



SONOMA SENIORS TODAY

Embracing the Holidays with Dementia: Tips for a Joyful Season

he holiday season is a cherished time for family and friends to come together, share memories and create lasting moments of joy. However, for families affected by Alzheimer's or other forms of dementia, this time can also present unique challenges. The pressures of caregiving, coupled with the desire to maintain beloved traditions, can be overwhelming for both caregivers and those living with dementia. Yet, with thoughtful planning and a shift in expectations, it's possible to create festive celebrations that everyone can enjoy.

Adjust Your Expectations

It's important to recognize that only some holiday traditions need to be upheld. Here are some ways to adapt your approach:

• Be Kind to Yourself

Permit yourself to let go of certain traditions that may no longer be feasible. Focus on what truly brings joy.

• Prioritize Meaningful Activities

Identify the holiday activities that matter most to you and your loved ones, such as a specific meal, a favorite song, or a cherished family gathering.

Opt for Smaller Groups

Consider hosting a smaller family gathering instead of a large party. This will reduce stress and create a more comfortable environment for everyone.

• Simplify Meals

To ease the cooking burden, take advantage of catering services or ready-made meals from local grocery stores.

• Create New Traditions

Consider starting a potluck dinner where each family member contributes a dish, fostering togetherness and shared responsibility.

Involve Your Loved One

Engaging the person living with dementia in holiday activities can enhance their experience and create meaningful interactions. Here are some enjoyable activities to do together:

• Gift Wrapping

Wrap gifts side by side, allowing them to participate in this festive activity.

• Baking Together

Bake favorite holiday recipes together. They can help with simple tasks, such as stirring or decorating cookies.



Photo by A. Howard, Unspla

Table Setting

Involve them in setting the table while avoiding potentially confusing or dangerous decorations, such as candles or artificial fruit.

• Share Holiday Greetings

Read holiday cards together and discuss the messages inside.

• Photo Reminiscing

Look through photo albums or scrapbooks. Share stories about the people and events captured in the pictures, which can spark delightful memories.

• Watch Classic Movies

Enjoy a beloved holiday film together, allowing for moments of laughter and nostalgia.

Sing Together

Singing favorite carols or reading holiday passages can be comforting and uplifting.

The holiday season can be both challenging and rewarding for families living with dementia. Adjusting expectations, simplifying plans, and engaging your loved one in meaningful activities can create a festive atmosphere that honors the season's spirit. With some flexibility and creativity, you can ensure that this holiday season is filled with love, connection, and cherished memories.

For further information related to dementia resources and support, please contact Salina Gonzalez at 707-525-0143 ext.103 or sgonzalez@councilonaging.com.

Finding a thoughtful gift can be meaningful and supportive.

• Personalized Memory Book

A scrapbook filled with photos, notes, and reminders of family and friends can help trigger memories and spark talks.

• Fidget Blankets or Sensory Toys

These can provide tactile stimulation and comfort, helping to reduce anxiety.

• Simple Puzzles

Large-piece jigsaw puzzles or puzzle books can engage without being overwhelming.

Music Albums

Familiar music can evoke memories and emotions. Consider creating a playlist of their favorite songs.

Scented Items

Essential oils can be soothing and evoke positive memories.

• Customized Calendar

A calendar with family photos and important dates marked can help them keep track of time and important events.

• Art Supplies

Coloring books and markers or paints can provide a creative outlet and help with relaxation.

Comfort Items

A soft blanket or a stuffed animal can offer comfort and a sense of security.

• Memory Games

Simple games designed for cognitive engagement, like matching cards, can be fun and beneficial. When choosing a gift, consider the recipient's interests and preferences and aim for something that encourages connection and enjoyment.



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The Role of Diet in Bone Health

Tsering Sherpa RN SSU

s we age, we often experience weakened bones or fractures. If you've ever had a

noticed a decline in your bone strength, you're not alone.

Low bone mass, osteoporosis, and fractures, including those of the hip, femur, and arm, are common for older adults. We'll discuss the importance of bone health, explore essential nutrients necessary for



Tsering Sherpa, RN

maintaining strong bones, and provide practical tips to help you improve and strengthen them.

Our bones play several crucial roles in our bodies: they provide structure, support, and protection for vital organs like the lungs and heart, store essential minerals, and house the bone marrow where blood cells are produced. Throughout our lives, old bone tissue breaks down by cells called osteoclasts, while new bone growth is the responsibility of osteoblasts.

However, by age 30, we reach peak bone mass, and our bone density gradually declines from then on. As we age, the once dense, honeycomb-like structure of our bones becomes thinner and more brittle, increasing the risk of fractures and osteoporosis.

It is critical to improving bone health to include essential minerals in our diet, specifically calcium and vitamin D. Calcium is a mineral that our body needs but doesn't produce

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DRYSDALE

on its own, so we must obtain it from our diet. Some foods high in calcium include dried figs, canned salmon, tofu, almonds, white canned beans, and dairy products.

The National Academy of Medicine recommends consuming a daily intake of 1,200 mg of calcium for individuals over 51, along with 800 international units (IU) of vitamin D.

Vitamin D is essential because it helps our body absorb calcium and supports muscle strength, which helps maintain balance and reduce the risk of fractures. Sources of vitamin D include fish such as salmon, trout, tuna, and fortified orange juice. Remember the recommended doses for both minerals to avoid potential kidney issues, as excessive amounts can lead to kidney stones. Here are some additional tips to improve bone health and prevent osteoporosis and fractures:

Review Your Medications

Check your medication regime with your physician, as some medications, such as steroids, can adversely affect bone health.



Avoid Substance Abuse

Limit or eliminate tobacco and alcohol use. Increasing the intake of both can increase the risk of osteoporosis.

Engage in Regular Physical Activity

Go out for a walk or on a treadmill for 30 minutes—1 hour/ day. Try to avoid high-impact exercises that involve jumping and jolting movements.

In conclusion, maintaining good bone health is important for overall well-being. Incorporating adequate amounts of calcium and vitamin D in our diet, aiming to work out 30 minutes to 1 hour daily, avoiding the use of alcohol and tobacco, and being mindful of the adverse effects of our medications can significantly strengthen our bones and prevent fractures.

Taking these steps will enhance the quality of your life as you age and help you become stronger and more active.



Mission Statement

To enhance the quality of life for our aging community by providing services that promote well-being and maintain independence.

Make SST part of your plan to age successfully!

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PUZZLES & GAMES

Puzzle solutions are on page 8

WORD SCRAMBLE "Holiday Treats"

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2. ORVONPLOES	_	_	_	_	_	_	_	_	_	_	
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WORD SEARCH "Art History"

Renaissance	Cubism
Minimalism	Symbolism
Baroque	Impressionism
Pop Art	Surrealism
Romanticism	Daidism
Realism	Medieval

"Happy Holidays"

- 1 Heavenly body visible from earth as point of light
- 5 Lawyer (abbr.)
- 9 Measuring instrument
- 13 Evergreen tree
- 14 Earth has a N. and S. one
- 16 Volcano
- 17 Ancient Indian
- 18 Behind
- 19 Hollow brick structure for passing smoke from a fire

- 24 American Cancer Society
- 25 "Pathfinder" maker
- 29 New Year's _

- 36 Christmas hymn
- 37 Kimono sash
- 38 Musical treble ___
- 40 Chilly
- 42 1000 megabytes
- 44 Applesauce brand
- 46 Potato sprouts
- 47 Executive
- 48 Writings
- 51 Wing
- 54 Association (abbr.)
- 56 Day on which ordinary
- 58 Sword
- 61 Vessel
- 63 Demonstration
- 64 Inaccuracy
- 65 Frog
- 66 Sign
- 69 Lassie

- **ACROSS**

- 15 Eating house

- 21 Lease
- 23 Visit

- 30 Kernel
- 32 BB association
- 33 Type of fur

- 39 Relating to the ear
- 41 Grease
- 43 Deciliter
- 45 Chum

- 50 Expression of surprise

- business activity is stopped

- 67 Deprive
- 68 Turfs

16

			29				30	31				32		
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58	59	60				61	62				63			
64						65					66			

By Jimmy and Evelyn Johnson - www.qets.com

DOWN

- 1 Eyeglasses
- 2 Religious offering
- 3 Red headed orphan
- 4 Stack of paper
- 5 For each one
- 6 Frozen pizza brand
- 7 What a nurse gives
- 8 Time period
- 9 Present
- 10 Colony insect
- 11 "To the right!"
- 12 Be incorrect
- 15 O.T. prophet
- 20 Central church part 22 Recruit
- 26 Snout
- 27 Monastery superior
- 28 Hammer's partner
- 29 Santa's helper
- 30 Pieces of stiff paper used to send greetings

- 31 Spoken
- 33 View
- 34 Anonym
- 35 Metal objects that make pleasant sounds when hit
- 36 Copper (abbr.)
- 39 Chasm
- 40 Murmur
- 42 Fountain
- 44 Supper
- 47 Groups of notes 49 Baseball player Hank ___
- 50 Leading 51 Water retention
- 52 Tinseled cloth
- 53 French city
- 55 Meshes 57 False god graven image
- 58 Stitch
- 59 To be 60 Undergarment
- 62 Date

WORD SEARCH - "Art History"

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Aging In Place Program Takes Off

By Noel Mechau, Aging In Place Coordinator

ging in Place is a non-evidence-based program funded by the Area Agency on Aging and Council on Aging. For eight weeks, the program met twice a week and offered 12 participants a combination of exercise and nutrition education. We are excited to share insights from Coordinator Noel Mechau's experience in the inaugural session of this program.

It has been an absolute pleasure to meet and work with the Aging in Place (AIP) Program participants at Laurel. As this was my program rollout, I often joked that my first class was like my "firstborn child," making them my favorite!



Our time together has been filled with learning and growth for all. I remember the first day vividly—the testing day, with a mix of familiar faces and unfamiliar people and a palpable sense of nervous anticipation. The group started at various levels of fitness and nutrition knowledge, yet they approached the exercises and seminars with curiosity and openness. Over time, we truly bonded, supporting one another as individuals while shining together as a group. I was especially moved by how the "younger" seniors helped their "older" peers with walkers and other needs—such acts of kindness highlighted the generosity and spirit of this wonderful group. I've also witnessed remarkable personal growth. For instance, a self-proclaimed "meat and potatoes gal" began ordering salads at her family restaurant and even brought in produce she purchased for breakfast, a significant change from her usual meals. It was inspiring to see participants actively planning their meals and engaging with questions about healthy cooking, budget shopping, and managing sugar and

sodium levels. Their eagerness to learn and apply new information was truly gratifying.

The exercise sessions were also a highlight enjoyed by all. Each session featured music chosen by a participant, and we enjoyed seated exercises, chair yoga, scarf dancing, and, most memorably, beach ball games. The laughter and fun during the beach ball sessions provided a great workout and reinforced our sense of community.

The only downside to this program is its end. I will sincerely miss my "firstborn" as I transition to teaching other AIP programs. The heartfelt feedback from the participants—"Can't you stay? Won't you please come back?"—is a testament to the success of our time together. Although I must move on, I cherish the memories and the positive impact we made together.



Volunteer Spotlight: Virginia Fuentes

By Leigh Galten, Volunteer Coordinator, Council on Aging

irginia has been an invaluable volunteer for our Nutrition Department. "Her dedication, reliability, and enthusiasm are admirable traits that stand out. I know that I speak for our whole team in saying that we are beyond grateful for her tireless efforts and the positive impact she continues to make in our department. We couldn't do it without her!" says Deb K, Nutrition Office Manager at Council on Aging.

Virginia Fuentes volunteered with Council on Aging for over two years. Initially, she had inquired about helping in our Meals on Wheels kitchen, but we realized we could use her office skills in our Nutrition Department, and that was really where she felt she could contribute the most as well.

Virginia was born and raised in San Francisco, 1 of 11 children! She has four older brothers, four older sisters, and three younger sisters. They were all raised in a home built by her grandfather in the Portola neighborhood. She talks fondly of a loving, busy, and loud family, and that atmosphere is something that she still enjoys and finds here at Council on Aging, working in an office and being a part of a team.

Her first job was with Bank of America Traveler's Checks during high school, and she continued with them after high school, always taking classes to further her education in finance and technology. From the start, she has always



Virginia Fuentes

been eager to learn and willing to do anything. After working at Bank of America, she worked for 31 years for Brinks Security Company in Human Resources before retiring. She brags that there is no spreadsheet she doesn't love, no task too big or too small, and she understands the importance of kindness and patience in working with seniors.

Tasked with the job of creating a spreadsheet of all the annual Meals on Wheels surveys from our clients, she was devastated to learn how many of them truly are alone, and their Meals on Wheels volunteer is the only person they see each day. Her curiosity to learn about technology and the computer programs we use at Council on Aging has made her a huge asset; she is going to have to train a few of us on Salesforce if she ever leaves! She loves showing up on Tuesdays to a stack of "things to do," and her supervisor Denise is always amazed at how quickly she learns and gets it done and always with a smile!

Virginia has a passion for cooking (but not baking!). She loves to try new recipes and is seemingly always cooking for a large crowd maybe that is a result of being from a large family. She claims her signature dish is Chicken Cacciatore, which she loves to serve over polenta, but her husband Juan disagrees. He says her Puerto Rican chicken stew served over rice is the best! Her three boys and two grandchildren might want to get in on this, but I think everyone would agree that Virginia is accomplished at everything she chooses to do in her life. Her positive attitude and eagerness to learn something new every day is a gift to be around. "There is no way I would be able to take on everything I do to support seniors without Virginia's assistance. She is hard working and a iov to work with!" says Denise Johnson, Senior Nutrition and Health Director.

If you're interested in finding your volunteer opportunity, check out COA's Volunteer site: https://councilonaging.galaxydigital.com/ or call Leigh Galten at 707-525-0143 ext.121, or email lgalten@councilonaging.com.



MEDI-CAL SERVICES

Now Available

Medi-Cal members now have access to new and improved services, beyond the doctor's office or hospital, that address their physical and mental health needs.

Check out the services below that are now available through Council on Aging.

Medically Tailored Meals

Empowers seniors with heart conditions and diabetes to effectively manage their condition through personalized nutrition. Must have a heart condition or diabetic diagnosis from a doctor.

Nutrition Counseling

Promotes health and well-being as seniors age by providing tailored guidance from a Registered Dietician to address specific dietary needs, managing chronic conditions and enhancing overall nutrition.

Respite Services

Provides relief to family caregiver while senior with physical or cognitive needs receives care and support outside of the home in a group setting.

Council on aging

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For more information about COA programs, call 707-525-0143



NUTRITION NEWS

Making Veggies Taste Good without Salt



Salt has always been a very popular and integral part of history. It has been used as a trading commodity, thought to treat and cure certain diseases, used to flavor and preserve a variety of foods and much more. However, over the last few thousands of years, humans have become increasingly addicted to salt.

While the American Heart Association (AHA) recommends individuals consume 1,500mg-2,300mg of salt a day, the majority of people consume upwards of 3,400mg a day! That is nearly double the recommended daily amount.

You might be thinking, "Why not just be more aware of how much salt you add to your food?" I wish it was that easy. The rise of processed foods has contributed to a concerning increase in our daily salt intake. Many food manufacturers have subtly added more salt to their products, making it harder for consumers to maintain a healthy diet. So, how can we limit our salt intake while increasing our vegetable consumption?

First, try using herbs and spices in your cooking instead of adding salt first. Here are a few flavor recommendations for different vegetables:

- Carrots: Cinnamon, cloves, dill, ginger, marjoram, nutmeg, rosemary, sage
- Corn: Cumin, curry powder, paprika, parsley
- Green Beans/Brussels Sprouts Dill, lemon juice, marjoram, oregano, tarragon, thyme
- Broccoli/Cauliflower Garlic, basil, oregano, nutmeg, lemon juice, ginger
- Potato (Sweet and White) Parsley, paprika, rosemary, thyme, onion powder

Second, try cooking with infused olive oil, balsamic vinegar (or any vinegar), or a wine of choice to add more flavor to your vegetables.

These items can be used for dressings, marinades, drizzling, dipping, or garnishing! I personally love using these items to create a marinade or to drizzle over my vegetables before cooking.

Lastly, when cooking, look for low- or no-salt recipes (½ tsp of salt or less). It can be challenging to find recipes that don't call for any salt. In that case, consider using half the recommended amount or omitting the salt altogether!

For any further questions, contact your doctor or reach out to your registered dietitian. Making lifestyle adjustments can be difficult, but know you are not alone and do not need to make these adjustments alone!

PREPARED BY: VANESSA HASSLINGER, MS, RDN SOURCE: NATIONAL INSTITUTE OF HEALTH NATIONAL LIBRARY OF MEDICINE



Transportation Resources For Seniors 60+

Some restrictions may apply. Call for complete participation requirements. For additional resources, call the HUB @707-565-4636

Agency Name	Program Name	Description	Phone
American Cancer Society	Transportation	Provides free transportation to and from treatment for cancer patients	707-545-6720
Catholic Charities	Caring Rides	Trained volunteer drivers take older adults to medical appointments, errands, etc.	707-308-4811
Circut Rider Community Services	Windsor Wheels	Provides rides for free for seniors 60+ in Windsor and north Santa Rosa	707-838-6641 x244
City of Healdsburg	DASH	Provides free rides for qualifying older adults (must register)	707-431-3492
Cloverdale Senior Center	Volunteer Driver Program	Free rides for medical, social and shopping needs for Cloverdale seniors 60+	707-894-4826
Coastal Seniors	Transportation Services	Bus Service to and from errands in Santa Rosa, Ukiak and Fort Bragg	707-882-2137
FISH	Emergency Transportation	Rides to medical appointments for residents in Sonoma, Glen Ellen and Kenwood	707-996-0111
FISH	Non-Emergency Transportation	Rides to medical appointments in SF, Napa, Petaluma, Vallejo, Marin & Santa Rosa	707-996-0111
Miss Daisy Drivers	Miss Daisy Drivers	Fee-based transportation services for seniors in Sonoma Valley	707-339-0995
Rohnert Park Sunshine Bus	Sunshine Bus	Van rides by appointment on limited hours and days (call for hours)	707-585-6780
Sebastopol Area Senior Center	Transportation Program	Transporation to medical, social service & shopping for West County Seniors 60+	707-829-2440
Vintage House	My Rider Volunteer Driver Program	Free rides for non-medical purposes (groceries, hair, post office, bank, library)	707-996-0311
West County Community Service	Transportation Program	Rides to medical appts., social activities, shopping (Russian River Area/Coast)	707-823-1640
Wheelcare Express	Wheelchair & Gurny Transportation	Provides non-emergency wheelchair transportation for older adults	707-573-3055
Becoming Independent	Transportation	Provides rides to and from homes, jobs and events in Sonoma County	707-524-6600
Becoming Independent	BI-Express	Provides weekend & evening service for people and those with disabilities	707-524-6600
City of Santa Rosa	MV Transportation Paratransit	Provides wheelchair rides within Santa Rosa city limits	707-546-1999
County of Sonoma Transit	Sonoma County Paratransit	ADA Paratransit eligibility for those unable to use fixed route transporation (Buses)	707-573-3377



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Crossword

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SCRAMBLE - "Holiday Treats"

1. NSEILARP	Pralines
2. ORVONPLOES	Polvorones
3. RFICUKEAT	Fruitcake
4. LRUEAGCH	Rugelach
5. YOHNE KACE	Honey Cake
6. ARGNEEBRGID	Gingerbread
7. NETEANOTP	Panettone
8. ELOSLNT	Stollen
9. GGNGOE	EggNog
10. VIYNIDIT	Divinity
11. LUOUEBSN	Bunuelos
12. ECPAN EPI	Pecan Pie

SUDOKU - Medium

8	3	6	7	2	1	9	4	5
2	1	9	4	6	5	7	8	3
5	4	7	3	9	8	1	2	6
6	9	2	5	7	4	8	3	1
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1	5	4	8	3	9	6	7	2
4	6	5	1	8	3	2	9	7
7	8	1	9	5	2	3	6	4
9	2	3	6	4	7	5	1	8

SUDOKU - Hard

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Medically Tailored Meals





What are Medically Tailored Meals and what does this mean for you?

Medically Tailored
Meals (MTM) is a new initiative from the
Council on Aging aimed at helping individuals with diabetes manage their condition through diet. A Registered
Dietitian specially crafts these meals to support blood sugar balance and overall health for individuals with diabetes.

This program will provide two meals daily, lunch and dinner, for up to 3 months. MediCal completely covers the program! Meals are prepared and delivered conventiently to your

home once a week, saving time and effort.

All meals come frozen and must stay that way until you are ready to eat. Then follow the heating instructions. Each meal will contain a lean protein, a non-starchy vegetable, and a low-glycemic grain. This formula creates the perfect meals for blood sugar balance!

For any further questions about MTM at COA, contact Vanessa, MS, RDN at 707.525.0143 ext. 137 or email vhasslinger@ councilonaging.com.

A few Type 2 diabetes tips

Eat breakfast, even if it's something smal

Continue to be physically active, as you are able

Manage stress levels

Choose low sugar items instead of full sugar items

Pair your carb snack with a fat or protein source

Heart Disease: The #1 Killer

By Gene Hughes, RN

eart disease is the #1 killer in the US, with 1 in 5 people succumbing to it in 2022 alone. These are scary numbers, but there are ways to reduce the risk and help prevent the disease. Coronary artery disease, or CAD, is the most common form of heart disease; it



Gene Hughes, RN

is a serious condition that interrupts blood flow to the heart and can lead to a heart attack. So, what can be done to reduce the risk? Some risk factors include high blood pressure, high cholesterol, and smoking tobacco. The good thing is that there are things available right now to reduce these risk factors and lower the chance of developing heart disease.

Research has shown that smoking is a risk factor for many diseases, including heart disease. It constricts blood vessels, making it harder for the heart to pump blood around the body, thereby raising the blood pressure. There have never been more available resources to help with quitting smoking and eliminating this heart disease risk. The Centers for Disease Control has many tips and resources that can assist in quitting smoking. Your primary care doctor may also have recommendations that can be of help. It can be a daunting task, but stopping now can reduce the risk of developing heart disease.

High blood pressure and high cholesterol are two other serious risk factors for developing

heart disease. There are many reasons why blood pressure and cholesterol could be elevated. A diet high in salt and saturated fat, a lack of exercise, and smoking are all factors that can elevate blood pressure and cholesterol. The CDC recommends that older adults participate in 30 minutes of moderate-intensity exercise five days a week. A brisk walk is a great example of moderate-intensity exercise. It is also important to include muscle strengthening and balance activities in an exercise routine as well. A great way to incorporate muscle strengthening into an exercise routine is through swimming, cycling, or water aerobics while standing from a sitting position, which is a great way to increase balance. A schedule to build this into a workout program could include three days a week of a 30-minute brisk walk, two days a week of water aerobics, swimming, or cycling, and incorporating a balance exercise into each day.

The DASH diet is a heart-healthy diet that helps lower blood pressure. The great thing about this diet is that it doesn't require any specialty foods. The DASH diet limits sweets and sugary drinks, foods high in saturated fat, and full-fat dairy products, instead relying on low-fat dairy, poultry, nuts, healthy vegetable oils, and fish. It also incorporates plenty of fruits, vegetables, and whole grains. Please visit www.mydashdiet to find out about the DASH diet and recipes that follow its principles.

To sum it all up, it's possible to make a huge difference in reducing the risk of heart disease. A heart-healthy diet, adequate exercise, and embarking on the journey to quitting smoking are some of the tools that can help make changes to reduce these heart disease risk factors.







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Call Jennifer Kulpa Tellagacy Coordinator 707-525-0143 x100 jkulpa@councilonaging.com









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The ABC's of LGBTQA+

Joleen D Bishop, MSN, WHNP-BC- MSCP

he holidays will soon be upon us. We will see our families of choice or our biological families of aunts, uncles, nieces, nephews and other family members, whom we might see only during the holidays—or all of them.



Jolleen Bishop

Family stories may be told and retold, and we will get caught up with news of many changes —divorces, marriages, graduations, births, new jobs, and recent illnesses. Some of those changes may be unexpected or even confusing, yet for many of us, it is important to respond with care and understanding.

One of those changes may be around someone's sexual identity, their use of pronouns, or a coming out, or you may be asked to support a specific cause around defending rights you do not understand. You may suddenly be aware that you do not know the language of this new landscape of human interactions.

For many of us, we grew up knowing only two "sexes," male and female, and only one "accepted" sexual identity choice, heterosexual. We were simply denied the truth that many other options were available. Religion, culture and fear often played a part in this lack of information. For many Black, Indigenous and People of Color (BIPOC) cultures, there is more conversation and recognition of sexual identity diversity. The term "they" is not a new term to many non-Western, BIPOC cultures. The concept of gender-neutral identity, gender fluidity, and trans identity is found in many languages and ancient cultures. This recognition is not about being WOKE, but it is a whole new world for many of us to explore and understand.

At this writing, there are multiple terms to express gender and sexuality, and new terms are added regularly. The term gender fluid is a very apt description of this continuum. In my 30 years of being a professional women's health provider, I have come face to face with many of these changes, and I've made many mistakes. I have asked uninformed questions, embarrassing both myself and my patient, and I have appreciated the kind education that I have received. Navigating the evolving landscape of gender and sexuality can indeed be challenging, especially during family gatherings where understanding and respect are paramount.

Here is a brief primer to help you feel more comfortable and a little more informed in your conversations. First, let's identify the difference between gender identity and sexuality.

Gender Expression

This is how an individual expresses their gender through their behaviors, mannerisms, interests, clothing, choice of partner, friends, and general appearance that most accurately represents their authentic gender identity.

Gender Identity

This is unique for everyone and is defined as the behavioral, cultural, or psychological traits typically associated with oneself regarding gender. A more common definition is your sense of your own gender. Gender is NOT a binary system, as many of us were taught to believe. Instead, it is a spectrum. People may identify in various ways beyond the traditional binary male and female categories.

Common gender identities include:

 Cisgender: A person's sex assigned at birth (SAAB), which also agrees with their gender identity.+

- Transgender: A person's gender identity that does not agree with their SAAB.
- Non-binary: A person who does not exclusively identify as male or female.
- Genderqueer: A person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a blend of genders.
- Agender: A person who does not identify with any gender.
- Gender nonconforming: A person's behaviors and gender expression do not match masculine or feminine gender norms
- Gender fluid: A person identifies as gender neutral, or they might identify as a woman some days, a man on other days, and genderqueer others. It is evolving and exists on a continuum.
- Two-Spirit: A term used by some Indigenous cultures to describe a person who embodies both masculine and feminine qualities.

Binary Sex-Assigned-at-Birth

We still examine newborns and categorize them simply as either Male or Female at birth, and we believe that all meaningful identity markers will flow from that assignment, which is not the case. One's Binary-Sex-Assigned-At-Birth may have NO relation to an individual's gender identity, gender expression/ presentation or the sexual orientation of that individual. These are all separate and unique parts of identity.

Sex Assigned at Birth/Gender Assigned at Birth: (SAAB or GAAB)

This is determined by the person who delivers the baby and is based on external genitalia. Penis is male, vagina is female. You may also see (AFAB – assigned female at birth; or AMAB – assigned male at birth). These two designations are termed binary because they only allow for these two choices. The technical definition of biological sex states: The categories into which humans are divided are based on reproductive function. BUT it is not that simple! Other than external anatomy, there is internal anatomy, hormones and chromosomes.

Sexual Orientation

Sexual orientation refers to who a person is attracted to and can include a wide range of orientations:

- Heterosexual: A person attracted to the opposite gender.
- Homosexual: A person attracted to the same gender.
- **Bisexual:** A person is attracted to more than one gender.
- Pansexual/Omnisexual: A person is attracted to people regardless of their gender.
- Asexual: A person who experiences little or no sexual attraction.
- Demisexual: Experiencing sexual attraction only after forming a strong emotional connection.

Pronouns

Many people find grammar a stumbling block. We are drilled to learn grammar throughout our school lives in a very binary way. Many non-binary persons desire to be referred to as they/them.

Common Initialisms

- LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, and other identities.
- 2SLGBTQIA+: Includes Two-Spirit, acknowledging Indigenous gender identities.

Below are some general guidelines:

	Singular	Plural				
Personal Pronoun						
First person	I	We				
Second person	You	You all				
Third Person	He, She, It, THEY	They				
Reflexive Pronoun						
First Person	Myself	Ourselves				
Second Person	Yourself	Yourselves				
Third Person	Himself, Herself, Itself, THEMSELVES	Themselves				
Possessive Pronoun						
First Person	Mine	Ours				
Second Person	Yours	Yours				
Third Person	His, Hers, Its, THEIRS	Theirs				

Answers to often-asked questions:

What can I say when meeting a new person:

- Introduce yourself.
- Ask someone's pronouns before assuming.

What can I say when someone comes out:

- Think of it as gaining a new member vs losing one.
- Ask what pronouns they would like to use.
- If they come out with a new name, practice the new name as you would a new friend.
- Let them know you love them.
- When the term trans is used vs not.
 - Use the gender: man, woman, non-binary, etc. Do not use "trans" prior to their gender as this could possibly out them to others without permission.
 This person has trusted you with very personal and intimate information.
- OOOPs, I deadnamed (using their previous name) or misgendered (using their previous gender) in a conversation. What do I do?
 - Quickly apologize and correct yourself.
 - Don't make a big deal about it. Don't ask them to forgive you or say, "You're fine."
 - Example: Susie went to the store. He.
 Oops, she is getting bread.
 - Example: John! Sorry: Sarah! Can you come over?

Questions You Can Ask:

- What are your pronouns?
- How would you like me to handle an introduction to so-and-so?
- How do you spell your name?

Questions to Avoid:

- Questions about their medical transition.
- How they have sex, relate sexually or what toys they use.

If a question would make a cis-gender friend uneasy, it will also make a trans person uneasy.

Resources:

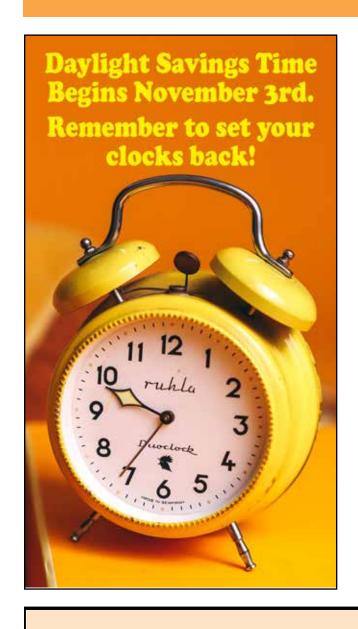
Getty, How to They/Them: a visual guide to nonbinary pronouns and the world of gender fluidity, 2020.

GenderSpectrum.org: An organization fighting for equality for kids and teens of all gender expressions.

Them.us: An on-line site for LGBTQ+ community for establishing community.

Genderfork.com: Supportive community and website explores gender variance through photography, profiles and discussions.

Joleen Bishop is a seasoned women's health nurse practitioner with over three decades of experience dedicated to serving women's health needs. You can find Joleen at: https://joleenbishop.com.



Want to Advertise?

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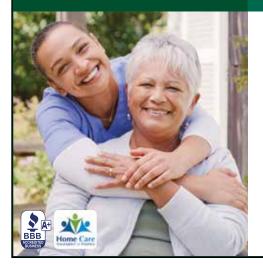
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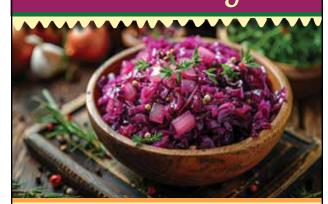






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Sweet and Sour Red Cabbage





Ingredients

- 2 Tbs. Butter
- 1 Medium Yellow Onion (1/4" Dice)
- 1/2 Head of Red Cabbage (Sliced 1/4" Thick)
- 1 Tsp. Sugar*
- 1/4 Cup Balsamic Vinegar
- Kosher Salt and Black Pepper to Taste

Directions:

- · Sauté the onion in the butter, stirring until translucent
- Stir in the cabbage, cook for about 5 minutes, stirring until the cabbage softens a bit
- Stir in the sugar and cook for 1 minute
- Stir in the Balsamic Vinegar and bring to a low simmer
- Cover and cook, stirring frequently for about 35 to 40 minutes, until it is soft, but not mushy
- Add salt and pepper to taste

Makes 2 to 3 servings. Optional: Add a side protein such as cooked chicken to make it a meal. Add or garnish with other seasonings of your choice.

*Add up to 2 TBS. of Sugar to taste

