

JUNE 21, 2021

# Caregivers

- Options for long term care planning
- Elder Abuse Awareness Day
- FDA approval of Aducanumab



- Hospice offers free help
- Mercy Health offers new treatment for uterine fibroids

Quality of life

# Sincera offers support for those facing serious illness

Providing supportive care and symptom relief for seriously ill patients not on a hospice program, Sincera is a palliative care service started by Hospice of Northwest Ohio in 2008. It has served more than 3,800 patients since that time, with 94% of them reporting significant improvement in comfort and quality of life.

Sincera works with community physicians to provide an extra, highly skilled set of eyes and ears in the home when it is difficult for their patients to visit them in their offices.

“Our first goal is to find relief for pain or other symptoms a patient may be having due to their illness or side effects of treatment,” said Annette Collier, MD, Medical Director for Sincera. “Then,” she says, “we focus on overall management of the chronic illness or, in many cases, help address the challenges of living with several different health conditions at once.”

“Because we have more time than is allotted in a typical physician office visit, we can answer questions, provide more in-depth information about disease progression, make recommendations about medications that may need to be adjusted, discuss goals of care and work with the patient’s physician and others to acquire additional assistance that may be beneficial,” Collier said.

**Improving quality of life**

Palliative care physicians and advanced practice nurses from Sincera focus solely on patients who are seriously ill, but not ready for, or in need of, hospice care. Utilizing their specialized expertise in pain and symptom management, they help improve quality of life when the patient has:

- Side effects from treatment that are debilitating and difficult to manage;
- Repeated trips to the ER or is hospitalized due to uncontrolled pain or other symptoms;
- Several illnesses that, combined, make care needs more complex;
- A worsening condition and is confused or worried about the progress of the disease and treatment options;
- Difficulty maintaining comfort at home after being released from the hospital or a rehab facility;
- Emotional or spiritual concerns that



are affecting overall wellbeing;

- Caregivers who are struggling to understand and manage the illness;
- Physical challenges that make it difficult to visit the physician’s office;
- Symptoms that require additional management while receiving skilled care in a nursing home;
- The need to discuss goals of care and what is important moving forward.

**How to seek Sincera’s services**

Though a physician referral is required before Sincera can visit, many questions about the program can be answered by calling the Sincera office. A nurse navigator will assess information and can work with physicians to get a referral for Sincera’s services. Like any medical consultation, Sincera’s services are covered by Medicare Part B, Medicaid and most other health insurance plans.

To learn more, call 419-931-3440 weekdays between 8:30 a.m. and 5 p.m. or visit [sinceracare.org](http://sinceracare.org).

**Life Line screenings**

Residents living in and around the Oak Harbor area can learn about their risk for cardiovascular disease, osteoporosis, diabetes, and other chronic, serious conditions with affordable screenings by Life Line Screening.

St John Evangelical Lutheran Church, 122 W. Ottawa St., will host this community event on Wednesday, July 7. Free parking is also available.

- Screenings can check for:
- The level of plaque buildup in arteries, related to risk for cardiovascular disease, stroke and overall vascular health.
  - HDL and LDL cholesterol levels;
  - Diabetes risk;
  - Bone density as a risk for possible osteoporosis;
  - Kidney and thyroid function, and

more.

Special package pricing starts at \$149, however consultants will help clients create a package that is right for them based on their age and risk factors.

Pre-registration is required. Call 1-877-237-1287 or visit [lifelinescreening.com](http://lifelinescreening.com) for more details and to schedule an appointment.

**Virtual caregiver support**

The Area Office on Aging offers a monthly Virtual Caregiver Support Program.

The next session is set for Tuesday, June 22 at 6:15 p.m. Interior designer Rose Toth will discuss “Decluttering Tips & Tricks.”

To RSVP and obtain access instructions, call Jennifer Forshey at 419-725-6983 or Tracie Fountain at 419-725-6984.

**Oregon Senior Center offers transport service**

The Oregon Senior Center offers transportation to any Oregon resident 60 and older to and from anywhere in Oregon, including to appointments, shopping, banking, hairdressers to the senior center and more.

The suggested donation is \$3 round trip for travel to/from the center and \$4 round trip for transport in the Oregon area.

Arrangements may also be made for transport across the river.

Twenty-four-hour advance notice is required by calling 419-698-7078.

**Family Caregiver Support Program**

Families, not social service agencies, nursing homes or government programs, are the main providers of long-term care for older persons in Northwestern Ohio.

The National Family Caregiver Support Program, implemented as a part of the Older Americans Act of 2000, recognizes the monumental role caregivers play in caring for older family members. Under this program, five basic services are available – information to caregivers about available services; assistance to caregivers in gain-

ing access to services; counseling, support groups, and caregiver training; respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and supplemental services, to complement the care provided by family caregivers.

For more information about the Family Caregiver Support Program, contact the Area Office on Aging at 419-382-0624.

**Program offers info about senior services**

Great Lakes Community Action Partnership’s Senior Life Transitions Program is a one-stop hub that provides comprehensive information about local senior services.

Senior Life Transitions staff can link seniors and their caregivers to programs for:

- Socialization and senior activities
  - Health needs including Medicare and Medicaid counseling, medication assistance, home health, behavioral health, Alzheimer’s and dementia, hospice and other medical needs
  - Home-delivered meal options
  - Transportation needs
  - Living options including local senior housing, in-home assistance, long-term care, and assisted living/nursing facilities
  - Caregiver and respite assistance
  - Family services for seniors raising grandchildren or great-grandchildren
  - Other community senior services
- Staff is available for one-on-one consultations as well as group presentations.

GLCAP is located at 127 S. Front St., Fremont. For more details about the Senior Life Transitions Program or other GLCAP senior services, visit 419-333-5082 or visit [glcap.org/programs/senior-services](http://glcap.org/programs/senior-services).

**Donations accepted**

The Ability Center is currently accepting durable medical equipment donations. Common items include bathroom seating items, wheelchairs, and walkers. Donated items are accepted at 5033 Skelly Road, Sylvania.

Donations will be used for the center’s Equipment Loan Program. For more info, call 419-885-5733 or visit [abilitycenter.org](http://abilitycenter.org).

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# New options for long-term care planning

The problem isn't going away, no matter how much we wish it would.

As people live longer and longer lives, the chances of any of us requiring skilled nursing care, either in our home or in a nursing home, are increasing with life longevity. The big question is, how will we pay for the care we're likely to need?

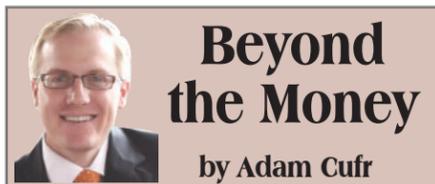
A recent discussion with a couple revealed that both of them have parents living in nursing homes, and as a result, they are keenly aware of the cost of paying for care. They are determined to incorporate long-term care (LTC) into their planning.

Solving the long-term care dilemma is an imperfect craft – some art and some science is involved – and you'll never get it exactly right. Recently, however, we discovered a solution that may work really well for a lot of the families we serve. Why? The vast majority of the people we meet with have most of their retirement savings in 401(k), 403(b), and IRA accounts. This reality created some constraints that meant there were few options for funding LTC other than paying annual premiums each year for traditional LTC Insurance.

While these traditional long-term care insurance policies are still a very effective way to protect against the costs of long-term care, a whole host of other attractive options were made not as attractive to people who had their wealth inside 401(k), 403(b), and IRA (tax deferred) accounts.

Imagine this with me: we help you build a well-balanced investment portfolio for your retirement. This may include a combination of income annuities, stocks and bonds, and cash for emergency purposes. Pretty straightforward, right? Meanwhile, most of this (except the cash) is held inside 401(k), 403(b), and traditional IRA accounts. I then present you with two options for protecting yourself and your spouse from crippling future long-term care costs:

1. Pay annual premiums for traditional LTC Insurance, that if unused (meaning you pass away without requiring a lengthy nursing care need), you lose the many



## Beyond the Money

by Adam Cufu

“...how will we pay for the care we're likely to need?”

thousands of dollars you paid in premiums over 20 or 30 years. Or

2. Place a lump sum of money into a hybrid LTC/life insurance policy that pays money toward long-term care if you need it; or pays all of the money paid-in (and more) as a death benefit to your heirs if you don't need care; or allows you to cancel the policy and get your money back while still alive.

Many people will say, “Hey, tell me more about the second option because I hate the idea of the “use-it-or-lose-it” option of traditional LTC Insurance.” Well, unfortunately that hybrid option works best with a nonqualified lump sum payment, and your money lives inside the tax deferred shell of 401(k), 403(b), and traditional IRA accounts.

It may not work as well for you.

A new option is available that allows a person (or couple) to transfer tax deferred money into the hybrid LTC/life insurance option, thus preserving the access to the money, while creating positive leverage in the form of a tax-free life insurance death benefit or long-term care insurance benefits. It avoids the “use-it-or-lose-it” scenario while accepting IRA money. This is a big deal and a wonderful option for many to consider.

How does it fit within your retirement plan? Glad you asked. When I asked you to imagine the well-balanced investment portfolio we built for you, there was a conservative piece to that portfolio (bonds, cash) that is essential for retirees.

What you may want to consider is carving out some of that conservative portion and transferring it to the hybrid LTC/life insurance account so that a death or a care need results in a significant return on that investment through the positive leverage of the insurance benefits.

In other words, rather than settle for very low returns on the conservative portion of the portfolio, why not employ that capital to solve for your long-term care needs, should they arise, while also maintaining the conservative nature of that capital through the use of a guaranteed, insured account? And when you pass away, the money remaining in that account passes on to your loved ones.

In short, we can now use traditional IRA money to fund LTC Insurance so the insurance company will pay for expenses should you need care.

Don't need long term care? Great, the money you invested, and then some, passes to your loved ones at death. Because of this, it's a bit more exciting to discuss LTC solutions with people who may need them down the road. Now we can engage in this very serious discussion with new options that make sense.

As the couple whose parents are living in nursing homes know all too well, this is a very serious matter, so I'm hoping that you'll at least consider how you'll manage this risk in your planning so you're not caught off guard should a need arise.

Adam Cufu, RICP®, a Northwood native, is the owner of Fourth Dimension Financial Group, LLC in Perrysburg. He is a retirement planner, a dad to six daughters, and the author of “Off the Record – Secrets to Building a Successful Retirement and a Lasting Legacy” and “Here, I Made This for You.” To learn more, visit to [www.FourthDimensionFinancial.com](http://www.FourthDimensionFinancial.com).

## Hospice of Northwest Ohio offers free help for caregivers

A caregiver is someone who consciously and consistently puts the needs of another person in-line with or above their own.

This could include doing something as simple as a daily “check-in” phone call, picking up a few groceries once a week or providing transportation or companionship. Caregiving can also be as complicated as assisting a loved one with personal care or keeping track of their medications. Because of this broad definition, an exceptionally large segment of the population is considered to be a caregiver.

As Rosalyn Carter said, “There are four kinds of people in the world: Those who have been Caregivers; Those who are currently Caregivers; Those who will be Caregivers; And, those who will need a Caregiver.” Most of us wish desperately that we will not be the ones who need caregivers. That puts us in one of the other three categories. Being a caregiver is one of those “you don't know...until you do” type of roles, and it can be extremely challenging to navigate.

If your family or small group would like guidance and information related to self-care, community resources, palliative care, etc., Hospice of Northwest Ohio can help.

Community Educator Sara Chambers, BSN, RN, CHPN is available to meet with you – in an outdoor setting, if possible – to provide support and guidance and offer an understanding ear. Certified in Advance Care Planning, Chambers can also facilitate goals of care conversations and assist in completing documents called advance directives.

For more information or to set up a meeting, contact Chambers at [schambers@hospicenwo.org](mailto:schambers@hospicenwo.org) or 419-931-5423.

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# Alzheimer's Assn. welcomes FDA approval of Aducanumab

The Alzheimer's Association issued a statement on June 7 regarding the FDA approval of Aducanumab (Biogen/Eisai) for treatment of Alzheimer's disease.

"This approval is a victory for people living with Alzheimer's and their families," said Harry Johns, Alzheimer's Association president and chief executive officer. "This is the first FDA-approved drug that delays decline due to Alzheimer's disease. This means individuals may have more time to actively participate in daily life, have sustained independence and hold on to memories longer. We can experience longer — the relationships we hold most dear — our families and friends."

Aducanumab addresses Alzheimer's in a new way compared to currently approved drugs. The therapy slows progression of the disease, rather than only addressing symptoms. It is the first approved therapy of this type; it demonstrates that removing amyloid from the brain may delay clinical decline in people living with Alzheimer's.

Amyloid is the protein that clumps into sticky brain plaques that are a hallmark of Alzheimer's disease.

"This FDA drug approval ushers in a new era in Alzheimer's treatment and research," said Maria C. Carrillo, Ph.D., Al-

“...individuals may have more time to actively participate in daily life...”

zheimer's Association chief science officer. "History has shown us that approvals of the first drug in a new category invigorates the field, increases investments in new treatments and encourages greater innovation. We are hopeful and this is the beginning — both for this drug and for better treatments for Alzheimer's."

"Eliminating barriers to access is our highest priority," said Joanne Pike, Dr.P.H., Alzheimer's Association chief strategy officer. "The Alzheimer's Association will do everything in its power to ensure access to the drug for all who will benefit. We know that infusion therapies have been made available under Medicare and insurance

for conditions like cancer and multiple sclerosis, so it is reasonable to expect this for Aducanumab."

Early diagnosis has demonstrated better health outcomes for individuals and their caregivers. The approval of this new therapy makes early detection and diagnosis even more critical to ensure individuals receive the most benefit at the earliest point possible, Johns said.

"This therapy will be of great interest to many, but it is not the only important element of Alzheimer's treatment and care. The Alzheimer's Association has made it a priority to partner with health care systems, physicians, and the Center for Medicare and Medicaid Services to ensure early and accurate diagnosis, and access to treatment, care management and care planning," said Pike.

If you or a loved one is experiencing memory changes, the Alzheimer's Association strongly encourages speaking with a health care provider for a thorough evaluation, diagnosis and to discuss treatment options.

For more information on diagnosis or to find a local health care provider, visit the Alzheimer's Association at alz.org, or the Helpline 24/7 at 800-272-3900.

"We are proud of what the Alzheimer's Association has done to accelerate the drug development process, so individuals will have access to more effective treatments faster," Carrillo said. "This new drug approval, and sustained progress in the research field, is due to years of investment, unrelenting dedication, and our vision of a world without Alzheimer's and all other dementia."

Driven by Alzheimer's Association advocacy, federal investment in Alzheimer's and dementia research funding is \$3.1 billion annually. The federal commitment, combined with unprecedented philanthropic support, provides the foundation for an optimistic view of the future.

Alzheimer's Association actions established foundations that have accelerated the drug development process and made advancements like this possible, including:

- The Alzheimer's Association provided the initial seed money for the development of amyloid PET scans that made this clinical trial possible.

- The Alzheimer's Association leads the IDEAS and New IDEAS studies to demonstrate the value of amyloid PET imaging for improving diagnosis and disease management.

# Elder Abuse Awareness Day is just around the corner

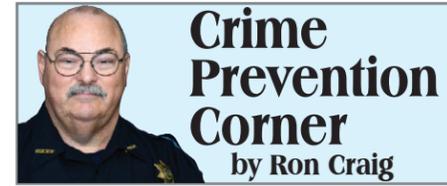
The Ohio Attorney General's Elder Abuse Commission will commemorate the 2021 Ohio Elder Abuse Awareness Day on June 28.

The observance is a time to reflect on a very important topic. We know a tremendous number of elder abuse cases go unreported everywhere in the country, and for various reasons.

One of the primary reasons elder abuse goes unreported is the fear the victim may feel about the abuse being uncovered. Victims, both male and female, fear reporting it may lead to retaliation. They may think the abuse will worsen, especially if the abuse involves physical harm.

Physical abuse may take many forms. It can range from withholding food, medical care or medications to beatings. Because many elderly people are shut-ins or may not go out in public very often, signs of physical abuse may be hidden for a long time.

Financial abuse is another form of el-



**Crime Prevention Corner**  
by Ron Craig

der abuse. If someone steals from an elderly or disabled person, or defrauds him or her in any way, these crimes are usually prosecuted as felonies.

Many times, financial elder abuse involves a family member or other persons who have control over the victim's money and/or assets. These people may exert control over money or assets and either take them or use them to acquire something for themselves. For example, if a relative or other caretaker uses an elderly person's money or credit card to buy something for themselves without permission, this is financial abuse and theft.

I have written many times in this column about scams that target the elderly. One of these scams is commonly referred to as the "grandparent scam." It involves someone calling a grandparent pretending to be a grandson or granddaughter to ask for some kind of financial help because they have gotten into trouble.

They may say they have been arrested or hospitalized and need money to get bailed out of jail or to be released from the hospital. They pretend to be crying, making their voices hard to tell from a real grandson or granddaughter. Of course, the caller asks the senior not to tell the caller's parents or other relatives to save them embarrassment over the situation.

We had one such scam reported in Lake Township, but because of a column of ours they read on the subject, they didn't fall for it. Unfortunately, many others have become victims of this scam, thinking they are helping a grandchild in a time of need.

Ohio's lawmakers saw fit to make many

criminal charges involving elder abuse felonies, making penalties for such crimes more severe than abuse to other classes of people. The same applies to abuse of disabled people, regardless of age.

There are far too many other types of elder abuse to be covered in one column, but we ask the public to be aware of such crimes. Do the right thing and either check into the situation or call your local law enforcement agency.

The law also dictates that healthcare workers report suspicious indicators of elder and disabled person abuse. If they fail to report it, they also face severe penalties.

*This article is a public service from the Crime Prevention Division of the Lake Township Police Department. Township residents may obtain further information on crime prevention and public safety topics by contacting Ron Craig, crime prevention specialist/community policing officer, at 419-481-6354.*

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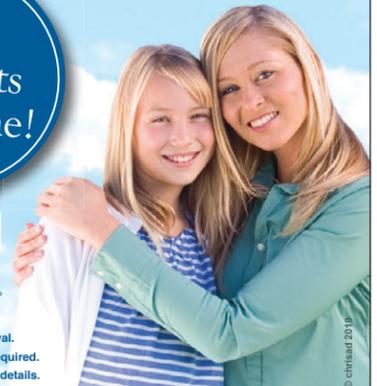
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# “TNT” retrains cells to ‘repair’ tissue in mice after stroke

Most stroke victims don't receive treatment fast enough to prevent brain damage. Scientists at The Ohio State University Wexner Medical Center, College of Engineering and College of Medicine have developed technology to “retrain” cells to help repair damaged brain tissue. It's an advancement that may someday help patients regain speech, cognition and motor function, even when administered days after an ischemic stroke.

Engineering and medical researchers use a process created by Ohio State called tissue nanotransfection (TNT) to introduce genetic material into cells. This allows them to reprogram skin cells to become something different – in this case vascular cells – to help fix damaged brain tissue.

Study findings were published online in the journal Science Advances.

In the mouse study, cells were ‘pre-conditioned’ with specific genes and injected into the stroke-affected brains, where they promoted the formation of new blood vessels via reprogramming and the repair of damaged brain tissue. “We can rewrite the genetic code of skin cells so that they can become blood vessel cells,” said Daniel Gallego-Perez, an assistant professor of biomedical engineering and surgery at Ohio State who is leading the research. “When they're deployed into the brain, they're able to grow new, healthy vascular tissue to restore normal blood supply and aid in the repair of damaged brain tissue.”

Researchers studied the process in mice and found that those treated with this innovative cell therapy regained 90% of their motor function. MRI scans showed damaged areas of the brain were repaired within a few weeks.

“We found that the mice have a higher recovery because the cells that are being injected into the affected area also release healing signals in the form of vesicles that help in the recovery of damaged brain tissue” said Natalia Higuera Castro, assistant professor of biomedical engineering and surgery at Ohio State and a co-lead author on the study.



Graduate research associate Jordan Moore reviews brain MRI images of mice in the nanomedicine lab at The Ohio State University College of Medicine. In a new study, researchers demonstrate the potential of a new cell therapy to reverse damage from ischemic stroke by regrowing blood vessels and healthy brain tissue. (Submitted photo)

Every 40 seconds, someone in the United States suffers a stroke. It's the second-leading cause of death worldwide, and those who survive often have irreversible brain damage resulting in paralysis, speech impairment and loss of motor function. No treatments exist to address the lasting and debilitating damage to brain tissue caused by stroke.

Although medical advancements have allowed doctors to clear clots in the brain faster and improve outcomes, this is only effective if done within a few hours of the stroke, before the brain tissue dies. About 80% of ischemic stroke patients don't receive the clot-busting therapy in time to

prevent permanent deficits to their speech, cognition and motor function.

“The thought was that once brain tissue dies, that was it,” said Dr. Shahid Nimjee, a neurosurgeon at Ohio State Wexner Medical Center, a member of Ohio State's Neurological Institute and co-author of the study. “We're now learning that there could be opportunities to regenerate cells to restore brain function.”

Researchers continue to study this approach, and they're also exploring other potential uses for this technology to treat brain disorders such as Alzheimer's and autoimmune diseases.

The research team spans across the

Ohio State campus in the departments of biomedical engineering, neurosurgery, biology, nutrition, neuroscience, neurology and surgery; along with the biomedical science graduate program. The team also includes scientists at the Georgia Institute of Technology in Atlanta, National University of Colombia in Bogota, Columbia and Indiana University School of Medicine in Indianapolis.

The study is funded by grants from the National Institute of Neurological Disorders and Stroke and the National Institute of Biomedical Imaging and Bioengineering.

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**AARP report:  
Retail drug  
prices rose**

In 2020, retail prices for 260 widely used brand-name prescription drugs increased more than twice as fast as general inflation, rising 2.9% compared to an inflation rate of 1.3%, according to a new report from AARP's Public Policy Institute (PPI).

The average annual cost for one brand name medication used on a regular basis was over \$6,600, more than \$1,500 higher than in 2015.

For the typical older American taking four to five prescription drugs per month, the annual cost of therapy would have been more than \$31,000 last year, more than the nearly \$30,000 average annual income for Medicare beneficiaries.

"It's inexcusable that even during a pandemic and financial crisis, brand-name drug companies continued to increase their prices so much faster than the prices of other goods and services," said Debra Whitman, Executive Vice President and Chief Public Policy Officer at AARP. "No one should be forced to choose between paying their bills and paying for the medicine they need to stay healthy. Our leaders need to take action now to lower drug prices."

Although 2020 had the slowest average annual price increase since at least 2006, it was still more than twice the rate of inflation and followed several years with considerably higher average annual price increases. AARP analyzed how these price trends accumulated over time and found that the average annual cost of drug therapy for one brand-name drug used regularly would have been almost \$3,700 lower in 2020 if retail price changes had been limited to inflation between 2006 and 2020. These cost increases have had significant impact on medications used to treat common chronic conditions.

Between 2015 and 2020, the retail prices of several widely used prescription drugs used to treat diabetes increased, such as Victoza, which increased from \$7,936 per year in 2015 to \$11,300 in 2020, and Trulicity, which increased from \$6,567 to \$9,323 over the same time period.

Medications for asthma and COPD also continued climbing in costs, such as Spiriva Handihaler, which increased from \$3,886 per year in 2015 to \$5,289 per year in 2020, and Symbicort, which increased from \$3,391 to \$4,282 over the same time period.

Drug price increases also play a major role in Medicare Part D spending. A second AARP PPI analysis found that, between 2015 and 2019, Medicare Part D spent nearly \$40 billion more on 50 top brand name drugs that was solely attributable to drug price increases that exceeded inflation. Medicare Part D spending for the top 50 drugs would have totaled \$250.8 billion over the study period—instead of \$289.1 billion—if price changes had been limited to the rate of general inflation.

"On average, nearly 90% of the top 50 brand name drugs had annual price increases that exceeded the corresponding rate of inflation from 2015 through 2019," said Leigh Purvis, Director Health Care Costs and Access, AARP Public Policy Institute, and co-author of the reports. "It's unfair that drug prices keep rising, even for medications that have been on the market for decades. Americans can't afford to keep paying the highest drug prices in the world."

- **Price negotiation:** Allow Medicare to negotiate the prices of prescription drugs for its beneficiaries and allow other insurers to have access to the Medicare-negotiated prices.

- **Inflation-based rebates:** Require drug manufacturers to pay a penalty when their prices for prescription drugs covered by Medicare Parts B and D increase faster than inflation.

- **Out-of-pocket cap:** Create a hard out-of-pocket spending cap for Medicare Part D enrollees.

To view "Rx Price Watch Report: Trends in Retail Prices of Brand Name Prescription Drugs Widely Used by Older Adults, 2006 to 2020" visit [www.aarp.org/rxpricewatch](http://www.aarp.org/rxpricewatch).

**Uterine fibroids**

**Mercy Health offers minimally invasive treatment**

Mercy Health now offers the gold standard of treatment for women suffering from uterine fibroids.

With the addition of the Third Generation Acesa® ProVu System, the Mercy Health OB/Gyn surgical team is the first in the region to use minimally invasive, laparoscopic radiofrequency ablation (Lap-RFA).

The Acesa ProVu is the first and only system to utilize radiofrequency ablation, laparoscopic ultrasound and guidance mapping. The system is clinically proven with long-term clinical data as a safe alternative to hysterectomy and myomectomy (surgical removal of fibroids from the uterus) and is well established with more than 4,000 procedures performed to date.

Mercy Health performed its first procedure on April 27 at Mercy Health – St. Vincent Medical Center. It is also being performed at Mercy Health – Perrysburg Hospital.

"The Acesa procedure offers women living with uterine fibroids an alternative to pain and discomfort without having to undergo major surgery," said Dr. Kathleen Piazza, a MIGS trained OB/Gyn for Mercy Health. "I'm proud to be a part of the Mercy Health team that is bringing this to women in our community."

“  
...an alternative to  
pain and discomfort  
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undergo major surgery...  
”

Uterine fibroids, also called myomas, leiomyomas, uterine myomas or fibromas, are benign (noncancerous) growths on the uterus. Uterine fibroids rarely develop into cancer but can cause unwanted symptoms and issues with fertility.

Risk factors of uterine fibroids include family history of uterine fibroids; age (older women are at higher risk) and being overweight. African American women tend to have more and larger fibroids at an earlier age.

Unlike many alternative treatments, the Acesa procedure can treat nearly all locations of fibroids – including those out-

side the uterine cavity and within the uterine walls. It is a minimally invasive, outpatient treatment that involves two small incisions and uses radiofrequency ablation (i.e., heat) to destroy each targeted fibroid by applying controlled energy through a small needle array. The treated tissue shrinks over time. There is no cutting or suturing of uterine tissue.

The potential benefits to the patient include returning home from the hospital the same day, lower interoperative blood loss compared to hysterectomy and myomectomy, and quick recovery time as patients typically return to work within four to five days.

The Acesa procedure's laparoscopic ultrasound and guidance mapping also allows the surgeon to visualize and treat more fibroids. In clinical studies, the Acesa ProVu laparoscopic ultrasound can locate one-and-a-half to two times more fibroids than MRI or transvaginal ultrasound. This allows for patients to receive treatment for fibroids that may have previously been undetected.

Mercy Health is designated by American Association of Gynecologic Laparoscopists (AAGL) as a Center of Excellence in Minimally Invasive Gynecology (COEMIG).

**Donations needed**

**Helping Hands of St. Louis to open dining room**

After a nearly 15-month hiatus, the Helping Hands of St. Louis Dining Room is scheduled to re-open, once again providing hot dine-in meals. Guests picked up take-home meals distributed outside, during the COVID-19 pandemic.

Helping Hands free meals will be served between 10:30 a.m. and 12:30 p.m. beginning Monday, June 21 in the basement of the old St. Louis Parish school located at 443 Sixth St., Toledo.

The bad news is, the Helping Hands of St. Louis Kitchen's 15-year-old commercial stove needs to be replaced, and fast.

"Our stove burners work, but our ovens no longer hold a constant temperature," says Sue Shrewsbury, director of Helping Hands of St. Louis. "We had them recalibrated recently, and it obviously didn't work."

Chef David Smith, Helping Hands new food service specialist, has seen this happen in other kitchens where recalibrated ovens may work for a few days and then go right back to not working again. He can use the griddle and burners on the 15-year-old

stove, but not the ovens.

"We have a freezer full of turkeys and other meat we're eager to prepare and serve, but we can't use the two ovens," he says.

Helping Hands is looking at a new 60-inch, four- to six-burner natural gas commercial stove with two ovens, at least one of them convection. A broiler under the griddle would be an added bonus.

The new stove will cost upwards of \$15,000 installed.

Catholic Charities Diocese of Toledo hopes Helping Hands of St. Louis ministry's loyal supporters will step forward with donations to underwrite the replacement.

"We're not opposed to a used stove, as long as it's in good working condition, if some restaurant owner or facility has one they'd like to donate to us," Shrewsbury said.

To make a donation, call her at 419-691-0613, ext.101.

Donations may also be made online at [CatholicCharities.org/product/donate](http://CatholicCharities.org/product/donate), or mail a check to Catholic Charities

Diocese of Toledo, 1933 Spielbusch Ave., Toledo, OH 43604. Please note donations are for "HHSL Stove."

"Our guests really look forward to our food and also the fellowship," Shrewsbury adds. "But the pandemic really changed how we could do things this year. We are so grateful volunteers are returning to help prepare and serve the meals."

Helping Hands of St. Louis, a ministry of Catholic Charities Diocese of Toledo, has been serving the poor in East Toledo for over 40 years. On average, 225 meals are prepared in the Helping Hands Kitchen and served daily to low-income and homeless families.

Each month, the Helping Hands Food Pantry distributes groceries, hygiene products and homeless kits to nearly 400 individuals, and nearly 550 individuals receive clothing, shoes, and household items from our Helping Hands Clothing Center. Catholic Charities Diocese of Toledo also provides Crisis Navigation services to guests as needed.

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# Keep yourself, loved ones safe during thunderstorms

In an annual coordinated effort with the National Weather Service (NWS), the Ohio Committee for Severe Weather Awareness is promoting June 20-26 as National Lightning Safety Awareness Week and encourages all Ohioans to know what to do before, during, and after thunderstorms, and to practice severe weather safety and preparedness throughout the summer.



Keep everyone safe before, during and after thunderstorms by following safety guidelines provided by the National Weather Service and the Ohio Committee for Severe Weather Awareness.

**When thunder roars, go indoors**

According to the NWS, every year in the United States, there are approximately 25 million cloud-to-ground lightning flashes, and roughly 300 people a year are struck by lightning. Of those struck, an average of 20 people are killed, and others may suffer lifelong disabilities.

Two people recently died after being struck by lightning in the United States: A 70-year-old man in New Jersey died on June 9, and a 15-year-old girl in Georgia died on June 12. In 2020, a total of seventeen people in eleven states, died from being struck by lightning. There were no lightning-strike fatalities in Ohio last year.

The number of lightning-strike fatalities is down in part because of COVID-19 stay-at-home orders last year, and in part because people are more aware of what to do when thunderstorms threaten such as seeking shelter inside a sturdy building or a vehicle.

“It is imperative to know lightning safety. Lightning is one of the world’s most underrated weather hazards,” said Ohio Emergency Management Agency Executive Director Sima Merick. “According to the National Weather Service, lightning is not confined to just thunderstorms. Lightning has been recorded in volcanic eruptions, snowstorms, hurricanes, tornadoes, and even wildfires. Everyone must learn that there is no safe place outdoors when severe storms are in the area.”

The NWS and the Ohio Committee for Severe Weather Awareness (OCSWA) encourage Ohioans to be safe this summer, and to have an emergency plan for not only severe thunderstorms, but for all weather hazards. All Ohioans are encouraged to fol-

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... roughly 300 people a  
year are struck by  
lightning...  
”

low the noted safety precautions:

- Make listening or reading weather reports a part of planning your day. If the weather forecast calls for thunderstorms, you may need to postpone your trip or outdoor activity.

to, and exceeding, 100 feet away.

**Prepare before the storm**

- Know your area’s risk for thunder and lightning. Spring and summer are typical seasons for thunderstorms, but they can occur year-round, day or night.
- Sign up for your local emergency notification system or download a weather app. The Emergency Alert System and NOAA Weather Radio also provide emergency alerts.
- Cut down or trim trees that may be in danger of falling onto your home.
- Consider buying surge protectors, a lightning protection system, or lightning rods to protect your home, appliances, and electronic devices.

**Survive during the storm**

- When you hear thunder or see lightning, move to safe shelter immediately, such as a substantial building, or a metal-topped vehicle (not a convertible), with the windows rolled up.
- Pay attention to weather reports and thunderstorm warnings.
- Get out and away from bodies of water. If boating, fishing, or swimming, move to land and find a sturdy, grounded shelter or vehicle immediately.
- If indoors, avoid running water or using landline phones. Electricity can travel through plumbing and telephone lines.
- Never drive or walk through flooded roadways. “Turn Around Don’t Drown®.” It takes just six inches of fast-moving water to knock an adult down, and about 12 inches of moving water can sweep away most vehicles.

**Be safe after the storm**

- Listen to local authorities and weather forecasts for storm watches or warnings or for any instructions regarding potential flash flooding.
  - Wait 30 minutes after the last rumble of thunder before resuming outdoor activities.
  - Watch for fallen power lines or broken tree limbs. Report hazards immediately.
- For additional information on lightning safety, follow OCSWA on Facebook and Twitter.

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# Managing the stresses of being a caregiver

By Stan Popovich

Many caregivers deal with stress and anxiety on a regular basis. The key in dealing with that stress is to know what to do when you're stressed out. It is not always easy to keep your feelings from getting the best of you.

With this in mind, here are six tips that a caregiver can use to help manage their daily stresses and anxieties before they get out of control.

- Take a break. Sometimes, we get stressed out when everything happens all at once. When this happens, a person should take a deep breath and try to find something to do for a few minutes to get their mind off of the problem. A person could take a walk, listen to some music, read the newspaper, or do an activity that will give them a fresh perspective on things.

- Carry a small notebook of positive statements with you. Another technique that is very helpful in managing fear is to have a small notebook of positive statements that makes you feel good. Whenever you come across an affirmation that relaxes you, write it down in a small notebook that you can carry around with you in your pocket. Whenever you feel depressed, open up your small notebook and read those statements.

- Take it one day at a time. Instead of worrying about how you will get through the rest of the week or month, try to focus on today. Each day can provide us with different opportunities to learn new things and that includes learning how to deal with your situation. In addition, you will not feel overwhelmed with everything if you focus on one thing at a time.

- Challenge your negative thinking with positive statements and realistic thinking. When encountering thoughts that make you anxious, challenge those thoughts by asking yourself questions that will maintain objectivity and common

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**Instead of worrying about how you will get through the rest of the week or month, try to focus on today.**  
 ”

sense. Focus on the reality of your situation and not on your thoughts. Your fearful thoughts can make things worse so try to focus on something positive when you get anxious.

- Divide your caregiver activities into separate steps. When facing a current or upcoming task that overwhelms you with a lot of anxiety as a caregiver, divide the task into a series of smaller steps and then complete each of the smaller tasks one step at a time. Completing these smaller activities will make the stress more manageable and increases your chances of success.

- Take advantage of the help that is available around you. There are many individuals who have been expertly trained in the field of psychology to help you find ways to manage fear and anxiety. Seek out someone whom you trust to provide sound advice and guidance. This same professional can also help you create an action plan for dealing with your fears and anxieties in the future.

Stan Popovich is the author of the book, "A Layman's Guide to Managing Fear." For more information, visit [www.managingfear.com](http://www.managingfear.com)

## Warning signs of elder abuse

Because elder abuse can take many forms, there may be many different types of warning signs that something is wrong.

Sometimes, these signs will be obvious evidence that abuse, neglect, or exploitation is taking place. Other times, it may be less obvious. Since not all elder abuse is physical, the warning signs are also not always physical.

The Ohio Department of Aging urges family members, friends and loved ones who spot potential warning signs that things aren't right to report it.

Possible signs of elder abuse, neglect, and exploitation include (but are not limited to):

- The person has bruises, cuts, or other signs of physical harm;
  - The person suddenly begins acting differently;
  - The person avoids doing things they used to enjoy;
  - The person stops spending time with people they used to enjoy being around, or starts spending time with other people instead;
  - Another person refuses to allow visitors to see the person alone;
  - The person's home has become unclean, needs repairs, or is dangerous;
  - The person is not eating well, shows signs of dehydration, or is not clean, groomed, and dressed appropriately;
  - Relatives and other people who were not a big part of the person's life before suddenly become interested in their rights and property;
  - The person, suddenly and without explanation, changes their will or transfers money, bank account access, or property to someone else;
  - The person cannot or will not explain what happened to missing money or property;
  - The person has several unpaid bills or service disconnection notices;
  - The person has missed several medical appointments; and
  - The person takes more or less of their medications than they are supposed to.
- Visit [aging.ohio.gov](http://aging.ohio.gov) for more information.

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