



# Senior Savvy

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ESTABLISHED IN 1866  
**THE BELTON**  **JOURNAL**

# Are you listening?

**By Gretchen Hook**  
*Little Elm Residential Care Home*

When loved one's age, many assume they've lived out their stories and have little more to share. However, this is not accurate. Older adults face mental health challenges beyond dementia or Alzheimer's, including depression, anxiety, fear, anger, and other common emotions we experience daily. The main difference? Many older individuals feel unheard or believe they are a burden.

Listening to our elders requires patience, time, and a curiosity that most people lack. In our fast-paced world, our elderly are often placed in nursing facilities and then forgotten. They frequently rely on each other or become completely isolated, feeling unheard and unloved. How we treat our elders often reflects how we treat our other family and friends, and oftentimes, ourselves. So, how can we start to show more respect for our elders? How do we develop the patience we need to truly listen to them?

Volunteer. Sometimes, just the simple act of stepping into a nursing facility and learning about their volunteer program is all some people need to start building meaningful relationships with our elderly. When you sit with them, just listen. Listen to understand and understand to listen. Truly take in what they are saying. Because some of our elders are forgotten and "dumped" into a facility doesn't mean they are bad people; it means they need someone who genuinely cares about them. Volunteering is a great way to show them you care—not only about them but also about yourself.

Self-Evaluation. If you have an elder in your family that you just can't seem to sit

down with and listen to, maybe it's time to evaluate yourself. Are you too busy for others? Is your patience worn thin? Maybe it's time you find someone to listen to you, to hear you, to help you. Seeking a counselor is never a bad idea and it might be just what you need to evaluate how you treat yourself and others.

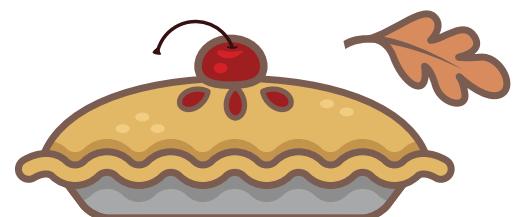
Adjust your expectations. As adult children, we often assume our elderly parents can still perform the activities they used to. However, due to aging and disabilities, they may no longer be as active. It's important to lower our expectations and pay attention to what they, along with their doctors, therapists, and caregivers, express about their abilities and needs.

Find a therapist... for your elderly loved one. Often, our elders do not want to burden their families with their issues, no matter how hard we try. That's okay. Talk to them and see if they would like to speak with someone. Most of the time, our elders prefer to discuss what's bothering them with someone other than a family member. Don't take offense; this is entirely normal. Allow your elder to process their lives and situation with someone neutral—someone who can help them, someone who gets paid to sit with people and listen.

Develop a different perspective. This isn't just for the readers of the Journal, but for all caregivers in facilities and at home. We often become burned out from caring for the elderly. This is called compassion fatigue or burnout. What if we slowed down, practiced self-care, and changed our perspective on caring for our elders? How can we do that? Take a break, see your person or people as actual individuals who need care. How would you want to be treated? Do you want to be heard? Of course, developing a differ-

ent perspective can be helpful. Seeing your situation in a new light—this is my purpose right now, what God is guiding me to do, my responsibility, and my job. Remembering why you started doing this work in the first place is essential.

As someone who has worked with our elderly population for over 30 years, I understand that we often rush, forget the "why" behind our work, and sometimes just don't care. I've been burned out, suffered from compassion fatigue, and quit. When I realize that I am not doing God's work or working according to His plan for my life, my life suffers. I started my residential care home because that is what God is having me do. He knows my heart for our elderly and understands that I can share my experiences with you and show you how to get back to caring, listening, and truly hearing. In my residential care home, we take time to listen to our residents, to genuinely hear them. We observe them daily and notice small changes, even in their speech or what they are saying. Every night before bed, we process our day so that our sleep is improved. As a mental health therapist, I listen, help process experiences, and allow my residents to remain their own best life experts. I hope this article has helped you as much as it has helped me. We need these reminders to be gentle with ourselves and others, to hear and be heard, and to slow down—realizing that one day, we might find ourselves in the same situation as our elderly population. It pays to listen.



# Simplify your feast by slow cooking your Thanksgiving turkey

Food features prominently in many holiday celebrations, but perhaps no holiday is more closely associated with eating than Thanksgiving. In fact, Thanksgiving and food are so closely connected that many people lovingly refer to the holiday as “Turkey Day,” which is an homage to the popular main course that finds its way to millions of Thanksgiving dinner tables across the country each year.

Side dishes abound on Thanksgiving dinner tables, but turkey still takes center stage. That reality can put some pressure on hosts tasked with preparing the meal for their family and friends. Unlike some other dishes that require a laundry list of ingredients and lots of prep work, turkey is a relatively hands-off main course. However, home cooks know a dried out turkey is not on anyone’s holiday wish list. Slow cooking can help to avoid such a result. This recipe for “Holiday Turkey,” courtesy Andrew Schloss’ “Cooking Slow” (Chronicle Books), calls for slow cooking the bird. Such an approach should result in a delicious and mouth-watering main course that satisfies anyone who’s anxious to sit down at the Thanksgiving dinner table this year.



## Holiday Turkey

Makes 15 servings

- 1 fresh turkey, about 15 pounds, preferably free-range
- 1 tablespoon olive oil
- 1 quart apple cider
- 2 teaspoons dried poultry seasoning
- Coarse sea salt and freshly ground black pepper

Remove the giblets from the turkey and discard (or save for another use). Rinse the turkey inside and out and pat dry with paper towels. Rub it all over with salt and pepper. Refrigerate, uncovered, for at least 12 hours and up to 24 hours. During that time, the surface of the turkey will become visibly dry and the skin will tighten; this encourages a nice crisp skin on the finished bird.

Remove the turkey from the refrigerator 1 hour before you plan to start roasting. Preheat the oven to 450 F.

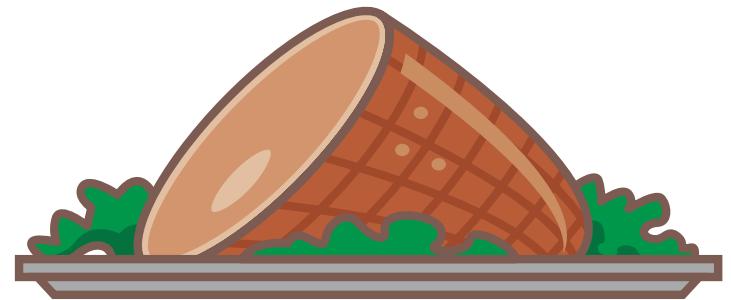
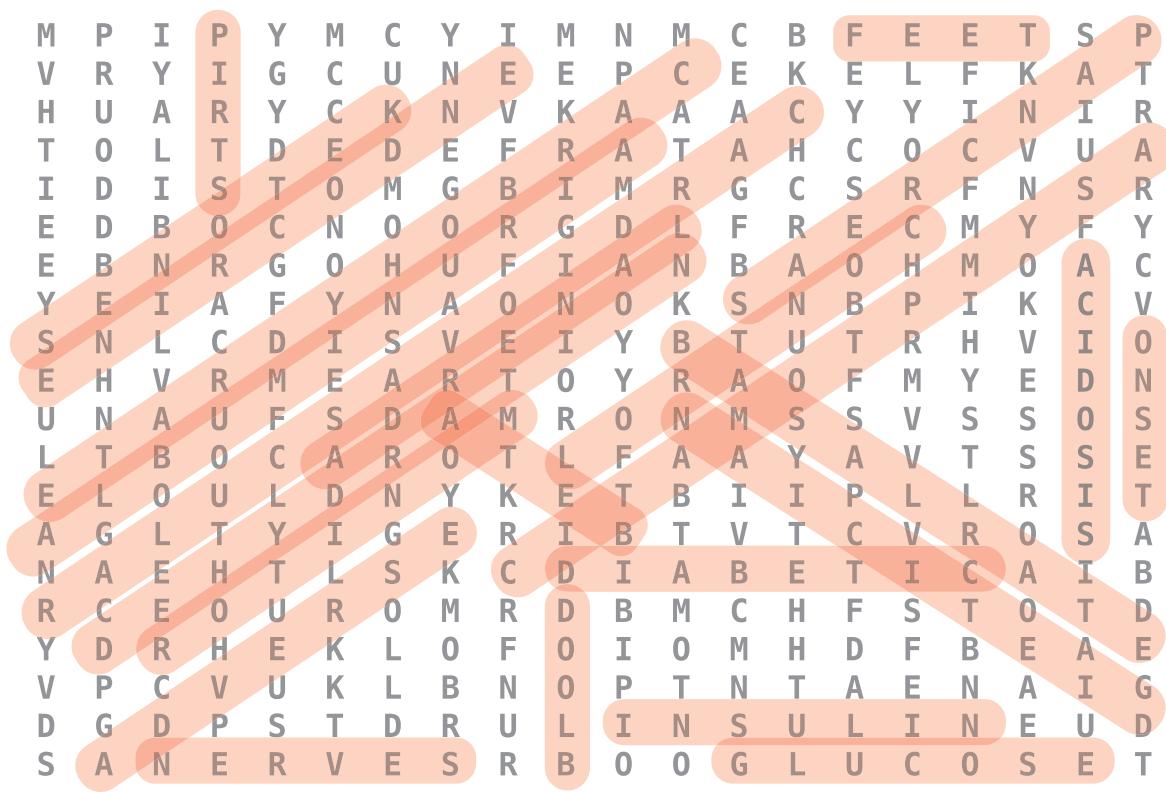
Put the turkey on a rack set in a large, flameproof roasting pan. Drizzle the oil over the top.

Roast for 1 hour. Reduce the oven temperature to 175 F. Pour the cider into the roasting pan and sprinkle the poultry seasoning in the liquid. Continue roasting until an instant-read thermometer inserted into the thickest part of a thigh (but not touching bone) registers to 170 F.

Transfer the turkey to a carving board, tent loosely with aluminum foil, and let rest for about 15 minutes (see tip). Meanwhile, skim the fat from the surface of the liquid in the pan. Put the roasting pan over two burners and bring the pan drippings to a boil over high heat. Cook until the juices reduce and thicken slightly, enough to coat a spoon, about 10 minutes. Taste for seasoning. Carve the turkey and serve with cider pan juices.

**Resting tip:** Slow-roasted meats need far less resting time (pretty much none) than those that are traditionally roasted. The reason for resting meat that has been roasted at a high temperature is to allow juices that have collected in the cooler center time to migrate back into the dryer (hotter) exterior sections after it comes out of the oven. Because slow-roasted meats are cooked evenly and a temperature that keeps most of the juices in place, a resting period is largely unnecessary. A brief resting time does allow the meat to become a little firmer as it cools, making it easier to carve.

## Word Search Answers



The image is a square advertisement for CareAge HomeCare. It features a decorative border of white stars on a red and blue background. The top half of the image shows a close-up, slightly blurred photograph of a smiling elderly person being held by another person in a white shirt. The CareAge HomeCare logo is prominently displayed in the upper center. The logo consists of a green four-petaled flower-like icon followed by the text 'CareAge' on top and 'HomeCare' on the bottom in a large, serif, dark blue font. Below the logo, the services offered are listed: 'At Home Care', 'Alzheimer's Care', and 'Hospice Support', each preceded by a green asterisk. The bottom half of the image has a dark blue background with a green curved band. The central text 'Because Home Is Where The Care Is' is in a large, white, serif font. Below it, 'And Everyday Should Be Independence Day' is in a slightly smaller white serif font. The bottom of the image features a green horizontal bar containing the phone number '(254) 780-9864' and the website 'CareAgeHomeCare.com'. The background of the bottom half is decorated with red, white, and blue wavy lines and stars, resembling the American flag.

A graphic with the word "ELECTION" in large white capital letters on a dark blue background. Below it, the word "DAY" is also in large white capital letters, flanked by three white stars on each side. At the bottom, the date "November 4, 2025" is written in large white capital letters, framed by two white horizontal bars on either side.

# How voters can prep for Election Day

- Make sure you're registered to vote.** With the exception of North Dakota, each state has its own voter registration deadlines, and voters must register prior to those deadlines in order to vote on Election Day. Voters can visit the US Vote Foundation at [usvotefoundation.org](http://usvotefoundation.org) to view the election dates and deadlines in their states and U.S. territories. Voters who know they are not registered can visit [Vote.gov](http://Vote.gov) to begin the registration process.

- Find your polling place.** Voters cannot simply vote at any polling place. Each voter is assigned a polling place, and that place is generally within close proximity to a voter's home. Local schools or churches often serve as polling locations, but the official guide to government information and services USA.gov urges voters to contact their state or territorial election office in advance of Election Day to determine their designated polling place. Voters who received sample ballots in the mail also can check those ballots to see if their polling place is listed.

- Know the ID requirements.** Voter ID requirements vary from state to state, so voters are urged to determine what is required to vote at their local polling place. The National Conference of State Legislatures has a detailed, state-by-state list of voter identification requirements that can be accessed for free at [ncls.org](http://ncls.org). Voters who are uncertain about the ID requirements at their local polling place are urged to visit the site in advance of Election Day so they know what to expect and can meet all ID requirements when they show up to vote.

- Study your sample ballot.** Sample ballots can help voters familiarize themselves with candidates in local and national elections. Studying these ballots in advance and learning what each candidate stands for can help voters make the most informed voting decision.

Individuals who still have questions about what to expect on Election Day can visit [USA.gov/election-day](http://USA.gov/election-day) to speak with a live USA.gov agent.





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## 5 fun facts about the month of November

Americans celebrate Thanksgiving each November, thus kicking off a holiday season that lasts until January 1. Though many see November as the start to a festive time of year, there's even more interesting and fun facts about the eleventh month of the year.

1. Like various other months on the calendar, November has something of a misleading name. November gets its name from the Latin word *Novem*, which means *Nine*. But today November is the eleventh month of the year. So is November a misnomer? Not exactly. November was the ninth month on the early Roman calendar. However, when the Gregorian calendar was adopted and the Julian calendar was abandoned, November kept its name if not its spot in the monthly pecking order. Hence, November is still known as November even though it's now the eleventh month of the year and not the ninth.

2. If October goes out with ghouls and goblins on Halloween, which is celebrated on October 31, November begins a little more piously. That's because November 1 is All Saints' Day, a Christian solemnity, or feast day, that honors of the saints of the Christian church.

3. November is a significant month in world history. On Novem-

ber 11, 1918, at 5:45 a.m., an armistice was signed between the Allied Powers and Germany at Compigne, France. The signing of the armistice ended hostilities on the Western Front, thus putting an end to World War I, which had begun more than four years earlier. The signing of the armistice ultimately led to the observance of Armistice Day on November 11, 1919. Armistice Day was subsequently renamed Remembrance Day and Americans celebrate Veterans Day on November 11. Both Remembrance Day and Veterans Day honor military personnel who served honorably in times of war, conflict and peace.

4. Topaz is the traditional birthstone of November. According to the Farmer's Almanac, the ancient Greeks believed topaz could make anyone who wore it invisible. Though that idea no longer holds water, topaz remains a symbol of honor and strength.

5. Upon his inauguration as President of the United States in 2021, Joe Biden became the sixth U.S. president with a November birthday. That tied November with July as the months with the most presidential birthdays. In addition to President Biden, Presidents James K. Polk, Zachary Taylor, Franklin Pierce, James A. Garfield, and Warren G. Harding were all born in November.



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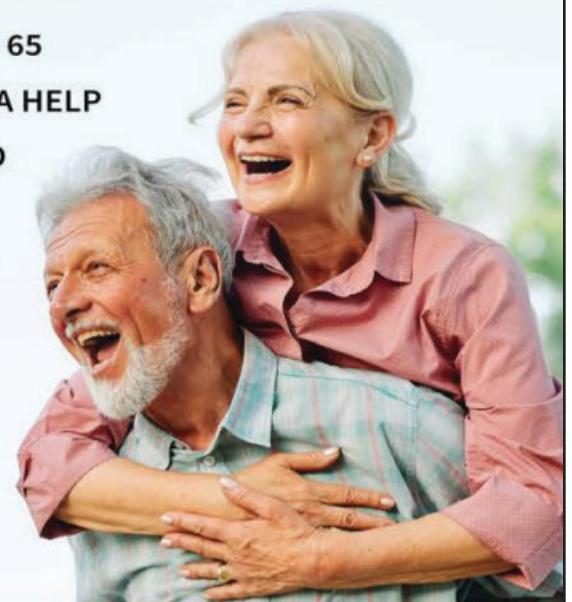
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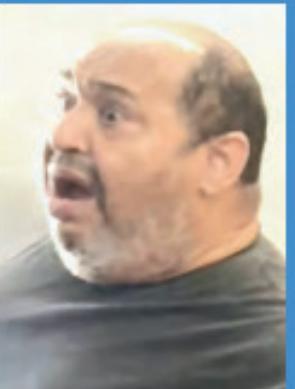
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**67%**  
Will eat  
turkey on  
Thanksgiving

A 2024 Economist/YouGov poll found that turkey continues to reign supreme on the Thanksgiving dinner table. When asked what they'll be eating at Thanksgiving dinner, 67 percent of poll participants indicated they plan to eat turkey, making it the most popular food to find its way onto the dinner table for this popular holiday. Additional staples also remain wildly popular among Thanksgiving celebrants, suggesting that food is among the more sacred Turkey Day traditions.

# What's on your Thanksgiving plate?



When asked what they plan to eat at Thanksgiving dinner this year, participants noted some easily recognizable favorites:

- 56% Mashed potatoes
- 55% Bread or rolls
- 54% Pie
- 51% Stuffing
- 51% Gravy
- 40% Green beans
- 39% Sweet potatoes
- 38% Cranberry sauce
- 33% Corn



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## ***DIABETES WORD SEARCH***

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ADVERSE  
ALBUMINURIA  
ASYMPTOMATIC  
BASAL RATE  
BETA  
BLOOD  
CARBOHYDRATE  
CARDIOVASCULAR  
CONTROL  
DEHYDRATION

DIABETIC  
DIETICIAN  
ENDOCRINE  
FEET  
GLUCOSE  
INSULIN  
KETONES  
MONITOR  
NERVES  
ONSET  
PANCREAS  
STRIP

**Answers on Page 4.**

## ***DIABETES WORD SEARCH***

M	P	I	P	Y	M	C	Y	I	M	N	M	C	B	F	E	E	T	S	P
V	R	Y	I	G	C	U	N	E	E	P	C	E	K	E	L	F	K	A	T
H	U	A	R	Y	C	K	N	V	K	A	A	A	C	Y	Y	I	N	I	R
T	O	L	T	D	E	D	E	F	R	A	T	A	H	C	O	C	V	U	A
I	D	I	S	T	O	M	G	B	I	M	R	G	C	S	R	F	N	S	R
E	D	B	O	C	N	O	O	R	G	D	L	F	R	E	C	M	Y	F	Y
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Y	E	I	A	F	Y	N	A	O	N	O	K	S	N	B	P	I	K	C	V
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S	A	N	E	R	V	E	S	R	B	O	O	G	L	U	C	O	S	E	T

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## Consider these 13 gratifying Thanksgiving facts

Thanksgiving is a time to gather with family and friends and reflect on one's blessings. In 2022, Canadian Thanksgiving takes place on October 10, while Americans celebrate on November 24. In anticipation of these holidays, here are some interesting facts about the Thanksgiving celebration.

**1.** American Thanksgiving is largely modeled on a 17th century harvest feast shared by the English settlers and the Wampanoag tribe.

**2.** Canadians celebrate Thanksgiving on the second Monday of October. It is based on European harvest festivals.

**3.** The National Turkey Federation says around 45 million turkeys will be eaten on Thanksgiving, which equates to about 720 million pounds of turkey being consumed (with the average turkey size being 16 pounds).

**4.** The Butterball hotline answers roughly 100,000 calls every year on its turkey question hotline.

**5.** In 1953, the Swanson company overestimated the number of frozen turkeys it would sell for the holiday season by 26 tons. Rath-

er than waste the meat, Swanson sliced it up, repackaged it and created the first frozen TV dinners.

**6.** Thanksgiving in America may be older than many recognize. While Thanksgiving is largely tied to the 17th century settlers, the National Parks Service says in 1565 Spanish settlers in St. Augustine (now Florida) celebrated by having a meal to which they invited the native Seloy tribe. The Spanish served pork stew, sea biscuits, red wine, and garbanzo beans. Some say the Seloy contributed turkey, venison and maize.

**7.** Thanksgiving didn't become a civic holiday until Abraham Lincoln made it one after the Civil War tragedy. Thanksgiving was declared a national holiday on October 20, 1864.

**8.** The Pilgrims did not refer to themselves as pilgrims. They used the word separatists as they were separating themselves from a larger belief system.

**9.** In addition to Canada and the United States, Grenada, Liberia, the Philippines, Saint Lucia, and the Netherlands celebrate their own

versions of Thanksgiving.

**10.** Each year, the American president pardons a turkey from slaughter on Thanksgiving. This tradition dates back to when Abraham Lincoln's son was upset that his family's turkey that was going to be killed for Thanksgiving dinner.

**11.** According to the U.S. Calorie Control Council (CCC), an average American may consume 4,500 calories and 229 grams of fat on Thanksgiving Day.

**12.** The Macy's Thanksgiving Day Parade is an annual tradition. People line the parade route in New York City or tune in to watch the parade on television. It originated in 1924 and the famed balloons were added in 1927.

**13.** Apple pie is the pie of choice for Thanksgiving, even though pumpkin pie is prevalent this time of year.

Thanksgiving is a popular holiday in Canada and the U.S. Many traditions have been borne of the holiday, and it is a favorite time of year for many people.



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# FAQ about Veterans Day

Each November, millions of people recognize the service and sacrifice of military veterans on Veterans Day. Initially commemorated as Armistice Day but renamed Veterans Day in the United States in 1954, the holiday is a federal holiday throughout the country.

The first Armistice Day was observed in 1919. Despite that lengthy history, the general public may still have questions about Veterans Day.

## When is Veterans Day observed?

The U.S. Department of Veterans Affairs notes that Veterans Day is always observed officially on November 11, regardless of which day of the week that happens to be. In 2023, Veterans Day is Saturday, November 11. Because Veterans Day falls on a Saturday in 2023, the federal observation date is Friday, November 10.

## Why is November 11 so significant?

November 11 is a significant day in world history because it marks the signing of the armistice between the Allies of World War I and Germany at 5:45 a.m. on November 11, 1918. Though the formal peace treaty, the Treaty of Versailles, was not signed until 1919 and hostilities between the sides continued for hours after the armistice was signed, the day is still viewed as the end of World War I.

## What distinguishes Veterans Day from Memorial Day?

The VA notes that Veterans Day honors all those individuals who served honorably in the military during both wartime and peacetime.

Memorial Day is a day to honor and remember military personnel who died in the service of their country, particularly those who lost their lives in battle or as a result of wounds sustained in battle.

## What is the significance of red poppies?

Red poppies are ubiquitous on Memorial Day, but they're also visible on Veterans Day. Though it's not taboo to wear red poppies on Veterans Day, it's a tradition that aligns more with Memorial Day. That's because the poppies are typically worn to honor fallen military personnel. A 1915 poem written by a Canadian Lieutenant Colonel named John McCrae referred to the fields of poppies growing around the graves of World War I soldiers in Flanders.

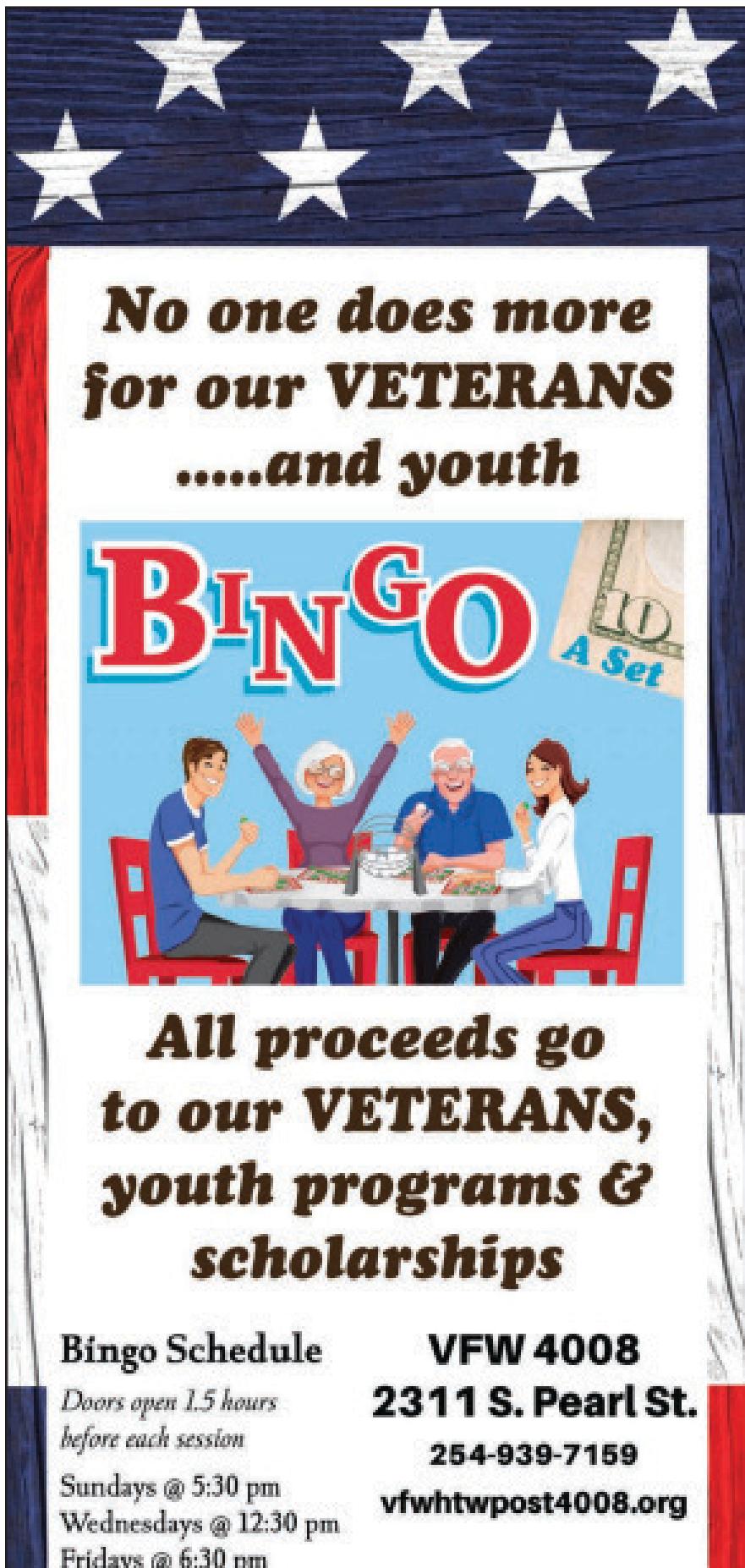
## Do other countries honor their military veterans?

Many countries across the globe honor their military veterans, and many do so on November 11 as well. For example, Canadians and Australians observe Remembrance Day in honor of their nation's respective veterans on November

11. Great Britain observes Remembrance Day on the Sunday nearest to November 11.

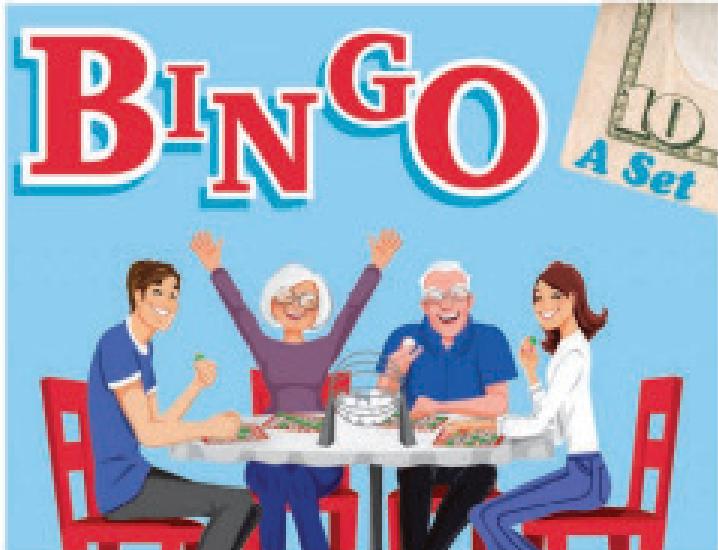
Veterans Day is a day to honor and commemorate the brave men and women who have honorably served in the U.S. military during wartime and peacetime.





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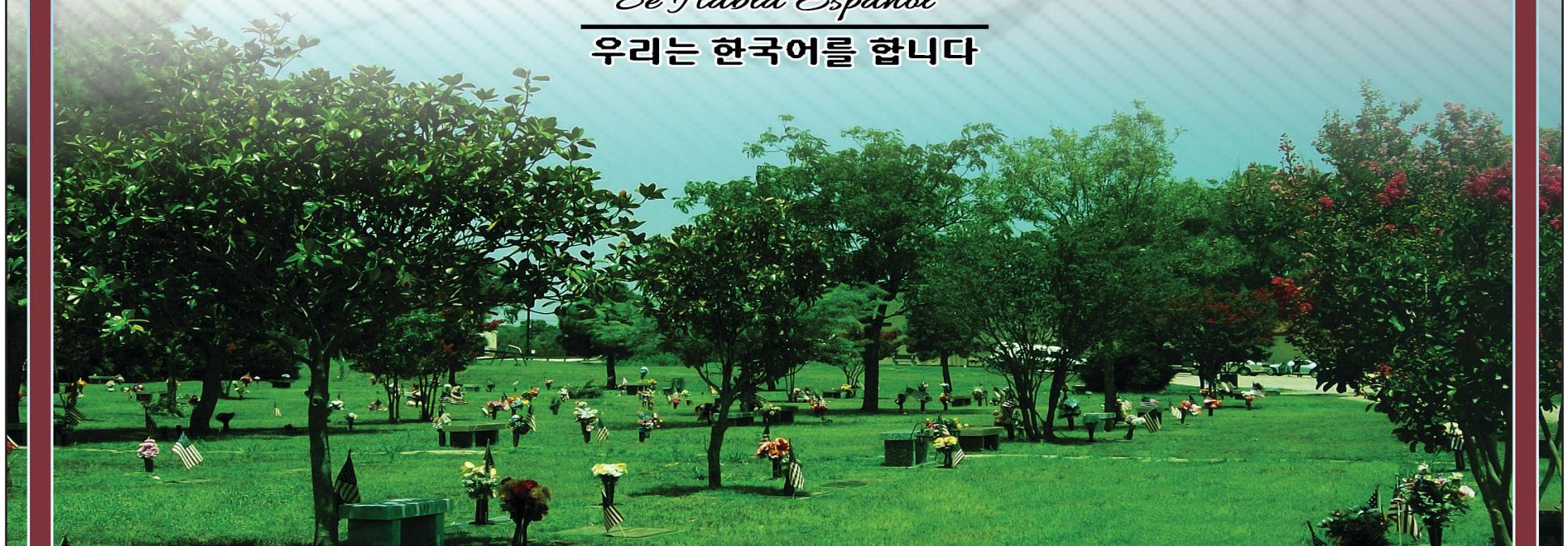
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# WHAT IS PLAID FRIDAY?

Consumers are urged to shop locally as much as possible, as local merchants provide distinctive benefits over larger retailers, such as specialized products and superior customer service. Plaid Friday is one such day when communities strongly encourage residents to patronize local businesses. Plaid Friday occurs on the day after Thanksgiving. Many people recognize it as Black Friday, but Plaid Friday focuses on a relaxed and enjoyable shopping experience that emphasizes community and the creativity of local businesses as opposed to the hectic pace of traditional Black Friday shopping. Plaid Friday originated in Oakland in 2009, when it was presented as an alternative to the frenzy of Black Friday. The “plaid” in the name symbolizes the weaving together of small businesses and individuals to form an interconnected community fabric.

**Plaid Friday**  
occurs the  
day after  
Thanksgiving.

## B-Town Bulletin

### Bell Co. Farmer's Market

Every Tue. & Thurs.  
7a-12p  
8420 W Adams  
Avenue, Temple

### MERRY MISTLETOE MARKETPLACE

Nov. 28-30th  
Cadence Bank Center  
Fri. & Sat. 9a-5p  
Sun. 10a-3p

### GOVERNOR'S SMALL BIZ SUMMIT

Nov. 13th  
9a-2p  
Veteran-focused  
Cadence Bank Center

# Do you have questions about Medicare?



- Do you need help preparing for when you turn 65?
- Would you like to look at UnitedHealthcare® plan options and eligibility?
- Are you losing group coverage?
- Did you recently move?
- Do you think you may qualify for low-income subsidy?

If you answered "yes" to any of the questions above, we can set a time to further discuss your needs and help you find a UnitedHealthcare plan that's a good fit for you.

**I'm happy to answer your questions or help you enroll in a plan.**



**Amy Sargent**

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To help make information about Medicare easier to understand, UnitedHealthcare® also has an educational program called Medicare Made Clear®. This program provides general information about Medicare to help people better understand their choices.

# Caregivers

*provide care to their patients so they can overcome illness or injury, or to support individuals plagued by chronic conditions.*



Caregivers may be paid professionals who are employed in the medical field, but many are friends and family members who step up when needed. The Johns Hopkins Bloomberg School of Public Health reports there are 53 million unpaid caregivers providing care for loved ones in the home across the United States. It is estimated these people provide more than \$870 billion a year in service to society in terms of caring for others. In 2022, Statistics Canada estimated that 13.4 million Canadians age 15 or older (42 percent of the population) provided unpaid care to either children or dependent adults. Unpaid caregivers have been called upon more readily due to certain factors, namely that people are living longer and there are limited resources available to provide care. The cost of long-term professional care is out of reach for many families when services are not covered by private insurance or government-subsidized health programs.

The Johns Hopkins Bloomberg School of Public Health reports there are **53 million unpaid caregivers**

providing care for loved ones in the home across the United States.

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**13.4 million Canadians age 15 or older provided unpaid care to either children or dependent adults.**



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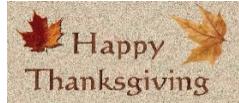
### Temple

500 West Barton Avenue  
(254) 773-4564



# Belton Senior Activity Center November 2025

Hours of Operation: 8 a.m. - 3 p.m., Monday-Friday; Telephone: Center 254-939-1170



Lunches available daily - Call 24 hours in advance to reserve - \$3.00 Donation

**Blood Pressure Check Machine and Exercise Bike Available**

842 Mitchell St., Belton, TX 76513

Web Site: [www.beltonseniorcenter.org](http://www.beltonseniorcenter.org); FaceBook: [www.facebook.com/beltonseniorcenter](https://www.facebook.com/beltonseniorcenter)

Email: [activities@beltonseniorcenter.org](mailto:activities@beltonseniorcenter.org); Activity Director, Judy Owens: 254-770-7958;



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Zumba Class on T/Th is from 6-7 \$5/class No class on 1st/3rd Thurs,						<b>1</b> 8-2 Arts & Crafts, Garage Sale, Bake Sale! Taco Plate \$10 for Meals on Wheels
<b>2</b>	<b>3</b> 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	<b>4</b> 8 Mex.Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Class	<b>5</b> 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	<b>6</b> 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta * *6:30 Dance	<b>7</b> <u>Veterans Day</u> <u>Celebration</u> 8:30 - Refreshments 9 - Program 11 - Lunch	<b>8</b> ** Dance is on Thurs., Nov. 6 with Old Friends Band - 6:30
<b>9</b>	<b>10</b> 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	<b>11</b> The Center will be closed for Veterans Day!	<b>12</b> 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts Painting	<b>13</b> 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta No Zumba Class	<b>14</b> 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	<b>15</b>
<b>16</b>	<b>17</b> 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42	<b>18</b> 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Claas	<b>19</b> 9 Exercise 10:30 Bible Study 12 Bingo 1 Arts & Crafts	<b>20</b> 8/9 Beg. Line Dance 10 Improver Line D. 9 Quilting 12 Canasta ** 6:30 Dance	<b>21</b> 9 Exercise 10 Improver Line D 12 Bridge 12 Dominos 42	<b>22</b> ** Dance is on Thurs., Nov. 20 with Gabriel River Band - 6:30
<b>23</b> **Pot Luck is Mon., Nov. 24, 5:30 p.m. Quinton Locklin	<b>24</b> 9 Exercise 9 Woodcarvers 10 Improver Line D 12 Dominos 42 **5:30 Pot Luck	<b>25</b> 8 Mex. Train Doms. 8/9 Beg. Line Dance 10 Improver Line D. 9Quilting/12 Canasta 6 Zumba Class	<b>26</b> Center is open for meals, but no activies will be held.	<b>27</b> Happy Thanksgiving!	<b>28</b> The Center is closed for the Thanksgiving Holiday!	<b>29</b>
<b>30</b>				<b>Upcoming Events:</b> <ol style="list-style-type: none"> <li>1. The Center is partnering with the City of Belton on offering a Zumba class on Tues. and Thurs. from 6-7 p.m., except for 1st and 3rd Thursdays when we have our regular dances. Cost is \$5 per class.</li> <li>2. Dances - Thurs., Nov. 6, with Old Friends; and Thurs, Nov. 20 with Gabriel River.</li> <li>3. Pot Luck is Monday, Nov. 24, at 5:30 p.m. with Quinton Locklin entertaining.</li> <li>4. We are in need of quilters who would be availalbe on Tues. and Thurs. mornings 9-12, or work from home! Call Judy at 254-770-7958 if interested.</li> <li>5. We would also like new bridge players if interested in playing or learning - Fridays from 12-3.</li> </ol>		



## FAQ about diabetes

Diabetes cases have risen dramatically in recent decades. According to the World Health Organization, the number of people living with diabetes has more than quadrupled since 1990, rising from 200 million that year to 830 million by 2022.

The prevalence of diabetes underscores how significant a threat it poses across the globe. And recognition of that prevalence may prompt questions about the disease, including what can be done to prevent it.

### What is diabetes?

The WHO notes diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin or the body cannot effectively utilize the insulin that is produced. The Centers for Disease Control and Prevention notes that Œs problematic because insulin acts like a key to let blood sugar into the body's cells for use as energy.

### Are there different types of diabetes?

Yes. The CDC notes type 1 diabetes is typically diagnosed in children and young adults, though it's important people recognize it can be diagnosed at any age. Type 1 diabetes is believed to be caused by an autoimmune reaction that stops the body from making insulin. People with type 1 diabetes must take insulin every day to survive.

Type 2 diabetes is characterized by an inability to utilize insulin well and maintain normal blood sugar levels. Though the CDC notes more and more young people are being diagnosed with type 2 diabetes, the disease is more often diagnosed in adults and tends to develop over many years.

Gestational diabetes is another form of the disease that can develop in pregnant women who have never had diabetes. Gestational diabetes typically goes away after giving birth, but the CDC notes a baby could be at elevated risk for health problems like childhood obesity or type 2 diabetes if a mother develops gestational diabetes during pregnancy.

### Are there risk factors for diabetes?

Risk factors vary for each type of diabetes. The risk factors for type 1 diabetes include family history, notably a first degree relative (i.e., parent or sibling) who has the disease, and age since most cases are diagnosed in childhood or adolescence. Age also is a risk factor for type 2 diabetes, as the CDC notes most diagnoses of the disease are made in people age 45 and older. Risk for type 2 diabetes also is greater if a person has a first-degree relative with the condition, but that might be because families tend to live similar lifestyles relating to diet and exercise. A poor diet can increase type 2 diabetes

risk, as overweight or obesity are risk factors for the disease. A sedentary lifestyle in which people are physically active less than three times per week also is a risk factor for type 2 diabetes.

### What are the signs and symptoms of diabetes?

The WHO reports symptoms of diabetes may occur suddenly but also notes that they can take years to be noticed in people with type 2 diabetes. But some of the more notable symptoms include:

- Feeling very thirsty
- Need for frequent urination
- Blurred vision
- Fatigue
- Unintentional weight loss

The Kovler Diabetes Center at UChicago Medicine notes that tingling or numbness in the hands or feet, a condition known as neuropathy, also may indicate the presence of diabetes. This occurs over time because high glucose levels can damage the nervous system. Delayed healing of bruises or cuts or frequent infections also can be signs of diabetes.

Diabetes cases are on the rise across the globe, which only underscores the need for everyone to learn more about the disease.



In an era where neurological health challenges increasingly dominate public discourse, Dr. Keith N. Darrow of [MyTinnitusNumber.org](http://MyTinnitusNumber.org), a distinguished neuroscientist, professor, clinical audiologist, and Certified Dementia Practitioner, has released his latest work, [TinnitusIsTreatable.com](http://TinnitusIsTreatable.com). This publication marks his third dedicated volume on the subject of tinnitus, building upon a career spanning over two decades at the intersection of brain science and auditory health. As the author of previous acclaimed titles exploring similar themes, Dr. Darrow continues to establish himself as a leading authority, offering evidence-based insights that challenge longstanding misconceptions and provide actionable pathways to relief.

[TinnitusIsTreatable.com](http://TinnitusIsTreatable.com) arrives at a critical juncture. With an estimated 70 million Americans and over one billion individuals globally experiencing tinnitus—a persistent perception of sound without an external source—the condition has evolved from a niche concern to a widespread neurological epidemic. Dr. Darrow's book systematically dismantles the outdated narrative that tinnitus is an untreatable annoyance and people suffering need to learn to live with it, instead framing it as a treatable signal from the brain that demands prompt, comprehensive intervention. Through a blend of clinical expertise, patient narratives, and the latest advancements in neuroscience, the text serves as a roadmap for those who have been dismissed by traditional medical approaches.

# Renowned Neuroscientist A Beacon of Hope for

Dr. Darrow's credentials lend unparalleled weight to this endeavor. Holding a Ph.D. focused in neuroscience from M.I.T. and Harvard Medical School, being a tenured professor at Worcester State Massachusetts, and certified as a clinical audiologist (CCC-A), he has treated thousands of patients while contributing to research on auditory neurology and cognitive decline. His prior books have educated professionals and lay audiences alike on the links between hearing health and overall brain function, emphasizing preventive strategies against conditions like dementia. In [TinnitusIsTreatable.com](http://TinnitusIsTreatable.com), he extends this foundation, introducing readers to breakthroughs in NeuroTechnology™—a term he employs to describe technologies that interact directly with the nervous system to modulate brain activity and alleviate symptoms.

The book's introduction sets a tone of empathy and urgency, acknowledging the deeply personal nature of tinnitus. "Tinnitus is a deeply personal experience," Dr. Darrow writes. "For some, it's a faint ringing in the background. For others, it's a constant, overwhelming noise that hijacks daily life. No matter the form, one truth remains: tinnitus is real—and it is treatable." This statement encapsulates the book's core message, countering the frequent dismissal patients encounter, such as being told to "just live with it." Drawing from his clinical practice, Dr. Darrow shares stories of individuals who, after years of frustration, found relief through structured, science-backed protocols.

Right from the start, this book delves into the prevalence of tinnitus, explaining why it affects so many in modern society. Dr. Darrow attributes the rise to factors including aging populations, pervasive noise pollution, prolonged use of personal audio devices, and systemic issues like neuroinflammation

from conditions such as diabetes and heart disease. He likens the auditory system to a sound engineering setup: the ears as microphones capturing frequencies, and the brain as the engineer processing the input. When signals degrade—due to damaged hair cells or neural synapses—the brain compensates by "turning up the gain," resulting in phantom sounds. This analogy, grounded in neuroscience, demystifies tinnitus as a brain-based response rather than a mere ear problem.

Importantly, Dr. Darrow highlights that tinnitus is not "normal" even if common. He cites global statistics, noting that over one in four U.S. adults reports symptoms, with rates increasing among younger demographics due to noise exposure. "Tinnitus is often the first sign that your hearing loss journey has begun" he quotes from colleague Dr. Ross O'Neill, reinforcing the need for proactive care.

Transitioning to the impacts of untreated tinnitus, this neurological condition is framed as a "big deal"—a warning system with far-reaching consequences. Dr. Darrow draws on functional MRI and EEG studies showing altered brain activity in tinnitus sufferers, including hyperconnectivity between auditory and emotional centers like the amygdala. This leads to a distress cycle: perception triggers emotion, which amplifies stress, perpetuating the sound. He discusses links to mental health issues, with over 50% of patients experiencing anxiety or depression, and an elevated risk of cognitive decline, including dementia.

A poignant section recounts the tragic story of Kent Taylor, founder of Texas Roadhouse, whose post-COVID tinnitus escalated to unbearable levels, contributing to his suicide in 2021. Dr. Darrow uses this public case to illustrate tinnitus's potential lethality through sleep deprivation and emotional exhaustion. "Tinnitus is not merely a symptom to manage,"

# Unveils Third Book on Tinnitus: Millions Suffering in Silence

he asserts, "but a signal to act because it is a neurological disorder that warrants clinical attention." The chapter reframes tinnitus as a biomarker for broader brain health, urging readers to view it with the urgency afforded to precursors of heart disease or stroke.

For many living with tinnitus, the journey begins with frustration: being told their hearing is "normal," despite the very real challenges they face each day. Standard hearing tests (aka the audiogram), developed nearly a century ago, are limited. They measure volume thresholds up through only about half of the ear, but overlook the subtleties of neural degradation, clarity loss, and damage in the most sensitive part of our hearing range. Dr. Darrow explains how the real culprit is often cochlear synaptopathy, or "hidden hearing loss," where the connections between hair cells and auditory nerves deteriorate. These silent disruptions distort the way signals are delivered to the brain, explaining why a person can pass a hearing test yet still experience tinnitus, difficulty understanding speech in noise, and the exhausting fatigue that comes with it.

Research now supports what patients have known all along: relief is possible even when tests say otherwise. Studies such as Suzuki et al. (2021) demonstrate that individuals with near-normal hearing can experience significant reductions in tinnitus when fitted with specialized hearing technology. Waechter et al. (2023) confirmed that treatment can be effective regardless of traditional audiometric loss. A case that illustrates this well is Brandy, a 45-year-old clinic coordinator who had "normal" hearing scores yet lived with constant ringing. Her Tinnitus Handicap Inventory score revealed a measurable burden, which was alleviated after being fit with prescriptive NeuroTechnology™. Advanced diagnostics—extended high-frequency testing, otoacoustic emissions, and speech-in-noise

assessments—allow clinicians to uncover what the outdated tests miss and offer solutions that truly change lives.

Beyond diagnostics, Dr. Darrow presents practical strategies for patients to measure and track their progress. One such tool is "MyTinnitusNumber.org," a personalized scoring system that quantifies severity and offers a clear starting point for recovery. From there, he outlines a structured, seven-step treatment approach designed to retrain the brain, reduce neural strain, and restore quality of life. At the heart of this program is Prescription NeuroTechnology™—customized devices that deliver targeted stimulation to the auditory pathway. By encouraging adaptive neuroplasticity, these systems lower the intensity of tinnitus while strengthening the brain's processing of sound.

Other therapies play an important role as well. Cognitive behavioral strategies, biometric monitoring, mindfulness, regular movement, and improved sleep all reinforce recovery by calming the nervous system and building cognitive reserve. Together, these interventions reduce stress, promote resilience, and help restore a sense of control. The book also highlights how treating tinnitus protects long-term brain health, with evidence linking auditory enrichment to reduced risk of decline and dementia. Patient stories—like Mark, a 58-year-old firefighter whose "normal" test concealed significant auditory stress—show how the program brings relief that is practical, not miraculous.

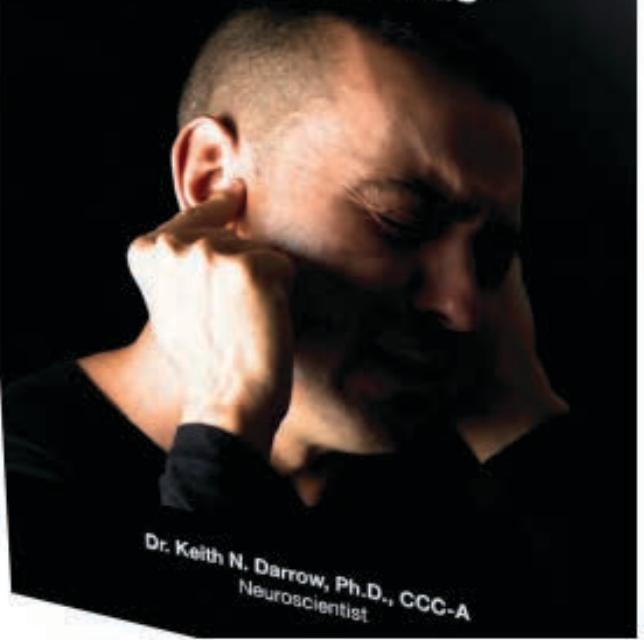
What distinguishes this work is its balance of science and compassion. The recommendations are rooted in peer-reviewed research, yet presented in a way that empowers patients to take the next step. The book also critiques outdated protocols and systemic barriers that leave too many people dismissed or untreated, urging a shift toward modern, evidence-based care.

Ultimately, [TinnitusTreatable.com](https://TinnitusTreatable.com) is both a scientific guide and a message of hope. For those ready to take the first step, resources like [MyTinnitusNumber.org](https://MyTinnitusNumber.org) provide a way to measure progress and begin the journey toward relief. It validates the lived experiences of millions while offering a pathway forward. In Dr. Darrow's words: "This book is for everyone living with tinnitus who deserves more than hollow reassurances. They deserve options. They deserve treatment. And above all, they deserve hope, rooted in evidence—not guesswork."

Call (254) 735-2059 to get your questions answered, or book an appointment at one of our locations in Austin, Weatherford, Granbury, or Temple.

## TINNITUS IS TREATABLE

*Breakthroughs in NeuroTechnology™ to Quiet the Sounds*



Dr. Keith N. Darrow, Ph.D., CCC-A  
Neuroscientist

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