



WALTON COMMUNITY SERVICES, INC.

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WALTONCOMMUNITYSERVICES.COM

### Happy Birthday

We would like to wish Walton Community Services, Inc. personal health consultant a Happy Birthday! Thank you for helping us get physically fit.



### UPCOMING EVENTS

- 16th Annual Feed the Hungry : Saturday November 12, 2016
- Annual Board Meeting Saturday November 5, 2016
- Annual Potluck
- Annual Holiday Dinner December 3, 2016



### UPCOMING BIRTHDAYS

- Kimberly : November 18
- Tara H. : January 29
- Deborah : February 18
- Catrina : February 18



WALTON COMMUNITY SERVICES, INC.

# WALTON CHRONICLE

VOLUME 1, ISSUE 1      QUARTER 4

## BREAST CANCER AWARENESS

**What is Breast Cancer?** *Breast cancer* is a disease in which cells in the breast grow out of control. There are different kinds of breast cancer. The kind of breast cancer depends on which cells in the breast turn into cancer.

Breast cancer can begin in different parts of the breast. A breast is made up of three main parts: lobules, ducts, and connective tissue. The lobules are the glands that produce milk. The ducts are tubes that carry milk to the nipple. The connective tissue (which consists of fibrous and fatty tissue) surrounds and holds everything together. Most breast cancers begin in the ducts or lobules. Breast cancer can spread outside the breast through blood vessels and lymph vessels. When breast cancer spreads to other parts of the body, it is said to have metastasized.

### Types of Breast Cancer :

The most common kinds of breast cancer are—

- **Invasive ductal carcinoma.** The cancer cells grow outside the ducts into other parts of the breast tissue. Invasive cancer cells can also spread, or metastasize, to other parts of the body.
- **Invasive lobular carcinoma.** Cancer cells spread from the lobules to the breast tissues that are close by. These invasive cancer cells can also spread to other parts of the body.

There are several other less common kinds of breast cancer, such as Paget's disease, medullary, mucinous, and inflammatory breast cancer.

Ductal carcinoma in situ (DCIS) is a breast disease that may lead to breast cancer. The cancer cells are only in the lining of the ducts, and have not spread to other tissues in the breast.

### Symptoms of Breast Cancer:

- New lump in the breast or underarm (armpit).
- Thickening or swelling of part of the breast.
- Irritation or dimpling of breast skin.



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## BREAST CANCER AWARENESS (CTD.)

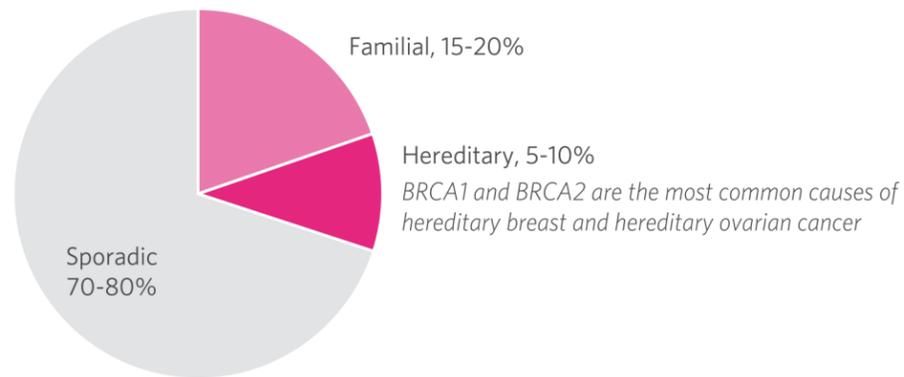
### Symptoms of Breast Cancer (continued)

- Redness or flaky skin in the nipple area or the breast.
- Pulling in of the nipple or pain in the nipple area.
- Nipple discharge other than breast milk, including blood.
- Any change in the size or the shape of the breast.
- Pain in any area of the breast.

### STATISTICS

Not counting some kinds of skin cancer, breast cancer in the United States is—

- The most common cancer in women, no matter your race or ethnicity.
- The most common cause of death from cancer among Hispanic women.
- The second most common cause of death from cancer among white, black, and Asian/Pacific Islander women.
- The third most common cause of death from cancer among American Indian/Alaska Native women.
- 230,815 women and 2,109 men in the United States were diagnosed with breast cancer.
- 40,860 women and 464 men in the United States died from breast cancer.



Ne'kea, Business Manager

<http://www.cdc.gov/cancer/breast/statistics/index.htm>



## HARVEST COSTUME CONTEST

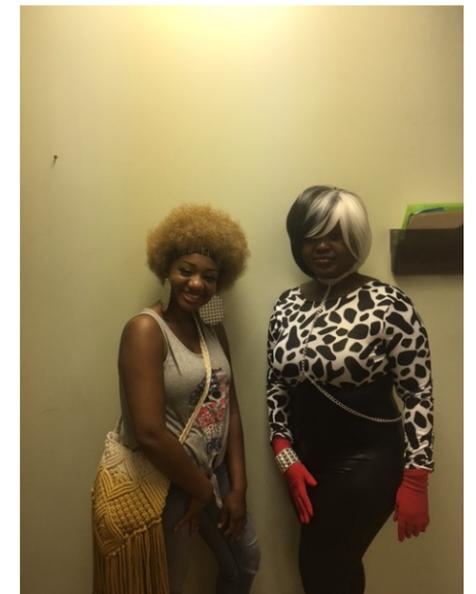
Each year Walton Community Services, Inc. has a Harvest Costume Contest where the members and staff can dress up as their alter ego or someone they simply idol and win prizes. Thank you everyone who came out and participated. This years winners are:

Life Choice Homes :

- 1st : Sidney
- 2nd: Daniel
- 3rd : Rebecca

Admin Office:

- 1st: Ne'kea
- 2nd : Tara
- 3rd: Deborah



## LIFE CHOICE 1; NEW NURSE ALERT



Judith Rogers is the new nurse for Life Choice 1, She has been a nurse since 1986. Judith was born in Pennsylvania she has 2 children 1 son whose 25 and a daughter whose 24. Judith states “ nursing is her life, I have always loved taking care of people and meeting new people. I am shy natured so this has been a fundamental outlet that has allowed me to meet great and exciting people.

Judith Rogers, LPN

## CASE CLOSED, CASEMANAGER CONNECTS

### Injury Prevention:

Motor vehicle crashes, falls, suicides, drowning, youth violence. These are just a few examples from a growing area in public health, which can be summarized in one word—Injuries. Although this word does describe these various occurrences, the field of injury prevention and control is extremely broad and complex with different sub categories and prevention approaches. Due to extensive research that has been done within the field of injury prevention and control, it has been proven that injuries are similar to diseases, in that injuries are not accidents, do not occur at random, and have identified risk and protective factors making them preventable.

Injuries take a major toll, not only to an individual, but also to the society. While many injuries are defined by mortality rates, injuries also can impair overall health- causing life- long disabilities, psychological effects, and detriment to a person’s overall well being. Additionally, monetary costs arise from medical expenses, police and fire services, property damage, and wage losses.

Comprehensive approaches combining policy implementation, environmental changes, as well as health education are needed in order to effectively prevent injuries. Furthermore, many disciplines, from health educators, to engineers, to policy makers, must work together marrying their expertise to protect the public from the consequences caused by injuries.

“Injury is probably the most under recognized major public health problem facing the nation today. National Academy of Science , 1988”

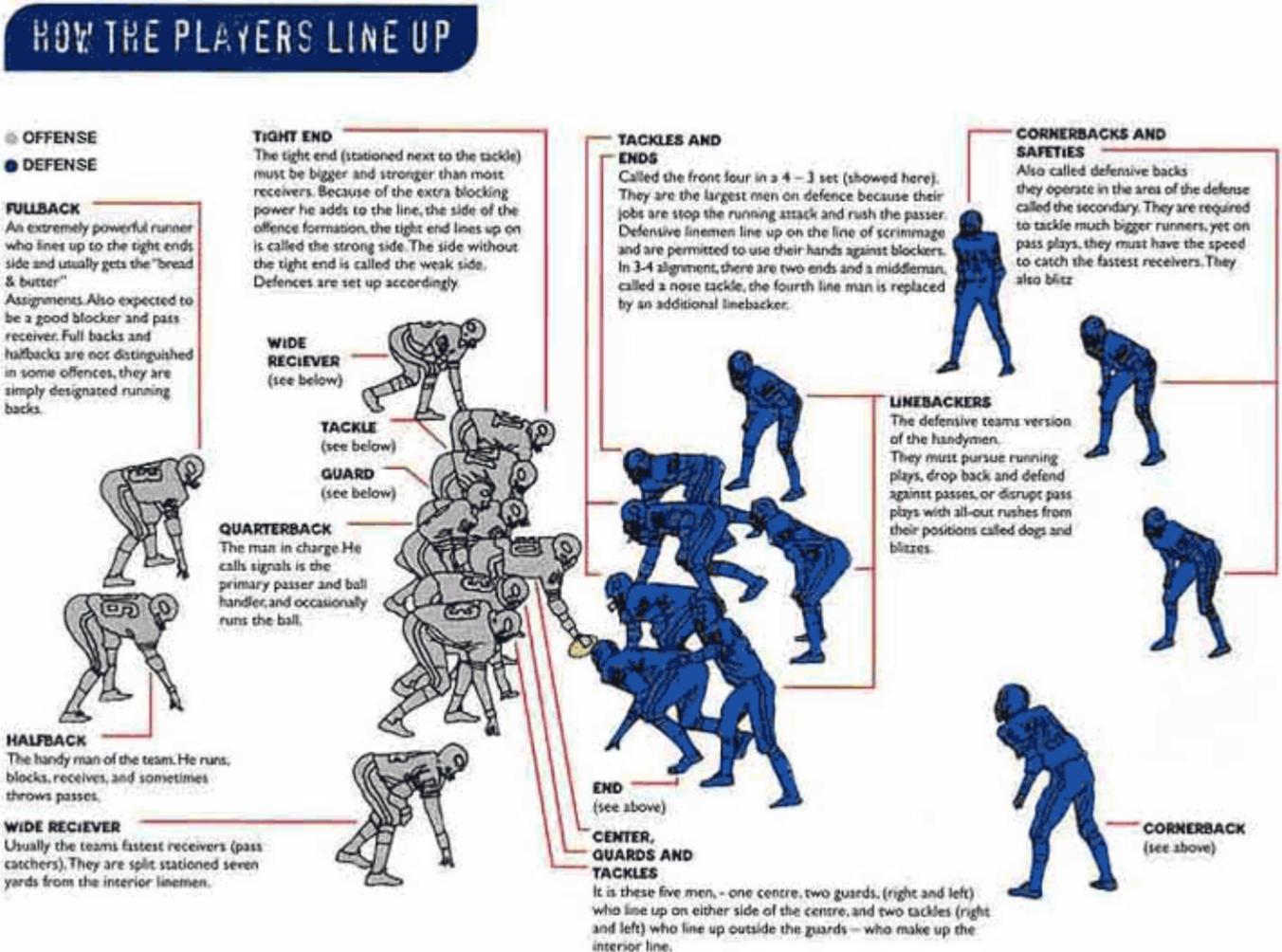
Kimberly Wilder, Case Manager

## BEGINNERS GUIDE TO FOOTBALL PT. 1

### HOW THE FOOTBALL PLAYERS LINE UP: Lesson 1

#### THE PLAYERS

Each team has 3 separate units: the offense (see section below), those players who are on the field when the team has possession of the ball; the defense (see section below), players who line up to stop the other team's offense; and special teams that only come in on kicking situations (punts, field goals, and kickoffs). Only 11 players are on the field from one team at any one time



## BEGINNERS GUIDE TO FOOTBALL (CTD.)

### THE TWO SIDES OF THE BALL

#### THE OFFENSE

Whichever team has possession of the ball is the offense. While only the quarterback, the wide receivers and tight ends, and the running backs can legally handle the ball, it is the quarterback who is the leader of the team and the playmaker. In fact, he's a man of many talents - he not only throws the ball, he outlines each play to his team

#### THE OFFENSIVE PLAYERS

- The quarterback ("QB") passes or hands off the ball.
- The center snaps the ball to the QB and blocks the defense.
- 2 guards and 2 tackles keep the defense at bay.
- 2/4 wide receivers catch the ball thrown by the QB.
- 1 or 2 running backs take the ball and run with it.
- 1 or 2 tight ends block the defense and can also catches passes

#### THE DEFENSE

The job of the defense is to stop the offense. The 11 men on the defensive team all work together to keep the offense from advancing toward the defense's end zone

#### The Defensive Players

- Linebackers defend against the pass, and push forward to stop the run or tackle the QB.
- The defensive line (ends and tackles) battles head-to-head against the offensive line.
- Cornerbacks and safeties defend against the pass from the QB to the wide receiver and help to stop the run.

Reference: NFL



## ATLANTA FALCONS

<http://operations.nfl.com/the-rules/2015-nfl-rulebook/>

Deborah Walton, CEO

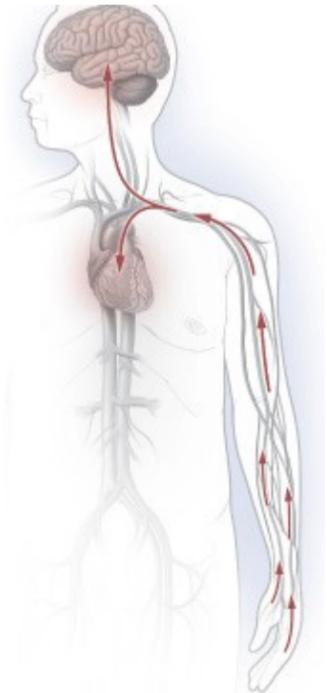
## OUT IN THE COLD

Body type explains some of the varying reactions to cold weather. Taller people tend to get cold faster than shorter people because a larger surface area means more heat loss. And fat's reputation as an insulating material is well deserved, although for warmth during the winter, you want it to be the subcutaneous fat layered under the skin, not the visceral fat that collects in the abdomen.

### WARMING UP TO COLD

Most of us spend the winter trying to stay warm and avoid getting cold, but a little bit of exposure may not be such a bad thing. It's been suggested, for example, that moderately cold temperatures could be good for the vasculature because it trains blood vessels in the skin to be responsive. (An added benefit: rosy cheeks.)

Brown fat is the heat-producing, calorie-burning fat that babies need to regulate their body temperatures. Most of it disappears with age, but PET scans have shown that adults retain some brown fat. Years ago, Finnish researchers reported that outdoor workers had more brown fat than indoor workers. Dutch researchers reported findings in *The New England Journal of Medicine* in 2009 that showed that moderately cool temperatures of 61° F activated brown fat in 23 of 24 study volunteers. No one is suggesting that cold weather be used for dieting purposes (not yet anyway). But when we get chilled this winter, we may take some consolation that at least we're firing up those brown fat cells.



Using cold temperatures for medical purposes is taken quite seriously in other countries. "Whole-body cryotherapy" was developed in Japan to treat pain and inflammation from rheumatic and other conditions. Patients spend one to three minutes in a room cooled to -166° F. And people in Finland, Russia, and elsewhere are passionate about winter swimming having health benefits. Several years ago, Finnish researchers reported the results of a study of 10 women who for three months took cold-water plunges (20 seconds in water just above freezing) and submitted to whole-body cryotherapy sessions. Blood

tests were unremarkable except for a two- to three-fold jump in norepinephrine levels minutes after cold exposure. Norepinephrine is a chemical in the nervous system that wears many hats, including, possibly, a role in pain suppression. (Spikes in norepinephrine levels may also explain the rise in blood pressure that occurs in cold weather).

**COLD REACTION ^^.** In cold temperatures, blood is shunted from the periphery to the interior.

Cold weather and respiratory disease, including flu, also go hand in hand. Research has shown that cold spells are reliably followed by upticks in the number of deaths from respiratory disease. Some of this may have to do with a few infectious organisms, like flu viruses, thriving in colder temperatures, but there's also evidence that exposure to cold temperatures suppresses the immune system, so the opportunities for infection increase. A study published in *The New England Journal of Medicine* in the late 1970s famously debunked the belief that the common cold is linked to cold exposure, but British cold researchers have maintained that there is a cold-to-common cold connection. Their hypothesis: cold air rushing into the nasal passages makes infections more probable by diminishing the local immune response there.

<http://www.health.harvard.edu/staying-healthy/out-in-the-cold>

Ne'kea. Business Manager

## OUT IN THE COLD

*No doubt cold weather can be hard on your health, but there may be a silver lining or two.*

Winter and its chilly temperatures are a mixed blessing when it comes to human health. We might not appreciate it at the time, but cold temperatures perform a great public health service by killing off disease-mongering insects and microorganisms, and one of the big worries about climate change is that winter will lose its pestilence-fighting punch. Although it's a bit theoretical, cold weather may also help us slim down by stimulating metabolically active brown fat. And in Scandinavia and Russia, many people actively seek out the cold: wintertime swimming in frigid water is believed to do health wonders, and there's some science (not much, but some) suggesting that it might be so.

But there's also a dark side to consider. Numerous studies have shown that death rates peak this time of year. Blood pressure increases during the winter, and, by some reckonings, 70% of the wintertime increase in the death rate can be traced back to heart attacks, strokes, and other cardiovascular causes of death. And, of course, flu season is a winter event, and flu viruses spread more readily once the air is dry and chilly.

Winter darkness, in a literal sense, may make matters worse. Sun-exposed skin makes vitamin D, a vitamin that seems to have all kinds of health benefits. During the winter, when days are short and the sun is at a low angle, levels of the vitamin in the body tend to dip. Cold temperatures *and* low vitamin D levels: that may be a bad combination.

## THE SHUNT AND SHIVER

If it's not too cold, our bodies adapt to cold temperatures pretty well. When we encounter cold air or water, the lacy network of blood vessels in the skin constricts, and blood is hastily shunted to the interior. That response adds to the insulating power of the skin because there's less heat lost from blood circulating near the surface. It also protects vital organs against the falling temperature. But we pay a price for the rerouting: diminished blood flow makes fingers, toes, and other peripheral parts of the body (the nose, the ears) vulnerable to frostbite, which occurs when the fluids in and around tissue freeze. Under the right conditions, blood vessels in the skin will open and close in an oscillating pattern, so skin temperatures rise temporarily, especially in the fingertips.

Shivering is another familiar defense mechanism against falling body temperatures. The rapid, rhythmic muscle contractions throw off heat that helps the rest of the body stay warm. The body may recruit more and more muscles as the temperature drops, so shivering can get intense and very uncomfortable. Voluntary movement — stomping your feet, swinging your arms — is another way to generate heat, and depending on the circumstance, may cancel out the need to shiver. It's not a total gain, though, because exercise also increases blood flow to the skin, so some body heat escapes

## DIET & WEIGHT LOSS

A healthy weight is an important element of good health. How much you eat—and what you eat—play central roles in maintaining a healthy weight or losing weight. Exercise is the other key actor.

For years, low-fat diets were thought to be the best way to lose weight. A growing body of evidence shows that low-fat diets often don't work, in part because these diets often replace fat with easily digested carbohydrates.

Hundreds of diets have been created, many promising fast and permanent weight loss. Remember the cabbage soup diet? The grapefruit diet? How about the Hollywood 48 Hour Miracle diet, the caveman diet, the Subway diet, the apple cider vinegar diet, and a host of forgettable celebrity diets?

The truth is, almost any diet will work if it helps you take in fewer calories. Diets do this in two main ways:

- getting you to eat certain "good" foods and/or avoid "bad" ones
- changing how you behave and the ways you think or feel about food

The best diet for losing weight is one that is good for all parts of your body, from your brain to your toes, and not just for your waistline. It is also one you can live with for a long time. In other words, a diet that offers plenty of good tasting and healthy choices, banishes few foods, and doesn't require an extensive and expensive list of groceries or supplements.

One diet that fills the bill is a Mediterranean-type diet. Such a diet—and there are many variations—usually includes:

- several servings of fruits and vegetables a day
- whole-grain breads and cereals
- healthy fats from nuts, seeds, and olive oil
- lean protein from poultry, fish, and beans
- limited amounts of red meat
- moderate wine consumption with meals (no more than two glasses a day for men; no more than one a day for women)

A Mediterranean-style diet is a flexible eating pattern. People who follow such diets tend to have lower rates of heart disease, diabetes, dementia, and other chronic conditions

<http://www.health.harvard.edu/topics/diet-and-weight-loss>

Ne'kea, Business Manager

## TRANSPORTATION TOPICS



I have found it interesting how the Automotive world has advanced the wheelchair transportation vehicles. They have developed state of the art mobility vans and trucks with different styles of wheelchair lifts to fit everyone's needs. Lifts that make it easy for a wheelchair to exit safely. I seen a Ford Pick up truck which was handicap accessible. The doors slides backwards and the lift unfolded frontward. I didn't think to take a picture of it or video the father loading his child. If I had to purchase a vehicle I would purchase a Under vehicle lift. These lifts are mounted underneath the vehicle, they remain out of sight. That gives easy access to other family members riding with you.



Tara Howell  
Transporter



## ADMIN APPROACH

The Administrative/HR Manager for Walton Community Services Inc., is diverse because I'm responsible for administration, recruitment and training of staff. One of the main duties is to ensure that WCS has qualified staff in sufficient numbers to meet the demand of the members in our community, which is our number one priority. My role is also to make sure that WCS is always in compliance with all staff credentials being valid, up-to-date, and in good standing. Working closely with the WCS Administrative Team we oversee, develop, assign, process, facilitate, locate, promote, recruit, and access the roles of future employee's. We are the go to communication liaison, between the members, their families, staff and the CEO. Walton Community Services is always seeking qualified individuals to join our team as HHA's, C.N.A.'s, L.P.N.'s and RN's. We accept applications on Wednesday & Thursday for 9am-1pm & would love for you to play an important role with a CARF Accredited Company. We strive for excellence!!!

Catrina Giles  
Administrative Manager



## GREAT SOUTHEAST SHAKEOUT



The Great Southeast Shakeout is earthquake hazard preparedness initiative to prepare people for earthquakes. While earthquake hazard varies from region to region (see below), most of the Southeast is prone to earthquakes. You could be anywhere when an earthquake strikes: at home, at work, at school or even on vacation. Why is it important to do a Drop, Cover, and Hold On drill? To react quickly you must practice often. You may only have seconds to protect yourself in an earthquake, before strong shaking knocks you down--or drops something on you. Practicing helps you be ready to respond.

- If you are inside a building, move no more than a few steps, then Drop, Cover and Hold On:
- **DROP** to the ground (before the earthquake drops you!),
- Take **COVER** by getting under a sturdy desk or table, and
- **HOLD ON** to it until the shaking stops.
- Stay indoors till the shaking stops and you are sure it is safe to exit. In most buildings in the Southeast you are safer if you stay where you are until the shaking stops.
- If you are outdoors when the shaking starts, you should find a clear spot away from buildings, trees, streetlights, and power lines, then Drop, Cover and Hold On. Stay there until the shaking stops.
- If you are driving, pull over to a clear location, stop and stay there with your seatbelt fastened until the shaking stops. Once the shaking stops, proceed with caution and avoid bridges or ramps that might have been damaged.
- Ground shaking during an earthquake is seldom the cause of injury. Most earthquake-related injuries and deaths are caused by collapsing walls and roofs, flying glass and falling objects. It is extremely important for a person to move as little as possible to reach the place of safety he or she has identified because most injuries occur when people try to move more than a short distance during the shaking.

<http://www.shakeout.org/southeast/index.html>

On October 20 , 2016 at 10:20am Walton Community Services, Inc. participated in the Great Southeast Shakeout by Dropping, taking cover and holding on. The members and staff gained knowledge and experience and also enjoyed the emergency preparedness drill.

Ne'kea  
Business Manager

