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Rookie Mistake #1: Wrong Shoes
Wearing old running shoes or wearing the wrong type of running shoes for your foot and running style can lead to running injuries. Visit a running specialty store, where knowledgeable salespeople can evaluate your running style and foot type. When they determine whether you’re an over-pronator, underpronator, or neutral runner, they’ll make shoe recommendations for you. Be careful not to just buy a flashy pair or choose one without trying them.

Once you get the right pair of running shoes, make sure you replace them every 400-500 miles because the loss of cushioning can lead to injuries. Check your tread because this can tell you a lot about your running habits. Your running shoes will last longer when you allow them to decompress and dry out between workouts.

Rookie Mistake #2: Too Much, Too Quick
Too many newer runners, especially those who are “brand new” to running, make this mistake all too often. They get so pumped and excited about their running that they do too much mileage, too fast, too soon. They start registering for lots of races, without taking any time off to rest and recover. They mistakenly think that “more is better” when it comes to running. This is an old school train of thought. As a result, they often start to develop common overuse running injuries, such as shin splints, runner’s knee, or ITB syndrome. In some cases, they may get burned out quickly and lose interest in running.

Pay attention to aches and pains. If a pain gets worse as you continue runs, that’s a warning sign that you should stop your run. Listen to your body for injury warning signs and know when you shouldn’t run through pain.

Rookie Mistake #3: Not Fueling Properly
Many beginner runners underestimate the importance of nutrition, for both their running performance and their overall health. What and when you eat before, during, and after your runs has a huge effect on your performance and recovery.

Try to eat a light snack or meal about 1 1/2 to 2 hours before a run. Choose something high in carbohydrates and lower in fat, fiber, and protein. Some examples of good pre-workout fuel include: a bagel with peanut butter; a banana and an energy bar; or a bowl of granola with a cup of almond milk. To avoid gastrointestinal distress, stay away from rich, high-fiber, and high-fat foods. If you have never eaten it before, try new things before a run can be a nightmare. Stay in your comfort zone.

If you’re running more than 90 minutes, you need to replace some of the calories you’re burning. You can get carbs on the run through sports drinks or solid foods they are easily digested, such as energy gels, bars, and even sports jelly beans designed for long-distance runners. A basic rule of thumb is that you should be taking in about 100 calories after about an hour of running and then another 100 calories every 40-45 minutes after that.

Replenish energy as quickly as possible after a workout. Studies have shown that muscles are most receptive to rebuilding glycogen (stored glucose) stores within the first 30 minutes after exercise. If you eat soon after your workout, you can minimize muscle stiffness and soreness. You’ll want to consume primarily carbs, but don’t ignore protein. A good rule of thumb for post-workout food is a ratio of 1 gram of protein to 3 grams of carbs. Happy Running!

Geoff Thomas is a Certified Personal Trainer & Sports Nutritionist. He is the Fitness Director with X Factor Fitness, located at 111 Solano Rd, Ponte Vedra Beach FL. 904-699-9793 training.geoffthomas@gmail.com. Xfactorfitness.trainerize.com. facebook.com/xfactorjaxbeach

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MIDGE SELZO, ORIGINAL ACRYLICS
Inaugural Future of Healthcare Conference Concludes with Plans to Address Area’s Food Deserts

By Erica Bunch, Duval County Medical Society

The inaugural Duval County Medical Society (DCMS) & DCMS Foundation Future of Healthcare Conference wrapped up on May 23 but, as Conference Chair Dr. Sunil Joshi pointed out, this is not the end, it’s just the beginning.

The conference spanned two days and covered many important topics including food deserts, obesity, cardiovascular disease, mental health, infant mortality, and healthcare disparities. Guest speakers included member and non-member physicians, elected officials, and even a former professional athlete. The conference was hosted at University of North Florida’s University Center with more than 200 Jacksonville medical professionals and community members in attendance.

To conclude the Conference, Dr. Joshi announced that next steps will focus on dealing with the area’s food deserts. A committee is already in the process of being formed to develop public policy to improve the issue.

“I want people who come [to the conference] - who love it and love the people here - to understand that they can make a difference,” Dr. Joshi said. “It’s not somebody else’s problem. It’s our problem.”

The DCMS has a long-standing tradition with the American Medical Association (AMA) which includes an annual visit to Duval County by the AMA President-elect. This year, the DCMS combined this important and educational visit with the Future of Healthcare Conference. AMA President-elect David J. Barbe opened the conference with a keynote address concerning national issues such as healthcare reform, Medicaid funding, and the AMA’s opposition to the recently-passed American Health Care Act of 2017.

Additionally, Barbe praised the Future of Healthcare Conference, saying that he “has not attending anything like it” and commended DCMS leaders for bringing together the entire community to improve healthcare.

The goal of the conference was not to just identify problems, but to bring together a variety of perspectives to develop solutions, and ultimately improve public health both locally and nationally. After all, there was a single common idea that
every guest speaker seemed to emphasize: making a difference on the local level is vital to working towards grand-scale changes.

Jacksonville Mayor Lenny Curry kicked off day two of the conference by sharing information on his Journey to One mission, a citywide campaign to improve health and ultimately become the healthiest county in the state. Through Journey to One, Curry hopes to promote and improve a variety of health factors in Jacksonville including nutrition, exercise, walkability, disease prevention and weight management.

The goal to become the number one healthiest county stems from the Robert Wood Johnson Foundation’s County Health Rankings. Kitty Jerome, the Director of Coaching and Outreach for the Action Center at County Health Rankings & Roadmaps, reminded attendees that Duval County is currently ranked 55th in health outcomes out of Florida’s 67 counties. This is especially concerning given that Jacksonville is home to some of the nation’s most renowned healthcare facilities, a sentiment that Jacksonville City Council President Lori Boyer also shared in her talk. However, Jacksonville’s size allows there to be a significant divide between its residents in terms of health.

“If the southside of Jacksonville was the entire city, in terms of quality of life, Jacksonville would be one of the most desirable places to live in this country,” Dr. Joshi said. “But we need to take care of those parts of Jacksonville that have not been taken care of.”

The consensus to focus on food deserts addresses this issue, since food deserts are characteristically located in low-income areas where the overall health of residents is lower than average.

Florida Deputy Secretary for Health Dr. Kelli Wells delved even further into the food desert crisis, pointing out Jacksonville’s Health Zone 1 (considered the urban core) as not just a food desert, but a “food swamp” - meaning that fast food with very little nutritional value makes up the majority of available food in the area. In Jacksonville, food deserts are mostly found near the 295 beltway, according to speaker Luke Layow, President and CEO of Feeding Northeast Florida. The organization works to establish food security across eight counties in Northeast Florida including Duval. Layow, whose talk focused primarily on food deserts, addressed “food insecurity,” or the uncertainty associated with having limited access to food. He explained the rate of food insecurity in Duval County is at 20 percent, which is five percent above the state
average. However, it doesn't have to be that way.

“Hunger is not a supply issue,” he said. “It’s a logistics issue.”

Layow noted that Feeding Northeast Florida helps those in need have access to fresh and nutritious food that would otherwise be thrown out by grocers. Food pantries typically would not take perishable food, due to a lack of coolers or freezers to store them. However, the organization has created satellite food distribution centers across Northeast Florida that are equipped with coolers and freezers to handle perishable food donations. 57 percent of those served by the organization are families working full or part time, and nearly 30 percent are children, according to Layow.

In fact, several speakers noted the detrimental effect of food deserts on children and families. Dr. Wells identified links between areas with high infant mortality rates and areas in or around food deserts, calling infant mortality rates “a key measure of population health.” Faye Johnson, CEO of Northeast Florida’s Healthy Start Coalition, examined the way infant mortality is affected by healthcare disparities in low-income

Dr. Julio Perez-Downes of UF Health received first place for his poster presentation on mortality in patients with severely elevated NT-proBNP.
pregnant women. In addition to health, economic and social factors, babies of low-income mothers are often impacted by “toxic stress” during pregnancy.

Johnson, in her presentation, defined toxic stress as “stress caused by extreme poverty, neglect, abuse, exposure to violence, or severe depression” which hinders a developing brain. In worst case scenarios, the child will suffer long-term mental and physical health disadvantages that only perpetuate the cycle of health disparities throughout generations. However, the Northeast Florida Healthy Start Coalition’s Magnolia Project aims to reduce these disparities by providing screenings, pre-and postnatal care, and education to low-income women in Health Zone 1. In addition, initiatives like Yoga in the Street have been shown to improve mood and reduce blood pressure in women who participate, helping to combat toxic stress.

Many speakers also shed light on mental health as a whole. Audrey Moran, Senior Vice President for Social Responsibility and Community Advocacy at Baptist Health, explained how Duval County’s severe shortage of psychiatric resources has made it difficult for mentally ill individuals to be treated.

She also shared her own son’s success story of overcoming depression through treatment at Wolfson Children’s Hospital. He gave her permission to share his story because he insisted that mental illness isn’t talked about enough. Moran’s son is now a senior psychology major at the University of North Florida, and aims to become a child psychologist.

Kitty Jerome also discussed mental health, which is one of the factors that weighs into the annual county health rankings. She noted stigma towards mental illness in the general public also discourages people to seek treatment.

“One thing is raising the issue and talking about it,” Jerome said. “Being sure that families know that they can open up conversations with kids about mental healthcare.”

Finally, obesity may have been the most heavily discussed topic throughout the conference. According to the County Health Rankings, 31 percent of adults in Duval County have a body mass index of 30 or more. The state average is 26 percent. The DCMS and City of Jacksonville are working to improve this statistic through 904 Mission One Million presented by 904THIN, a weight loss movement co-chaired by Mayor Curry and Dr. Joshi. The initiative was represented at the conference with a table providing guests an opportunity to sign up for the challenge and declare their personal goals. Since its launch in 2016, 904 Mission One Million participants have lost more than 75,000 pounds.

CEO Susan Neely of the American Beverage Association promoted the organization’s Beverage Calories Initiative, which focuses on reducing calories within popular beverage companies, including PepsiCo, Coca Cola, and Dr. Pepper Snapple Group. The goal is to reduce beverage calories from sugar consumed per person by 20 percent by the year 2025. Neely called the Beverage Calories Initiative the “single largest voluntary effort to reduce childhood obesity,” providing nearly 18,000 jobs and garnering $116.7M in charitable donations.

Many community organizations play a role in improving community health and combatting obesity. Dr. Matt Longjohn, Vice President and National Health Officer of YMCA of the USA, explained that the YMCA has influenced over 15,000 changes nationwide to increase healthy eating and physical activity in early childhood and afterschool programs. Currently, 58 percent of YMCAs are located in areas where household income is below the national average, and their diabetes prevention program has been covered by Medicaid for beneficiaries with prediabetes, making their resources more inclusive to those who otherwise may struggle to access them.

Luckily, in addition to voluntary and community efforts like the Beverage Calories Initiative and the YMCA’s diabetes prevention program, state government plans are underway to address the issues discussed throughout the conference. Florida Surgeon General Dr. Celeste Philip listed healthy weight, public safety, maternal and child health, and behavioral health as just a few of the current priorities of the State Health Improvement Plan (SHIP) for the period of 2017-2021. Now, the goal is to strategize on a local level.

“The government can’t do everything,” Dr. Joshi said. “The people have to start doing some things, and then the government will follow suit. I know it’s a naive, ‘I think everything’s
gonna work’ attitude, but you’ve got to have that attitude to make things happen.”

Dr. Jeffrey Mechanick, President of the American College of Endocrinology, also insisted on a “community to government” approach. He cited his perspective as being inspired by a healthcare committee in Yakama, Washington that centered itself around functions, activity, structure, charity and dialogue, and encouraged people to participate through schools, workplaces, and places of worship.

Additionally, 2017 Duval County Medical Society President Dr. Tra’Chella Johnson-Foy said events like the Future of Healthcare Conference are another effective way to take action, as it gives stakeholders information to share with others in their fields.

“We want it to not stop here,” she said. “We want to be able to truly move beyond what’s going on in this room today and actually make some things happen, so that there can be some true outcomes from what we’re doing.”

Fortunately, in this day and age, communicating between stakeholders, providers, and healthcare representatives is easier than ever. Florida Senator Aaron P. Bean explained in depth how technology such as telehealth has aided the delivery process of information among both professionals and the general public.

In addition to the many engaging guest speakers, an exhibition hall showcased 20 locally and nationally-run organizations throughout the event. From Colonial Life, to Baptist Health, and We Care Jacksonville, the exhibition hall included a mix of for-profit and not-profit sponsors.

The DCMS also hosted a poster competition on opening night giving local residents and fellows an opportunity to showcase their research. Dr. Julio Perez-Downes of UF Health came in first place with his study on patient mortality with severely elevated NT-proBNP levels.

Director of the Public Policy Institute at Jacksonville University Rick Mullaney was the final speaker, and outlined the “pathway forward” with a seven-point public policy plan encouraging guests to take initiative with the problems discussed throughout the conference. He pointed out the diagnosing a problem is an early step, but to make a difference attendees will also have to develop a strategy, formalize a public policy and work to get it adopted.

According to Florida Medical Association President Dr. David Becker, these kinds of conferences are the first step to taking that initiative.

“To bring all these entities together to intercommunicate so that we can figure out how best to approach the problems, I think is the starting point of getting it going,” Dr. Becker said.

There are already suggestions on the table such as offering incentives to companies for bringing fresh food options to Health Zone 1. Dr. Joshi, in his concluding speech, offered the possibility of using already existing, city-provided infrastructure to create markets where there are currently food deserts. Additionally, he mentioned that this could benefit both economic development and public safety if the companies providing the food were to hire from zip codes with high rates of unemployed residents.

Overall, the 2017 Future of Healthcare Conference not only brought many great minds together, but paved the way for public policy and change in Duval County.

“But an educated society tends to be a healthier society,” said Dr. Johnson Foy. “Once you are really, truly educating people on what those issues are, and are able to think about solutions, it creates an opportunity for the whole society to be healthier.”

The second annual Future of Healthcare Conference will be held May 21-22, 2018.
Enjoy Your Wine Experience Even Better – Join One of Our Wine Clubs

Tim’s Wine Market has four wine clubs. The wines reviewed here all come from wine club selections. Stop by the store and ask about joining one of the clubs. There is a club to fit every budget.

Wine Talk
By Emery and Jean Clance

2009 Pastourelle de Clerc-Milon Pauillac. This wine comes from Château Clerc-Milon, a Fifth Growth in the Classification of 1855. The chateau lies in the village of Milon, with their 101 acres of vineyards stretching immediately to the east, with a commanding view of the Gironde River. In 1970, the estate was purchased by Baron Philippe de Rothschild, the owner of Château Mouton Rothschild, for a sum of 1 million francs. At the time, the property was in poor shape and consisted of only 41 acres of vineyards. He purchased several adjacent blocks to build to the current size. The vineyards are some of the oldest in the Haut-Medoc, at an average of 53 years, and are very densely planted, at 10,000 vines per hectare. Vine age and density are big factors in the concentration of the wine and why this is such a rare bottling.

One of the things that makes this wine so unique is that many second wines are composed of a blend that is a mirror image of the first wine. What this means is that in the Haut-Medoc portion of Bordeaux, most chateau have a relatively high percentage of Merlot in the vineyard as an insurance policy, as it ripens early. For their flagship wine they will depend on Cabernet Sauvignon, using the other five legal varieties, Merlot, Cabernet Franc, Malbec, Petit Verdot, and Carmenere to build dimension and complexity. In a year where the Cabernet is completely ripe, they will typically base the second wine on Merlot to use up the excess, then craft the blend using the other varieties. For Pastourelle, the wine-making team crafted a blend that is almost an exact breakdown of what is planted in the vineyard, making a wine that is 50% Cabernet Sauvignon, 36% Merlot, 11% Cabernet Franc: 11%, 2% Petit Verdot, and 1% Carmenère. All of the components were aged for 16 to 18 months in a French oak barrels, with roughly 40% of them being new. When you are ready to drink this wine, make sure to decant for up to an hour before serving. Once you do, it displays an almost Napa-esque nose of fresh pitted, black cherries, creme de muré (blackberry), wet concrete, cinnamon and a subtle note of cigar box. On the palate it has a soft and generous sense of fruit, with smooth, polished tannins and relatively low acidity. Drink now to 2022.

2009 CVNE Rioja Reserva “Contino” comes from one of the most historic estates of Spain’s most acclaimed winemaking region. Compañía Vinícola del Norte del España, or CVNE, was founded in 1879 by two brothers, in the city of Haro, Spain. Today, the group is still controlled by descendants of the original founders, but has grown to four separate wineries, all located within the Rioja region. The family believes that to achieve the highest quality, it is best to process the grapes as close to the source as possible. While Contino is not really a second wine, it is sometimes erroneously described as the second wine of Imperial. In reality it is the top selection of a CVNE’s stand alone winery in Rioja Alavesa, and Imperial is the top wine made only from grapes grown in their Rioja Alta vineyards. Like the Imperial, it is only made in exceptional years. When Rioja started to become “a thing” with American consumers a decade or so ago, there was great emphasis on wines made from Rioja Alta. Alta means “high” and high is always best, right? Well… turns out most of the vineyards in Rioja Alavesa, which wraps around Rioja Alta to the east, south, and west, are actually at higher elevations. In this case Rioja Alta refers to how it lies higher to the north on a map. So the wines of Rioja Alavesa typically lie at higher elevations, often over 3,000 feet. As a result the grapes retain a bit more acidity, so they have historically been blended with the wines of
Rijsa Alta to bring freshness to the blend. It has only been in the last 15-20 years that we have seen estates begin to separate their holdings and produce wines by zone.

The Contino winery occupies a building that was first constructed in the 16th century, making it the oldest “winery” in Rioja. CVNE purchased the building in 1973 and uses it to produce wine from their 400 acres of vineyards in the Rioja Alavesa sub-region. The soils of the Alavesa are very mixed, with the dominant qualities being clay and iron. When I was riding around Rioja Alavesa it struck me how everything has a redish hue, not unlike most of Georgia. To produce Contino, the grapes are harvested into small baskets and destemmed before going into stainless steel fermentors. Tempranillo, which makes up 85% of this wine, is not known for deep pigmentation, to this is only left on the skins for 18-22 days before being racked to barrel. The wine then spends two years in barrel, a combination of 60% American barrels and 40% French, of which about half are new. For the record the remaining components are 10% Graciano, and a 5% mix of Garnacha and Manzuelo (Carignan.) When you open this wine you will want to decant it for at least an hour before serving. Once you do it offers a brooding nose of dark chocolate, dried black figs, cooked black cherries, caramel, eucalyptus, and rosemary. In the mouth it is quite deep, but with lively acidity that gives it a lot of lift at the finish. Drink this wine from now to 2029.

Tim Varan and Brock Magruder opened Tim’s Wine Market in October, 1995 at the original location in Orlando, Florida. Based on twenty years of buying experience, each year Tim samples over 4000 wines to select only a few hundred each year for the Tim’s Wine Market stores. Tim’s Wine Market has a local store in Ponte Vedra Beach, owned and operated by Emery and Jean Clance. www.Timswine.com
Unique Island escapes offering intrepid seafront escapes that are the height of luxury for 2017 can be found at Small Luxury Hotels of the World.

Exploring and experiencing a secluded paradise is on the bucket list of every affluent consumer, with a key focus on trailblazing with healthier, more revitalising adventures all bringing new meaning to island escapism. (Trendwatching 2017).

Sikelia in Italy
Perched between Tunisia and Sicily, Sikelia is located on the rugged yet picturesque black volcanic island, Pantelleria, in a UNESCO World Heritage site, known only to locals who enhance their health with the wellness properties of the unique springs and mineral rich mud.

The simple monastic architecture meets striking modernist interiors at Sikelia at this boutique retreat in a dramatic setting. Housed within its porcelain-white dammusi, ancient stone buildings typical of this part of Italy, this is an atmospheric escape with effortless style. Crisp, clean lines and a muted, monochrome palette, high vaulted ceilings and archways, and a gorgeous palm-lined pool.

In the sleek suites, are eye-catching works by contemporary artist Gennaro Avallone. Unwind with spa therapies in the garden and nights being treated to creative cuisine in Themà. Outside Sikelia’s white walls explore the raw beauty of Pantelleria, the rocky coves, twisted vines, hot springs.

Kokomo Island in Fiji
Kokomo Island with its pearl-like sand and palm trees paints a tropical picture from the moment you arrive by seaplane. Beneath the sea is a treasure chest of coral reef and marine life. Imagine spending days lounging beside the infinity pool or losing yourself with a spa treatment. After the sun goes down, the torches light up and lead the way to gourmet dining beside the ocean.

Whether you are situated in a one-, two- or three-bed this Kokomo Island retreat comes with a lounge, bar, private deck and pool; stylish seclusion, with villas carefully spaced out, placing you just a few steps from the water’s edge with privacy and a long stretch of beach, yours might be the only footprints you leave in the sand.
A kaleidoscopic Astrolabe Reef edging this beach retreat, steps away from the experience of one of the world’s biggest and most beautiful coral beds. Kokomo Island offers its own PADI 5-star Dive Centre the jumping-off point for scuba and snorkelling adventures. Also available are paddleboards, fishing boats, kayaks, Hobie Cats, wakeboards and water-skis to try to satisfy your desire for adventure. Inland, roam the rainforest on a walking trail and with each rise in elevation, the more spectacular will be the view.

Naxian Collection in Greece
Beckoning you to take them, stone pathways that curve through serene gardens and old cedar trees that rub shoulders with contemporary marble sculptures. Punctuating the skies, white sugar-cube villas glint in the sunlight, a chic cluster of retreats in perfect harmony with their natural setting.

Facing the sea, the lobby bar and restaurant looks across to Naxos town. Lounge and sip wine, visit the cellar where it came from and the family’s vineyard that provided the grapes. Enjoy olive oil from their centuries-old groves on fresh baked bread. Perhaps you wish to cook, guests can pick up a basket and gather organic produce from the Naxian Collection garden and even join a class to learn the art of island cuisine. Or simply relax your cares away beside a pool.

The Naxian Collection is the kind of place you could happily escape to master the art of doing nothing. Should you fancy a foray, explore the treasures of Naxos town, the beautiful beaches and walking and horse-riding trails. A busy day is made complete with a gourmet dinner in the elegant Naxian Collection restaurant.

Yemaya Little Corn Island Resort & Spa in Nicaragua
Yemaya Island Hideaway & Spa, a luxury castaway experience on a remote island with only 700 inhabitants, no cars and limited power. Glassy seas, china-white sand and palm after palm – when you arrive on Little Corn Island, Nicaragua, you’ll feel a world away from anywhere else. From the spa to the suites at this boutique getaway celebrates the unspoilt natural beauty all around.

Imagine drinking fresh coconut water and rainbow-coloured juices while lounging on the beach, such is a blissful way to spend days. The Beach Bar is also known for its tapas plates, so you won’t have to leave the sand for lunch. Practice yoga in the open-sided jungle studio or in the wooden pavilion beside the ocean. Enjoy spa therapies inside beautifully made hardwood treatment cottages to the sound the surf and bird-song. Round off the day with dinner in the Yemaya shore-side restaurant and a cocktail back at the Beach Bar.

It’s tempting to simply ‘be’ at Yemaya, though should you wish to, the hotel can arrange an enticing selection of tours to show guests more of the Caribbean. Step aboard the 40-ft handcrafted sailboat and let Miskito sailors take you to the island’s best swimming spots or even for a sunset cruise. Visit the uninhabited Pearl Keys for snorkelling and picnicking. Or, for something more hands-on, join a crewed boat to fish for yellowtail and snapper – then have it cooked for you.

Le Domain Misincu in France
Due to open in June 2017, Le Domain Misincu will be the only 5 star rated environmentally and eco-certified luxury hotel in the region of Cap Corsica, which is nicknamed ‘the island on the island’.

From beach to picturesque grounds, nature runs through Domaine Misincu. At the ‘wild’ tip of the island, Cap Corse, this seashore hideaway even even has a river running through it, were outdoor yoga and Pilates take place along the banks. With its Zen-like design, this destination soothes from the moment you arrive, presenting the decision whether to book a room, suite, pool or beach villa.
**Town Hall Sets the Bar for Upscale Dining in Jacksonville**

Written By: Jerry Watterson
Photography By: Jerry Watterson

**Town Hall Restaurant**
**2012 San Marco Blvd.**

When two time James Beard award nominated Chef Tom Gray opened Moxie Kitchen and Cocktails in The St Johns Town Center we fell in love with the whimsical style with which he effortlessly wove together skillfully prepared cuisine and the tastes of childhood in his modern American styled restaurant. This week he opened his newest entry into the Jacksonville scene, Town Hall Restaurant in San Marco. In contrast to Moxie’s rather whimsical style Town Hall has a west coast vibe and a style that has a more refined feel. Where Moxie often takes things you’re familiar with and offers them with a fun new twist or styling, Town Hall offers you cuisine elevated at a level not often found in Jacksonville restaurants.

Walking into Town Hall is walking into your best friend’s home for a dinner party. To the left, a mismatched living room set with slightly worn chairs and a coffee table leaves the appearance that the party guests have moved into the kitchen to chat with the cook. A few steps away after leaving the living room you are transported into the bar area with a wine and beer selection that would be the envy of any guest. Cozy up there and enjoy a drink and chat with the party guests, or make your way into the darker, mood-lit dining area and kitchen for the real gem of the evening. A few well-placed tables create dining intimacy that encourages you to just relax and watch the show—the show being the brightly lit open kitchen with quiet chefs moving with precision to prepare what will likely be one of your most memorable meals of the year.

First, the cheese and charcuterie plate which Town Hall calls “Cured and Aged”- house made cured meats, artisanal cheese, housemade lavash, pickled veggies, nut compote, local honey + preserves. If you’ve brought someone you want to impress to dinner order the full six selections and enjoy the excitement on their face as this impressive two-story plate arrives to the table. There are 3 options: two selections, $12 / four, $20 / six, $28. We went big with the full 6 options. The cured meats were really good and the presentation was fantastic! The cheeses are killer if you prefer mild cheeses since all 3 cheeses are pretty mild. The Thomasville Thome is always a fan favorite and the house made pimento cheese is top notch. If you have a preference for stronger cheeses you may want to pass on the cheese plate since it won’t have enough pop for your taste buds. We loved the accompaniments that came with the cheeses: housemade lavash, pickled veggies, nut compote, local honey + preserves.

**Cured and Aged**

Sometimes it’s the simplest things that end up being the most exciting. Such is the case with Town Hall Restaurant’s duck fat cornbread ($7) served with spicy slaw, candied peanuts. We’ve all seen cornbread brushed with butter then grilled for a short time. This cornbread appears to share this preparation substituting duck fat for butter. It’s pure magic! The spicy slaw is just slightly spicy with a bit of sweetness that perfectly complements the savory cornbread. This is the appetizer we’ll order every time we come.

**Duck Fat Cornbread**

You might not expect french fries at a place as upscale as Town Hall but you’d be wrong. Town Hall has even found a way to offer french fries in a style you’ve never tried before. The Town Hall “Loaded Fries” ($9) are sprinkled with cured...
duck egg yolk, aged goat cheese, truffle-balsamic. How can you sprinkle duck egg yolk you might ask? The duck egg yolk is dehydrated then grated up over the fries to add a nice touch and unexpected taste that perfectly matches the sharpness of the cheese and acidity of the truffle balsamic.

Loaded Fries
We always ask our server to share with us their favorites on the menu and the most popular item on the menu. Our server recommended the grilled cheese sandwich ($10) fontina, prosciutto, black truffle butter. This likely would have been the last thing we would have ordered but our server was over the moon about it so we ordered it. The sandwich comes quartered so that it’s easy to share as an app. You’ll laugh when we tell you this might be the one appetizer you don’t want to miss. Beautiful rich cheese meets buttery goodness and a crispy slice of prosciutto really adds something special in the middle. We loved it! You’ll love it too!

Grilled Cheese
We’re die hard octopus fans so if it’s on a menu we order it 100% of the time. Town Hall’s Seared Octopus($14 soppressata gremolata, red potatoes, lemon yogurt, crispy chickpeas) may just set the bar for octopus in Jax. It’s tender, and paired with a unique variety of textures plus flavors that nicely layer to add to the octopus without overwhelming the flavor of the octopus itself.

Octopus
One of the questions I get constantly asked is “Where can I get a great steak in Jax?” There aren’t a lot of good answers to that question. I used to just send people to 3 Forks because even though it’s a chain they consistently deliver a high quality steak prepared well and they have variety. More recently I had a chance to try Orsay’s filet mignon and it’s top notch. Now if I’m asked, “Where can I get a great New York strip?” I’ll send people to Town Hall. The New York strip($27) at Town Hall was obviously high quality and cooked perfectly to temperature. The end pieces had a nice crispness to them without having any sort of smoky or slightly burnt taste that too often restaurants are willing to trade in order to accomplish this texture. The al pastor style it was prepared in was refreshing, the chimichurri was a perfect accompaniment and the mushroom conserva and shishito peppers nicely complemented the meat without being overwhelming. This is a dish we would come back for!

Like I think most folks in Jax, we’re always fans of housemade pasta so the housemade fettucini ($14)- beef + pork sugo, housemade ricotta, chili oil sounds like a treat. It definitely is the treat we had hoped for. The portion size is a bit small (although at $14 it’s the most affordable main course,) but it’s packed with flavor and you won’t be sorry if you order it.

Housemade Fettucine
Sides are often simply treated as rather unimportant at restaurants these days and the quality and stand out style of Town Hall’s sides may just be one of its most appealing aspects. From the “loaded fries” we already discussed to the crispy brussels sprouts served with pepper jelly or served as an appetizer topped with fried duck egg, nigella seeds, and bonita flakes that give it the appearance of being alive as they’re blown by the steam of the dish to the manchego bread pudding that we’ve never seen offered on a menu in Jax to the most indulgent whipped potatoes with black truffle butter…. the sides at Town Hall are truly stars in their own right on a menu full of stars.

For us the one portion of the menu that feels like a bit of an afterthought is dessert. There are 3 options: apple cake(which eats a bit like a cross between a pie and a cake), chocolate pot de creme, and seared pound cake. We weren’t fans of the chocolate pot de creme. The apple cake was good but kind of small for $7 in our opinion. The seared pound cake was sheer perfection.

Seared Pound Cake
The service at Town Hall was in the top tier of all service we’ve had in Jax. Drinks stayed full. Dishes came as ordered. The servers had great recommendations. The servers were exceptionally knowledgeable about the food. What more could you want?

To say we were impressed with Town Hall is the ultimate understatement. Collectively 4 different members of our team made 3 different trips to Town Hall in the first 2 weeks the restaurant was open. Every single person was flat out blown away. I’ve personally been to a few dozen or more restaurants during the first week they were open. I’ve never seen one execute at a level comparable to Town Hall. If they don’t make every top 10 list in town it will be because the creator of the list hasn’t eaten there yet.
TP Link Deco M5 Whole-Home Wifi System

An Excellent System Especially if Security is a Key

By Dong NGO, CNET

The Good The Deco M5 Whole-Home Wi-Fi System is easy to use and delivers reliable Wi-Fi over a large area. The system has more features than most other systems, including the ability to protect the entire network against online threats.

The Bad The M5 doesn't have a dedicated backhaul band, so it suffers from signal loss when its units are linked together wirelessly. It connects to TP-Link at all times and there's no access point mode for it to work well with an existing router.

The Bottom Line The M5 is reliable and packs more useful features than most Wi-Fi systems in its price range.

At $299 for a set of three units, TP-Link's Deco M5 has more to offer than other similarly priced systems, like the Google Wifi, or the Luma. The most noticeable is the ability to keep the entire home network, including IoT devices, from online threats.

On the down side, like many other Wi-Fi systems, the M5, connects to its vendor at all times, which can be a privacy risk. Those wanting to keep their existing router, or those who have a router/modem combo that can't be replaced, should also note that the M5 currently doesn't work in the access point mode. This means it will create a separate network on top of the existing network, making devices connected to it and those connected to the original router not able to communicate with one another locally -- your wireless speakers or network streamers might not work as expected.

All things considered, though it's far from perfect, the M5 is an excellent Wi-Fi solution if you want to quickly bring internet to every corner of a large home (up to some 5,000 square feet) and have a layer of protection against online threats.

The Deco M5 includes three identical units; each is a router with two network ports. When used together, two units automatically work as range extenders or access points.

Easy setup

As a Wi-Fi system, you connect one of the M5's three identical hardware units to an internet source, such as a broadband modem, to work as the router unit, then place the rest of the units about 40 feet away to work as satellite units. The three link to one another to create a seamless Wi-Fi network. As long as you have an internet-connected smartphone or tablet, setting up the M5 is as easy as running a mobile app. All you need to do is download the free Deco app (iOS or Android) and follow its instructions to create an account with TP-Link. After that the rest is self-explanatory. I was able to get the system running in less than 10 minutes.

The app enables users to manage their home network from anywhere. This is because both the app and the M5 system connect to TP-Link servers at all times. This means everything you do in your home network can be reported to the company. Controlling your home network via the vendor is convenient but comes with its own risks. Apart from privacy concerns, accidents like the one that took place with the Google Wifi could happen at any time.

Useful features

Like most Wi-Fi systems the M5 severely lacks features and settings compared to single routers. It doesn't even have a web interface. However, it indeed has more features than many other mesh systems. For parents, it has a comprehensive web-filtering and internet usage control options (pausing, scheduling and so on). And everybody can appreciate its quality of service (QoS), which prioritizes internet traffic for different applications and antivirus, which the company says guards the entire network, including smart appliances -- IoT devices -- against online threats. According to TP-Link, the antivirus feature monitors internet traffic for suspicious pattern in real time, prevents port scanning and stops compromised IoT devices from sending out signals to unknown sites, in real time.

All of these features are well-designed and easy to manage via the Deco app. Most importantly, they worked as intended in my trial. I wasn't able to do a thorough test of its antivirus' effectiveness, but when I tried accessing known bad websites, I did, instead, get a warning that the sites are blocked. The feature, which doesn't incur extra cost, is powered by Trend Micro, so generally it's safe to say that it's as effective as Trend Micro's antivirus software.

The M5 is not the first Wi-Fi system with built-in protection; the Amped Wireless Ally -- which costs $299 for a set of two units -- also has a similar feature powered by AVG.
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Not to hate on doctors, but trying to see them is a big bummer. For starters, it can be impossible to get an appointment that’s actually convenient to your schedule, and more often than not you end up stuck in the waiting room, thumbing through last month’s AARP magazine (spoiler alert: Lynda Carter really is living her best life!).

In many ways, the whole process feels stuck in the past, and ripe for a technological overhaul. Considering you can manage nearly every other aspect of your life from the screen in your pocket, why not your health care, too?

Fortunately, a handful of Silicon Valley startups have made it their mission to transform the doctor’s office as we know it, and make it a place you might actually want to visit. Here’s why things are looking up.

Zocdoc helped shake things up
Coordinating an appointment that jibes with your schedule is one thing, but finding a good doctor you click with can be a nightmare. Zocdoc changed the game in that regard, by establishing what is essentially a Yelp for doctors, which allows you to not only scope out ratings and reviews for all manner of medical professionals rather than rely on word-of-mouth recommendations, but also book appointments with them quickly and easily online.

The 10-year-old company’s services are undeniably popular, considering it’s valued at nearly $2 billion, but making it easier to match with the right doctor hasn’t necessarily made going in for checkups and treatments any more pleasant. That’s where the new school of disruptors are getting involved.

Applying the premium gym model to the doctor’s office
In an age in which we expect to get just about anything done via smartphone, fundamentally improving the doctor’s office experience is contingent upon making it as mobile-friendly as possible, and better aligned with our increasingly on-the-go lifestyles.

That’s the approach the startup One Medical is taking. It’s fashioned itself a doctor concierge of sorts, where patients pony up $200 annually for access to a network of top-rated doctors in their city and a suite of incredibly convenient perks. Members can easily make same-day appointments, stop by a number of different branded office locations in their city, have an on-demand “video visit” with a member of their virtual medical team 24/7, and email any provider with follow-up questions.

Even better, its app makes it incredibly easy to request prescription renewals, medical records, book urgent appointments, and get immediate care (and prescriptions) for some common ailments using a service it’s named Treat Me Now. Also, much like a chain gym membership, you can easily pop into any of the national locations if you want to see a doctor while visiting any of the eight cities it’s expanded into.

Futuristic gadgets and smart software mean shorter visits and more comprehensive care
Taking the concierge model even further is the startup Forward, which was founded by a pair of Silicon Valley heavyweights previously employed at Google and Uber, respectively. It recently opened its first location in San Francisco, and is re-
inventing the doctor's office as what might best be described as a futuristic spa. For $149 per month, members gain access to a top-notch, technology-focused medical practice, with many of the same mobile perks provided by One Medical.

Its standout features, however, are in its physical facility, which is equipped with some truly next-level gadgetry designed to streamline your visit and improve the quality of your care. For instance, rather than have a nurse or PA check your vitals before the doc comes in, patients step onto a special body scanner in the lobby, which does a once-over to collect all necessary info (height, weight, heart rate, temperature, blood pressure, etc.) and can spot potential problem areas for the doctor to pay extra-close attention during your appointment.

As TechCrunch reports, Forward's exam rooms feature tools designed to get you in and out of the office quicker (e.g., an infrared vein detector, proprietary digital stethoscope that doesn't require you to take off your shirt). Each room is also appointed with a giant screen, which visualizes the intel gathered by the body scanner, and displays info served up by the company's proprietary AI software, which can make medical recommendations based on your medical history and your genetic code (it'll also sequence your DNA to determine what your hereditary risks are for cancer).

The AI's insight isn't there to replace or usurp the doctor's expertise, but is rather a tool for them to consult, ensuring nothing is overlooked. There's even speech-to-text software that transcribes what's discussed during the exam, which is tidily filed away in your health records.

Members can also buy special wearables and health sensors on site, which help the staff and doctors better monitor their well-being outside the office. Rather than call Forward's 24/7 support line and describe their symptoms when they're feeling weird, patients can simply share the data from the sensor to give the on-call doc a better understanding of the bigger picture and make a more informed decision.

Paying $1,800 a year on top of insurance premiums and other medical expenses is a lot of money just to make going to the doctor a little less of a hassle, but if Forward's full embrace of technology in the doctor's office is a success, we should expect to see the trend gain ground elsewhere, and potentially evolve into something even those of us without Silicon Valley millions can afford.
Meet Judy Gichoya, Doctor and Software Developer

Courtesy of github.com/blog

“Good computing saves lives.”

Judy Gichoya is a medical doctor specializing in radiology, but she’s also an experienced programmer who is accelerating the growth of OpenMRS. With a mission to improve healthcare delivery in resource-constrained environments, OpenMRS is coordinating a global community to create a user-driven, open source medical record system platform that helps ease the work of health care providers. We asked Judy to share the story of how she became a developer, and what she’s learned from her work.

Erin: How long have you been developing software?
Judy: In 2001 I was enrolled at a local college in Nairobi to learn accounting when a family doctor noted that it would be more helpful for me to learn technology-related courses. I dropped off accounting and used the money that I had to enroll into IMIS, which taught technology and management concepts. I was required to work on a project in either Pascal or Visual Basic, and that’s how I started programming. The challenge with being a student at this point was that we did not have enough teachers who understood programming, so most of the work that I did was self-taught by following tutorials on the Internet.

In 2003 I joined medical school and subsequently kept programming. I needed some money for school fees and joined a local company where in the evening after school I assembled their desktops. I assembled close to 10 computers every evening and hence got a good feel of the range of hardware available. I continued to learn more on programming, focusing on Java at that point. Around 2007 when I was doing my clinical rotations, the number of patients we treated with HIV-AIDS overwhelmed me, and I started wondering how the data for the care would be organized. A local nonprofit organization called AMPATH was starting to explore the use of OpenMRS, an open-source medical record system to help manage the patients and that’s how I got involved.

Erin: What programming languages do you use?
Judy: I started off using Java, but that can be a difficult language to learn in a developing country as it’s hard to find good teachers and mentors. I moved to using Python, Angular JS and various HTML5 technologies, and I wish I had made this move earlier. I am learning Node JS and tinkering with machine learning for some data analysis that I want to do in radiology.

Erin: Who did you look up to in your early days of software development?
Judy: A developer called Ben Wolfe, who was working on OpenMRS in the US, visited Kenya and provided local training to interested people. I found him very inspiring and knowledgeable. Doctors who write code have always surrounded me, and so it was a natural fit for me once I graduated as a medical doctor to continue writing code. I have interacted with many physicians who continue to do that both in the U.S. and worldwide. We all know diversity issues are a big problem, and I cannot say that I had any woman to look up to or work with when I started out.

Erin: Tell us about your journey into the world of software development
Judy: The very first time I saw a computer was in high school. We received a donation of 10 computers running Windows 3.1 for a computer lab that was used by more than 300 students. The school was looking for some volunteers to learn computers, and I jumped on the opportunity. This provided for guaranteed time using the computers, but my Agriculture teacher was very disappointed and thought it was a big mistake. We shared one teacher across the whole province, which meant several schools relied on him to teach a few days every month.

We were falling behind, so I started to study ahead of everyone else to help the 10 students who were going to seat a final examination in computers in order to graduate from high school. This experience sufficiently enabled me to be self driven in personalized learning, and taught me how to maximize use of available resources.

I had close to US$200 saved after graduation (actually from selling chicken). I bought a second-hand computer and took it home. We did not have electricity in my village home and I had to hide it from my dad who would not approve. I set up my computer in my uncle’s house would go there and use it and then go back home.
When it finally came time to do programming, I modified a 'hello world' application to be 'hello Judy'.

**Erin: What resources did you have available when you first got into software development?**

**Judy:** In 2002 while pursuing IMIS certification, Strathmore University had several computer labs that I could use, furnished with Internet. I made friends along the way who were interested in programming and so we had a good support group that could help each other.

When I started working at OpenMRS, their community was the biggest resource for helping me get started with Java programming. They were available on IRC and Google groups and once I learned how to use the Wiki to search previously-asked questions and 'how to' pages, things got a little better. Despite the experience that most open-source products are poorly documented, the large and vibrant OpenMRS community contributed a lot to my learning.

**Erin: What have you learned as a developer?**

Most of my work has been around medical record systems, and I can say that good computing saves lives. What has happened over the last few years is how remarkably easy it’s become to develop software. And therefore the developer needs to be integrated within an ecosystem that’s trying to tackle a problem whether it’s business or for impact, and this is the only way I think to be relevant.

There have been lots of changes of perception about developers. Initially there was a myth that developers were weirdos, but now you know developers have become celebrities. Moreover there is lots of hype for looking for the next Google or the next Facebook and I think it’s easy for other people to get caught up in the circus.

**Erin: Is there any advice you’d give someone just getting into software development or open source?**

**Judy:** Looking back on my experience, I would say stay passionate about what you care about and be persistent. Open source is not easy as you know, your questions can get answered two weeks later, or sometimes never answered, and so persistence is key. For those who are worried about income or business, there is a lot of opportunity in open source.

If you were starting out specifically in a limited resource setting, I would encourage you to learn languages that take a shorter time to become proficient in, and where you have available resources to make you successful.

**Erin: Can you share some background on OpenMRS and how it’s changing global healthcare?**

**Judy:** Around 2007, a group of 4 physicians working in global health in Kenya and Rwanda came together at the Medinfo San Francisco conference during break in a café to figure out a solution to scale up providing care in their countries. On napkins, they brainstormed the first data model that would lead to OpenMRS. Three developers initially worked on the project, but since day one, there was a strong desire to open source the project that led to a community of friends growing around OpenMRS.

Our experience is that people wanted tools to use that were local to their problems, and OpenMRS provided a starting point for them to tackle their specific problems. We had some academicians who had grants that were looking at health technology adoption and assessment in various countries. They never recommended OpenMRS, but the local initiatives picked up OpenMRS as the tool to use to get started. This led to several national implementations of OpenMRS including Rwanda, Kenya, Vietnam, Uganda, and Mozambique with more countries increasingly adopting OpenMRS to provide health care.

**Erin: Tell us a bit about the community that is contributing to OpenMRS. How has it changed over the years? What are some urgent needs you have?**

**Judy:** What started off as three developers working on OpenMRS full-time has resulted into this large community. Our community is organized around implementers, people who do not necessarily have development expertise but use our software, and developers who actively write code for OpenMRS. We have developers from all over the world as we are in use in over 42 countries (https://atlas.openmrs.org/).

One thing we have not been able to do well has been to track forked off code contributions. Every month we have a surprise article or new development /use case of OpenMRS that we were not aware of. I guess this can be considered a success in the open source community. But it would be good to convince people who have forked code to contribute back to the community.

Running our diversity statistics was rather embarrassing since this is an area we lag behind in. We have organized developer levels that people can work towards and we had no /dev/5 developers who were female. We need more people working on OpenMRS, and are working towards a certification program powered by open source learning. We still are looking for funding to support our MOOC launch. Most importantly, our mission is that information is care. Most of the areas where we work have very limited resources, and we only tackle one end of the big global health problem by providing software. We need resources and partners to help us accelerate tackling the health problem in limited resource settings.

**Erin: Where do you see the future headed for open source software in healthcare?**

**Judy:** As we grow older and people live longer, caring for patients is increasingly more complex. In developing countries, open source technologies support leapfrogging through the health divide to take care of the high burden of communicable and noncommunicable diseases. For developed countries, the health care data is locked into vendor systems and doctors cannot get evidence by quickly searching the data. For example, I am using OpenMRS to run a disease registry to track outcomes of patients that receive treatment with Yttirum 90 for advanced liver cancer in the US. Before introducing this project, a solution had been sought for years and required a huge capital cost. I see open source playing a big role in these fields to provide such flexibility.
We recently learned a client had been diagnosed with aggressive prostate cancer that has since spread into his bones and other organs. Immediately life was put in perspective for his family. When we met for an update at their home, this client’s primary concern was about his personal disability insurance. He wanted to make sure his family would be okay if he was unable to work for an extended period of time. The doctor has been the sole breadwinner for his family for a number of years, but they are not yet at a point where they are financially independent without insurance.

We quickly reminded the family that they had well-structured disability insurance in place (three policies working together), and that they would be just fine financially no matter the direction this cancer took. This client had set out a clear mandate years earlier when he told us, “My objective is to take care of my family whether I live too long, die too early, or get disabled along the journey.” His courageous outlook, in spite of this traumatic experience, is inspiring—but it also emphasizes the need for every doctor to make sure his or her disability insurance is well thought out.

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When it comes to designing a doctor disability insurance program, three important issues work together in determining your best outcome:

1. How much net income you desire.
2. The strength of the insurance coverage available.
3. How to best coordinate individual insurance benefits with group benefits.

**Income Protection Desired–After Taxes**

Determining the correct amount of net monthly income you desire is the most important factor when evaluating your disability insurance needs. We highlight net because disability benefits are either paid out income-taxable or income tax-free, depending respectively on whether 1) you or your practice took a tax deduction for the premiums paid or 2) if the premiums were not deducted.

Most physicians receive some basic coverage from the practice, group, university, or hospital with whom they are affiliated. This is often equivalent to a percentage of pay (for example 60%) up to a maximum cap—anywhere from $2,500 to $25,000+ per month, depending on the employer.

Physicians should complement their group disability coverage with individually owned disability insurance coverage. The question becomes, “How much additional coverage is appropriate?” The answer is found in the following formula:

\[
\text{Net Income Desired if Disabled} = \text{Net Income} - \text{Group Benefits Available} + \text{Tax Owed on Group Benefits} = \text{Amount of Individual Coverage Needed to Properly Protect your Family}
\]

**Physician Disability Insurance**

The proper amount of coverage is important—but equally important is the strength of the coverage. To simplify this issue, we divide policies into three tiers of available coverage.

**Tier 1 “Any Occupation” Coverage**

Tier 1 coverage is the weakest form of disability insurance. A Tier 1 plan states that if you can work in any profession, you are no longer disabled. Even though you can no longer work as a physician, if you can answer the telephone, you are no longer disabled because you could work as a receptionist at your office. Many group disability insurance policies provided by a university or hospital start as Tier 2 or Tier 3 coverage, and quickly turn into Tier 1 coverage after two years of disability. As faulty as this coverage is, it is much more prevalent than many physicians and practice managers realize.

**Tier 2 “Specialty Specific–Not Working” Coverage**

Tier 2 coverage is the most common for physicians, but we usually cringe when we encounter specialty physicians who own it. Tier 2 coverage pays a benefit if you cannot work in your specialty, provided that you are also not
working in any other capacity. In other words, if you cannot perform surgery, but you can still conduct office visits–and want to continue doing so to maintain your partnership status in the practice–you would no longer be considered disabled. The same would be true if you wanted to teach or move into hospital administration.

Tier 3 “Specialty Specific” Coverage

Tier 3 coverage is what the specialized physician should own whenever possible. Tier 3 coverage has a simple definition that says you are disabled if you cannot perform your specialty. Period! If you cannot perform the duties of your specialty, you are disabled, and should receive full benefits. It does not matter if you work elsewhere, teach, conduct office visits, or move into administration. If you can no longer perform your specialty, you are disabled. The good news is that a properly structured Tier 3 plan frequently has the same cost, or often less, than a Tier 2 plan. (23)

The above details lead to the conclusion that it is very important to make sure you understand which Tier your individual and group disability insurance policy falls into in order to ensure that you have not accidentally acquired Tier 2 coverage. One of the biggest problems we encounter is that some insurance agents actually masquerade their Tier 2 coverage as Tier 3 coverage. We have an email on file that was forwarded to us from a physician. His insurance agent, from a popular mutual insurance company, was boldly misleading his client about this issue. He was “assuring” the client that his disability coverage was better than anything else on the market, when it was clearly Tier 2 coverage instead of the stronger Tier 3 coverage.

The worst part was that the agent apparently did not even understand the contract for the coverage he was selling, because he misused several terms and described things inaccurately to his client. We put the physician in direct contact with the underwriters from the insurance companies so that he could ask his specific questions. After doing so, the physician immediately opted for the stronger Tier 3 coverage instead of the weaker Tier 2 coverage. It also happened to be less expensive.

Properly Combining Coverage

One final issue, important to many higher-income specialists, is how to properly combine multiple disability insurance policies. For higher income specialties, three policies are often at play that must work hand-in-hand to be structured as efficiently as possible:

1. Your “base” individually owned policy
2. Your “secondary” individually owned policy
3. Your group policy from your practice/employer

The finer details of how to properly combine these three policies are beyond the scope of this article. However, at a basic level, it is important to know that whenever possible, it is essential to put your individual policies (base and secondary) in place before you join your group or take on your group coverage because group coverage counts against you when determining the amount of coverage for which you are eligible. Conversely, individual coverage does not usually count against you when determining the amount of group coverage available.

The good news from a cost standpoint is that disability insurance is a temporary solution. Once your assets are sufficient and can provide for your family on their own merit, disability insurance is among the first a physician can afford to reduce or cancel. Think of it this way, when you are young, your debts are high, and your assets are low, so your need for coverage is likely to be the greatest. As you reduce debt and acquire assets, your need for coverage should continue to decrease.

(23) Martin, CFP®, Thomas S. Life’s Toughest Battles. St. Louis, MO: Larson Financial Group, LLC, 2008
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Grades 3 - 8
Final Showcase: June 16

In the musical theater camp you will learn singing, dancing, and acting! The campers will rehearse for a final performance of the songs, scenes, and dances in the final showcase and everyone will have either a spoken or singing solo!

Cost: $215 + $15 materials fee
* SPACE IS LIMITED TO 20 CAMPERS *

Music Camp I
June 19 - 30 (2-week camp)
Monday - Friday 9:30am - 2:30pm
Grades 1 - 6
Final Showcase: June 30

Music Camp II
July 10 - 21 (2-week camp)
Monday - Friday 9:30am - 2:30pm
Grades 1 - 6
Final Showcase: July 21

Join us for a fun-filled 2-week Summer Music Camp Session where you will experience rhythm live with Pipe Stomp, Boom Whackers, Drums, Percussion Instruments, Cups, and more.

3 small group lessons in your choice of Voice, Piano, Guitar, Drums, Violin, and Recorder.

Music themed Creative Art time & Music Games.

Exploring concepts in theory, music structure, scales and chords.

And a Showcase Performance on the last day of the session!

Cost: $400 + $25 Materials Fee
* SPACE IS LIMITED TO 30 CAMPERS *

Rock Band Camp
July 31 - August 4 (1-week camp)
Monday - Friday 10:00am - 1:00pm
Grades 5 - 10
Final Showcase: August 4

Be in a rock band and discover the world of rock music through playing two cover songs at the Final Showcase, listening to music and talking about the rock genre to really understand its history, playing in jam sessions and learning the basic musical knowledge you need to play your favorite songs with friends!

Band members will choose Drums, Keyboard, Guitar, Bass, or Vocals.

Cost: $175 + $15 Materials Fee
* SPACE IS LIMITED TO 9 CAMPERS *

What Our Clients Are Saying

"The BEST music school ever!!!! The kids truly enjoy coming to learn new songs and techniques. Outstanding teachers and staff!!!”
- Ted Santos

"Best music School and teachers in Jacksonville!!!”
- Patterson Family

Individual Music Lessons Also Available

Since 2006, the Jacksonville School of Music has specialized in top-notch, state of the art, private music lessons. Our instructors are highly trained and the best in the business. Their passion for music and teaching is second to none.

We offer piano, guitar, bass, drums, violin, viola, cello, vocal coaching and more! Our music school provides lessons for students of all skill levels, Pre-K and up!

12192 Beach Blvd., Jacksonville, FL 32246
(904) 998-0077
info@jacksonvilleschoolofmusic.com
www.jacksonvilleschoolofmusic.com
Jacksonville Boat Club can provide you with an exclusive fleet of boats to enjoy the boating lifestyle without the high cost and hassle of owning your own boat.

Being a member of our club gives you many advantages over owning your own boat:

- It's much more cost-effective
- You can choose from our several different types of boats to suit your needs - from deck boats to twin cabin express yachts
- You don't have to clean the boats after you use them or keep them maintained – so you have no drain on your time or your cash.
- No loan payments.
- No insurance payments.
- No storage fees.
- No towing – or waiting in line at the ramp.
- Our exclusive valet service (including water toys and ski vests) removes all the frustration and aggravation so you and your guests can fully enjoy your day on the water.
- Membership includes using the express yachts for overnight stays for romantic getaways and family outings.

Make boating a part of your life the easy way. Please contact our Director of Business Development at 904.477.9794 for information on our individual, family or corporate memberships and visit us at jaxboatclub.com.