

VISIONS

THE JUNIOR LEAGUE OF GREENVILLE • FALL 2010

www.jlgreenville.org

Committed to
building a safe,
healthy, nurturing
community.



CCES: COLLEGE PREP K-12

At CCES, our focus is helping your child find the right college. Experienced counselors work one-on-one with each student to guide the entire process of research, applications, essays, interviews, SAT performance, and self-evaluation. The result is 100 percent of students enroll in colleges. To learn more, please visit www.cces.org or call 864-331-4223.



CHRIST CHURCH EPISCOPAL SCHOOL

www.cces.org 864.331.4223

Christ Church Episcopal School does not discriminate on the basis of sex, race, color, creed, religion, national or ethnic origin, in the administration of its educational policies, admission policies, scholarship programs, financial aid or other programs, or other school-administered programs and activities.

CONTENTS

VISIONS | FALL 2010



FEATURES

Check your Knowledge for Child Safety.....	7	Guidelines for Breast Health.....	21
Girls on the Run.....	9	Breast Cancer Survivors.....	22
Answers to Some of the Questions		Understanding Dementia and Alzheimer's	25
You Have About Teeth.....	10	An Alzheimer's Journey	27
Lifting Children and Families.....	12	JLG Sustainers Continue to Deliver the Holidays.....	29
Play Ball!	14	2010 Kids Count Data Book.....	32
Paving the Way for a Future	16	IN EVERY ISSUE	
From Victims to Survivors.....	17	Letter from the President	2
Michael's Story	17	Letter from the Editor.....	5
A Safe Place to Start a New Life	18	Letter from the Sustainer Representative	6
A Conversation with Suzie Foley.....	19	Index to Advertisers	31
The Services May be Free	20		

ON THE COVER: Photograph by JLG Photographer, Jen Rogers.



OUR MISSION

The Junior League of Greenville, Inc. is an organization of women committed to promoting voluntarism, developing the potential of women and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

OUR REACHING OUT STATEMENT

The Junior League of Greenville, Inc. reaches out to women of all races, religions, and national origins who demonstrate an interest in and commitment to voluntarism.



Working as a Team

Years ago, when I was first on the State Board of Directors of First Steps, we were told by our legislators to abandon programs that addressed health and wellness for at-risk children. Instead, they instructed us to stick with programs that would provide tangible results in the form of proven data - programs that instruct parents, increase school-readiness, and improve test scores, which as a result, decrease the 1st grade retention rate. Those on our board who represented the medical field or were seasoned educators balked at this thought, but we were in an economic climate that dictated providing results that proved that we were doing our job of reaching the neediest of children, and as a result, improving their school readiness. We all knew that health was a major factor in the well-being of children, but how would/could we prove that?

Now we are living in the midst of an economic downturn that insists that we work smarter and think of better ways to do more with less, and while supportive data has kept First Steps afloat for years, we, along with all state agencies, are competing for dwindling dollars in a budget with a growing deficit. Non-profits must strive to avoid duplication of services, reinforce programs that are proven to be successful, and collaborate in every way possible. The Junior League of Greenville, with over 1,200 members, is filling a vital need that most of us find hardest to give -- the volunteering of our ever so scarce time. We could not exist without the partnering with and support of so many of Greenville's non-profits, and in true JLG fashion, we are once again addressing a community need and providing a solution.

I challenge you and your business to make a stand in our community -- whether it is in the area of childhood obesity, preschool readiness, increasing literacy, or decreasing homelessness. Work together as a team to improve our wonderful city and therefore improve the well-being of our entire state. Give to the United Way who uses our dollars as efficiently as any

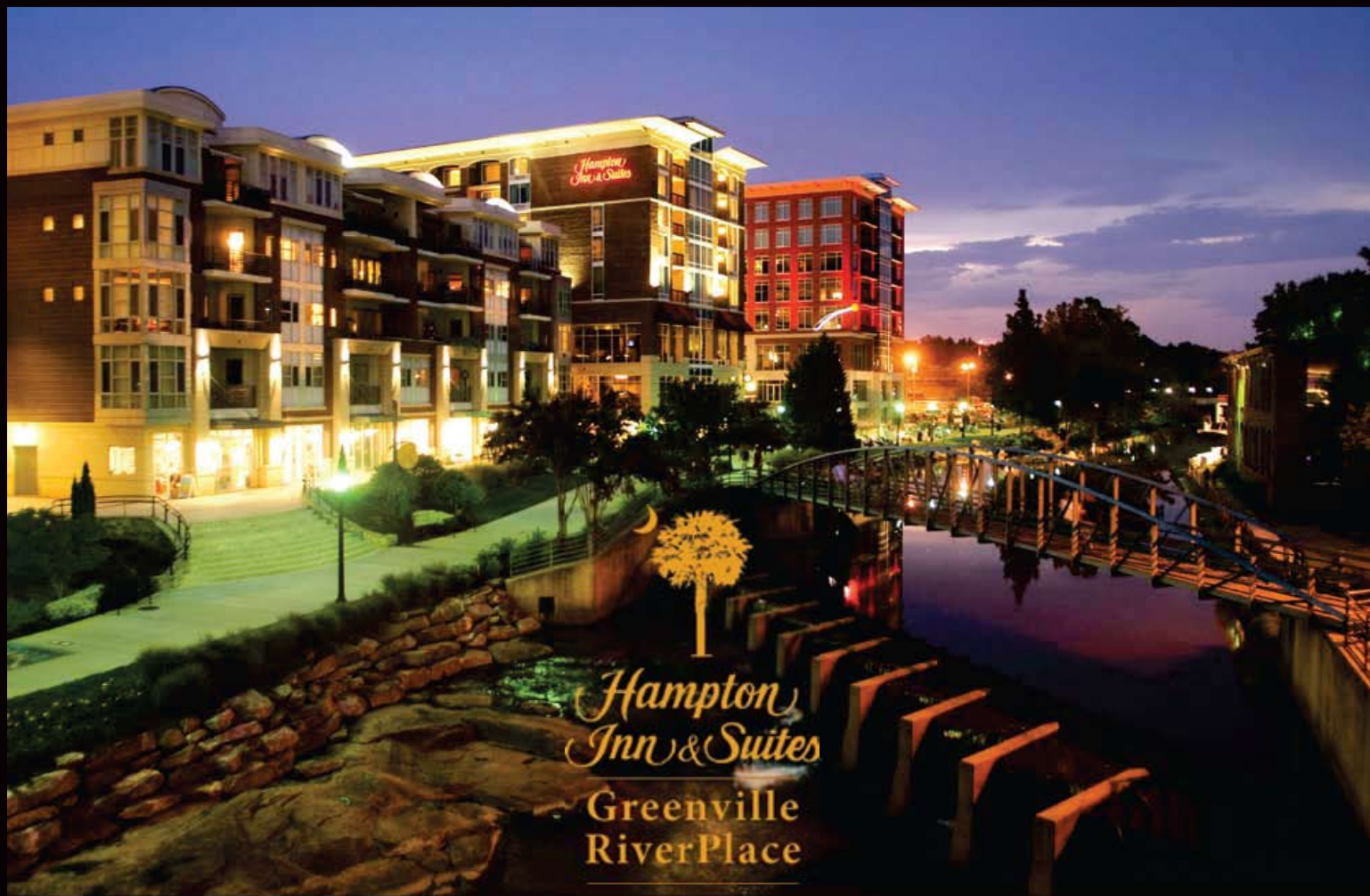
non-profit, I can think of, to help people in need right now and to help eliminate future needs. Shop and support local businesses that will, in turn, do the same for you. We live in an enviable part of the country which has not been hit as hard as some other areas, and I thank God every single day that I am blessed enough to live here in Greenville. The more vested and entrenched we are in improving the well-being of the community of Greenville the more we will all eventually see an improved educational system, decreased unemployment rate, a lower overall rate of poverty, and a higher quality of life for us all.

I can't end this letter without thanking the 1,200 women of the Junior League of Greenville. Thank you for all of those hours volunteering in community placements such as A Child's Haven, Greenville Free Medical Clinic, The Meyer Center, Safe Harbor, Pendleton Place, Center for Developmental Services, etc. Your commitment to improving lives in this community one family, child, or person at a time has not gone by unnoticed and I am forever indebted to you all for being able to humbly represent you in public forums.

Thank you!

Judith Aughtry
President, Junior League of Greenville
2010-2011

Judith and her husband Paul Clarence III (Bo) have two sons David (12) and Robert (10). She is currently serving on the State Board of 1st Steps, the Board of Directors for the Meyer Center, Artisphere, Christ Church Episcopal School, United Way, Greenville Women Giving, and the Advisory Council for Greenville Hospital System and the SC Institute for Child Success.



"Extend graciousness beyond the normal boundaries...fill the earth with the light and warmth of hospitality." — Conrad Hilton



Located in the newly revitalized Historic WestEnd District where the options are endless.
 Whatever your pleasure, allow us to assist in ensuring your stay is memorable.
 We love having you with us!

171 RIVERPLACE GREENVILLE, SC • 864.271.8700 • hamptoninnandsuitesgreenville.com

VISIONS STAFF

Editor

Kimberly Cooley

Vice Editor

Elizabeth Clark

Photographer

Jennifer Rogers

Ad Sales

Amy Albright

Contributing Writers:

Amy Albright

Elizabeth Clark

Kimberly Cooley

Mary Fran Crosswell, M.D.

Kathryn Freedman, D.M.D.

Linda Grandy

Liz Philpot

Design & Production

S. Kevin Greene, GSA Business

118 Greenacre Road, Greenville, SC 29607
www.jlggreenville.org | 864.233.2663

VISIONS, the official magazine of the Junior League of Greenville, Inc. is published two times a year.

BOARD OF DIRECTORS

President

Judith Aughtry

President-Elect

Amie Owens

Communications Vice President

Cara Cornelius

Community Vice President

Courtney Atkinson

Finance Vice President

Leanne Jaskwhich

Fund Development Vice President

Ashley Bates

Membership Vice President

Kristy Way

Corresponding Secretary

Blair Zeimetz

Recording Secretary

Ann Myers

Strategic Planning

Heather Killgallon

Parliamentarian

Stephanie Morgan

Sustainer Representative

Harriett Goldsmith

COMMUNITY ADVISORS

Heidi Aiken, B93.7, Entercom Radio

Dr. E. Vernon Anderson, Jr.,
Christie Pediatric Group

Marion Crawford, Crawford Strategy

Eleanor Dunlap, SE Consulting, Inc.

Jim Morton, Retired Executive
Michelin, Nissan

Pam Mills, Greenville County Schools

Cindy Parker, Eyes in Motion

Andy Satterfield, JACKSON LEWIS LLP

Katy Pugh Smith,
Piedmont Health Care Foundation

Diane Smock, City Council

Eddie Terrell, Greenville First

Kate Tierney, Twigs

Tiby Weinstein, Gage's



2010 - 2011 Board of Directors: Stephanie Morgan, Blair Zeimetz, Ann Myers, Kristy Way, Harriett Goldsmith, Amie Owens, Courtney Atkinson, Judith Aughtry, and Leanne Jaskwhich. Not pictured: Ashley Bates, Heather Killgallon, and Cara Cornelius.

Making a Difference

Since 1929, the Junior League of Greenville (JLG) has been working to improve the lives of children and families in our community. Our members are volunteering in non-profit agencies across Greenville county and making a difference in the lives they touch. Everywhere you look, the JLG is present.

In a typical day at A Child's Haven, you will see JLG Sustainers Charlene Comer and Lesa Kastler working on the capital campaign. Active member Stephanie Morgan comes in to teach an art class to the 4-year old classroom even though her

I continue to be inspired by the amazing people who work in the agencies within our community. Becky Callahan, Executive Director at Safe Harbor, still has raw emotion in her voice when she talks about the women who are abused by their intimate partner. Bob Pulido, Executive Director, has devoted his life to helping children rebuild their lives after being removed from their homes due to abuse, neglect and abandonment. These two individuals are on the front line of terrible and inconceivable horrors yet they push on and continue to work and advocate for these women and children.



JLG member Leandra Hill serving as A Child's Haven parenting program volunteer.

placement was completed in the summer. After she completes her class, she goes out to her car for items her children have outgrown and makes a donation. Sustainer Lynn Hauser is down the hall reading to the 3-year old classroom. Active member Kristy Way created a teacher appreciation program and recruited twenty of her friends (mostly JLG members) to provide special treats for the teachers each month. Sustainers Julie Garrett and Martha Reed are using their JLG leadership training and serving on the Board of Directors. All of these women began their involvement because of the JLG, but they continue to serve because that's just what Junior League members do!

As non-profit funding continues to be cut and donations from foundations and individuals are down, the value of the volunteer continues to rise. I am so grateful for an organization that after eighty one years in existence continues to send our volunteers out into our community. After all, we are the Junior League of Greenville!

Kimberly Cooley
Editor - VISIONS

Kimberly

EDITOR'S LETTER



OUR VISION

The Junior League of Greenville, Inc. is committed to building a safe, healthy, nurturing community.

The Junior League of Greenville Initiates and participates in programs and partnerships that enhance the physical, emotional and educational well-being of children and families.



SUSTAINER'S LETTER



42 years and Counting!

My age? Not exactly... 42 years of Junior League membership! Why would a 21 year old join the Junior League? The answer is simple...my mother and the hope of making friends in a new city. The more interesting question is why would I continue the membership through 1 year as a Provisional, 19 years as an Active and 23 years, and counting, as a Sustainer?

As a new Provisional in Columbia SC, I learned about the League and found it interesting, informative and yes, I made new friends. Moving to Greenville as an Active, I found more friends...friends that learned, as I did, that we could make a difference in our community. Mentored by older members, we learned skills that would be with us for life. Fundraisers such as The Opportunity Shop (now The Nearly New Shop), a cookbook, 300 Years of Carolina Cooking, written, published and marketed by League members, The Avon Futures Tennis Tournament, organizing a Designer Showhouse, bringing the Circus to town, all required tremendous effort and hundreds of volunteer hours and raised thousands of dollars for the community. We honed our public relations skills, learned to research community needs and how to advocate to make life better for those in our community. Often, these skills would translate into job skills as women began to enter the work force in greater numbers.

Today, as the Sustainer Representative to the Junior League Board of Directors, I see a group of talented and dedicated League women committed to making a difference in the Greenville community. Their methods have changed as the role of women has changed. Many of the members of the League today are professional women,

active in the work force, and they bring those skills to the League. There is less emphasis on counting volunteer hours and more focus on getting the job done. The types of fundraisers have changed: The Nearly New Shop still has League volunteers and Oscar Night® America has come on line as a major fundraiser. Many projects take place during after work hours, and some on the weekend. The membership remains committed to making life better in our community, putting hours into projects like Home Run for Healthy Kids®, Kids in the Kitchen, helping women with clothing from The Nearly New Shop as they enter the work force and partnering with community agencies to help those most in need. Voluntarism is healthy and alive in the Junior League of today and... they still are making wonderful friends! I continue my membership as a Sustainer to support the League members of today, just as the Sustainers did for me and my friends in our Active years.

*Sincerely,
Harriet Goldsmith
Sustainer Representative
– Board of Directors 2010-2011*

Harriet

Sus-tain'

1. to endure without failing or yielding
2. to uphold
3. to maintain
4. to keep alive



November is National Child Safety and Protection Month!

Check your safety knowledge with the following quiz:



1. For a crib to be safe for an infant under 12 months of age, it should have:

- A. No more than 5 inches between the slats
- B. A firm, tight fitting mattress
- C. Flame retardant pillows, quilts, comforters, sheepskins, pillow-like bumper pads or pillow-like stuffed toys
- D. All of the above.

2. When childproofing the house, you should set the temperature of your hot water heater to:

- A. 120 degrees
- B. 140 degrees
- C. 150 degrees
- D. 160 degrees

3. Trampolines are safe if:

- A. You only allow two people on the trampoline at a time
- B. A child is over 4 years old
- C. Your child knows how to do somersaults
- D. None of the above

4. Pools are safest if:

- A. They are fenced in and have self-closing and self-latching gates
- B. All your children have had swimming lessons
- C. You know CPR
- D. Both b and c

5. Which of the following are risk factors for lead poisoning?

- A. Living in a house built after 1978
- B. Living in a house built after 1978 that is being remodeled
- C. Having a sibling with iron deficiency anemia
- D. None of the above

6. You should not use a car seat that:

- A. Has been recalled
- B. Has been in a major crash
- C. Is more than 10 years old
- D. All of the above

7. At what age can children safely be left home alone?

- A. 7 years for no more than 2 hours
- B. 8-9 years for no more than 12 hours
- C. 10-12 years for no more than 2 days
- D. It depends on where you live

8. Toys that can be a hazard to children under 3 years include:

- A. Uninflated or broken balloons
- B. Marbles, balls, and games with glass, that have a diameter of 1.75 inches or less
- C. Toys intended for older children
- D. All of the above

9. What is the recommended position that children should sleep to prevent SIDS?

- A. On their stomach
- B. On their back
- C. On their side
- D. Whatever way they sleep the longest

10. Dangers for children from a hot tub include:

- A. Drownings
- B. Hair entanglement in the drain cover
- C. Heat stroke
- D. All of the above

11. You should use a booster seat until your child is:

- A. 4 feet 9 inches tall
- B. 5-6 years old
- C. At least age 8
- D. Either A or C

12. At what age can children use the top bunk of a bunk bed?

- A. 6 years
- B. 5 years
- C. 4 years
- D. 3 years

Answers on next page

Answers

1. (B) Make sure the crib is safe: have no more than 2 3/8 inches between the bars; the mattress should be firm and fit snugly within the crib; place it away from windows and drafts; avoid placing fluffy blankets, stuffed animals, or pillows in the crib as they can cause smothering.

2. (A) Set the temperature of your hot water heater to 120 degrees F to prevent scalding burns.

3. (D) The hazards that result in injuries and deaths are: Colliding with another person on the trampoline, landing improperly while jumping or doing stunts on the trampoline, falling or jumping off the trampoline, and falling on the trampoline springs or frame.

4. (A) According to the U.S. Consumer Product Safety Commission, an estimated 260 children under five years of age drown each year in residential swimming pools and spas. The Commission estimates that another 3,000 children under age five are treated in hospital emergency rooms following submersion accidents each year. Some of these submersion accidents result in permanent brain damage. Nationally, drowning is the fourth leading cause of death to children under five. In some states such as California, Florida and Arizona, drowning is the leading cause of accidental death to children under five.

5. (D) Lead poisoning is an important cause of learning disabilities, anemia, growth problems and children exposed to lead may have problems with paying attention and being aggressive. The main risk factors for lead poisoning include living in or often visiting a house that was built before 1950, living in or often visiting a house that was built before 1978 and is being remodeled, and having playmates or friends that have high lead levels.

6. (D) You should avoid using a car seat that has been recalled, involved in a crash, is more than 10 years old (or depending on the manufacturer, more than 5-6 years old), doesn't have a label with the date it was manufactured and the seat name or model number, doesn't have instructions, and is missing parts or has cracks in the frame.

7. (D) States have laws that require adequate and appropriate supervision of children, so it does depend on where you live as to when you can leave your kids home alone. In general, most children are not ready to be left alone, even for short periods of time, until they are at least eleven or twelve years old, but it will depend on your child's maturity level.

8. (D) Children under 3 tend to put everything in their mouths. Avoid buying toys intended for older children which may have small parts that pose a choking danger. Never let children of any age play with uninflated or broken balloons because of the choking danger. Avoid marbles, balls, and games with balls that have a diameter of 1.75 inches or less. Children at this age pull, prod and twist toys. Look for toys that are well-made with tightly secured eyes, noses and other parts. Avoid toys that have sharp edges and points.

9. (B) One of the best ways to lower the risk of SIDS is to put your baby on his or her back to sleep, even for naps. Before the Back to Sleep campaign began to recommend back sleeping as the best way to reduce SIDS, more than 5,000 babies in the U.S. died from SIDS every year. But now, as the Back to Sleep message spreads and more babies sleep on their backs, the number of babies who die of SIDS is under 3,000 each year.

10. (D) CPSC recommends these safety precautions when using a hot tub, spa, or whirlpool: always use a locked safety cover when the spa is not in use and keep young children away from spas or

hot tubs unless there is constant adult supervision. Make sure the spa has the dual drains and drain covers required by current safety standards. Regularly have a professional check your spa or hot tub and make sure it is in good, safe working condition, and that drain covers are in place and not cracked or missing. Check the drain covers throughout the year. Know where the cut-off switch for your pump is so you can turn it off in an emergency. Be aware that consuming alcohol while using a spa could lead to drowning. Keep the temperature of the water in the spa at 104 degrees Fahrenheit or below.

11. (D) Motor vehicle accidents are the leading cause of death for children between the ages of 4 and 8 years old, and many of these children aren't properly restrained. Motor vehicle accidents are also one of the top 10 causes of non-fatal injuries for children at this age. Seat belts are made for adult size people. Your child won't be ready to only use seat belts until they weigh about 80 pounds or they are 4'9" tall. Until that time, a lap belt will likely ride high on your child's abdomen and the shoulder strap may ride over their neck, either of which can cause serious injuries in an accident.

12. (A) Do not permit children under 6 years of age to sleep in the upper bunk. Always use two side guardrails on the upper bunk. Keep guardrails securely in place at all times no matter what the age of the child. Children move about during sleep and may roll out of bed. Be sure crossties are under the mattress foundation of each bed and that they are secured in place even if bunks are used as twin beds. Emphasize to children to use the ladder and not chairs or other pieces of furniture to climb into or out of the top bunk. Teach children that rough play is unsafe around and on beds and other furniture.

Consider using a night light so that children will be able to see the ladder if they get up during the night.

Source: www.KeepKidsHealthy.com

Girls on the Run: *A Lot More than a Running Program*



Written by Elizabeth Clark

At 15 years old, Molly Barker began to run. She ran because she was struggling with the pressure of fitting in with her middle school crowd. She ran because she was having trouble distinguishing between her “REAL” self and the girl she thought she was supposed to be. She called this being stuck in the “girl box”. In this box was a theme that girls and women must conform to a certain set of standards that are often unattainable and dangerous to our health and well-being.

In 1996 after years of questioning her own self-worth, Molly started a pilot program called Girls on the Run. It included a 24-lesson curriculum and began with 13 girls. The program kept growing and became a 501©3 organization in 2000. Today, Girls on the Run programs are offered in over 160 cities and hundreds of thousands of girls and women have participated.

Girls on the Run’s mission is to educate and prepare girls for a life time of self-respect and healthy living.

The goal of the program is to encourage positive emotional, social, mental, spiritual and physical development.

There are two age groups – Girls on the Run is for 3rd-5th graders and Girls on the Track is for 6th-8th graders. The fall session

started at the beginning of September and the second session will be held in the spring. Eight to fifteen girls make up each group and they meet twice a week right after school for an hour and fifteen minutes. There is a fee to participate, but full and partial scholarships are available. The girls will train for a 5k Run/Walk event at the end of the session while completing the self-esteem building curriculum and participating in a community service project.

This year the Upstate’s Girls on the Run chapter has over 90 girls training at ten sites throughout town. Kim Hein and Monica Gibson run the chapter as a part of the Greenville Hospital System. They have 33 full-time coaches and 10 substitute coaches. Around 20% of the girls are participating with scholarship funds. Three Junior League members are serving their placements as coaches.

Meredith Mangum is one of them. “I am very excited to be a coach this year for Girls on the Run. I hope that it will help me train for my half marathon and I’m especially excited to have the opportunity to have a positive impact on the lives of these girls and hope the values they learn will be lifelong for them. ■

To learn more about Girls on the Run, visit their website at www.gshchildrens.org/girls-on-the-run.php or contact Monica Gibson at 864.455.3252.

Girls on the Run AT A GLANCE

The twelve week Girls on the Run curriculum attempts to help each girl find and stay true to her REAL self. It is divided into three parts:

- The first eight lessons are centered on the girls getting to know themselves. Examining their values, their likes and dislikes, and who they envision themselves to be. As the girls get to know themselves, they are also sharing with each other. Lesson topics and learning goals include fueling our healthy pace, centering: the importance of slowing down and celebrating gratitude.

- The next eight lessons concentrate on team building, being supportive, learning to listen and cooperate, etc. Lesson topics and learning goals include standing up to peer pressure, gossiping hurts everyone and it’s okay to choose my friends.

- The last eight lessons relate to the world at large. This includes making a contribution to your community and learning to recognize and deal with the negative messages we often receive from the world such as media awareness and negative peer pressure. Lesson topics and learning goals include learning about community, tuning into a new message/media literacy and the development and implementation of a group community project.



Answers

To some of the questions you have about teeth and were too scared to ask!

Written by Dr. Kathryn Freedman

When should I take my child to the dentist for the first time?

By your child's third birthday, he or she should have already had their first visit to the dentist. Some dentists recommend seeing children as early as 6 to 12 months, especially if you are concerned about their teeth, however many children are not able to sit still in the dental chair for their cleaning until they are 2 or 3 years old. I always recommend letting your child come and watch you or a sibling get their teeth cleaned before they come for their first cleaning. If your child gets upset at the dentist and won't cooperate, don't worry, we have seen it many times before, and in six months they will probably be ready to try again!

The dentist just told me that they need to fill a cavity in one of my child's baby teeth. It seems silly to put a filling in it when baby teeth fall out anyway.

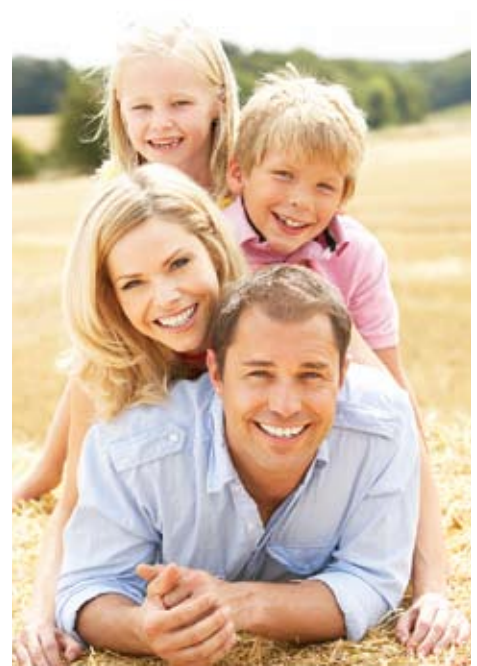
Taking care of decay is very important, even in baby teeth. A cavity in a baby tooth left untreated can cause an infection which can damage the permanent tooth underneath or even lead to serious health problems. Catching cavities early in baby teeth can prevent dental infections and can ensure that your child remains healthy and happy. No child should miss school because of a toothache! We maintain the health of baby teeth because not only does it promote a healthy permanent dentition, but part of the job of a baby tooth is to hold the spot for the permanent tooth to come in. Many people do not realize that some of the baby molars may remain in children's mouths until they are 12 or 13 years old. If we elect to remove baby teeth before they are ready to come out, the teeth around them shift to fill the empty space. This can lead to expensive orthodontic problems when your child is ready for braces.

My child's front teeth finally came in, but they have ridges in them, and they are so yellow. What is going on?

When your child's front teeth come in, they will probably have ridges or bumps on the edges of them. This is a result of how the teeth form underneath the gums, and they are called mamelons. They are perfectly normal and will likely wear away in a short time. Permanent teeth always appear a little darker or more yellow than the baby teeth they replace. This is because permanent teeth have thicker enamel than baby teeth. You want your child's permanent teeth to have nice, pearly-white enamel. If you are concerned about the color of your child's teeth, do not hesitate to ask your dentist about it. Occasionally there are problems with how enamel forms, and this should be addressed and diagnosed quickly.

My dentist just told me that I have recession. I don't think that my teeth are worried about the economy, so what is this about?

Receding gums, or gingival recession, refers to exposure of the tooth root caused by a loss of gum tissue and/or retraction of the gingival margin from the crown of the teeth. There are many reasons that gums recede, and you need to work with your dentist to find the cause of your recession. The biggest concern with recession is that the bone that holds the teeth in place can recede with the gum tissue. It is important to maintain enough bone to hold the teeth firmly in place. Another concern can be that patients with receding gums often have sensitive teeth. The hard enamel layer forms the crown of the tooth and protects the tooth from changes in temperature, but underneath the enamel is the sensitive inner portion of the tooth. This sensitive layer continues down into the root of the tooth. If the root of the tooth is exposed, basically the inside of the tooth is exposed as well. The root of the tooth is not only more sensi-



tive to cold, but it is also more susceptible to dental decay because it is softer than the enamel. Treatment options for recession vary from patient to patient but your dentist may refer you to a gum specialist called a periodontist.

Is flossing really important?

Flossing is as important as brushing your teeth. It is the only way that you can clean in between your teeth. Flossing accomplishes two things: it helps fight gum disease and it helps prevent cavities. Most cavities occur either on the chewing surfaces of the teeth (in the grooves on top) or in between teeth. Brushing helps remove the plaque on top of your teeth, while flossing helps remove the plaque in between your teeth. If you are flossing and your gums bleed, you may have gingivitis, an early form of gum disease. Healthy gums are pink and do not bleed when you brush or floss. Also your hygienist and dentist can tell when you have just started flossing the week before your cleaning appointment! ■

Dr. Kathryn Freedman is a graduate of the Medical College of Georgia. Prior to moving to Greenville, Dr. Freedman practiced dentistry in Charlottesville, Virginia. In 2004, Dr. Freedman transferred to the Junior of Greenville from the Junior League of Charlottesville, Virginia. She is currently working at Rocky Creek Dental Care.



Rowan
C O M P A N Y

FURNITURE • ANTIQUES • INTERIORS

1207 Laurens Road | Greenville | 864-331-2077 | rowancompany.net

Lifting Children and Families to Their Full Potential



JLG member Valerie Royal serving as A Child's Haven parenting program volunteer.

Written by Kimberly Cooley

The name might be A Child's Haven (ACH), but it is a place where children and families are lifted up to their full potential. When children do not achieve their developmental milestones, it causes a lifetime of problems and challenges. They very seldom get to fulfill all of their possibilities because they did not get the same beginning as most children.

A Child's Haven is a therapeutic treatment center for children with developmental delays caused by poverty, neglect or abuse. Nearly 20,000 children are living in poverty in Greenville county. Over 7,000 of those children are under the age of six years of age. These early years are so critical in the development of children.

Since 1992, A Child's Haven has been serving children ages 2 – 4 years of age. Over 100 children are helped by ACH each year. By midyear, there are over 60 children on the waiting list.

Each morning, an ACH bus picks up the children at their home. When they arrive at the center, each child is provided breakfast and their day begins. From circle time, art and music, and specific treatment for each child, the morning is busy with individualize attention for the children. After lunch, they go down for a nap before the bus takes them home for the day.

The children are referred from many sources – Greenville Hospital System Pediatric Clinic, Greenville county school

district, and Department of Social Services to name a few. Each child is given a developmental assessment and has a specific treatment plan designed for their developmental delay. These delays can be speech and language, motor, and social skills. The children are assessed on a daily basis and usually achieve their milestones and are discharged within six months to a year.

Not only do the children benefit from treatment at A Child's Haven, but the parents receive skills and mentoring they need to help strengthen their family. Each parent or caregiver is required to attend parenting classes. The curriculum can include healthy techniques to resolve conflict and age appropriate discipline. Beyond the parenting classes, the clinical staff makes over 1,500 home visits to work one on one with the parent or caregiver.

Parent Anonymous groups are facilitated by A Child's Haven staff. These groups work together to improve relations with their children and provide parenting and coping



skills. Many ACH parents continue to attend Parent Anonymous groups for the camaraderie with other parents and to offer their success stories to the group. Parents are seeing the results from their new and thriving parenting skills. They are achieving the goal of a healthy and nurturing relationship between children and their parents.

A Child's Haven has been a long standing and popular placement for Junior League of Greenville members. Currently, there are over 25 JLG volunteers fulfilling their placements at ACH. Our members work in the classroom teaching art and reading to the children, assist with the holiday programs, and in the evening provide support for the families during the parenting programs. Sustainer Lynn Hauser shared "They can't get rid of me. I love coming here and working with the children. It's just something I continued to do after I became a JLG sustainer."

Executive Director, Arthur Avitabile shares that "what makes ACH and its mission so compelling is both

the preventive and transformative potential of the treatment model. Children, ages 2-4, are referred to us with various delays in their social, emotional, cognitive, or behavioral development. Our early intervention with the child in daily treatment addresses the immediate problem. The parent education and family work lays the foundation for transforming the future by "breaking the cycle". Independent data supports the efficacy and cost effectiveness of Early Childhood Development programs similar to A Child's Haven. We are truly a great investment in a community's future. Right now we work with about 8% of the children and families who need us. What would Greenville County be like in 10 or 15 years if there was A Child's Haven for the other 92%?" ■

To learn more about A Child's Haven, visit their website at www.achildshaven.org or contact Executive Director, Arthur Avitabile at 864.298.0025.



JLG member, Bernadette Bean working with the children of A Child's Haven on an art project.

WHO SAYS WE'RE THE BEST? THE FACTS.

Most people consider the **Coldwell Banker®** brand as the leader in real estate. And for good reason, we are. And the facts back it up. We've won the Inman Award for technological innovation twice,¹ and thanks to our great agents, we're the brand most strongly considered for real estate transactions according to a recent Wall Street Journal subscriber study.² With recognition like that, it's clear that we work harder for our customers than anyone else.



Want to work with the best when buying or selling a home? Visit your nearest Coldwell Banker Caine office today to partner with the best and brightest Real Estate professionals in the Upstate.

Go to www.coldwellbankercaine.com for more info.



1 In 1998 and 2007, Coldwell Banker Real Estate LLC won the Inman Innovator of the Year award. 2 2009 Wall Street Journal Residential Real Estate Survey; The Wall Street Journal Marketing Department/ Beta Research Corp.

PLAY BALL!

Fluor Field at the West End was transformed into four interactive zones focused on adapting and maintaining a safe and healthy lifestyle for the whole family. On Friday, October 8th, the Junior League of Greenville hosted over 870 children from twelve area elementary schools. Over 500 families visited the fitness, nutrition, safety, and healthy lifestyles zones on Saturday, October 9th.





Paving the Way for a Future of Hope and Promise



When Bob Pulido, Executive Director of Pendleton Place Children's Shelter said that their staff receives grief and loss training, I was briefly confused to why these children would need such counseling. Bob explained that children of Pendleton Place are going through a grieving process, not from death, but a sense of loss. These children have been removed from their homes as a result of abuse, neglect, abandonment or sometimes due to the incarceration of their parents or guardians.

A toddler doesn't realize that he is now in a warm and safe place. He only knows this is not his home and there are strangers around him. When a child is placed in Emergency protective custody by the Department of Social Services and arrives at Pendleton Place, a case manager is assigned and begins the evaluation process. The child receives physical and dental exams, basic evaluations for education and social assimilation, and mental and developmental evaluations.

Working with the Department of Social Services, the case manager will prepare a

discharge summary. The best scenario is to reunite the child with the family unit. This is an approved and safe environment with a family caregiver. When the family is not an option, the child can be placed in foster care or a group home depending upon which is the best alternative for the child.

Pendleton Place serves children – girls ages birth to 21 and boys ages birth to 11. After age 11, boys are placed at the Miracle Hill Boys Shelter. Pendleton Place averages around 230 abused and neglected children each year and the maximum capacity is 34 children. The average stay is 47 days, but some children stay for up to one year.

The Smith House, adjacent to Pendleton Place, is a nine bed facility for young women ages 15-21. The Smith House provides the opportunity for these young women to learn social and life skills to move into adulthood. The average stay at Smith House is about two years.

Pendleton Place has always had a special place in the heart of the Junior League of Greenville. It was in 1975 that a group of

visionary Junior League members identified the need for a safe and warm place for displaced children and provided funding for Pendleton Place. Currently, the JLG has over 10 members serving their volunteer placement at Pendleton Place.

JLG member Jennifer Dennis stated, "I feel that Pendleton Place Children's Shelter is probably one of the most fulfilling volunteer placements available in the Junior League of Greenville. By volunteering there, you have a great opportunity to impact a child's life in a positive way while they are dealing with what could be one of the most difficult situations that they will ever encounter. Being at Pendleton Place and helping children who have been removed from everything and everyone that they know just opens up my heart and makes me even more passionate about volunteering." ■

To learn more about Pendleton Place Children's Shelter, visit their website at www.pendletonplace.org, or contact Executive Director, Bob Pulido at 864.467.3650.

Michael's Story

Written by Mary Fran Crosswell, M.D.

Michael was found by police officers in his home when they responded to tips of methamphetamine production. They found a meth lab in his kitchen with dangerous chemicals and drug paraphernalia within close reach. Police took him into emergency protective custody at that time and placed him in the care of Department of Social Services. Looking for a safe placement for Michael on a late Saturday night, his child protective service worker contacted Pendleton Place Children's Shelter. Michael was taken to Pendleton Place where he was bathed, fed, and given a warm safe place to stay.

During his time at Pendleton Place, Michael made spontaneous comments alluding to other forms of child maltreatment. Staff at Pendleton Place informed his child protective services worker, who made a referral for further Michael to have further evaluation at the Greenville

Rape Crisis and Child Abuse Center. There, Michael talked to a forensic interviewer, someone who is specially trained to talk to children in a non-leading and non-suggestive manner in a setting friendly to children. Child Protective Service Worker and law enforcement officer investigating the case were able to view this interview live through a closed-circuit television in a separate room at the Greenville Rape Crisis and Child Abuse Center. Michael therefore only had to be interviewed once, instead of 3 separate occasions. He also had a medical exam at the center, to evaluate for any physical signs or symptoms of abuse.

While at Pendleton Place, he received a developmental screen by a child life specialist. This screen determined that Michael had developmental delays. Michael was referred to A Child's Haven, a therapeutic program for children between 2-5 years of age who suffer from developmental delays, often secondary to abuse or neglect. A bus picked Michael up from Pend-



leton Place to take him each day to A Child's Haven so he could receive the treatment to assist him in achieving the appropriate developmental milestones. While "Michael" is not a true child, certainly there have been many Michaels come through each of these agencies. ■

Dr. Crosswell is a forensic pediatrician on staff at Greenville Hospital System. She works with the Greenville Rape Crisis and Child Abuse Center (GRCCAC) and Pendleton Place Children's Shelter. She also serves on the Board of Directors at A Child's Haven.

Greenville Rape Crisis and Child Abuse Center

From Victims to Survivors

The Greenville Rape Crisis and Child Abuse Center (GRCCAC) is a big name for an even bigger problem in our state. Greenville has ranked highest in the state of South Carolina for cases of child abuse for the past three years. For the past two years, we are in the top five counties for number of reported sexual assaults. Under one roof, the GRCCAC has three distinctive programs – Rape Crisis, Prevent Child Abuse Greenville, and Children's Advocacy Center.

Rape Crisis Center provides intervention, treatment and advocacy for adult survivors of sexual assaults. When an assault victim arrives at the emergency room, a staff member or volunteer will provide support and advocate for the patient. A legal advocate will follow the victim through the crime investigation and legal procedures. Ongoing therapy and support are provided to the adult survivors of sexual assault.

Prevent Child Abuse Greenville is the education component of GRCCAC. Safe Touch puppet shows and Talk about Touching are programs offered to elementary age children. These programs discuss personal safety, stranger danger and recognizing "tricky" people. Parenting skills classes are offered to parents and caregivers. Topics can include effective communication with a child, how to discipline without using physical punishment, and more.

GRCCAC staff offers a wide variety of programs addressing sexual harassment, self defense, date rape/predatory drugs and harassment-bullying to businesses, local universities, and community organizations at no cost to the groups.

The Children's Advocacy Center (CAC) is a child-centered environment that helps children through the process of investigation, treatment and prosecution of child abuse cases. The Child Advocacy Center

works with the child and family to provide the best possible services to help the healing process.

Each room and corridor at the CAC is decorated for children to ensure a safe and nurturing environment. Comprehensive medical exams are conducted by on-site pediatricians Dr. Nancy Henderson and Dr. Mary Fran Crosswell.

When there are allegations of child maltreatment, a forensic interview with the child is conducted in an age appropriate manner. The primary focus is the physical and emotional well being of the child. Since all services are provided on-site, this is a highly effective, one stop approach to the investigation of child abuse. A family advocate will work with the family through the legal and healing process.

These children have experienced the worst life has to offer. The Child Advocacy Center works with the child and family to provide the best possible services available in our community for child neglect and maltreatment. ■

To learn more about Greenville Rape Crisis and Child Abuse Center, visit them at www.grccac.org or contact Shauna Galloway-Williams, Executive Director at 864.331-0560. The Rape Crisis 24/7 Hotline is 864.467-3633.

A Safe Place to Start a New Life



JLG member, Virginia Mitchell, serves as a Childcare Advocate at Safe Harbor.

In 1978, the first emergency shelter in the state of South Carolina for women escaping from domestic violence was opened in Greenville. Beginning as the Family Counseling Center, Safe Harbor works with and helps victims of domestic violence. From providing safe shelter for women and their children to counseling and advocacy, Safe Harbor helps women everyday that are in desperate situations across the Upstate.

Currently, Safe Harbor serves Greenville, Pickens, Anderson, and Oconee counties and has two unmarked and confidential shelters – one in Greenville and one in Anderson counties. In 2009, Safe Harbor sheltered 578 women and children. According to Executive Director, Becky Callaham, “Sadly, the numbers for 2010 will be higher than 2009.” Safe Harbor provided counseling and support to almost 1,000 non-shelter victims and answered 1,500 hotline calls in 2009.

These statistics support the fact that South Carolina ranks number two nationally for the number of women killed by their intimate

partner. In Greenville county, we rank number one in the state for family violence victimization and number two for domestic violence victimization. Domestic violence happens in all kinds of families and relationships. Persons of any class, culture, religion, sexual orientation, marital status, age, and sex can be victims or perpetrators of domestic violence.

Although best known for the crisis intervention – 24 hour hotline and emergency shelter, Safe Harbor offers the community so much more in education, counseling, and legal advocacy. Safe Harbor promotes education as the key to change. RAP – Relationship Awareness Program is a pilot program in physical education classes at JL Mann High School. The staff at Safe Harbor believes that if attitudes change, then behaviors will follow.

The Megan Project educates teenagers about dating violence. Safe Harbor works with the local schools and community groups such as the Girl Scouts and church youth groups about positive and healthy relationships. Tragically, the Megan Project was cre-

ated in memory of a local young woman who was murdered by her boyfriend.

Junior League of Greenville member Virginia Mitchell is a new volunteer at Safe Harbor. Her time at Safe Harbor might be tutoring children with homework, playing on the playground, or reading books and general playtime with the children.

Virginia shares, “I am excited that I have chosen Safe Harbor as my placement this year. My desire was to choose a placement that gave me a more hands on approach to the community. I am working as a child advocate and have already decided to extend my time at Safe Harbor by volunteering on the crisis line starting at the beginning of the year. Spending time with the children of Safe Harbor and watching their innocence warms my spirit and soul. I just hope I am giving the kids as much as they are giving me.” ■

For more information, visit their website at www.safeharborsc.org or contact Executive Director, Becky Callaham at 864.467.1177.

A Conversation with Suzie Foley,

Executive Director — Greenville Free Medical Clinic

Written by Amy Albright

I've heard that you know something is good when there's a line out the door. Upon my arrival at the Greenville Free Medical Clinic, I was greeted with a line — potential patients waiting for the clinic doors to open at 10:00 A.M. on a Thursday. Order, professionalism, and again, the hallmark of doctors' offices, waiting, characterized the lobby of the small clinic on Arlington Avenue. The clinic is neat and clean and the staff is friendly and efficient. Why all the waiting? There are a lot of people in line for services.

The Free Medical Clinic offers just what it says: free medical care. The care is distributed by local doctors and nurses to uninsured and Medicaid ineligible Greenville County residents. A lot of them. The non-profit clinic treats thousands patients a year and the numbers are climbing. According to Executive Director, Suzie Foley, the typical clientele consists of adults who have lost



their jobs and insurance or adults who have jobs but can't afford insurance. Children and individuals classified as elderly or disabled are typically absent from the clinic line due to their Medicaid eligibility.

On the receiving end of the patient line, eleven-year veteran Foley and the Board of Directors join fourteen employees and over 800 volunteers. Trained volunteers serve as greeters/screeners and volunteer medical professionals treat the eligible patients. Foley counters the misconception that "free clinic" patients receive inferior medical care

by noting that the clinic's volunteer medical professionals are paid staff at our local healthcare facilities.

In addition to the excellent medical care dispensed by doctors, nurses, and dentists, Foley states that volunteer screeners dispense respect and help create positive first impressions. Foley notes that by doing so, the volunteers fulfill a standard set by clinic founder Dr. Stoneberger: patients with financial needs command the same respect as paying patients.

The volunteers create a positive impression on Foley too. She states "it's so enriching to see that willingness to give." Foley adds that the heartfelt gratitude she receives from patients "Is the ultimate! That makes it a joy to come to work." ■

To learn more about the Greenville Free Medical , visit their website at www.greenvillefreeclinic.org or contact Executive Director, Suzie Foley at 864.232.1471.

We don't believe in unexplained infertility.

And neither should you.

At Fertility Center of the Carolinas, we understand that when you're having trouble conceiving, it's more than just a physical issue. It affects everything — your thoughts, your feelings, your relationship. That's why we're committed to helping you find the answers you're looking for, then choosing the solution that's right for you. We don't believe in unexplained infertility — and neither should you. Call today to see what the specialists at Fertility Center of the Carolinas can do for you.

Fertility Center of the Carolinas

(864) 455-1600
fertilitycenterofthecarolinas.org
Greenville • Spartanburg • Anderson



Join us for our FREE monthly seminars.

Every month, Fertility Center of the Carolinas hosts an informal discussion with the region's top fertility experts, covering a variety of topics and giving participants an opportunity to talk one-on-one with our physicians. For registration details, visit fertilitycenterofthecarolinas.org.

FCC307A



Connect with the region's top fertility experts on Facebook (Fertility Center of the Carolinas) and Twitter (GHSFertilityDoc), or watch for us on the national television show *The Fertility Chase*, a 13-week series on WE Network. Check local listings for details.

The Services May be Free but the Volunteer Opportunity is Priceless

Written by Liz Philpot

Some would say I'm set in my ways, but I've always felt, "if it ain't broke, don't fix it." Thus, I've stayed in the same community placement position for going on my fifth straight year and for the time being, I have no desire or plan to change hats. I am a volunteer at the Greenville Free Medical Clinic and while I only have the opportunity to spend a few hours a week there, the experience can leave me with effects that carry me all the way until my shift the following week and always, at the very least, until I reach my real job where I am sure to have a story to share with my co-workers and staff.

The Greenville Free Medical Clinic is an inspiring "non-profit" organization that provides free medical services to over approximately 6,000 low-income uninsured Greenville County residents each year. It

conducts over 12,000 patient visits annually and dispenses roughly 30,000 prescriptions/refills; all without charging its patients a dime. The day-to-day operations are carried out by an extraordinary group of people willing to offer their expertise in medical or support roles in exchange for either meager salaries or, in the case of the doctors, totally free. Many of the basic administrative tasks are carried out by volunteers such as myself who do the behind-the-scenes jobs such as replacing patient files to their proper place; pulling charts for the day's caseload or interacting with patients prior to their visit with the clinician.

My official title at the Free Medical Clinic is Patient Screener. I am responsible for extracting key information from the patients regarding delicate and personal financial and medical issues. To be eligible for



Executive Director and JLG member, Suzie Foley conferring with the medical staff at Greenville Free Medical Clinic.

Continued on page 24

MANTELS
DINING ROOMS
KITCHENS
FRONT DOORS

**CALL TO
SPEAK WITH
A DESIGNER
TODAY!**

Custom Arrangements

297-6232 TWIGS.NET 1100 WOODS CROSSING 640 S. MAIN

TWIGS



Recommendations for early breast cancer detection from the American Cancer Society

Written by Elizabeth Clark

In Your 20s

Breast self-examination (BSE) is an option for women starting in their 20s. Women should report any breast changes to their health professional right away. Research has shown that BSE plays a small role in finding breast cancer compared with finding a breast lump by chance or simply being aware of what is normal for each woman. Doing BSE regularly is one way for women to know how their breasts normally look and feel and to notice any changes. The goal, with or without BSE, is to report any breast changes to a doctor or nurse right away.

In Your 20s and 30s

Women in their 20s and 30s should have a clinical breast exam (CBE) as part of a periodic (regular) health exam by a health professional preferably every 3 years. Starting at age 40, women should have a CBE by a health professional every year. CBE is done along with mammograms and offers a chance for women and their doctor or nurse to discuss changes in their breasts, early detection testing, and factors in the woman's history that might make her more likely to have breast cancer. There may be some benefit in having the CBE shortly before the mammogram. The exam should include instruction for the purpose of getting more familiar with your own breasts. Women should also be given information about the benefits and limitations of CBE and breast self-examination (BSE). The chance of breast cancer occurring is very low for women in their 20s and gradually increases with age. Women should be told to promptly report any new breast symptoms to a health professional.

Continued on page 24



Caroline Tompkins



Frances Ellison



A.B. Stewart

SURVIVORS

The Junior League of Greenville has partnered with The American Cancer Society and Susan G. Komen for many years. As a women's organization the reality of breast cancer becomes evident when our members are affected by this disease. Recently, we had an opportunity to sit down with three JLG members who are breast cancer **SURVIVORS** and discussed their journey.

When and how were you first diagnosed with cancer?

Caroline Tompkins: Fours years ago I was told, in the doctor's office, that I had cancer. I was diagnosed through a mammogram.

Frances Ellison: January, 1989, following a post-partum check-up after the birth of our third son. I was 35 years old.

A.B. Stewart: In July of 2002. I went for my annual GYN exam and my gynecologist found a small lump in my right breast which she could not aspirate. Following a trip to the diagnostic radiologist, it was off to the surgeon for a biopsy which revealed that I had breast cancer.

What type/stage cancer?

Caroline Tompkins: My cancer was not very far along. Luckily I just needed surgery and radiation.

Frances Ellison: Ductal and lobular, all in situ.

A.B. Stewart: Stage 2, ductal carcinoma (in situ and invasive); approximately 1.5 cm; no positive nodes (sentinel node clear)

What/how long was your treatment?

Caroline Tompkins: I did have radiation at the clinic for six weeks. It was wonderful because I had five friends who each took turns taking me to treatment.

Frances Ellison: I only had surgery, no chemotherapy or radiation.

A.B. Stewart: Lumpectomy and sentinel node biopsy followed by 4 rounds of chemotherapy (Adriamycin and Cytosin) which was followed by 37 radiation treatments. Then Tamoxifen for 2.5 years and Arimedes for 2.5 years (because my tumor was an estrogen-fed cancer). Treatment occurred

between September 2002 and January 2003.

How has it changed you as a person?

Caroline Tompkins: It has made me more aware of the "horrible disease" and do what I can for friends who find they have it.

Frances Ellison: It has probably made me more aware of the use of whatever time I have, more likely to focus on the present rather than the future. I had been a person who often made decisions "for the long run"; what I learned is that today may be the long run!

A.B. Stewart: Breast cancer was truly a blessing (but not when I was going through treatment!). By experiencing the disease firsthand, I was then able to assist fellow breast cancer patients by relating to what they are/were going through. I could tell them what worked for me in offsetting the

effects of the treatment and could be a “buddy” because I had “been there, done that”.

I also joined the Board of the Cancer Society of Greenville County and have continued to work through that agency as a dedicated volunteer. I formerly served on the American Cancer Society Board in Greenville because both parents were cancer victims (colon/rectal – Father and lung – both parents).

What advice would you give to women facing a new diagnosis of breast cancer?

Caroline Tompkins: Try to learn all you can about your cancer.

Frances Ellison: First, take a deep breath. Then seek advice and inspiration from anyone whose judgment you value—physicians, friends, those who have had similar experiences, etc. During your treatment, delegate as many of your day-to-day responsibilities as you can. Lean on those who love you. Be kind to yourself.

A.B. Stewart: Follow your physician’s advice; educate yourself on your specific cancer; and know that breast cancer in most cases is a very treatable and beatable

disease! There are many support agencies in the Greenville community in addition to family and friends so take advantage of this support.

Do you participate in Race for the Cure and, if so, what has been your experience?

Caroline Tompkins: No, I am 80 and have trouble with my legs. I am usually using a walker.

Frances Ellison: I have participated in the Race for the Cure a couple times. I remember the first time, being surprised at how special it was to walk with a large group of women who had shared the breast cancer diagnosis. At the finish line, lots of people (including my husband and sons) were applauding, and that was very poignant.

A.B. Stewart: Yes. I have participated in the Race for the Cure since before I was diagnosed with breast cancer although I do miss a year here and there due to other commitments. Our daughters’ school, Christ Church Episcopal School, has a team every year which supports the many faculty, family members and friends who have faced breast cancer. I usually walk

with this group. The Race is a wonderful way to say “NO” to breast cancer and say “YES” to survival.

When someone is diagnosed with breast cancer, we all want to be supportive and helpful. What did your friends or loved ones do for you that meant a lot to you?

Caroline Tompkins: They checked on me, listened a lot, and were good friends.

Frances Ellison: I was PE of the Junior League when I was diagnosed. The Board organized, and somebody brought my family supper most nights for a month! It was amazing—great practical help, but more importantly, a wonderful demonstration of friendship and ongoing support. That meant the world to me.

A.B. Stewart: I have never experienced so much love and support from so many (even people I did not know!) in my life. I had people praying for me across the country. My family and friends could not have been more supportive – love, prayers, gifts, meals, calls, visits, you name it – I got it! My faith was strengthened more than ever before. ■



Sustaining Member Brenda McKay
Augusta Road Office 679-9480

We proudly support
the Junior League.

**Greenville
FIRST**

Bank with Confidence.



In Your 40s

Women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health. Current evidence supporting mammograms is even stronger than in the past. In particular, recent evidence has confirmed that mammograms offer substantial benefit for women in their 40s. Women can feel confident about the benefits associated with regular mammograms for finding cancer early. However, mammograms also have limitations. A mammogram can miss some cancers, and it may lead to follow up of findings that are not cancer. Women should be told about the benefits and limitations linked with yearly mammograms. But despite their limitations, mammograms are still a very effective and valuable tool for decreasing suffering and death from breast cancer.

And Beyond

Mammograms should be continued regardless of a woman's age, as long as she does not have serious, chronic health problems such as congestive heart failure, end-stage renal disease, chronic obstructive pulmonary disease, and moderate to severe dementia. Age alone should not be the reason to stop having regular mammograms. Women with serious health problems or short life expectancies should discuss with their doctors whether to continue having mammograms.

The American Cancer Society believes the use of mammograms, MRI's for women at high risk, clinical breast exams, and finding and reporting breast changes early offers women the best chance to reduce their risk



of dying from breast cancer. This approach is clearly better than any one exam or test alone. Without question, a physical exam of the breast without a mammogram would miss the opportunity to detect many breast cancers that are too small for a woman or her doctor to feel but can be seen on mammograms. Mammograms are a sensitive

screening method, but a small percentage of breast cancers do not show up on mammograms but can be felt by a woman or her doctors. For women at high risk of breast cancer, such as those with BRCA gene mutations or a strong family history, both MRI and mammogram exams of the breast are recommended. ■

SERVICES *continued from page 20*

receiving services at the clinic persons and/or households must meet certain threshold requirements relative to the number of adults and children living in the home and the total gross income of any wage earners residing therein. The medical data collected is used to streamline the patient's visit to ensure that the limited resources are best allocated and to the best of the medical team's abilities, and that the patient's physi-

cal needs are met. While carrying out these tasks, I am presented with a unique and easily overlooked opportunity, which, again, the patients themselves have taught me. It is the chance to give these special people what may be the only positive, compassionate, discreet and encouraging encounter they may have all week.

The majority of people I meet there are not so unlike you or me. Many work in jobs that do not offer health insurance and their income levels take them out of many

government assistance programs; thus they have fallen through the cracks and have no choice but to seek free medical services. There are those who are victims of the epidemic in our society of layoffs and cutbacks in the workforce. They too find themselves with no choice but to seek out free health care services.

Working at the Free Medical Clinic is a privilege and has gained me the opportunity to grow and learn from the experiences I share with the patients and staff. ■



Understanding Dementia and Alzheimer's

Written by Kimberly Cooley

Dementia

How many times have you walked into a room and forgot why you came there to begin with? We all have moments of forgetfulness throughout our day. When do we know if there is a problem or just normal absentmindedness? We hear the words dementia and Alzheimer's disease on television and in daily conversations, but do we really understand what each of these terms mean?

Dementia is not a disease. It is a loss of mental skills that affects an individual. Dementia is significantly more common among elderly people. However, it can affect adults of any age. Dementia is caused by changes or injuries to your brain such as strokes, tumors and head injuries or diseases such as Alzheimer's and Parkinson's. These changes affect the ability to process thought and actions. The areas of brain function that might be affected

are cognitive functions such as memory, language and problem solving.

Alzheimer's

Alzheimer's is a disease of the brain. It is NOT a normal part of aging. Alzheimer's disease is the most common cause of dementia. In 1906, Alois Alzheimer presented his study on the disease, but received little interest since it was considered so rare. The average life span was 50 years old at that time and few people reached the age of greatest risk. As the life span in the United States increased so did the occurrence of the disease. Remarkably, what is known currently has been discovered in the past 15 years.

Age is the greatest risk factor for Alzheimer's. The probability of developing Alzheimer's after the age of 65 doubles every five years. After 85 years of age, every 1 out of 2 people are diagnosis with

Continued on next page

10 WARNING SIGNS OF ALZHEIMER'S DISEASE

1. Memory changes that disrupt daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work, or at leisure
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood or personality

Alzheimer's. Family history and genetics are another risk factor. Individuals that have a parent, brother or sister with Alzheimer's are two to three times more likely to develop the disease.

Making brain-healthy lifestyle choices

Diet and exercise is a key factor to a brain healthy lifestyle. High saturated fat and cholesterol that clogs arteries is associated with a higher risk of Alzheimer's disease. Not only is it bad for your heart and overall health, but restricts the blood flow to your brain. There are certain foods that fall under protective food category: dark skinned fruits and vegetables have the highest levels of antioxidants, cold water fish that contain omega-3 fatty acids, and some nuts such as almonds, pecans, and walnuts are a great source for vitamin E. Physical exercise improves oxygen flow to the brain and will help reduce the risk of heart attack, stroke and diabetes.

Mental and social stimulation is important to protect yourself from Alzheimer's. Surprisingly, keeping your brain active may even generate new brain cells. Working crossword puzzles, reading the news-

paper, and volunteering in the community will help keep your brain stimulated and will help lower your risk.

**IN 2010, THERE IS AN ESTIMATED
5.3 MILLION PEOPLE LIVING
WITH ALZHEIMER'S DISEASE
IN THE UNITED STATES.**

Determining if it's Alzheimer's disease and determining a path forward

If you suspect that there might be a problem, the first step is to talk to a primary care physician. There is not one test that will determine if someone has Alzheimer's disease. A series of tests will be required to determine a diagnosis. The primary care physician may refer the patient to a neurologist or a geriatrician for a geriatric work up.

Once a diagnosis is provided, both the individual and family have many decisions to make. While there is no cure, treatments are available to help relieve some symptoms.

Decisions with legal and financial planning are important to consider at this time.

Resources available for Alzheimer and dementia support

The Alzheimer's Association is available and ready to help. Locally, the Alzheimer's Association is located at 301 University Ridge, Suite 5000 and can be reached at 864.250.0029. The Alzheimer's Association can provide support with care consultations and support groups, education with publications and training, and resources for clinical trials index.

Because 70 percent of those with Alzheimer's live at home, millions of family members are impacted by this disease. In 2010, there is an estimated 5.3 million people living with Alzheimer's disease in the United States. To help end this disease, volunteer with our local Alzheimer's Association, sign up for the Memory Walk®, or advocate for more research funding. ■

Source: Alzheimer's Association

For more information on Dementia and Alzheimer's, visit the Alzheimer's Association website at www.alz.org or contact the 24/7 helpline at 1.864.467.3633.



Original oil on canvas by artist, Coni Belleau Adams

Visit us on [facebook](https://www.facebook.com/leonloadart) ...become a fan

Exclusively...
for JL of Greenville Members

AN ORIGINAL OIL ON CANVAS

by nationally acclaimed portrait artists • prices \$8,000 - \$90,000+
view our Commissioned Artists Gallery at www.leonload.com/llcp

Select Artists... DISCOUNTS UP TO 25%

AND

OUR SIGNATURE OIL PORTRAITS...

***\$1000^{off}** Gallery Canvas™ with Frame Purchase

***\$600^{off}** Studio Painting™ with Frame Purchase
sizes 22x28 & larger • single subject prices \$1745+ - \$5595+

ORDER MUST BE CLOSED BY APRIL 30, 2011 TO RECEIVE DISCOUNT

MUSEUM QUALITY FRAMES BY CASTNER & HUSAR • PRICES \$576+

Full time Artists Representatives in Atlanta, Birmingham, Charlotte, Columbia, Dallas, Houston, Jackson, Macon, Miami, Nashville, New Orleans, Tampa, Washington DC... and across the southeast.

LEON LOAD™

Since 1947... the finest in oil portraiture... around the world

www.leonload.com • 800.235.6273 • All Artists reside and paint in the U.S.



[LG member, Linda Grandy, and her mother Helen Conrad Cogswell. [Photo by David Poleski Photography]

An Alzheimer's Journey

Written by Linda Grandy

I, like so many, have experienced an Alzheimer's journey. It was not THE Alzheimer's journey because Alzheimer's is different for every person as is the journey. It was not just MY Alzheimer's journey because it affected my entire family. I am merely sharing my experience so you will get a glimpse of the Alzheimer's world I know. My greatest hope is that my story may somehow help someone who is personally affected.

It may seem strange but I'm not sure when this journey began. Although my mother was formally diagnosed in 2002, in retrospect we realize she had the disease much earlier. We thought much of her "forgetful" behavior was due to the fact that she was in her late seventies and under stress as the primary caregiver for my aging father. Some people do become more forgetful as they get older, misplacing car keys or not remembering a familiar person's name.

That's a normal part of aging. Alzheimer's disease is not.

Alzheimer's disease affects approximately 5.3 million people in the U.S. Over time, Alzheimer's disease gradually destroys a person's memory and ability to learn and carry out daily activities such as talking, eating, and going to the bathroom. As the disease progresses, individuals may also experience changes in personality and behavior. Unfortunately, there are no cures for Alzheimer's disease and there is no way to predict how fast someone will progress through the stages of the disease.

I can now tell you that I am truly grateful for my experience but there were many difficult things along the way. The first really hard thing was taking Mama's car away. It had become unsafe for her to drive but she didn't want to lose that independence and control, especially when so many things she was once in control of were slipping away. We finally secretly took her keys rather than tell her she was incapable. After a week or so of looking for her keys she just gave

up and accepted that we would take her wherever she needed to go. This may sound cruel but you learn to find ways to keep your loved one safe and still allow them to maintain their dignity.

For me the hardest thing was lying to my mother. Now don't get me wrong, I'm sure I lied to my mother many times growing up to get out of trouble. I later felt guilty about it knowing it was wrong and disrespectful. But as an adult I had to tell my mother things because she was unable to accept or understand the truth. There was nothing worse than bringing her back to the Assisted Living/ Alzheimer's facility and having to lie. She would say, "Where is this? I don't live here I want you to take me home." I would have to say "Mama, this is your house". It was impossible take her back to her childhood home that existed only in her mind. Sometimes I would tell her, "This is where you wanted to go eat, I'm coming back to get you after I feed my family". Never wanting

Continued on next page

to be selfish or take me away from my family, she would happily go inside. Although I knew as soon as she got inside she would forget I told her I would be back, lying was never easy and I always felt guilty because I had tricked her.

Just as there were many difficult things along this journey there were many more things that helped make it a positive experience along the way. First, become educated about the disease. The Alzheimer's Association of the Upstate was invaluable. They provided information on support groups, classes for caregivers called Dementia Dialogs, and written materials dealing with all aspects of Alzheimer's. These materials ranged from explaining the 3 stages of Alzheimer's and how to deal with your loved one at each stage to recommended reading like Learning to Speak Alzheimer's by Joanne Koenig Coste. The support groups gave us useful tips from fellow caregivers and reminded us we weren't alone in this journey. Second, learn to accept and appreciate each stage. If you spend your time wishing it were the way it used to be you won't enjoy today and today will be gone tomorrow. Next, don't be embarrassed

because your loved one has Alzheimer's. Alzheimer's can affect anyone regardless of age, race, level of education, or health. If you treat your loved one with kindness and respect, chances are others will too.

Seek and accept support from friends and family. God blessed me with a husband who was supportive of the time and energy I gave to Mama, friends who were willing to go to lunch and not act shocked by

Mama's sometimes inappropriate behavior, and a sister who was close by to share the burdens, responsibilities, and the laughs. Yes, we had many laughs and most conversations began with "Just guess what Mama did!" Rather than focus on the negative we chose to focus on the positive and find humor in every situation. This not only helped me along my journey but is perhaps the greatest life lesson for us all. ■

WHAT'S THE DIFFERENCE?

SOMEONE WITH ALZHEIMER'S SYMPTOMS

Forget entire experiences

Rarely remembers later

Is gradually unable to follow written/spoken directions

Is gradually unable to use notes as reminders

Is gradually unable to care for self

SOMEONE WITH NORMAL AGE-RELATED MEMORY CHANGES

Forgets part of an experience

Often remembers later

Is usually able to follow written/spoken directions

Is usually able to use notes as reminders

Is usually able to care for self

Phil Hyman

PHOTOGRAPHY
www.philhyman.com
864-235-7864

There Is A Difference

"If there ever comes a day when we can't be together
keep me in your heart, I'll stay there forever"

-Winnie The Pooh



JLG Sustainers Continue to Deliver the Holidays



In December of 1992, the Sustainers coordinated their first community project of filling holiday bags for patients served by the Cancer Society of Greenville County. The following year, Liz Mahon spearheaded the effort and Harriet Goldsmith hosted the event again in her home. Over seventy-seven Sustainers gathered to fill holiday bags for cancer patients served by the Cancer Society. One hundred and sixty nine bags were filled with nutritional foods as well as Christmas treats and goodies.

Today the tradition remains strong with Sustainers Shelly Hart and Terry Gordon coordinating the annual Holiday Bags for Cancer Patients again this year. Each December, Sustainers gather at JLG Headquarters and spend several days assembling bags filled with food items such as soups, tea, and oatmeal, blankets to keep warm, and other various

surprises for cancer patients and their families. Last year, over 350 bags were delivered to the Cancer Society. Rebecca Feldman, JLG Active and co-owner of Two Men and a Truck has graciously volunteered their staff and trucks for the last several years to transport the bags for the JLG.

Donations of \$25 are made for each honorarium and memorial for a friend or loved one. An acknowledgement will be mailed to the individual or family member when appropriate. The funds raised will go directly towards the holiday bags. Checks should be made payable to JLG Holiday Bags and mailed to JLG 118 Greenacre Road Greenville, SC 29607. A list of honorariums or memorials should be included with the check. ■

Questions? Call Terry Gordon at 234-6561 or Shelly Hart at 235-5107. Happy Holidays from the Junior League of Greenville Sustainers!



**Music & Movement Classes
For Infants, Toddlers, Preschoolers,
and the Grownups Who Love Them™**

For more information about this fun, research-based program, our schedule, and classes, or to sign up for a Free Demo Class, please call:

(864) 630-0144

www.musictogetherofgreenville.com

JOIN THE JUNIOR LEAGUE OF GREENVILLE

Do you want to develop your own potential?

Are you committed to improving the community?

Do you have an interest in voluntarism?

IF SO, WE WANT YOU TO JOIN US!

The Junior League of Greenville (JLG) reaches out to women of all races, religions, and national origins who demonstrate an interest in and commitment to voluntarism.

We are actively seeking a diverse membership of women of all ages. Our membership includes a broad array of women who bring many different talents and perspectives to the community.

Who are we?

- **450+ Active members** – Our members are trained specifically for volunteer responsibilities in community projects, fundraising activities, education programs and administration. Collectively they volunteer more than 20,000 hours in the community each year
- **74%** work, either full or part time
- **76%** are married
- **60%** have children
- **70+ Provisional members** – new members who are trained in leadership development, community awareness and volunteer service
- **800+ Sustaining members** – have fulfilled their obligations as an Active member

Provisional Training Course

All JLG members are required to complete the Provisional Training Course during their first year of membership. This course allows new members to get to know each other while gaining an understanding of how the JLG fulfills its Mission. A complete listing of Provisional Course requirements is available at www.jlgreenville.org under the "Join Us" section.

Application Process

Attend the **Open House/Prospective Member Workshop** on **March 15th and 17th 2011**. The Open House is a wonderful opportunity to get to know the JLG – who we are, what we do, and the many ways we have impacted and continue to impact the Greenville community. **The Application for Provisional Membership is required to be submitted by April 1, 2011 to be part of the 2011-2012 Provisional class.**



Support the Junior League of Greenville

Last year, the members of the Junior League of Greenville provided more than 32,000 volunteer hours to our community. Since 1947, over \$2 million in gifts and grants have been awarded by the Junior League of Greenville.

Please consider making a contribution today. There are numerous ways in which you can help.

- ♦ **Sponsorship**
- ♦ **Oscar Night® America ticket purchase**
- ♦ **VISIONS magazine ad**
- ♦ **Nearly New Shop donation**

For more information on how you can support the Junior League of Greenville, please contact us at
864.233.2663 or email
vp-funddevelopment@jlgreenville.org.

VISIONS

To advertise in
VISIONS

call 864.233.2663

or email at

editor-visions@jlgreenville.org

or visit us online www.jlgreenville.org
to download a current media kit



AD INDEX

ADVERTISER

PAGE NUMBER

Christ Church Episcopal School..... Inside Front Cover

Coldwell Banker Caine13

Fertility Center of the Carolinas 19

Greenville First.....23

Hampton Inn and Suites – Riverplace.....3

JB Lacher Jewelers.....31

LeonLoard Oil Portraits.....26

Music Together Greenville.....29

Phil Hyman.....28

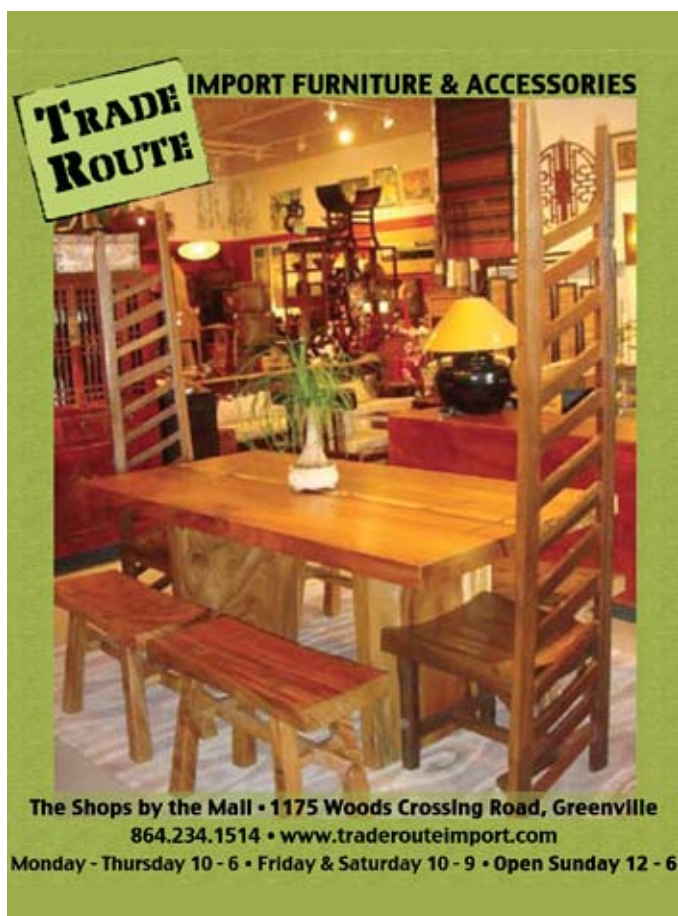
Rocky Creek Dental Care Back Cover

Rowan Company 11

Trade Route.....31

Twigs20

Vascular Health Alliance Inside Back Cover



TRADE ROUTE
IMPORT FURNITURE & ACCESSORIES

The Shops by the Mall • 1175 Woods Crossing Road, Greenville
864.234.1514 • www.traderouteimport.com
Monday - Thursday 10 - 6 • Friday & Saturday 10 - 9 • Open Sunday 12 - 6



JB Lacher Jewelers

123 College Street . Downtown Greenville . JBLacher.com . 864.232.7385

South Carolina

datacenter.kidscount.org

OVERALL RANK
45



KEY INDICATORS	STATE TREND			NATIONAL TREND			NATIONAL RANK
Percent low-birthweight babies	2000 2007	9.7 10.1	 4%	2000 2007	7.6 8.2	 8%	47
Infant mortality rate (deaths per 1,000 live births)	2000 2007	8.7 8.6	 -1%	2000 2007	6.9 6.7	 -3%	47
Child death rate (deaths per 100,000 children ages 1-14)	2000 2007	25 25	 0%	2000 2007	22 19	 -14%	44
Teen death rate (deaths per 100,000 teens ages 15-19)	2000 2007	86 81	 -6%	2000 2007	67 62	 -7%	39
Teen birth rate (births per 1,000 females ages 15-19)	2000 2007	58 54	 -7%	2000 2007	48 43	 -10%	38
Percent of teens not in school and not high school graduates (ages 16-19)	2000 2008	14 7	 -50%	2000 2008	11 6	 -45%	25
Percent of teens not attending school and not working (ages 16-19)	2000 2008	N.A. 8	 —	2000 2008	N.A. 8	 —	21
Percent of children living in families where no parent has full-time, year-round employment	2000 2008	N.A. 30	 —	2000 2008	N.A. 27	 —	38
Percent of children in poverty (income below \$21,834 for a family of two adults and two children in 2008)	2000 2008	19 22	 16%	2000 2008	17 18	 6%	40
Percent of children in single-parent families	2000 2008	35 39	 11%	2000 2008	31 32	 3%	47



Find more state and community-level data for South Carolina at the KIDS COUNT Data Center
datacenter.kidscount.org/SC

PERCENT CHANGE OVER TIME

 GETTING BETTER
 GETTING WORSE

N.A.: Comparable data not available for 2000 for these indicators. For more information, and to access the definitions and data sources for all indicators, go to:
datacenter.kidscount.org/databook

Goodbye, Cover-up. Hello, Confidence.

Tired of unsightly, uncomfortable varicose or spider veins? Let the dedicated vein specialists at Greenville Hospital System University Medical Center's Vascular Health Alliance help you improve your health, enhance your appearance and boost your confidence – all for less than you might think. Our physicians will choose a solution that works for you – from laser and sclerotherapy to fast-healing micro-incision treatments.

It's time to step out. It's time to look and feel your very best.

For more information or to ask about our free screenings, please call
(865) 454-VEIN (8346).

ghs.org/vha



VASCULAR
HEALTH ALLIANCE



The Junior League of Greenville, Inc.
118 Greenacre Road, Greenville, SC 29607

Change Service Requested

Non-Profit Org.
U.S. Postage
PAID
Permit No. 919
Greenville, SC



Two Locations, Three Dentists, Five Days a Week



ROCKY CREEK 
DENTAL CARE

Kathryn R. Freedman, DMD

John R. Piccione, DDS

Margaret A. Roth, DMD

1322 E. Washington Street • Greenville, South Carolina • 235.1200
978 Batesville Road • Greer, South Carolina • 675.9399