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Touching lives



photo by James Coburn

Frontier Hospice nurse says, "We wouldn't be where we are without God."

Heather Speer brings compassion to her nursing career at Frontier Hospice along with communication skills and team spirit.

by James Coburn,
Staff Writer

Heather Speer says she has a great time going to work as a licensed practical nurse at Frontier Hospice.

"What's the saying? 'You are never without a good day in your life if you love your job.'" she said.

Speer has been a licensed practical nurse for 10 years since graduating from nursing school in Virginia. She's been with Frontier Hospice for nearly two months. Speer has worked in home health or hospice for eight years.

"We do primarily hospice, and we also do what is called a Transitions Program," Speer said. "So right now

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See FRONTIER Page 3

Outreach Health Brings Four Decades of Experience to Metro Area Care



Outreach Health Services Administrator Ginger Meyers, left, and Karen Mangan, RN director of patient care.

story and photos by Traci Chapman

Outreach Health Services might be new to the Oklahoma City metropolitan area, but it's a company that brings with it more than four decades of caregiving for seniors and individuals with disabilities.

"As the company has this depth of experience, so do we," said Karen Mangan, Outreach Health RN director of patient care. "We have bonded over our shared outlook of patient care and service."

Mangan forged that bond with Outreach Administrator Ginger Meyers, a home health administrator of more than 30 years' experience, the last 20 in Oklahoma City, she said.

"I've just always been in the business of caregiving," Meyers said.

See OUTREACH Page 2

OU Physicians earns national designation from health care oversight group

OU Physicians, the state's largest physician group, today earned reaccreditation from the Accreditation Association for Ambulatory Health Care, a national oversight organization that sets standards for health care providers across the country.

The association awarded OU Physicians a full three-year accreditation – the maximum length possible – after conducting an extensive site review of OU Physicians clinics and facilities.

OU President David L. Boren said, "The full accreditation of OU Physicians underlines the high standards of care made available to all Oklahomans by the state's largest physicians group. It is another example of OU's commitment to improve the quality of life in our state."

Accreditation is a voluntary process that allows ambulatory health care organizations to measure their performance and quality of services against nationally recognized standards.

"We are committed to enhancing

clinical care, quality and patient outcomes, and we work continuously to accomplish those objectives," said Lynn Mitchell, M.D., OU Physicians chief medical officer. "We are proud of the work we do here and are honored to be awarded national accreditation. It signifies a commitment to excellence across the board."

The process requires extensive internal assessment and evaluation as well as an on-site survey by a professional team of physicians, nurses and administrators. The site visit includes tours and observations of departments and clinical work areas in addition to reviews of policies and procedures. The overall clinical environment is assessed with special attention given to quality and patient safety concerns. Only a small number of the nation's university-based physician groups have been awarded accreditation during the 38-year history of the Accreditation Association for Ambulatory Health Care. OU Physicians earned its first accreditation in 2008.

OUTREACH

Continued from Page 1

Mangan has been in nursing for about 40 years – 10 as an LPN, 30 as RN, working in virtually every aspect of healthcare.

"I was at my doctor's office and they offered me a job as a file clerk, and it just went from there," she said. "It's always just been my calling, what I knew I was meant to do."

Their backgrounds were a natural fit, then, for Outreach Health, Meyers said. Founded in 1975 in Texas by William Ball, Outreach was one of the first home health agencies in that state, according to company literature. Today, more than 8,000 employees across Texas – and now in Oklahoma City – provide home care, self-directed and personal emergency response services, assistance to women, infants and children, pediatric and behavioral health services.

"We have some really significant differences to other companies in this field – not only our long-range track record, but the fact we are both family owned and operated and our philosophy is faith-based," Meyers said. "That's something that really called to me, and it's illustrated in everything we do."

That includes not only patients, but employees, Mangan and Meyers said. Outreach makes how staff see themselves as a part of the firm's crucial mission a priority, helping them to reach new professional levels while empowering patients and their families, Meyers said.

"It truly is a positive, supportive environment," she said. "We support each other while we support those we work to help every day."

"That kind of environment is positive for everyone," Mangan said. "When you have the right people, dedicated employees who really live for this kind of service, you want to make sure they're happy."

"That, then, makes the care they give even more significant – not just technically superior, but with a kind of care that comes from the heart, as well as through skills," she said.

Outreach Health works hard to ensure just that, Meyers said. In addition to standard benefits like health insurance, the company offers emergency assistance funds, scholarship and loan programs, as well as counseling and outreach programs that include a library for employee growth, chaplains and Bible studies. That type of care extends

to Outreach's patients, Mangan said. Beyond physical care and assistance, caregivers provide friendship and companionship, a sense of safety and a symbol of faith. Chaplains are also available to those clients who need or ask for their services, while caregivers fulfill duties ranging from bathing and hygiene, mobility assistance, home safety assessments, shopping, housekeeping and meal preparation, transportation and escort to community events and other activities, medication and doctor's appointment reminders and more, she said.

"Of course, there are so many other things we offer, including RN visits and assessments, pre- and post-operative care assistance, hospital sitting and much more," Mangan said.

Many of those Outreach Health seeks to serve are older individuals, although some might be dealing with disabilities at a younger age, chronic conditions and the like, Meyers said.

"Normally we're looking at geriatric, multiple diagnosis patients unable to care for themselves," she said.

Beginning July 1, Outreach will begin its ADvantage Waiver contract, a program designed for "frail elderly and adults with physical disabilities age 21 and over who do not have intellectual disabilities or a cognitive impairment," according to Oklahoma Health Care Authority.

Services available under ADvantage Waiver include: * Case management * Adult day health, including personal care * Skilled nursing in a home health setting; * Physical and respiratory therapy * Hospice * Speech/language therapy * Specialized medical equipment/supplies and environmental modifications * Respite and Restorative home delivered meals.

As Meyers and Mangan count down to the July 1 ADvantage kick-off, their first focus is to continue their efforts to build up their staff, individuals who will bring the care and commitment that has been a way of life for each of them.

"We're very strong advocates for people having their own choice, and we like being a part of making that possible," Meyers said. "Having the right staff is how we do that."

For more information about Outreach Health, go online to its website at www.outreachhealth.com or contact Mangan or Meyers via email at info@outreachhealth.com or by phone at 405-256-2998.



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Oklahoma's
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FRONTIER

Continued from Page 1

I am the admissions nurse for hospice, and then I also work with the Transitions Program."

The program is a partnership with some hospitals and nursing facilities to help patients navigate the health care system, she explained. This is helpful for patients with chronic diseases who are high risk for hospitalization. Frontier follows those patients for about 30 days, she said.

"We go in there and set them up to be successful in not going back to the hospital," Speer said. "Whether that be setting them up with referrals for the Advantage Program, giving them home health services, helping them fill out paperwork to get their Medicaid started. It's a free program that we do just as a service for the community. And it helps those hospitals not have to have those patients come back to their emergency room."

The program has been highly rewarding because Frontier sees those patients begin to thrive once they leave a hospital or even a nursing home, she said. Nursing home patients that are trying to transition to

return home benefit from Meals on Wheels through the Transitions Program. Transportation services are also facilitated.

"We help them organize their medications," Speer said. "We help them find resources to get medications if they can't afford them. So it's a pretty neat program and we're proud of it."

Her career allows her to go home knowing she has benefitted humanity. Hospice care is a different type of nursing, Speer added. In nursing school, she was taught to save lives. Hospice is kind of the reverse effect of that, Speer said. Today, she provides comfort in a system of holistic care.

"You know we're all going to die," she said. "And the only thing you can hope is someone will be by your side. And that's what we do."

Hospice is not only for the patients, but also for their family members. Families benefit from Frontier Hospice's close contact even after their loved one dies.

Every hospice situation is different, but a common thread of a hospice family is their strength, Speer said. She admires them for that and their enduring love for one another.

"They love that loved one that

is dying. And they want to do everything they can to make sure they're happy and comfortable, and leave this world that we're in feeling okay," Speer said. "So I admire the strength that comes out of people during that time."

Frontier hospice has a circle of care meeting the needs of its patients. It has a team approach including nurses, home health aides, chaplains, social workers, volunteers, physicians and a pharmacist. It takes an interdisciplinary team to deal with the daily changes in a patient's life.

"The teamwork here is stellar," she said. "I couldn't be more proud. It's very good." She admires her coworkers' drive.

"It's very rewarding to work with people that have that same drive and beliefs that you do, that generally care about these patients."

It is touching for Speer to notice when a nurse will take a patient a milkshake during their time off from work, said Speer, who enjoys concerts during her leisure time

"You get really attached to people. You get to know their families, their dogs, their cats, their grandkids. So that's really rewarding," she explained. "You can see it in their faces."

Speer has gone so far as picking

families up at the airport when they fly to Oklahoma City from another state. They get to see their loved ones before she will drive them back to the airport.

"I'll go get them food because they don't want to leave the bedside," she said. "It's those little things that count."

It is hard for families living in another state to be away from their dying loved ones. Frontier Hospice strives to keep these families in the loop, Speer said.

"We will call them after visits. We do get calls at 3 a.m. in the morning just because a family member is upset," she said. "We're here to listen to that and help them try to work through it."

She said the company relies on God as the center of its work ethic.

"Every week, we meet and we pray. We talk about the people who have passed the week before, say prayers for their families," she said. "We wouldn't be where we are without God."



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 *Ann* 

CAREERS IN NURSING

EMPATHY AND CARE: LPN UNDERSTANDS SEASONS OF LIFE

by James Coburn - Writer/Photographer

Patricia Hair doesn't lack motivation to get out of bed to go to work in the morning as an LPN and charge nurse at Warr Acres Nursing Center.

Hair said being a workaholic makes her want to get up every morning and come to work. Another aspect is being at Warr Acres Nursing Center does not feel like a job to her.

"I'm amazed that they even pay me to do this," she said. "So I would be doing this even if I wasn't being paid for it."

Every day the nursing staff arrives fresh at work to take care of the residents living at Warr Acres Nursing Center, Hair said.

"I mean this from the heart," she said. "You'll have your one or two who come in every now and then and they are just going to have a bad day, and we all do that. But for the most part they're here to take care of the people that live here."

Hair admires this quality because she is someone who has long been concerned about the welfare of others.

A graduate of Francis Tuttle, Hair has been a licensed practical nurse for almost 16 years. This is her seventh month on the nursing staff at Warr Acres.

She worked three years in an Oklahoma City hospital, but has spent the rest of the time working in a long-term care setting.

Two things keep her in long-term care, she said, and they're polar opposites. One reason is the elderly are not necessarily sick when residing in the nursing home.

"The people in the hospital are the people that you read about in the books. So I think my chances of catching something are less in a nursing home than in a hospital," Hair said. "The other reason is I've always had a passion for the elderly."

Even when Hair was a child, she would talk to older people and learn from them. Older people would tell her a story and she would be enthralled with trust and belief.

Nurse talk was also something that was part of her family life. Her older brother was a nurse and three of her aunts had careers as registered nurses.

Her older brother was director of nursing at a Bethany nursing home when Hair was merely 16. One day he came home and said, "Patricia come up here and help me take care of these older people." I said, "I don't want to do that."

"And he said, 'Well, come on and help me anyway.' So I went and helped him and I just loved that part of the business ever since."

Today, she sees in the nursing home residents a little bit of her own future. Hair said she realizes as one time the residents were young. They had families and homes. They had

to purchase homes for their growing families, she added.

"And then they had to sell a home because everybody was gone," Hair said. "They didn't need all of that space. And then a lot of their life has been spent in their room. What I see in these residents is my future."

She has helped hundreds of people during her nursing career. Once and a while a moment sticks with her. Hair said she has had a myriad of opportunities to help families and to help the residents as they are passing or they are going home.

"We have those that go home and they come back and visit," she said.

Hair said she is geared toward making sure the families are coping alright. Even when taking good care of the resident, she also is helping family members by doing the best

Continued on next page

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Patricia Hair, LPN, and charge nurse at Warr Acres Nursing Center is grateful for the opportunities she receives helping others.

job she can, Hair explained.

"On my hall today, for the last few weeks, I have a resident in decline. And she is going to be passing before too long," Hair said. "And the family is having a very hard time with it and they're just now coming to grip the idea that their mother may not get well. She may not come home."

The family came to visit their mother and Hair asked them to let her photograph them with their mother. At first they were resistant. But Hair said to them that they may later want to have the photograph.

"And they agreed," she said. "So I took a picture for them."

Hair likes to picture herself during her spare time doing what she likes best. She digs her hands into the good earth as a gardener.

"And I paint," she said. "And I go to the casino. That's what I do outside of my home."



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We are seeking a Full-time Registered Nurse MacArthur Park Home Health, Shawnee, OK, is seeking a Full-time Registered Nurse. Responsibilities include direct patient care, provide treatments, follow plan of care, and work collaboratively with members of the team to meet positive home care outcomes of our patients. Must be currently licensed as an RN in the State. One year nursing experience in community health/home health/hospice experience, preferred. Salary is commensurate with education and experience. 120 W MacArthur Street. #130, Shawnee, OK 74804

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What Oklahomans Should Know About Traveling to Mexico for Weight Loss Surgery

As those who have tried endless diets know, there are no easy fixes when it comes to losing weight and keeping it off. Even with dieting and exercise, many don't succeed. Brandi (last name withheld), a 35-year-old mother from Ardmore, Oklahoma, thought she found her answer when she discovered weight loss surgery at cheap prices was a booming business in Tijuana, Mexico.

She knew people from her small town who traveled to Mexico for successful gastric sleeve weight loss surgery, and in her research she found numerous clinics there advertising their services on YouTube with slick patient videos. Those Tijuana clinics charge as low as \$4,000 for the whole surgery plus anesthesia. The clinics woo potential patients by marketing the experience as more like a vacation than a possible life-threatening surgery.

In gastric sleeve surgery, which is usually suitable for patients who have 100 pounds or more to lose, the structure of the stomach is changed to be shaped like a long, skinny tube, which restricts the amount of calories the body absorbs. The new banana-sized stomach, or "sleeve," is about 1/10th the size of the original stomach.

Brandi traveled to Tijuana to have the surgery on March 11, and one day later "they put me on the plane while I was still hurting really bad, with no instructions on after-care," she says.

Once Brandi returned to Ardmore she ran into more problems. "I ran a low-grade fever for days and my back pain was horrible and getting worse. It got so bad after several days that I had to go to the ER. They told me I had a softball-sized abscess and leak from the surgery," she says. "Right away, the local ER rushed me to INTEGRIS in Oklahoma City for emergency surgery to repair the leak."

Brandi's story doesn't surprise Hamilton Le, M.D., who performed that emergency repair surgery 10 days after her failed surgery by the other doctor in Mexico. Le is medical director at the INTEGRIS Weight Loss Center. "In just the last eight weeks or so,

I've had to repair four people who had life-threatening complications — in some cases, critically ill and almost dead from sepsis — from gastric sleeve surgery by doctors in Mexico," he says.

Dr. Le points out all four patients are from smaller, more rural towns such as Ardmore and Woodward. He believes the clinics in Tijuana are targeting small towns with their advertising, since those potential patients aren't near the bigger cities that offer weight loss surgery locally. "The patients I'm seeing with complications aren't coming from Edmond, they're coming from Elk City," he says.

In Brandi's case, "Dr. Le thinks the infection came from the way they did my sleeve," she says. "It should look like a banana, but there is a big kink in the middle. When you look at the X-ray it doesn't even look like a gastric sleeve."

Although the price for weight loss surgery usually starts at \$10,000 in the U.S. and can run up to \$25,000, "you get what you pay for," Le says. "Any money people save by doing the surgery in Mexico could go down the drain. If you have complications once you get back to the states, often insurance won't cover care from an unapproved surgery, and many hospitals won't work on the patients without their paperwork."

Brandi says, "When I was so sick at the ER in Ardmore, I called lots and lots of doctors, but nobody else in the state would take me because the surgery was done in Tijuana. Thank God for Dr. Le. I don't know what I would have done without him."

She stayed in the INTEGRIS hospital for a week and continues to make bi-weekly trips to Oklahoma City for follow-up care. She says she might need additional surgery in the future to do further repairs on the sleeve. Still, Brandi feels like one of the lucky ones. "My medical bills (from treatment of the complications) run in the hundreds of thousands of dollars now. I'm lucky because my insurance is helping me pay. I can't even imagine

See WEIGHT page 9

OMRF receives new grants to study blood clotting, ovarian cancer



Oklahoma Medical Research Foundation scientists Ray Rezaie, Ph.D., and Magdalena Bieniasz, Ph.D., have received NIH grants to research the mechanisms that underlie proper blood coagulation and ovarian cancer, respectively.

The Oklahoma Medical Research Foundation has received a pair of grants totaling nearly \$2.1 million from the National Institutes of Health. The projects will focus on mechanisms that underlie proper blood coagulation and ovarian cancer.

OMRF scientist Ray Rezaie, Ph.D., received a four-year, \$1.74 million grant from the NIH's National Heart, Lung, and Blood Institute that will allow him to continue research on a protein called antithrombin, which inhibits coagulation of blood.

Rezaie joined the foundation's Cardiovascular Biology Research Program in 2017 from the St. Louis University School of Medicine. He studies blood clotting and inflammation, including how clotting factors work together to stop bleeding and how they regulate inflammatory responses when blood vessels are injured.

Antithrombin, which is located in blood plasma, is an inhibitor necessary for regulating coagulation and inflammatory pathways that are essential for maintaining healthy

processes in blood vessels. "We know that antithrombin binds to molecules in the vascular system to initiate an essential anti-inflammatory response to keep vessels intact and healthy," said Rezaie. "But we still don't know how it works."

Through better understanding this process, scientists ultimately hope to develop new therapeutic agents to control thrombosis, clotting and inflammatory diseases, primarily heart disease and atherosclerosis.

The second grant was awarded by the NIH's National Cancer Institute to Magdalena Bieniasz, Ph.D. Over three years, it will provide \$339,000 to study the underlying mechanisms of a receptor called sfRon, which has been implicated in aggressive ovarian cancer progression.

"This sfRon receptor actually makes the cancer aggressive and resistant to standard treatments, and that's why we need to know how it works," said Bieniasz, a scientist in OMRF's

See OMRF page 9

Oklahoma's Nursing Times Hospice Directory

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Alpha Hospice: 7512 N Broadway Ext., suite 312 Okc, 405-463-5695 Keith Ruminer/volunteer coordinator/chaplain

Autumn Bridge Hospice: 405-440-2440

Autumn Light Hospice: 580-252-1266

Carter Healthcare & Hospice: OKC - OKC Pat McGowen, Vol Coordinator, 405-947-7705, ext. 134; Tulsa - Samantha Estes, Vol. Coordinator, 918-425-4000

Centennial Hospice: Becky Johnson, Bereavement Coordinator 405-562-1211

Choice Home Health & Hospice: 405-879-3470

Comforting Hands Hospice: Bartlesville: 918-331-0003

Companion Hospice: Steve Hickey, Vol. Coordinator, Guthrie: 405-282-3980; Edmond: 405-341-9751

Compassionate Care Hospice: Amy Legare, Bereavement/Vol. Coordinator, 405-948-4357

Cornerstone Hospice: Vicky Herrington, Vol. Coordinator, 918-641-5192

Crossroads Hospice: Elizabeth Horn, Vol. Coordinator, 405-632-9631

Cross Timbers Hospice: Ardmore-800-498-0655 Davis-580-369-5335 Volunteer Coordinator-Shelly Murray

Excell Hospice: Toni K. Cameron, Vol. Coordinator 405-631-0521

Faith Hospice of OKC: Charlene Kilgore, Vol. Coordinator, 405-840-8915

Frontier Hospice: Amber Cerney, Vol. Coordinator, 405-789-2913

Golden Age Hospice: 405-735-5121

Good Shepherd Hospice: 4350 Will Rogers Parkway Suite 400 OKC OK 73108 405-943-0903

Grace Hospice Foundation: Sharon Doty, Dir of Spec. Projects - Tulsa 918-744-7223

Harbor Light Hospice: Randy Pratt, Vol. Coordinator, 1009 N Meridian, Oklahoma City, OK 73107 405-949-1200

Horizon Hospice: LaDonna Rhodes, Vol. Coordinator, 918-473-0505

Heartland Hospice: Shawnee: Vol. Coord. Karen Cleveland, 405-214-6442; OKC: Vol. Coord. Tricia Woodward, 405-579-8565

Heavenly Hospice: Julie Myers, Coordinator 405-701-2536

Hope Hospice: Bartlesville: 918-333-7700, Claremore: 918-343-0777 Owasso: 918-272-3060

Hospice by Loving Care: Connie McDivitt, Vol. Coordinator, 405-872-1515

Hospice of Green Country: Tulsa: 918-747-2273, Claremore: 918-342-1222, Sapulpa: 918-224-7403

INTEGRIS Hospice, Inc. & the INTEGRIS Hospice House: Ruth Ann Frick, Vol. Coordinator, 405-848-8884

Hospice of Owasso, Inc.: Todd A. Robertson, Dir. of Marketing, 877-274-0333

Humanity Hospice: Sala Caldwell, Vol. Coordinator 405-418-2530

InFinity Care of Tulsa: Spencer Brazeal, Vol. Director, 918-392-0800

Indian Territory Home Health & Hospice: 1-866-279-3975

Interim Healthcare Hospice: 405-848-3555

Image HealthCare : 6116 S. Memorial Tulsa, Ok. 74133 (918) 622-4799

LifeChoice Hospice: Christy Coppenbarger, RN, Executive Director. 405-842-0171

LifeSpring In-Home Care Network: Terry Boston, Volunteer and Bereavement Coordinator 405-801-3768

LifeLine Hospice: April Moon, RN Clinical Coordinator 405-222-2051

Mercy Hospice: Sandy Schuler, Vol. Coordinator, 405-486-8600

Mission Hospice L.L.C.: 2525 NW Expressway, Ste. 312 OKC, OK 73112 405-848-3779

Oklahoma Hospice Care: 405-418-2659 Jennifer Forrester, Community Relations Director

One Health Home Health in Tulsa: 918-412-7200

Palliative Hospice: Janet Lowder, Seminole, & Sabrina Johnson, Durant, 800-648-1655

Physician's Choice Hospice: Tim Clausing, Vol. Coordinator 405-936-9433

Professional Home Hospice: Sallisaw: 877-418-1815; Muskogee: 866-683-9400; Poteau: 888-647-1378

PromiseCare Hospice: Angela Shelton, LPN - Hospice Coordinator, Lawton: (580) 248-1405

Quality Life Hospice: 405 486-1357

RoseRock Healthcare: Audrey McCraw, Admin. 918-236-4866

Ross Health Care: Glenn LeBlanc, Norman, Chickasha; April Burrows, Enid; Vol. Coordinators, 580-213-3333

Russell Murray Hospice: Tambi Urias, Vol. Coordinator, 405-262-3088; Kingfisher 405-375-5015; Weatherford-580-774-2661

Seasons Hospice: Carolyn Miller, Vol./ Bereavement Coordinator, 918-745-0222

Sequoyah Memorial Hospice: Vernon Stone, D. Min. Chaplin, Vol. Coordinator, 918-774-1171

Sooner Hospice, LLC: Matt Ottis, Vol. Coordinator, 405-608-0555

OMRF

Continued from Page 8

Functional and Chemical Genomics Research Program.

She will also be testing drugs that inhibit this receptor in order to search for therapies that will work in targeting the receptor present on cancer cells.

Bieniasz became a principal scientist at OMRF in 2016 after completing a postdoctoral fellowship at the Huntsman Cancer Institute in Utah. She receives funding support for her research from the University of Oklahoma's Stephenson Cancer Center, where she is also a member.

In her lab at OMRF, Bieniasz studies how ovarian cancer grows and spreads in the body, as well as the genetic changes in cancer cells that can lead to chemotherapy resistance.

This grant from the National Cancer Institute is tailored to provide

new investigators with the early support to help them generate more data to be highly competitive for future grants.

"There are not many grants out there that do this," she said. "Now I have assets to hire people for my lab and do more experiments. It's a really great boost for this research in its early stages."

Rezaie's NHLBI grant designation is 2R01 HL062565-19A1 and Bieniasz's NCI grant is 1K22 CA207602-01. OMRF Vice President of Research Rodger McEver, M.D., said these grants speak volumes about the quality of research being done by these scientists in an increasingly tough climate for funding.

"The NIH is the major funder of biomedical research in the U.S. and applications for NIH grants are rigorously reviewed and highly competitive," said McEver. "Awards like these are a testimony to the rigor and creativity of their research."

WEIGHT

Continued from Page 8

how the others with no help from insurance will make it," she says. Brandi advises, "Don't go down there and do it. It is much safer to pay for it here, and know what you're getting. I didn't even get the right kind of sleeve it didn't even look like a normal sleeve."

Dr. Le says long-term outcomes of

having weight loss surgery in Mexico aren't good. "The surgery is just the tip of the iceberg. When you have the surgery in the U.S., there are extensive pre- and post-surgery requirements and after-care, like getting an EKG to check heart health, meeting with a psychologist to make sure patients are emotionally ready for the surgery, and having a nutritionist teach them how to re-learn to eat." Without this coaching, patients are much less likely to maintain any weight loss, he says.

National HIV Testing Day is June 27

National HIV Testing Day is Tuesday, June 27, and OSDH encourages everyone between the ages of 13 and 64 to get tested at least once in their life as part of their routine health care. People with certain risk factors should get tested more often.

According to the Centers for Disease Control and Prevention (CDC), there are more than 1.2 million people in the United States living with HIV. Due to effective treatments, people are living long and healthy lives with HIV. However, it is important to start treatment as soon as a person finds out they are HIV-positive. Since 1982, Oklahoma has had more than 10,000 HIV/AIDS cases and there are currently about 6,000 people living with HIV throughout the state.

The CDC estimates there are 50,000 new cases of HIV each year in the United States. Almost one in seven people are unaware of their HIV status. For young people between the ages of 13-24 living with HIV, more than half are unaware of their status. Getting tested is the only way to know.

County health departments provide testing services Monday-Friday. Other testing sites can be found at www.locator.aids.gov or text your zip code to KNOW IT (566948). There are also community-based organizations throughout the state which offer rapid HIV testing able to give results in about 20 minutes. Locations and dates are below.

Oklahoma City: Expressions Community Center has testers available Monday-Friday from 10 a.m.- 6 p.m. They are located at 2245 N.W. 39th Street.

Tulsa: Health Outreach Prevention Education, Inc. (H.O.P.E.) will be accepting walk-ins, June 26, at the East 31st Street location from 9 a.m.-8 p.m. They will be at the Dennis R. Neil Equality Center, June 27, from 4-8 p.m.

The Hospice Directory above does not represent a list of all Hospice facilities statewide. For a complete list visit www.ok.gov/health

ANA to Participate in Press Conference with U.S. Senators

The American Nurses Association (ANA) announced today that it will participate in a press conference with U.S. Senators Debbie Stabenow (D-MI), Jeff Merkley (D-OR), and Maggie Hassan (D-NH) on Thursday, June 22 at the U.S. Capitol to highlight how the American Health Care Act (AHCA) would end Essential Health Benefits for millions of families across the country. Also, on Tuesday, June 20, ANA sent a letter to GOP Senate leaders reiterating its strong opposition to the AHCA. ANA is deeply disappointed with Senate plans to rush the secretly crafted proposal to the floor for a vote without holding hearings or allowing ample opportunity for analysis and public feedback of the proposal which would drastically impact the 23 million Americans who stand to lose coverage. The event will stream live here. "Medicaid is a critical lifeline for millions of Americans," said ANA President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN. "In the face of the tremendous health care challenges faced by our country, such as the opioid epidemic and mental illness, AHCA threatens to end coverage of life-saving treatment services and jeopardizes the well-being of poor and middle-class families, working adults, pregnant women, children and people with disabilities." AHCA would cut Medicaid funding by \$800 billion, dramatically increase premiums for seniors, restrict millions of women from access to health care, weaken the sustainability of Medicare, and repeal income-based subsidies that have made health insurance affordable for millions of families. In addition, insurers would be able to decline coverage for substance abuse treatment, maternity care, and preventive services. Nurses serve in many health care settings, providing expert, compassionate care for people throughout every stage of life. ANA is committed to working with Congress to improve quality and provide affordable coverage to all Americans. As the organization representing the nation's largest group of health care professionals and the nation's most honest and ethical profession, ANA strongly urges the Senate to slow down this process to allow adequate time for analysis, hearings, and ample opportunity for public comment on the proposed legislation.



**Vicki L Mayfield, M.Ed., R.N.,
LMFT Marriage and Family
Therapy Oklahoma City**
*If you would like to send a
question to Vicki, email us at
news@okcnursingtimes.com*

Q. I have really been thinking about relationships. I believe most people (including me) want to have a person in their lives to share intimate conversations, romance, traveling and just sharing life's day to day realities. But when I see some of my friends who "have that someone" but seem very unhappy I think twice (or three times) that being single is really not that bad. What do you think?

A. I agree with your belief that most people desire to have a loving, intimate relationship. To love and be loved is a beautiful thing. For all those people who find that combination, they are blessed. And there are people who do!!

There are also people who don't. Sometimes a contributing factor lies in the reason for the relationship. Why did we attach? What were we looking for? Were we in speed mode? If a relationship is created for reasons other than building a friendship that grows into an attachment that grows into a loving, caring relationship then it may be problematic.

Here are some of the reasons that might be problematic:

1. When the focus is to get away from home (early relationship/marriage)
2. To find financial security. (may come with hidden or not so hidden agenda)
3. To have a child. (hopefully both people want a child)
4. To avoid loneliness. (I have seen many married lonely people).
5. To be rescued. (the white knight, the codependent caregiver)

There are so many ups and downs in relationships that in order to weather some of the storms, the foundation must be really solid. That is the one built on trust, mutual respect, forgiveness and room to grow.

I have recently talked to two men who had been single for a long time who had given up on the possibility of finding someone to love. They were not depressed or isolating, they were living their lives and unexpectedly met women who "swept them off their feet." One has married and one has a date set for July. Love seems to work better when it is not forced.

Judy told me that she started going to church hoping to meet a man. When she did not meet someone after a few Sundays, she quit going. Brenda is on three different online dating sites. She connects with men but the outcome is lacking.

Maybe stop and let go. Get involved in activities. Glenn decided to go to wine tastings. Mary joined a book club. Denise started practicing yoga. Live life and see what happens.

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