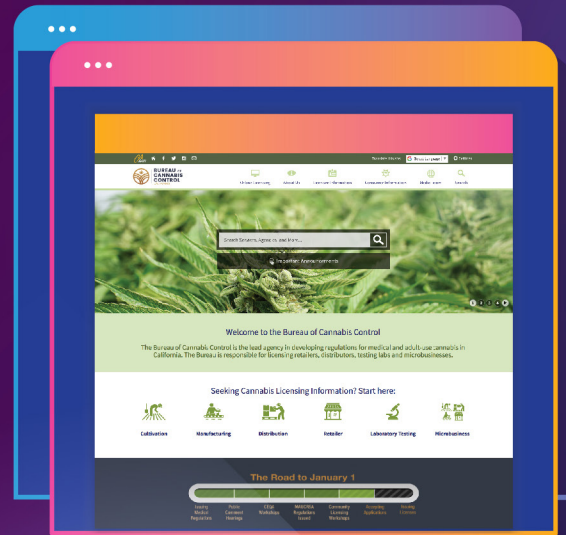


CONSUMER CONNECTION

Ready to Roll



BUREAU OF CANNABIS CONTROL SET FOR STATEWIDE LICENSING; SALES BEGIN IN JANUARY—P.13



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REMEDIES FOR POST-HOLIDAY BLUES—P.1

FOOTBALL HELMETS REINVENTED TO REDUCE BRAIN INJURIES—P.10

CAMPAIGN PROTECTS BARBERS, COSMETOLOGISTS, CONSUMERS—P.18

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HOW TO COPE WITH POST-HOLIDAY BLUES

After the annual chaos is over, it's time to relax, exercise, and get organized

By *Consumer Connection Staff*

Once those pretty presents are unwrapped, the festive parties are a memory, and the hustle and bustle of the season winds down, many people are left singing the blues.

According to the American Psychological Association (APA), the post-holiday blues are indeed a real phenomenon. Experts say its effects are more specific to the holidays than the more general seasonal affective disorder (SAD), which is estimated to touch between 10-20 percent of Americans and is blamed for a wide range of symptoms—such as fatigue, difficulty concentrating, and overeating—caused by the change of seasons.

It's unknown exactly how many people suffer from the holiday blues and the reasons why some people slip into a slump after the holidays varies. Most commonly, people have trouble settling back into a



regular work routine and dealing with family demands. Then there's buyer's remorse, otherwise known as the jaw-dropping moment when those credit card bills arrive and you realize you exceeded your Christmas shopping budget.

Don't despair. That blasé feeling you're experiencing will soon fade.

In the meantime, you can take steps to shake off the "holidayze" and bring some comfort and joy back into your life:

- **Call Timeout**—Chances are you've been moving at warp speed, dashing from one holiday event to the next or even hosting your own soirees. Now is the time to exhale and unwind emotionally and physically. Recalibrate. Find your own personal quiet space to relax. Maybe a soothing spa manicure and pedicure will do the trick. You can also reflect on those moments of the holiday season that you did enjoy.
- **Get to Stepping**—During the holidays we tend to sit, overeat, and drink a lot, which can leave us lethargic and even grumpy. Although feeling down isn't likely to put you in the mood to exercise, getting off the sofa and moving is one of the best things you can do. Nothing extreme, but something as simple as a brisk, 15-20-minute walk a couple days a week can do wonders. Exercise produces opiate-like endorphins that can provide a sense of calmness, not to mention work off all that turkey, stuffing, and pumpkin pie you gobbled down.
- **Strength in Numbers**—Sometimes it's good to know you're not alone. Sharing your thoughts with a friend or acquaintance who might also be down in the dumps can be cathartic and get both of you headed down the path of happiness again.

Remember, the hardest part of starting anew is getting started.

- **Jot it Down**—Start by writing down some of the things you'd like to accomplish. It could be something simple you'd like to do each month but have never been able to make time for, like reading a good book.
- **Get Organized**—Clutter can be a contributor to stress and anxiety. How many times have you felt overwhelmed when trying to find something on a messy, cluttered desk or in a room? Whether it's getting rid of old home office files or clothes in a closet, decluttering a room can brighten and lighten your mental and physical load.
- **It's All About You**—Remember, the hardest part of starting anew is getting started. Don't try and take on too much. Even small accomplishments can have a positive impact on your health and well-being.

If you believe you need professional psychological services, it's important to verify that the psychologist has a current, valid license. A license ensures the psychologist has met stringent educational and experience standards and passed comprehensive examinations. It also shows he or she has passed a criminal background check.

You can verify a psychologist's license status by calling the Board of Psychology at (916) 574-7720 or by looking it up on the Board's website (www.psychology.ca.gov). Click on the "License Verification" link.

For more information about depression and holiday stress or to find a psychologist, visit the APA Help Center. And, follow the APA Help Center at www.apa.org/helpcenter/.



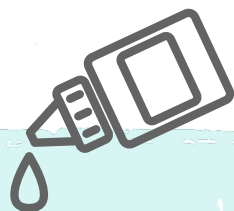
acuity, abnormalities, and the diagnosis of visual changes. Optometrists diagnose, treat, and manage these visual changes through prescribing medication for some eye diseases or by prescribing and dispensing corrective lenses such as eyeglasses or contact lenses. Optometrists are licensed by the California State Board of Optometry.

Opticians: Opticians, or spectacle and contact lens dispensers, fit and dispense glasses and contacts according to the prescription from an ophthalmologist or optometrist. They do not test vision or write prescriptions for visual correction, and are not permitted to diagnose or treat eye diseases. Opticians are registered by the California State Board of Optometry.

Before making an appointment with an eye care professional, check their license or registration status. You can check online via board websites: Medical Board of California at www.mbc.ca.gov, Osteopathic Medical Board at www.ombc.ca.gov, and California State Board of Optometry at www.optometry.ca.gov.



Optometrists primarily provide vision care through comprehensive eye examinations to determine the overall health of the eye, visual acuity, abnormalities, and the diagnosis of visual changes.



AMORE ENVIRONMENTALLY FRIENDLY EXIT

California becomes the 15th state to legalize liquid cremation

By **June Vargas**
Consumer Connection staff

Californians, you now have a third option—beyond burial and cremation—when it comes to what to do with your physical body after you die.

You can now go down the drain. Part of you, anyway.

On October 15, Governor Brown signed Assembly Bill 967 into law, making California the 15th state to legalize the disposal of human remains using the process of alkaline hydrolysis, or liquid cremation.

The method has been used legally for years at the University of California, Los Angeles (UCLA), to dispose of the remains of people who donate their bodies to science via its Donated Body Program. UCLA, however, isn't regulated by the Cemetery and Funeral Bureau (CFB). The new law, which goes into effect on January 1, 2020, requires any facility performing alkaline hydrolysis to obtain a business license from CFB to operate. A licensed crematory manager may be designated as a hydrolysis facility manager after demonstrating to CFB that he or she has had proper certification, training, and understanding of the Business and Professions and Health and Safety Code sections related to hydrolysis.

"It gives [consumers] another [option] to choose from besides burial or [traditional] cremation," says CFB Chief Lisa Moore.

This is how it works: A body is placed inside a large pressurized tank with a hatch on one end that looks like something you might see inside a submarine. An alkaline chemical compound (usually sodium hydroxide, potassium hydroxide, or a combination of the two) is combined with water in the tank and heated to approximately 302 degrees Fahrenheit for three to four hours. Temperature, time, and amount of solution vary with the equipment and composition of the person. What is left behind is a brown,

A body is placed inside a large pressurized tank with a hatch on one end that looks like something you might see inside a submarine.



Dean Fisher, Director of the Donated Body Program at UCLA, shows off the Resomator machine, which strips the bones clean. The bones are then pulverized and can be placed into an urn, just like in flame cremation. Photos courtesy of MOVI Inc.

sterile, soapy liquid that can be poured into a sewer system. The chemical used ensures that nothing—not even DNA—survives. Left behind on the tray are bones, which are pulverized and can be put into an urn, just like in flame cremation, and medical devices, such as pacemakers, implants, etc., and fillings or crowns, some of which have metals that can be recycled. Other less expensive, nonpressurized hydrolysis machines take longer to dissolve a body.

According to the National Funeral Directors Association, in 2015, cremation was predicted to pass traditional burial as the preferred method of disposition for the first time in history. Why? Cemeteries are running out of space, and burial costs are getting more expensive, making cremation a more economical choice.

Cremation by fire or by water—which is greener? Proponents of hydrolysis claim that traditional cremation methods contribute to pollution by producing carbon emissions; inorganic materials, such as mercury tooth fillings, also heat up, emitting toxic chemicals into the air. Proponents also claim the environmental benefits of hydrolysis are significant; the process leaves a carbon footprint that's about a tenth of that caused by burning bodies—plus, it uses a fraction of the energy of a standard cremator and releases no fumes.

Opponents say the process uses too much water—hydrolysis uses about 300 gallons per corpse. Assembly Member Todd Gloria, the author of the bill, told *Scientific American* that's a drop in the bucket. "If every Californian who dies in one year used water cremation, it would amount to 64 million gallons of water for that year. One L.A. water treatment plant uses more than 500 million gallons in a day."

Hydrolysis is more expensive than traditional cremation—at least for the time being. Depending on location, funeral homes typically charge an extra \$150–\$500 for water versus flame cremation, something that may eventually change as more businesses offer the service and it becomes more common.

The list of pros and cons continues beyond economy and ecology. Some consumers feel that hydrolysis is gentler—it's more comforting to think of a deceased loved one being placed into a whirlpool bath rather than being burned or buried. Some can't get past the "yuck factor" of a body being dissolved and going into the sewer.

Gloria, however, doesn't see anything yucky about it. "I plan to be cremated [via alkaline hydrolysis]. It would be poetic if I could take advantage of my own bill."



MATTRESSES MADE SIMPLE

With so many options, it's best to study before shopping

By **Ryan Jones**
Consumer Connection staff

There have never been more options available to consumers in the market for a new mattress, but wading through so much information can make buying a mattress confusing and overwhelming.

Prices range from surprisingly cheap to hard-to-believe expensive. There are different styles of construction, different thicknesses, different densities—foams and springs and air levels. And industry jargon, lots of industry jargon: from “off-gassing” to “Euro-top.”

Experts, however, say a lot of manufacturer gimmicks and industry-speak can be largely ignored when looking for a quality mattress at a reasonable price.


Most of the mattresses on the market are among the following types:

Memory foam. Made of polyurethane, memory foam softens and conforms to the body, and

springs back to its original shape when you get up. It's often recommended for those who suffer from back or joint pain. *Consumer Reports* notes that a common complaint among those surveyed who use memory foam mattresses is it “sleeps hot.” Another effect of the form-fitting foam can be difficulty shifting positions while sleeping. Some memory foam mattresses come with infused gel, which is designed to keep it cool.

Be aware that new foam mattresses can give off a chemical-like smell when taken out of packaging and should be allowed to “breathe” (or off-gassed) until the scent dissipates. The smell is caused by a large group of chemicals common in many products and doesn't last long.

Innerspring. This is the classic mattress with metal coils inside and is the least expensive. There are many types of innerspring mattresses, including those with layers of cushioning, a pillow-top, or Euro-top (which is similar to a pillow-top but includes a firm edge). Hybrid innerspring mattresses have one or more layers of foam on top of the coils. Individual or “pocketed” coil innerspring mattresses are designed to reduce movement felt from other areas of the bed.



Adjustable air. These mattresses use air as a supportive core with materials such as foam or other cushioning on top as a comfort layer. The air core's firmness can be adjusted with an electric pump that is attached to the bed. Most of these allow you to inflate individual halves for sleep partners who prefer different degrees of support. Potential negatives for this style of mattress include noise or mechanical issues associated with the pump.

Latex. Latex mattresses have become increasingly popular, particularly among those consumers who want a natural, "green" product (latex is derived from rubber trees). Latex mattresses are manufactured using either Dunlop or Talalay processing. Generally, Dunlop mattresses are firmer while Talalay products are softer and springier. Latex mattresses can be all-natural, synthetic, or a blend of the two. All-natural, or organic, latex mattresses are more expensive—sometimes much more—than synthetic or blended products.

Shopping for a mattress used to automatically mean going to a department store or chain mattress store, but that no longer holds true. Warehouse stores and a burgeoning online marketplace give consumers many more options.

Comparison shopping is nearly impossible when searching for a mattress. If you find a mattress you like at a department store, odds are very small you will find that same mattress at a chain store or warehouse for price comparisons. When mattress makers sell models at chain stores or department stores, they are for proprietary lines exclusively.

For testing purposes, *Consumer Reports* said it went to three bedding chains and asked for mattresses similar to those it had purchased at three department stores. Five of the six were "way off the mark."

When shopping for a mattress, first and foremost, industry experts agree, be prepared to lie on the mattress you're considering for at least 10 minutes. Make yourself comfortable and lie the way you most often sleep (on your back, on your side, etc.), and don't be intimidated by a pushy salesperson who may be rushing or upselling you.

Testing a mattress is obviously not possible when buying from an online retailer that delivers the bedding to your doorstep. Thoroughly checking return policies is critical, but particularly when buying online. The vast majority of retailers, including traditional stores, now allow mattress returns—often dubbed a "comfort guarantee"—up to three or four months after the purchase.

Online retailers will pick up a returned mattress for free, although CNBC and *The New York Times* each reported in tests a broad range of just a few days to a month for pickup. With brick-and-mortar returns, ask who will be responsible for the effort and cost of getting the mattress back to the store, and be aware that many outlets charge a restocking or processing fee (10 to 15 percent is typical).

While many consumers may not be comfortable haggling unless they're at a flea market, negotiating at chain mattress stores is commonplace. Large markups allow them to have frequent sales and also give them flexibility to negotiate. *Consumer Reports* recommends insisting on a sale price no matter what time of year it is.

Quality mattresses are not cheap and there is the potential for sticker shock. But if you take into account you are likely to spend about one-third of your time in bed, it's an investment that should pay healthy dividends.

To check the license status of a mattress retailer or to file a complaint, visit the Bureau of Electronic and Appliance Repair, Home Furnishings and Thermal Insulation website at www.bearhfti.ca.gov.

HOW TO DISPOSE OF YOUR OLD MATTRESS

A big trade-off when ordering a mattress online and having it delivered to your home is not having your old mattress taken away. Brick-and-mortar retailers will typically remove your old mattress when they deliver a new one. For a fee, some online retailers will take away your old mattress or arrange for a third party to take it away.

If you get stuck with an old mattress, it can be dropped off for free at a collection site that participates in California's used mattress recycling

program (Bye Bye Mattress), which took effect January 1, 2016. The program was established to divert the foam, steel springs, and wood frames from used mattresses away from landfills to recycling facilities that can repurpose it into useful products such as carpet padding and landscaping mulch.

To find a mattress collection site, recycling facility, or collection event, visit byebyemattress.com.

Women's Health and Hormone Replacement Therapy

Reconsideration of safety and effectiveness concerns

By **Laura Kujubu**
Consumer Connection staff



Hot flashes, insomnia, thinning bones, and depression—these are just some of the possible symptoms women experience before, during, and after menopause. And since the 1940s, many women treated their symptoms with different forms of hormone replacement therapy (HRT).

That practice dropped dramatically following the release of the groundbreaking, highly publicized Women's Health Initiative (WHI) study, launched in 1991. After that, many women, and even health care providers, equated HRT with an increased risk of serious illnesses such as cancer or heart disease. According to the North American Menopause Society, the use of estrogen dropped by 71 percent from 2001 to 2009.

However, a recent study published in September in the *Journal of the American Medical Association (JAMA)* seems to contradict some of the findings of the earlier WHI trials. According to Dr. JoAnn Manson, the study's lead author and chief of the division of preventive medicine at Brigham and Women's Hospital in Boston, using hormones had "no net effect on serious and life-threatening outcomes," including dying from heart disease or breast cancer. Manson says that younger women can consider HRT for menopause symptom management to treat symptoms such as hot flashes.

It's easy to see why the earlier study done by WHI was taken so seriously and continues to influence the acceptance of HRT. WHI, sponsored by the

National Institutes of Health, consisted of a pool of more than 160,000 postmenopausal women with an average age of 63. The goal was to analyze the long-term use of hormones to address heart disease, cancer, and osteoporosis in postmenopausal women.

The study divided women into two groups: One group was given a combination of progestin and estrogen therapy, and the second group was given estrogen alone. The first trial ended in 2002 after it was found there was an increased risk for invasive breast cancer, and the second trial ended in 2004 after evidence found it increased the risk of stroke in participants.

But it wasn't all negative; the WHI trials also found health benefits with HRT. For instance, taking the combination of progestin plus estrogen lowered the risk for endometrial cancer, colorectal cancer, and hip and vertebral fractures. Taking estrogen alone resulted in a lower risk of invasive breast cancer and a lower risk for hip and vertebral fractures.

In addition to WHI's complex results, another complicating factor was that the average age of the study's participants was 63. Health risks, such as stroke, heart disease, and cancer, increase with age; therefore, most of the participants were already at higher risk for certain diseases and conditions. This resulted in a misinterpretation of the study regarding menopausal symptom management for younger women (the average age of the onset of menopause is 51 years old).



When deciding whether to start HRT, consult your doctor to analyze factors such as your age, medical history, family's medical history, and current health status.

Bear in mind, however, the purpose of the WHI study was not to examine HRT's effectiveness with menopause symptoms such as hot flashes, usually experienced at the beginning stages of menopause. The goal was to analyze and determine the common causes of illnesses in postmenopausal women.

The new study published in *JAMA*, while not as large as WHI, involved a pool of more than 27,000 women, ages 50 to 79, who did hormone therapy for five to seven years, and examined the death rates over an 18-year period. Here are additional findings of the follow-up study regarding HRT:

- Lowered mortality rates for ages 50 to 59 by 31 percent for women using estrogen alone or estrogen with progestin.
- Decreased breast cancer deaths for those taking estrogen alone.
- Lowered by 26 percent the number of deaths from Alzheimer's disease and other forms of dementia when taking estrogen alone.

Despite all the encouraging evidence, the study's lead author does warn that the results do not cancel out possible individual risks, and emphasizes that HRT should not be used to prevent chronic diseases such as cancer, dementia, or heart disease.

When deciding whether to start HRT, consult your doctor to analyze factors such as your age,

medical history, family's medical history, and current health status. (You can check the license of a doctor on the Medical Board of California's website at www.mbc.ca.gov.) The North American Menopause Association has a free mobile app, MenoPro, for healthcare providers and patients to help them work together to make treatment decisions based on one's preferences, medical history, and risk factors.

If you decide to start HRT, discuss the dosage level and how long to do the therapy with your doctor. The U.S. Food and Drug Administration (FDA) recommends using them at the lowest dosage and for the shortest time possible. The FDA also recommends you check in with your doctor every three to six months to see if you still need to take them.

In the end, it's still your choice. Take an active role in the decision-making process with your doctor, be your own advocate, and weigh personal risks and benefits to see what makes the most sense for you.

RESOURCES

The North American Menopause Society:
www.menopause.org

U.S. Food and Drug Administration: www.fda.gov

National Institutes of Health, Women's Health Initiative: www.nhlbi.nih.gov/whi/index.html

the Next Generation of

Football Helmets



The VICIS Zero1 helmet uses multilayered technology to absorb impact forces.

High-tech headgear designed to reduce concussion risk

By **Ryan Jones**
Consumer Connection staff

It is now widely known that athletes of all ages are at risk of a concussion when they play a contact sport. This heightened awareness of athletic concussions and potential brain injuries, their long-term consequences, and the treatment they require can be traced to football and its frequent high-impact collisions.

The frequency and severity of concussions in football in general and the National Football League (NFL), specifically, have come under intense scrutiny. The NFL—understanding the threat to the health of its players and sensing a sea change in public opinion that could undermine the league’s popularity (and profitability) long-term—has responded with a widespread effort to make the sport safer.

A major component of that push for safety is helmet technology, improving the only piece of equipment that protects a player’s skull from all of those collisions. Last year, the NFL announced it would spend \$100 million on a concussion initiative, with \$60 million going toward technology innovation and \$40 million for medical research.

After decades of football helmets being largely unchanged structurally, helmet technology is beginning to catch up. A new high-tech helmet made its debut this season in the NFL. About 70 players throughout the league are wearing a helmet from VICIS Inc., a Seattle startup company that received millions in funding through the NFL’s innovation program, according to *Sports Illustrated*. Players from a handful of college teams are also using the helmet.

After the NFL spent the past few years testing dozens of helmet concepts designed to help

protect players, the VICIS Zero1—which looks like a typical helmet but is drastically different underneath its outer shell—rated highest in safety. The VICIS helmet has a pliable outer shell similar to a car bumper that is designed to absorb impact forces, with a harder shell closer to the skull. Connecting the two shells are hundreds of small interior columns that can shift in multiple directions. That is particularly important in reducing rotational (rather than straight-line) forces.

“Think of the current helmets like old cars, all made of steel,” VICIS CEO Dave Marver told *The Washington*

Post in September. “They get in a collision and they’re rigid. The passenger continues to move forward. Today’s cars, though, have bumpers that crumple, that slow acceleration before they reach the passenger compartment.”

Other technological advances have come from Riddell and Schutt, which make roughly 90 percent of the helmets used in the NFL. Riddell uses 3D scanning to custom-fit helmets, as well as imbedded sensors that alert sideline staff when major impacts happen during a game or practice. The latest helmets from Schutt feature “Tektonic” plates that move independently to mitigate impacts, as well as a liner intended to diffuse rotational energy.

All helmet manufacturers are careful not to claim their newest products will prevent concussions. Rather, they say the improved technology reduces the severity of collision impacts for the head and brain.

Another major component of the NFL’s safety campaign is several rule changes in recent years, including penalizing players who make helmet-to-helmet tackles, lead with their head when tackling, and hit a “defenseless” player (who can’t see the hit coming).

WHY NOW?

The need for the NFL to do whatever it can to better protect its players is acute. Research points to severe long-term health effects for those exposed to repeated head trauma, including


chronic traumatic encephalopathy, known as CTE. The disease is marked by memory loss, confusion, impaired judgment, aggression, depression, and anxiety.

CTE was found in 99 percent of deceased NFL players’ brains that were donated to scientific research (110 out of 111 former pro players), according to a study published in 2017 in the medical journal *JAMA*.

CTE can only be formally diagnosed with an autopsy, and most cases have involved military veterans or those who played contact sports, particularly football, researchers found.

“There’s no question that there’s a problem in football, that people who play football are at risk for this disease,” Dr. Ann McKee, director of Boston University’s CTE center and co-author of the study, told CNN in July. “And we urgently need to find answers for not just football players, but veterans and other individuals exposed to head trauma.”

Out of a total of 202 deceased former football players—high school, college, and professional



After decades of football helmets being largely unchanged structurally, helmet technology is beginning to catch up.

players—CTE was diagnosed in 177, the study showed.

PARENTS, YOUTH LEAGUES RESPOND

Research on the prevention and treatment of concussions has ramifications well beyond the NFL, particularly in sports such as boxing, mixed martial arts, hockey, rugby, and lacrosse. Many youth soccer leagues have outlawed heading the ball.

According to the American Osteopathic Association (AOA), more than 300,000 sports-related concussions occur annually in the U.S., and parents are thinking twice about allowing their children to play contact sports because of the risk of head injuries.

A Harris Poll online survey in March 2017 conducted on behalf of AOA asked 1,000 U.S. parents whether they allow or plan to allow their children to play sports given the risk of concussion: 51 percent said yes, while 33 percent said it depends on the sport. The remaining 16 percent of parents ruled out sports for their kids because of concussion risks.

Initial concussion symptoms include dizziness, headaches, and fatigue. Long-term, concussions may cause negative emotional and cognitive changes. Anyone who suspects they or their child have had a concussion should be evaluated by a doctor. The status of a doctor's license in California can be verified on the Medical Board of California's website (www.mbc.ca.gov).

Medical experts say it's critical that all symptoms completely subside before an athlete starts to practice or compete again, and research has shown there is a degenerative, cumulative effect when an athlete has multiple concussions. It is not unusual for concussion symptoms to emerge days after a blow to the head.

Helmet technology is only one piece of the complicated puzzle that

is sports-related brain injuries, but improving the helmets used by players in the NFL—the most popular, high-profile professional sports league in the U.S.—may go a long way toward widespread improvements in headgear worn by athletes of all ages in many sports.

RESOURCES

Brain Injury Research Institute:
www.protectthebrain.org

Journal of the American Medical Association:
<https://jamanetwork.com>

American Osteopathic Association:
www.osteopathic.org

Mayo Clinic: www.mayoclinic.org





GROWING BUREAU PREPARES FOR UPCOMING LICENSING

Cannabis control creates committee, new look, and new regulations

By *Laurel Goddard*
Consumer Connection staff

The California Bureau of Cannabis Control has been extremely busy in recent months preparing for state licensing of adult-use cannabis, beginning January 1.

As you might imagine, starting up a new regulatory entity is complicated, with many important details to attend to before nonmedicinal cannabis products can legally be sold for the first time to the general adult population. Preparations included hosting licensing workshops for potential applicants, developing regulations, establishing a new look and name for the bureau, putting together an advisory committee, and much more. Here are a few of the highlights:

NEW PROPOSED REGULATIONS

The Medicinal and Adult-Use Cannabis Regulation and Safety Act was approved in June 2017, creating one regulatory system for both medicinal and adult-use cannabis. As a result, the Bureau was forced to rescind its proposed regulations for medical cannabis in September and replace them with new proposed regulations for legal adult use,

followed by a public comment period. For updates, check the website at www.bcc.ca.gov.

Regulations typically take a relatively long time before they're put into action. But because commercial cannabis licenses will be issued beginning January 1, 2018, the licensing authorities will use a shorter emergency rulemaking process for the new proposed regulations, which were published in November 2017 (See links, page 15).

LICENSING WORKSHOPS

The Bureau hosted three public licensing workshops in October, providing information and resources to people who might be planning to apply for state commercial cannabis licenses. The Bureau was joined by other state and local agencies at each workshop including the California Department of Public Health (CDPH), the California Department of Food and Agriculture (CDFA), and the California Department of Tax and Fee Administration (CDTFA). The workshops included an open house where people obtained information from and asked questions of different state and local agencies.

Didn't get the chance to visit any of the recent public licensing workshops? Fear not—the Bureau recorded the October 13 Riverside event and it can be viewed on the County of Riverside's Meetings on Demand Meeting Portal (fast forward to the 11:21 time mark on the October 13 Special Meeting link).

For additional information about the Bureau of Cannabis Control, or to subscribe to email alerts to hear about updates as they become available, visit www.bcc.ca.gov. For information on all three



licensing authorities, visit the state's cannabis web portal at cannabis.ca.gov.

NEW JOBS

A burgeoning Bureau means more job opportunities. To see them, visit www.jobs.ca.gov and click on the “advanced search” button and search for “Department of Consumer Affairs” jobs.

The Bureau expects to have 60 employees by the end of 2017 and potentially as many as 100 more positions for 2018. The other two agencies hiring because of the new cannabis regulations are CDFA, which regulates marijuana growing operations, and CDPH, which is responsible for manufactured products.

NEW LOOK AND FEEL

The Bureau recently completed its rebranding effort. Its new rebranded image features the launch of an upgraded website, a refined California cannabis web portal, and a newly created Instagram page at <https://www.instagram.com/bureauofcannabiscontrol/>.

The Bureau's website, www.bcc.ca.gov, has been overhauled to provide the public with new resources and updated information regarding upcoming regulations and licensing applications. In addition, California's cannabis web portal, cannabis.ca.gov, has been updated with new information and resources from the state's three main licensing agencies for commercial cannabis. The portal's home page now features a countdown timer to symbolize the official moment when temporary commercial licenses will be issued.

The Bureau's Facebook handle has been changed to [@bccinfo.dca](https://www.facebook.com/bccinfo.dca) as part of the official rebrand. The new Twitter handle is [@bccinfo_dca](https://twitter.com/bccinfo_dca). Each social media page's profile picture has been upgraded to feature the Bureau's new logo.



**BUREAU OF
CANNABIS
CONTROL**
CALIFORNIA

ADVISORY COMMITTEE NAMED

In early October, the Department of Consumer Affairs announced the members of the state's new Cannabis Advisory Committee under the Bureau of Cannabis Control (see below). The committee held its first meeting November 16, 2017, in Sacramento.

The committee advises the Bureau and the other licensing authorities—CDFA and CDPH—on the development of regulations that help protect public health and safety and reduce the illegal market for cannabis.

“The Department received hundreds of qualified applications for the committee and reviewed all of them during the selection process,” said Department of Consumer Affairs (DCA) Director Dean R. Grafilo. “These individuals represent the diverse backgrounds of California and the cannabis industry and have the necessary experience to make the committee successful.”

The members appointed by DCA's Director:

- **Avis Bulbulyan**, CEO, SIVA Enterprises / President, Los Angeles Cannabis Task Force
- **Timmen Cermak**, M.D., Psychiatrist, California Society of Addiction Medicine
- **Matt Clifford**, California Water Project Attorney, Trout Unlimited
- **Bill Dombrowski**, President and CEO, California Retailers Association
- **Jeffrey P. Ferro**, Director, Cannabis Workers Rising / Executive Assistant to the Director of Organizing, United Food and Commercial Workers International Union
- **Kristin Heidelberg-Teramoto**, International Representative / Cannabis Division Director, Teamsters
- **Eric Hirata**, Chief Deputy Director, Department of Alcoholic Beverage Control
- **Alice A. Huffman**, President, California Hawaii NAACP
- **Catherine Jacobson**, Director of Clinical Research, Tilray Global
- **Arnold S. Leff**, M.D., REHS, County Health Officer, Santa Cruz County
- **Kristin Lynch**, Deputy Executive Director, Service Employees International Union, Local 1021

- **Kristin Nevedal**, Chief Compliance Officer, Sunfed Inc. / Chair, International Cannabis Farmers Association
- **Joe Nicchitta**, Cannabis Management Officer, Office of Cannabis Management, Los Angeles County
- **LaVonne Peck**, Owner, Native Network Consulting
- **Matt Rahn**, Mayor Pro-Tem, City of Temecula
- **Keith Stephenson**, Founder and CEO, Purple Heart
- **James W. Sweeney**, Consultant, James W. Sweeney & Associates
- **Tamar Todd**, Legal Director, Drug Policy Alliance
- **Helena Williams**, Captain, Drug Evaluation & Classification Program, California Highway Patrol
- **David Woolsey**, Sergeant, Division of Medical Marijuana Control, San Jose Police Department
- **Ben Wu**, Chief Operating Officer, Kush Bottles
- **Beverly Yu**, Policy Analyst, United Domestic Workers / AFSCME Local 3930

Committee members serve at the pleasure of DCA's Director. They are not paid, but will be reimbursed for any necessary travel for approved advisory committee meetings.

LINKS TO NEW REGULATIONS

Proposed emergency regulations for all three state cannabis licensing authorities can be found at the following links:

Bureau of Cannabis Control:

www.bcc.ca.gov/law_regs/bcc_prop_text_reg.pdf

www.bcc.ca.gov/law_regs/bcc_fact_sheet.pdf

CA Department of Food and Agriculture:

www.bcc.ca.gov/law_regs/cdfa_prop_text_emerg_reg.pdf

www.bcc.ca.gov/law_regs/cdfa_fact_sheet.pdf

CA Department of Public Health:

http://www.bcc.ca.gov/law_regs/cdph_prop_text_emerg_reg.pdf

http://www.bcc.ca.gov/law_regs/cdph_sum_emerg_reg.pdf



ADULT USE: WHAT'S LEGAL?

- Under California law, adults 21 or older can use, carry, and grow cannabis.
- Buying cannabis (without a current physician's recommendation or a county-issued medical cannabis identification card) will become legal for adults 21 or older January 1, 2018.
- Use of medicinal cannabis is legal if you have a current physician's recommendation or a valid county issued medical cannabis identification card. To buy medicinal cannabis, you must be 18 or older and have either a physician's recommendation, a valid county-issued medical cannabis identification card, or be a "primary caregiver" as defined in Health and Safety Code Section 11362.7(d).
- You can consume cannabis on private property, but property owners and landlords may ban the use and possession of cannabis on their properties.

WHAT'S NOT LEGAL?

- You cannot consume or possess cannabis on federal lands like national parks, even if the park is in California.
- You cannot consume, smoke, eat or vape cannabis in public places.
- It is illegal to take your cannabis across state lines, even if you are traveling to another state where cannabis is legal.

Additional information can be found on the California Department of Public Health's "Let's Talk Cannabis" portion of its website, at www.cdph.ca.gov, which shares science-based information to increase awareness about how cannabis affects our bodies, minds, and health.

IS THERE ACTUALLY POWER IN A POWER POSE?



Recent studies dispute previous claims

By **Michelle Cave**
Consumer Connection staff

Posing like a superhero can help increase your confidence before asking your boss for a raise—according to a study earlier this decade. However, new research weakens that stance, so to speak.

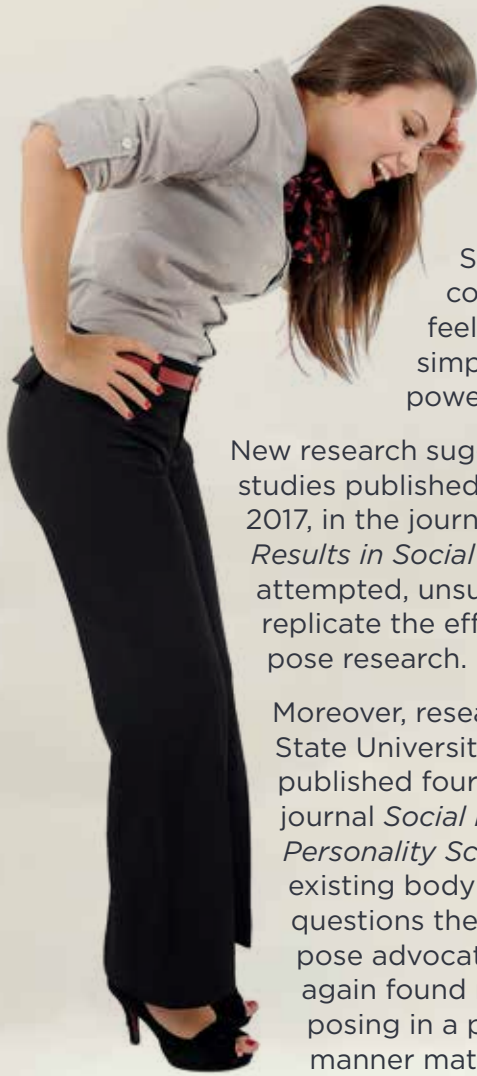
A study published in *Psychological Science* (Carney, Cuddy, & Yap, 2010) claimed that a person could embody power and become more confident in one minute merely by assuming one of two poses: leaning back in a chair with feet up on the desk and hands behind the head, or standing while leaning forward with hands on the desk or chair.

The theory behind the 2010 study was that humans, like animals, display power and dominance through expansive nonverbal displays such as taking up more physical space to appear larger versus poses that are more closed and contractive, thereby taking up less space and expressing powerlessness.

For example, by standing or sitting and taking up as much space as possible through opening or stretching one's limbs, the notion is that the "power pose" would cause an increase in testosterone, a hormone that can make the individual feel more powerful or ready for action (e.g., before asking for a salary increase).

Conversely, sitting or standing in a manner in which one's limbs are folded or held tightly together is the opposite of the "power pose" and was thought to lower the testosterone level and increase cortisol, a hormone associated with stress.





Psychologists refer to these poses as open posture and closed posture, respectively.

So, is gaining confidence and feeling powerful as simple as striking a powerful pose?

New research suggests it's not. Seven studies published online on June 28, 2017, in the journal *Comprehensive Results in Social Psychology*, attempted, unsuccessfully, to replicate the effects of the power pose research.

Moreover, researchers at Michigan State University recently published four new studies in the journal *Social Psychological and Personality Science*, joining the existing body of research that questions the claims by power-pose advocates. Their work again found no evidence that posing in a physically expansive manner mattered.

Interestingly, joining these researchers is one of the original study's authors Dana Carney, who published a document on her website titled "My Position on 'Power Poses.'" She has since changed her perspective on the original theory stating "... I do not believe that 'power pose' effects are real."



So, although science now says you can't increase your confidence by standing like a superhero, perhaps you can take a tip from your favorite Marvel or DC Comics character—and pretend for a little while.

So, although science now says you can't increase your confidence by standing like a superhero, perhaps you can take a tip from your favorite Marvel or DC Comics character—and pretend for a little while.

If you or someone you know needs assistance with increasing or maintaining confidence during personal or professional interactions, a therapist licensed through the California Department of Consumer Affairs' Board of Psychology or Board of Behavioral Sciences can help. Visit www.psychology.ca.gov or www.bbs.ca.gov to search for a licensed professional near you.





IS YOUR SALON SAFE?

DCA's Board of Barbering and Cosmetology works to make sure it is

By **Laurel Goddard**
Consumer Connection staff

Many of us visit barbershops and salons for pampering and grooming services without realizing there could be risks. In reality, our health depends on the safety and infection control procedures used by the barbers, cosmetologists, and other salon service professionals to whom we entrust the care of our hair, skin, and nails.

The Board of Barbering and Cosmetology's (Board's) mission is to ensure the health and safety of California consumers by promoting ethical standards and enforcing the laws of the barbering and beauty industry. This includes licensing and regulating establishments and the technicians working for them.

That's why the Board conducts a public education campaign called "CASafeSalon" (#CASafeSalon) to re-emphasize the importance of salon safety and infection control with customers and salon employees. CASafeSalon also includes messaging components that address workers' rights.

HEALTH RISKS

Risks associated with the transmission of dangerous bacteria or viruses within an establishment could present a very real and dangerous threat to an unaware consumer. Diseases and health problems such as cellulitis, fungal and viral infections, hepatitis C, and methicillin-resistant staphylococcus aureus (MRSA) can be transmitted through client contact, contaminated utensils, or improper disinfection procedures. For example, pedicure foot spas—by law—must be properly disinfected between clients. The Board previously has dealt with outbreaks of bacterial infections spread by dirty foot spas.

INFECTION PROTECTIONS



The Board offers the following tips for consumers to help them stay safe and avoid an infection:

- Before your visit, verify the establishment's license at www.barbercosmo.ca.gov by using the "License Search" button. You can check if it is current and if it has any disciplinary actions against it. Unlicensed shops tend to avoid the costs in both supplies and time that proper disinfection takes.
- When you arrive for your service, look for the establishment's current license—it should be plainly visible in the reception area.
- Make sure each person providing service also has a current license displayed at his or her workstation. This includes barbers, cosmetologists, electrologists, estheticians, manicurists, and apprentices.
- Each tool must first be washed with soap and water, then immersed for a specified period of time in a disinfectant registered with the U.S. Environmental Protection Agency, then stored in a clean, closed container labeled "clean." Tools that can't be disinfected (such as buffers, nail files or cotton balls) must be thrown away after each use.
- Before a pedicure, ask to see the foot spa cleaning log. It should note when the basin you're about to put your feet in was last cleaned and disinfected.
- Consumers with pre-existing health conditions should exercise additional care when receiving services in any salon. Compromised immune systems make easy targets for infection.

WORKER PROTECTIONS



The Board works to ensure all licensees and consumers have a safe salon or shop experience, and actively promotes workers' rights education as part of its CASafeSalon campaign.

Workers in every state have certain defined rights that cannot be violated, including the right to a minimum wage, safe working conditions, and reasonable breaks.

"Workers' rights help ensure that all employees are treated lawfully, paid a minimum wage, and not subjected to any form of harassment within the workplace," said Board Executive Officer Kristy Underwood. "We are casting the information net far and wide."



*Many of us visit
barbershops and salons for
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To that end, the Board held two public town hall events in the fall to educate its licensees on workers' rights and responsibilities. They were held in conjunction with the California Department of Industrial Relations Labor Commissioner's Office, the California Employment Development Department, and the California Department of Industrial Relations Division of Occupational Safety and Health and covered topics such as understanding your worker classification, appropriately informing and paying your employees, how to create a safe and healthy workplace, and other details establishment owners need to know to stay in compliance with the labor laws.

The Board also introduced and handed out its publication *Know Your Worker's Rights*, which highlights some basic workers' rights as well as what to do and whom to contact if you are not receiving those rights.

Spanish and Vietnamese interpreters were provided during question and answer sessions, and the events were also videotaped for viewing on the Board's website.

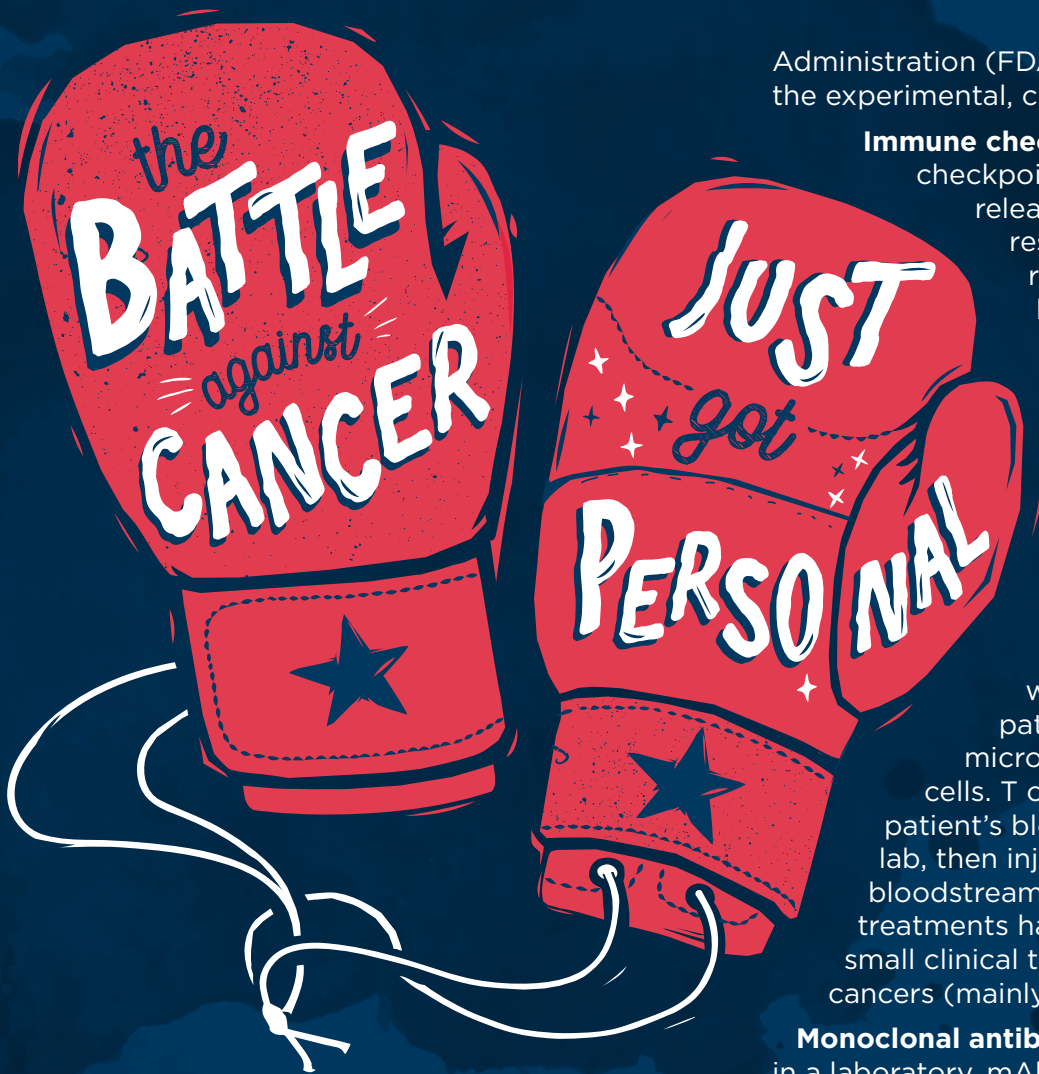
See more licensee and consumer tips in the Board's CASafeSalon collection of short videos at www.barbercosmo.ca.gov/consumers/bbc_videos.shtml.

CLIENT PROTECTIONS

In 2017, the Legislature expanded consumer protections with the passage of Assembly Bill (AB) 326.

Existing law requires the Board to develop a health and safety course for its licensees on hazardous substances and basic labor laws. AB 326, starting July 1, 2019, requires the health and safety course to also cover physical and sexual abuse awareness and authorizes the Board to promote this awareness through all forms of communication. The abuse includes domestic violence, sexual assault, human trafficking, and elder abuse.

For more information, visit www.barbercosmo.com.



Immunotherapy uses patients' own immune systems to attack cancer cells

By **Laura Kujubu**
Consumer Connection staff

The ongoing fight against cancer may be slightly tilting toward the positive. Recent, promising advances in immunotherapy are taking cancer treatments to the next level, revealing encouraging results for a variety of cancers.

Using a patient's own immune system, immunotherapy can strategically attack cancer cells. According to the National Cancer Institute (NCI), a major reason why cancer cells survive and multiply is because they're able to stay hidden from our immune systems. To combat this effect, some immunotherapies work against cancer by marking cancer cells, making it easier for the immune system to detect and destroy them. Other immunotherapy treatments can strengthen the immune system to better recognize and fight against the disease.

There are many types of immunotherapies—several have been approved by the U.S. Food and Drug

Administration (FDA), and numerous others are in the experimental, clinical trial stage. They include:

Immune checkpoint inhibitors. Immune checkpoint inhibitor drugs work to release the natural brakes that restrain immune cells. As a result, the immune system can better identify and kill cancer cells. Several of these drugs are FDA-approved, such as Yervoy and Keytruda, which treat advanced melanoma, and Opdivo, which treats advanced melanoma and advanced lung cancer.

Adoptive cell transfer (ACT). ACT treatment can boost the ability of T cells—white blood cells that attack pathogens, or disease-causing microorganisms—to destroy cancer cells. T cells are removed from a patient's blood, genetically modified in a lab, then injected back into the patient's bloodstream. According to NCI, ACT treatments have been successful in several small clinical trials for patients with advanced cancers (mainly melanoma and blood cancers).

Monoclonal antibodies (mAbs). Also man-made in a laboratory, mAbs drugs work as substitute antibodies to restore or enhance an immune system to destroy cancer cells. The use of mAbs—also known as targeted therapy—can target specific parts of a cancer cell and recruit other parts of a patient's immune system to help. The FDA has approved many mAbs to treat certain cancers, and there are also clinical trials for other versions.

Cancer treatment vaccines. The vaccines are created from a cancer patient's own tumor cells, which then are put back into the patient's body to start an immune response against the cancer. FDA-approved Provenge for metastatic prostate cancer and other treatment vaccines are in clinical trials to treat cancers such as brain, breast, and lung.

Although the successes of immunotherapy against cancer are promising, there's still plenty of work that needs to be done to better harness its use.

Unfortunately, at this point, immunotherapy does not work for many patients; depending on the type of cancer and tumor, it only works in about 20 to 40 percent of cases. Also, to make it more effective, researchers are trying to hone in on when and how best to combine immunotherapy with

other cancer treatments such as radiation, chemotherapy and surgery. For example, the immunotherapy drug Keytruda, which is the checkpoint inhibitor drug, was successfully combined with surgery and radiation to treat the patient's stage 4 melanoma. Two years after the treatment, his cancer shows no signs of relapse after it had already spread to his liver and brain.

Cost is another limiting factor. Some immunotherapies are priced at more than \$100,000 per year, and not all treatments are covered by insurance. In one of the most

Although the successes of immunotherapy against cancer are promising, there's still plenty of work that needs to be done to better harness its use.

extreme cases, the cost for Novartis' Kymriah, which treats leukemia, is \$475,000 for the one-time treatment. However, Novartis, in collaboration with the U.S. Centers for Medicare and Medicaid Services, is taking an

outcome-based approach to their pricing for children and young adults: The patient is not charged if they don't respond to the medicine by the end of the first month.

Side effects of immunotherapy are generally more tolerable than chemotherapy and radiation; however, they can range from bothersome to dangerous. Side effects include rashes, fatigue, nausea, lung inflammation, joint pain and chronic arthritis.

More research and years are ahead to strengthen the effectiveness of cancer immunotherapy, but the progress made so far has been startling, with accompanying hope that has not been felt in decades.



THE UNDERUSED RESOURCE: CLINICAL TRIALS

Clinical trials are research studies that investigate new strategies to prevent or treat a disease. According to a report published in July 2017 by PhRMA in partnership with the American Cancer Society Action Network, more than 240 new immunotherapy-cancer treatments and vaccines are currently in clinical trials or awaiting U.S. Food and Drug Administration (FDA) review.

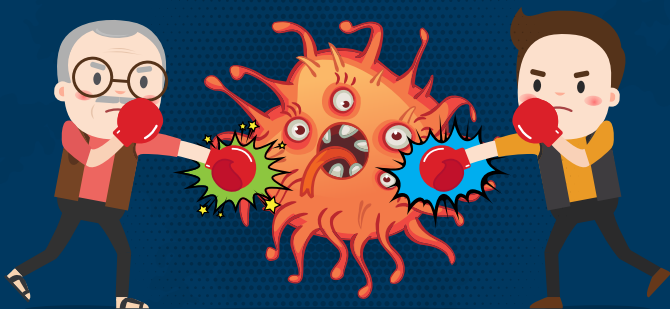
Surprisingly, however, few patients participate in trials; only 3 to 6 percent of cancer patients eligible for clinical trials participate, according to the Cancer Research Institute. Participation is particularly low for certain populations, such as adults ages 75 and over and those from certain racial and ethnic groups.

One deterrent for patients may be cost. The patient could be responsible for paying to take part in a trial if it's not covered by their insurance. However, sometimes costs, even travel costs, are covered by the sponsor of the study.

Another deterrent: fear. Patients may feel clinical trials are risky. However, according to the Cancer Research Institute, immunotherapy clinical trials are generally safe. Plus, the side effects are less than with traditional cancer treatments such as chemotherapy.

By participating in a clinical trial, you not only have access to potentially life-saving treatment, but can provide support in the faster development and approval of immunotherapy drugs, according to the Cancer Research Institute.

If you have questions about trials, ask your doctor (always check the status of your doctor's license on the Medical Board of California's website at www.mbc.ca.gov). To get more information or to find a clinical trial, visit the U.S. National Library of Medicine's website at www.clinicaltrials.gov or the Cancer Research Institute's website at www.cancerresearch.org.



COME TOGETHER, RIGHT NOW



Seniors get connected online

By *June Vargas*
Consumer Connection staff

In the 1960s and '70s, baby boomers came together—for Woodstock, to protest the Vietnam War, and for civil rights, among other causes. Plus, there was that Beatles song.

But now, members of the boomer generation are turning 65—at a rate of 10,000 per day, according to AARP. And, for a variety of reasons, many boomers (born between 1945 and 1963) no longer feel as together as they once did. AARP President Lisa Marsh Ryerson says that as many as 40 percent of adults age 65 or older feel isolated and lonely—both of which can cause mental and/or health problems if not addressed.

But a wide range of technology that many boomers might have previously dismissed as being frivolous is allowing them to stay socially engaged, get help if needed, and, most importantly, live independently in their own homes for a longer period of time than their predecessors.



In other words, they can live alone without being alone.

Findings from a recent Stanford University study (published in the *Journals of Gerontology, Series B, Oxford Academic*) show that use of cellphones and computers is linked to higher levels of mental and physical health in seniors 80 and over. This group, dubbed “the oldest old,” found that they love the tech life. “Using tech to connect with loved ones was related to higher life satisfaction, lower loneliness and general attainment of meaningful goals—being happy, being independent,” researcher Tamara Sims of the Stanford Center on Longevity told the *Santa Cruz Sentinel* in a 2016 interview.

Things such as planning dinners and get-togethers, making appointments, keeping in touch with family and friends, checking medical results, and shopping are now easier if and/or when going out is difficult.

Seniors who participated in the Stanford study said that they would like to have tech tools that are a little easier to use. All the bells and whistles that come with digital devices can be intimidating.

A little training can go a long way. In a year-long study at San Francisco’s Curry Senior Center, 17 seniors were given iPads, Fitbits, and digital scales to not only monitor their health, but also to teach them how to socialize online. Instructor Angela Di Martino introduced her students to a variety of social media tools. Their favorites? Skype and FaceTime for chatting and Messenger for photos.

The National Council on Aging (NCOA) also conducted a two-year tablet program; the trick was to find an app that got the user hooked so they would want to learn how to navigate online. For example, one former taxi driver loved Google Maps; he had a great time visiting the streets on his old route. For another participant, a former B-movie actress, the hook was YouTube—where she found her old film clips.

Across the studies, seniors seemed to prefer a tablet to a smartphone or computer. Preferences such as voice command over mouse or keyboard were a favorite as well as size—tablets can fit into a small living space. Plus, Susan Stiles of NCOA says a tablet “doesn’t feel like a weighty object. It really feels like a book.”

Seniors who participated in the Stanford study said that they would like to have tech tools that are a little easier to use. All the bells and whistles that come with digital devices can be intimidating.

Encouragement doesn’t hurt, either. Recently, the AARP Foundation launched Connect2Affect, a resource portal for seniors and caregivers encouraging seniors to get online, and its AARP Academy features free online tutorials in smartphone, tablet, and social media use, and finding jobs online.

Connecting is key; Connect2Affect calls isolation and its effects a “growing health epidemic” among older adults. Social isolation can be as harmful for seniors as smoking 15 cigarettes per day and can lead to higher rates of chronic disease, depression, dementia and death.

According to the Connect2Affect website:

- 17 percent of adults age 65 and older are isolated
- 26 percent have an increased risk of death due to subjective feeling of loneliness
- 51 percent of people age 75 and older live alone

Can you tell if a senior is suffering the effects of isolation? Are you a person who is 65 or older? Do you know if you are at risk? Connect2Affect has some tools that can help. Caregivers and family can take the How Much Do You Know About Isolation and Older Adults? quiz, and seniors can take the online self-assessment test. If you feel that you or a loved one needs help, you may want to consider making an appointment with a professional, such as a therapist or psychologist, licensed by the Board of Behavioral Sciences or the State Board of Psychology.

Or, you may want to start a revolution by encouraging a senior to hitch a ride on the digital highway.



EXECUTIVE OFFICER SPOTLIGHT:

REBECCA MAY, CHIEF PROFESSIONAL FIDUCIARIES BUREAU

By *Joyia Emard*
Consumer Connection staff

Rebecca May is the new Bureau Chief of the California Department of Consumer Affairs' (DCA's) Professional Fiduciaries Bureau (PFB). The Bureau licenses and regulates professional fiduciaries, who are entrusted property or power for the benefit of another.

A professional fiduciary serves vulnerable populations—such as the elderly, minors, and those who can no longer care for themselves—and is a neutral and objective party who provides overall care for a client. That care can include banking, bill paying, estate management, fiduciary accounting, tax preparation and payment, household upkeep and maintenance, and the management of services such as medical care and insurance needs.

We recently sat down with Rebecca, who was appointed by Governor Brown in May, to learn more about her and the Bureau.

Where did you grow up and go to school?

I am originally from Southern California but have been in Sacramento for almost 20 years. I am a proud graduate of the University of California, Santa Barbara. Go Gauchos!

What path did you take that led you to DCA?

Working at DCA has been a culmination of my professional experience. I began my career working for California State Assembly Member Lou Correa years ago. He chaired the Assembly Business and Professions Committee. Working there was my first exposure to policy surrounding licensure; it interested me right away, particularly because it's not generally a partisan issue. A few years later, I was hired as a consultant for that same committee where I worked for five years. I would have stayed there forever, but I had the opportunity to work in the Governor's Appointments Unit. Working for Governor Brown was one of the greatest highlights of my career.

As much as I loved working in the Governor's office, I jumped at the chance to work at DCA, where protecting consumers is what we do every day. I started in the executive office working on board and bureau relations before joining the legislative unit where I analyzed proposed legislation, made recommendations, and drafted reports that would eventually go to the Governor's office. I enjoyed writing about policy.

What do you like about working for DCA?

Consumer protection touches us all. We all visit licensed professionals from time to time, and DCA ensures that we have recourse if something goes wrong. There are many talented and dedicated employees at DCA and I am proud to be part of this team.

Why did you want to be the Chief of PFB?

Writing about policy is great, but being Bureau Chief provides me a more tangible and direct way to protect consumers. The Bureau ensures that our most vulnerable populations—the elderly, the incapacitated, the disabled, and minors—can depend on the licensed fiduciaries who serve them.

What is your vision for the Bureau?

We are a lean, mean machine. We have a small number of licensees and I want to grow our licensee numbers by increasing our visibility through outreach. I think there is a need for more professional fiduciaries and I would like to help promote it as a career option. People aren't aware that this career is available for those who have the right training, skills, and mindset.

What would you like consumers to know about PFB?

The Bureau's mission is to serve consumers—they are our No. 1 priority. It is what we do, and I think we succeed at it.

A professional fiduciary serves vulnerable populations—such as the elderly, minors, and those who can no longer care for themselves—and is a neutral and objective party who provides overall care for a client.


What is your personal mantra or motto to live by?

My personal mantra is to not let the perfect get in the way of the good. Reminding myself of this helps me battle procrastination. I don't necessarily need to get it all done perfectly and immediately, but I do need to start!

What advice would you give to a younger you?

I would take younger Rebecca by the shoulders, give her a gentle shake and say, you are stronger and more capable than you think. Do not doubt yourself.

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