

# Healthy Bottom Line

An Advertising Supplement to

THE LAURINBURG  
EXCHANGE

RICHMOND COUNTY  
DAILY JOURNAL

## With worries about COVID-19, 6 in 10 Americans did not visit their doctor

NEW YORK (AP) – As the COVID-19 pandemic upends the American health care system, 60% of Americans reported that they put off doctors' appointments due to fears of contracting the virus, and 50% of Americans said they've experienced delays in obtaining necessary medication according to a new ValuePenguin.com by LendingTree survey. The survey explores what medical hardships looked like in the midst of the COVID-19 pandemic, and how Americans have coped over the past six months. Here are the key findings:

- 50% of Americans have been forced to go a day or longer without needed medication amid the pandemic. 30.1% of said this was due to their medications being out of stock, 21% said this was due to mail delays, while 9% said they couldn't afford to pay for their medications.

- 60% of Americans skipped or put off a medical appointment during the coronavirus pandemic, and most did so to reduce their risk of contracting the virus. 26% skipped their annual wellness visit with a physician, while 24% bypassed a dental cleaning. More concerning, 9% of Americans skipped a major medical procedure, and 6% said that they skipped a mental health appointment.

- Men were more likely to skip a preventive health visit than women, as well as experience a delay in obtaining medication. A full third of men put off their annual wellness visit due to the pandemic, compared to a fifth of women. Nearly one in 10 Americans worried about their ability to access health care.

31% of Americans cited long wait times due to the coronavirus pandemic as their main concern. Americans were also worried about costs of health care and health insurance, with 29% saying they could not afford it.

According to Sterling Price, a research analyst at ValuePenguin.com, "A common thread throughout this survey was that Americans are feeling the economic strain of the coronavirus pandemic, and this is making them put off getting the critical medical care that they need. While doing this once or twice may not be harmful, breaking habits and not focusing on your health can lead to more serious health complications." He adds, "Completely going without health insurance puts Americans at tremendous risk. For those who qualify, the cheapest health insurance option would be to enroll in the federal Medicaid program. For Americans who can't qualify for Medicaid, comparing the multiple health insurance plans available via state health insurance marketplaces is the best way to find a plan that fits your budget."

ValuePenguin commissioned Qualtrics to conduct an online survey of 1,028 Americans, with the sample base proportioned to represent the overall population. The survey was fielded Sept. 11-14, 2020. To view the full report, visit: <https://www.valuepenguin.com/health-insurance-covid-medication-delays>

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# Picking healthy foods for at-home students

American Heart Association News

You're trying to work. Your kids are attempting online learning. Everyone wants something to eat. And you're losing your mind.

Experts say one ingredient can make all the difference in this situation.

Grace.

"You know, this is not easy," said Caree Cotwright, an assistant professor in the University of Georgia Department of Foods and Nutrition in Athens. "Even with all the skills I have as a registered dietitian, there's a lot of planning and a lot of volleying between Mom and Dad that has to go on in order for the kids to keep a schedule and be able to have things that are healthy."

Alexis Wood, assistant professor of pediatrics-nutrition at Baylor College of Medicine in Houston, agreed. "Parental stress and guilt is not going to help anything," she said. "It's going to make it worse, if anything."

Wood and Cotwright speak from both professional expertise and personal experience. Wood, lead author on a recent American Heart Association report about how to help children develop healthy eating habits, has a daughter, 4, and son, 7. Figuring out meals hasn't been easy.

When the pandemic started, she tried to do it all. She focused on her children all day until 3:30 p.m., when her boyfriend would take over so she could work. "Then I would cook dinner and serve it. Put the kids to bed. Clean the house. Prepare the homeschooling for the next day." She made it work for several weeks but was burning out.

Now, rigorous planning helps everyone stay on track. And she follows the advice in the report she helped write – which says the best way to help children develop their own healthy eating habits is to focus her energy on providing an environment that "covertly" sets boundaries around food, such as keeping regular meal times and deciding what child-friendly foods her children have access to.

Wood combats unhealthy snacks by restricting the grocery list. Then, she lets her kids make choices from the healthy options that do make it home. By keeping mostly healthy foods in the house, children can "do the work" by selecting and serving foods – and this has freed up some of her responsibility. Dinner times look different than before the pandemic, but she's learned "that for kids, not only do they not mind if you just put

random foods on the table – they actually love it."

One desperate evening, Wood set out leftover chicken, fruits, cheese and whole-grain bread and let her kids build their own plates. "And they thought it was the greatest."

Cotwright has daughters who are 6, 4 and 2. When making her shopping list, she asks her girls what fruits they'd like. Those become snacks for the week.

But Cotwright, who has written about ways for daycare providers to encourage healthy eating, said it's important to have realistic expectations for healthy eating.

She had to adjust her own approach during the early days of the lockdown, when she thought she needed to cook a full, hearty breakfast each day. By 10 a.m., her girls still wanted snacks.

She realized, "There is no way I can keep this up." So, she asked her kids what they liked. Breakfast now might include a whole-grain cereal with low-fat milk or a boiled egg.

Planning helps ease the stress of meal preparation, Cotwright said. Mondays might be good for weekend leftovers; Tuesday is always Taco Tuesday. "My kids love it. My kids eat it. Doesn't take me long." And she doesn't have to stress about coming up with an idea.

She also cooks whenever her schedule allows. "Just because you eat at 6 doesn't mean you have to cook at 5:30."

For drinks, each daughter has her own water bottle. "I'll cut up lemons and limes. If they want to put those in there, they can. If they don't, they don't have to. But they sip off of the water bottle all day, and then it saves me in not having wash a ton of cups."

Dr. April Spencer, a surgeon in private practice in Atlanta, is the primary caregiver for Taylor, 10, and Tye, 8. The kids offer ideas for snacks, which might include bowls of fruit or kid-friendly charcuterie, or grazing boards, with fruit, cheese and protein. (You can see an example on Spencer's Instagram feed.)



stock photo

Is being in charge of your own choices overwhelming to a kid?

"Not really," said Taylor, a self-assured fifth grader.

"I kind of miss school lunches because we get, like, a lot of options," she acknowledged. "But I like having home school, because we can just, like, go to our refrigerator or our pantry to get any snacks we want." She particularly likes the veggie burgers her mom makes for lunch.

The family's success fits with Wood's professional advice.

"The goal, in a nutshell, is to try to control the environment. But not the child."

And, she added: "Cut yourself some slack."

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## Navajo woman who survived COVID-19 finds joy in simple steps

By FELICIA FONSECA

FLAGSTAFF, Ariz. (AP) — An ambulance whisked Carol Todecheene from her house in late March as some of her 13 rescue dogs barked and neighbors stood in their yards wondering what was wrong.

Some thought she had died as the number of coronavirus cases rapidly rose on the vast Navajo Nation, which at one point had the highest infection rate in the U.S.

Todecheene received so many calls and messages that her family let people know on social media that she had the virus. After weeks in the hospital, followed by rehabilitation, she's among the COVID-19 survivors.

Recovery, though, doesn't mean she's OK. It came with survivor's guilt, trouble accessing health care and fear she wouldn't regain her memory or her job overseeing transportation at the local school district, where limited in-person classes will begin this week.

Her own social media posts provide a glimpse of her journey.

**March 21:** "Gots to finish cleaning & sanitizing tomorrow. Remember...I'm not allowing anyone to my house. G'nite everyone #ShelterInPlace #FlattentheCurve"

By then, Todecheene had a stuffy nose, body aches and scratchy throat. One night, she was vomiting and coughing violently.

She tried to get tested for the coronavirus at a health center in the Navajo Nation town of Kayenta but was turned away twice because she didn't have a fever or respiratory problems. Her daughter Shannon insisted she go off the reservation to get checked.

It meant an hourslong trip, with Todecheene riding in the backseat, and mother and daughter wearing masks. Todecheene thought about how they hadn't yet marked the start of the spring season with a blessing to Mother Earth for prosperity, health, protection and survival.

Before she received her test results, she was in the emergency room. She lost 85% of her lung capacity and much of her kidney function. She had to be flown to a Phoenix hospital and put on a ventilator and dialysis March 29.

**April 25:** "Water is sooooo good! I'm still working at getting 100% better. They keep telling me to eat & I'm trying but they want me to eat more. I told the nurse they need to put mutton on the menu then I will eat! Lol"

The last thing Todecheene remembered before being hospitalized was canceling meal deliveries to students in the Kayenta Unified School District because she feared for the bus drivers' safety.

When she woke up in the hospital, she could barely talk after nearly three weeks on a ventilator. Her throat muscles were weak from the feeding tube. She didn't know where she was and struggled to remember the year.

A friend had been texting her about home — the wind sweeping across mesas and rock formations, the sounds of sirens and a shelter-in-place order. Pictures of her dogs made her miss them even more.

Todecheene couldn't lift her arms or steady her fingers to read the messages herself, so a nurse helped. She thought about her kids, who were calling the

hospital every day, and her late husband, Harry, wishing he could hold her and tell her things would be OK.

She found joy in finally being able to drink water, but her cravings for mutton — a traditional Navajo dish — would have to wait.

She also prayed she'd be able to walk soon.

**May 2:** "Got to sit outside today!! I touched the grass, the sidewalk, the leaves on the trees, the water from the water fountain & little dirt. The magnolia trees will be beautiful once it fully blooms. Things that was meaningless means so much!"

Sitting in a wheelchair outside a rehabilitation center she was transferred to in Tucson, amid the flowers and trees, felt like an awakening, Todecheene said. She hadn't been outside since leaving her house in the ambulance more than a month earlier.

She got a plaque for Mother's Day that read, "Carol Todecheene is a survivor of ovarian cancer, breast cancer and COVID-19."

While she was considered recovered, she didn't feel anywhere near normal. The headaches were excruciating. She was tired and achy. Her hands were numb and tingly. She lost almost 30 pounds.

Writing things down helped her remember.

Todecheene spent her 60th birthday at the rehab center. She visited her kids on opposite sides of a window that was cracked open. She wasn't strong enough to sit up for long, so she braced herself against a wall, smiling.

She worried she'd be shunned on the Navajo Nation as the "COVID lady" and that she'd lose her independence or not be able to work.

"I don't know what the good Lord has planned," Todecheene said, jokingly. "He should just tell me and not play these death games so I can get to my goal, whatever I'm supposed to be doing."

She eventually began receiving therapy at her daughter Erin's house. Short, scenic drives were refreshing, but she didn't get out of the car much.

**May 21:** "Seems like it's been a long journey in the past two months of recovery. I'm making progress and starting to walk independently with a cane. A little at a time but getting there."

Most people with COVID-19 have mild or moderate symptoms. Some, like Todecheene, can become severely ill.

On the Navajo Nation, nearly 10,000 people have tested positive for the virus, and more than 500 have died.

Doctors say fatigue and weakness can linger long after people are cleared of the virus. Todecheene hasn't seen a neurologist for her memory loss, partly because it requires her to leave the reservation where specialty care is largely unavailable. She also has to navigate the Navajo Nation's curfews and lockdowns that are meant to prevent the spread of the virus.

Dr. Jonathan Iralu, an infectious disease specialist for the Indian Health Service in Gallup, New Mexico, said it's important to encourage COVID-19 patients throughout their recovery not to give up hope.

"We are still just over the big surge of the spring, and we've seen a bit of a reprieve in the number of new cases over the last month or so," he said. "But internally, we're learning about COVID."

Farther south on the Fort Apache Indian Reservation, Indian Health Service workers are grappling with the

appropriate terminology when it comes to recovery. Dr. Ryan Close is among those tracking patients.

"I don't think we're ready to transition to a world where we're just thinking about COVID follow-up," he said. "Increasing tracing, good antibody testing, vaccine and how to reopen safely — there's all these other public health sectors that continue to take up bandwidth."

**June 14:** "Going home today! ... Mixed emotions... happy to go home to my mutts, my unfinished chores, my bed & stuff but part of me is scared...to be alone to climb the stairs (am I ready?), and to be in a hotspot (PTSD from having Covid-19 & its toll of agony)"

Todecheene wasn't sure she wanted to leave Tucson, but a visit home reminded her how much she missed her dogs and the house she and her late husband built on the reservation spanning Arizona, New Mexico and Utah.

Her sister took care of her 13 dogs when she was away, but a sea of weeds needed pulling outside. She had to put up handrails on the stairs, and a grab bar in the shower.

Todecheene does what she can but sometimes feels overwhelmed.

"I'm just hoping I don't have long-term disability of any sort," she said. "It just aggravates me that I'm not back to normal. I'm very independent, and needing help really bothers the heck out of me."

She's also more emotional now. Instead of seeking counseling, she's connected with other COVID-19 survivors. They share advice on everything from hair loss to doctors who might be taking new patients.

**Aug. 2:** "I go back to work tomorrow and I'm already feeling anxiety attacks starting to hit. Is that norm for post-COVID? Or is it now PTSD?"

Todecheene had to go back to work after exhausting the time she could take off. She couldn't afford not to. Her medical bills topped \$700,000, though insurance covered most of it.

She had a bit of an emotional setback when she didn't see two co-workers who had died from the coronavirus.

"These two I knew were dedicated, hard workers," Todecheene said. "It was hard to accept that they passed on. That was the hard part, my staff. And then another hard part is you survive but the others didn't survive."

The school has been accommodating, telling her to take breaks as needed. Her throat is still scratchy and worsens when smoke from wildfires wafts through the air, and her vision isn't clear.

And her memory?

"Oh, that's bad, what was I saying?" she jokes.

The school buses start running again this week, but the number of children attending class in person will be limited to about 60. No more than two children will ride each bus, and they'll be required to wear masks and have their temperature taken, Todecheene said.

She feels ready but isn't sure how resuming the bus routes might affect their drivers emotionally. But she tells them not to let their guard down.

"Wear your mask, wash your hands all the time, don't be around each other long," Todecheene said. "That's in the back of my head — there's going to be a second wave."

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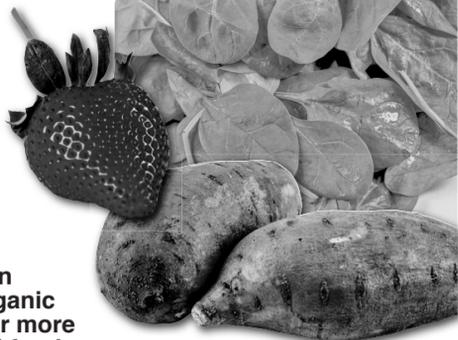
## A realistic guide to organic food



100% Organic

In a perfect world, chemicals would not be needed to produce any foods, all of which would be made in sustainable conditions and from all-natural ingredients. But even the most eco-conscious foodie routinely faces difficult decisions at the grocery store.

**The Organic Trade Association says organic food is the fastest-growing sector of the American food industry, and organic food now accounts for more than 5 percent of total food sales.** While many people understand the benefits to consuming organic produce, such foods tend to cost more, compromising shoppers' budgets as a result. Making smart choices and getting the facts about organic food can help consumers make informed decisions.



### Smarter organic choices

According to the food and health resource the Environmental Working Group, certain fruits and vegetables are more likely to feature residual pesticides than others. They dub these foods the

**"Dirty Dozen,"** which include strawberries, spinach, nectarines, apples, grapes, peaches, cherries, pears, tomatoes, celery, potatoes, and sweet bell peppers. Shoppers who cannot afford strictly organic foods can opt for non-organic items that are less likely to contain residual pesticides.

### Fearing antibiotics

Many people are concerned about milk, meat and poultry treated with antibiotics. Organic foods are antibiotic-free. The Food and Drug Administration has strict guidelines in place to phase out the use of antibiotics in food animals to enhance growth or improve feed efficiency. They're also requiring farmers to select strains of microbials that are less medically important to humans who would need them to treat disease. This means that conventional milk, meat and poultry may contain less antibiotics than consumers know.

Also, according to the U.S. Poultry & Egg Association, poultry are not given growth hormones, so there's little need to pay more for hormone-free.

### Organic and pesticides

To be "organic," foods produced and sold in the United States and Canada must be shown to conserve natural resources and be devoid of GMOs, among other requirements. However, USDA organic certification allows for natural substances, such as pheromones, vaccines for animals and a limited number of natural pesticides. Also, a 2011 survey by the USDA showed 39 percent of 571 organic samples were found to have pesticide residues, but well below tolerance levels set by the EPA. Therefore, pesticide-free and organic are not exclusive.

Organic foods are seen as a healthy alternative to foods that do not fall into this category. While there are many positive reasons to go organic, including conventional foods in one's diet is not necessarily unhealthy.

## Did you know?

According to the Anxiety and Depression Association of America, anxiety disorders are the most common mental illnesses in the United States. **Roughly 40 million adults in the United States, or 18 percent of the country's population, has an anxiety disorder.** Developing from a complex set of risk factors, including genetics, brain chemistry, personality, and life events, anxiety disorders are highly treatable. Unfortunately, the ADAA notes that less than 40 percent of

those suffering from anxiety disorders receive treatment. Treatment of anxiety disorders can be highly effective and can even help people deal with other disorders, as the ADAA says nearly one-half of people diagnosed with depression are also diagnosed with an anxiety disorder. People living with anxiety disorders who seek treatment may find they also are suffering from depression, compelling them to receive treatment for that disorder as well and further improving their quality of life.

## When is clumsiness a cause for concern?



Who hasn't tripped over his own feet or knocked over a water glass on a table? No one is immune to the occasional clumsiness, but some people may grow concerned that their bouts of clumsiness are becoming more frequent.

For healthy people, bumping into a wall when misjudging a corner or dropping silverware on the floor is often a minor, isolated incident. Lack of concentration or multitasking often may be to blame. In 2007, Professor Charles Swanik and a research team at the University of Delaware studied athletes to discover why some seem to be more injury prone than others. Researchers found that clumsy athletes' brains seemed to have "slowed processing speed," which referred to how their brains understand new information and respond to it.

**But clumsiness also can be a sign of a bigger issue at play, namely motor problems within the brain.** According to Taylor Harrison, MD, clinical instructor in the neuromuscular division of Emory University, coordination of the body is complicated and tied to both motor and sensory systems. That means

the eyes, brain, nerves, cerebellum, which specializes in coordination and balance, muscles, and bones must work together.

Clumsiness can result from stroke, seizure disorders, brain trauma or the presence of tumors, and other conditions. Healthline also says that clumsiness may be an early symptom of Parkinson's disease or Alzheimer's. Parkinson's affects the central nervous system and can impair motor skills. Alzheimer's slowly damages and kills brain cells and may cause issues with coordination. This may be the case with other dementias as well.

Clumsiness may sometimes result from a lack of sleep or overconsumption of alcohol. Arthritis also can lead to clumsiness when joint pain and restrictive movements make it challenging to get around.

Psychologists may suggest cognitive behavioral therapy or propose performing tasks with more mindfulness to reduce clumsiness. If that doesn't work, men and women should visit their physicians, who can conduct tests to rule out certain things and provide peace of mind.



## Did you know?

According to the National Sleep Foundation, certain foods may help people fall asleep faster and sleep more soundly while others may compromise a person's ability to enjoy a restful night's sleep. In lieu of white bread, refined pastas and sugar-laden baked goods, all of which can reduce serotonin levels, the NSF recommends whole grains. The buildup of serotonin in the brain during periods of wakefulness can contribute to the onset of sleep later in the day. If serotonin levels in their brains are disturbed, then people may experience difficulty falling asleep. The NSF also recommends almonds and walnuts, which contain melatonin, a hormone that helps to regulate the sleep/wake cycles. In addition, foods that are high in lean protein that contain the amino acid tryptophan also may increase the production of serotonin, potentially contributing to a restful night's sleep.

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TALKING ABOUT OVERDOSE COULD SAVE A LIFE.

## STOP THE STIGMA

Negative language and stigma regarding substance use disorder and addiction have shown to be a key barrier to seeking and receiving treatment for people who use drugs. Stigmatizing words such as "addict" reduce a person to only their drug use. Talking about substance use disorder in a more accurate and humanizing way can reduce stigma and help people receive appropriate treatment and support.

Instead of these words... Try using these!

DRUG ABUSE  
SUBSTANCE ABUSE

"SUBSTANCE USE DISORDER"  
"DRUG MISUSE"  
"SUBSTANCE MISUSE"

Although the term "substance abuse" is widely used—including in the names of federal and state agencies—use of the term "abuse" in the context of substance use is no longer favored in the mental health community. The word "abuse" connotes violence and criminality and does not fit with a view of substance use disorder as a health condition.

Substance use disorder is a diagnosable condition that refers to drug use that has become significantly problematic in a person's life.

ADDICT  
ABUSER  
JUNKIE  
DRUGGIE

"PERSON WHO USES DRUGS"  
"PERSON WITH A SUBSTANCE USE DISORDER"  
"PERSON USING DRUGS PROBLEMATICALLY/CHAOTICALLY"

Person-first language affirms people's individuality and dignity. It promotes the message that a person is more than just their addiction.

NOTE: How a person chooses to self-identify is up to them, and they should not be corrected or admonished if they choose not to use person-first language.

CLEAN/  
DIRTY

"STERILE/USED SYRINGES"  
"POSITIVE/NEGATIVE DRUG TEST"  
"PERSON IN RECOVERY/  
PERSON WITH PROBLEMATIC DRUG USE"

The term "dirty" is often used to describe syringes that have been used or to describe positive drug screens. People who are no longer using drugs are often referred to as "clean." However, the clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean.

If you're providing a service or resource – support, don't stigmatize.

People may use or identify with stigmatizing language based on their own history, and that's their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use non-stigmatizing language to show people who use drugs that you respect them with your words.



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## Create a Safe Sleep Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by creating a safe sleep environment for your baby.

How can you make a safe sleep environment?



▶ Always place baby on his or her back to sleep for all sleep times, including naps.



▶ **Room share**—keep baby's sleep area in the same room next to your sleep area. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



▶ Use a **firm sleep surface**, such as a mattress in a safety-approved\* crib, bassinet, or portable play area, covered by a fitted sheet.



▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



▶ **Don't let baby get too hot during sleep.** Dress your baby in no more than one layer more of clothing than an adult would wear to be comfortable. A one-piece sleeper or wearable blanket can be used.



\*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas: <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>

Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at

<http://safetosleep.nichd.nih.gov>

<http://www.scotlandcounty.org/680/Safe-Sleep>



## Health Department Now Offering Long-Acting Reversible Contraceptives

Scotland County Health Department is pleased to announce we are now offering Long-Acting Reversible Contraceptives (LARCs) as a method of birth control. These contraceptives include Intrauterine devices (IUDs) and birth control implants. Examples include Mirena (IUD) and Nexplanon (Implant). LARCs are an effective way of preventing pregnancy for 3-5 years upon insertion, without the need to take a daily pill. "We are excited to be able to offer these methods of birth control to any new or current patient at Scotland County Health Department which will allow us to better serve the people in our community," stated Kristen Patterson, Health Director.

For more information about Long-Acting Reversible Contraceptives, to determine eligibility, or to make an appointment, please call the Scotland County Health Department at 910-277-2440 or 910-277-2470 ext. 4466.

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