Dear Activity Professionals,

May 14-20 is National Nursing Home Week. I encourage you to visit the National Nursing Home Week website at http://www.nnhw.org/index.cfm. They have all kinds of helps for you to plan your week. Also, check out my list of ideas on page 18 for some ideas.

In this issue of Activity Director Monthly you will find the latest CMS web cast on the new federal regulations which is reviewed by ElderCare Activities Guide (starting on page 6).

And...we have attempted to include some articles and helps for Mother’s Day.

Thanks for subscribing and have a great month.

Sincerely,

Linda

National Nursing Home Week: Working with the Media

(The following article is reprinted from the National Nursing Home Week website at http://www.nnhw.org/index.cfm For suggestions and help concerning National Nursing Home Week (May 14-20) visit their site to download a free planning booklet and to order merchandise.)

Working with the media can be one of the most effective ways to make a positive impression, to communicate ideas and information, to educate the public and to correct misconceptions.

Basic Rules to Help Prepare for Media Interviews

Begin preparing for an interview when a reporter calls. Just as the reporter has questions for you, you should have questions for him or her. Ask about the story, its angle, what he or she wants to include, with whom else he or she may want to talk, and what questions he or she needs answered. Schedule an interview appointment. Ask if you can call him or her back. This gives you time to prepare or time to prepare others with whom the reporter may want to talk.

When meeting the reporter or returning the phone call, remember that you most likely know more about the subject than the reporter does. Teach him or her, correct his or her errors and misconceptions, but do not talk down to the reporter.

Keep all answers brief, and do not offer more information than is requested. Do not use professional jargon. Speak in a positive tone. Always seek to work your key messages into every answer. Never speak “off-the-record” and remember that the interview does not end when the camera is turned off or when the reporter stops taking notes. It does not end until the reporter and camera have departed.

Never use the expression “no comment” because it connotes guilt. If you do not know the answer to a question, say so and offer to get the answer. If you cannot comment for legal reasons, such as a resident’s right to privacy, state that as the reason. There is always a reason!

Dress conservatively. Do not wear flashy clothing or jewelry. On television, ignore the cameras if the interview is with you. Maintain eye contact with the interviewer. If the interviewer is elsewhere talking to you through an earphone, then look at the camera. Talk to the camera as if it were the interviewer. Be aware of your actions and expressions.

If an interview becomes tense, stay calm. Do not lose your temper. Strive to maintain control of the interview. Do that by focusing on the key messages you want to deliver. If you are honest, natural, and sincere during the interview you will come across that way to viewers and to

(Continued on page 2)
Talking Points for Media Contacts

A. How to Choose the Right Facility

Families or individuals have two primary tasks when it appears long term care may be needed in the foreseeable future:

1: Plan ahead. Look carefully at quality of care and quality of life considerations at several facilities to find the one that suits the patient and family. The fact is that the vast majority of nursing facilities provide high quality services to patients.

- Communicate with your loved one and enlist the help of eldercare professionals and physicians about health and quality of life matters. Involve the patient in the selection process.

2: Visit Facilities. While visiting facilities try to look carefully at these key considerations:

- Proximity – visits from family and friends are important.
- Services – those offered by the facility should match patient needs.
- Interactions – observe staff and resident interactions. Are they positive and respectful? The social worker or admissions director should instill confidence in the facility.
- Visit several times, if possible at various times; plus, at mealtime.
- Ambience – does the facility suit the patient and family?
- Be comfortable with your choice.

- When you visit facilities, discuss financial conditions in detail with the facility administrator. He or she will be able to offer you guidance on Medicaid, Medicare and private insurance issues.
- You will want to be sure that financial records are organized because when government programs such as Medicare and Medicaid are used, the government requires financial records going back several years.

B. Planning Ahead

Families and patients need to plan ahead.

- The decision to enter a skilled nursing facility can be a difficult one, but by planning ahead, you can find the quality of care and quality of life that you desire for yourself or your loved one.
- Visiting several different facilities that offer the specific location and services you desire will give you an overall sense of the different options that are available, and help you figure out which facility is best for your individual situation.
- While there, you will want to find out how the facility works to ensure that the medical and social needs of the individual are met.
- Watch how patients and caregivers interact.
- Talk to the caregivers; many of these talented professionals are registered nurses, certified nursing assistants, and highly experienced, licensed administrators who have devoted their careers to long term care.
- Visit during mealtimes, watch how caregivers and patients interact during this time, observe food presentation and inquire about dining rooms. Each facility has a registered dietician who you can talk to about special dietary needs.
- Ask questions to patients and family members who can provide references.

C. Facts

- Nearly half of Americans will need long term care at some point in their lives. (CMS 1997)
- Every eight seconds in America, a baby boomer turns fifty. (U.S. Census 1996)
- One in five Americans over age 50 is at high risk of needing long term care in the next 12 months. (Houston Herstek, 1995)

D. Resources

- Visit http://www.LongTermCareLiving.com for free brochures: “How to Choose a Nursing Facility”, “Understanding Long Term Care Insurance”, “Having the Conversation about Long Term Care” and several others.
- Call 1-800-628-8140 for free brochures on “How to Choose a Nursing Facility”, “Understanding Long Term Care Insurance,” and “Paying for Long Term Care,” among others.
- Visit your state association web site at (insert web site)
- Visit (name of facility), or arrange a tour. Please call us at: (insert number)
You Know You're a Mother When ...

1. You count the sprinkles on each kid's cupcake to make sure they're equal.
2. You have time to shave only one leg at a time.
3. You hide in the bathroom to be alone.
4. Your kid throws-up and you catch it.
5. Someone else's kid throws up at a party. You keep eating.
6. As you cling to the high moral ground on toy weapons; your child chews his toast into the shape of a gun.
7. You hope ketchup is a vegetable, since it's the only one your child eats.
8. You find yourself cutting your husband's sandwiches into cute shapes.
9. You hear your mother's voice coming out of your mouth when you say, "NOT in your good clothes!"
10. You stop criticizing the way your mother raised you.
11. You donate to charities in the hope that your child won't get that disease.
12. You hire a sitter because you haven't been out with your husband in ages, then spend half the night checking on the kids.
13. You use your own saliva to clean your child's face.
14. You say at least once a day, "I'm not cut out for this job", but you know you wouldn't trade it for anything".

Things I Learned from My Mother

1. My mother taught me to APPRECIATE A JOB WELL DONE. "If you're going to kill each other, do it outside. I just finished cleaning."
2. My mother taught me about RELIGION. "You better pray that will come out of the carpet."
3. My mother taught me about TIME TRAVEL. "If you don't straighten up, I'm going to knock you into the middle of next week!"
4. My mother taught me about LOGIC. "Because I said so, that's why."
5. My mother taught me about FORESIGHT. "Make sure you wear clean underwear, in case you're in an accident."
6. My mother taught me about IRONY. "Keep crying, and I'll give you something to cry about."
7. My mother taught me about STAMINA. "You'll sit there until all that spinach is gone."
8. My mother taught me about WEATHER. "This room of yours looks like a tornado went through it."
9. My mother taught me about HYPOCRISY. "If I told you once, I've told you a million times. Don't exaggerate!"
10. My mother taught me about the CIRCLE OF LIFE. "I brought you into this world, and I can take you out."
11. My mother taught me about BEHAVIOR MODIFICATION. "Stop acting like your father!"
12. My mother taught me about ENVY. "There are millions of children in this world who don't have wonderful parents like you do."
13. My mother taught me about ANTICIPATION. "Just wait until we get home."
14. My mother taught me about RECEIVING. "You are going to get it when you get home!"
15. My mother taught me about MEDICAL SCIENCE. "If you don't stop crossing your eyes, they are going to freeze that way."
16. My mother taught me about ESP. "Put your sweater on; don't you think I know when you'll be cold?"
17. My mother taught me about HUMOR. "When that lawnmower cuts off your toes, don't come running to me."
18. My mother taught me HOW TO BECOME AN ADULT. "If you don't eat your vegetables, you'll never grow up."
19. My mother taught me about GENETICS. "You're just like your father."
20. My mother taught me about WISDOM. "When you get to be my age, you'll understand."
21. My mother taught me about SHARING. "I'm going to give you a piece of my mind!"
22. My mother taught me about FEAR. "One day you'll have a child who'll do the same things to you."

Thanks to our friends at Corsinet.com
http://www.corsinet.com/braincandy/
“Adopt a Mom” for Mother’s Day

National Nursing Home Week serves many purposes. It is a week to celebrate the lives of elders living in long term care facilities and that can be easily portrayed in this year’s theme of “Legends in Our Own Time”. The American Health Care Association has pioneered this special week and has offered great themes every year for the long term care profession to embrace and to guide specialized programming.

National Nursing Home Week begins with Mother’s Day, a special day unto its own. Many facilities kick off the week with Open Houses, Special Luncheons and other events celebrating Mom. Mother’s Day itself can be a bitter sweet day for our elderly female residents. Some have family who live too far away and cannot visit on Mother’s Day. Others have their Mother’s Day visits on Saturday or the week before, because their family is busy with their own celebrations. This leaves some female resident without visitors on this day, which can provoke feelings of sadness.

The “Adopt a Mom” program is a successful program which generates community awareness and can be a wonderful program to start the week’s festivities. The program requires much preparation and organization, but is very rewarding for residents, the facility and the community. The “Adopt a Mom” program matches up female residents who will not have visitors on Mother’s Day and community volunteers who want to “adopt” a mom for the day.

Initial preparation efforts should go into canvassing the resident population to find those residents interested in receiving a volunteer “family” and to find out if their family is not coming to visit on Mother’s Day. The oriented resident can answer for themselves. However, residents with cognitive loss can also participate depending on their social skills and ability to tolerate a change of pace in their routine. Once the residents are screened and selected, the potential for visitors should be determined through social services, the medical record or discussion with family members. Many family members are pleased to hear Mom will have visitors on Mother’s Day, as they can pursue their own plans with less guilt.

Seeking volunteer “families” from the community is the next step. The newspaper might run a feature story on the event if you approach them a week or more prior to the date. Putting up flyers in schools, colleges, grocery stores, churches and other public places also might get the word out. Any potential “family” volunteers need to be screened carefully. They should complete an application of sorts and have a brief review of rules and expectations for the day. Each potential volunteer should be interviewed prior to the event, to determine their understanding of the elderly and their expectation for the day.

Prior to the event, careful consideration should be given to matching up residents with “volunteer families”. Residents who enjoy children should be matched up with the families who visit. The coordinator of the program should try to match personality types, individuals from the same area and other common features between the volunteer and resident. To just put volunteers with any resident on the list is often not successful. Within the week prior to the event, a meeting should be held with the residents who will be re-

(Continued on page 5)
ceiving volunteer “families” that day. They should be reminded and prepared for the day’s events and what will be occurring. The interdisciplinary staff should be in serviced as to their role in the process. They will need to make the volunteer families feel welcome and also provide support in supervision and monitoring of all the first time visitors that day. A day prior to the event, each volunteer family should be called and confirmed. There is nothing worse than a resident waiting for their “family” and they do not come.

Finally, Mother’s Day arrives. Refreshment tables should be set up throughout the common areas. Beverages, desserts and snack foods suitable for visitors and residents should be available. Entertainment should be scheduled for some of the common areas also. Possibly having a harpist in the lobby as guests arrive, having a livelier entertainer in the dining rooms and taped music in other areas are welcomed forms of diversion. A welcome table should be set up with name tags for all the “family volunteers”. A welcome pamphlet should be provided, with information regarding refreshments and entertainment. Junior volunteers can act as escorts to introduce the volunteer “family” to the resident. Sometimes the nursing assistants want to help by introducing the volunteers to their residents also.

Once all the visitors arrive, it is a joyful sight to see so many smiles. Photo opportunities should be provided with quick printing of “family portraits”. The volunteer “families” are often amazing in their kindness and generosity, bringing flowers and small gifts along with their smiles and time. Many of the volunteers continue to visit with their “adopted mom” after Mother’s Day and sometimes begin to volunteer in the activity department as well.

Although the program requires many hours of preparation and planning, it is a program that is memorable for all – residents, staff and the community. And that is what National Nursing Home Week is all about.

A Little Bit of Humor...

The child was a typical four-year-old girl -- cute, inquisitive, bright as a new penny. When she expressed difficulty in grasping the concept of marriage, her father decided to pull out his wedding photo album, thinking visual images would help. One page after another, he pointed out the bride arriving at the church, the entrance, the wedding ceremony, the recessional, the reception, etc.

"Now do you understand?" he asked.

"I think so," she said, "is that when mommy came to work for us?"

The Images of Mother:

4 Years of Age:
My Mommy can do anything!
8 Years of Age:
My Mom knows a lot! A whole lot!
12 Years of Age:
My Mother doesn't really know quite everything.
14 Years of Age:
Naturally, Mother doesn't know that, either.
16 Years of Age:
Mother? She's hopelessly old-fashioned.
18 Years of Age:
That old woman? She's way out of date!
25 Years of Age:
Well, she might know a little bit about it.
35 Years of Age:
Before we decide, let's get Mom's opinion.
45 Years of Age:
Wonder what Mom would have thought about it?
65 Years of Age:
Wish I could talk it over with Mom.
New Activities Guidelines for Long Term Care Place Emphasis on Personalized Activities; Corrective Benefits

(Reprinted from ElderCare Activities Guide, May/June ‘06, and Geriatric Nursing, May/June ‘06)

Strict enforcement could mean big changes for some activities programs

The Centers for Medicare & Medicaid Services (CMS) has issued new guidance for surveyors of long term care facilities relative to their activities programming.

There’s potentially a large amount of major new responsibilities for AD’s detailed in the new guidelines, and they should be read in detail by staffers in every nursing home.

Depending upon how strictly the CMS enforces them, they could require major changes in many activities programs out there.

There are three areas of very strong emphasis in the new guidelines:

· Activities will be required to be person-centered, and specifically developed for each and every elder, according to each person’s own interests and health conditions. Large group activities, in fact, are discouraged under this new “person-centered” emphasis.

· In addition, activities are also required to be developed as “interventions” for various health-oriented problems, including improvement of cognitive function, improvement of various behavioral problems such as aggressiveness, wandering, sleep deprivation and so on.

· Activity directors are also directed by the CMS to ensure that nursing home staffers have supplied their elders with adequate equipment aids such as proper eyeglasses, hearing aids, good lighting, required equipment for any disabilities, and so on.

Large group activities are discouraged

Now… it must be personal. Throughout the document, repeated strong emphasis is given to developing personalized activities that are attuned toward each resident’s own likes and dislikes, hobbies, preferences and previous life history.

Even for those residents “with no discernable response” the CMS requires such things as “one-to-one activities such as talking to the resident, reading to the resident about prior interests, or applying lotion while stroking the resident’s hands or feet.”

Specifically, the new guidelines advise surveyors, when they visit a facility, “to determine if the facility has provided an ongoing program of activities designed to accommodate the individual resident’s interests and help enhance her/his physical, mental, and psychosocial well-being, according to her/his comprehensive resident assessment.”

The CMS advises the surveyors to be on the lookout to make sure that “person-appropriate” activities dominate the activities program. And the CMS provides this definition:

“Person appropriate” refers to the idea that each resident has a personal identity and history that includes much more than just their medical illnesses or functional impairments, and that activities should be relevant—as much as possible—to the specific needs, interests, culture, background, etc. of the individual for whom they are de-

(Continued on page 7)
Institute of Medicine study
The CMS further instructs surveyors to keep in mind a “landmark 1986 study conducted by the Institute of Medicine” where it was determined that residents wanted an activities “choice” which includes:

 quotes

“Those that produce or teach something; activities using skills from residents’ former work; religious activities; and activities that contribute to the nursing home.

“Residents in the study wanted activities to be “not childish,” to use their minds, that include something for men, that relate to past work, that get them out of the facility, that allow for socializing with people from outside the facility; and include active activities (such as exercise class.)”

Activities
“interventions” are required to help with various healthcare/medically-related problems
Healthcare “interventions”
Relative to the area of activities to help various healthcare and medically-related situations, the guidelines state that special activities, for each resident …which the CMS calls “activities interventions”… should be developed according to each elder’s specific needs.

These include activities that are effective in helping those residents in various stages of cognitive impairment, plus those with behavioral problems… such as aggression, constant walking, bathing problems, disruptive problems, uncontrolled crying or anger, and hallucinations.

A sign of the times?
AD’s are sometimes called “activity therapists” in the CMS web cast of instructions to surveyors

An AD responsibility: Checking for proper equipment
Also, the CMS now advises AD’s that they have a responsibility to check to make sure that other nursing home staff have provided elders with proper “adaptations.”

The list of things the AD is to check for is extensive, and could… if strictly enforced… add a significant, and important, layer of responsibilities for AD’s.

On that topic, the new guidelines state: “When evaluating the provision of activities, it is important for the surveyor to identify whether the resident has conditions and/or issues for which staff should have provided adaptations.”

And the list includes: better lighting, proper eye wear according to the visual needs of each resident, large print items, audio books, many items involving hearing impairments, closed captioning TV, special earphones, proper adaptive equipment for those with disabilities. And more.

Helping with pain
The new guidelines also specify that AD’s should provide corrective procedures and activities for those residents who are in pain, including spiritual support, relaxation programs, music, massage, aromatherapy, pet therapy, and touch therapy.

Interventions for skin diseases; eating problems
In addition to pain, and other healthcare-related items in the new guidelines, in an instructional web cast CMS advised surveyors to be on the lookout for certain other medically-related activities interventions, such as those to help correct skin diseases, weight loss, eating problems, and so on.

And, since the CMS does not expect the AD’s to be able to tackle this very wide-ranging list of activities and interventions all alone, they specifically state that the entire staff is expected to become involved. And that many other members of the staff will be interviewed by the surveyors during compliance visits.

Activities are required even for residents “with no discernable response”

Educational requirements?
All of this, if strictly enforced, would seem to make the AD position one of increased responsibility in nursing homes, with major… and accountable… responsibilities in many areas of resident quality-of-life and healthcare issues.

So one question now of interest is this: What type of education will be required to appropriately and effectively develop...
these types of sometimes-complex, evidence-based programs?

It’s long been the case that some AD’s have not wanted the word “therapeutics”, “therapy” or even “effectiveness” to be part of their program description or vocabulary. But, at least some of that may have changed with these new guidelines and instructions.

In fact, AD’s are called “activity therapists” several times in the CMS web cast of instructions to surveyors.

Differing state requirements
But, as everyone knows, state educational requirements for activity directors vary astronomically, from almost no specialized education, on up to special degrees in such areas as recreational therapy, occupational therapy and social science.

Here’s part of what the CMS says about educational requirements in their new guidelines:

“The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the state.”

For those states that don’t require specialized degrees, the regulations are unclear as to who will be qualified to develop and supervise the more therapeutically-involved activities interventions which are mandated in the guidelines for various health-related situations.

ElderCare Activities Guide queried the CMS on this, but has not received an answer.

How will effectiveness be measured?

Still another unknown is how surveyors will measure the effectiveness of the intervention activities.

For those designed to help with cognition, how will improvements in cognition be determined?

For those activities designed to help with various behavioral problems, what standards of improvement will the surveyors apply in determining compliance?

And so on. Improvements in some of these areas often are complex issues, which are being researched by universities around the world. And many types of activities don’t work, while others work very well.

Will AD’s be required to use evidence-based, research-proven activities for these health conditions?

Will AD’s be required to use evidence-based, research-proven activities for these health conditions? How will surveyors determine if evidence-based, effective activities are being implemented?

Again, we queried the CMS with these questions, but has received no response.

The haves vs. the have-nots?

The differences that surveyors will see between the big and small residences could be startling relative to compliance with these new, tough, performance-oriented guidelines… and how they will react remains to be seen.

Just the issue of personnel requirements, alone, could be a major factor.

Providing person-centered, individual, activities to each and every resident every day will most likely take a large activities staff.

If the AD, for example, is driving the van and taking shoppers to the mall, will the facility have enough trained staffers to individually guide and monitor all those non-shoppers left back at the facility... each with their own interests, levels of cognition, disabilities, and so on?

So very strict enforcement on the smaller facilities could be difficult in some cases; but is the CMS permitted to develop two different compliance norms?

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CMS enforcement will be a key factor

CMS enforcement is key

In the end, how these new guidelines, and new responsibilities for AD’s, will be implemented depends significantly, on how strict the CMS will be in their enforcement.

It it’s strict, there will be big changes in the AD profession in years to come, with a major increase in their responsibilities and programming... not to mention large increases in the activities budget at some facilities.

If enforcement is not strict, then not much may change.

In any case, it’ll take months for these new guidelines to roll out into the nursing home industry, be reacted to, and absorbed by the many different types of facilities, state requirements and programs out there.

But the fact is: AD’s and their programs, are a very significant part of the lives of nursing home residents most days.

Their programs are critical to the quality of the lives (meaning: happiness) for these elders in their remaining years.

And these new person-centered guidelines... if properly enforced... can be a major step forward in improving the daily lives of our elders in nursing home environments.

At ElderCare Activities Guide, we’ll do our best to monitor activities surveys in the months ahead, and keep readers informed about how the CMS surveyors are reacting to the new guidelines out there. So stay tuned.

If You Subscribe to ElderCare Activities Guide Here’s what you get:

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ETHICS:

Ideas to Instill Ethics and Values in Your Employees

Does it pay the company to have strong ethics programs for your facility and employees? There are studies that indicate that companies who are willing to put into place, strong ethics programs, ethics committees and ethics officers, shows that you care deeply about your customers, employees and can increase your revenue by 500 percent. So it obviously pays to have these strong programs in place.

Ethics programs are not one-day seminars or in-services! It is an ongoing process that begins from the moment a new employee is interviewed, through new orientation and training and is incorporated into your daily work life and personal life.

It can include but certainly not limited to ongoing training, mentoring programs for new employees, community volunteer programs, to posted strong work ethic statements. Sunrise Corporation posts their work ethic statement outside every elevator. It is not only a reminder to employees but also to the outside community who visit the facility. Genesis Corporation posts their Ethics Motto in a beautifully displayed poster in a glass case that is prominently displayed in their main center hallways.

Two” principles” of care giving that we should make clear to our employees and make sure they understand are:

Autonomy: To allow for the residents right to choose. To encourage and permit the resident to make informed choices.

Beneficence: To do what is in the resident’s best interest. To do good. To prevent harm. To remove harm.

Here are some ideas to incorporate into your ethics program that may help your organization get message across;

° Ongoing Training and In-services. Nothing is more valuable than training and education.
° Workshops and Role Playing. It is very impacting to all who participate when provided with an actual situation and asking the group to come to an ethical decision. This can be very inspiring and thought provoking.
° Provide ethic resources. Make sure your break rooms are stocked with valuable information about ethics.
° Annual Ethics Awareness Day.

If you do not have one, begin one.
° Respect others spiritual beliefs, don’t impose other beliefs which is disrespectful and violates fundamental democratic values concerning religious freedom. Have cultural diversity days. Educate everyone about different beliefs and cultures.
° Praise conduct that exemplifies the core ethical values, especially when the conduct was not easy.
° Ethics calendars for employees
° Screen Savers with 12 building blocks of trust and ethics questions.
° Code of Conduct and Ethics posted on your company web site.
° Email reminders of code of Eth-

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ics and Conduct.
° Post table tents with ethics posted on the cafeteria tables.
° Send out bulletins of ethic related issues.
° Wear Character count pins.
° Seasonal Ethics Bulletins, for example at Christmas, you send a policy about accepting gifts from vendors.
° Ethics and Character counts posters.
° Opinion surveys of your employees, customers and stockholders.
° Recruit and retain top quality people.
° Focus groups to gauge responses to Ethics Initiatives.
“Your may not be able to measure the impact of Ethics training but you can read how employees view ethics initiatives.”
° Build employee character during hiring, training and promotion activities.
° Fostering a more satisfying and productive working environment.
° Encourage mentoring—Think of your employees, especially your younger ones, as people whose personal and work values will be influenced by what you expect of them and how you treat them.
° Wallet Size Cards that every employee carries that states Ethical and Value Questions on the back of the card. Some questions could be:
• Is the action legal?
• Does it comply with your values?
• If you do it, will you feel bad?
• How will it look in the newspaper?
• If you know it’s wrong, don’t do it!
• If you’re not sure, ask.
• Keep asking until you get an answer.

A 2003 survey conducted, indicated that most long-term care facilities do not have ethics committees. It is required of all hospitals but not nursing homes. Typically a nursing home may use the resources of your local county ethics committee. In the state of NJ the program is called the NJ Seed Project.

The NJ Seed project goals are to:
*Strengthen and expand existing regional and long-term care ethics committees by providing ethics education and case consultation skills for all participating facilities.
*To act as an educational resource for established ethics committees
*To create new regional long-term care ethics committees in NJ.
To enhance and utilize regional ethics committees case consultation skills by addressing ethical issues at the bedside.
*To provide ongoing education and bedside support to regional ethics committees to facilitate growth and continuity.
To develop and strengthen policy and consultation functions of all regional long term care ethics committee in NJ
To conduct long-term care research.

To find a list of NJ Regional Ethics Committees, please go to [http://www.state.nj.us/health/senior/ombudethics.shtml](http://www.state.nj.us/health/senior/ombudethics.shtml) or call NJ office of the Ombudsman NJ Ethics Consortium 609 588 3607.

I had the pleasure of attending the December training by the NJ Seed Project and The NJ office of the Ombudsman. I found it to be extremely interesting and professional, packed with tons of information. I strongly encourage the NJ facilities to become actively involved in your regional committees. One of the speakers was Deborah Whisnand. If you are looking for a dynamic and thought provoking Ethics Speaker, we would highly recommend her you can contact her through dwhisnand@tmh.tmc.edu

Weather we are talking about Ethical Decisions as it relates to medical issues or employee misconduct, Ethical Committees serve a vital role in every facility. A recent survey that was conducted reported that 44% of employees do not report misconduct because:
1. Employees believe that no corrective action would be taken.
2. Employees were fearful that reports would not be confidential.

These are two very compelling reasons why ethics committees need to implemented and education and training ongoing.

There are still facilities that are unclear of what to do with guardianship, DNR and DNH when faced with serious life threatening issues.. There are some facilities whose policies are not to have DNR and DNH in their facilities. You might have a confused resident who is still able to make decisions about health care. Or, two
family members with conflicting opinions about inserting a feeding tube. Ethics committees make sense! If, for no other reason, than the many difficult medical issues that every facility at one point will have to address. But remember, if you are going to begin an Ethics Committee, make sure you have people who will have different opinions and not necessarily agree with each member.

It is a myth that employees are ethical, so we don’t need attention to business ethics. “Ethics programs cultivate strong teamwork and productivity. A critical component in the work place is openness, integrity and community which in turn, employees react with motivation and performance.” We can’t be afraid to say, “your paid to smile, have a good attitude, to be ethical, to follow our moral code and report bad behavior!”

Ethics Resources:
Forming a Moral Community: A Resource for Healthcare Ethics Committees available through The Bioethics Consultation Group 510 486 0626 We strongly recommend this publication.
ISBN: 1-882674-00-6

http://www.state.nj.us/health/senior/ombudethics.shtml  NJ Ethics Committee
State Initiatives in End of Life Care Publication 816.221.1100 x 237

http://eldercaerehticsassociates.com  Elder Care Ethics Associates

http://www.eoa.org  Ethics Officer Association
http://www.iit.edu/departments/csep/publicwww/codes/health/html  Code of Ethics for Healthcare
http://www.qualityfirstnursinghomes.com/pledge.html  Alliance for Quality Nursing Home Care Code of Conduct
http://www.dyingwell.org  Dying Well
http://www.midbio.org  Midwest Bioethics Center
NJ Protection and Advocacy, Inc. 1800 922 7233
Guardianship Services of NJ 1609 292 0055

http://www.theado.makesparties.com/  Visit Our Party Store

The ADO makes Parties
The Activity Director’s Office offers party items online to help you create memorable events & enhance your themes. Browse our unique selection of novelties, accessories, gifts and favors.

Changing the Culture of Aging: 
Pioneer Practices in Long Term Care Gaining Momentum

By Myrtle Klauer, ADC, CAP

Changing the culture of life in long term care facilities began as an idea shared by a small group of individuals. These early pioneers wanted to change the way care was being provided in nursing homes; they advocated moving from an institutional, medical model to homes where individuals continue to grow, learn, live and develop meaningful relationships.

In 2000, the Pioneer Network was formed to educate practitioners and the general public about the need for culture change -- not only in long term care, but all settings in which elders live. The message of the Pioneer Movement is this: “The Pioneer Network envisions a culture of aging that is life-affirming, satisfying, humane and meaningful in whatever setting the elders live: home, assisted living, nursing home, or other unique options.”

By making simple changes in philosophy, these early pioneers began turning their own facilities into real homes where elders could remain in control of their lives and continue to be productive. This was accomplished without new construction or major capital improvements to the facility.

Pioneer practices have steadily (Continued on page 14)

NAAP congratulates the 2006 NAAP Award Winners:

Junior Volunteer of the Year
Kelly Bradshaw, NCCAP, Virginia Beach, Virginia

Volunteer of the Year
Mary Ann Pyne, Boulder City Hospital, Boulder City, Nevada

Administrator of the Year
Sue Molnar, Oak Ridge Care Center, Union Grove, Wisconsin

Activity Assistant of the Year
Kent De Lano, St. Mary’s of Michigan Standish Hospital, Standish, Michigan

Activity Professional of the Year
Karee Slaminski, Colonial Manor Medical & Rehab Center, Wausau, Wisconsin

NAAP Business Affiliate Award of Excellence
Gary Grimm and Associates, Carthage, Illinois

Trustees’ Award of Excellence
NCCAP – National Certification Council of Activity Professionals

All Award Winners were honored during the Awards Ceremony and Banquet in Reno, Nevada.

Visit the NAAP website for activity ideas for the month of May, including National Nursing Home Week.

About NAAP

Founded by Activity Professionals for Activity Professionals...NAAP is the only national group that represents activity professionals in geriatric settings exclusively. NAAP serves as a catalyst for both professional and personal growth and has come to be recognized by government officials as the voice of the activity profession on national issues concerning long-term care facilities, retirement living, assisted living, adult day services, and senior citizen centers. NAAP is nationwide in scope with a growing membership in Canada and Bermuda. The National Association of Activity Professionals recognizes the following values: The quality of life of the client/resident/participant/patient served is the primary reason for our services. The strength of NAAP lies in the diversity of its members. NAAP recognizes the rich cultural, and educational backgrounds of its members and values the variety of resources represented. The strength of NAAP also lies in the development and promotion of scientific research which further defines and supports the activity profession. NAAP values the development and maintenance of coalitions with organizations whose mission is similar to that of NAAP’s for the purposes of advocacy, research, education, and promotion of activity services and activity professionals. NAAP values members who become involved at the state and national level to promote professional standards as well as encourage employers to recognize them as professionals. NAAP affords Activity Professionals across the country the opportunity to speak with a common voice...NAAP successfully worked with members of Congress to secure a change in the nursing home reform title of the 1987 Omnibus Budget Reconciliation Act (OBRA). Through our efforts, it became mandatory that an activity program, directed by a qualified professional, be provided in every nursing home that receives Medicare and/or Medicaid funds. NAAP was the only professional activity association to participate in HCFA’s workgroups that revised OBRA’s interpretive guidelines now in effect. NAAP provides assistance at the state level to promote certification of activity professionals, working toward uniform professional standards for activity practice.
NAAP Mission Statement

To provide excellence in support services to activity professionals through education, advocacy, technical assistance, promotion of standards, fostering of research, and peer and industry relations.

Members will also receive a discounted rate at the Annual Conference which is held in March/April of each year.

Membership dues are only $70.00 per year. If you are a student in the 90 Hour Basic or Advanced Courses, your dues are only $50.00 for the first year.

Email us for more information at membership@thenaap.com.

Join Now! You can download and mail in this application with your payment or use our new online registration.

Several books have been published to help facilities understand and implement Pioneer practices. Leaders in the Pioneer Movement contributed several chapters for the book, Culture Change in Long-Term Care. The Pioneer Network published, Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations as a guide to helping organizations understand pioneer concepts and make positive changes. The Sanctity of Life and Sacredness of Death: A journey of Putting Pioneer Network Values into Practice is a booklet published by the Pioneer Network to help individuals address issues surrounding death and dying. Information and order forms are available on the Pioneer Network’s Web site. The site includes related links and other interesting

(Continued on page 15)
The Pioneer Network launched its Web site (http://www.PioneerNetwork.net) in 2004. Since then, the site has continued to expand and offer innovative information to anyone interested in learning more about culture change.

The Pioneer Exchange, a blog offering interested individuals the opportunity to ask questions and share success stories, is the latest addition.

CMS commissioned the Quality Improvement Organizations (QIOs) in several states to spearhead a yearlong initiative, which included free training and technical support to several nursing homes in each QIOs state. The QIOs taught the facilities’ staff how to begin the culture change journey and systematically implement Pioneer practices. Surveyors, ombudsmen, gerontologists, educators, Pioneer Network staff, resident advocates, and representatives from the state’s long term care associations acted as adjunct faculty and advisors.

**St. Louis Accord**

Near the end of the yearlong pilot collaboration, Quality Partners of Rhode Island (lead QIO for the collaborative) brought together action-oriented teams of committed individuals from many states to create and develop strategies to bring person-directed care to their nursing homes. Individual groups had the opportunity to hear from leaders who shared their excitement and concerns as they related to their specific work. Each state team developed an individual work plan.

The event was held in St. Louis, Missouri and was a huge success. Participants exchanged ideas, shared success stories, gathered information from CMS and State survey teams, and made plans for the continuation of culture change across the healthcare continuum.

The St. Louis Accord offered participants a chance to network with others on the culture change journey. Choices of breakout sessions were offered to enable the participants to gather the precise information they needed to take back to their facilities to help with their progress. The format also included several universal sessions where participants could ask direct questions of representatives of CMS and other culture change leaders.

**Summary**

As word of the Pioneer Movement and the benefits of culture change spreads, more consumers are looking for nursing homes and services that reflect “real life” and provide control over their lives. Educated consumers are looking for facilities where their loved ones can remain “in charge” of their lives and make decisions based on their own preferences.

Pioneer practices are more than the “right thing to do.” Facilities that have made the transition find there are fewer complaints from residents and families -- resulting in increased resident and family satisfaction. Other benefits include: increased staff retention, decreased use of agency staff, positive reputation with discharge planners and the community, increased census, and decreased calls to the Nursing Home Hot Line. Making the transition from offering a “home-like” environment to making it the residents’ home - with all the rights and privileges this entails - can be financially beneficial.

With the strong support of consumers, advocacy groups, CMS, and each state’s Department of Public Health, facilities need to be aware of these changing trends in care if they are to remain competitive in the future.

**Helpful Pioneer Resources**

**Web sites:**

**Videos:**
- The video, A New Look at the Old: A Learning Opportunity, can be viewed at no cost by visiting: http://www.nursingcenter.com/ajnolderadults
- Information about how to organize a community event to view the video, Almost Home: http://www.pioneerexchange.org/
MONTHLY OBSERVANCES

American Bike Month
Asian/Pacific
Better Hearing and Speech Month
Better Sleep Month
Correct Posture Month
Date Your Mate Month
Family Support Month
Flower Month
Foot Health Month
Freedom Shrine Month
Fungal Infection Awareness Month
Good Car Keeping Month
Mental Health Month
National Allergy/Asthma Month
National Arthritis Month
National Asparagus Month
National Barbecue Month
National Egg Month
National Hamburger Month
National High Blood Pressure Month
National Melanoma and Skin Cancer Prevention Month
National Osteoporosis Prevention Month
National Photo Month
National Physical Fitness & Sports Month
National Radio Month
National Salad Month
National Salsa Month
National Senior Travel Month
National Sight
National Strawberry Month
Older Americans Month
Personal History Awareness Month
Project Safe Baby Month
React Month
Revise Your Work Schedule Month
Senior Citizens Month
Steelmark Month
Stroke Awareness Month
Touring Theatre Month
National Photo Month

FAMOUS WEEKS

Week 1

Be Kind To Animals Week
Carpet Care Improvement Week
Cartoon Art Appreciation Week
Childcare Awareness Week
Heritage Week (Utah)
National Bathroom Reading Week
National Bread Pudding Exchange Day
National Family Week
National Music Week
National Photo Week
National Self-Help Book Week
Pen Friends Week International
Public Service Recognition Week

Week 2

Astronomy Week
Be Kind to Animals Week
Conserve Water/Detect-A-Leak Day
Deaf Awareness Week
Flexible Work Arrangements Week
Golf Week
Goodwill Industries Week
International Online Romance Week
National Herb Week
National Historic Preservation Week
National Hospital Week

Week 3

Alcohol & Other Drug-Related Birth Defects Week
Art Week
Emergency Medical Service Week
Girls Incorporated Week
Kiwanis Prayer Week
National Bike Week
National Educational Bosses Week
National Historic Preservation Week
National Nursing Home Week
National Police Week
National Salvation Army Week
Public Relations Week

Public Transportation Week
Raisin Week
World Trade Week

Week 4

American Beer Week
International Pickle Week
Memorial Day Observation
National Design Drafting Week
National Frozen Yogurt Week
National New Friends, Old Friends Week
National Safe Boating Week
National Surgical Technologists Week
Poetry Week
Poppy Week
Clipart for May
National Nursing Home Week: Ideas

Okay...the administrator tells you he wants a really WOW! Week...a real blow-out celebration. Now you are asking yourself, “Where do I start?” Well...get you favorite beverage, some paper and a pen, set down in a quiet place and start planning. Here are some ideas.

First, let’s look at why and who should be celebrating National Nursing Home Week. This is the time when everybody, residents, staff, volunteers, families and the community should be proud of their nursing home. Therefore all of them should be included in the celebration.

Here are several activities you may want to include at your facility.

1. Mother’s Day Tea (or Open House). Furnish refreshments, music, a gift for all mothers (flower, candy, etc.). Have the staff give tours of the facility.
2. White Elephant Bingo. Open it up to everybody. Use candy bars, pop, chips, pens, flowers, decorations, tissue paper, powder, jewelry, stuffed animals.
3. Cook-out. For everyone. This can be a carry-in or the facility can foot the bill. Have music and door prizes.
4. Balloon Launch. Use helium balloons with strings and a card attached. Free for the residents (prize to the one returned from the farthest away). Sell balloons for $1.00 each and offer a cash prize for everybody else.
7. Staff Appreciation Day. Pizza lunch, gifts, door prizes.
8. Movie Marathon. Choose a theme, dress the part. Serve popcorn, pop, etc. Give awards to those who are best dressed to match the theme.
9. Dance. Have a dance on an evening. Choose the kind of music the people will enjoy: country, rock n’ roll, western, big band.
10. Gospel sing. Have groups and church choirs come in and sing for about a hour each. Start at 11:00 a.m. and run through supper. Stop at one point and have prayer for the staff and residents.

Above all...be sure to advertise your activities before the event...and thank everyone after.
Following is Your Free Facility Newsletter

The following four pages contain a pre-written facility newsletter which you may use as your own. It is intended to help make your departmental responsibilities time saving and cost effective. All you need to do is put your title on the front and your address on the back.

Suggestions for the Effective Use of Your Newsletter

This newsletter concept is the result of several years of preparation and the generous support of the sponsors whose advertisements are contained within its pages. Because all of the material in the newsletter is copyright free, you may feel assured that the publishing and distributing of your free newsletter is legal.

PREPRINT

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

- First type or paste the title of your newsletter into the blank area of the front page mast.
- On the mailing page insert your facility’s name and address in the upper left corner where it says “From:”.
- 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

- 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).
- 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.
- 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)

- To prepare your newsletter for mailing, it must be folded twice so the mailing face is showing on the outside.
- 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).
- Write or stick your address labels where it says “To:”.
- Place postage in the upper right hand corner. First class postage will pay for your newsletter and at least two 8.5”x11” insertions.
- 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

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.
Keeping the Bloom on the Bouquet

(ARA) - Few images are more associated with the arrival of spring than freshly blooming flowers. The reappearance of these bright blooms also coincides with one of the biggest flower giving holidays - Mother's Day.

This year, you can make your floral gift even more special by hand-selecting flowers for a very personal Mother's Day bouquet. Here are few simple tips from FlowrMD.com for selecting stems that will last long after the special occasion:

* The Nose Knows - Yes, you may get some funny looks in the florist shop or supermarket, but bend over and sniff the water. It should smell fresh and clean. A strong odor may mean the stems have already begun to decay, shortening the life of the bloom.

* Petal Picks - Choose flowers with upright, firm petals and buds just beginning to open. Yellow, spotted or drooping petals or leaves are a sign of age.

* Stem Talk - The stem is the water supply system for your flower. Stems should be clean and unbroken. Tips should be clean and free of debris. Dark or mushy tips may signal an old flower.

Once you've chosen your flowers, help mom keep them alive longer. Treat her to these tips (don't be surprised if - being a mom - she already knows this, because moms do know nearly everything):

* Keep Your Cool - Before placing cut flowers in a vase, store them in a cool place.

* Keep it Clean - The container and your cutting tool (knife, serrated shears or floral clippers) should be clean, since cleanliness does affect the presentation and life expectancy of cut flowers. Wash the container and tools with a detergent or antibacterial cleaning solution. Be sure to rinse well.

* Feed Your Flowers - Commercial flower food will prolong the life of your bouquet. Be sure to carefully follow the mixing instructions on the packet. Adding too much water can dilute the solution's effectiveness.

* Keep it Trim - Recut stems with a sharp knife or floral clippers. Hold them under water and cut away 1 to 2 inches. Trim away any leaves that will fall below the water line. Bacteria growth caused by submerged leaves will reduce the amount of water the flower can absorb and shorten its enjoyment time.

* Location, Location, Location - Keep fresh flowers out of direct sun and away from drafts and heat-generators like windows, air conditioners, vents or fans and appliances.

For more tips on choosing and preserving fresh flowers, visit www.flowerpossibilities.com or www.flowrMD.com.

Courtesy of ARA Content

Editor's Note: An alliance of United States and Colombian flower growers, the Flower Promotion Organization provides consumer information on fresh cut flowers.
Quotes from "Famous" Mothers

ABRAHAM LINCOLN'S MOTHER:  
"Again with the stovepipe hat, Abe? Can't you just wear a baseball cap like the other kids?"

BARNEY'S MOTHER:  
"I realize strained plums are your favorite, Barney, but you're starting to look a little purple!"

MARY'S MOTHER:  
"I'm not upset the lamb followed you to school, Mary, but I would like to know how he got a better grade than you!"

BATMAN'S MOTHER:  
"It's a nice car, Bruce, but do you realize how much the insurance will be!"

GOLDILOCK'S MOTHER:  
"I've got a bill here for a busted chair from the bear family. You know anything about this Goldie?"

LITTLE MISS MUFFET'S MOTHER:  
"Well, all I've got to say is if you don't get of your tuffet and start cleaning your room, there'll be a lot more spiders around here!"

ALBERT EINSTEIN'S MOTHER:  
"But, Albert, it's your senior picture. Can't you do something about your hair? Styling gel, mousse, something....?"

GEORGE WASHINGTON'S MOTHER:  
"The next time I catch you throwing money across the Potomac, you can kiss your allowance good-bye!"

JONAH'S MOTHER:  
"That's a nice story, but now tell me where you've really been for the past 3 days!"

SUPERMAN'S MOTHER:  
"Clark, your father and I have discussed it, and we've decided you can have your own telephone line. Now will you quit spending so much time in all those phone booths!"

A Few Famous Momisms

"A little "birdy" told me!  
All I do is follow you around, picking up after you like some maid.  
Am I talking to a brick wall?  
Are you deaf or something?  
Are you lying to me?  
As long as you live under my roof, you'll do as I say.  
Beds are NOT made for jumping on.  
Call me when you get there, just so I know you're okay.  
Close the door! You don't live in a barn.  
Did you brush your teeth?  
Did you comb your hair?  
Do as I say, not as I do.  
Do you think I'm made of money?  
Do you think your socks are going to pick themselves up?  
Don't break your arm patting yourself on the back.  
Don't eat that, you'll get worms!  
Don't go out with a wet head, you'll catch cold.  
Don't make me get up!  
Don't pick that scab, it'll get infected.  
Don't pick your nose in public.  
Don't run in the house.  
Don't sit too close to the television, it'll ruin your eyes.  
Don't talk with your mouth full!"
Ten Easy Steps for Diabetes Management

(ARA) - If you are one of the nearly 21 million Americans who have been diagnosed with diabetes, you know how important it is to maintain a consistent, healthy lifestyle. But you most likely also know how difficult it can be to sustain those healthy and potentially life-saving habits while keeping up with the rest of your life.

"A busy lifestyle doesn't make proper diabetes care impossible. People with diabetes can ease the daunting task of managing their disease by incorporating 10 basic steps to their daily or weekly routine," says Ann Fittante, a registered dietician and certified diabetes educator. She reminds people with diabetes that just a few small changes in their daily routine can make a significant impact on their long-term health and overall wellness.

The "90-second makeover" was developed by Fittante and other members of a team of healthcare practitioners, based on techniques they used during the Diabetes Makeover. The project allowed the diabetes experts to apply these techniques in a comprehensive program to help five people from across the country take control of their diabetes, lower their blood sugar levels, and start living a healthier lifestyle.

To refocus on controlling diabetes and jump-start a healthier lifestyle, people with diabetes can follow these 10 quick steps:

1. Prepare a daily schedule detailing when you will take your medication or inject insulin, check your blood glucose, plan your meal times and incorporate at least a half-hour for exercise.

2. Prepare a daily travel kit with extra diabetes supplies, including injection devices, needles, lancets, test strips, blood glucose monitor, and glucose tablets to combat lows water.

3. Check your blood glucose levels frequently with a blood glucose monitor, like the BD Logic (R), that includes a software program so you can upload your data and track your readings.

4. Get moving; plan an exercise routine - either cardio (brisk walk, run, bicycling, aerobics class) or weight training.

5. Keep track, by filing your latest insurance claim or medical report from your doctor in a filing cabinet at home.

6. Block your schedule, by filling out a monthly calendar with your doctor appointments for the next three months.

7. Plan a healthy meal that is high in fiber and includes a balance of carbohydrates, protein and fat.

8. Eat a healthy snack, such as a piece of fruit, popcorn or yogurt if you are feeling hungry.

9. Count your carbs before ordering or eating a meal to keep blood glucose levels in target, and if you take insulin, adjust your dosing accordingly.

10. Check your local American Diabetes Association chapter Web site to see if there are any diabetes events, like a race, that you can get involved in and have fun!

For more information on controlling diabetes, please visit www.diabetesmakeover.com or call (800) 341-1167.

 Courtesy of ARA Content
History of Mother’s Day

Mother's Day in the United States was first proclaimed in 1870 in Boston by Julia Ward Howe, and Howe called for it to be observed each year nationally in 1872. As originally envisioned, Howe's "Mother's Day" was a call for Pacifism and disarmament by women. Early "Mother's Day" was mostly marked by women's peace groups. A common early activity was the meeting of groups of mothers whose sons had fought or died on opposite sides of the American Civil War.

In 1907 Mother's Day was first celebrated in a small private way by Anna Jarvis in Grafton, West Virginia, to commemorate the anniversary of her mother's death two years earlier on May 9, 1905. Jarvis's mother, also named Anna Jarvis, had been active in Mother's Day campaigns for peace and worker's safety and health. The younger Jarvis launched a quest to get wider recognition of Mother's Day. The celebration organized by Jarvis on May 10, 1908 involved 407 children with their mothers at the Andrew's Methodist Church in Grafton. The following campaign to recognize Mother's Day was financed by clothing merchant John Wanamaker. As the custom of Mother's Day spread, the emphasis shifted from the pacifism and reform movements to a general appreciation of mothers.

The first official recognition of the holiday was by West Virginia in 1910. A proclamation designating the second Sunday in May as Mother's Day was signed by U.S. president Woodrow Wilson on May 14, 1914.

A tradition calls for the wearing of carnations on Mother's Day—a red one if one's mother is alive, and white if she has died.