
A FEW
MYTHS
AND A LOT OF
FACTS
ABOUT YOUR
HEALTH AND
PREVENTION

ABOUT THIS BOOKLET

Too much of what we “know” and practice in the name of health and in the prevention of ill health is rooted in misinformation and mythology. Many of these “myths” have been long-refuted by medical science. Others have origins that our mothers, friends, classmates assured us were true and are mistakenly now treated as ‘common knowledge’.

This booklet attempts to address – and correct – some of those myths for a wide range of important health topics.

The myths and facts included are not all-inclusive and not designed to be a definitive guide to leading healthier lives. If we are successful, it will in fact generate more questions in your mind than answers. That is the value of the “For Additional Information” piece in each of the 18 entries.

Our thanks to all of the healthcare professionals who selected the handful of myths, facts and references in their area of expertise. Their passion for prevention is evident and that passion for healthy lifestyles ought to be ours as well.

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ADVANCE DIRECTIVES

MYTH: I am not a senior nor do I have a terminal illness, thus I do not need an Advance Directive.

FACT: Every adult is encouraged to have an AD in the event of a sudden and an unplanned accident or serious illness which could lead to your incapacity to make medical decisions.

MYTH: I fear that my physician may not be telling me everything when they encourage me to complete an AD. Does that mean that I have something serious going on?

FACT: Advance Care Planning dialogue and encouragement of ADs should be considered a standard part of providing good care for all patients.

MYTH: My family will know what I would want if I have a life-threatening illness or event.

FACT: Many families struggle with difficult decisions, sharing that they never had any prior meaningful conversations regarding such important matters. It is important to have this conversation with loved ones before a crisis.

MYTH: I already have a Living Will, so I do not need a Healthcare Power of Attorney.

FACT: A Healthcare POA goes beyond a Living Will by allowing you to designate an agent who can speak and act on your behalf in the event that you become too sick or confused to make your own medical decisions.

MYTH: I can't afford an attorney for a Healthcare Power of Attorney (Advance Directive document).

FACT: You do NOT need an Attorney. HCPOA's are free at www.spartanburgregional.com website. Go to Patient's and Visitors section, then to the tab: Advance Directives. Scroll down and click on: South Carolina Healthcare POA to download a free document.

FOR ADDITIONAL INFORMATION

Spartanburg Medical Center's Office of Advance Care Planning
864-560-6313

"Isn't It Time We Talk?" A Family Guide to Health Care Decisions at
www.cchospice.org/ittwt

"Let's Talk" at www.theconversationproject.org

Prepare for Your Care (Advance Directives assistance) at
www.prepareforyourcare.org

ADVERSE CHILDHOOD EXPERIENCES

MYTH: Adverse Childhood Experiences (ACEs) refer to any type of negative experience in childhood.

FACT: Adverse Childhood Experiences (ACE) refers to a landmark research study focusing on ten categories of adversity in childhood. These categories are: growing up with substance abusing household members, parental separation or divorce, growing up with mentally ill household members or caregivers, having a battered mother, a household member imprisoned, emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect.

MYTH: ACEs happen to a small percentage of children.

FACT: ACEs are common in the population (66% of people in the U.S. have experienced at least one ACE in childhood)

MYTH: ACEs occur mostly in low-income families.

FACT: ACEs occur in all socioeconomic groups.

MYTH: Childhood ACEs are common and they do not create lasting harm.

FACT: The ACE Study confirms, with scientific evidence, that adversity early in childhood increases physical, mental and behavioral problems later in life.

MYTH: ACEs interfere with normal brain development leading to permanent damage.

FACT: ACEs can create lasting harm to the developing brain if left unaddressed. However, when addressed children can overcome these adverse experiences and build resiliency.

MYTH: Children who experience ACEs in childhood have the same health outcomes as children who do not have childhood adversity

FACT: People who report experiencing multiple types of ACEs are more likely to have chronic health problems such as asthma, heart disease, COPD, substance abuse and social problems such as teen pregnancy, suicide attempts, unemployment, disability and incarceration.

FOR ADDITIONAL INFORMATION

www.cdc.gov/violenceprevention/acestudy/

www.developingchild.harvard.edu/

www.acestoohigh.com/

www.scchildren.org/prevention_learning_center/adverse_childhood_experiences_aces/

www.rwjf.org/en/library/infographics/the-truth-about-aces.html

USC Upstate – Child Protection Training Center

Mission – reduce ACEs in Spartanburg and the surrounding community and teach methods to help children overcome the harmful effects of ACEs
www.uscupstate.edu/outreach/child-protection-training-center/

Annual Child Abuse Prevention Conference

www.uscupstate.edu/outreach/child-protection-training-center/child-advocacy-conference/

AUTISM

MYTH: Autism is relatively rare.

FACT: Autism rates have been dramatically escalating over the past few decades. The current rate of autism is 1 in every 68 children, 1 in 42 boys.

MYTH: People with autism never make eye contact.

FACT: Lack of eye contact is a symptom of autism. People with autism are usually physically capable of making eye contact, but may do so only for brief moments, only on their own volition, or for different purposes than people without the diagnosis.

MYTH: Little can be done to improve the symptoms of autism.

FACT: Although there is no medical cure for autism at this point, an extremely effective therapy exists: Applied Behavior Analysis (ABA) therapy is an intensive methodology for helping individuals with autism build significant skills.

MYTH: People with autism often explode for no reason.

FACT: Outbursts by people with autism are typically triggered by specific reasons, such as the inability to communicate, sensory overload, or frustration. Teaching communication and coping skills can minimize behavioral issues.

MYTH: People with autism do not want to be touched.

FACT: All people with autism do not avoid touch, but many do respond more intensely to touch (whether avoiding it or seeking it out) than people without autism. People on the autism spectrum may have strong preferences for particular pressures, whether hard or light. They may also react negatively to unexpected touch.

FOR ADDITIONAL INFORMATION

Project HOPE Foundation www.projecthopesc.org or **864-676-0028**

South Carolina Autism Society www.scautism.org

Autism Speaks www.autismspeaks.org

National Autism Association www.nationalautismassociation.org

CANCER

MYTH: Cancer is contagious. “I will get it by hugging or touching a cancer patient.”

FACT: Cancer is not contagious! It cannot be transferred from one person to another. Cancer cells cannot live in the body of another healthy person. The healthy person’s body will destroy the cancer cells due to not recognizing them.

MYTH: Cancer is hereditary. “Since my mom had cancer, I will also get cancer.”

FACT: Cancer can be hereditary but not always. Some people are born with certain gene mutations that are inherited from their parents. However, it is not the cancer that is inherited but the gene. Only a small percentage of cancers are actually a result of gene defects. Regular cancer screenings will help detect cancers at an early stage, which improves survival and outcomes.

MYTH: Injuries can cause cancer. “My friend injured her leg and it caused her to get cancer.”

FACT: Injuries such as falls, bruises, and fractures have not been linked to cancer. Sometimes the symptoms are very similar in nature, which would cause someone to think the injury was caused by cancer. However, in most cases, the cancer is an incidental finding when examining an injury.

MYTH: Cancer screenings are only necessary if you have symptoms. “I do not need to be checked for prostate cancer unless I am having symptoms.”

FACT: Regular cancer screenings aid in detecting cancer early when it is most treatable and often curable. Detecting cancers early allows for more treatment options and improved outcomes. Cancer screenings available include skin, head & neck, colon, breast, prostate, lung, and cervical.

MYTH: Cancer screenings are only for non-cancer patients. “I already have breast cancer, so I do not need to be checked for other cancers.”

FACT: Cancer screenings are recommended for all patients not only non-cancer patients. Patients being treated for cancer are not immune to other cancers therefore; they should continue to be screened for other cancers while undergoing treatment as recommended by their physician.

FOR ADDITIONAL INFORMATION

Perry Patterson in the Cancer Learning Center **864-560-6747**

Cancer Association of Spartanburg and Cherokee Counties at **864-582-0771** or **www.cancerassociation.org**

American Cancer Society at **1-800-227-2345** or **www.cancer.org**

American Institute for Cancer Research website at **www.AICR.org**

National Cancer Institute website at **www.cancer.gov**

DIABETES

MYTH: If you are overweight or obese, you will eventually develop type 2 diabetes.

FACT: Being overweight is a risk factor for developing this disease, but other risk factors such as family history, ethnicity and age also play a role. Unfortunately, too many people disregard the other risk factors for diabetes and think that weight is the only risk factor for type 2 diabetes. Most overweight people never develop type 2 diabetes, and many people with type 2 diabetes are at a normal weight or only moderately overweight

MYTH: Diabetes is not that serious of a disease.

FACT: Diabetes causes more deaths a year than breast cancer and AIDS combined. Having diabetes nearly doubles your chance of having a heart attack. The good news is that good diabetes control can reduce your risk of diabetes complications

MYTH: People with diabetes should eat special “diabetic” foods.

FACT: A healthy meal plan for people with diabetes is generally the same as healthy eating for anyone – low in saturated and trans fat, moderate in salt and sugar, with meals based on lean protein, non-starchy vegetables, whole grains, healthy fats and fruit. “Diabetic” foods generally offer no special benefit. Most of them still raise blood sugar levels, are usually more expensive and can also have a laxative effect if they contain sugar alcohols.

MYTH: If you have Type 2 diabetes and your doctor says you need to start using insulin, it means you’re not taking care of your diabetes properly.

FACT: For most people, Type 2 diabetes is a progressive disease. When first diagnosed many people with Type 2 diabetes can keep their blood sugar at a healthy level with oral medications. But over time, the body gradually produces less of its own insulin and eventually oral medications may not be enough to keep blood sugar levels normal. Using insulin to get blood sugar levels to a healthy level is a good thing, not a bad one.

MYTH: Type 2 diabetes is not as serious as type 1.

FACT: Type 1 and Type 2 diabetes are equally serious, because they both can lead to the same complications. Type 1 has to give insulin injections when diagnosed and Type 2 usually takes diabetes pills. In both Type 1 and Type 2 diabetes, elevated blood sugar over time can cause complications throughout the body.

MYTH: I have to lose a lot of weight for my diabetes to improve.

FACT: Actually, a modest weight loss can improve your blood sugar, blood pressure, and blood fat levels and can reduce your risk of diabetes complications. The American Diabetes Association recommends losing 5% to 7% of your current weight. This helps improve blood sugar, lower blood pressure, and cholesterol.

FOR ADDITIONAL INFORMATION

Medical Group of the Carolinas - Diabetes Education
864-560-6419 ext.5

American Diabetes Association www.diabetes.org

American Association of Diabetes Educators
www.diabeteseducator.org

Academy of Nutrition and Dietetics www.eatright.org

EATING DISORDERS

MYTH: Eating disorders only affect thin people.

FACT: Eating disorders affect individuals in all shapes and sizes. The most common eating disorder is Binge Eating Disorder (BED) affecting over 4% of the population -- 70% of whom are in the higher weight category or who are obese.

MYTH: There are two primary types of eating disorders, Anorexia and Bulimia, which mostly affect teenage girls.

FACT: There are over six types of eating disorders affecting men, women, boys and girls. Eating disorders are increasing in middle-aged men and women.

MYTH: Dieting is a healthy way to manage weight.

FACT: Dieting (meaning restriction of food or cutting out meals) is the greatest risk factor for both eating disorders and obesity. The most effective way to manage weight is to eat 3 meals a day, 3 snacks a day.

MYTH: If I want to lose weight, I should eat less food.

FACT: Because most Americans never receive training from the appropriate source (a Registered Dietician) on how to properly fuel their body, most individuals are actually not eating ENOUGH food. When we don't eat regularly, our body stores fat and we gain weight.

MYTH: Individuals can simply "stop eating" or "start eating" to get rid of their eating disorder.

FACT: Treatment of eating disorders requires a team of professionals who are specialists in the disorder. Often a treatment team consists of a psychologist, psychiatrist, registered dietician and physician – all who specialize in disordered eating prevention.

FOR ADDITIONAL INFORMATION

Mental Fitness, MentalFitnessInc.org, Robyn Hussa Farrell
rfarrell@mentalfitnessinc.org

Heidi Moss, LISW-CP, CEDS-S: **(864) 583-5969**

Eating Recovery Center, Greenville: **(864) 302-8211**

Carolina House, North Carolina: **(866) 219-1182**

Veritas Collaborative, Durham, NC: **(919) 908-9730**

HEARING LOSS

MYTH: Hearing loss is “no big deal.”

FACT: Hearing loss, at any age, has a significant impact on the individual and their family. People with hearing loss are more likely to feel socially isolated. Children may struggle with basic communication, in school, and socially. Adults may avoid challenging listening situations and stop doing activities that they once enjoyed, such as listening to music or church attendance.

MYTH: Hearing aids are expensive and don't really work well.

FACT: Modern digital hearing aids can be specially programmed and be easily adjusted for a variety of situations. It is important to go to an audiologist because they have the most expertise in hearing loss. A hearing aid purchased from another source may cost less up front, but is unlikely to work as well.

MYTH: Only people who are profoundly deaf will benefit from a cochlear implant.

FACT: Many people who have significant trouble with speech understanding, even with high quality hearing aids, are able to hear and understand much better with a cochlear implant than they did with hearing aids.

MYTH: Children who are born with a significant degree of hearing loss cannot learn to listen and talk like other children.

FACT: Modern hearing technology allows most children, even those who are profoundly deaf, to be able to learn to listen and talk at a level comparable to typically-hearing children.

MYTH: Waiting to have a suspected hearing loss evaluated or waiting to get technology such as hearing aids and cochlear implants won't affect a person's outcome.

FACT: The sooner a hearing loss is identified and treated, the more successful a listener the person will become. Over time, the brain loses its ability to process spoken language and sound.

FOR ADDITIONAL INFORMATION

Auditory Verbal Therapy: Spartanburg Regional Rehab Services
864.560.6480

Hearing Tests, Hearing Aid and Cochlear Implant Mapping
Audiology Associates of Spartanburg **864-583-7644**
or **www.audiologydoctors.com**

Pediatric Hearing Testing

Clarity, the Speech, Hearing and Learning Center
www.clarityupstate.org

General Audiology and ENT Services

Spartanburg ENT and Audiology / **www.spartanburgent.com**

HEART DISEASE

MYTH: I'm too young to worry about heart disease.

FACT: As early as childhood, plaque can start forming in the arteries, leading to blockages in the vessels that supply blood to the heart. How you live now affects your risk for developing heart disease and stroke later in life. Due to more Americans having risk factors at a younger age (especially obesity and type 2 diabetes), heart disease is becoming more common at a younger age.

MYTH: If I had high blood pressure, I would know it.

FACT: High blood pressure is called the "silent killer" for a reason. You may not experience symptoms until it is too late. Early treatment and control of high blood pressure is crucial because if it is untreated, it can lead to heart attack, stroke, kidney damage and heart failure.

MYTH: I'll know I am having a heart attack if I have chest pain.

FACT: While chest pain (or discomfort, fullness, squeezing, or pressure) is the most common sign of heart attack in men and women, it is not the only thing that may indicate a problem. Subtle symptoms may occur weeks before an actual heart attack and may include shortness of breath, nausea, feeling lightheaded, breaking out in a cold sweat,

pain that travels down one or both arms, jaw pain, neck or back pain, and extreme fatigue. Especially in women, extreme fatigue may be the first sign that there is a problem. The key is to take action and call 9-1-1 so heart-saving care begins as soon as possible. Consider that 85% of damage to the heart muscle happens in the first two hours. Don't delay or ignore these symptoms. Get EMS involved early for the best outcome.

MYTH: Diabetes won't harm my heart as long as I take my medicine.

FACT: Keeping your blood sugar under control can help reduce your risk or delay the development of heart disease, but if you have diabetes, you are still at increased risk for heart disease and stroke. That's because the risk factors that make you more likely to develop diabetes (high blood pressure, overweight and obesity, physical inactivity, and smoking) also put you at increased risk for cardiovascular diseases.

MYTH: Heart disease is in my genes. There is nothing I can do to prevent it.

FACT: Although people with a family history are at higher risk, you can take steps to dramatically decrease that risk. By following these simple steps, you can keep your heart as healthy as possible: Eat right, get active, control cholesterol, manage blood pressure, maintain a healthy weight, control blood sugar, and stop tobacco use. For more information on how to decrease your risk, contact the Joe R. Utley Heart Resource Center at Spartanburg Medical Center, 864 560-4472

FOR ADDITIONAL INFORMATION

Joe R. Utley Heart Resource Center **(864) 560-8185**

American Heart Association **www.heart.org**

National Heart, Lung, and Blood Institute (NHLBI) **www.nhlbi.nih.gov**

Centers for Disease Control and Prevention (CDC)
www.cdc.gov/heartdisease/index.htm

CardioSmart **www.cardiosmart.org**

Physicians Committee **www.pcrm.org**

MENTAL ILLNESS

MYTH: Children don't experience mental health problems.

FACT: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable, and can be a product of the interaction of biological, psychological, and social factors. Half of all mental health disorders show first signs before a person turns 14 years old, and three quarters of mental health disorders begin before age 24.

MYTH: People with mental health problems are violent and unpredictable.

FACT: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population.

MYTH: People with mental health needs, even those who are managing their mental illness, cannot tolerate the stress of holding down a job.

FACT: People with mental health problems are just as productive as other employees. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees.

MYTH: Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.

FACT: Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including biological factors (genes, physical illness), life experiences (trauma and abuse) and family history.

MYTH: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

FACT: Treatment for mental health problems varies depending on the individual and could include medication, therapy, or both. Many individuals work with a support system during the healing and recovery process.

FOR ADDITIONAL INFORMATION

Mental Health America Spartanburg: www.mha-sc.org

Mental Health America: www.mentalhealthamerica.net

NAMI Spartanburg: **864-707-2814** or
office@namispartanburgsc.org

New Day Clubhouse: **864-582-5431** or ndc@newdayclubhouse.com

Upstate Warrior Solutions: **864-520-2073** or
info@upstaterwarriorsolution.org

Suicide Prevention Lifeline: **1-800-273-8255** or text **741741**

NUTRITION

MYTH: Protein is only found in meat, chicken, fish, or eggs.

FACT: There are plenty of plant sources that can provide surprising amounts of protein without all the cholesterol and saturated fat. One serving of beans has anywhere from 9-15 grams. Protein has gotten so much media attention lately, but the reality is that most of us get 2-3 times the amount our bodies actually need. Extra protein means extra calories too!

MYTH: Vegetarian diets are lacking in certain nutrients.

FACT: Quite the contrary, whole & minimally processed vegetarian diets actually tend to have more nutrients than common diets. The 2015-2020 Dietary Guidelines written by the USDA include potassium and fiber as “nutrients of concern” – meaning the average American does not consume enough. Since vegetarians generally consume more whole grains, beans, vegetables, and fruit, they are more likely to get the recommended amounts.

MYTH: Supplements are regulated by the FDA.

FACT: Supplements are not regulated by any of our government organizations, meaning they do not have the same standards for labeling. Unfortunately, this means many supplements boast false claims and many Americans take unnecessary amounts. To guarantee quality, contamination-free, and manufacturing cleanliness, look for supplements with the USP Verification, UL Certified, or NSF seal, or

check out ConsumerLabs.com. But always remember supplements can never replace the effectiveness and absorption of nutrients from real food!

MYTH: Fresh is best when it comes to fruits and vegetables.

FACT: Fresh is certainly a great choice, but it's not always superior to frozen or canned. Especially during the winter, many fresh fruits and vegetables are grown and picked unripe from other countries, so by the time they make it to Spartanburg, South Carolina, they are kind of ripe. Unfortunately this also means they are losing more nutrients in the process. Frozen fruits and vegetables have been allowed to grow to peak ripeness (maximum nutrition!) in the field, washed, chopped if needed, and flash-frozen which preserves nutrients. With canned, opt for the “no salt added” varieties, or drain and rinse to remove 40% of the added sodium.

MYTH: Most Americans consume enough fiber every day.

FACT: The more the scientific community learns about fiber, the more we learn how crucial it is to so many different body processes. An optimal diet contains around 30 grams of fiber per day, and for true prevention, aim for closer to 40 grams. Only plant foods such as whole grains, vegetables, fruit, nuts, seeds, and beans contain fiber. Focus on these fiber-containing foods for overall reduction in heart disease, diabetes, cancer, and weight!

FOR ADDITIONAL INFORMATION

NutritionFacts.org | The Latest in Nutrition Related Research
www.nutritionfacts.org

What's Cooking? USDA Mixing Bowl
www.whatscooking.fns.usda.gov

Choose MyPlate www.choosemyplate.gov

Academy of Nutrition and Dietetics - Eat Right www.eatright.org

Vegetarian Nutrition www.vegetariannutrition.net

RESILIENCE

MYTH: Building resilience is a long and complex process that I can't do on my own.

FACT: There are easy ways to build resilience against illness each and every day – sometimes in 5 minutes or less. These include managing stress, eating well, exercising through joyful movement, connecting with community through volunteering, employing critical thinking, practicing mindfulness and many more!

MYTH: Prevention is a complex task when it comes to my health.

FACT: There are three known ways to prevent illness: Primary, Secondary and Tertiary Prevention. Successful prevention programs are those that increase resilience and decrease risk factors for disease.

MYTH: Resilience means 'completely fending off disease' so I may as well not even try if I am already sick.

FACT: Resilience can mean complete prevention of a disease, or it can mean recovering quickly despite illness. Either way, building resilience is effective for all individuals.

MYTH: Individuals can't build resilience when they are already sick or struggling with an addiction, or other illness.

FACT: Resilience can happen during any phase of illness. For example, just ensuring people have access to support within their community, such as being employed and maintaining social interactions is a tertiary prevention strategy that builds resilience.

MYTH: Effective prevention programs have one or two elements.

FACT: The most successful prevention programs tend to have 4 or more of the 7 C's: Critical Thinking, helping develop Competencies for promoting health and resilience, builds Connections, It enables participants to make Choices about ways to Change negative sociocultural influences, it helps people develop and extend the Confidence necessary to make health-promoting changes and helps individuals find Courage to pursue positive goals.

FOR ADDITIONAL INFORMATION

Mental Fitness: MentalFitnessInc.org, Robyn Husa Farrell
(rfarrell@mentalfitnessinc.org)

The Forrester Center for Behavioral Health: Joe Pinilla
jpinilla@theforrestercenter.org

RESPIRATORY ISSUES

MYTH: It's too late to stop smoking if you have been smoking for years.

FACT: Quitting smoking has almost immediate benefits. For example, circulation and lungs will improve and the risk of cancer will decline over time.

MYTH: Low-tar or light cigarettes are safer than regular.

FACT: Smoking low-tar or light cigarettes pose the same risks as regular cigarettes.

MYTH: Chronic Obstructive Pulmonary Disease (COPD) is only caused by smoking or second-hand smoke.

FACT: Although smoking and second-hand smoke are the main causes for COPD, long-term exposure to pollutants and a genetic condition, alpha-1-antitrypsin deficiency, can also be contributors.

MYTH: E-cigarettes are safe.

FACT: E-cigarettes are nothing more than unregulated tobacco products.

MYTH: E-cigarettes do not have nicotine.

FACT: Almost all e-cigarettes contain nicotine including many of those that claim they are nicotine free.

FOR ADDITIONAL INFORMATION

American Lung Association:
2030 S. Church St. Ext. Spartanburg, S.C.
www.lung.org

American Cancer Society www.cancer.org

American Association for Respiratory Care www.aarc.org

Quit Smoking Support www.quit.com

SEXUALLY TRANSMITTED DISEASES

MYTH: You can tell by looking at someone if they have H.I.V., gonorrhea, chlamydia, or syphilis.

FACT: Many STD's/STI's have NO symptoms and a person can have H.I.V. and not know it. The only way to know if you are infected is to GET TESTED.

MYTH: Using contraception or birth control also protects against STD's/STI's/H.I.V.

FACT: Birth control (pills, patches, or ring) only protect against unwanted pregnancy and DO NOT protect against STD's/STI's or H.I.V. Always use a condom!!

MYTH: You can acquire H.I.V. through "casual contact" including eating/drinking after a person who is infected, hugging, kissing or shaking hands.

FACT: "Casual contact," that is, hugging, kissing, or shaking hands etc. does not transmit H.I.V. It is only transmitted by blood, semen, rectal fluids, vaginal fluids, breast milk, and pre seminal fluid or "pre-cum."

MYTH: H.I.V. only affects homosexuals or I.V. drug users.

FACT: ANYONE can get H.I.V. if exposed to the body fluids which transmit the disease. Gay, straight, male, female, young or old! According to the CDC, People aged 50 and older have the same HIV risk factors as younger people, but may be less aware of their HIV risk factors. Those factors may include those who are widowed or divorced returning to the dating scene and women who are no longer worried about pregnancy neglecting to use condoms.

MYTH: There is a vaccine or other cure for H.I.V. if you're wealthy enough to buy it.

FACT: There is currently NO cure for H.I.V., however medication regimens are now available that if taken correctly and under a doctor's care, allow those who are H.I.V. positive to lead a long and healthy life.

FOR ADDITIONAL INFORMATION

Piedmont Care, Inc. **864-582-7773** or **866-454-7773** or **www.piedmontcare.org**

South Carolina Department of Health and Environmental Control
Locate your local health department
1-800-868-0404 or **www.scdhec.gov**

The Point Teen Health Center (a division of South Carolina Health and Environmental Control) **864-381-5619** or **www.scdhec.gov**

Centers for Disease Control and Prevention
800-CDC-INFO (800-232-4636),
TTY: 888-232-6348 or **www.cdc.gov**

The Henry J. Kaiser Family Foundation **www.kff.org**

SLEEP ISSUES

MYTH: You need less sleep as you get older.

FACT: Adults need 7-9 hours of sleep each night even in our older years. Unfortunately as we age our sleep is more often interrupted by trips to the restroom and joint /muscle discomfort or pain.

MYTH: Napping never hurts.

FACT: Napping may indicate poor quality or less than needed night time sleep. It can also cause disruption to the body's sleep cycle resulting in the next night's sleep difficulty. As a general rule avoid daily napping – especially if you're having trouble going to sleep at night. If really tired, a short nap may be helpful (15-20 minutes) but avoid a longer nap to better ensure a good night's sleep that evening.

MYTH: Exercising just before bedtime will make you tired and you will sleep better.

FACT: Certainly we should exercise daily but strenuous exercise just before bedtime will raise the body's core temperature and cause sleep fragmentation and limited deep sleep. Do exercise but at least 1-2 hours before bedtime.

MYTH: You can sleep better with a television or music playing in the background.

FACT: While we may go to sleep with sounds in the background our brain will continue to respond to them after sleep onset. This will also cause sleep fragmentation and limited deep, quality sleep. If you feel you need the noise to initiate sleep, set a timer to turn the electronics off about 20 -30 minutes after you lie down to allow for a normal progression through sleep cycles.

MYTH: Snoring is normal.

FACT: Snoring at any age indicates obstruction in the airway and may be a sign of a potentially life threatening sleep disorder – Sleep Apnea. Snoring can cause heart attack, stroke, hypertension and diabetes. If you are a snorer – or hear one at night, discuss with your physician.

Remember – a good night's sleep leads to a good day to follow. Sleep well to be well!

FOR ADDITIONAL INFORMATION

Regional Sleep Services **864.529.3465**

National Sleep Foundation **www.sleepfoundation.org**

American Academy of Sleep Medicine **www.aasm.org**

American Association of Sleep Technologists **www.aastweb.org**

STRESS

MYTH: Stress affects everyone the same.

FACT: Everyone responds to stress differently; what is stressful for one person, may not be stressful for another person.

MYTH: Stress is ALWAYS bad for you.

FACT: Managing stress appropriately helps us to be productive and happy. Stress that is not properly managed can hurt and even kill us.

MYTH: Stress is everywhere; therefore you can't do anything about it.

FACT: You can prioritize your life to avoid being overcome by stress.

MYTH: If you have no symptoms of stress, you do not have stress in your life.

FACT: Many people who are under stress may not recognize the symptoms until their health begins to suffer. In addition, headaches, weight gain/loss and other physical symptoms may be caused by stress.

MYTH: Stress always comes from your circumstances.

FACT: Stress comes from the way we think about our situations, not the situation itself.

MYTH: Stress and anxiety are the same thing.

FACT: Stress causes worry and may lessen with time, but an anxiety disorder will not go away without treatment.

FOR ADDITIONAL INFORMATION

National Alliance on Mental Illness (NAMI) www.nami.org

Mayo Clinic: Stress Management www.mayoclinic.org

NIMH: 5 Things You Should Know About Stress www.nimh.nih

National suicide Prevention Hotline
www.suicidepreventionlifeline.org

Stress Management www.apa.org

American Academy of Sleep Medicine www.aasm.org

American Association of Sleep Technologists www.aastweb.org

SUBSTANCE ABUSE

MYTH: If it's a prescription, it must be safe; you can't get addicted to something your doctor prescribes.

FACT: Although many medications are perfectly safe if taken in the prescribed dosage for a short period of time, prolonged use can be dangerous—and, yes, addictive. Some prescription drugs are especially hazardous if the user exceeds the prescribed dosage or takes a combination of drugs.

MYTH: "Natural" drugs are safer than synthetic ones.

FACT: Marijuana, mushrooms and other "natural" highs still alter brain chemistry and produce dangerous side effects. They aren't harmless just because they grow in the ground.

MYTH: If you have a high alcohol tolerance, you don't have a drinking problem.

FACT: If you feel nothing after several drinks, you DO have a problem. A casual drinker wouldn't be able to finish a couple of six-packs—and if they did, they'd feel very sick. If you're drinking this much and feeling fine, you need help.

MYTH: Drug addiction is a choice.

FACT: Drug use is a choice, and prolonged use changes your body and brain chemistry. When that happens, the user no longer appears to have a choice—this is when use and misuse become addiction.

MYTH: People can stop using drugs if they really want to and if they don't, it's because they don't have enough will power.

FACT: Research shows that a person's brain chemistry changes with long-term substance abuse. This makes it difficult to simply just quit. If a person is truly addicted to a substance it may be easy to stop using for short periods of time; however, it is extremely difficult to achieve long-term abstinence.

FOR ADDITIONAL INFORMATION

The Forrester Center for Behavioral Health
187 W. Broad Street Spartanburg, SC 29306
(864) 582-7588 or **www.theforrestercenter.org**

Faces and Voices of Recovery (FAVOR)
355 Woodruff Rd - Suite 303 Greenville, SC 29607
864-385-7757 or **www.favorgreenville.org/**

SC Department of Alcohol and Other Drug Abuse Services (DAODAS)
1801 Main Street, 4th Floor, Columbia, SC 29201
803.896.5555 or **www.daodas.sc.gov/contact/**

Substance Abuse and Mental Health Services Administration
(SAMHSA)
5600 Fishers Lane, Rockville, MD 20857
www.samhsa.gov/atod
www.samhsa.gov/about-us/contact-us

TEEN PREGNANCY

MYTH: Teen Pregnancies are at an all-time high.

FACT: In 2015, for the first time in history, Spartanburg's teen birth rate fell below the State rate. Since 2010, Spartanburg has demonstrated an accelerated pace of decline (50% for all 15-19 year olds) compared to the State decline (43%). Spartanburg's greatest successes have been among African American youth, 15-17 year olds, in the City of Spartanburg declining 66%.

MYTH: All teens are having sex.

FACT: More teens are choosing to abstain until they are older. According to SC Youth Behavior Risk Survey (YRBS), only 24% of freshman are sexually active compared to 58% of seniors. This stresses the importance of needing both abstinence plus contraception programs and services available to teens.

MYTH: If we talk about sex, Teens will have sex.

FACT: According to research cited in the Journal of Adolescent Health, adolescents who received comprehensive sex education were significantly less likely to report teen pregnancy than those who received no formal sex education and comprehensive sex education was associated with a lower likelihood of reporting having engaged in vaginal intercourse.

MYTH: Teens can't access medical care for sexual health without parental permission.

FACT: Teens have a right to private medical care related to sexual activity, without permission from parents including: Pregnancy, pregnancy prevention and emergency contraception, testing and treatment for sexually transmitted diseases.

MYTH: Birth Control alone is effective in prevent pregnancy.

FACT: Birth Control is effective when used correctly and consistently, not often the case in teens. It is important to always emphasize the use of condoms with birth control. 28% of seniors in high school reported not using a condom the last time they had sex. Spartanburg reported over 400 cases of Chlamydia in 2015 among teens. Although we are making progress in teen pregnancy, preventing Sexually Transmitted Infections (STIs) are just as important. Each partner needs to take control of their sexual health! If they are sexually active, using condoms and hormonal birth control will reduce the risk for unplanned pregnancies and STIs!

FOR ADDITIONAL INFORMATION

Connect Spartanburg
www.connectspartanburg.org

Imatter
www.birth-matters.org/prevention-care-services/about-prevention-care-services/

Not Right Now South Carolina
www.notrightnowsc.org

Girlology
www.girlology.com

TRAUMA PREVENTION

MYTH: Trauma patients are “asking for it,” because they are involved in risky behavior.

FACT: The majority of trauma patients in Spartanburg County are older adults, who suffer an injury from falling; and a large number of trauma patients are involved in a traumatic incident due to another person’s risky behavior.

MYTH: If anything were to happen to me the doctor would fix me.

FACT: Though medical science continues to have breakthroughs, many people die from traumatic injuries (according to the CDC it is the number one reason of death for individuals 1- 44 years of age). Many of those who survive have permanent disabilities, chronic pain, PTSD, anxiety and must continue rehab for months, years, or the remainder of their new life. Bones and muscles can be fairly well repaired. The brain, spinal cord, and other vital organs are a different story. These are very debilitating injuries and consist of years of rehab and adjusting to a “new normal.” The treatment does not stop when you leave the hospital.

MYTH: I’m not going to worry about it. I can’t control what happens in life.

FACT: Traumas are preventable. Sometimes we have to slow down in life. We have to think about what we are doing and what the possible outcomes are. We have to put down the distractions and focus on the task at hand. We must remember that our decisions do not only affect us.

MYTH: Falls are a natural part of aging.

FACT: It is easier to accept this myth than change your actions. Falls are a traumatic event. Traumas are preventable. The majority of older adult falls are due to muscular weakness. There are many ways to prevent falls. One of which is to engage in a comprehensive exercise program that incorporates aerobics, strength training, balance, and stretching.

MYTH: It won’t happen to me especially if I stay at home.

FACT: This sound true, but the reality is the many traumatic incidents occur in the comfort of your own home. As preventable as traumas are they may be unpredictable. The disease known as trauma does not discriminate. It doesn’t care about your race, gender, sexual orientation, financial income, job title, or your college GPA.

FOR ADDITIONAL INFORMATION

Older Adult Falls | Home and Recreational Safety | CDC www.cdc.gov

National Institute on Aging www.nia.nih.gov

American Trauma Society www.amtrauma.org

Brain Injury Association of America www.biausa.org

Distracted Driving / NHTSA www.nhtsa.gov

BleedingControl www.bleedingcontrol.org

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