

GOLDEN YEARS

Keeping nursing homes open

By U.S. Senator Deb Fischer

Almost 10,000 Nebraskans live in certified nursing facilities. These facilities are a home for our seniors, a community where they receive care, meet friends, and visit with family.

For years, the number of these facilities has dwindled. Since 2015, 44 nursing homes and 35 assisted living facilities across our state have shut their doors. Those closures deprived Nebraskans of

over 3,000 beds. And unfortunately, the staffing challenges plaguing the nursing industry are not going away any time soon. Many facilities are struggling to stay open.

A Biden administration rule finalized this month would only worsen this problem.

The rule, released by the Centers for Medicaid & Medicare Services (CMS), will burden nursing homes across rural America with unrealistic staffing require-

ments. It requires a registered nurse to be on hand every hour of every day. To put that in perspective, nine Nebraska counties don't even have one practicing registered nurse available. The rule also requires about three and a half daily hours of dedicated nursing care for each resident.

Eighty percent of Nebraska's counties don't have a nursing home that meets these requirements. Especially in rural areas, we don't always have the resour-

es to meet the stringent requirements that work for big cities on the coasts.

After CMS proposed the nursing home rule in September, I sent a letter with the rest of the Nebraska congressional delegation expressing our concerns to CMS Administrator Chiquita Brooks-LaSure. But CMS still plowed ahead with the rule. It was finalized this month, and it will go into effect this summer.

This mandate will do the exact opposite of what it intends. CMS wants to provide seniors with better care, but unrealistic standards will force nursing homes to shut down in the rural communities that need them most. The result in those areas is not better care — it's no care.

Nursing homes are few and far between in rural areas of our country. Fifteen of Nebraska's counties have no nursing home. If one facility closes, the next closest one could be many miles or even hours away. Just one closure could be detrimental to seniors in some of our communities. But if our nursing homes stay open, seniors won't have to face upheaval in their final years. They won't have to leave family and loved ones behind to find a new home. They won't have to experience the loneliness, uncertainty, and depression that can come along with moving to an unfamiliar place.

I'm pushing back against the CMS rule on behalf of those who need care. Congress has the power to pass a resolution called a Congressional Review Act (CRA) that overturns a rule instated by the presidential administration. My colleagues and I are working on a CRA now that will stop this staffing rule.

If it goes into effect, this rule could harm our own parents and grandparents by forcing nursing homes to shut down. It could harm hundreds of people across our state and thousands across our country. I'm determined to keep our nursing homes open, and I'll do everything I can to stop this mandate.

Thank you for participating in the democratic process.



Celebrating the past, looking forward

Among the entries in the Hoskins Q125 Parade was one that showcased those community members who were 90 years or older and those born in 2024. The community celebrated for three days at the end of June with activities for all ages and focused on those individuals and businesses that have been part of the community for years.

What to know after a bladder cancer diagnosis

(StatePoint) A bladder cancer diagnosis can be scary, but according to those who've been through it, advocating for yourself and taking charge of your journey can help you make informed decisions when it comes to your treatment to get the best care possible.

"For me, a second opinion turned an originally doom-and-gloom picture into a more hopeful, optimistic and clear path forward," said Mary Beth

M., a bladder cancer survivor. "It's so important to seek a second or even a third opinion if you feel uncertain during your journey with bladder cancer."

In today's healthcare landscape, where costs are rising and policies are restrictive, effective advocacy from survivors, healthcare providers and supporters is crucial. Collaborating and advocating responsibly can strengthen the healthcare system and improve

the quality of cancer care that patients receive.

"Being your own advocate isn't just about speaking up, it's about taking charge of your own well-being and ensuring that you get the care you deserve," said Mary Beth.

Here are a few ways you can take charge of your journey:

- **Stay informed.** Learn everything you can about bladder cancer, your treatment options, your health insurance coverage, and other aspects of your care. This will help you navigate decision making from an informed standpoint.

- **Prioritize self-care.** Taking care of your body and mind can help prepare you to deal with both your illness and the stress of treatment.

- **Lean on support networks, including loved ones and your care team.** Big decisions don't need to be made alone. Talking to others who are also going through this experience can help you gain practical knowledge and feel less isolated.

- **Ask for Blue Light Cystoscopy (BLC).** BLC is a technology that allows urologists to see tumors that stan-

dard White Light Cystoscopy alone may miss. Better detection can lead to more accurate risk categorization, which drives appropriate disease management and possibly better patient outcomes. If BLC was not used in your original transurethral resection of bladder tumor (TURBT), it may be worth asking for it to check for residual tumors and ensure accurate diagnosis. In fact, up to 86% of residual tumors are found at the original resection site after initial white-light TURBT.

BLC makes cancer cells in the bladder glow bright pink, which helps make lesions visible and defines their borders. This procedure can be useful in both surveillance and operating room settings. If you are interested in considering BLC, speak with your urologist. You can also find a list of locations that offer BLC here: <https://rebrand.ly/locateBLC>.

Being your own advocate – or having an advocate work in your best interest – is important when battling bladder cancer and will help in both learning about the best treatment options and accessing them.



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Six scams every older American should know about

(StatePoint) Amid technology advances enabling scammers to commit fraud, elders and their loved ones need to stay informed.

Typically, elder scams involve the transfer of money to a stranger or imposter for a promised benefit or good. In 2023, banks reported more than \$27 billion in suspicious activity related to elder scams, according to the Financial Crimes Enforcement Network, and reports filed by the public to the Federal Bureau of Investigation indicated an average loss of more than \$33,000 per case. And these numbers may be conservative, as elder fraud cases may be underreported.

One technology behind these staggering figures is artificial intelligence (AI). Advanced methods of masking one's identity using AI make it difficult to detect fakes. Voice print – or voice clone – scamming is becoming more of an issue when it comes to impersonation fraud. Using voice clips from social media or by calling and having a brief conversation with someone, criminals can generate an imitation to be used as part of their ruse. "Older adults are often easier prey for these types of fakes, because a recognized voice when applied to certain scam strategies is often enough to elicit action," says Mark Kwapiszeski, head of Enterprise Fraud at PNC.

Two Scam Strategies to Watch For

Most scams targeting elders generally follow one or two main strategies: 1) elicit strong feelings and apply a sense of urgency to get someone to act quickly before thinking, and/or 2) entice someone with an offer that seems too good to be true, yet too alluring to pass up. Here are some of the more common types of elder scams:

Scams That Apply a Sense of Urgency

- **Tech Support.** Someone will claim they need to remotely access the victim's computer to fix a software prob-

lem, then use that access to steal personal or financial information.

- **Government Imposter.** The fraudster may tell the victim they owe a debt that must be paid immediately or face arrest, asset seizure or termination of benefits.

- **Grandparent.** An elaborate story is given by phone and sometimes involves a voice print of an actual grandchild, claiming a loved one is in trouble and needs money to be protected.

Scams That Offer

Something Too Good to Be True

- **Investment.** The scammer makes claims of a high-return investment to trick the victim into giving them money, often asking to be paid in an unconventional way, like cryptocurrency, where there's little to no chance of recovering the funds.

- **Romance.** The scammer develops a fake identity and creates the illusion of a romantic relationship to manipulate or steal from the victim.

- **Lottery/Sweepstakes.** Scammers make contact by phone or mail to tell the victim they've won the lottery or a sweepstakes but claim the elder has to remit a processing fee before they can get their prize.

Take Protective Measures and Stay Alert

The most effective way of preventing fraud is to pause when being rushed and take time to verify the legitimacy of both the person making contact and their claims. To reduce the odds of your voice being cloned, experts suggest exercising caution when speaking on the phone with strangers. If someone unfamiliar contacts you, disconnect from the original communication channel, verify their identity, then attempt to make contact through a different channel. For instance, hang up the phone, get a number for the company, government agency or family member from a trusted source (such as a company's official website) and use that to call back and verify.



When it comes to scammers that establish a relationship over time, verify legitimacy using third-party resources before investing. Be leery of anyone asking for nontraditional payment forms, and when logic may be clouded by romantic feelings, confide in someone you trust for an objective opinion.

To learn more about cyber fraud, visit PNC Bank's Security & Privacy Center for educational resources.

If you believe you or someone you love has been a victim of fraud, contact the Department of Justice Office for Victims of Crime's National Elder Fraud Hotline website or call 1-833-FRAUD11.

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Here's who is most at risk from wildfire smoke and how to protect yourself

By Ginny Graves

Wildfire season is here again, and where there's fire, there's smoke — which, research shows, can be as deadly as the flames themselves.

Recently, a group of scientists sought to quantify the long-term outcomes of smoke exposure from California wildfires between 2008 and 2018. Their paper modeled statewide levels of tiny particles in wildfire smoke called PM2.5, and applied mortality data by ZIP code. They estimated that up to 55,710 premature deaths were attributable to wildfire-related PM2.5 in the air.

Around 90% of wildfire smoke is made up of these particles, which are 30 times smaller than the diameter of a strand of hair. "PM2.5 particles can migrate deep into the lungs, and, from there, into the bloodstream, causing everything from inflammation to asthma attacks to sudden cardiac death," says Mary Johnson, a research scientist at the Harvard T.H. Chan School of Public Health, who studies the health impacts of wildfires.

While the premature death study looked at California, smoke from megafires can waft thousands of miles, putting people who aren't as aware of its risks in harm's way. "If you're in California or Texas, you're used to closing windows, staying inside, and turn-

ing on an air purifier when there's a wildfire," says Johnson. But as climate change makes large fires more frequent, everyone needs to be prepared to protect themselves.

And people with certain health conditions face increased risks. Here's what to know — with specific guidance for high-risk groups.

Basic precautions: Watch for high AQI

If you hear about wildfires in the news, or if the sky looks hazy, check the Air Quality Index at AirNow.gov or PurpleAir.com. If the AQI is above 100, avoid outdoor exercise. If it's above 150, wear a tight-fitting N95 mask when you're outside. Run your air conditioner with a high-efficiency filter installed — the EPA recommends MERV 13 or above — or use a portable HEPA air purifier. (The EPA provides instructions for making your own HEPA air cleaner with a box fan, here.)

For high-risk groups

If you're in one of the following high-risk groups, consider taking additional steps. Some experts advise setting up a designated "clean room," with few windows and doors and its own portable HEPA air cleaner. It's a good idea to avoid things that add to indoor air pollution, like vacuuming, lighting candles,

or using a gas stove and to repair drafty windows and doors. If air quality is bad, time your outdoor activity for times of day with lower AQI readings; and ask your doctor what you should do to protect yourself. If it's feasible, leave the area for somewhere outside the smoke zone.

If you're pregnant

"Pregnancy increases your respiratory rate, so you're inhaling more smoke," says Dr. Amy Padula, associate professor in the department of obstetrics and gynecology and reproductive sciences at the University of California at San Francisco. "PM2.5 gets into the bloodstream and reaches the placenta, where it may affect the fetus."

In a study published earlier this year, she and her colleagues found that exposure to PM2.5 from wildfire smoke during pregnancy was associated with higher odds of giving birth prematurely. Babies born early are more likely to have immature lungs and developmental delays. They're also more likely to die in their first year.

Bottom line: If the AQI is above 100, stay inside as much as possible, with windows and doors closed, and wear a NIOSH approved N95 respirator outside.

For children

"Kids get a higher dose of PM2.5, because they're active and they breathe more air relative to their weight — both of which are hard on underdeveloped lungs," says Dr. Lisa Patel, a member of the American Academy of Pediatric Council on Environmental Health and Climate Change. "Lungs grow quickly from birth to age five and keep developing through the early 20s. Early exposure to wildfire smoke leads to the formation of asthma. It can also exacerbate asthma and cause pneumonia in kids."

A 2021 study revealed that wildfire-related PM2.5 is ten times more harmful to children's respiratory health than PM2.5 from other sources, like air pollution. Exposure to the tiny particles is also linked to increased risk of ADHD, autism, and poor school performance.

Bottom line: "We need child-specific wildfire smoke guidance," says Dr. Patel, who has young children. In its absence, it makes sense to err on the side of caution with very young children and those with asthma or who are particularly sensitive. In her own family, Dr. Patel says, "when the AQI is above 50, we spend more time indoors with the air filter on. If it's above 100, we don't go outside." Especially if the air is smoky for more than a few days, it's good to reduce outdoor time, according to advice from Mount Sinai's Icahn School of Medicine.



Did you know?

Atrial fibrillation, often referred to as "AFib," is more common among men than women. Johns Hopkins Medicine notes AFib is caused by extremely fast and irregular beats from the upper chambers of the heart. Males are more likely than women to develop AFib, though that does not mean the condition is not a threat to women. In fact, age is a significant risk factor for AFib, and a report from Henry Ford Health noted that women tend to live longer than men, which could explain why there were more women living with AFib in 2020 than there were men. The condition also manifests differently in men than women. HFH notes that high blood pressure and heart valve disease are more likely to lead to AFib in women, while coronary artery disease and a history of heart attack are most common risk factors for AFib in men.

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"My name is Harriet, and I really enjoy the services that home health care has given me."

Thoughtful holiday gifts for grandparents

Grandparents play important roles in millions of families. Though grandmothers and grandfathers may always be ready to give a warm hug and provide a treat to their grandchildren, their role in modern families also includes helping with child care and other responsibilities.

Data from the U.S. Census Bureau's 2017-2021 American Community Survey indicates approximately 33 percent of grandparents living with their grandchildren under the age of 18 were responsible for kids' care. In addition, USCB data indicates one in four children under the age of five is cared for by a grandparent while parents go to work or attend school.

There's no denying modern grandparents are actively involved in their grandkids' lives, providing an invaluable benefit to parents who might struggle to afford or find reliable child care elsewhere. With that in mind, families can make a concerted effort to find thoughtful gifts for grandparents this holiday season.

Travel gifts

Grandparents may play an integral role in the daily lives of their families, but many aging individuals still aspire



to travel, especially if they're retired. In fact, a recent poll by RBC Wealth Management-U.S. found that 63 percent of individuals age 50 and older identify travel as an important retirement goal. Families can surprise grandparents this holiday season with a cruise vacation, money to book flights to parts unknown or additional travel-related gifts, such as new luggage.

Framed children's artwork

Whether it's purchased through a child's school or via a third party seller or created at home as a family craft project, framing artwork created by children

in a frame designed for grandparents is a heartwarming gift. School-aged youngsters are especially productive artists, so artwork can be updated over the course of a year as grandparents are gifted more and more memorable pieces.

Home upgrades

Upgrades around a grandparent's home can vastly improve their quality of life, particularly if they've long since reached retirement age. Arrange for the installation of grab bars in grandparents' bathrooms and reinforced staircase banisters around the house. Such a gift might not be as heartwarming as chil-

dren's artwork in a specialty frame, but it is a practical and potentially life-saving token of your love and appreciation.

Journal

A journal is another thoughtful gift that encourages grandparents to share their life stories. Though it's up to grandparents to decide what they want to write about in their journals, a suggestion to detail their life stories lets them know their families are interested in how they became the people they are today. Grandparents may cherish the opportunity to pass on their life stories and anecdotes to the younger generations of their family.

Ancestry kit

Interest in genealogy has increased dramatically in recent years, as advancements in technology have made it easier than ever to trace one's ancestry. If grandma and grandpa have yet to join the genealogy party, a DNA kit from a popular ancestry service can open the door to an illuminating and fascinating hobby.

Grandparents do a lot for their families, and the holiday season provides a great opportunity for families to show grandmothers and grandfathers how much they're appreciated.

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Understand the menopause transition

The human body is capable of various amazing feats, but many will attest that the ability of women to nurture and grow what will become another person is the body's most impressive characteristic.

Healthline states a woman can get pregnant and bear children from puberty, when they start getting their menstrual periods, to menopause. The average woman's reproductive years are between ages 12 and 51. While puberty and pregnancy are topics widely discussed in a woman's life, the same may not be said for menopause.

What is menopause?

The World Health Organization characterizes menopause as the end of a woman's reproductive years. After true menopause, a woman cannot become pregnant naturally. Menopause is marked by the end of a monthly menstrual cycle often referred to as a "period." Natural menopause is deemed to have occurred after 12 consecutive months without menstruation. Menopause can occur for other reasons, such as if the reproductive organs are damaged due to illness or removed for the treatment of a certain condition. This is called induced menopause.



What happens during menopause?

During menopause, the ovaries stop producing reproductive hormones and stop releasing eggs for fertilization, says the Cleveland Clinic.

What is perimenopause?

Some people incorrectly describe the years leading up to the last menstrual period as menopause. However, menopause only occurs after the last period has occurred. It is a finite date. The menopausal transition before that takes place is actually called perimenopause. It is a period of time that most often begins between ages 45 and 55. The National Institute on Aging says perimenopause traditionally lasts seven years, but it can go on for as long as 14 years. The duration may depend on lifestyle factors, race and ethnicity.

During perimenopause, production of estrogen and progesterone made in the ovaries varies greatly. That can mean menstruation can be heavy at times or light. It may occur once a month or even multiple times per month. The menopausal transition affects each woman differently. It is a good idea for women to use a menstruation tracker and remain aware of symptoms to discuss with the gynecologist.

What is postmenopause?

Postmenopause is the time after menopause has happened. Women will remain in postmenopause for the rest of their lives. While many symptoms ease up in

postmenopause, there still may be mild symptoms attributed to the low levels of reproductive hormones.

What are common symptoms of the menopause transition?

As one transitions from childbearing years into postmenopause, certain symptoms can occur.

- Irregular periods
- Hot flashes/night sweats
- Vaginal dryness
- Urinary urgency
- Difficulty sleeping
- Emotional changes
- Dry skin, eyes or mouth
- Worsening premenstrual syndrome symptoms
- Breast tenderness
- Headaches
- Racing heart
- Joint and muscle aches
- Weight gain
- Trouble concentrating
- Changes in libido

Women are urged to discuss their symptoms and concerns about menopause with a health care professional. Various treatments can alleviate symptoms and make the transition more comfortable.



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Debunking 5 common myths about root canal treatment

(StatePoint) If you've been told you need a root canal, you may be dreading the procedure or even trying to find a way out of it. The good news? Today's root canal treatment is nothing like the myths you may see circulating the internet, which are misinformed and simply false.

"The thought of a root canal may make some nervous, but remember that today's root canal treatments are done quickly and painlessly," says Dr. Natasha M. Flake, president of the American Association of Endodontists.

Read on for some myth-busting facts from the American Association of Endodontists about this unfairly maligned procedure:

Myth 1: Root canal treatment is painful. With modern technology and anesthetics, you won't experience any more pain than if you went to have a cavity filled. In addition, endodontists are experts in pain management, and most cases can be treated quickly and comfortably. And of course, if you're wishing to avoid discomfort, it's important to keep in mind that the root canal itself often eliminates the pain you're already experiencing.

Myth 2: Root canal treatment causes illness. Far from causing illness, root canal therapy actually helps prevent systemic infections by eliminating bacteria from an infected tooth. This treatment stops the spread of infection, protecting your overall health. Modern medicine and scientific evidence strongly support that root canal therapy is a safe and effective way to address dental infections, preventing them from leading to more serious health issues. By removing the source of infection, root canal treatment helps maintain both your oral and general health, ensuring that bacteria don't spread to other parts of your body.

Myth 3: It's better to pull a tooth than have root canal treatment. Saving your natural teeth, if possible, is always the best option. Nothing artificial can replace the look or function of a natural tooth so it's important to always consider root canal treatment as an option. Endodontic treatment has a high success rate and many root canal-treated teeth last a lifetime. Replacing an extracted tooth with a bridge or implant requires more time in treatment and may result in further procedures to neighboring teeth and supporting tissue.

Myth 4: A root canal involves removing the roots of the tooth. A root canal treatment removes only the inflamed or infected pulp on the inside of the tooth. The roots of the tooth are not removed.

Myth 5: If my tooth doesn't hurt, there is no need for a root canal. While a throbbing toothache is typically a telltale sign of a need for root canal, there are times a tooth can require treatment when no pain is present. Endodontists are specially trained to test a tooth to see if the pulp has been infected or damaged. If this is the case, root canal is necessary to

for ongoing dental work. With proper treatment can last a lifetime," says Dr. care, most teeth that have had root canal Flake.



remove bacteria from the infected pulp, prevent reinfection and save the tooth. And remember, tooth pain is never normal, so be sure to see an endodontist if you have a toothache. Visit findmy-endodontist.com to find one today.

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Older adults are often misdiagnosed

Specialized ERs and trained clinicians can help

by Ashley Milne-Tyte, from NPR

Errors in diagnosis are relatively common among older people. The reasons are many: older adults may have multiple conditions, take many medications, and illnesses can look very different in older people than they do in younger ones. Older adults may show different symptoms or none at all. And sometimes health care workers assume that whatever is bothering the patient is “because of your age.” All this can lead to older patients being either under-treated or over-treated.

Sometimes there are even worse outcomes. According to a recent study by researchers from Johns Hopkins University, almost 800,000 Americans die or are permanently disabled each year because of diagnostic errors.

But as the population of older adults expands rapidly, more attention is being paid to how to successfully treat them.

A special design

At Glen Cove Hospital on Long Island, a third of the people who arrive in the ER are over the age of 65.

Dr Maria Carney is chief of geriatrics and palliative medicine for Northwell Health, the network that includes Glen Cove Hospital. She says an older person coming in may be weak or confused, and it could be their first time here.

“If you don’t know the person’s baseline,” she says, “if you don’t know there’s new medication started, if you don’t know that they had a fall a week ago and you can’t get that information because

they’re not able to communicate, it’s very hard to diagnose accurately.”

But this emergency department is specially designed to accommodate older adults. Since late 2021, it has been accredited as a geriatric emergency department by the American College of Emergency Physicians. It’s one of more than 500 hospitals around the country that now has this designation.

What that means in practice is that you’ll find plenty of subtle enhancements for safety and comfort that you wouldn’t find in a regular ER.

For one thing, instead of cubicles with noisily drawn curtains — which can carry infection — the patient has a room of their own with a door, and glass that fogs up for privacy at the flick of a switch.

The floors are textured to make them less slippery, and instead of harsh, fluorescent light blaring from above, there is ambient lighting and plenty of daylight coming in through the windows.

“Oftentimes when you’re inside a hospital you don’t know what time of day it is and that can contribute to delirium,” says Carney. “So you’re trying to prevent delirium,” which can be a problem in older patients.

There are also tools to help with communication. Carney says when older patients arrive they may not have their eyeglasses or hearing aids with them, if they use them. She picks up an assisted hearing device, which looks like a tiny tape recorder with earphones plugged into it. Any patient who needs hearing

help can use the earphones while the doctor or nurse speaks into the mic. The patient’s room is large, with plenty of room for medical staff to move around, and comfortable chairs for family members.

Carney says all this turns the emergency department into an easier place for older patients to be. With less stress and better communication, an accurate diagnosis is more likely.

More training needed

At UConn Health in Farmington, Conn., Dr. Patrick Coll, medical director for senior health, says there would be fewer diagnostic errors if more young doctors became geriatricians like him and Carney.

This year, he says, “There were just over 170 geriatric fellows placed in geriatric fellowship programs across the United States. There were more than a thousand cardiology fellowship positions filled.”

Cardiology, of course, is vital, too. But with the population of older people growing fast — especially those over 85 — Coll says the US needs more expertise in older bodies and minds.

“If we were training providers right across the board to better care for older adults, then I think we would get better care for older adults,” he says. “And I believe that the appropriate diagnosis would be a part of that spectrum of better care.”

Involve nurses

Nurses spend more time with older patients than anyone else, says Allie Tran, a nurse with a Ph.D who is a senior research scientist at MedStar Health

Research Institute. She’s working on a project to involve nurses in improving diagnosis.

“Because what we’ve found when we’ve talked to nurses is many nurses don’t consider expressing a diagnosis as part of their scope or role,” she says. “You know, they say ‘that’s kind of the physician’s job.’”

She says ideally nurse, physician, patient and family members could work together on figuring out what’s wrong. She says sometimes a patient will only mention a particular point when the doctor has left the room, thinking it isn’t important. She says nurses can be the bridge between patient and physician, and make a real difference in the diagnosis.

Advocating for herself

As it is now, patients like Karla Stromberger, who is 80, say they have to be their own advocates at the doctor’s when a diagnosis feels off.

“To try and convince that person that something else is going on and to please listen, is just exhausting,” she says.

Stromberger, a retired physical therapist, had polio in the 1950s. As she’s aged she’s had a lot of health problems related to that. But, she says, too often medical staff don’t take her polio into account when they assess her, and many see her age before her symptoms.

“And they kind of go, ‘Well, OK, that’s an elderly patient’ — and we are elderly,” she says. “But some of us are competent enough, still, to be able to help them figure out what’s going on.”

When she can do that, she considers it a victory.

What’s a good heart rate for your age?

A resting heart rate can be a good indicator of health. According to the Mayo Clinic, generally speaking, a lower heart rate at rest implies more efficient heart function and better cardiovascular fitness. Athletes tend to have lower normal resting heart rates than non-athletes. Conversely, an unusually high resting heart rate may signify an increased risk of heart disease or another medical condition, advises Harvard Health.

While the official stance on resting heart rate for adults indicates it should range from 60 to 100 beats per minute (bpm), most healthy adults fall between 55 and 85 bpm. However, certain people may fall outside of this range and still be healthy. Penn Medicine says resting heart rate generally should not be too fast or too slow, and should not fluctuate all that often.

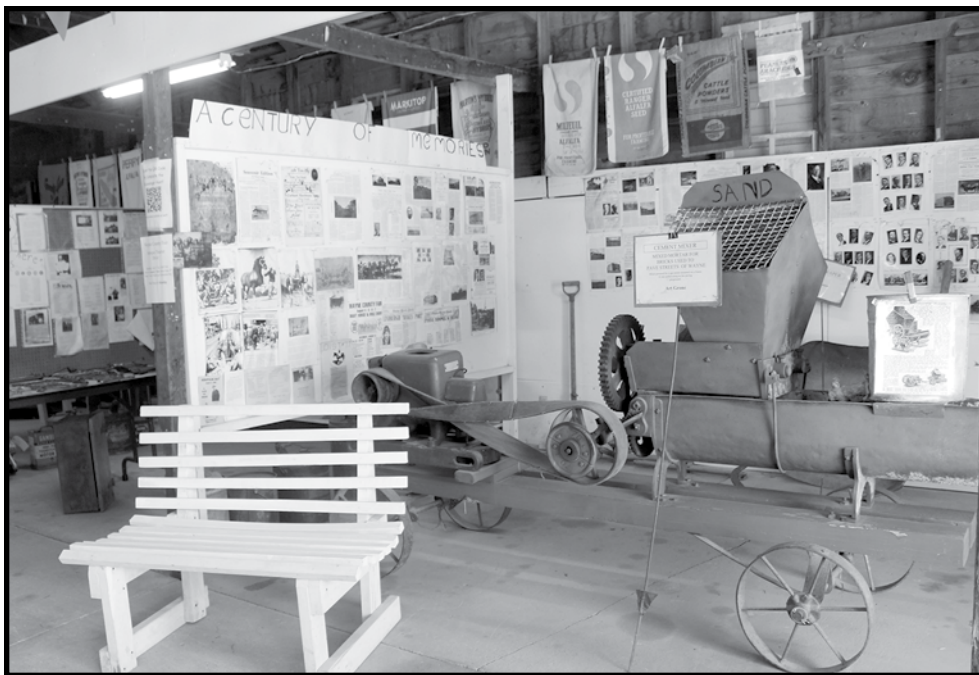
What qualifies as a healthy resting heart rate changes as one ages. In fact,

heart rates for children are much different from adults.

- Newborn babies: 100 to 205 bpm
- Infants under 1 year: 100 to 180 bpm
- 1 to 2 years: 98 to 140 bpm
- 3 to 5 years: 80 to 120 bpm
- 6 to 7 years: 75 to 118 bpm
- Older children and teens: 60 to 100 bpm
- Adults: 60 to 100 bpm

Men and women differ slightly in resting heart rate. The National Institutes of Health says the average adult male heart rate is between 70 and 72 bpm, while the average for adult women is between 78 and 82 bpm. This is due in large part to the fact that men have larger hearts than women. This occurs even after accounting for age and physical fitness.

There are ways to lower resting heart rate. Exercise, quitting smoking and relaxing to reduce stress and anxiety can promote a low resting heart rate.



Farming through the years

Displays in the Heritage Building at the Wayne County Fair this year allowed fairgoers the opportunity to see equipment that was used in farming more than a century ago. In addition to the equipment, a number of newspaper articles and other documentation helped explain the items.

Rapamycin may slow aging. Here's one way the drug will be tested

By Allison Aubrey, off NPR

A few years back, Matt Kaeberlein was diagnosed with a frozen shoulder. "It was really bad," he recalls. He wasn't sleeping well and couldn't throw a ball due to the pain. His doctor recommended physical therapy, and told him that it may take a year to get better.

Feeling frustrated, he decided to try rapamycin. In recent years, some high-profile longevity scientists have started taking the drug in hopes of fending off age-related health problems. So far, it's untested in people taking it for anti-aging, but rapamycin has been shown to extend the lifespan of mice.

"I decided to try it," Kaeberlein says. It was his "first foray into biohacking," and he was very pleased with what happened next. "Within two weeks, 50% of the pain was gone," he says.

And by the end of 10 weeks, he had regained range of motion and the pain was completely gone.

"And it hasn't come back," he says.

Kaeberlein is no stranger to rapamycin. He's a biologist and co-founded the Dog Aging Project to study how rapamycin influences dogs' healthspans. He's also the former director of the Healthy Aging and Longevity Research Institute at the University of Washington.

Rapamycin was first approved by the FDA for use in transplant patients in the late 1990s. At high doses it suppresses the immune system. At low doses, Kaeberlein says it seems to help tamp down inflammation. It works by inhibiting a signaling pathway in the body called mTOR — which seems to be a key regulator of lifespan and aging.

The drug is not approved for pain or anti-aging, but some physicians prescribe rapamycin off-label with the aim of fending off age-related conditions. Kaeberlein and his colleagues surveyed about 300 of these patients, who take low doses, and many report benefits.

But anecdotes are no replacement for science. To figure out the risks and benefits of a drug, research is needed. And that's where a dentist comes in.

Dr. Jonathan An, at the University of Washington, has been granted FDA approval to test rapamycin in patients with gum disease — a common condition that tends to accelerate with age. When he treats patients with gum disease, he says there's not much he can do beyond cleaning and removing the plaque — a buildup of bacteria. "All we're doing is putting a bandage on," he says. His goal is to find and treat the underlying cause of the disease.

There's already some evidence from transplant patients that rapamycin may help improve oral health. And as part of the study, An and his collaborators will also measure changes in participants' microbiomes and their biological clocks.

The study will enroll participants over the age of 50 who have gum disease. They will take the drug, at various doses, intermittently for 8 weeks. Then, An will be able to determine if the drug is safe and effective.

If rapamycin has a beneficial effect he says, it will help demonstrate that it's possible to target the root cause of the disease. "It really comes down to tar-

getting the biology of aging," he says.

Dr. An thinks gum disease may be a kind of canary in the coalmine of age-related diseases. For instance, gum disease is linked to a higher risk of heart disease, and maybe dementia, too. Scientists say it's possible that bacteria in the mouth linked to periodontal disease causes inflammation, which may cause a "cascade" of damage to blood vessels, leading to problems in the heart or brain.

"If we can target that underlying biology, we predict that it might address a lot of these other underlying conditions," An says.

Rapamycin is a generic drug, so pharmaceutical companies have little incentive to fund new research. An and his collaborators have received a grant to conduct the trial, which could open the door to further studies to determine whether rapamycin can help prevent or slow down other age-related diseases.

Eric Verdin, a physician who heads the Buck Institute for Research on Aging, says his group is fundraising for more research on rapamycin. He says there are a lot of unanswered questions, for example "what is the effect of different concentrations in a single dose?" And he wants to look for a "molecular signature" in people taking rapamycin. He wants to know more about doses and intervals, since many doctors prescribing it off-label recommend cycling on and off the drug.

Researchers are also working on other drugs that may work in similar ways, and there's a push for new drugs — or other interventions that target biological aging. There's a new \$100 million XPRIZE Healthspan competition, aimed at accelerating the research in the field supported by Hevolution and other funders.

For now, XPRIZE founder Peter Diamandis, a physician who writes about longevity, says he takes rapamycin. "I do six milligrams every Sunday night, so once a week," for three months, he explains. Then he takes a month off. "I believe that rapamycin — in the way I'm utilizing it — is safe and has more upside potential than downside," he says.

Diamandis constantly monitors his body with many health metrics, and he acknowledges it's hard to determine the effect of rapamycin given all the other things he does to stay healthy, including eating well, eliminating sugar, working out every day and prioritizing sleep.

His plan is to continue with healthy lifestyle habits while supporting research into interventions and strategies that can help people add more healthy years to their life.

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Helping you get the most out of your prescription drug benefits

(StatePoint) The health care system can feel uncoordinated and costly. One in 10 U.S. adults ration medication because they can't afford their prescriptions, according to the Centers for Disease Control and Prevention. In fact, the more a patient must pay at the counter, the more likely they are to abandon their treatment. Other Americans simply lack convenient access to primary care providers and pharmacies, and go undertreated as a result.

Pharmacy services companies exist to fill these gaps in care. Because these companies sit in the middle of the health care delivery system, they have the unique ability to spot and solve problems across the supply chain to drive affordability and deliver improved clinical outcomes.

"Every day at Express Scripts, we use our clinical expertise and patient-centered programs to help the more than 100 million Americans we serve keep their health on track," says Adam Kautzner, president of Express Scripts, a leading pharmacy services company.

Before filling your next prescription, check out these insights from Express Scripts:

Check your coverage

At a time of rising drug costs and access barriers, some pharmacy services companies are helping people take their medications as prescribed. Express Scripts, for example, was the first in the industry to cap the out-of-pocket costs of insulin and other diabetic treatments, saving people more than \$45 million in two years.

"A prescription drug doesn't work if it's priced out of reach," says Kautzner. "Reducing out-of-pocket costs is the single best thing we can do to improve the health of people we serve."

Tools to stay adherent

Half of all treatments fail because people don't take medication as prescribed and nearly one-quarter of hospitalizations are due to medication non-adherence, according to the American Hospital Association. Further, chronic

conditions, such as cancer, diabetes, and heart disease have been on the rise for more than two decades – today, 60% of U.S. adults have at least one chronic condition. One of the biggest – and costliest – challenges with managing the rise of chronic conditions is ensuring patients get on and stay on the medicines they need.

Express Scripts is helping patients better understand and manage their conditions through comprehensive disease management, including condition-specific coaching, tracking medication adherence, and digital tools.

"By taking medications as directed and working with their pharmacist, patients stay healthier longer and spend less on health care, requiring fewer emergency room visits, hospitalizations and medical tests," says Stephanie Smith Cooney, PharmD, senior director of independent pharmacy affairs at Express Scripts.

Understand your pharmacy benefits

Prescription drug coverage is the most frequently utilized benefit that employers and health plans offer. On average, a pharmacy benefit is used approximately 11 times a year. Unfortunately, pharmacy care benefits, like all healthcare benefits, can be confusing. That's why pharmacy services companies are taking steps to give patients greater clarity. Starting this year, prescriptions from Express Scripts include an easy-to-understand digital pharmacy benefits statement with drug price information, out-of-pocket costs and the value delivered.

Pharmacy access

Pharmacists often fill care gaps in their communities, particularly where there are shortages of physicians, such as in rural areas. One in five Americans live in rural areas, yet less than 10% of physicians practice in these communities. This means longer wait times to get an appointment and more difficulty accessing pharmacies.

A new effort called the IndependentRx Initiative, is working to expand pharmacy care services to widely include such care as smoking cessation support,



behavioral health screenings, biometric screenings, routine vaccinations and the administration of life-saving naloxone. The Express Scripts program will also increase what it pays rural independent pharmacies to make sure their businesses can continue to serve their communities.

To learn more, visit evernorth.com/affordableforall.

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For healthy aging, avoid these common obstacles to good nutrition

(StatePoint) Proper nutrition is critical to older adults' overall vitality, providing energy, helping to control weight, and even preventing and managing some diseases.

Unfortunately, 10% of older people don't eat enough, while one-third eat too much, according to HealthinAging.org, which is the Health in Aging Foundation's online public education resource. Such nutritional imbalances may be due to the range of common obstacles some people face as they age, including changing tastes, dental problems and difficulty accessing healthy foods.

"Charles," a Cigna Healthcare Medicare Advantage (MA) customer, had several health issues when he was introduced to a nutrition program available through his MA plan. Through the program, he worked with a registered dietitian, started working out, and lost nearly 50 pounds. These changes fueled him to tackle additional health goals, including getting mental health support and assistance improving his sleep.

MA plans, like those offered by Cigna Healthcare, include "extra benefits" not available through Original Medicare. The Cigna Healthcare MA nutrition program is one of those extras, and it

primarily supports older adults with a body mass index below 22 or above 40, those with chronic diseases like diabetes and kidney disease, and those with low fruit and vegetable intake. Through the program, registered dietitians provide customers with dietary advice that can help them improve their health.

"We offer information, education and resources that are different for everybody and not restrictive," explained Robin Neal, RD, one of the program's dietitians. "The goal is to provide skills and tools so individuals can self-manage their diet after the program ends."

Neal said results often include weight loss and improved blood sugar readings, such as those Charles experienced.

Of course, program advice varies by individual and their unique nutritional needs, but some tips everyone can benefit from include the following:

Get your nutrients. According to the National Council on Aging, older adults should eat a variety of foods to get all the nutrients they need, including lean protein for muscle mass, as well as fruits and vegetables, whole grains and low-fat dairy. Choose foods with little to no added sugar, saturated fats and sodium. For an example of what a healthy plate looks like, visit myplate.gov.



Stay hydrated. Drink water often to aid digestion. Limit beverages with lots of added sugars or salt.

Visit the dentist. If you're having trouble chewing, visit your dentist. They may be able to help. For instance, if you have ill-fitting dentures, chewing can be improved and more comfortable with a better fit. Additionally, choosing softer foods, such as canned fruit, soups or tuna, may help. Dental visits are a covered benefit in many Medicare Advantage plans.

Follow food safety guidelines. Food not prepared properly can make you sick. Because those with weakened immune systems are vulnerable to food-borne illnesses, it's especially important for older adults to follow food safety guidelines. If you have any doubt about a food's safety, throw it out.

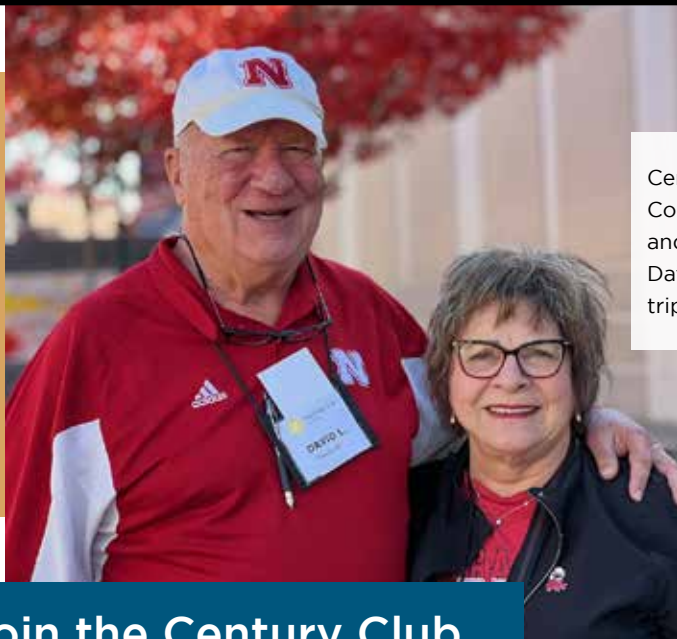
Limit salt. Too much sodium can increase the risk of high blood pressure, heart attack and stroke. To stay heart healthy, ask your doctor for guidance on recommended daily sodium limits based on your health status and check food labels for sodium content. Cook

more meals at home using lower sodium ingredients and avoid processed foods. Flavor dishes with herbs and spices.

Seek assistance if needed. Take advantage of MA plan benefits that can help you secure healthy foods, like transportation or grocery cards. Additionally, there are local and national programs to help those on limited incomes with nutritious food costs, including the Supplemental Nutrition Assistance Program (SNAP). To learn about assistance available in your area, visit cignacommunity.findhelp.com.

To find MA plans offered in your area, visit Medicare.gov. For information on Cigna Healthcare plans, visit CignaMedicareInformation.com.

"By devoting your time and attention to eating well, you'll not only be able to maintain a healthy body weight, but you can also reduce your risk of chronic disease and maintain your overall vitality as you age," said Neal. "And, of course, if you have any questions about your health, you should always talk to your doctor."



Century Club Coordinator Kaki Ley and Bank Chairman Dave Ley on a group trip to Branson.

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