



OCTOBER 2025 NEWSLETTER

BREATHING EASY THIS OCTOBER

Plus
the menopause
& ADHD awareness

In this issue of *Your Health* we explore a variety of important health topics. With Stoptober underway, we focus on the impact of smoking and the benefits of quitting, plus a focus on vaping. Dr Shalini Dykes provides valuable insights on the menopause, offering guidance to help women navigate this key life stage with confidence. Additionally, Lizzie Raye delves into the complexities of ADHD, highlighting the diverse experiences of those living with the condition.

Stoptober & Lung Health

WHY STOPTOBER MATTERS

October marks the annual Stoptober campaign, a nationwide initiative encouraging smokers to quit and embrace a healthier lifestyle.

Smoking is the leading cause of premature, preventable death globally. Tobacco smoke contains many chemicals that are harmful to both smokers and non-smokers, and breathing even a little tobacco smoke can be harmful. Of the more than 7,000 chemicals in tobacco smoke, at least 250 are known to be harmful, including hydrogen cyanide, carbon monoxide and ammonia, and there is evidence that at least 69 increase the risk of cancer, including arsenic, benzene and cadmium.

Smoking is the leading cause of **premature, preventable death** globally.

There are around eight million tobacco related deaths each year globally. More than seven million of those deaths are the result of direct tobacco use, while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. In 2023, data shows that 11.9% of adults in the UK were smokers – 13.7% of men and 10.1% of women – which equates to around six million people.

The good news is that quitting smoking can transform your health almost immediately, with benefits that continue to grow over time. Regardless of how long you have smoked, stopping can significantly improve your quality of life.

WHY IS SMOKING ADDICTIVE?

Smoking is highly addictive primarily due to nicotine, a chemical in tobacco that rapidly affects the brain. When inhaled, nicotine triggers the release of a number of chemical messengers in the brain, including dopamine, a neurotransmitter associated with pleasure and reward. The result is a temporary feeling of relaxation or satisfaction.

Over time, the brain becomes dependent on the downstream effects of nicotine, leading to cravings and withdrawal symptoms such as irritability, anxiety and difficulty concentrating when nicotine levels drop. This cycle of craving and relief makes smoking hard to quit, as the body and mind become more reliant on

nicotine for stress relief and emotional regulation.

Additionally, smoking often becomes ingrained in daily routines and social habits, further reinforcing the addiction and making the process of quitting even more challenging.

Regardless of how long you have smoked, stopping can significantly improve your quality of life.



The impact of smoking

► Your Mind

Many people think that smoking helps calm their nerves and reduces anxiety. It might feel like a cigarette eases stress or tension, but the truth is it can make things feel worse.

Smoking gives a quick hit of nicotine, which feels relaxing at first, but that feeling fades fast.

When it wears off, you can feel even more anxious, stressed or down. This can lead to smoking more often, but instead of fixing the problem, it can create a cycle where anxiety gets worse, not better.

► Your Finances

If you spend £14 on a pack of cigarettes, here's what smoking half a pack a day adds up to over time:

- 1 month would cost around £213
- 1 year would cost around £2,555
- 5 years would cost around £12,775
- 10 years would cost around £25,550

► Your Body

Most people know smoking causes heart disease and a wide range of cancers but may not realise the extent of the potential health implications. In part, this is due to the damage that smoking does to blood vessels throughout the body.

- Hearing and vision loss: Studies show that smoking increases the risk of hearing loss and eye problems like cataracts, diabetic eye disease and age-related macular degeneration.
- Dementia: studies have linked smoking to heightened risk of Alzheimer's disease and potentially other forms of cognitive decline, like vascular dementia.
- Damage to your joints: Smoking is pro-inflammatory, and can therefore worsen inflammatory arthritis like rheumatoid arthritis, and make treatment less effective. Smoking negatively impacts tissue healing and can prolong episodes of back pain and soft tissue injuries. There is evidence that smoking also causes an imbalance of bone metabolism, increasing the risk of osteoporosis and fractures.
- Digestive issues: smoking has been linked to issues like heartburn, gastric ulcers, liver disease, Crohn's disease, pancreatitis and gallstones.
- High blood pressure: smoking leads to blood vessel inflammation and stiffening, essentially narrowing arteries and placing extra strain on your heart.
- Pregnancy complications: Smoking affects healthy foetal development and growth during pregnancy and can increase the risk of sudden infant death syndrome (SIDS).

THE BENEFITS OF QUITTING

The earlier you quit smoking the more you're likely to benefit, though it's never too late. Quitting will improve your health whenever you decide to do it and no matter how long you have smoked for.

If you have previously tried to quit smoking, don't quit quitting. If your previous attempt(s) to stop smoking didn't go as planned, don't be disheartened; every effort brings you closer to better health.

Stopping smoking allows your body to repair itself.

- After eight hours, harmful chemicals like carbon monoxide in your blood will have halved, making room for more oxygen to flow through your body.
- After two days, your lungs continue to work to clear out harmful smoking debris in natural mucus.
- After three days breathing might feel easier.
- Within weeks, your heart attack risk begins to drop.
- And in as little as six weeks you can start feeling the mental health benefits of quitting.

When you quit smoking, the natural chemicals in your brain, like dopamine, start to balance out, which helps lift your mood. Over time, this means you may feel happier, less anxious and more in control of your life. You may also notice an improvement in your appearance in just a few days as blood flow improves, bringing more oxygen and nutrients. Your sense of smell and taste may also improve, alongside increased energy levels and libido.

Quitting smoking will give you more disposable income every month, allowing you to put the money towards things you need or care about. Plus once you stop, second-hand smoke is no longer a risk to your family, giving them cleaner air to breathe and a healthier future.

Your longer-term risks of illnesses such as lung cancer, heart disease, stroke and developing new cancers will also reduce. For example in the UK, smoking is the leading cause of lung cancer, responsible for 72% of cases, with 90% of those diagnosed being smokers or ex-smokers. After 10 years of being a non-smoker, your risk of dying from lung cancer is half that of someone who still smokes.

For more information on keeping your lungs healthy, you can visit: [Increase Your Lung Efficiency | Health Partners Group](#)



A focus on vaping

E-cigarettes or vapes containing nicotine were originally developed as an alternative to smoking conventional cigarettes to help people stop smoking altogether and research has found that they are an effective aid for this. However, 5.6 million adults now use them worldwide (11% of the population) and their appeal has extended to people who have never smoked, with 1 in 12 users in the UK having never smoked.

THE KNOWN RISKS OF VAPING

While vaping avoids hazardous substance exposure from burning tobacco and is generally agreed to be less unhealthy than smoking, this has led to the misconception that vaping is completely safe. Here are some of the known risks.

- ▶ **Vaping-Associated Lung Injury (EVALI)**
A severe and sometimes fatal lung condition, caused by inflammation to the lungs from the chemicals within vaping products, especially those containing tetrahydrocannabinol (THC) found in cannabis. Symptoms of EVALI include severe shortness of breath, chest pain, and persistent coughing, often requiring hospitalization. One of the primary causative agents, Vitamin E acetate, has now been banned by the UK Government.
- ▶ **'Popcorn Lung'**
Inhalation of diacetyl, a flavouring used to create a buttery flavour, is known to cause a condition called bronchiolitis obliterans. This results in scarring of the tiny airways in the lungs causing thickening and narrowing. This substance is banned in UK in regulated nicotine vapes and e-liquids, however, it may still be present in vaping products purchased abroad.

- ▶ **Nicotine Dependency**
Evidence suggests that vaping can result in nicotine dependency, although this risk is thought to be lower than for cigarettes.
- ▶ **Upper Airway Irritation**
Common immediate symptoms of vaping include throat and mouth irritation, coughing and dry mouth. Some users also experience dizziness, headaches and nausea. This is caused by the carrier solvent used to help generate e-cigarette 'smoke'. Glycerine and glycerol are the two most common solvents. These are common food additives, but they can also be found in a range of chemical products, such as anti-freeze.
- ▶ **Dental Disease**
The risk of dental disease in e-cigarette users is greater than that seen in non-smokers, but this is less than that associated with tobacco smoking.
- ▶ **Metal Contamination**
Vaping aerosol has been associated with metal contamination. This can occur due to the heating element or fraying at the soldered joints of the heating coils. Studies have shown nickel, manganese, zinc, copper and iron can all be found in vaping aerosol. Exposure can be associated with increased cancer risk, cardiovascular disease, kidney and nerve damage.

UNKNOWN RISKS OF VAPING

The long-term risks of vaping remain unclear and conclusive evidence is unlikely to become available for many years. From what is known about the constituents of e-cigarettes, it seems likely that they are less harmful than smoking but unlikely to be harmless. There is potential for cancer risk with prolonged use due to the presence of carcinogens like formaldehyde in vape aerosols, and whilst the flavourings used in vaping are safe for ingestion, there is currently no evidence indicating that they are safe to inhale.

Quitting support

Stopping smoking or vaping is undoubtedly challenging, but the rewards are immense. Whether you're motivated by the desire to breathe easier, live longer or protect those around you, it's never too late to take the first step.

The NHS has an easy quiz to help you find the combination of support for quitting smoking that's right for you: [Free Personal Quit Plan](#)

They also have a guide providing practical tips to help you quit vaping safely and successfully: [How to quit vaping](#)

Menopause

Written by Dr Shalini Dykes,
Occupational Health Physician

The menopause transition is a natural biological process that every woman will experience as she ages, marking the end of her reproductive years. In a nutshell, it is the time in life when a biological woman's periods stop. This is not a life stage that occurs overnight after the last period – the average duration of menopausal symptoms is 7 years. Despite being a normal stage of life, it can bring about significant physical, emotional and social challenges. The menopause usually occurs between 45-55 years with the average age being 51 years. Symptoms can start several years before a woman's periods stop and this pre-menopausal period can be very disruptive.

- ▶ **Early menopause** is defined as menopause occurring before a woman is 40 years old (affects 1 in 100 women).
- ▶ **Primary ovarian insufficiency** is when menopause occurs before a woman is 30 years old (affects 1 in 1000 women).
- ▶ **Medical / surgical menopause** can occur at any age and is the consequence of treatment for a myriad of health conditions affecting women, from side effects of chemotherapy for various cancer types, to surgical interventions for gynaecological conditions like endometriosis.

The menopause transition is a **natural** biological process that **every woman** will experience as she ages.

WHY IS IT IMPORTANT THAT WE SPEAK ABOUT THE MENOPAUSE?

This transition affects 51% of the population. A third of a woman's life is spent being pre- and post-menopausal, with most women expecting to live for 30 years beyond their menopause. Eighty percent of women affected by the menopause experience symptoms. Forty-five percent of these women find symptoms of the menopause hard to deal with and there is a significant impact on working life. Some women choose to reduce their hours and it is estimated that 10% will quit entirely, with implications for the wider workforce. We should encourage open conversation about the menopause within families, friends and workplaces.

Deciding whether to use treatment during menopause is very much a personal decision, but should always be based on informed choice. However, 50% of menopausal women do not consult healthcare professionals about symptoms of the menopause, despite multiple and well recognised long-term consequences of ageing and oestrogen deficiency including cardiovascular disease, osteoporosis, memory and cognitive difficulties as well as genitourinary syndrome of menopause. There are a number of cultural barriers that can influence a woman's decision to seek advice.

A reduction in oestrogen impacts many different areas of the body and therefore can result in a wide range of symptoms.

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SYMPTOMS OF THE MENOPAUSE

Menstrual irregularities, hot flushes, night sweats, low mood, anxiety, irritability, being tearful or lethargic, lack of energy, poor memory, reduced concentration, brain fog, vaginal discomfort, urinary symptoms including urgency and incontinence, difficulties with libido and painful sex.

Menopause increases the risk of:

- ▶ Osteoporosis – affecting 1 in 2 post-menopausal women
- ▶ Heart attack (MI)
- ▶ Type II Diabetes Mellitus
- ▶ Obesity
- ▶ Cognitive decline and early dementia
- ▶ Depression

Many women find it difficult or embarrassing to discuss symptoms, which can lead to feelings of isolation or depression. Lots of women benefit from hormone replacement therapy (HRT), but it is not suitable or advisable for all. Misinformation is an important barrier to seeking advice about this.

Key lifestyle and health tips to help you prepare for the menopause

SLEEP

Good sleep is crucial for health and productivity, yet many women in perimenopause or menopause struggle with it. Sleep deprivation can lower mood, worsen memory issues, negatively affect immunity, and has been linked to increased risk of heart disease and certain types of cancer. Sleep cannot be 'repaid' through naps or weekend lie-ins.

To improve sleep:

- ▶ Keep your bedroom cool (around 18°C overnight) to prevent discomfort from night sweats or hot flushes.
- ▶ Try to maintain a consistent sleep routine, going to bed and waking up at the same time daily, even on weekends.
- ▶ Avoid alcohol, caffeine and illegal drugs like marijuana, as they disrupt natural REM sleep, which is vital for mental and emotional health.
- ▶ Natural fabrics for bed linen and nightwear like cotton and silk can help keep you cool in bed at night.

EXERCISE AND LEISURE

Regular physical activity is essential for menopausal women, improving bone strength, maintaining muscle mass, supporting heart health and boosting mood. Exercise also aids in weight management, countering the increased fat distribution around the middle due to falling oestrogen levels. If HYROX workouts or running marathons is not your vibe (it isn't mine!), gentler leisure activities, such as yoga, Pilates or social walks, can equally enhance relaxation and wellbeing.

MANAGING MOOD, ANXIETY AND STRESS

Hormonal changes during menopause can lead to anxiety, low mood, mood swings and lack of motivation.

Hormone replacement therapy (HRT) can be effective, but lifestyle adjustments also help:

- ▶ Good sleep, a balanced diet and regular exercise.
- ▶ Techniques like deep breathing, journalling and taking breaks.
- ▶ Practising mindfulness or meditation
- ▶ Maintaining social connections with friends or family.
- ▶ Always seek professional help for persistent low mood or anxiety.

EATING WELL

A balanced diet supports energy levels, bone health and emotional stability.

- ▶ Mediterranean diet principles (high in vegetables, nuts, fish and unsaturated fats) are beneficial.
- ▶ Try to opt for low-GI carbohydrates (e.g., whole grains and sweet potatoes) to help stabilise mood swings.
- ▶ Include calcium and vitamin D to strengthen bones and regulate mood.
- ▶ Gut-friendly foods like prebiotics (garlic, bananas) and probiotics (live yoghurt, kefir) can help support digestion, immunity and serotonin production.

ALCOHOL AND SMOKING

Both these habits worsen menopausal symptoms and long-term health. Excess alcohol can disrupt sleep, increase hot flushes, and raise risks of cancer and heart disease. Smoking similarly heightens risks of heart disease, cancer and osteoporosis, and may trigger earlier menopause.

By focusing on small, manageable changes in sleep, diet exercise and habits, women can alter the impact of menopause and improve their overall wellbeing.

HORMONE REPLACEMENT THERAPY (HRT)

The most suitable type of HRT will depend on a variety of individual factors, including stage in the menopausal transition, previous hysterectomy, age, medical history, risk factors and personal preferences. Most forms of HRT combine different amounts of the hormones oestrogen and progesterone. There are currently over fifty different combinations available in the UK and the choice is made with the prescribing doctor's input and support. There is no 'one size fits all' approach – and it can take a few attempts of 'tweaking' the dose and preparation before even the most committed individual finds an HRT preparation that suits their needs and manages their symptoms.

This article from the British Menopause Society provides a detailed and balanced view of the benefits and risks of HRT for the menopause: [Fact Sheet](#)

In my clinics, I regularly assess women who are struggling with menopausal symptoms – and by the time they are speaking to an Occupational Physician about matters –

menopause is clearly impacting them to some extent at work. Many of these women tell me that they feel that HRT is risky, but the medical profession increasingly believes that in most women the benefits of HRT outweigh risks. In women who are prescribed HRT for premature ovarian insufficiency, HRT is recommended until the age of at least 51 years. The historical concerns about increased risk of venous thromboembolism (for example deep vein thrombosis) are less of an issue with modern transdermal HRT preparations (gels, sprays, patches and so on).

Many women also believe HRT can only be taken for a short time, and though most benefit (and reduction of cardiovascular disease risk) might be before the age of 60, it can be taken for much longer where the benefits continue to outweigh the risks.

Another common perception that discourages women from wanting to take HRT is the belief that taking HRT will increase their risk of breast cancer. The infographic below helps puts things into perspective.

Difference in breast cancer incidence per 1,000 women ages 50-59

Approximate number of women developing breast cancer over the next five years

23 cases of breast cancer diagnosed in the UK general population



An additional four cases in women on combined hormone replacement therapy (HRT) or on combined hormonal contraceptives (the pill)



Four fewer cases in women on oestrogen only hormone replacement therapy (HRT)



Data source: Women's Health Concern

WHAT ELSE CAN HELP WOMEN DEAL WITH SYMPTOMS OF THE MENOPAUSE?

There are a number of helpful measures other than HRT, such as:

- ▶ Addressing lifestyle factors – balanced and healthy diet, weight management, partaking in regular exercise, not smoking, addressing alcohol consumption and stress management.
- ▶ There are herbal remedies that can help women during the menopause transition. These include sage, black cohosh, red clover and evening primrose oil. Herbal remedies are, however, less regulated than conventional medicines and you should research carefully. There is a useful guide from Menopause Matters: [Natural Alternatives to HRT](#)
- ▶ Cognitive behavioural therapy. You can read an evidence review here: [National Institute for Health and Care Excellence](#)
- ▶ Non-hormonal treatments, tailored to the individual's specific needs and symptoms of the menopause are useful where HRT is not medically recommended. For example antidepressants or clonidine.
- ▶ Low dose of testosterone can help some women with significant libido issues, that have not improved with combined oestrogen and progesterone.

There are a number of helpful measures other than HRT



MENOPAUSE AND THE WORKPLACE

3.5 million women aged between 50-65 years are in employment in the UK. 90% percent of these women say menopause affects working life:

- ▶ Thirty percent say symptoms are extremely problematic at work
- ▶ Eighteen percent have taken sick leave due to symptoms (only 9% recorded accurately)
- ▶ Thirty-five percent have taken annual leave due to symptoms
- ▶ Twenty percent have considered leaving work due to symptoms.

Examples of workplace adjustments that can help women manage their symptoms of menopause at work include:

- ▶ Access to cold drinking water and bathroom facilities
- ▶ Access to fresh air and natural light
- ▶ Fans / windows / air-conditioning
- ▶ Avoiding synthetic fibres in uniforms
- ▶ Flexible breaks
- ▶ Quiet area / room
- ▶ Flexible working
- ▶ Using written notes or reminders
- ▶ Training / raising awareness of the menopause for all staff in the workplace (through articles like this one!)

Resources you may find helpful if you or someone you know is affected by the menopause:

- ▶ [Menopause Matters](#)
- ▶ [Women's Health Concern](#)
- ▶ [NHS](#)
- ▶ [TUC](#)
- ▶ [UNISON](#)
- ▶ [The Menopause Charity](#)
- ▶ [The Daisy Network](#)
- ▶ [British Menopause Society \(Workplace Considerations\)](#)

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The Many Faces of ADHD

Written by Lizzie Raye, Assistant Psychologist

It's Wednesday morning. The alarm blares and I hit snooze for the fourteenth time. Then it hits me – I have exactly 28 minutes to get myself and my little one ready for work and nursery. Chaos ensues. I lose track of time scrolling through the news on my phone, scramble to pack the nursery bag (which I should have done the night before), frantically search for my car keys, and only realise my daughter isn't wearing her shoes when we arrive at nursery. And all of this happens before 9am...

This year's theme for ADHD Awareness Month is The Many Faces of ADHD, and mornings like mine are just one face of it. I'm an AuDHDer, meaning I'm both autistic and ADHD. ADHD is so often misrepresented as the 'naughty, hyperactive boy' stereotype – the child who can't sit still, doesn't listen and disrupts the classroom. But this oversimplification fails to capture the vast range of presentations, traits and impacts that ADHD encompasses.

WHAT EXACTLY IS ADHD?

ADHD stands for attention deficit hyperactivity disorder, a neurotype that falls under the broader umbrella of neurodiversity. But let's pause for a moment and rethink that label. What if, instead of *deficit* and *disorder* we framed ADHD as attention *regulation* and activity *difference*?

Here's why: ADHD isn't about a lack of attention – it's about differences in how attention is regulated. Picture this: you're spinning 14 plates, while juggling, writing a report, walking the dog and planning your other half's birthday present – all at the

same time. That's what it's like to be an ADHDer. It's not that we can't focus; it's that our focus doesn't always land where it's 'supposed' to.

Reframing ADHD as a difference rather than a disorder helps challenge the idea that any one neurotype is the 'correct' way to be. Our brains are diverse and that diversity is what makes us human.

BEYOND CONCENTRATION: THE BROADER IMPACTS OF ADHD

ADHD is about far more than just differences in the ability to concentrate. Its impacts can ripple across many areas of life, including:

- ▶ Executive functioning: Impacting memory, attention, processing and organisation.
- ▶ Sensory processing: Affecting the capacity to filter sensory input, leading to overwhelm or distraction.
- ▶ Time perception: A distorted sense of time, often referred to as time blindness.
- ▶ Hyperactivity: Manifesting physically (restlessness) or cognitively (a racing mind).
- ▶ Impulsivity: Acting on impulse before fully thinking things through.
- ▶ Emotional regulation: Experiencing intense emotional reactions and heightened sensitivity to rejection, known as rejection sensitive dysphoria.
- ▶ Self-esteem: Diminished confidence and feelings of imposter syndrome.

My hectic Wednesday morning is a prime example of how these impacts can play out. You might be thinking, 'Well, everyone has chaotic mornings now and then.' The difference is that for ADHDers, these experiences are not occasional – they're the norm. Trying to manage these impacts while masking them (for fear of being judged as incompetent or lazy) can lead to deep fatigue and burnout – mentally, emotionally and physically.

The strengths of ADHD

Let's not dwell solely on the challenges. An ADHDer also brings unique strengths. ADHDers are often:

- ▶ Creative problem solvers who think outside the box.
- ▶ Talented multitaskers, able to juggle multiple tasks simultaneously.
- ▶ Vibrant and enthusiastic motivators of others.
- ▶ Cool and confident crisis navigators.



SUPPORTING ADHDERS IN THE WORKPLACE

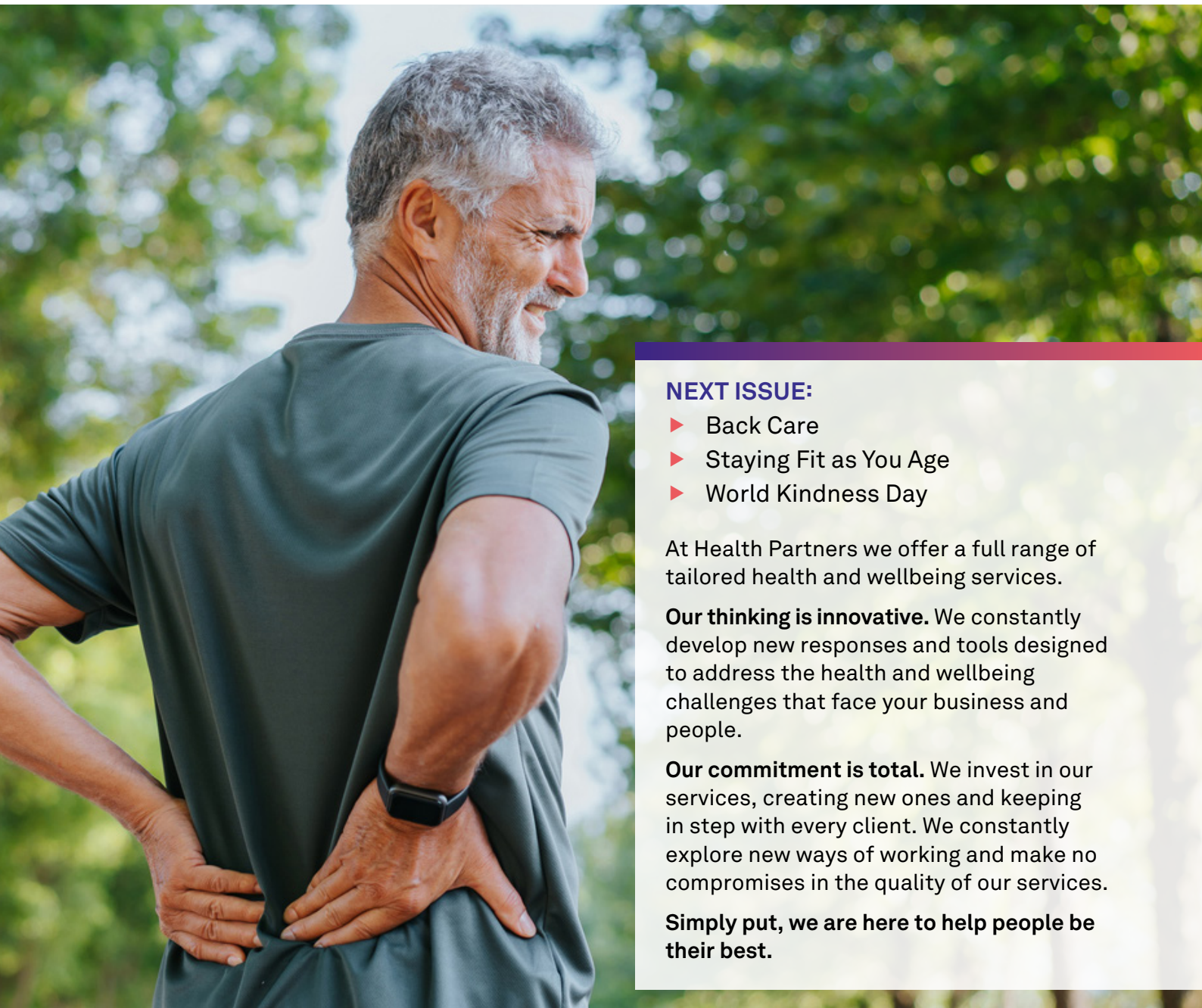
So, how can workplaces support their ADHD colleagues to manage impacts and harness these strengths? Here are a few practical ideas:

- ▶ Raise awareness and foster inclusion: Share articles like this one, host ADHD awareness training and promote a culture of neuroinclusion.
- ▶ Adapt the environment: Recognise that everyone's ideal working conditions are different. Some may thrive in a bustling, energetic setting with music, while others need calm and quiet. Flexibility is key.
- ▶ Communicate clearly and directly: Vague instructions can lead to confusion and analysis paralysis. Be specific about goals, timelines and success criteria to set ADHDers up for success.
- ▶ Be a motivational ally: Offer to work as a 'body double,' working alongside the individual to provide focus, and set up accountability check-ins or make tasks more engaging by gamifying them.
- ▶ Create psychological safety: Cultivate an environment where colleagues feel safe to share ideas, concerns or even mistakes without fear of judgment. This helps neurodivergent individuals feel comfortable unmasking and being their authentic selves.

Many of these adjustments are simple and cost very little but can have a transformative impact and, as it turns out, a more inclusive environment benefits everyone – not just ADHDers.

RESOURCES

- ▶ [Facts at a Glance - ASH](#)
- ▶ [Quitting smoking | Health Partners Group](#)
- ▶ [National No Smoking Day – The Benefits of Quitting | Health Partners Group](#)
- ▶ [Vaping: The Risks, Unknowns and How To Help Your Employees Quit | LinkedIn](#)
- ▶ [Understanding the true impact of smoking - Better Health - NHS](#)
- ▶ [Smoking - BHF](#)
- ▶ [ADHD in adults - NHS](#)
- ▶ [ADHD UK - Homepage - ADHD UK](#)
- ▶ [What is ADHD? - ADHD Foundation](#)
- ▶ [ADDitude - ADD & ADHD Symptom Tests, Signs, Treatment, Support](#)
- ▶ [Making your organisation neuroinclusive - Neurodiversity at work - Acas](#)
- ▶ [Neuroinclusion at work | CIPD](#)



NEXT ISSUE:

- ▶ Back Care
- ▶ Staying Fit as You Age
- ▶ World Kindness Day

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Our thinking is innovative. We constantly develop new responses and tools designed to address the health and wellbeing challenges that face your business and people.

Our commitment is total. We invest in our services, creating new ones and keeping in step with every client. We constantly explore new ways of working and make no compromises in the quality of our services.

Simply put, we are here to help people be their best.