failure was a death sentence. Today we can save lives at a rate we once only dreamed of. But only if the general public knows what a precious gift they have to give.”

To learn more about organ donation visit www.unos.org.

Courtesy of ARA Content

How to become an organ donor:

Once you have decided and documented your decision to become a donor, the most important step is telling your family. Most Americans support donation, but few have told family members their decision to donate.

Ways to document your decision:
* Visit shareyourlife.org to download a family notification form and organ donor card.
* Sign the organ donor card and carry it in your wallet.
* Check to see if your state has an online organ donor registry. If it does, sign up to be a donor.
* E-mail coalition@donatelife.net for a brochure that answers many questions about organ donation and includes a donor card.

(Continued on page 14)
9. The first commandment was when Eve told Adam to eat the apple.

10. The seventh Commandment is thou shalt not admit adultery.

11. Moses died before he ever reached Canada. Then Joshua led the Hebrews in the battle of Geritol.

12. The greatest miracle in the bible is when Joshua told his son to stand still and he obeyed him.

13. David was a Hebrew king who was skilled at playing the liar. He fought the Finkelsteins, a race of people who lived in biblical times.

14. Solomon, one of David's sons, had 300 wives and 700 porcupines.

15. When Mary heard she was the mother of Jesus, she sang the Magna Carta.

16. When the three wise guys from the east side arrived, they found Jesus in the manager.

17. Jesus was born because Mary had an immaculate contraption.

18. St. John the blacksmith dumped water on his head.

19. Jesus enunciated the Golden Rule, which says to do unto others before they do one to you. He also explained, a man doth not live by sweat alone.

20. It was a miracle when Jesus rose from the dead and managed to get the tombstone off the entrance.

21. The people who followed the lord were called the 12 decibels.

22. The epistles were the wives of the apostles.

23. One of the oppossums was St. Matthew who was also a taximan.

24. St. Paul cavorted to Christianity, he preached holy acrimony, which is another name for marriage.

25. Christians have only one spouse. This is called monotony.
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PREPRINT

Now that you have downloaded your newsletter you have several choices to make before printing it.

1. On the mailing page insert your facility's name and address in the upper left corner where it says “From:”.
2. Prepare any printed material you may have for insertion into the newsletter. At a minimum we suggest you prepare your monthly activity calendar on one side of an 8.5”x11” sheet or paper. On the other side you may enter residents facts and figures (new admissions, birthdays, residents who went home, deaths). Also, on the back of the calendar page you may want to advertise upcoming activities and events, a management roster and other items of interest specific to your facility.

PRINTING

1. If you decide to print your newsletter on your facility copier you may print the newsletter on 8.5”x11” sheets of paper. However, it is far more professional looking to use 17” x 11” sheets (this size is larger than legal size paper, but can be hand fed into most modern printers).
2. If you use a print shop have them print your newsletter on 17”x11” paper. They will have a variety of colors for both your paper and ink. You can expect to pay more for color ink. If you decide to print your newsletter on color paper, avoid using dark colors and extremely bright colors (e.g. fluorescent), they are too difficult to read.
3. If you take it to the print shop they will also print and insert your extra material and fold your newsletter for you. One fold makes your newsletter ready for hand outs. Two folds prepares the newsletter for mailing.

MAILING (an excellent activity for your residents)

1. To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
2. Each piece you plan to mail must be sealed twice on the loose page edge. Use 1/2” pieces of transparent tape (you can purchase seals at most office supply stores if you wish).
3. Write or stick your address labels where it says “To:”.
4. Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5”x11” insertions.
5. Your newsletter is now ready to mail. The Post Office appreciates it if you pre-sort your zip codes and bundle the newsletters with rubber bands.

BULK MAILING

1. With bulk mail you can save a bundle on postage. However, you must set up an account with the post office, mail at least 200 newsletters at a time, presort your mail, prepare a billing form and deliver the newsletters to the post office. Although it sounds complicated, it becomes routine after you have done it a couple of times.

DISTRIBUTION

For the most effective marketing of your facility, we recommend that you make an extensive mailing list including these listed below. The more newsletters you circulate, the more successful your marketing will be.

- All responsible parties
- Seniors at home
- Banks
- Hospital discharge planners
- Nursing homes
- Adult day care centers
- Churches
- Home health agencies
- Federal, State and local social service agencies
- Social organizations and clubs
- Business organizations
- Corporate headquarters
- Area schools
- Area radio stations
- Area television stations
- Area newspapers
- Area businesses

TIMING

For timely distribution, your newsletter will always be available to you at the first of the preceding month. It should be published by the last week of the month and mailed prior to the first of the month the newsletter is dated.
PERSONALIZE YOUR NEWSLETTER

I am a subscriber to Activity Director Monthly and I wish to take advantage of your special offer to personalize the FACILITY newsletter. Enclosed is my check/money order for $12.95 in U.S. Dollars. I understand that this offer is not a subscription** but a month by month offer, and that I am in no way obligated to make another purchase unless I choose to do so.

Please print/type the following information:

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