



The Value Of Health Coaches In Managing Alzheimer's Risk

**Dr. Heather Sandison, N.D. interviewing
Lisa Feiner, MBA, M.Ed., NBC-HWC and
Nancy Weiser, MBA, NBC-HWC**



Dr. Heather Sandison, N.D.

Welcome back to the Reverse Alzheimer's Summit. I'm your host, Dr. Heather Sandison. I am absolutely thrilled to have Lisa Feiner and Nancy Weiser joining us today. Lisa is a board-certified health coach and wellness coach, and co-founder and chair of Sharp Again Naturally. Over the past 20 years, she has worked with clients with a wide range of health issues. During the same period, Lisa has been on the board of a nonprofit nursing and healthcare system. In 2011 when she first learned about individuals diagnosed with dementia, who had recovered their cognition, it made sense that the rise in Alzheimer's disease was due to changes in diet, lifestyle, and the environment. Only after SAN was founded, was Lisa's father diagnosed with Lewy body dementia.

Lisa writes and speaks about the causes of memory loss and how we can all take better care of our bodies and minds to live life well into old age. Nancy is the founder of Weiser Choices and vice chair of Sharp Again Naturally, and provides health and wellness coaching for individuals, executives, and families. Her holistic approach combines practical life-changing nutritional practices with guidance and support relating to exercise, stress management, and lifestyle. Nancy turned to SAN when a family member began suffering from cognitive decline. She attended workshops to deepen her training, to help her family and her clients. Nancy has been featured in the New York Times and has made multiple guest appearances on Martha Stewart Living Radio and AM1490 WGCH. Nancy is a featured



speaker in the documentary Bought. She speaks to varied audiences, including corporate, parent, philanthropic, community, and senior groups. Nancy and Lisa, thank you so much for joining us. I can see why you guys are totally aligned and I'm so excited to have this conversation.

Lisa Feiner, MBA, MED

Well, we're thrilled to be here. And Hopefully provide a little bit of a different perspective.

Dr. Heather Sandison, N.D.

Yeah, so you guys are both health coaches and tell me what exactly is health coaching and how do you work with the senior population and those at risk or struggling with dementia?

Lisa Feiner, MBA, MED

So health coaches work in a very different way than many other practitioners that patients would see. We consider them our clients and they really, you know, know themselves better than we could ever know them. We have a lot of respect for our clients and really take our direction from them, you know, what their goals are. We help to see if they're, you know, ready to make some of the changes that they might want make. And then really with small steps, smart goals, if you will, but small steps, we help them work toward their goals. And we're really there to support them. I think that's the most important thing. We have the time that the doctors usually don't have to spend. You know, if a doctor will say, for example, you know, you really need to lose 50 pounds or you really should exercise more. A health coach will help them do that. Think about how they want to do that. What type of exercise do they enjoy doing? When are they gonna do it? How often? So we really try to break it down and make it manageable for them. Nancy, do you have something to add.

Nancy Weiser

That is very comprehensive and I would say, yes, it's support, but it's also guidance and accountability. So we do offer some information that we know would be helpful to people along the way. And then we really do, as Lisa intimated, we do partner really with the



person. And in the case of people with cognitive decline, depending upon where they are on that journey with the people who care for them to work out what is the best baby step program that can get them toward their goals of hopefully preventing cognitive decline, or reversing it if it's in its early enough stages, or just even having it stay the course and not progress if it's much further along. So that is what we do and I think we do a good job while we educate the broader public in general with all, you know, the webinars and the educating that we try to have. Hopefully people will not go down this road, but as we know, this is a major issue in our country and all over the world right now.

Dr. Heather Sandison, N.D.

Certainly I can speak to that from the clinician's perspective. The patients that I see do the best are the ones that can most comprehensively incorporate all of the different components of the treatment plan. And when you're working with someone who's cognitively, you know, they don't have the full capacity asking them to change their diet, change the way they shop, change the way they exercise, that can just be insurmountable at times. And having a team of health coaches, the family members, health coaches, whoever it is that can check in, and like you said, partner, hold them accountable, help them with the baby steps, the smart goals. I think I would love if you kind of dove into that a little bit more, Lisa, because I think that nugget's so valuable of how to create goals that are attainable. Do you mind kind of sharing at least a little bit more, or if they have an example of working with a client who you've done that with?

Lisa Feiner, MBA, MED

Sure. So first of all, I think it's really important when people have any level of cognitive decline for us to help determine, okay, is it only them who is our client? Because you have to be pretty intact cognitively to be able to plan and, you know, help create the steps, but then follow through on your own. So a lot of times we have more than one client. It could be the client who has cognitive impairment and a family member or a caregiver or a spouse. So we're always looking at who the client is, how motivated are they and how compliant will they be with what's being recommended. And frankly, if the client



themselves has no ability to really follow through and be motivated, if they're only doing it to appease someone else, it may not have the same kind of effect than someone who we would typically work with who was able to follow through themselves. But in terms of your question, let me defer this to Nancy, because Nancy's recently worked with somebody who had cognitive decline. And it would be great for her to share some of those small steps that she worked out with this client.

Nancy Weiser

That's okay with you?

Dr. Heather Sandison, N.D.

Please.

Nancy Weiser

Okay, so with this client, I think the key was to realize that in this case, yes, she was experiencing some forgetfulness as she likes to call it. But the real client was actually her son who wasn't suffering from cognitive decline. He is actually an adult autistic person who is her son and lives in her home. And so the stress of that situation and what goes into the caregiving and management of him was really so stressful for her that her own cognition was starting to decline as she was in her earliest sixties.

So getting to try to work on his nutrition, his program from an outside perspective, to try to get, you know, honestly his blood sugar stabilized so that some of his behavior like his sleep would become stable enough so that she could get sleep because sleep is such an important component of having your cognition be intact. So in this case, he would keep her up literally all night. And we basically fixed that by fixing what it is that he ate. And he lost 35 pounds so far, and she began losing weight after we'd been working together for a number of months once his situation was more stable. And then guess what, all of a sudden, the weight just started to come off and the forgetfulness reversed. And she said she noticed little things like she know how it says on the shampoo bottle to lather, rinse



and repeat. Well, she would never remember if she had done it once or twice. And then that's how she knew she was better 'cause she remembered that she'd actually already done it once like that. So that's a small example, but it says she was coming back the more we improved his situation. So there is, we like to say, there's a ripple effect, or as Lisa said, who's the client. So she was referring to most cases where you have a client who's experiencing let's say cognitive decline, but you have their spouse, or you have their adult children, or you have their caregivers. In this case, I had the child of the client who was not actually my client, but the whole family unit becomes my client as do honestly the caregivers for that person. So now I'm working with, well, what, you know, I have to now be literally speaking with them about what's going into his program so we can all be working together as a team. So it bubbles, it ripples, however you wanna look at this. This is not a one off with one person. This is a series of discussions, a lot of handholding, and a lot of accountability spread out over a period of time that, again, a medical practitioner would not have the time to do that. And it's not even in their evoke set. It's not what they do, it's what we do.

Dr. Heather Sandison, N.D.

Right, you've been really well-trained to specifically understand how to, you know, motivate people, find that internal motivation versus just like, okay, are you compliant or, you know. But what, what fires you up, what's gonna get you the rewards that keeps you going.

Nancy Weiser

And what gets in your way that we can get you home.

Dr. Heather Sandison, N.D.

Right.

Nancy Weiser

You know, if that wasn't in your way, well, then yes, you'd be eating this and doing that. So we have to find out what are those obstacles.



Lisa Feiner, MBA, MED

I wanna add one more thing that Nancy didn't mention, which is this client had been to many, many doctors for help with her son. You know, her son-

Nancy Weiser

over a 20 year period.

Lisa Feiner, MBA, MED

Yes, he's not a young boy, he's-

Nancy Weiser

No, no, no, he's adult.

Lisa Feiner, MBA, MED

Right. And so I just think it's, you know, to just to point out what can be achieved through health coaching, partnering with doctors, but working, like Nancy said, in the weeds with a client, getting to know them deeply, you really can affect change in a much different way because you're paying attention to, as Nancy said, the obstacles. What's really getting in the way of this, you know, mom being healthy herself. and also her son? Like what was really getting in the way. And Nancy was able to help her figure that out and make these small changes, changes to the diet, changes to time management in the home, setting boundaries, you know, things that are part of our lifestyles that, you know, you don't even think necessarily of going to a medical practitioner for, but something that a health coach can really help you with.

Dr. Heather Sandison, N.D.

That really changes the trajectory of your health over decades, right? Like maybe it's a small change about where you shop or how you shop or how you manage your time, but over 10, 20, 30 years, that's the difference between getting Alzheimer's or not?



Nancy Weiser

Yes, it is. Yes, it is.

Dr. Heather Sandison, N.D.

So you guys were sharing an astounding and really heartbreaking statistic before we started recording. Was it that six time, wait, caregivers are six times more likely to end up with a diagnosis of dementia if they're caring for someone in their lifetime. And that just is crazy to me, that it increases your risk to care for someone you love, it increases your risk that much. And so I have a thousand questions based on just learning that statistic alone. But let's just start with like, okay, what do we do about it? How can we reduce that risk somewhat?

Lisa Feiner, MBA, MED

So well, first of all is understanding why, right? Why would that be the case? So if you look at the causes of memory loss and dementia, you know, and Sharp Again Naturally, on our website we have our list of 10 to 12 reversible causes of dementia. Many of those, you know, they worsen in a caregiving situation. So for example, you may be used to getting exercise, but if you're caring for somebody who doesn't exercise, for example, very hard to get out of the house and find the time to do that. If that person isn't sleeping well and you may know, I mean, I'm sure many people who are listening know that, you know, people with dementia are up at night. They can kind of reverse their hours.

So what does that do to the caregiver? That caregiver is not getting that much sleep. And we know, we just saw it in the paper this week, the big study that came out showing that people who don't sleep well in mid-life are really on their way to dementia 20 years later. So like you said earlier, a lot of these things start happening years before. If somebody who you're caring for doesn't have a wide palette and doesn't eat a lot of different foods, how much time do you have really for food preparation. So you may not be eating as well. So a lot of the things, you know, nutrition, exercise, stress levels are much higher.



Nancy Weiser

That's very, very important.

Lisa Feiner, MBA, MED

Right, that's critical. I mean, and there are many other things, but you're not getting as much social interaction. Maybe people have started to come by the house because, you know, you're caring for somebody who can't interact very much. I mean, it takes a lot. Old friendships and people and family members who really care to stick with a person who has dementia and is willing to keep visiting even if they're not getting a lot back. So the Nancy may have other examples and other reasons, but those are a few of the reasons why you might have a higher likelihood of developing dementia if you're caring for someone.

Dr. Heather Sandison, N.D.

It basically sounds like you could go down that list that you have on your website of what are the causes, what are the reversible causes. And if you're a caregiver, you basically just inherently check almost every one of them.

Lisa Feiner, MBA, MED

A lot of them, unfortunately.

Nancy Weiser

Yeah, and you know, there's caregivers, and then there's also a statistic that says someone who the spouse or partner of someone who gets Alzheimer's or dementia has a 60% likelihood of getting it.

Dr. Heather Sandison, N.D.

Which in my medical mind, I go, what are they being exposed to? You know, what's-

Nancy Weiser



Well, that's but in-

Dr. Heather Sandison, N.D.

What are they eating?

Nancy Weiser

Well, it could be that they lived in a house for 45 years with mold together. They're eating a processed food diet together in their house with mold, you know, one or the other, or both. And that, you know, they've had the same whatever financial or family stresses or whatever they shared a life. So they've shared many of the risk factors as well. And then the stress of caring for a spouse who has it, you know, it really regardless of the resources is so debilitating to the other person. The person who has cognitive decline sometimes is, you know, not as affected by the stress.

Dr. Heather Sandison, N.D.

Right, right. Here at Marama at the Residential Care Facility, what we've seen is it's been beautiful, but it's the opposite is that there have been residents here who come in kind of unaware, right? They're not keeping track of their finances, they're not keeping track of a lot of their relationships. And then all of a sudden they sort of reawakened and they go, "Wait, who's keeping track of my finances. I'm not contributing. What's going on. Like, what about the house? Who's taking care of the yard?" And as they come back into that awareness, we need to make sure there's a therapist around who can help them kinda sort that out. So absolutely the stress of like the incapacity is often absent, right. When you are that incapacitated.

Nancy Weiser

That's what I'm saying.

Dr. Heather Sandison, N.D.

Yeah.



Nancy Weiser

And the other person-

Lisa Feiner, MBA, MED

This is a wonderful new problem to have.

Dr. Heather Sandison, N.D.

Right.

Lisa Feiner, MBA, MED

We never had this before, where people were getting better from their dementia, or memory loss, or Alzheimer's however they diagnosed. And Frankly, the diagnosis is less important than the symptoms, right? And we have to help reorient them into their lives, which is what you were saying. You know, it would be helpful to have a therapist for. It's a nice problem to have in a way.

Dr. Heather Sandison, N.D.

Completely, we were celebrating at the same time and chatting an entirely new territory of like, "Oh, wait, we've gotta have this additional support here and start expecting this." 'Cause we've seen it a handful of times now that as people come back into their awareness, the stressors come back with it. And we know that those stressors don't help anyone.

Nancy Weiser

I liked tell you to call it a reawakening. No, I mean, that was beautiful. That was really beautifully said, that was great.

Dr. Heather Sandison, N.D.

So again, I wanna go back to this risk of being a caregiver, because I think it gets missed so often when we're talking about reversing Alzheimer's, we're so focused on the patient,



right? And I'll own this as a doctor. I'm like I'm so focused on the patient and getting them better and getting all the information that we need to make the right decisions. And sometimes what gets left out is the person that's caregiving for them, the person that is taking on those additional tasks and all of it, whether it's paying the mortgage or doing the grocery shopping, or, you know, taking care of the other generations. And so how to balance all of this and mitigate some of that additional risk?

Lisa Feiner, MBA, MED

So I think there is some ways that the caregiver can do this in the home with the person. And then there are some suggestions for getting some help, maybe even if it's only a few hours a week where the caregiver can either get out and exercise or socialize or do some other things that will support their health and wellbeing. But in the home, I think if we just start with something basic like nutrition. I mean, we give talks on nutrition, and brain health all the time. So you're looking at the foods that support brain health and trying to incorporate more of those into the diet of both the caregiver and the person with the memory issues. So, you know, many more omega-3s and that smash fish that Nancy always talks about, you know, the salmon, and the mackerel, and the anchovies, and the sardines and the herring, you know-

Dr. Heather Sandison, N.D.

Awesome, you got it.

Lisa Feiner, MBA, MED

Well, very rich, you know, in our omega-3s And, you know, some nuts and seeds and maybe some coconut. We're introducing all these things and helping eliminate some of the other foods that can really contribute to brain fog and not thinking so clearly. So all the refined foods and simple sugars, and grains for some people are really problematic. And so that would be the first step is to work on the diet. And then, you know, exercise is so key. I know that, you know, if I even look at my father and the trajectory that he's undergone, when he was moving more, he was definitely more with it. And as he's had, unfortunately he's



broken the same hip twice, and now he no longer is capable of walking. We've seen a real decline now he's almost 96. So, you know, it's not necessarily surprising, but he was in pretty good shape before that. And the lack of movement I think is very problematic. So especially for the caregiver, they need to make sure that they keep up their exercise routine. And, you know, it's great if you've got the TV on, and maybe you can, you know, have the person with memory loss occupied for a little bit, if you've had a stationary bike or you have just another means of exercising, or like I said earlier, you know, having somebody come into the house to stay with the person so that the caregiver can get out. And, you know, for a lot of different reasons, it's so it's so important.

Nancy Weiser

And if you do have some resources, I mean, just so you know, both of my parents, my dad passed away last August and had had Alzheimer's and my mother has it now. So I've been through this and as I alluded to in my bio, I've been through it personally as well as professionally. But if you can do, it's a really great thing to be able to have a personal trainer come in as an activity for the person with cognitive decline. And the other person can do it too. Everybody can do it together. You're getting, you know, two for one or more depending on how many people do it.

But that is so important. I know with my own father, like Lisa's father, when the knees went and the walking slow down and eventually stopped, things decline. So if you can have a professional in there and, you know, everyone's deciding how to allocate resources, I think it goes from being something that's a nice to have that really is something closer to a need to have. And I, you know, even my mother now really can barely move and can't walk anymore, but I still have the trainer coming to literally to move her so that her body is being moved by another person now. And it's tremendously helpful, the days she's there versus the day she's not. So depending upon where your resources are, you wanna think about how to allocate things. You know, everybody has choices they need to make, but that's a good one that you may have thought it was a luxury or an indulgence before, really isn't when you get to this stage.



Dr. Heather Sandison, N.D.

One of the other things that comes up, that stands in the way for some of the families I've worked with is a feeling of guilt. Like if I get somebody else to come in and take care of mom or dad, then I'm not the one doing it. And really I'm the best person to do that. And so I think just giving someone permission that, no, it's okay, and it's actually what's best for everyone if you get some help is helpful. Have you run into that?

Lisa Feiner, MBA, MED

Yeah, you know, it's interesting what you're saying because it makes me think of, you know, you're in the airplane and you wanna put on your own oxygen mask first before you find your someone else tilted or whatever, you know, it does the person who's ill no good if the caregiver isn't functional, you know, isn't fully able to be there, or is resentful, or has very high stress levels. Like we really want to help that caregiver stay as kind of even as possible, as engaged in life as possible, as mentally sound as possible. And, you know, I think that's why COVID, for a lot of people, has been so challenging because it was all of these other restraints put on top of what was already a difficult situation.

Dr. Heather Sandison, N.D.

For sure.

Lisa Feiner, MBA, MED

And, you know, as much as you can, it's great to get somebody with memory loss in a car, driving around with you. They love to look out the window. My father used to read all the signs, you know, as we passed them by.

Nancy Weiser

That's exactly what my mother does. She reads all the signs.



Lisa Feiner, MBA, MED

But it was engaging, you know, I mean, I just can speak for my dad. He loved going out and just being taken-

Nancy Weiser

That's the same thing with my mom, yeah.

Lisa Feiner, MBA, MED

Yeah, being taken somewhere. So getting out is important for both, you know, even going to the mall, walking around a mall for 15 minutes to a half hour and then coming home, it was a big outing often for someone. But it can really be stimulating. And it's that mental stimulation, which is one of the things on our list, very important. And, you know, TV tends not to be so mentally stimulating. So we have to look for other things, you know, whether it's looking at old photographs and telling stories about their lives, you know, 40, 50 years ago. Trying to just engage them in different ways is very helpful. And it can be pleasurable for both. That tends to be a very low stress kind of activity.

Nancy Weiser

And it can be very bonding. My mother has a copy from 1955 of Herman Wouk, Marjorie Morningstar, and it's a 550 page book. And, you know, I go and read it. It's dense, I read 10 pages at a time. And I say, "Mom, do you remember this?" And she does, and she loves it. When I say I'm gonna come back tomorrow and read again. And she says, "I think that's a good idea." So it's a completely different kind of thing than watching television. And then it's nice time also for the caregiver where the caregiver is not just doing caregivers. you know, you're doing caregiving, you are engaging as well.

Lisa Feiner, MBA, MED

Right.



Dr. Heather Sandison, N.D.

Nancy, I'm curious if you have any advice for how to communicate most effectively with someone who has Alzheimer's? So, you know, they're often repeating themselves, asking the same question and that can be irritating. What advice do you have for-

Nancy Weiser

Well, there's two parts to that. There's the communicating and there's the irritating. You said two things in there, right? Right, that's two great question, right? So the communicating part is just obviously a lot of patients, a lot of like, you know, sort of pretending to yourself, No, I didn't answer that question five minutes ago and I just answered it the same way again, 'cause that's really all I can do, and, you know, know that this is not something that person can control. And, just patients, smiling, happy that they're engaging at all, that they're appreciative of that.

And then the irritating part, like that's what we segue back to the self care and what can you do, and what can you do if you can't get out that often? And, you know, if the person you're caring for is let's say taking a nap, you can maybe do some meditation, things like that, where you can moderate or modify for yourself how much you are affected by things that are either actually irritating or potentially irritating, and sort of just make a conscious decision that this is where I am right now, this is where my partner or a person is, and I'm gonna make sure to take care of myself by making sure I breathe.

Lisa Feiner, MBA, MED

Yeah, breathing's good.

Nancy Weiser

Yeah, breathing good. So breathing can do a lot. But, you know, doing it in some kind of a more formal way, maybe an app on your phone with some meditation, or again, some yoga things that you could do if you have the space of a yoga mat in somebody's home or in your



own home to make sure that even when you are actively caregiving, you're there for the person, you're the person on call in charge, but at the same time like you're not actually engaged in personal care or feeding the person 24/7. So there is plenty of time for you to read, breathe, meditate, do yoga. If you sort of take advantage of it and do those things. Connect with a friend on Zoom on your phone while you have 10 minutes here or there.

Lisa Feiner, MBA, MED

I have a couple of other things that I just wanted to mention. One is that communicating by touch with the elderly is very soothing for them. And whether that is, you know, hand massage with lotion or a foot massage or scalp or whatever, or just sometimes just holding their hand, it can be really a soothing kind of thing. And there was something else I was gonna mention, Nancy, when you were talking about doing all the activities, you know, oh yeah, it's good enough to have too much of an agenda. If the person you're caring for can be your agenda and you can be flexible and just redirecting is really helpful if the person gets agitated or, you know, doesn't wanna do something.

Like I remember one of my dad's caregivers would try to get him to take a shower. And always when she would mention it first, he would not want to, but she would keep asking him in a very calm way. And eventually she would get him to agree to do it. It took longer, right? Many of us are used to our fast-paced lives, but it goes back to like, what is your agenda? Like, I remember when we had to just make sure that there was only one thing on my dad's calendar a day that was perhaps a have-to-do, like a doctor's appointment or, you know, picking up something at the pharmacy. You had to, you know, make sure you got out to do that. It really helps not to have an agenda and to be able to just go with the flow a little bit.

Nancy Weiser

Yeah, I couldn't agree more. That's absolutely right.



Dr. Heather Sandison, N.D.

Yeah, it's really an art. We've seen it here at Marama with the caregivers who are so skilled in I think not taking things personally, right? And often we see that with couples. So this spouse will think, you know, he's just not listening to me when I tell him, and that's why he keeps repeating themselves and kind of taking it personally makes it an even bigger job to caregive for that person, because you're caught up in the emotion whereas the professional caregivers, it is such a good job maintaining that patience, that willingness to kind of go with the flow and shift the agenda.

Lisa Feiner, MBA, MED

Well, they're not emotionally invested in a way. And maybe for that reason, it's sometimes better not to have somebody from the family caregiving, but then again, those people do know the person best. And it's maybe a little bit of both is a good combination if you can afford it to have somebody come in a few hours a week. And, you know, I do think that the break is good for the caregiver anyway. I mean, most of the time, Nancy and I have both experienced this where, you know, you don't have one person caring for somebody every day, you know, seven days a week. You need to mix it up and have a variety of people, at least at least a couple. So, you know, you need to give people breaks.

Nancy Weiser

Yeah, for sure. And I agree with the part about the personal touch too. And that's one of the things actually that a personal trainer will also do. They'll do a little massaging and a lot of manipulation because the person becomes less mobile. And then just hand-holding same thing, little massages on those shoulders. That's all really nice for the actual client patient.

Dr. Heather Sandison, N.D.

So calming for the nervous system.

Nancy Weiser



Absolutely.

Dr. Heather Sandison, N.D.

I wanna shift gears a little bit and talk about the small group programs that you guys do. So again, I have a thousand questions about who signs up and what kind of results do you see? I'd imagine that this helps with the social aspect and reducing stress feeling like you're on a bit of a team, but I'm just imagining this. So dive in, tell me all the good stuff about these small group programs.

Lisa Feiner, MBA, MED

So the small group program we started last year, mainly because there were a group of us health coaches working with Sharp Again. And it was so clear that giving people information was not enough. We're really good at giving information and even giving people a list of tools, you know, things that they could do to get a better night's sleep, to eat better, to exercise, I mean. But we saw that there was a gap between what we were able to say in a webinar, let's say, and what people were actually doing.

Nancy Weiser

Or not doing

Lisa Feiner, MBA, MED

good point. So we started the small group program last year. We had our first beta in the spring and then our first formal group in the fall. And it brings together between six and eight individuals. And there's a little bit of a spread in terms of some people are just concerned about their own cognition. You know, maybe they've either noticed some memory lapses or they have dementia in their family, and they wanna get ahead of it, to people who have been diagnosed with like mild cognitive impairment. There are two health coaches usually in a group and they work to obviously foster a very comfortable environment for people so that they're not afraid to share, it's a very confidential group. And then they do some education, but also goal setting. You know, what do you wanna work on? It's typically things that are kind of the more basic lifestyle things like nutrition or



sleep or exercise, and they start there. And people share their experiences, how is it going? What's working, what isn't, you know, what happened that week? So people really do get the group as well as two individual sessions with the health coach in the beginning and at the end to help them feel comfortable entering the group. And then toward the end, trying to figure out, okay, so what are your next steps? You know, do you wanna go into another group or a gap program since we have a gap program between groups, or do you think you can take it from here, and, you know, what are you gonna continue to work on? So that just gives you a little bit of a flavor. Nancy, you wanna add anything to that?

Nancy Weiser

No, just, you know, we were doing a lot of educating for long time and I would be sitting there kind of yelling at Lisa, but we're not getting anybody well yet. We really need to get in there with people and get to know them as individuals, even if it's in a group, just still getting to know them as individuals versus standing up and lecturing to people or doing a webinar, which has its role, we wanna continue to do that, but it's not the like really. I like to just get in there and get, and if-

Lisa Feiner, MBA, MED

Not enough, it's not enough.

Nancy Weiser

Not enough, right. You need to really get to know people because each person is, we like to say, and from our nutrition training, a bio-individual in terms of their nutrition and what works for them. And then everyone has extenuating circumstances. You know, and who is the client? Is it your parents or your caregiver or your child? Is it your child who's, you know. That it's stresses in and of itself, like I was describing with my client in the beginning of the conversation. So like, that's what we do though, is unique to us, I really feel. And then if people wanna go deeper still, they can hire a health coach.

Dr. Heather Sandison, N.D.



That's great.

Nancy Weiser

Yeah.

Dr. Heather Sandison, N.D.

I had worried at Marama, it's definitely a group experience 'cause people are living in the building. And so we had worried a little bit that if we get someone who's more advanced, maybe that will scare the residents who are less advanced. And what we found is that, it's a really beautiful thing that takes over where the less advanced residents kind of care for the more advanced residents. And that gives them a sense of purpose. They almost feel like they can guide them through it. I don't know, have you seen a bit of that with your small groups that, you know, one person who's good at cooking or something will start to help somebody who's struggling in that area, does that ever come up?

Lisa Feiner, MBA, MED

You do see that. You know, it reminds me of the greenhouse model, which we had at the nursing home where people lived in these smaller households. And they aged in place. And so you would see residents helping each other or guiding each other. And I do think the same thing happens in a group like this. So with the small groups, some people just continue from one group to the next. And so you have people who are more experienced in the whole group process and learned over time.

And then you have new people who come in. And there is that sense of sharing information, you know, trying to normalize the process and bring them along, and also assure assurances about, you know, you can do this, you can get better. It's almost like you have a team supporting you as opposed to just one person. So the group environment, it's interesting. One of the doctors who is on our medical and dental advisory board, who runs a brain clinic says, "I can't offer that group experience. And I know it would be so helpful for some of our clients." You know, so she referred some people to us. And I do agree with Nancy. You know, it's really, what's unique about Sharp Again Naturally. I think we get it



from that grassroots level, working with people one-on-one and understanding the impact of that, of like Nancy said, you know, getting to know them really well, and then helping them, you know, navigate these challenges that they're facing, and giving them the confidence that they can overcome them and they can improve.

Nancy Weiser

The other thing that I wanted to add to that is that when people sign up for something like this, it's voluntary, right? So when you volunteer to put yourself in a situation like this, I can make the analogy a little bit to being a freshman in college. It's the only time when everybody is so open and vulnerable, because you don't yet know, like, who are the cool kids, right? Or who are the, you know, whatever, and you know, who came from where. It's just like everybody is decided to be here to share and to be in this supportive environment. So it kind of almost brings forth the best in everybody where they're trying to help each other. They're open to receiving all of these different kinds of messages from the leaders and from each other. So I think it is one of those unique circumstances in life where people are very willing to be quite vulnerable. You know, I've been on some of the calls 'cause I did some speaking in the beginning when we were doing this, when we started rolling this out. And people were just very, very forthright and transparent in a way you just don't normally get places. 'Cause it's like, what? Otherwise, what would be the point? What would have been the point of my signing up, showing up, paying money to do this if I wasn't going to actually let myself be vulnerable to get the greatest reward I could get from it? So I think in that respect, it is beautiful and it is helpful to people, which is where we wanna be.

Lisa Feiner, MBA, MED

And it's affordable. You know, I think that it's very hard to find constructive programs that are really there for therapeutic purposes to help improve cognition, but that are affordable. And, you know, we all know that a lot of the integrative functional medicine doctors, natural pace, I mean, they often don't take insurance. And so it's truly an investment for a lot of people. And, you know, Nancy always says, well, you can either pay the grocer now or pay the doctors later. But when people get to us, you know, they've probably not made some



good choices in that department over their lives, or they have other things that they need to work on. And so I think it's a win-win for everybody. The group environment provides so much, right? The stimulation, the social aspect, the information, the educational aspect, learning new things, the constructive, improving, you know, working toward a goal, and also it's affordable. So I think it it's just a good model. It seems like it's a good model for everybody. And it doesn't preclude people working, you know, with their doctors, but now they have an added source of help, you know, guidance, advising, sounding board.

Nancy Weiser

Support, support, support.

Lisa Feiner, MBA, MED

Yes, but they can go back to their doctors with questions that maybe they didn't even know to ask before.

Nancy Weiser

For sure, for sure, that is big, yeah.

Dr. Heather Sandison, N.D.

And go back to doctors and ask to measure their labs again so they can see the changes.

Nancy Weiser

That too, yeah.

Lisa Feiner, MBA, MED

Yes.

Dr. Heather Sandison, N.D.



So I'm curious from the health coaching perspective, if a client feels unable to make the recommended changes, they have some restriction or constraint that makes it feel too overwhelming, what are some strategies that you have?

Lisa Feiner, MBA, MED

You wanna start Nancy?

Nancy Weiser

I do wanna start, yeah. It is baby steps. So we kind of get clear. I get clear very quickly with people on the rate at which they're gonna go. And I always emphasize that this is about the direction and never about the pace. So I'm never about like the speed of change. It's just, is it going in the right direction? And I also tell people in the very first meeting that this is going to be three steps forward, two steps back, and you'll be one step ahead. And then we're gonna do it again. And when we do it again and we go three steps forward, two steps back again, now one plus one is two. So now you're two steps forward. And by the end of several months of working together, you'll be approximately 18 steps ahead, you know, like that. So I can explain to them that way and then say, you know, an example would be, let's just say I were to, you know, advise you to eat some quinoa. I might even give you the quinoa. I'm gonna do that with everybody 'cause not everybody should eat quinoa, I just wanna be clear about that. But let's just say, we wanna go from having Ritz crackers and cheese to something a little better.

And I say, "How about some quinoa?" And then we meet again in two weeks and I say, "How did it go with that box of quinoa?" And some people will say, "oh, it was great, I loved it, my family loved it, and I bought five more boxes." And I'll say, "Okay, great, now we're ready to talk about kale." Somebody else might say, "Oh, I didn't have time to make it." And I'll say, "Oh, well in two weeks, this requires boiling water, you didn't have time to make it. Peel apart the layers of the onion," and say, "What the heck was going on that you didn't have time in two weeks to boil water and make this quinoa?" I have to really find out what that is. And then go down that avenue to try to work around whatever that obstacle is. Someone else will say, "I burned it." And I'll say, "All right, this person doesn't know how to cook." So,



you know, I have to find out what that, and that will be again, individual for each person, what it is that's an obstacle or holding them back. I mean, whatever each person set of as you're calling them I think restrictions or limitations are, will be very, very different. Sometimes they may have a spouse or a partner, and that person might be getting in the way. I talked to someone today who suffers very much with her weight only to know that the husband suffers more. But with his weight and his heart standing, the guy, you know, these are people in their fifties. So we're gonna have to work through a big work around with respect to the husband and the daughter. And so sometimes it's relationships, sometimes is you burn the quinoa.

Lisa Feiner, MBA, MED

But you know, the whole point here with these small steps is to build confidence. So you meet the client, wherever they are. And you know, I think health coaches are really, really good at that. And then giving them the guidance to create these steps toward their goals, but that are manageable. And sometimes you have to make it really simple, but once they have a few wins and they they've achieved something and feel really good about it, then it starts to take on some momentum.

Nancy Weiser

And I would like to say that I agree with the confidence part. And then sometimes my role is to feed them back the confidence they already achieved. So if they already did something once and I know that I had just have to remind them, this was really hard when we did it the first time, but you already did it. You already started going for walks. Even if you stopped doing it now, you know, you can do it because you did it before. So you know you can start drinking water again, even if you stop doing it now, we can just start again. And that knowing that, you know, we're gonna get you on track, then you're gonna fall off the track, that I'm gonna help pull you back on the track.

And then I'm gonna teach you how to pull yourself back on the track. But knowing I did this one, I went to bed at 10 o'clock one night, I haven't yet, but all right. So if I did that, I would



know that I can do that and I can do it again. Then over time, there's a little zigzagging, a little back and forth, a little, you know, not doing it whatever we call that one, I'm losing the word there. And then once you do it, you can then start to really build that habit until then it becomes immutable. You know, if you really don't eat dairy and gluten, then you really don't anymore. And it doesn't matter that it's somebody's birthday and somebody brought over a cake, or that was the only thing to eat. Sorry, you know, I'll wait, I'll eat before, I have an apple in my bag. It really becomes really a habit. And then he's like, why would I wanna go back to feeling that way I felt before, I would not. So we build it from the confidence that Lisa was talking about. From the confidence comes to the habit.

Dr. Heather Sandison, N.D.

You really get some momentum going. So another thing that can come up, you know, these dementia kind of approaches to reversing it, they can feel pretty complicated. And there aren't always doctors around who have been trained by Dale Bredesen or, you know, who are IFM certified, whatever it is. So do you ever support clients who are not enrolled like with a doctor in reversing dementia, but where you can help them communicate with a conventional doctor covered by Medicare? Do you guys ever do that?

Lisa Feiner, MBA, MED

I mean, I do it a lot with my dad. Like I'm so used to doing it with him, but also with clients. I mean, we want to empower our clients to be able to advocate for themselves. Sometimes Nancy and I, you know, we've spoken about this, so I know we both do this. I'll get on the phone with either the doctor with the client's permission or with the client there too. So the three of us will be on the phone and coordinating treatment and care and direction. And I think that's really in the client's best interests. And they're typically on board. But a lot of times, you know, a traditionally trained doctor, if they're not familiar with the approach or the treatment for the causes of memory loss, many of them, I mean, I think Nancy had said this, they're just not trained in medical school to help a client with stress reduction or with, you know, nutrition or, you know, let's say toxins, right? There's a lot of people are suffering from chemical toxicity right now.



Nancy Weiser

Or relationship toxicity.

Lisa Feiner, MBA, MED

Right.

Nancy Weiser

No doctor is gonna be probably talking to you about that. I mean, yeah.

Lisa Feiner, MBA, MED

So, you know, I think that we, as health coaches can help to a certain degree and we also know what our scope of practice is.

Nancy Weiser

Absolutely.

Lisa Feiner, MBA, MED

So there will be times that we will refer for particular issues. But I think that there are so many things that are lifestyle based. And also that, you know, we know a lot about that we could direct the client. And look, I really think over this past year, we've learned that the telemedicine is quite effective, especially if the testing can be done locally and shared with the doctor that, you know, you can be talking to specialists, you know, somebody who treats Lyme disease or mold, or I don't know, it could be anything, a therapist, a trauma therapists, for instance, if somebody has had unresolved issues.

A lot of this can happen now over Zoom. And so there really has become a much needed tool. And so in that way, I think we can be useful too. And Sharp Again is building a professional referral directory so that we can be this resource for people to connect them with doctors and practitioners and in so many different areas, it could be dentists. You know, when you look at the things that cause memory loss, it's pretty varied. So we're



reaching out this year, we're gonna be building this database and reaching out to all sorts of practitioners to be part of it.

Dr. Heather Sandison, N.D.

I will say from a provider's perspective, when I have someone come in with another professional, whether it's a health coach or a different things come up occasionally. But whenever that happens, I do a little happy dance because I'm like, oh good, like we've got even more support on the team, we've got more brains on this, we've got more perspectives. And I think I'm more confident that we're gonna get full resolution at the highest, most optimal health for this patient because we have that additional support. And so I've also been on the receiving end of being that person that's showing up with a patient or a client and getting a little bit of pushback. And so I'm curious if you ever experienced, you know, other providers kind of cutting you off and feeling like they're not as supportive and how you might communicate with them or navigate that?

Lisa Feiner, MBA, MED

Nancy and I have both had that experience. Nancy, I mean, go ahead. You can tell one of your stories, I mean, there-

Nancy Weiser

It's hard. I mean, I've been on appointments with, I mean, multiple neurologists, gastroenterologists in the case of my own dad and, you know, seeing them there with their big subway sandwich and the Coke and not having heard of histamine intolerance when they're gastroenterologists, you know, it's frustrating. Neurologist have never heard of Dale Bredesen. They have no idea what you're talking about. It can be a real myth. And so you have to just either try to find somebody who is more attuned to put it politely or say, "I'm here to get the scan or, you know, have the little test to see where I am cognitively. And then I'm gonna go try to find this kind of support probably somewhere else at this point, at least around where we are in a very conventional medicine oriented area. And, you know, this doesn't go across the board because, you know, you do have Dale Bredesen. You do



have Dr. Perlmutter, Dr. Hyman, Daniel Amen. You have lots of people who are taking this in a whole new direction. But as we all know, as with health coaching, we talked about also earlier in the call in terms of the acceptances of less traditional modalities, and approaches, it's a slow road, but when people are not feeling well around their cognition, they may be hopefully a little bit more open to looking for less traditional roads 'cause everybody knows that they'll go to their doctor and their doctor will say, "You have Alzheimer's, I possibly can give you one medicine," which is Namenda and that's really kind of it. Like, get your affairs in order, you know, that's kind of it.

Lisa Feiner, MBA, MED

So I wanna get back to something you said, because I think medicine going forward, at least successfully treating the patient is going to become more and more a team approach. And the patient themselves, they're gonna understand that, that that is the best approach for them, that they're not gonna put all of their confidence in one family doctor. Now, when you think about family doctors 50 years ago, they were so broadly experienced not only in their education, which you know, was pretty traditional, but in their openness and the people they treated, and the length of time they treated them. They knew their patients really well sort of like health coaches do now, right? If the family doctor-

Nancy Weiser

It was more of a healing modality than it was a siloed prescription drug modality. It was much more like they had the ownership over taking responsibility for being a healer and thought of themselves more that way than they did somebody matching a symptom to a drug.

Lisa Feiner, MBA, MED

Right, and so to that point, you know, I think if we're going to get back to wellness as our model, then we're gonna be using more of this multi-therapeutic approach, you know, looking at many things, it'll be team-oriented, and, you know, we won't put all our eggs in



one basket and think that you know, we can go to one doctor and get one pill and be cured, because the health issues today are too many and too diverse,

Nancy Weiser

complex.

Lisa Feiner, MBA, MED

And, you know, they build on one another, unfortunately, in the body. So we get this body burden that builds up of toxins and poor foods, and a sedentary lifestyle. And, you know, that's why I think we're seeing memory issues younger and younger. It's not about necessarily early onset, it's early exposure.

Nancy Weiser

That's parallel to the diabetes.

Lisa Feiner, MBA, MED

Exactly, exactly.

Nancy Weiser

Is now showing up in children like nine and, you know, five years old, literally. That disease was called adult onset diabetes. You can't call it that anymore because now it's becoming onset in childhood.

Lisa Feiner, MBA, MED

Right.

Nancy Weiser

Yeah.



Lisa Feiner, MBA, MED

And I was just having this conversation with someone the other day. I mean, I had given a talk about whether dementia begins in childhood because you see a lot of the habits that people have throughout their lives really start quite young a lot of times, you know, the food you eat and the lifestyle you have, and what your parents did. And, so it's unfortunate that the environment and our exposures have become toxic in so many ways. You know, our food system, our food supply, the chemicals, in all of our, you know, personal care products and our household cleaners, even the things we cook in, you know, our pots and pans. I mean, there really are toxins everywhere, in household furnishings in the air, right, air pollution, water pollution. So it's unfortunate, but, I mean, I do think that health coaches do make such an effort to try to be aware of these things and keep up with them.

And you know, many of us, you know, Nancy and I tend to be pretty generalist in our approach, but there are health coaches who are very specialized. And, you know, we know a number of them who are focusing on bone health or toxins. So we also have other resources that we can direct people to. But getting back to this team approach issue, there are a lot of very, you know, smart people out there, you know, who forged their own path in health and have found ways to heal themselves and are now helping to heal others. And look at what you're doing. I mean, just this summit is just a great example of bringing people together and looking at all of these options for people, just trying to help them figure it out.

Dr. Heather Sandison, N.D.

Yeah, although the diseases feel more complex and complicated and that sort of doctor 50 years ago doesn't exist, and usually it was a male, right? That doctor didn't have to contend with all of the pesticides, and herbicides, and plastics, and like you were talking about those things that we can't avoid. Now, there is hope in that though, is that when we start to identify, okay, there are places where I can't avoid them. There are things, there are choices I can make, and there's a team helping me make them, there's a team educating me. And then really the results of miraculous. I'll share, I'm sure summit listeners have heard me



probably say this summer, but I was pretty skeptical when I took Dr. Bredesen's training initially. And I thought, you know, I've been told by really smart people that you can't reverse this. And then when I started seeing it happen over and over in my practice, I was like, oh no, you can, like, we're being lied to, right? That's factually inaccurate, we have to go change the record. People need to know so that they can get help earlier. There's that stigma, right, that people feel like, oh, I'm losing my mind. I'm gonna end up like my uncle that went crazy. I've gotta keep this to myself. I can't tell anyone 'cause there's nothing they can do anyways. And so changing that script, really shifting the story and the expectation, giving people the resources that they need to optimally like heal. And again, like you mentioned, shift the focus to wellness. There's so much power in that.

Lisa Feiner, MBA, MED

And prevention, you know, and we say, I mean, prevention is the best thing you can do. But then early intervention is key. You know, a lot of the standard testing that's done by neurologists, either using the MOCA scale or the, you know, the mini mental or whatever they're using are not sensitive enough to pick up the subjective cognitive impairment that each of us will be aware of ourselves before other people are aware. And that's the time to get help. That's when we want people to come us and say, "Can I be part of one of your small groups because I'm noticing a change and the trajectory isn't great. So if you can nip it in the bud-

Nancy Weiser

If you do nothing.

Lisa Feiner, MBA, MED

Yeah, you have to intervene early. And then, you know, as you're saying, you've seen it your yourself and your own practice, people can be restored to full cognitive health.

Nancy Weiser



And you had talked about expectations. And I think under that umbrella, it's really important to explain to people, and it's this part of what we do is that, and it's the opposite of the one doctor, one pill. And besides having a team in place is that you're gonna need a team in place, like kind of everywhere in your life somehow, even if you are that team captain, that you have to change everything, like this isn't just because you use, you know, toxic face lotion, it's because you have the toxic face lotion with the, like I said, maybe the mold in the house and the, you know, the refined processed carbohydrate diet, and the no exercise, and the up with Netflix, not sleeping. That's why you are where you are. It's very hard for people to understand if they've grown up with and accustomed to the conventional medicine model, we're looking for the cause. And Lisa said, this has to be multi-therapeutic. You wouldn't likely have cognitive decline if there hadn't been a multiplicity of causes. Mercury in my mouth, well, Lyme disease, and some mold and some, you know, some pizza, you know, that's it. So really, you know, again, going deep and peeling the layers of the onion. Now, onion has a lot of layers. So we gotta prepare people for that this is going to be a little bit of an Odyssey, but you didn't get here without one. You know, we've gotta now go back and replace those things with all of these new things and it will cover every aspect of your life.

Dr. Heather Sandison, N.D

I love it. Sharp Again Naturally has so much value to offer here. I'm so impressed by you guys at just the passion and dedication to this work really comes across and it's inspiring, and exciting. I want our summit attendees to know how they can find a health coach like you, or sign up with the Sharpe Again Naturally, and one of the things I want you to make sure you say is, can they be anywhere or do they need to be close by?

Nancy Weiser

Zoom. They need to be near Zoom, right?

Lisa Feiner, MBA, MED



So, you know, I think it's so interesting. You know, I work with a health coach. I think everyone can benefit from working with a health coach. We have health goals, you know, and we have life goals and things that we want to achieve. So if you have a cognition issue, I'd love for you to get in touch. I think we're unique in what we do, and we can help direct you. We don't have our directory up yet, but we do searches for people. We can try to help find practitioners or health coaches in your area to work with. There's a National Board for Health & Wellness Coaching. There are now 5,000 board-certified health coaches around the world. And so that may be another way to find a health coach. You can Google it, I'm sure. But it's always good, you know, to talk to other clients of a health coach or to talk to that person yourself, make sure you're comfortable, that energetically, it feels right, it feels aligned. And Nancy, any other thoughts on that?

Nancy Weiser

No, I think that kinda says it all. I think that's exactly right.

Dr. Heather Sandison, N.D

Thank you ladies so much for all of your time and for sharing again, your passion and dedication to your clients and to health and wellness. It's infectious in the best possible way.

Lisa Feiner, MBA, MED

Well, we really appreciate being here and we love this work, what we do, we learn something new all the time, and the research is supporting our approach all the time. And it's great to see the research coming out and being done in this way. So thanks for the opportunity.

Nancy Weiser

And what could be better than helping somebody. We gain their cognition. I mean, what could be more important than your own mind? Yeah.

Lisa Feiner, MBA, MED



REVERSE
ALZHEIMER'S
SUMMIT

very true.