

# PROTECTING OUR CHILDREN



## IS EVERYONE'S BUSINESS

AN INFORMATIVE GUIDE TO KEEPING KIDS SAFE

SECTION B

The Franklin Times

Louisburg, NC, Thursday, April 29, 2021

# Get the facts about COVID and kids

As 2020 unfolded, the world learned just how quickly the novel coronavirus COVID-19 could spread. The World Health Organization noted that, by September 2020, nearly 30 million people across the globe had contracted the virus, and that was before the resurgence of the virus in mid-fall.

While the elderly and those with pre-existing conditions are among the people most vulnerable to COVID-19, children are not immune to the virus or its potentially deadly consequences.

The Mayo Clinic reports that children of all ages can become infected and ill with COVID-19, but most children who are infected typically do not become as sick as adults. Furthermore, some may not show any symptoms.

The American Academy of Pediatrics and the Children's Hospital Association says that children younger than age 14 are less likely to become infected with COVID-19. Nick Davies, an epidemiologist and mathematical modeler at the London School of Hygiene and

Tropical Medicine, published a study with other researchers in Nature Medicine. Using data from China, Italy, Japan, Singapore, Canada, and South Korea, Davies found the risk of catching COVID-19 for children and teens (under age 20) was half that of people older than 20. Still, contraction rate models and corresponding ages of children vary around the world.

Even though most children with COVID-19 exhibit mild symptoms or no symptoms at all, some can get severely ill, requiring hospitalization and intensive care. Some children have even died after COVID-19 infection. That is why doctors and other health professionals urge parents not to minimize the threat posed by COVID-19.

### Development of MIS-C

The Centers for Disease Control and Prevention and other health partners continue to look into a rare but serious medical condition called multisystem inflammatory syndrome in children (MIS-C), which is associated with CO-

ID-19. This condition can cause inflammation in various parts of the body, including the kidneys, heart, eyes, skin, lungs, and gastrointestinal organs. Doctors do not know what causes MIS-C, but many children diagnosed with it also had the virus that causes COVID-19.

MIS-C can be serious, and even deadly. It may leave lasting scars on the lungs, and can lead to more severe illness down the line, says Rachel Graham, an epidemiologist at the University of North Carolina Chapel Hill.

### Unwitting carriers

Children may not know they have COVID-19 because they are asymptomatic. Even if they do not feel or look sick, they can still transmit the virus to others, including vulnerable people in their families.

Kids are more likely to transmit illnesses, according to health experts. They have a higher tendency to interact with each other and touch different objects and body parts, which only underscores the importance of exercising caution when letting children



**CHILDREN AND COVID.** Even though most children with COVID-19 exhibit mild symptoms or no symptoms at all, some can get severely ill, requiring hospitalization and intensive care.

interact with others outside their households.

### Infants and health-compromised children at risk

The CDC notes that babies under age 1 might be more likely to have severe illness from COVID-19. Children of other ages

with underlying medical conditions might also be at increased risk of severe illness. Underlying medical conditions that can put children at greater risk include diabetes, asthma and heart disease since birth. In addition, children who receive immunosuppression therapy

may be vulnerable to severe illness from COVID-19.

Fever and cough are the most common symptoms of COVID-19 in children. Families must remain diligent, learn to recognize symptoms and ensure their children practice social distancing.

# Warning signs of stress in children

The global pandemic sparked by the spread of the novel coronavirus COVID-19 caught many people off guard. Life changed seemingly overnight, causing a host of unforeseen consequences that people were still confronting months after the pandemic began.

The pandemic has proven stressful for many people, and the Centers for Disease Control and Prevention notes that should not come as a surprise. According to the CDC, fear and anxiety about a new disease and what could happen can be overwhelming. Public health actions, such as the social distancing measures implemented during the COVID-19 outbreak, can increase anxiety and stress. That's even true among children, millions of whom have been separated from their friends and forbidden from participating in ex-

tracurricular activities for several months.

The U.S. National Library of Medicine notes that children may not recognize that they are stressed. That makes it imperative that parents learn to recognize the warning signs that stress is affecting children. The USNLM says increased stress can manifest itself both physically and emotionally.



### Physical symptoms

The physical symptoms of stress can mimic symptoms of other conditions, so parents should not jump to any conclusions before consulting their children's pediatricians. In

addition, the CDC says not all children and teens respond to stress in the same way. However, there are some physical indicators that may be warning signs that a child is stressed.

- Decreased appetite



**LEARN THE SYMPTOMS OF STRESS IN CHILDREN.** The U.S. National Library of Medicine notes that children may not recognize that they are stressed. That makes it imperative that parents learn to recognize the warning signs that stress is affecting children.

or other changes in eating habits

- Unexplained headaches or body pain
- New or recurrent bedwetting
- Nightmares
- Sleep disturbances
- Upset stomach or vague stomach pain

The CDC also notes that children may confront stress by using alcohol, tobacco or other drugs.

### Behavioral symptoms

According to the CDC, children and teens react, in part, on what they see from the adults around them. So the ways in which adults are responding to the pandemic could be affecting their children's behavior. Some of the behavioral symptoms to look for include:

- Excessive worry or sadness
- An inability to relax
- New or recurring fears, such as fear of the

dark, fear of being alone and/or fear of strangers

- Clinging behaviors, such as an unwillingness to let their parents out of sight
- Anger, crying or whining
- Inability to control emotions
- Aggressive or stubborn behavior
- Going back to behaviors present at a younger age
- Avoidance of things enjoyed in the past, including family or school activities
- Irritability or acting out, especially among teens
- Difficulties with attention and concentration

Many people, including children, have had to deal with heightened stress levels during the pandemic. Parents who recognize signs of stress in their children should consult their kids' pediatricians immediately.

## Education Should Start Sooner Than You Think



### INTERNET SAFETY TIPS

- NEVER give out personal information such as your name, home address, school name or telephone number in a chat room or on bulletin boards. Also, never send a picture of yourself to someone you chat with on the computer without your parent's permission.
- NEVER write to someone who has made you feel uncomfortable or scared.
- DO NOT meet someone or have them visit you without the permission of your parents.
- TELL your parents right away if you read anything on the internet that makes you feel uncomfortable.
- REMEMBER that people online may not be who they say they are. Someone who says that "she" is a "12-year-old girl" could really be an older man.
- PARENTS: Make sure to monitor your child's social media activity.

### PLAYGROUND SAFETY TIPS

- Check playgrounds where your children play. Look for age-appropriate equipment and hazards, such as rusted or broken equipment and dangerous surfaces. Report any hazards to the school or appropriate local office.
- Avoid playgrounds with non-impact absorbing surfaces, such as asphalt, concrete, grass, dirt or gravel.
- Dress appropriately for the playground. Remove necklaces, purses, scarves or clothing with drawstrings that can get caught on equipment and pose a strangulation hazard. Even helmets can be dangerous on a playground, so save those for bikes.
- Teach children that pushing, shoving or crowding while on the playground can be dangerous.
- Ensure that children use age-appropriate playground equipment.

Courtesy: safekids.org



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# How to manage kids' screen time

Devices are everywhere in the digital age. The Statista Research Department notes that a 2020 survey found the average American has access to more than 10 connected devices in his or her household. Though adults may be capable of governing

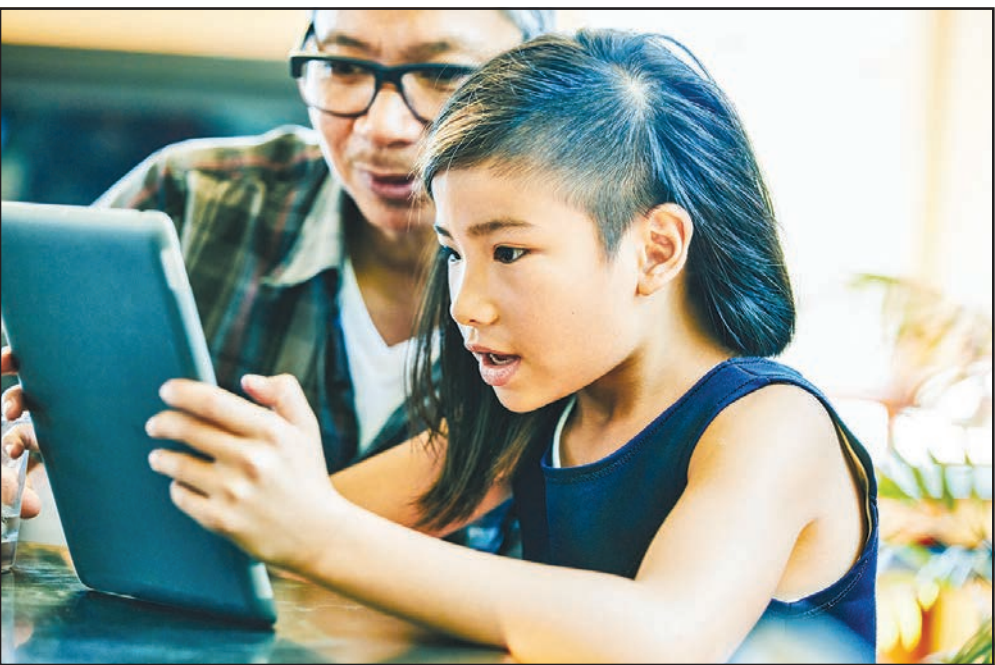
their screen time, kids may not be so disciplined.

Devices can be valuable learning tools for young students, but the American Academy of Pediatrics notes that excessive media use can put children at risk of obesity, lost sleep, ad-

diction, and violence. So it's imperative that parents emphasize balance and moderation as they negotiate their children's device usage. In an effort to help parents establish and maintain that balance, the AAP has developed its Family Media Plan, which parents can use to customize guidelines on screen time in their households. A family media plan can help parents ensure their children aren't spending too much time staring at screens and it can serve as a valuable means to monitoring youngsters' online lives, potentially alerting moms and dads to instances of bullying or other dangerous situations.

The following are some guidelines parents can follow as they customize their family media plans.

- Establish screen-free times and zones. Establishing a time of day when devices cannot be used and areas of the home where they should not be taken can help parents govern kids' screen times. For example, by establishing children's bedrooms as screen-free zones, parents can make sure kids aren't spending



**HAVE A PLAN.** A family media plan can help parents ensure their children aren't spending too much time staring at screens.

all of their time staring at screens when they're behind closed bedroom doors.

- Research apps and programs. The AAP recommends parents research the age-appropriateness and ratings of apps and programs before installing them on devices. Speak with children's teachers to determine which apps and programs kids will need

for school. Read fellow parents' ratings before installing any entertainment apps and programs on devices children will use.

- Use tech to monitor tech. "Family Sharing" capabilities on Apple devices allow parents to manage devices and screen usage across the household. Parents can add children to their accounts and then set

daily time limits on apps children will use. They also can make certain apps off limits for children to keep kids safe. Other device manufacturers offer similar tools to help parents effectively monitor and control kids' device usage.

- Encourage new interests. Parents can help to control screen time by encouraging new interests and introducing children to new activities that do not involve screens. Commit time each weekend to activities that do not involve screens, such as hiking, gardening and painting. Exposing children to activities that don't involve screens is a great way to get them off the couch and away from their devices. If kids don't take to a given activity, keep trying.

Devices are a big part of life in the digital age. Parents can develop family plans that allow for screen time but also emphasize activities that call for some time away from our devices.



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# Social media challenges can be fun, but caution is necessary

Social media is ubiquitous, with new platforms cropping up each year. Social media can be an outlet for communication and is designed to bridge the distance between users around the world. Many children growing up today have never been without social media, and parents continue to try to educate themselves about how to keep their children connected and safe.

Social media challenges are a relatively recent phenomenon, the most notable of which may be the Ice Bucket Challenge that helped to raise awareness about the disease ALS. Participants poured buckets of ice water over their heads and the heads of others. The stunt went viral and many people around the world ended up donating money to ALS research as a result. Since then, many different challenges have emerged, most of which have become lighthearted and entertaining ways to escape boredom or unite people in support of a good cause.

**Fun challenges**

Flip The Switch was started by singer and musician Drake in 2020 that had two people participating in a video. A person in the foreground looks in a mirror while the person in the background dances to Drake's "Nonstop." When the song reaches the lyrics, "Look, I just flipped the switch, I don't know nobody else that's doin' this," the lights go out and when they're back on the people in the video have switched places. Some also switch their clothes.

A previous social media challenge known as the Bird Box Challenge involved people being inspired by Netflix's memorable original movie "Bird Box." Individuals blindfolded themselves while attempting daily tasks.

Newer challenges on the popular TikTok app have people replicating dance

moves or lip-synching to popular songs. The Until Tomorrow challenge asks people to post embarrassing photos of themselves.

**The darker side of challenges**

Most social media challenges are created with fun in mind, and children and parents are joining in on the entertainment. But like other aspects of social media use, challenges have a potential dark side as well. According to the Daily Mail, 130 teenagers committed suicide due to a challenge called The Blue Whale. In this challenge, young participants embarked on a series of feats over 50 days that became more complicated and dangerous as time went on, causing injuries to animals and participants.

The Miami Herald reported last year that children were injured from the Skullbreaker Challenge, which was a challenge involving two pranksters and an unsuspecting individual, who had his or her feet kicked out from under while jumping in the air.

Other dangerous challenges have involved kids playing with fire, erasing their skin with pencil erasers and balancing on the top of cars while they were in motion.



**SOCIAL MEDIA ISSUES.** Many children growing up today have never been without social media, and parents continue to try to educate themselves about how to keep their children connected and safe.

**Communication needed**

Families can have open conversations about social media use and touch on the popularity of new challenges — pinpointing what is safe and what is not. Parents are urged to always monitor kids' social media use so they can stay up-to-date about any challenges their children are considering. Kids can be encouraged to speak to their parents or adults at school about pressures from peers to engage in challenges that may make them leery.

# Signs children might be victims of bullying

Despite the best efforts of educators and parents, bullying is a problem at many schools. According to StopBullying.gov, an official website of the United States government, as many as one in three American students say they have been bullied at school. And the problem is not exclusive to the United States, as the Canadian Institutes of Health Research report that at least one in three adolescent students in Canada report being recent victims of bullying.

Bullied students often suffer in silence. As a result, the onus is on parents to learn the signs that a child is a victim of bullying. Such signs are not always easy to recognize, as StopBullying.gov notes that the most common types of bullying are verbal and social. Physical bullying happens less often, so kids who are being bullied may not exhibit physical symptoms like bruises or unexplained injuries, which are common indicators of physical bullying.

By learning the common signs of bullying, parents are in better position to recognize when their children are being bullied, whether that bullying is physical, social or verbal.

Signs of bullying

There are many signs of bullying and kids may not exhibit them all. In fact, StopBullying.gov notes that some bullied children

exhibit no warning signs. So in addition to learning these signs of bullying, parents can make a concerted effort to communicate with their children every day, asking youngsters about how their day went



**STOP BULLYING.** Victims of bullying may experience short- and long-term consequences. Learn the warning signs and communicate with your children.

and if they encountered anything that adversely affected their mood.

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends

or avoidance of social situations

- Feelings of helplessness or decreased self-esteem
- Self-destructive behaviors, such as running away from home, harming themselves, or talking about suicide

Parents are urged to report any concerns about bullying to educators immediately, as research indicates bullying can lead to or worsen feelings of isolation, rejection, exclusion, and despair. Bullying also can lead to or worsen feelings of depression and anxiety, which can contribute to suicidal behavior.

Learn more about bullying and how to combat it at [www.StopBullying.gov](http://www.StopBullying.gov).

# It's never too early to talk about drugs!

## Tips when talking with 5-8 year olds

**Contributed by [www.drugfree.org](http://www.drugfree.org) Partnership for Drug-Free Kids**

Five - eight year-olds are still tied to family and eager to please, but they're also beginning to explore their individuality. The following scripts will help you get conversations going with your 5- to 8-year-old child:

**SCENARIO**

Your child has expressed curiosity about the pills she sees you take every day — and the other bottles in the medicine cabinet

**WHAT TO SAY**

Just because it's in a family's medicine cabinet doesn't mean that it is safe for you to take. Even if your friends say it's okay, say, "No, my parents won't let me take something that doesn't have my name on the bottle."



**COMMUNICATE.** Learn to talk to your child at an early age. Encourage questions and dialogue.

**SCENARIO**

Your child dresses herself for school in a pink zebra print tank top, a polka dot vest, striped leggings and an orange beret.

**WHAT TO SAY**

"You look great. I love how you express your personality in your outfits." Celebrate your child's decision-making skills. Whenever possible, let your child choose what to wear. Even if the clothes don't quite match, you are reinforcing your child's ability to make decisions for herself.

**Tips for Conversations with Your Early Elementary School Child**

Talk to your kids about the drug-related messages they receive through advertisements, the news media and entertainment sources. Ask your kids how they feel about the things they've heard — you'll learn a great deal about what they're thinking.

Keep your discussions about substances focused on the present — long-term consequences are too distant to have any meaning. Talk about the differences between the medicinal uses and illegal uses of drugs, and how drugs can negatively impact the families and friends of people who use them.

Set clear rules and explain the reasons for your rules. If you use tobacco or alcohol, be mindful of the message you are sending to your children.

Work on problem solving: Help them find long-lasting solutions to homework trouble, a fight with a friend, or in dealing with a bully. Be sure to point out that quick fixes are not long-term solutions.

Give your kids the power to escape from situations that make them feel bad. Make sure they know that they shouldn't stay in a place that makes them feel uncomfortable or bad about themselves. Also let them know that they don't need to stick with friends who don't support them.

Get to know your child's friends — and their friends' parents. Check in once in awhile to make sure they are giving their children the same kinds of messages you give your children.

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# Look for warning signs of drugs or alcohol

Courtesy of  
Partnership for Drug-Free Kids  
www.drugfree.org

**How to Find Out if Your Child is Using Drugs or Alcohol**

- Use Your Nose. Have a real, face-to-face conversation when your son or daughter comes home after socializing with friends. If there has been drinking or smoking, the smell will be on their breath, on clothing and in their hair.
- Look Them in the Eyes. When your child gets home after going out with her friends, take a close look. Pay attention to his or her eyes. Eyes will be red and heavy-lidded, with constricted pupils if they’ve used marijuana. Pupils will be dilated, and he or she may have difficulty focusing if they’ve been drinking. In addition, red, flushed color to the face and cheeks can also be a sign of drinking.
- Watch for Mood Changes. How does your teen act after a night out with friends? Are they loud and obnoxious, or laughing hysterically at nothing? Unusually clumsy to the point of stumbling into furniture and walls, tripping over their own feet and knocking things over? Sullen, withdrawn, and unusually tired and slack-eyed for the hour of night? Do they look queasy and stumble into the bathroom? These are all signs that they could have been drinking, using marijuana or other drugs.
- Monitor Driving and the Car. Your teen’s car and driving habits can offer clues as well. Is driving more reckless when he or she’s coming home after being with friends? Are there new, unexplained dents? If you’re suspicious, examine the inside of the car too. Does it smell like smoke or alcohol fumes? Are there any bottles, pipes, bongs, or other drug paraphernalia rolling around on the floor or hidden in the glove box? If you find evidence of drug use, be sure to prepare for the conversation ahead.
- Keep an eye out for deceit or secretive-ness. Are their weekend plans starting to sound fishy? Are they being vague about where they’re going? Can they describe the movie they supposedly just saw? They say parents will be at the party they’re attending, but can’t give you a phone number and come home acting intoxicated? They get in way past curfew or estimated time with an

endless string of excuses? When excuses fail, do they respond to your inquiries and concern by telling you that it’s none of your business? If these ring true, something is wrong and it’s time to take action.

**Should You Search Their Room?**  
The limits you set with your child do not stop at their bedroom door. If you notice concerning changes in behavior, unusual odors wafting from their room (like marijuana or cigarette smoke), smells to mask other smells like incense or air fresheners, or other warning signs, it’s important to find out what’s going on behind that “KEEP OUT” sign.

One note of caution, however. Be prepared to explain your reasons for a search, whether or not you decide to tell them about it beforehand. You can let them know it’s out of concern for their health and safety. If you discover that your kid is not drinking or doing drugs, this could be a good time to find out if there’s something else that may need to be addressed.

Kids come up with some crafty places to conceal alcohol, drugs, and drug paraphernalia. Some possible hiding spots include:

- Dresser drawers beneath or between clothes
- Desk drawers
- CD/DVD/Tape/Video cases
- Small boxes – jewelry, pencil, etc.
- Backpacks/duffle bags
- Under a bed
- In a plant, buried in the dirt
- In between books on a bookshelf
- Inside books with pages cut out
- Makeup cases – inside fake lipstick tubes or compacts
- Under a loose plank in floor boards
- Inside over-the-counter medicine containers (Tylenol, Advil, etc.)
- Inside empty candy bags such as M&Ms or Skittles

Don’t overlook your teen’s cell phone or other digital devices. Do you recognize their frequent contacts? Do recent messages or social media posts hint at drug use or contradict what they’ve told you?

If your search turns up evidence of drug use, prepare for the conversation ahead and do not be deterred by the argument of invaded privacy.

Stand by your decision to search and the limits you’ve set.

## Common symptoms of eating disorders

Eating disorders are a significant problem across the globe. Studies published in the American Journal of Clinical Nutrition and in the journal Current Opinion in Psychiatry estimate that eating disorders affect at least 9 percent of the population worldwide. Though such numbers are troubling, the National Eating Disorders Association notes that eating disorders are treatable.

Chances for recovery from eating disorders increases the earlier a disorder is detected. That underscores the importance of learning to recognize some of the common symptoms of eating disorders.

The NEDA breaks such symptoms down into two categories: emotional/behavioral and physical.

**Emotional and behavioral**

Emotional and behavioral symptoms of eating disorders are generally behaviors and attitudes that indicate that weight loss, dieting and control of food are becoming primary concerns. Such behaviors and attitudes may include:

- A preoccupation with weight, food, calories, carbohydrates, fat grams, and dieting
- Refusal to eat certain foods: A refusal to eat certain foods may progress to restrictions against whole categories of foods, such as carbohydrates.
- Appears uncomfortable eating around others
- Adherence to certain food rituals: For example, someone with an eating disorder may eat only a particular food or food group, including condiments, or chew excessively. Others may not allow foods to touch.
- Skipping meals or taking small portions of food at regular meals
- Adherence to new practices with food or fad diets, including cutting out entire food groups (no sugar, no carbs, no dairy, vegetarianism/veganism)
- Withdrawal from usual friends and activities
- Frequent dieting
- Extreme concern with body size and shape
- Frequent checking in the mirror for perceived flaws in appearance
- Extreme mood swings

**Physical**

Some physical symptoms of eating disorders may be hard for loved ones to recognize. For example, NEDA notes fluctuations in weight, both up and down, are a physical symptom of eating disorders. However, someone with an eating disorder may begin wearing clothing to cover up such fluctuations. That’s why it’s so important that loved ones, such as parents and siblings, learn to recognize the other physical symptoms of eating disorders, some of which may be subtle.

- Stomach cramps or other non-specific gastrointestinal complaints: For example, someone with an eating disorder may complain about being constipated or indicate they’re experiencing acid reflux.
- Menstrual irregularities: Adolescents and women may miss periods or only have a period while on hormonal contraceptives (the NEDA notes this is not considered a “true” period).
- Difficulties concentrating
- Abnormal laboratory findings: Blood tests during doctor’s appointments may reveal anemia, low thyroid and hormone levels, low potassium, or low white and red blood cell counts.
- Dizziness, especially upon standing
- Fainting spells or syncope, a condition marked by a temporary loss of consciousness caused by a fall in blood pressure.
- Feeling cold all the time
- Sleep problems
- Cuts and calluses across the top of finger joints: These cuts and calluses suggest a person is inducing vomiting, a behavior associated with the eating disorder bulimia.
- Dental problems, such as enamel erosion, cavities, and tooth sensitivity
- Dry skin and hair, and brittle nails
- Swelling around area of salivary glands
- Fine hair on body
- Cavities, or discoloration of teeth, typically resulting from vomiting
- Muscle weakness
- Yellow skin (in context of eating large amounts of carrots)
- Cold, mottled hands and feet or swelling of feet
- Wounds that heal poorly
- Impaired immune functioning

Eating disorders affect people from all walks of life. Learning to recognize the symptoms of eating disorders can be an important first step toward seeking treatment for yourself or a loved one.

## Top reasons why teens try alcohol and drugs

The following is provided by  
www.drugfree.org

There is no single reason why teenagers use drugs or alcohol. But here are some of the core issues and influences behind the behavior of teenage drug and alcohol use.

It’s important that you, as a parent, understand these reasons and talk to your kids about the dangers of drinking and doing drugs.

1. Other People. Teenagers see lots of people consuming various substances. They see their parents and other adults drinking alcohol, smoking cigarettes and, sometimes, trying other substances. Also, a teenager’s social scene often revolves around drinking and smoking marijuana. Sometimes friends urge one another to have a drink or smoke pot, but it’s just as common for teens to start trying a substance because it’s readily available and they see all their friends enjoying it. In their minds, they see drug use as a part of the normal teenage experience.
2. Popular Media. Forty-five percent of teens agree with the statement: “The music that teens listen to makes marijuana seem cool.” And 45 percent of teens agree with the statement “Movies and TV shows make drugs seem like an ok thing to do.” (PATS 2012) So be aware of the media that your son or daughter is consuming and talk to them about it.
3. Escape and Self-Medication. When teens are unhappy and can’t find a healthy outlet for their frustration or a trusted confidant, they may turn to chemicals for solace. Depending on what substance they’re trying, they may feel blissfully oblivious, wonderfully happy or energized and confident. The often rough teenage years can take an emotional toll on children, sometimes even causing depression, so when teens are given a chance to take something to make them feel better, many can’t resist. For example, some teens abuse prescription medicine to manage stress or regulate their lives. Sometimes they abuse prescription stimulants (used to treat attention deficit hyperactivity disorder) to provide additional energy and the ability to focus when they’re studying or taking tests. Others are abusing prescription pain relievers and tranquilizers to cope with academic, social or emotional stress.
4. Boredom. Teens who can’t tolerate being alone, have trouble keeping themselves occupied or crave excitement are prime candidates for substance use. Not only do alcohol and marijuana give them something to do, but those substances help fill the internal void they feel. Further, they provide a common ground for interacting with like-minded teens, a way to instantly bond with a group of kids.
5. Rebellion. Different rebellious teens choose different substances to use based on their personalities. Alcohol is the drug of choice for the angry teenager because it frees him to behave aggressively. Methamphetamine, or meth, also encourages aggressive, violent behavior, and can be far more dangerous and potent than alcohol. Marijuana, on the other hand, often seems to reduce aggression and is more of an avoidance drug. Some teens abuse prescription medicine to party and get high. LSD and hallucinogens are also escape drugs, often used by young people who feel misunderstood and may long to escape to a more idealistic, kind world. Smoking cigarettes can be a form of rebellion to flaunt their independence and make their parents angry. The reasons for teenage drug-use are as complex as teenagers themselves.
6. Instant Gratification. Drugs and alcohol work quickly. The initial effects feel really good. Teenagers turn to drug use because they see it as a short-term shortcut to happiness.
7. Lack of Confidence. Many shy teenagers who lack confidence report that they’ll do things under the influence of alcohol or drugs that they might not otherwise. This is part of the appeal of drugs and alcohol even for relatively self-confident teens; you have the courage to dance if you’re a bad dancer, or sing at the top of your lungs even if you have a terrible voice, or kiss the girl you’re attracted to. And alcohol and other drugs tend not only to loosen your inhibitions but to alleviate social anxiety. Not only do you have something in common with the other people around you, but there’s the mentality that if you do anything or say anything stupid, everyone will just think you had too many drinks or smoked too much weed.
8. Misinformation. Perhaps the most avoidable cause of substance use is inaccurate information about drugs and alcohol. Nearly every teenager has friends who claim to be experts on various recreational substances, and they’re happy to assure her that the risks are minimal. Educate your teenagers about drug use, so they get the real facts about the dangers of drug use.

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PROTECTING OUR CHILDREN

# Youth suicide, know the warning signs

## Foundation offers resources dedicated to prevention of silent epidemic

The Jason Foundation  
www.jasonfoundation.com

The Jason Foundation, Inc. is a non-profit whose mission statement is dedicated to the prevention of the “Silent Epidemic” of youth suicide through educational and awareness programs that equip young people, educators/youth workers and parents with the tools and resources to help identify and assist at-risk youth.

Suicide is one of the leading causes of preventable death in our nation today. We lose an average of more than 130 young people each week to this tragedy that can be prevented.

How can it be prevented you may ask? The Jason Foundation, Inc. believes that education is the key to prevention. The Jason Foundation’s programs and services are in response to this belief. Our nation should be familiar with the warning signs associated with suicide, suicide facts and statistics, and how to find help for at-risk youth. Together, we can save lives!

Remember: Never be reluctant to get involved and always take any child/adolescent’s desire or intent to harm themselves seriously. If you suspect a young person of suicidal ideation, get them to professional help immediately. Suicide is Preventable.

WARNING SIGNS

Almost everyone who attempts or completes suicide has given warning signs through their words or behaviors. Do not ignore any suicide threats. The following statements may indicate serious suicidal feelings.

“I’d be better off dead.”  
“I won’t be bothering you much longer.”  
“You’ll be better off without me around.”  
“I hate my life.”  
“I am going to kill myself.”  
Suicide threats are not always verbal.

Depression is one of the leading causes of suicide attempts. Mental or addictive disorders are associated with 90% of suicide. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20% receive treatment. Depression can be exhibited in many ways including the following which are detailed in more depth:

- Sudden, abrupt changes in personality
- Expressions of hopelessness and despair
- Declining grades and school performance
- Lack of interest in activities once enjoyed
- Increased irritability and aggressiveness
- Withdrawal from family, friends and relationships
- Lack of hygiene
- Changes in eating and sleeping habits

**Other warning signs include:**

- Anger, increased irritability
- Lack of interest
- Sudden increase/decrease in appetite
- Sudden changes in appearance
- Dwindling academic performance
- Preoccupation with death and suicide such as essays or poems about death, artwork or drawings depicting death, social media posts or comments or talking a lot about death or dying.
- Previous suicide attempts
- Final arrangements - once the decision has been made to end their life, some young people begin making final arrangements. Giving away prized or favorite possessions Putting their affairs in order Saying good-bye to family and friends, making funeral arrangements

RISK FACTORS

Suicide does not typically have a sudden onset. There are a number of stressors that can contribute to a youth’s anxiety and unhappiness, increasing the possibility of a suicide attempt. A number of them are described below.

- Depression, mental illness and substance abuse One of the most telling risk factors for youth is mental illness. Mental or addictive disorders are associated with 90% of suicides. One in ten youth suffer from mental illness serious enough to be impaired, yet fewer than 20 percent receive treatment. In fact, 60% of those who complete suicide suffer from depression. Alcohol and drug use, which clouds judgment, lowers inhibitions,

and worsens depression, are associated with 50-67% of suicides.

- Aggression and fighting -recent research has identified a connection between interpersonal violence and suicide. Suicide is associated with fighting for both males and females, across all ethnic groups, and for youth living in urban, suburban, and rural areas.
- Home environment - Within the home, a lack of cohesion, high levels of violence and conflict, a lack of parental support and alienation from and within the family.
- Community environment - youth with high levels of exposure to community violence are at serious risk for self-destructive behavior. This can occur when a youth models his or her own behavior after what is experienced in the community. Additionally, more youth are growing up without making meaningful connections with adults, and therefore are not getting the guidance they need to help them cope with their daily lives.
- School environment - youth who are struggling with classes, perceive their teachers as not understanding them or caring about them, or have poor relationships with their peers have increased vulnerability.
- Previous attempts - youth who have attempted suicide are at risk to do it again. In fact, they are eight times more likely than youth who have never attempted suicide to make another suicide attempt.
- Cultural factors - changes in gender roles and expectations, issues of conformity and assimilation, and feelings of isolation and victimization can all increase the stress levels and vulnerability of individuals. Additionally, in some cultures (particularly Asian and Pacific cultures), suicide may be seen as a rational response to shame.
- Family history / stresses - a history of mental illness and suicide among immediate family members place youth at greater risk for suicide. Exacerbating these circumstances are changes in family structure such as death, divorce, remarriage, moving to a new city, and financial instability.
- Self-mutilation or self-harm behaviors include head banging, cutting, burning, biting, erasing, and digging at wounds. These behaviors are becoming increasingly common among youth, especially female youth. While self-injury typically signals the occurrence of broader problems, the reason for this behavior can vary from peer group pressure to severe emotional disturbance. Although help should be sought for any individual who is causing self-harm, an appropriate response is crucial. Because most self-mutilation behaviors are not suicide attempts, it is important to be cautious when reaching out to the youth and not to make assumptions.
- Situation crisis - approximately 40% of youth suicides are associated with an identifiable precipitating event, such as the death of a loved one, loss of a valued relationship, parental divorce, or sexual abuse. Typically, these events coincide with other risk factors.

The Jason Foundation has partnered with Crisis Text

Line®. The Crisis Text Line is a free 24/7 text line where trained crisis counselors support individuals in crisis.

Text “Jason” to 741741 to speak with a compassionate, trained Crisis Counselor. Confidential support 24/7, for free. The Crisis Counselor “helps you move from a hot moment to a cool calm to stay safe and healthy using effective active listening and suggested referrals – all through text message, using Crisis Text Line’s secure platform.”

Visit Crisis Text Line’s website for additional information. [www.crisistextline.org](http://www.crisistextline.org)

If you or someone you know is experiencing a crisis, call 911.

ADDITIONAL RESOURCES

- American Association of Suicidology
- American Foundation for Suicide Prevention
- Center for Disease Control: Suicide
- Center for Disease Control: Youth Risk Behavioral Surveillance System
- The Jed Foundation
- Kid Central TN
- NAMI (National Alliance on Mental Illness)
- National Council for Suicide Prevention
- National Strategy for Suicide Prevention (PDF)
- Samaritans USA
- Suicide Awareness Voices of Education (SAVE)
- Tennessee Suicide Prevention Network
- The Trevor Project
- Yellow Ribbon Suicide Prevention Program

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**If you or someone you know is experiencing a crisis, call 911.**

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Since 2000, Able Home Health Care has based our promise to you on family values and commitment to excellence. Our company and our employees live by the following characteristics while in service to you:

**Compassion...** We and our caregivers understand our client's challenges. Our caregivers look at what they do as a calling, not a job.

**Integrity...** We believe trust is the foundation of every genuine relationship. We will strive to be

honest and ethical with you at all times.

**Respect...** We regard the value of every human spirit. We will always treat you with respect, courtesy, dignity and kindness.

**Expertise...** We are committed to being the best at what we do. We will maintain a highly-qualified team of professionals, who are ready to meet and exceed

during the Covid-19 pandemic and are provided the necessary PPE to carry out their tasks.

These are the foundations that Able Home Health Care was built on and will continue to grow on... It's just who we are and what we look for in others.





### Hey, Kids! Let's Fight COVID-19!

1 Wash your hands for 20 seconds! How do you count to 20 seconds? Sing the Happy Birthday song twice.

2 Cover your sneeze or cough! Sneeze or cough into your elbow - not your hand. And never into a friend's face.

3 Follow instructions from grown-ups! Only participate in activities that your mom and dad say are safe. And always wear your mask.

4 Mask up! And try to stay six feet away from other folks! Make it into a game of 'keep away!'

## Look at what our clients are saying!

**Thank you so much for your kindness.**

*Thank you so much for your kindness to me and giving me such good help. God Bless you in all you do. You have made the last few years so much easier for me.*

- Callie G.  
Tarboro, NC

**An outstanding job**

*Thanks for all that hard work! I couldn't have done it without your staff. You all did an outstanding job. Thank you!*

- Nancy S.  
Littleton, NC

**Made all the difference**

*Thank you for your kindness to our family at this time of loss of my Mom. Your caregivers made all difference in the helping keep her at home. That was her only wish and with your help we were able to do that.*

- Lenora P.  
Spring Hope, NC

Compassion. Integrity. Respect. Expertise. Cost-Compassion.

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### ABLE HOME HEALTH CARE, LLC

Able Home Health Care is a locally owned and operated in-home health care service employing quality caregivers to assist individuals and families in living dignified, independent lifestyles in their own homes.

Proudly serving the clients of Halifax, Nash, Edgecombe, and surrounding counties, we provide innovative, high-quality home care services and respite care to our clients.

Since our beginning in 2000, we've made our clients a promise, based on our family's values and commitment to excellence.



Left to Right: Tiffany Parker, RN - Community In-Home Supervisor; Loretta Evans, Agency Director; Susan Carlisle, Client Service Representative; Evetta Bradley, RN - Clinical Director



June Shearin, Owner and Founder, and Hanna E. Roppo, CEO



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