

HANCOCK COUNTY **Daily Reporter** 2022 • SECOND EDITION

PRIME TIME



'JUST BE A
PRESENCE'

Dr. John Hunt continues
to give back

Page 4

Whatever happened to long-term care insurance?



How are you going to pay for long-term care? That's a question every middle-aged or younger Hoosier should be asking. There are few answers. The U.S. has made virtually no progress in addressing this looming crisis unlike countries such as Germany, the Netherlands and Japan, which pay for care through social insurance programs.

There was a time in America in the late 1980s and into the early 2000s when thousands of people bought long-term care insurance sold by many insurance companies as the solution to paying for future nursing facility and home care needs. The financial press hyped the product, agents knocked on doors selling it like other kinds of insurance, and people shelled out big money for a policy. Today, those who still have their policies are finding higher and higher rate increases, making it hard for some to squeeze those larger premiums into their fixed retirement budgets.

What happened?

The demise of this product was predictable back in the late 1980s and early 1990s when I wrote three stories for Consumer Reports cautioning buyers. "We believe that some insurers will be forced into significant price increases," the magazine reported and noted such a policy



TRUDY LIEBERMAN
GUEST COLUMNIST

may offer "inferior coverage and its premiums may increase when you can least afford to pay more." That is exactly what happened. Policies were underpriced, company income has been lower than expected, people are staying in nursing facilities for longer periods, and people who bought policies years ago are keeping those policies as they age.

The promise was if people bought a policy that paid a daily benefit for a nursing home stay (later some also covered home and community-based care), they could preserve their financial assets from a Medicaid spend-down. Medicaid is the payer of last resort for nursing home care in this country, but only after a person needing such care has spent down most of his or her assets on their care. In other words, buying long-term care insurance that paid some of the bills would save a person's financial assets.

In some states people could buy a "partnership policy," that met certain criteria and was considered a better quality product. The Robert Wood Johnson Foundation

(RWJF), a prominent philanthropic organization, tried to spur the sales of this insurance by creating the partnership policies. If a person bought one of those policies and became eligible for Medicaid after using their insurance benefits, they could avoid having to spend down their assets to pay for care.

The Partnership was not successful in getting large numbers of people to buy long-term care insurance. The coverage was expensive and there was little marketing behind them. By 2012 the foundation was "done with nursing homes and long-term care stuff," said senior policy adviser Katherine Hempstead. "I don't think anyone thinks that long-term care insurance can be part of the solution."

Indiana, along with New York, California and Connecticut became the first states to embrace partnership policies. According to a spokesperson for the Indiana Department of Insurance, over 50,000 such policies have been sold, but only two companies are still selling them today. She told me that the partnership policies had enabled the state's Medicaid program to save an "estimated" \$164.5 million, but that "an actual dollar amount cannot be calculated."

The spokesperson did direct me to <https://www.in.gov/idoi/>

ratewatch/ Rate Watch, a department's useful resource that allows the public to learn about the rates that the state's insurance carriers have requested. It includes rate information for long-term care insurance but also for health insurance and Medicare supplement policies.

I checked the site and found insurers were requesting huge rate increases in 2021 — one 401% for a Continental General policy and 237.5% for one of Metropolitan Life's contracts.

"Obviously, this form of insurance is a failure if companies have to keep coming back to say they need more money and raise their premiums, which happens at the worst times in the policyholders' lives," said Bonnie Burns, a training and policy specialist with the nonprofit California Health Advocates, who has followed this product for 40 years.

Worst time or not, the 50,000 or so Hoosiers the state insurance department says still own these policies, have little choice but to keep them.

Have you had experience with long-term care insurance? Write to Trudy at trudy.lieberman@gmail.com.

Trudy Lieberman, a journalist for 40 years, is a fellow at the Center for Advancing Health. This column is made possible through a partnership with the Hoosier State Press Association.

Seasoned citizens seek purpose in retirement

I turn 60 years old this month. I cannot say I am embracing 60, but I am not in mourning either. I keep getting AARP envelopes in the mail. I am paying closer attention to conversations about Medicare, and I am beginning to notice which businesses have senior discounts. Not all that long ago 60 felt so far away.

I do not feel old (most days), but I have been picturing what retirement might look like for me. I am curious what it feels like not to work at a job every day. I wonder if I will be good at not having an agenda for each day.

I was having a conversation with colleagues at Hancock County Senior Services about this very topic a couple weeks ago. It turns out my picture of retirement is not the only version of that once far away dream.

Of the employees at HCSS, a majority are “retired” from something and working part-time with HCSS. We have retired educators, bus drivers, someone



SUZANNE DERENGOWSKI
GUEST COLUMNIST

from the oil and gas industry, office administration, insurance agents and a designer just to name a few. When I asked them why they came back to work, the overwhelming answer was the need for PURPOSE. Some lasted two months in retirement, some two weeks and at least one honest person admitted to lasting about two days before they realized they needed a reason to get up in the morning. Some landed at HCSS because the organization helped a family member with services. Others admit they were kicked out of their house because their family understood they needed a purpose even before they realized it themselves.

It turns out they are not alone. The Bureau of Labor Statistics indicates in 2003 Americans 55 and over moved ahead of the work force between ages 16 and 24. We are no longer the smallest segment in the labor force. From 2014-2024, they predict the labor force participation rate for Americans 65-74 and 75+ will grow by 55% and 86% respectively compared to the labor force as a whole that's predicted to have a 5% increase.

My personal poll indicates “purpose” as the number one reason we are working longer. The BLS also brings up important reasons. We are healthier and living longer than the generations before us. We are better educated, which often puts us in fields where we can stay longer. *And*, of course, changes to Social Security benefits and employee retirement plans, along with the need to save more for retirement, create incentives to keep working. Sometimes it's just to help fund travel

or an expensive hobby.

Whatever reason our seasoned citizens are working longer, we are glad they are here. HCSS could not operate without them (I guess I should say us). Our team has a shared mission and an empathy that might be harder for a younger workforce.

HCSS is not the only organization who would welcome your service. I have become familiar with many of the not-for-profit organizations in Hancock County over the last year and a half. There are many places for you to engage in a second career, part-time work or volunteerism.

If you have time on your hands and would be interested in working part-time or volunteering with a purpose, please call us at 317-462-3758. We seasoned citizens need to stick together. And I'm always up for a good discount.

Suzanne Derengowski is director of Hancock County Senior Services.

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Hunt continues to help after a half-century veterinary career

By **SHELLEY SWIFT** | DAILY REPORTER
 sswift@greenfieldreporter.com

CARTHAGE — When talking with retired veterinarian John Hunt, two things become quickly apparent: He adores his wife, Judy, and he is constantly on the lookout for ways to give back to his fellow man.

From serving thousands of four-legged clients throughout more than a half century in veterinary medicine, to serving on the board of local nonprofits, Hunt has always been driven by an innate desire to make a difference in people's lives.

The 81-year-old Carthage man has let his strong faith in God guide his way throughout his life.

Being open to God's calling, no matter how random it may seem, can introduce you to some of life's greatest experiences, he said.

"The part of what's awesome about what's happened in my life the last 40 years or so is that so much of it has just presented itself as an opportunity. I didn't set out to do all the things that

we've had the privilege of doing. I think it's been a God thing, Hunt said.

Such was the case when Hunt drove by and saw that a 19th-century funeral home was for sale in the middle of Knightstown in the fall of 2012, and he felt inclined to buy it.

His wife agreed, and the couple has been overseeing Heritage Funeral Care ever since.

"That has been one of the best things I've ever done because it has given me the opportunity to love people," said Hunt, who tries to visit with family at every funeral held there.

"When they really need it, I'll put an arm around them, which is sometimes all you can do — just be a presence," he said. "The words quite often aren't heard or not registered long-term ... But just a presence and an arm around them, just loving them is what's needed."

Hunt showed the same loving compassion as a veterinarian, as he comforted pet owners young and old who made the painful decision to euthanize their pets.

Hunt would stroke the animal's head

as he let the family say their last good-byes, reassuring them that they were doing the right thing by easing their loved one's pain.

"He'd say, 'You gave them the best life they ever could have had,' which was so reassuring," recalled one client.

To Hunt, the call to help animals as well as his fellow man has been ingrained in him since he was a child.

"The thing I've tried to live by for lots and lots of years is to look for ways to love people. Not to just let it haphazardly happen or not, but to actually look for ways to love people, and that has just been such a fun way to live," he said.

He remembers the first day he felt drawn to a life of helping animals when, as a very young boy, he helped patch up a goat that was injured on his family's farm.

"I remember it was an old ram that was kind of a mean thing, as rams are," he recalled. Hunt watched as the ram attacked his dad, who was carrying a feed bucket that caught the ram in the eye as it charged.

"I couldn't have been more than 10 or

11 years old, but that was my first patient. I shaved the wool around the cut, cleaned him up and kept ointment on it. That's when the light came on for me. I just fell in love with it," he said.

"Over the years, it has been so much fun for me to take something broken and make it work, to take something sick and make it well. It's just been fun," he said.

Hunt graduated from Purdue University's veterinary school in 1967 and went to work for a Knightstown clinic owned by Dr. George McClarnon.

Hunt worked for him for a year-and-a-half before moving to Wilmore, Ky. to start his own practice. In the meantime, he got involved with a missions project in Zaire.

While there, "I got to be on the ground floor of using an anti-parasite drug called Ivermectin to treat Onchocerciasis, or river blindness," he recalled. Hunt, who was also tapped by Elanco in 1999 to be a field investigator in the treatment of brain parasites in horses.

Hunt has always held a special fondness for working with horses.

He would spend a few years launching a veterinary practice in Tyler, Texas before moving his family back to Hancock County.

“That was in 1980, and we’ve been here ever since,” Hunt said of he and his wife, who have raised four kids, and now have 12 grandkids and six-great grandchildren.

First, Hunt proceeded to open two veterinary clinics, one in the small town of Philadelphia, Indiana, and another called Sugar Creek Animal Hospital.

He also bought out Brandywine Animal Hospital from his former boss, George McClarnon.

In 1996, he sold the small animal portion of his business to another veterinarian and proceeded to open The Heritage Clinic in a massive horse barn on his 238-acre property in Carthage.

At first, he focused on only treating animals, but later brought on another veterinarian to treat cats, dogs and other small animals as well.

Three years ago, Hunt was ready to retire and enlisted the help of headhunters to find a buyer for his practice. When the search proved unsuccessful, he made the difficult decision to close up his veterinary practice for good in 2020.

“There aren’t enough veterinarians, and there aren’t going to be enough veterinarians. There’s a critical shortage right now,” he said.

Hunt feels blessed beyond words to have been able to build a lengthy and rewarding career around the work that he loves.

These days, Hunt spends his time serving on the boards of local non-profits, continuing to serve his fellow man.

Hunt has been a longtime board member for the Life Choices Care Center in Greenfield and The Landing Place, which supports teens and adults in recovery.

Hunt joined the Life Choices board in 2003 and served as chairman of the board from 2004 through 2018.

In 2012, Linda Ostewig approached Hunt about a vision she had for a new program to support teens in recovery for substance abuse.

She asked the Life Choices organization for financial support in launching the program. Despite a lack of funding to support an outside organization, Hunt said the board unanimously decided to help.

Hunt and other board members saw

the value in hosting The Landing Place in its own space in downtown Greenfield, rather than a church basement somewhere.

When Hunt saw that the former Bread Ladies shop on American Legion Place was up for sale, he sought out a restaurant owner to run a restaurant on the first floor while saving the second floor for The Landing.

When no one stepped forward, “Judy and I figured we’d just do it ourselves,” said Hunt, who opened a sandwich shop called The Harbour there in 2013.

Meanwhile, The Landing started to grow. “In December of 2013 we had nine kids in it, and a year later we had right at 50 students and volunteers in that building every week,” Hunt recalled.

The program quickly outgrew the space, so Hunt sold the building, and The Landing Place moved into its current quarters on South Street.

Ostewig said it’s been a blessing to work with Hunt over the years.

“John Hunt is a huge community leader for Hancock County by sitting on boards that support and advocate for people who are hurting and in need,” she said.

“For the Landing Place, he has given

his time and resources to help us grow into what we are today and continues to bring awareness of the needs of our youth in our community and other communities ... He speaks from his heart, and his voice is kind and gentle but strong and firm for those struggling who need someone to believe in them,” she said.

“That is what he so graciously provides — a strong voice who stands behind the mission and vision of the Landing Place. We are blessed to call him friend and mentor and have him as our board member.”

Hunt’s strong yet gentle voice has also served him well as a volunteer for Brianna’s Hope, a faith-based nonprofit devoted to supporting those in recovery from addiction.

Hunt was extraordinarily moved to hear a sexual abuse victim share her story about turning her life around after turning to prostitution to support her drug habit.

“Talk about a changed life ... it’s the kind of thing that absolutely would make you say, ‘Yes, I’ll continue doing this type of volunteer work for the rest of my life to see change like this take place,’” he said.

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GREENFIELD SENIOR CENTER ACTIVITIES

The Greenfield Senior Citizens Center, located in the Pat Elmore Center in Riley Park, has a variety of activities for active seniors every weekday. Membership is free and provides access to multiple social, recreational and educational programs.

Adults of all ages are invited to attend any of the center's programs. More information is available by calling 317-477-4343.

Here is a schedule of regular activities for the Senior Center, 280 N. Apple St. This schedule is subject to change.



Seniors play cards in the Pat Elmore Center at the Greenfield Parks Center.

TOM RUSSO | DAILY REPORTER

Mondays

9 a.m.: 8-ball pool

Noon: Bridge

Tuesdays

10 a.m.: Ladies Exercise Class

Noon: Euchre

1 p.m.: Guitar

1:30 p.m.: Line Dancing

6-8 p.m.: Wood Carving

Wednesdays

9 a.m.: 8-ball pool

Noon: Bridge

1 p.m.: Crochet/knitting class

Thursdays

10 a.m.: Men's Coffee Club

10 a.m.: Ladies' Exercise Class

10 a.m.: Dulcimer Connection

Noon: Euchre

1:30 p.m.: Line Dancing

Fridays

9 a.m.: Sew Day

9 a.m.: 8-ball pool

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Daily Reporter

PRIME TIME Recipes

APRIL 2022

Ambrosia Salad

INGREDIENTS:

- 8 ounces frozen whipped topping, thawed
- 1/2 cup vanilla yogurt
- 1 cup shredded sweetened coconut
- 1 11-ounce can mandarin oranges, drained
- 1 8-ounce can pineapple tidbits or crushed pineapple, drained
- 1 cup maraschino cherries, drained
- 1/2 cup chopped pecans, optional
- 1 1/2 cups mini fruit-flavored marshmallows



DIRECTIONS:

In a large bowl, stir together the whipped topping and yogurt. Using a rubber spatula, carefully fold remaining ingredients into whipped topping. Chill before serving.

From the Kitchen of Kathy Uhrick, Greenfield, IN

Beef Stew



INGREDIENTS:

- 1 kg gravy beef cubed
- 1 cup plain flour to coat
- 1 pinch pepper
- 2 onions sliced
- 2 carrots large sliced
- 4 potatoes large quartered
- 4 cups water
- 4 tsp Massel® Beef Stock Powder, heaped
- 1/2 cup tomato sauce
- 1/4 cup Worcestershire sauce
- 1 tbs sugar
- 4 bay leaves

DIRECTIONS:

Preheat oven to 160C. Toss meat in flour and season with cracked pepper. Place in a casserole dish. Add onions, carrots and potatoes. Combine water, beef stock, sauces and sugar. Pour over meat and vegetables. Add bay leaves. Mix until combined. Bake for 2 hours, then remove. Stir, then bake a further 1 hour.

From the Kitchen of Kathy Uhrick, Greenfield, IN

Orange Cake with Icing



INGREDIENTS:

ORANGE CAKE

- 125g butter, softened
- 1/4 cup milk
- 1/4 cup orange juice
- 2 eggs
- 3/4 cup caster sugar
- 1 1/2 cups self-raising flour sifted
- 1 tbs orange zest, finely grated

ORANGE ICING

- 1/3 cup butter softened
- 1 1/2 cups icing sugar sifted
- 2 tbs orange juice *to taste
- 1/2 tsp orange zest, finely grated

DIRECTIONS:

Combine all cake ingredients and beat thoroughly for 3 minutes. Pour mixture into a greased 20cm x 10cm loaf or 20cm ring tin. Bake in the center of a 180C oven for 30-40 minutes. Turn onto a wire rack and allow to cool. Mix orange icing ingredients together in a bowl, then ice cake.

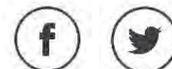
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Have you ever lied about your age?

I have never lied about my age. But I will admit to wondering, if I did do so, what number could I get away with. A myriad of reasons exists as to why one would fudge their true age. Most of us know why. Our culture worships at the altar of youth and tends to devalue and disempower elders.

America is a country of “isms.” We have sexism, racism, classism and so on. And we have “ageism.” Ageism refers to thinking involving a set of beliefs and attitudes toward aging. Ageism can be personal and also institutional. Ageism promotes stereotypes that categorize elders as “others.” These others are often viewed as “over the hill,” “past their prime,” worthless, feeble, demanding, unproductive and “set in their ways.” Ageism gives rise to discrimination. Discrimination can be verbal, written or behavioral. It can be overt or covert. Ageism is not one-directional. Young people, teenagers and young adults can be viewed



**KIT
PATERNOSTER**
GUEST
COLUMNIST

in negative stereotypes, based simply on age group. It has been said that ageism may be the final “ism” that we confront and deal with openly.

In 1970, Maggie Kuhn founded the Gray Panthers and challenged the stereotype of old age. Should we have the privilege of living a long life, each of us may expect the discrimination visited upon older adults. Fortunately, there are some efforts and inroads being made to combat “old age” issues. Policy planners and social agencies are promoting more programs that allow older adults to remain in their homes and neighborhoods. This requires the right systems and

assistance to be available on the very local level.

In the past, nuclear and multigenerational family settings tended to take care of all age groups. Today? Not as much. Young working families need trusted child care and older adults need care and assistance as they age. Placing older adults in nursing homes is often absolutely necessary. But if in home care is an option, the benefits are great. Instead of using sometimes far off institutional silos to warehouse our older adults, if safe care at home is an option, their lives will be enriched and public funds will be better utilized.

In the 1940s the “Four Freedoms” were made famous by the paintings of Norman Rockwell. Those “Four Freedoms” are: Freedom of speech, Freedom of worship, Freedom from want and Freedom from fear. Jo Ann Jenkins, the current CEO of AARP has put forth the “Four Freedoms of

“Aging” in her book, *Disrupt Aging* (a good read). Her Four Freedoms are: Freedom to choose (where and how one wants to live), Freedom to earn (continuing work), Freedom to learn (for personal fulfillment and enjoyment), and Freedom to pursue happiness (discovering and fulfilling one’s purpose).

There exists a growing movement to “Disrupt Aging.” Another worthwhile book is *This Chair Rocks: “A Manifesto Against Ageism”* by Ashton Applewhite. The takeaway here is: don’t lie about your age — embrace it! Ageism has no purpose, yet it takes many prisoners. A. Philip Randolph, a civil rights leader once said, “Freedom is never given, it is won.” So, let us continue.

Kit Paternoster is a trained SHIP counselor for Medicare issues and an advocate for issues affecting seniors. You can reach her via email at kitpaternoster57@gmail.com.

ARE 2022 TAXES ON YOUR MIND ALREADY?

Often the threat of taxes makes big news, but the ways of lowering them does not. The Hancock County Community Foundation (HCCF) has tools to help you not only lower your tax burden, but also create benefits you may never have considered.

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Gift of Stock	If you have appreciated assets, such as stock, you can reduce capital gains taxes by funding the vehicle above, or by simply transferring it to a fund through HCCF. You must never sell the stock or asset but transfer it directly to us.
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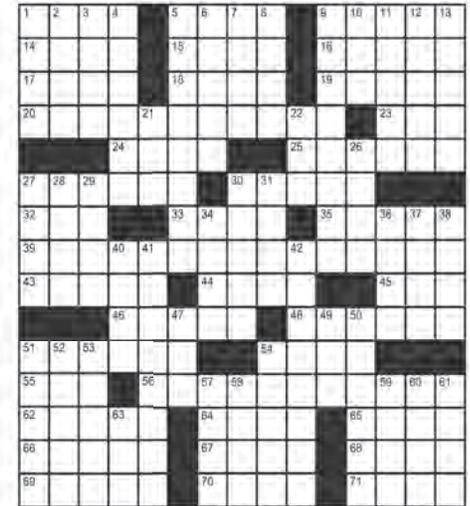
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Fill in the blank squares in the grid, making sure that every row, column and 3-by-3 box includes all digits 1 through 9.

CROSSWORD

- Across
- Shakespeare was one
 - Eastern music
 - Denoted in musical scores by the symbol V
 - Assortment
 - Black, in poetry
 - African antelope
 - All excited
 - Cut, as a log
 - A member of the sect founded by Baal Shem-Tov
 - A New World pit viper
 - "... fallen ..."
 - A nurse, in India
 - Pressed
 - An encampment, in South Africa
 - Hitter of 755 home runs
 - Rocks, to a bartender
 - Bud
 - Less cordial
 - Emits light with little or no heat
 - Brings into harmony
 - French door part
 - When doubled, a dance
 - Desert sight
 - Spine line
 - What you might do to autumn leaves
 - Jerk
 - Aardvark's tidbit
 - Home to several suburbs
 - Craters of the Moon locale

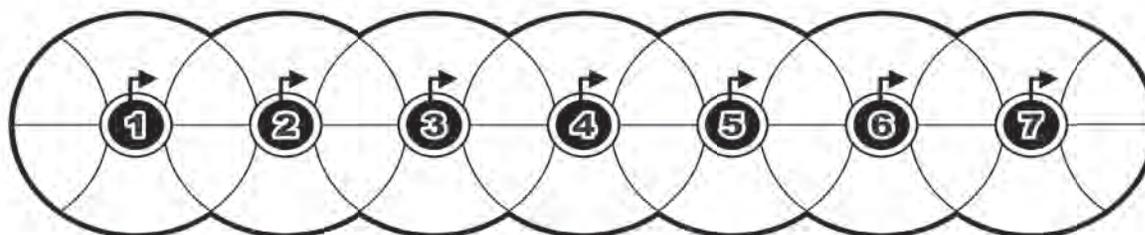
- Water pitcher
- Airport pickup
- Sensational
- Acceptances
- "-zoic" things
- Down at the heels
- "... or ...!"
- Audition tape
- Down
- Big pig
- Aquatic plant
- Brawl
- Name holder
- Investigate extensively
- Discompose
- Ball attire
- Visitor to Siam
- Cowardly
- Burmese coinage
- It holds water
- Antipasto morsel
- Crossed the kiddie pool
- Alkaline liquid
- White wine aperitif
- "... bitten, twice shy"
- Romeo's "two blushing pilgrims"
- Furting
- Long, long time
- Atmospheres
- "Absolutely!"
- Arizona Indian
- Creep
- Bounce back, in a way
- Back
- Highlander
- Singing psalms
- Once thought to be an aquatic equine
- "Comprende?"
- Person in a mask
- Drove (around)
- Tracks
- Excessive
- Gawk
- Mushers' vehicles
- Characteristic carrier
- Missing from the Marines, say
- Euros replaced them
- Prayer leader
- "Eh"
- Holed up



Still need a puzzle fix? Check the pages of your local Hometown Newspaper every day!

VISUAL PUZZLE

Fill in the blanks with the words:
 AMOUNT, HELMET, ICICLE, MYRTLE, PASTRY, POETIC, SELDOM, STEREO.



ANSWERS

1. AMOUNT, 2. SELDOM, 3. MYRTLE, 4. PASTRY, 5. ICICLE, 6. POETIC, 7. STEREO, HELMET.

HANCOCK COUNTY SENIOR SERVICES

MISSION

Hancock County Senior Services is a not-for-profit service organization advocating for and addressing the life challenges of our Hancock County senior population and individuals with disabilities and providing public transportation for all of Hancock County.

VISION

All Hancock County seniors have the available resources to achieve their highest quality of life.

FEES

Must be a Hancock County resident at least 60 years old. Services also provided to people under 60 with disabilities. Donations are encouraged. Sliding scale fee for respite and homemaker programs.

FUNDING

Federal and state funds through Central Indiana Council on Aging; local governments; Indiana Department of Transportation; client donations and fees; foundations; private donations; fundraising; and United Way of Central Indiana.

VOLUNTEER

Senior Services offers a variety of positions through handyman, volunteer services, telephone reassurance, fundraising events and board service.

SERVICES

The agency provides an umbrella of services that help seniors age in place with dignity and independence.

Legal assistance: An Indiana Senior Law Project representative visits the office regularly to assist seniors with legal questions and documents. Donations accepted.

Outreach and insurance: Senior Services provides help in connecting people in need to resources; enrolling in nutritional programs; and filling out IN SC-40 low-income tax credit forms. Senior Services also provides counseling through the State Health Insurance Assistance Program, in which counselors offer information about Medicare, Medicare savings plans and other insurance options. The outreach program also loans durable medical equipment such as walkers and canes and provides incontinence supplies. Donations accepted.

PROGRAMS

Homemaker: Provides light house-keeping assistance with laundry, basic cleaning, cooking and grocery shopping. A fee based on the client's income is charged.

Respite/Assisted Care: Non-medical respite to relieve an unpaid caregiver by providing in-home supervision to frail seniors or people with disabilities. A fee based on the client's income is charged.

Handyman: Simple home repairs and technology assistance on a case-by-case basis. Examples include installing safety grab bars and smoke detectors, replacing batteries and light bulbs, and setting up a new TV. Donations accepted.

Information and referral: Trained personnel answer questions and make referrals for community and agency resources. Referral information includes such areas as housing, nutrition, transportation, protective services, in-home services, assisted care, legal services, health insurance and more.

Telephone reassurance: Telephone calls are made by staff and volunteers to provide reassurance and safety checks.

Volunteer services: Volunteers visit in seniors' homes to provide

companionship and general assistance. Volunteers are matched one-on-one with a client. Volunteer groups also undertake special projects under the guidance of the volunteer coordinator.

Intergenerational programs: Periodically, area high school students get together with Senior volunteers for fellowship, shared activities, and information exchange. This highly successful program helps to build bridges between generations.

Equipment loans: Senior Services loan wheelchairs, walkers and other assistive devices at no charge.

Office Hours: 8 a.m. to 4 p.m. weekdays

Location: 1870 Fields Blvd, Greenfield

For in-home services: 317-462-3758

For transportation: 317-462-1103

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Colorectal cancer screenings must remain a priority

Understanding screenings, risk factors and making healthy lifestyle choices can save lives

Did you know that one of the most prevalent and deadly cancers in the United States is colorectal cancer? In fact, not counting some types of skin cancer, colorectal cancer is the third most common cancer and is the third-leading cause of cancer death in men and women in the country, according to the Centers for Disease Control and Prevention. And, colorectal cancer is expected to be the leading cause of cancer death for people ages 20–49 by 2030.

This year's Colorectal Cancer Awareness Month is more important than ever, especially because fear around contracting the virus that causes COVID-19 may have prevented some individuals from screening, diagnosis and treatment for non-COVID-19 diseases.

When it comes to your colon health, age plays an important factor. According to the National Cancer Institute, the risk of colorectal cancer increases after the age of 50, and most cases of colorectal cancer are diagnosed after age 50. Now with the new data about early onset colorectal cancer, it is more important than ever to be vigilant. Detecting abnormalities in the colon before they turn to cancer is possible. However, if colorectal cancer has developed, detecting the cancer early is important. When colorectal cancer is found at the localized stage, meaning there is no sign the cancer has spread outside of the colon or the rectum, there is a 90 percent relative survival rate, based on the American Cancer Society's Surveillance, Epidemiology and End Results (SEER) data.

Screening is as important now as it was before the pandemic. It's recommended that all adults aged 45 to 75 years be screened for colorectal cancer, and adults 75 or older can choose to be selectively screened, considering their overall health, prior screening history, family history and



DR. PAULA HALL
GUEST COLUMNIST

preferences. Lingering fears about COVID-19 might have patients hesitant to visit a hospital or surgery center; however, hospitals and clinics are following protocols to sanitize, socially distance and keep infected people in isolated areas to ensure patients are safe and feel comfortable.

When it comes to screening, you may be aware of the colonoscopy exam. That's one method of screening as well as other colorectal cancer screening tests recommended by the U.S. Preventive Services Task Force. It's important to note that screening recommendation intervals vary, for example, with a colonoscopy a 10-year interval between screenings applies to persons with negative findings.

■ Other screenings include: Fecal immunochemical testing (FIT) kits – an in-home colon cancer screening test to detect blood in the stool by measuring antibodies. This test should be performed yearly.

■ High-sensitivity guaiac fecal occult blood tests (gFOBT) – a test that detects blood in the stool based on chemical detection of blood. This test should be performed yearly.

■ FIT-DNA – combines the FIT with a test that detects altered DNA in the stool. This test should be performed every one to three years.

■ Flexible sigmoidoscopy – detects polyps or cancer inside the rectum and lower third of the colon. This test should be performed every five years.

■ Colonoscopy exam – a tiny camera on a flexible tube transmits images and allows your doctor to see the inside of the colon to discover and remove any growths or abnormalities,

such as polyps, and identify cancers. This test should be performed every 10 years.

■ Virtual colonoscopy – uses X-rays and computers to produce images of the entire colon. This test should be performed every five years, and is rarely used for screening.

Lifestyle approaches, especially related to diet and exercise, may help lower your risk of colorectal cancer, according to the American Cancer Society. Using tobacco products, being physically inactive and consuming high amounts of alcohol, red meat and processed meat have been linked to an increased risk of colorectal cancer.

In short, with colorectal cancer, a preventive lifestyle and getting your recommended screenings are key. So being prepared and aware of your options is vital to staying healthy. We now know that even young people can get colorectal cancer, so don't ignore symptoms regardless of your age. By staying up to date with your screenings, understanding risk factors and engaging in a healthy lifestyle and healthier choices, lives can be saved.

Why not start this month?

Dr. Paula Hall is a family physician specializing in colorectal endoscopy with American Health Network (AHNI), located in Greenfield.



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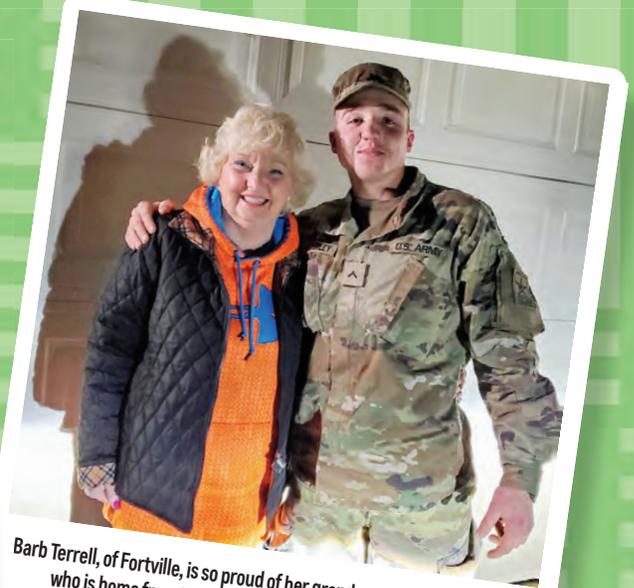
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Dennis and Sally Port, enjoying the beautiful Basilica of Santa Croce in Florence, Italy



Grandpa Doug Addison having fun with the grandkids - Kerrigan, Drew, Walker & Willow



Barb Terrell, of Fortville, is so proud of her grandson Conner Shetterley who is home from Basic Training. ❤️ Grandma Loves You.

SENIOR Daily Reporter MOMENTS



Edward and Cynthia flick with their four great-granddaughters. Left to right: Natalie Grace, Brynn Elizabeth, Freyja Marie, and Elsie Victoria Mae



Linda Dunn, a member of the US Women's V60 fencing team, placed 3rd in the 2014 World Veteran Competition held in Hungary. Jane Eyre finished 2nd and Jeette Stalks-Faulkner was also 3rd.



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TAKE A
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 HEALTH POSSIBLE

Is your 'junk' worth a fortune?

STATEPOINT

If your family is like most, you have “junk” in your basement, garage or attic, such as sports cards, memorabilia and toys. Before you toss them out during spring cleaning, consider that the prices of sports cards, games and other ephemera are skyrocketing.

How can you determine if your stuff is valuable and, if it is, how can you sell it?

A widely accepted rule for sports cards, memorabilia and toys is that older items are worth more. However, these days even more recent items are also commanding high prices.

“Vintage sports cards from the early periods of a sport are almost always highly collectible, especially of Hall of Famers,” says Al Crisafulli, Auction Director at Love of the Game Auctions, an internet sports and memorabilia auction that helps families sell collectibles. “But don’t assume

sports cards or other memorabilia have to be old to be valuable. Modern cards of such stars as Tom Brady, Mike Trout, LeBron James, Michael Jordan, Derek Jeter and others can sell for lots of money.”

He is offering tips to help determine if your belongings are valuable:

Older Sports Cards

Cards from the 1960s and earlier are collectible, and those from before the 1940s can be extremely valuable. Big-name Hall of Famers like Babe Ruth, Ty Cobb, Lou Gehrig, Honus Wagner, Mickey Mantle and others bring high prices.

With old cards from the 1880s and early 1900s, look for tobacco and candy brands, such as Old Judge, Piedmont, Sweet Caporal or American Caramel. Really old Sports memorabilia from the 19th and early 20th Century, such as photographs, postcards, bats, gloves and balls are also collectible.

When opting to sell sports items, consider a specialty auction, such as Love of the Game, which has the expertise to professionally research sports items and maintains lists of bidders specializing in this area, to get top dollar. More information is available at loveofthegameauctions.com.

Modern Cards

Prices on recent baseball, basketball and football cards have risen rapidly. The three keys are condition, star power and cards from early in player careers.

Do you have major current stars, like Mike Trout, Patrick Mahomes, Tom Brady and LeBron James? Or do you have greats from the recent past, like Michael Jordan, Kobe Bryant, Magic Johnson, Derek Jeter or Joe Montana?

Check if your cards are denoted as Rookie, Prospect, Draft Pick or other indicators they’re from a player’s

first season. And condition is king, as cards that look pack fresh with sharp corners and a well-centered image command highest prices. Additionally, unopened packs and boxes from almost any year can be valuable.

Memorabilia

Do you have old advertising posters depicting sports stars or famous entertainment personalities together with food, tobacco or sporting goods brands. Many original signs, store displays and promotional items are collectible, especially those dating from the early 1900s into the 1960s. But low-quality reproductions aren’t. Look for memorabilia spotlighting sports heroes, superheroes, early Walt Disney characters and Star Wars subjects.

So, while you’re spring cleaning that attic, basement or garage, don’t rush to the garbage. Before throwing out old “junk,” determine if it’s valuable!




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Eliminate the barriers experienced when making healthier decisions for your life.

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How do I connect with a Navigator?

Call a Healthy365 Navigator for support today at **(317) 468.4231**.

THE CONGREGATIONAL NETWORK

We are now partnered with 30 churches in our community.

The Congregational network is the result of faith communities and Hancock Health recognizing that we can work together to create, promote, and sustain environments where people and their communities thrive. As a member of the Congregational Network, you can have access to an extra layer of support while in the hospital and as you heal at home.

Interested in how your church can become a partner?

Call or email Laura Baker.

(317) 468.4231

lbaker2@hancockregional.org

The changing role of pharmacists



STATEPOINT

New research from the Columbia University Mailman School of Public Health finds patients and physicians share widespread trust in pharmacists. This is welcome news as pharmacists in the United States are poised to take on additional responsibilities to help fill the growing care gap expected from health care provider shortages in the next decade.

The Prescription of Trust report is the result of the largest and most comprehensive research study on the future role of pharmacists that incorporates the voice of patients, prescribers and pharmacists. The study was commissioned by Express Scripts Pharmacy, one of the nation's largest and most experienced home delivery pharmacies, to understand the expanding role of pharmacists.

"The COVID pandemic has spotlighted pharmacists' accessibility and the trust people have in them as health care professionals," said Susan Peppers, RPh, chief pharmacist of Express Scripts Pharmacy, an Evernorth company.

Patients are ready... so are prescribers.

Nearly 80% of patients see pharmacists as an integral part of their health care team. Doctors and other health care providers are already turning to pharmacists more often for support — 72% consider pharmacists to be part of their health care team, working together to provide the best care for patients.

"As the shortage of doctors and nurses persists, and as complex new therapies and digital health care technology solutions are developed, the role of the pharmacist will continue to evolve," said John McHugh, MBA, PhD, an assistant professor in the Department of Health Policy and Management at Columbia University Mailman School of Public Health.

The Prescription of Trust: Key Takeaways.

Taking on a bigger role: In some states, pharmacists can already prescribe certain types of medication. As physician and nurse practitioner shortages escalate, there is a growing movement for pharmacists to receive more training in diagnosing minor and acute conditions and prescribing

medication to treat them.

"Beyond dispensing prescription medications and providing medication advice, many of our pharmacists are already specially trained in specific diseases, allowing them to discuss disease and medication management directly with a patient as well as in conjunction with their health care provider team," explained Peppers.

Counseling patients: Expect pharmacists to spend more time proactively counseling patients on medications and overall wellness. Telepharmacy is particularly conducive for this level of care as patients are often more comfortable asking questions about their medications from the privacy of home, and without the distractions at a pharmacy counter. Telepharmacists can take time to answer your medication questions. In fact, according to the study, of pharmacists who use telepharmacy, more than a third say it gives them more time to interact with patients.

Managing chronic diseases:

Estimates predict that by 2025, 164 million Americans will have a chronic disease. As the need to support patients with chronic disease grows, you can expect pharmacists to step up to the plate by serving as specialists who advise patients, or by interacting with a larger health team to manage complex care. At the forefront of this trend are pharmacists in ambulatory clinics, hospitals and home delivery pharmacies. Indeed, Express Scripts Pharmacy is already supporting patients with such conditions as diabetes, HIV, and cardiovascular conditions through its Therapeutic Resource Centers. In these centers, pharmacists are trained to focus on the treatment and management of specific conditions.

For health care news, along with helpful tips from pharmacists on how to stay safe and healthy, visit Express Scripts Pharmacy at express-scripts.com/pharmacy/blog.

"On the medication front, your pharmacist is a member of your care team who can see you from a 360-degree perspective," says Peppers. "For this reason, pharmacists have always been uniquely positioned to be a frontline member of your overall health care."

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STEP BY STEP

6 TIPS FOR PREVENTING FALLS

STATEPOINT

Few things are more important to older adults than their independence — being able to do what they'd like when they'd like. But independence can be fleeting. Something unexpected, like a fall, can change everything. That's why it's important for older adults and their loved ones to take steps now to reduce the risk of a fall from happening.

Three million older people are treated in emergency rooms each year because of injuries caused by falls, according to the Centers for Disease Control and Prevention (CDC). This includes broken bones and head injuries that can rob individuals of their freedom. Even having a fear of falling can restrict individuals from enjoying their life to the fullest.

Thankfully, many falls can be prevented with a little forethought and advance planning, according to Dr. J.B. Sobel, chief medical officer for Medicare, with Cigna, one of the nation's largest insurers, which serves hundreds of thousands of older adults through its Medicare plans. Dr. Sobel recommends older adults take the following precautions to prevent falls and increase their peace of mind.

Get an annual eye exam. More than 12 million Americans aged 40 years and older experience vision impairment, putting them at greater risk of falling. It's important for them to get an annual eye exam and make sure that they wear their glasses as instructed. Many Medicare Advantage (MA) plans, such as those offered through Cigna, provide some vision coverage at no extra cost.

Review medications. People tend to take more medications as they age. Some of these medications, or a combination of medications, can cause dizziness or confusion, resulting in falls. Seniors should talk to their doctor or pharmacist about the medicines they are taking, including



over-the-counter medications, regarding any interactions or unwanted side effects.

Do strength and balance exercises. Regular exercise strengthens muscles and improves balance and flexibility, helping reduce the chance of falls. Many MA plans include a fitness benefit at no extra cost. The benefit may include kits, bands and videos that can be used at home to help limit exposure to COVID-19, while achieving the benefits of exercise. Patients should always talk to their doctor about what exercises are right for them.

Limit alcohol consumption. Even a small amount of alcohol can affect a person's balance and reflexes, leading to a fall. According to the National Institute on Aging, alcohol is a factor in 60% of falls in older Americans. For those individuals who may need

it, Medicare covers alcohol abuse screening, counseling and treatment. Please be sure to discuss these types of issues with your doctor.

Ensure a safe home. Seniors can benefit from having grab bars installed inside and outside the bathtub or shower and next to the toilet, as well as having railings installed on both sides of stairs. Also, potential tripping hazards, such as floor mats, area rugs or extension cords, should be removed or taped down, both inside and outside the home.

Be careful with face masks. Wearing a face mask is a reality of the times, even after a COVID-19 vaccination, but face masks can restrict peripheral vision. When wearing a face mask, make sure it is snug covering both your nose and mouth, and take slow and measured steps. Those who wear glasses

should wash the lenses with soap and water (if permitted by the manufacturer), shake off the excess liquid and allow them to air dry. This can help provide a fog barrier.

"Today, many older adults take good care of themselves and feel younger than they are," Sobel said. "They are rightfully proud and don't want to make concessions for their age. But a fall can happen to the best of us. So, it's better to be safe than sorry."

The information contained in this article is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition or treatment and before undertaking a new health care regimen.

MINI-IMPLANTS MEAN NO MORE STICKY DENTURE CREAMS OR PASTES!

There is hope for individuals who have lost all their lower teeth. In the past, such unfortunate dental patients suffered with a lower denture that would not stay in place. This was, and is, extremely frustrating.



James Fletcher, DDS & Matthew Fletcher, DDS
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First, these individuals fear the embarrassment of losing their lower denture while laughing and talking to others. As a consequence, they often refrain from taking part in hearty conversation and laughter. Lastly, many denture wearers cannot chew or eat

This system costs one third to one half that of traditional implants.

many healthy foods they desire because their dentures will not stay in place.

Traditional implants are used to hold lower dentures in place. These have been terrific. Unfortunately,

many patients can't afford the cost of this treatment. In addition, most denture wearers lose bone over the years and don't have enough bone left for traditional implants.

Today, there is hope. Mini-implants now exist that will greatly increase both the quality and enjoyment of life for those wearing lower dentures. This system costs one third to one half that of traditional implants.

Offering many other advantages, they are small and work well for patients who have little bone; they can be placed in the morning and the patient can leave our office to enjoy foods they have been unable to eat in years. The placement procedure is patient-friendly because it requires minimal surgery. There are often no incisions or sutures needed and little or no bleeding occurs.

Most importantly, the Mini Dental Implant System allows the denture patient to have a feeling of confidence again. The patient will enjoy taking part in hearty laughter and conversation without the fear of embarrassment if the lower denture slips out of place.



Who should use an oral appliance?

Oral Appliance Therapy is indicated for mild to moderate OSA patients. It is also recommended for severe OSA patients if they cannot tolerate CPAP.

Untreated OSA increases your risk for:

- Excessive daytime sleepiness
- Driving, work accidents
- High blood pressure
- Heart disease
- Stroke
- Diabetes
- Obesity
- Depression
- Memory loss
- Morning headaches
- Irritability
- Decreased sex drive
- Impaired concentration

Tired of your CPAP machine?

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WHAT IS SLEEP APNEA? Obstructive sleep apnea (OSA) occurs when the soft tissue in a person's throat repeatedly collapses and blocks the airway during sleep. These partial reductions and complete pauses in breathing typically last between 10 and 30 seconds, but can persist for one minute or longer. These pauses can happen hundreds of times a night, leading to abrupt reductions in blood oxygen levels. The brain alerts the body to its lack of oxygen, causing a brief arousal from sleep that restores normal breathing. The result is a fragmented quality of sleep that often leads to excessive daytime sleepiness. Most people with OSA snore loudly and frequently, with periods of silence when airflow is reduced or blocked. They then make choking, snorting or gasping sounds when their airway reopens.