Greetings from CSAAR’s New Director

Jan Bowman, Ph.D.

As I write my first article for the Prime Times I am reflecting upon the title of this newsletter and how it describes this special time in my life. I am delighted to be here at Coastal Carolina University (CCU) as a returning resident to South Carolina and a new resident in the Grand Strand area.

I would be remiss if I did not thank the administration, faculty and staff here at Coastal for providing me the opportunity to come work with you. I would especially like to thank Provost Peter Barr for his keen interest and support of the Center (CSAAR) and to Interim Dean Joan Piroch, who worked out the final details of my employment here. Additionally I would like to thank Rocky Cartisano, associate director of CSAAR, for administering the daily functions of the center during the interim that CSAAR operated without the presence of a director. Rocky personifies what active aging and retirement is all about. Moreover, he is becoming quite the local “Aging” spokesman/poster child for promoting aging research, services and programs to residents in the Grand Strand area on behalf of CCU. Thanks Rock for your hard work and dedication!

The following describes a little about who I am, where I came from, and some of my career experiences. Each has helped shape my interests and passion for working in the field of aging and has been a “primer” for what is yet to be here at Coastal. I see this period of time as my “Prime Time” personally and professionally. I am honored to be here. I am especially proud to be able to follow in the footsteps of those before me—men of great vision—who established the gerontology and CSAAR program at Coastal to benefit the Grand Strand area.

Although I was born in Louisiana, as a child I lived in South Carolina before returning to my native state. So I come to you from Louisiana. No, I did not come as a result of hurricanes—Katrina and Rita. This is where I always wanted to live, work, play—and eventually retire.

Prior to coming to Coastal I served as professor of gerontology and director of continuing education programs for the University of Louisiana at Monroe and Louisiana Delta Community College. I also lived in Oklahoma where I administered the Gerontology Institute for Oklahoma State University (OSU). While not at the same time, I did earn my Ph.D. in the area of economics of aging from OSU (1990).

Earlier career paths included directing the consumer affairs program at Louisiana Tech University and serving Louisiana State University’s ag center as a professor for economic and community development for the Delta region and coordinator for the Expanded Food and Nutrition Education Program in Ouachita Parish.

My research concentration over the last 20 years has been in the area of analyzing the effects of job loss on middle age and older adults.

South Carolina Silver Haired Legislature

by Gloria A. Bonali, Horry County Delegate, Waccamaw Caucus, South Carolina Silver Haired Legislature

The South Carolina Silver Haired Legislature was created in 1999 by the South Carolina General Assembly and signed into law by Governor James H. Hodges. The South Carolina Silver Haired Legislature held its first session at the Capital Senior Center in Columbia on July 14, 1999. Gloria Bonali of Conway, South Carolina was elected the first speaker of the unicameral legislature, and the first SCSHL. The legislative session was held in the House of Representatives Chambers of the South Carolina Statehouse in Columbia on Sept. 14 and 15, 1999.

The unicameral body has 74 representatives and 74 alternates, all registered voters over age 60. Representatives and alternates are elected by counties on a ration of one each per 10,000 South Carolinians over age 60.
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The SCSHL was created by statute for the following purposes:

1. To identify issues, concerns and possible solutions for problems faced by the citizens of South Carolina with special emphasis on issues related to Seniors;
2. To make recommendations to the Governor and to members of the South Carolina General Assembly;
3. To educate the public on senior issues;
4. To encourage seniors to participate actively in public affairs;
5. To function on a non-partisan basis;
6. To promote good government for all South Carolinians; and
7. To hold its SCSHL legislative session annually.

The SCSHL meets every September in legislative session to formulate the resolutions that will be presented to the South Carolina General Assembly and the Governor the following January. When the SCSHL assembly is not in session, governance is by the board of directors, a 26 member group that includes the officers, the caucus chairs and one additional member from each caucus.

The 10 caucuses work directly with the 10 South Carolina Area Agencies on Aging. Interested persons may get in touch with the caucus chair or the AAA in their area. The Waccamaw Caucus includes the counties of Horry, Georgetown and Williamsburg. Members of the Waccamaw Caucus are Kenny Bingham, chair (Myrtle Beach), E. Holowac, vice chair (Myrtle Beach) and Henry Baranoski, secretary/treasurer (Conway). Other members of the Waccamaw Caucus are Representatives Gloria Bonali (Conway), William Bridges (Loris), Patricia Burg (Pawleys Island), Lucille Scott (Kingstree) and alternates Mary Ann Bucum (Murrells Inlet), Richard Grogan (Myrtle Beach), Emma Burroughs (Kingstree), Ann Dodge (Surfside Beach) and Sandra Parler (Conway).

The top five 2006 Legislative Priorities are:

1. That the South Carolina General Assembly enact and the Governor sign legislation to fund a transportation program at an affordable fee for the elderly of South Carolina, regardless of financial status;
2. That the South Carolina General Assembly enact and the Governor sign legislation to require criminal background checks for all paid professional in-home and adult daycare service providers and their employees;
3. That the South Carolina General Assembly enact and the Governor sign legislation to coordinate with Medicare Part D to provide low-income South Carolina seniors assistance with costs for prescription drugs to cover the Medicare Part D coverage gap by making the State Pharmacy Assistance Program permanent, retroactive to January 1, 2006 (This legislation was passed by the South Carolina General Assembly and the Governor signed the bill into law on Thursday, Feb. 23, 2006. The bill is known as “GAPS.”);
4. That the South Carolina General Assembly enact and the Governor sign legislation to increase state funding for in-home and community-based services for older citizens; and
5. That the South Carolina General Assembly enact and the Governor sign legislation that will provide increased statewide funding for necessary life-sustaining shelter, rent and services needed to care for elderly abused victims who must be removed from their places of residence.

The Area Agencies on Aging play an important role in the ongoing local activities of the SCSHL. Each AAA assists the regional caucus with issues affecting South Carolina seniors and in the coordination of interests through development of resolutions to be presented at the annual legislative session in Columbia for discussion and confirmation. Regional caucuses meet throughout the year to prepare resolutions (similar to bills) to be distributed to six legislative committees. The members of the legislative committees discuss their resolution and finalize three from each committee for consideration at the September legislative session. The final 18 resolutions are discussed, voted upon and prioritized by the members present at the September session. The final resolutions are prepared for distribution to the member of the General Assembly and the Governor.

The seventh session of the SCSHL was held in the chambers of the South Carolina House of Representatives in the South Carolina State House on Sept. 13-15, 2005. §
Exercise and Aging: From Benefits to Barriers

by Gib Darden, Ph.D., chair/associate professor of Coastal Carolina University’s Department of Health, Physical Education and Recreation, and Christine Rockey, lecturer in the Department of Health, Physical Education and Recreation

In the last issue of PrimeTimes, we examined the benefits of and barriers to exercising. We know that exercise is good for us but we can not seem to act upon this knowledge. The goal of this article is to help you overcome the barriers to exercise and to come up with strategies to stay motivated to continue the good habit.

Recently, the Centers for Disease Control and the National Institutes of Health came up with revised definitions for the benefits of physical activity and the benefits of exercise. As a result, the recommendations are much easier for most Americans to meet. First, let us examine the difference between physical activity and exercise.

Physical activity is defined by the National Institutes of Health as any form of exercise or movement. Physical activity may include planned activity such as walking, running, basketball or other sports. Physical activity may also include other daily activities such as household chores, yard work, walking the dog, etc.

Research has shown that increasing physical activity will decrease your risks for major health concerns including high blood pressure, high cholesterol, Type II diabetes and heart disease. The CDC and the NIH recommend that adults accumulate 30 minutes of physical activity on most, if not all, days of the week. The key to this recommendation is the word accumulate. This means through the course of the day, you can do five minutes of physical activity here and five minutes there. For example, you can walk the dog in the morning, jump rope for five minutes at 10 a.m., take a 10 minute walk after lunch, and rake leaves after dinner. This is different from the previous recommendation that you must do 20-60 continuous minutes of exercise 3-5 times per week.

Do not misunderstand the point of this recommendation. This recommendation is for people who are normally not active at all and it is meant to encourage people to be more active in their day-to-day lives. However, exercise, a subset of physical activity, in and of itself, can provide additional benefits in terms of health, those that were discussed in the last issue. Unlike physical activity which can be spontaneous and will probably not require a change of clothing, exercise is planned and/or structured. Most people who are going to exercise will change clothing in order to complete their exercise bout. Physical activity does not normally require external motivation or will not require most people to overcome barriers. If you find that staying motivated to do exercise is difficult for you, you can still benefit from increasing the amount of physical activity in your life. If you are ready to see some dramatic improvements in your health, here are some things you can do to overcome barriers to exercise.

One of the barriers to exercise mentioned in the last article was the role of health care providers. One way to overcome this barrier is to broaden your definition of “health care provider.” Currently, most of us look to our physicians and our nurses as health care. If we include a broader scope of people such as personal trainers, registered dietitians and wellness providers, we have more people to consult with regarding to our health. As patients, we sometimes do not take advantage of the time we spend with our physicians. If we utilize other practitioners, we are more likely to overcome this barrier.

Another benefit of broadening our definition of health care providers will also help us overcome a few other barriers. First, a personal trainer or trained exercise physiologist can help you to design a program that will not be painful. Also, it is their job to keep you free from injury. Studies have shown that those who are most active fall more than those who are sedentary. Working with a personal trainer to help with balance, agility and cardiovascular fitness can add years to your life.

Two other common barriers to exercise are lack of time and lack of access to a facility. First, with the refined definition of physical activity, we can move for minutes at a time and accumulate our physical activity throughout the day. Most people can find five minute increments, even in a busy day. Getting to and from a fitness facility can take even more time. To remedy this, use someone to help you make a plan that you can execute at home when you have the time.

Many people have overcome the barriers time and time again. This means they have started exercising and lost motivation to continue. Then, they may get motivation again, only to stop again soon. How can we stay motivated?

- **Plan it** Exercise has to be as important to you as any other part of your day. Most of us would not think of not going to an important meeting that is in our day planner but we will not spend 30 minutes on ourselves. We need to make exercise as important as any meeting we attend.

- **Get assessed** To find out your starting point, have a fitness assessment when you begin a program. In six to eight weeks, get another assessment. Even though you might not be meeting the goals you originally set, you may be making great strides in other areas.

- **Like it** We think of old adages like “no pain, no gain” and we look at body builders and skinny super models. Instead, we need to find activities that we enjoy and do them on a regular basis. Walk a golf course, take a group fitness class, try hula-hooping again.

Continued on page 10
Investing in Stock Indexes

by Norman F. Whiteley

Responding to continuing requests for articles on finance and investment, we invited our “guest columnist” from the Fall 2005 PrimeTimes issue to make another contribution.

Beating the stock market averages by investing in individual stocks sounds like it should be easy. After all, the investor just has to pick a few stocks that perform above average out of the thousands of choices traded on the major stock exchanges. Unfortunately, as many novice investors have found out to their dismay, it’s a lot harder than it sounds. As I have advised the readers of my investment newsletter on several occasions, an individual should not invest in individual stocks unless he or she is able to thoroughly evaluate the stock. That evaluation should not only include its financial fundamentals but also its management, market position, business model and strategy. Doing anything less is likely to produce disappointing results. Most individuals either don’t have the knowledge or don’t have the time or interest to do such an evaluation. As a result, many investors have turned to stock mutual funds as their stock investment of choice. In this case, an experienced investment manager has the responsibility for making the difficult stock investment analyses and decisions.

Why then do 75-90 percent (depending on the years measured) of all actively managed mutual funds tend to underperform the market averages? It’s not because the managers are bad investors (in most cases). Rather, they tend to underperform as a result of the relatively high costs they incur in the investing process. These costs include not only the management and marketing expenses reported in the prospectus, which can be anywhere from less than one percent up to (in one case I know of for a now defunct fund) a whopping 17 percent. They also include the trading expenses, which are not reported separately. For an actively traded portfolio, trading costs can be very large. What alternative then does an investor have?

One alternative that has gained in popularity in recent years is index funds. There are many different varieties of such funds now available. While not as daunting a task as investing in individual stocks, however, the investor needs to have some knowledge in order to decide on the best mix of such funds to meet his or her objectives. There are two broad categories of index funds that I’ll briefly discuss here. One category is traditional index mutual funds and the other is exchange traded funds (ETFs).

Traditional index funds are very much like actively managed funds. They are sold directly by mutual fund companies like Vanguard or Fidelity or most of the major large mutual fund firms. In some cases they can be purchased through regular stock brokers, although, in some cases, a fee may be charged for such purchases. They invest in a particular index or “basket” of stocks that may track the S&P 500 or the DOW Industrials or a large number of other indexes both domestic and international. Their costs are generally lower than actively managed funds, usually less than 0.5 percent, because they don’t have large analysis staffs and don’t do much trading, and performance generally tracks the index they represent. While the capital gains tax impact is usually less than actively managed funds, they do incur some capital gains as a result of sales forced by redemptions or by changes in the index. The value for which they may be redeemed is calculated based on the value at the end of the normal trading day.

Exchange Traded Funds (ETFs) have grown in popularity in recent years, both for individual investors and professional investment managers, based on the variety of investment options offered, extremely low operating cost, lower tax impact and investment flexibility. ETFs are mutual funds that trade just like stocks. They can be bought or sold on major stock exchanges at any time during the trading day. Because they trade just like stocks, however, they incur a brokerage commission and thus are not suited for making very small regular purchases as might be done for a monthly IRA or 401-k salary deduction investment program. Operating expenses are a little lower than the traditional index funds. For example an investment in the iShares S&P 500 ETF (Symbol: SPY) would incur a cost of about 0.09 percent compared to the Vanguard 500 Index Fund (Symbol: VFINX) which would be about 0.18 percent. That small difference alone would not be sufficient to push one in favor of the ETF. It’s the flexibility to trade at any time during the day, the tax benefit and the fund’s freedom from keeping cash on hand to meet shareholder redemptions (and thus it’s freedom to invest it all) that have made ETFs attractive to many investors. In the final analysis, however, each investor has to choose the alternative best suited to his or her requirements and in the investment world there is no shortage of choices.

Norman Whiteley publishes a free monthly online investment newsletter and he teaches classes for CCU’s Lifelong Learning. He also is president of the Lifelong Learning Board. He can be reached at nwhiteley@coastal.edu
This is the second article of a series in Memoir Writing that Jackie is doing for PrimeTimes. Writing is one of her many interests, and she believes that whether your aim is the “best seller” list or a personal chronicle for your grandchildren, writing about your life is a worthwhile endeavor. Jackie’s first article was illustrative of family writing – her family; this article is a “mix” of the techniques of “Memoir Writing” and more illustrative writing about “remembering” her family.

Lois Daniel’s book, How to Write Your Own Life Story (Chicago Review Press) in its 4th edition in 1997, has been an invaluable guide in teaching my Memoir Writing workshops. It has also proved a good guide for those who wish to forge ahead on their own without the support of a writing class or group for memoir writing. Daniel suggests a number of topics to use as categories and triggers for memoir writing. Save the chronology and fact finding for later. In fact, she suggests keeping separate notebooks with topic divisions or one notebook with blank pages opposite the ones you are writing on for jotting notes of dates, facts and stories to research later so as not to lose your creative memory flow with the story you are writing. She suggests later going back and researching the historical background to an event in your life in a way to give it context – whether it’s the historical facts on D-Day or a hurricane or tornado that was a major event in your childhood. She also suggests writing about your birth as an announcement and reading a newspaper from the day you were born to put it in its larger historical perspective. Her book, a delightful manual, is full of heartwarming stories by students of all ages from her courses. In one instance, she shares the separate versions written by a couple about their courtship as they each experienced it.

Some of the topics and categories Daniel suggests covering in memoir writing are: births, deaths, illness, ancestors, relatives, parents, grandparents, courtship, marriage, children, jobs, places where we have lived, holidays, family traditions, as well as “accomplishments of which we are the most proud,” “where we were on important days in history,” “turning points,” “inventions,” and “politics,” (for example, civil rights, the women’s movement, etc.). She also feels that it is important to share our hardships as well as successes in our life’s journey so that our descendants can build strength and character from our stories. Likewise it is important for us to be honest in our memoir writing and tell our stories as they truly occurred and not as we would like to remember them or have others remember them. In this regard, I’ve always encouraged students to put their inner editor aside for the moment while we are writing a story; we can decide later if we are ready to tell that story in its unveiling honesty or pass it on that way to future generations.

History is so interwoven with our personal lives and those of our ancestors. What a great way to impart history or learn history – through the personal stories. One exercise that I’ve enjoyed doing with my freshman English students at Coastal Carolina that works well with Memoir Writing is to have them write about where they were during pivotal events in history, during the event that was pivotal for their generation. That is after they have read an essay in their text Perspectives on Contemporary Issues called “The Making of a Generation” by Arthur Levine. Written in 1993, this essay explores the idea that each generation has a pivotal event that has defined them. A pivotal event is one that has changed history forever for them from the before to the after. Obviously, for my students’ generation, that event is 9/11. For my parents’ generation, it was WWII including Pearl Harbor and D-Day. I grew up hearing the stories of those important dates and events around which my parents’ courtship and eventually marriage took place.

My parents were engaged on the eve of Pearl Harbor; unlike many young couples, they called off their engagement rather than speeding it up after Pearl Harbor, partly because they knew their lives were about to change dramatically, taking them in different, unknown directions. My mother was finishing up her master’s degree in nursing at Yale University while my father, two years her junior, was finishing up his forestry degree at Yale. My father was exempt from service since his talents were badly needed as a wood inspector in shipbuilding for the Navy. Later, tired of the stares on buses and public places promised by the unspoken question “what was a young man like him doing not in uniform,” he signed up for the Navy. Ironically, his ship in the Philippines never saw any action. Mainly, what I heard from him about this period of his life, years later when I was growing up, was that he hated salt water because that was the only kind of shower they could take on board ship, and secondly, that he never enjoyed turkey because their cook, though good at bartering for extra turkeys, only knew how to prepare them by boiling them; it was not the Navy men’s favorite dish.

My mother, to the contrary, emerged from the war forever changed. Turning down an offer to join the Women’s Air Force, she signed up with UNRAH (the United Nations Relief Organization). They followed the Allied invasion from North Africa into southern Italy, nursing refugees, including concentration camp survivors toward the end of the war, often with limited supplies and under primitive conditions. A southern belle (although a rebel at heart) from a small southern town, Marion, S.C., she saw levels of need and suffering that she had never dreamed of.

She wrote in her journals and letters about their first tour of duty in a makeshift hospital in North Africa, in a converted school house, and how they made do with limited water, medical supplies and bandages, rationing everything in order of greatest need. She also wrote how the patients of so many different backgrounds of nationality and language all pitched in to translate for each other and for the medical personnel. My mother returned home from the war forever changed. A cousin, my mother’s peer and close friend, later told me that she could not understand what changed her – how she went off to the war still a young woman who was always laughing and joking and was the life of the party and returned home with a somberness and deep sadness that my cousin, who’d never seen war duty, could not fathom in her dear friend since childhood.

My parents did not marry and have us, their family of four children, until after the war. Then my father, like many GIs, carried on his studies in forestry in graduate school at Duke University; hence landing him his first job in the South which led to a whole lifetime in the South. And that in itself is material for many more stories how he was treated lovingly and occasionally, more critically than lovingly, by southern cousins who sometimes called him a “damn Yankee” to his face. §
Each issue of *Prime Times* will feature an outstanding local agency, business or organization serving older adults and retirees on the Grand Strand to illustrate the range of services available in the area. If you would like to nominate a facility for this feature – or if you are in an organization that would like to be featured – we want to hear from you!

Griswold Special Care is a non-medical homecare company. We refer Caregivers who provide personal care, homemaking, companionship, and other homecare services.

**High Quality Meets Affordability:** Our fees are designed so that Caregivers can be paid competitive wages, permitting offices to attract the best individuals in the community. Yet, we keep our administrative overhead to a minimum to be the wisest financial alternative for our clients and their families.

**The Non-Medical Option:**
Non-medical homecare is becoming a popular alternative to nursing homes, and is often used in conjunction with home health care and assisted living services. On a crisp January morning in 1982, Jean Griswold sat at her dining room table in Erdenheim, Pa., and began making telephone calls, gathering a group of competent, caring people to help older and disabled individuals stay safe in their homes. Inspired by a growing need in her community, Griswold began an organization now recognized as the world’s oldest multi-national, non-medical homecare company and one of the first homecare companies to offer 24-hour service to older, disabled or at-risk individuals at highly affordable prices.

The idea for Griswold Special Care came as a result of a tragedy that happened to an older widow who was a member of the church where the Rev. Dr. Lincoln Griswold (Jean’s husband) was the pastor. Although she was affluent, the parishioner could not find anyone to help her when a friend who was helping her fell and broke her hip. The woman was terrified at night; fearful of having a heart attack when no one was there to help. Although her family lived close, the woman, left alone, did not drink enough fluids. As a result, her kidneys failed and she died.

This incident inspired Jean Griswold to start Overnight Sitting Service in her home. Word of this new service spread like wildfire, largely by word-of-mouth. As the demand rose, around-the-clock care was initiated and services were expanded to include personal care and homemaking. Overnight Sitting Service was renamed Special Care Services to more accurately describe what we do. Eventually, the name became Special Care, and more recently Griswold Special Care, to incorporate the role of our founder into the company name.

As Griswold Special Care’s reputation spread, requests for care came from distant locations. Additional offices were opened to meet the growing need in new communities. Each new office served the local community, using caregivers who knew the area and who could better service neighboring clients, even in bad weather conditions. Only office directors who share Jean Griswold’s philosophy of providing excellent service at an affordable rate are welcomed into the network.

Today, Griswold Special Care has offices throughout the United States and in three countries, referring over 9,000 caregivers. In the 20-plus years since its inception, caregivers have helped more than 65,000 individuals and families. Griswold Special Care has been profiled in *Forbes*, *Success* and *Entrepreneur* magazines and on NBC’s *Today Show*. Jean Griswold personally has received numerous regional and national awards and honors for her outstanding service and remarkable achievements. The local office of Griswold Special Care serves Horry and Georgetown counties and can be reached at (843) 488-2849.

By Gail Steinfeld, director, Griswold Special Care • 206 Main Street • Conway, SC 29526 • (843) 488-2849
This article is a response to some Prime Times readers having expressed an interest in knowing what type of legal instruments they should have on hand for a variety of circumstances.

A health care advanced directive is the general term applied to any statement made by a competent individual of their preference for treatment decisions in the event the person is rendered incompetent or loses the ability to make decisions. Living Will and Durable Power of Attorney for Healthcare are the two recognized forms of advanced directives in South Carolina. While South Carolina provides two forms that are included in the legislation giving you the right to decline treatment, South Carolina recognizes your right to use alternative forms to express your wishes.

A Living Will is a document that you sign giving instructions to your doctors. South Carolina requires that, before your doctors follow your instructions, two physicians must agree and certify that you have a terminal condition and/or you are in a chronic vegetative state and that there is no reasonable expectation of recovery. Most importantly, physicians are required to provide you with active treatment for at least six hours following the diagnosis of a life threatening condition before terminating treatment. Only then may the doctors follow your instructions. Further, if the certification is based on a diagnosis of permanent unconsciousness you must receive active treatment for 90 consecutive days before your wishes are followed. Your healthcare choices with a Living Will are limited declining life sustaining treatment and artificial nutrition and hydration.

A Durable Power of Attorney for Healthcare allows you to assign to someone else the role of acting as your agent. A Durable Power of Attorney for Healthcare can be used when you are incapacitated or unable to make an informed decision. It allows you to have a spokesperson involved in the decision-making process. The agent may consult with treating physicians and make dynamic decisions based on the circumstances. And because of that, it is very important that you and your agent have an understanding and a trusting relationship. You should keep the agent informed about what you expect and want for the treatment.

Your Durable Power of Attorney for Healthcare may include specific instructions regarding treatment options. For example, you may want to clarify your instructions regarding the use of artificial nutrition and hydration. You may want to explain and clarify that you do or do not want to receive specific types of treatment such as a respirator. Your agent may instruct your physicians to provide you with pain relieving medications regardless of whether the drugs are addictive or may hasten your death. Finally, most importantly, a well drafted Health Care Power of Attorney must include the Health Insurance Portability and Accountability Act (HIPAA) authorization for your agent to receive health care information from your doctors and hospital.

One important consideration in preparing and relying on advanced directives is whether the use of one will create a conflict in the use of the other. If a person has both a Living Will and a Durable Power of Attorney for Healthcare which one applies if there is a conflict? In South Carolina the Living Will is given priority in a situation where it applies. The result of that priority may be that you will receive unwanted treatment for at least six hours and if the certification of your terminal condition is based on permanent unconsciousness you will be treated for a minimum of 90 days before the treatment can be terminated.

Advanced directives are important and personal documents that have a major impact on the people who sign them and their families. A decision to use a Living Will or Durable Power of Attorney for Healthcare should be made only after carefully considering all of the ramifications of each. An Elder Law attorney may assist you in coming to a decision about these important documents.

The information in this article was prepared as general and supplemental information and may not be applicable to the reader’s particular legal needs and circumstances. It should not be relied upon as a substitute for legal or other professional services. For such services consult a competent professional advisor.

M. Robin Morris is located at 164 Waccamaw Medical Park Court, Conway, SC 29528, and may be reached at (843) 347-7998. She is a Member of National Academy of Elder Law Attorneys.
A Touch of Local History:

The Quattlebaum Building

~if these walls could talk...what stories would be told!

by Betty Molnar, Conway Visitor Coordinator

Note: The C.P. Quattlebaum Office Building, ca. 1860, is historically significant locally as the only surviving example of downtown Conway’s antebellum wood frame buildings, and as the building which housed the first and second banks in Horry County. But its mystique comes from its longtime owner, C.P. Quattlebaum and the role he played during some of Conway’s most formative years. His associates read like a “Who’s Who” in the chronicles of local history. The building served as Quattlebaum’s law office from the mid 1870s until his death in 1929, and was a familiar meeting location for these influential men. Just imagine their conversations. If these walls could talk....

The C.P. Quattlebaum Office Building was constructed on Main Street in 1860 for Dr. Joseph M. Harrell. In 1876 it became the law office of C.P. Quattlebaum who partnered with the law firm of Johnson and Johnson of Marion. That same year, during his gubernatorial campaign, democratic candidate Wade Hampton visited Conway and made a speech to a large crowd gathered at the home of Thomas Beaty.

Quattlebaum quickly became a member of a tight knit group of Democratic leaders, prominent in civic, professional and religious affairs, who were determined that Hampton would be elected. They included Judge Joseph T. Walsh, Col. I.T. Gillespie, Capt. Thomas W. Daggett and Dr. Evan Norton. Hampton was elected and Quattlebaum was rewarded for his efforts by being appointed “Aid-de-camp to the Commander–in-Chief,” with the rank of Lieutenant Colonel.

In 1882 Quattlebaum purchased the building from Dr. Harrell. At the time there were no legitimate banks in Horry County but there was a need for basic banking services. Quattlebaum had already started the practice of “discounting” or buying notes from reliable firms at less than face value and then collecting the face value at maturity. By the late 1880s, he and a small group of investors had developed a strong interest in bringing a bank to Horry County.

In 1891 the first bank in Horry County, the Conway branch of the Bank of the Carolinas, based in Florence, S.C., opened in the front room of Quattlebaum’s law office. In 1893 a national financial crash resulted in the bank’s closing. Oral history indicates however that the Conway branch never actually failed.

On May 26, 1893, the first locally owned bank in Horry County, the Bank of Conway, was formally organized and it also located in the front room of Quattlebaum’s building. This arrangement continued until 1899 when the Bank of Conway relocated to a new building on Main Street.

In 1898 Conway was incorporated and Col. Quattlebaum became the first mayor. Because there was no official Town Hall until 1908, one could assume that these duties were carried out from Quattlebaum’s office. The building was moved to Third Avenue sometime around 1900. The building was in the Quattlebaum family from 1882 until 1995. Laura Quattlebaum Jordan, C.P.’s granddaughter, bequeathed the building to the Horry County Historical Society in her will.

In 2002, the Horry County Historical Society restored the Quattlebaum Office Building and today it houses the Conway Visitor Center.* The property is listed in the National Register of Historic Places.

*The Conway Visitor Center’s history and it’s close proximity to the Conway Riverwalk and to many of Conway’s most historic sites make it the perfect location for visitors to begin their outing in Conway. For more information about upcoming events, a schedule of tours or for free brochures and copies of self-guided tour maps, stop by the Conway Visitor Center (903 Third Ave.) or call 248-1700. §
3 simple steps to improve your diet
by Pamela Pyle, D.O.

If you have made a decision that you would like to change your nutritional habits, you only need to travel to the nearest book store, look on the Internet or even switch on the TV to get a virtual plethora of advice on dietary recommendations. The problem is not the lack of choices; the problem is too many choices. You must decide which nutritional plan will work for you to address your concerns and be functionally achievable with your lifestyle.

The diet most synergistic with health and youth preservation is reminiscent of the Paleolithic diet eaten by our ancestors. This is a diet high in nutrient dense foods such as fruits, vegetables, lean meats and essential fatty acids.

Today, we have diets predominated with refined, processed foods, saturated fats and simple carbohydrates. We also have food items with artificial colors, artificial flavors, sweeteners, antibiotic and pesticide residues, synthetic hormones and many other substances that are toxic to the body. In fact, there are over 10,000 food additives and carcinogens in the food supply. The optimal diet would exclude all artificial substances and this should be a goal to strive for.

So what can we expect with optimization of our diets? More than one might think on initial inspection. The following list of benefits has been shown but is most certainly not all inclusive:

1. Boosting the body’s immune functions
2. Prevention of illness including diabetes, hypertension, certain types of cancer, heart disease, cerebrovascular disease and others
3. Diminished inflammatory disease symptoms including those associated with osteoarthritis, rheumatoid arthritis, inflammatory bowel disease and inflammatory muscle disease
4. Increased energy and endurance levels
5. Increased lean muscle
6. Decreased body fat

One issue that is relatively easy to address is the purity of our diets. When we go to our neighborhood grocery store there is invariably a section with organic items. The FDA has defined organic foods as those that have been prepared without the use of sewer sludge fertilizers, pesticides, herbicides, antibiotics, hormone stimulants, radiation or that have been genetically modified (genetically modified; my thoughts exactly). The FDA further defines foods as 100% organic, organic (95% organic) and made with organic materials (70% organic). Do not be fooled by the word “natural” as this is not regulated and therefore could mean anything. This one step will drastically reduce the 13 to 15 pound intake of chemicals per year in the average American diet.

Another issue that will be helpful in making healthy food choices is understanding the Glycemic Index. The main concern with eating carbohydrates is the effect that they have on blood sugar and insulin levels. The Glycemic Index is a ranking mechanism measuring the effect that a carbohydrate has on the rate of increasing blood sugar levels and corresponding insulin levels upon ingestion of that carbohydrate. Higher glycemic index carbohydrates more quickly raise blood sugar levels. The index ranges from one to 100 with pure glucose ranked highest. Food items with lower glycemic index levels result in decreased intensity of the insulin response which has been shown to result in the following:

1. Help people lose and control weight
2. Increase body’s sensitivity to insulin
3. Improves diabetic control
4. Reduces risk of heart disease
5. Reduces blood cholesterol levels
6. Reduces hunger and food cravings
7. Prolongs physical endurance
8. Helps refuel carbohydrate stores after exercise

The glycemic index of a certain food is determined by the structure of the simple sugar it contains, the fiber content and the fat content. Glucose can be released directly into the blood stream and products that contain it such as pasta, white bread, cereals and starches have a high glycemic index. Conversely, the liver must process fructose and lactose, and food items with these sugars therefore have lower glycemic indexes. Although the glycemic index of a food is important, keep in mind that it is most relevant if the food is eaten in isolation. The addition of protein and/or fat functionally lower the glycemic index of any carbohydrate. Therefore, balance high glycemic index foods with lean protein, plant protein, or mono or polyunsaturated fats.

Finally, a good resource to determine what is the best ratio for protein, carbohydrates and fats is the Web site www.mypyramid.gov. This government operated Web site allows you to determine which ratio will work best for you specifically based upon age, gender and physical activity.

And remember: Eat Well, Live Better, Live Longer!
It has probably become a routine. Each time you check your e-mail, you are greeted with unwanted, unwelcome messages from unknown individuals or companies. Many pitch products that you have no interest in; others make fraudulent attempts to collect your personal financial information; and some harbor viruses that will harm your computer files. You spend minutes a day “deleting.”

The Better Business Bureau and Federal Trade Commission offer tips to reduce the amount of spam that you receive. To help free your in-box of clutter:

- **Do not display your e-mail address in public.** Spammers use newsgroup postings, chat rooms, Web sites and online service membership directories to “harvest” addresses.
- **Use two e-mail addresses.** You might consider using one address for personal messages and one for newsgroups and chat rooms.
- **Always check privacy policies.** When you submit your e-mail address to a Web site, check the privacy policy to see if it allows the company to sell your address. If so, you may want to opt out, or choose not to submit it.
- **Use a unique e-mail address.** If you use a common name in your e-mail address, like jdoe, that may affect the amount of spam you receive. Using a more unique name, like jd51x02oe, will foil spammers’ attempts to target common name combinations.
- **Use an e-mail filter.** Your Internet Service Provider (ISP) may provide a tool to filter out potential spam or a way to channel spam into a bulk e-mail folder.

Meanwhile, when you do receive e-mails promoting credit repair, advance fee loans, deeply discounted software products, sweepstakes “winnings,” miracle medical products and other “too good to be true” offers, forward them to the FTC. Send a copy of unwanted or deceptive messages to spam@uce.gov. The FTC uses the unsolicited e-mails stored in this database to pursue law enforcement actions against people who send deceptive spam e-mail.

Also, send a copy of the spam to your ISP’s abuse desk. That lets the ISP know about the spam problems on their system and helps them to stop it in the future. Include a copy of the spam, along with the full e-mail header. You may also want to complain to the sender’s ISP.

The Better Business Bureau of Coastal Carolina serving Florence, Darlington, Marion, Dillon, Williamsburg, Georgetown and Horry counties has provided this information. The BBB is a non-profit organization dedicated to promote and foster the highest ethical relationship between businesses and the public. For more information contact the BBB at bbbinfo@sc.rr.com visit www.carolina.bbb.org or call 1-800-968-6022.

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**Exercise and Aging: From Benefits to Barriers • PART II. . . . . . . Continued from page 3**

- **Get support** Our family and friends have to support us in order to make us successful. The best thing to do is…
- **Include a friend** If someone is counting on us, we will continue to exercise to motivate them. In return, they motivate us.
- **Develop a habit** Do exercise at the same time every day to make is seem just like brushing your teeth.
- **Set goals** One motivating factor is to have something to strive for. Plan a reward for completing your goal.
- **Be flexible** Often people will throw in the towel completely if something goes wrong in their plan. Allow yourself to make mistakes, to get sick or for the weather to change your plans. If you fall off the wagon, get back on as soon as possible.
- **Start slowly** In order to avoid injuries and burnout, do a moderate amount each day for a month or so. After you get more confident and into a habit, you can increase time, distance and intensity.
- **Add variety** Find more than one activity that you like or try a new activity that you find interesting. By doing something different, you will enjoy each activity even more.
- **Be patient** We often expect to see results immediately and they may not occur that way. Stick with physical activity and the results will happen, even if you can not see them.

Once we have made a commitment to ourselves and once we realize the impact physical activity and exercise can have on our lives, staying motivated is not a problem. We are able to handle the tasks of daily living and appreciate the value of being and staying active. §
The CSAAR would like to encourage older adults and retirees from the Grand Strand to take advantage of the many university events that may be of interest to them. You can stay up-to-date about cultural, athletic and other informational or entertainment events that are free and open to the public by viewing the Calendar of Events on Coastal’s Web site: was.coastal.edu/calendar.

Here is a small sampling of events to be held at CCU during the next few months that community members are invited to attend. Events are free unless otherwise noted. For more information or details on any event, call the Wheelwright Box Office at (843) 349-2502.

- **April 18 ~ Percussion Ensemble**
  Wheelwright Auditorium; 7:30 p.m.

- **April 23 ~ CCU Concert Choir**
  Wheelwright Auditorium; 4 p.m.

- **April 24 ~ Jazz After Hours**
  Wheelwright Auditorium; 7:30 p.m.

- **April 26-30 ~ second.**
  CCU Theater ~ Wheelwright Auditorium;
  Wednesday through Saturday at 7:30 p.m., Sunday at 3 p.m.
  Admission: $10; $5 students

- **April 27 ~ CCU Symphonic Band**
  Wheelwright Auditorium; 7:30 p.m.

- **April 29 ~ The 5 Browns**
  The 5 Browns are a sibling quintet of concert pianists.
  This unique group, performing on five Steinway pianos, will present an evening of unforgettable music.
  Wheelwright Auditorium; 7:30 p.m.
  Admission: $20; $15 for senior citizens; $5 students

**Location:**
The Center for the Study of Aging and Active Retirement
CCU’s Foundation Center, room 313
2431 U.S. 501E
Conway, South Carolina

**Mailing address:**
CSAAR, Coastal Carolina University
P.O. Box 261954
Conway, SC 29528-6054

*Mail can be sent to the attention of Janette Bowman, director, or Rocco Cartisano, associate director*

**E-mail addresses:**
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**CORRECTION:** In the previous edition of PrimeTimes at the conclusion of the article “Ask Your Friendly Neighborhood Gerontologist,” there was a PrimeTime note about Dr. Reid Johnson’s current endeavors in counseling, consulting and training. Dr. Johnson’s e-mail address was incorrectly shown, it should have read: nandrj@sc.rr.com. We regret the error.
Prime Times recognizes that there’s always room for a smile — occasionally even a laugh out loud — among the serious topics we address. If you have a humorous story about the lighter side of aging, send it in and we may publish it in future issues of the newsletter.

A couple had begun to notice that it seemed to be they were quite frequently forgetting things. After talking it over, they decided to go to the doctor for a checkup as they didn’t want this incidence to become a problem. The doctor told them that they were physically okay, but they might consider starting to write things down to help them remember.

Later that night, while watching TV, the fellow gets up from the chair. His wife asks, “Where are you going?” “To the kitchen,” he replies. “Will you get me a bowl of ice cream?” “Sure.”

“Don’t you think you should write it down so you can remember it?” she asks. “No, I can remember it.” “Well I’d like some strawberries on top, too. You’d better write it down because you know you’ll forget.” He says, “I can remember that! You want a bowl of ice cream with strawberries.”

“I’d also like whipped cream. I’m certain you’ll forget that, so you’d better write it down!” she retorts.

Irritated, he says, “I don’t need to write it down, I can remember it! Leave me alone! Ice cream with strawberries and whipped cream – I got it, for goodness sake!” Then he grumbles into the kitchen.

After about 20 minutes he returns from the kitchen and hands his wife a plate of bacon and eggs. She stares at the plate a moment and says, “Where’s my toast?” §