Biking for Parkinson’s

Ted Wuebben played basketball at Creighton University from 1971 to 1974. In 2013, Colleen – Ted’s wife for 39 years – died after battling cancer and Parkinson’s. This month, Wuebben is bicycling from Omaha to Valentine to increase community awareness of Parkinson’s.

Nick Schinker’s profile of Wuebben begins on page 6.

Cass County country

Blanche Hopp, a 90-year-old resident of rural Louisville, is the chairman of the board of the Cornhusker Country Music Club. See page 12.

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Conscious Aging

By Nancy Hemesath

Does this inner conversation sound familiar? It plays out in my mind frequently. It leads me to think of an old-fashioned word, which isn’t a popular concept in our individualistic society. I described it in my last New Horizons column. Webster describes “sacrifice” as the surrendering of something for the purpose of getting something else. Sacrifice is an action or decision that limits one option for something else we perceive as having greater value.

Sacrifice is an important practice that good parents teach their children. Some parents encourage their children to give away a favorite toy to a child who has few toys. The children learn what it means to make another child happy. Teens are encouraged to give up personal time to help a grandparent or a neighbor by mowing the lawn or shoveling snow, providing needed support to an older adult. These practices break through self-centered individualism, building connections that benefit the community. Adulthood brings daily opportunities to make sacrifices for the greater good. Parents sacrifice their sporty cars for vans. Elaborate vacations are sacrificed for school tuition.

Sleep is sacrificed to comfort a sick child. Good parenting requires more sacrifices than we can enumerate. The workplace also requires constant sacrifices. Being punctual, following policies, accepting challenges, and resolving conflicts all demand self-surrender in order to achieve success.

The healthcare profession illustrates the need for sacrifice in stark terms; especially in today’s world. Doctors, nurses, and aides all put their own lives on the line in order to care for COVID-19 patients. Their unselfish sacrifices provide an amazing example to all of us. For some, it’s the ultimate sacrifice of their lives.

By the time we get into our Third Chapter of Life, we all can look back over the sacrifices we’ve made, seeing what we’ve surrendered for the greater good of those around us. There are also occasions when we failed to give up our own wants, leaving us with regrets. The good news is that as long as we live, we have new chances to surrender our own wants for the good of others.

As I’ve said before, we’re all in this pandemic together. We have a choice. We can choose to be selfish and ignore precautions or we may sacrifice our desire for “normalcy” to protect the health and well-being of others and ourselves. We have the opportunity to extend ourselves in acts of kindness to those with whom we live, rather than wallowing in the grumpiness of “poor me”. Social distancing doesn’t limit us from reaching beyond ourselves in love to those who need support. The phone, the mail, or email still allow us to give of ourselves.

Social distancing and wearing masks, even if uncomfortable, can protect ourselves and others. The word “sacrifice” might not be trendy, but we need to live its meaning for the common good.

(Hemesath is the owner of Encore Coaching. Contact her at nhemesath@cox.net.)

Don’t let social distancing stop you from supporting others

Voice #1: OK, I’m done. I want this to be over. I want to have my normal life. I want to go to movies, travel, visit friends, shop, and eat at a nice restaurant.

Voice #2: Yes, but I’m not willing to risk my health and life nor the health and lives of those I love in order to have these short-term pleasures. I think I’ll just stay home, socially distance, and wear my mask until this pandemic abates.

AARP

Due to the COVID-19 pandemic and its potential impact on older adults, the AARP Information Center, located at the Center Mall, will remain closed through the end of 2020. AARP and its volunteers continue to be engaged in legislative issues, voter campaigns, educational lessons, community events, nursing home reforms, home healthcare, Medicare, and Social Security.

Women’s Club

The Metro Women’s Club of Omaha holds a monthly luncheon on the second Tuesday of each month. The organization also offers a variety of other activities including Bunco, Bridge, and Gadabouts.

Due to the COVID-19 pandemic, however, all Metro Women’s Club of Omaha events are on hold until further notice. For more information, please go online to metrowomensclub.org.

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**UNMC study: Diabetes is a major risk factor for severity, mortality in persons with the COVID-19**

Hospitalized COVID-19 patients who have diabetes represent more than 20% of the population of patients in intensive care units nationwide. Diabetes is a major risk factor for disease severity and mortality in patients with the COVID-19 virus. Uncontrolled hyperglycemia – high blood sugar – is associated with longer stays in the hospital and higher death rates.

Andjela Drinic, M.D. from the University of Nebraska Medical Center and colleagues from across the country recently published new, international guidelines for hyperglycemia treatment in the hospital setting. The guidelines could reduce the number of deaths and hospital stays for this population.

The manuscript provides guidance for health care providers caring for patients hospitalized for COVID-19 who also have a history of diabetes or who have high blood sugar levels at the time of hospitalization.

“Much has been written about the treatment of patients with COVID-19 in general, but little guidance has been provided to clinicians on how to treat their patients with diabetes,” said Dr. Drinic, a professor in the UNMC Department of Internal Medicine’s Division of Diabetes, Endocrinology, and Metabolism.

“And yet, hyperglycemia in this population is rampant and difficult to treat. We thought it was important to offer practicing physicians some guidance on how to address treatment of hyperglycemia, while minimizing exposure to health care workers and protecting the use of personal protective equipment.”

The paper includes modified protocols for insulin administration, recommendations on bedside glucose monitoring, the use of continuous glucose sensors, virtual glucose management, and other aspects of models of care that can be provided by diabetes inpatient services.

Dr. Drinic said hospitalized patients with COVID-19 and diabetes need to receive glucose-lowering therapy in addition to other complex medical management as a way of minimizing risk for complications and death. Clinicians also should be aware that some medications used in treating COVID-19 patients – including glucocorticoids and hydroxychloroquine – can affect blood glucose levels.

“While we don’t have the details yet, but diabetes is associated with an increased risk of severe bacterial and viral respiratory tract infections. These patients are extremely ill, and stress of illness increases insulin resistance and severity of hyperglycemia.

“Furthermore, they are placed on nutritional support – the majority of whom are on enteral or parenteral nutrition, well-known to cause significant hyperglycemia. High doses of steroids are used to treat these patients which exacerbates hyperglycemia. Since COVID-19 patients with diabetes and uncontrolled hyperglycemia have such poor outcomes, treatment of hyperglycemia is needed and yet it’s challenging.”

Dr. Drinic said prevention is the key. That includes practicing social distancing, handwashing, and wearing masks according to the recommendation by the CDC.

“If infected, patients should follow the advice of their doctor, but also understand that significant hyperglycemia is common. Therefore, patients should continue taking their diabetes pills and insulin as prescribed, monitor their blood sugar count frequently, and have enough of their diabetes supplies and medications on hand.”

(Nebraska Medicine and the University of Nebraska Medical Center provided this information.)

**New Horizons**

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Local program working to maximize efficiency of electronic health records

The nation’s health care system is complex, expensive, and often inefficient. There’s an explosion of new information thanks to recent discoveries and technological advances, but the rate of change and sheer amount of data make it hard to keep up. Meanwhile, the electronic health record, while a needed innovation, has sometimes led to clinician burnout and escalating costs.

“Health care suffers because computers don’t talk to one another,” said John Windle, M.D., Holland Distinguished Chair of Cardiovascular Science at the University of Nebraska Medical Center. Dr. Windle is also the newly appointed director of an effort in Nebraska which aims to remedy these problems.

The facility, recently approved by the University of Nebraska Board of Regents, will be housed and centered administratively at UNMC. Also extended to the University of Nebraska-Lincoln, the University of Nebraska at Omaha, and the University of Nebraska at Kearney, the center will focus on artificial intelligence, big data, and precision in medicine.

“The vision of the UNMC Center for Intelligent Health Care is to bring technology to the health care team, optimizing the synergy among doctors, patient, and computer,” said UNMC Chancellor Jeffrey P. Gold, M.D.

“The leadership of this center has a unique vision and the experience to make a difference as we move beyond antiquated concepts and into new eras of health and caring.”

In the case of the UNMC Center for Intelligent Health Care, precision medicine means the delivery of the right information at the right time and in the right format.

“Linking human cognition and artificial intelligence with good data, and the right algorithms and analytics will help us achieve that precision,” Dr. Windle said.

“The university in a unique position,” said Dele Davies, M.D., UNMC senior vice chancellor for academic affairs.

“We have access to world-class faculty in clinical informatics. We have a strong, supportive clinical partner with Nebraska Medicine. We have strong collaboration with our academic partners at UNO, UN-L, and UN-K to bring in the best techniques of algorithms and analytics in artificial intelligence, and we have the Interprofessional Experiential Center for Enduring Learning as a research and development partner for optimizing human and computer cognition.”

The center will strive to attract and retain the best students in science, technology, engineering, and mathematics, as well as students in healthcare with an interest in clinical intelligence, and we have the Interprofessional Experiential Center for Enduring Learning as a research and development partner for optimizing human and computer cognition.

Communicating while wearing a mask

W

ith COVID-19 cases on the rise in many parts of the country and health officials urging vigilant use of masks as protection, the American Speech-Language-Hearing Association (ASHA) is providing advice for people with and without hearing loss to help everyone communicate better while their faces are covered by a mask.

Masks can make communication difficult, especially for the approximately 48 million Americans with hearing loss. This is because the coverage can do all of the following things:

• Muffle sound, making it more difficult to understand speech and some high-pitched voices.
• Take away a person’s ability to read lips and see facial expressions, which help people better understand what they’re hearing.
• Be physically uncomfortable for people who wear hearing aids or cochlear implants.

“Widespread mask use at this critical juncture in the pandemic is key to protecting the public health, but we want to make everyone aware that masks can pose communication challenges for anyone—especially people who are deaf or hard of hearing,” said ASHA President Theresa H. Rodgers, MA, CCC-SLP.

“By taking some basic steps, everyone can do their part to help ensure those with hearing difficulties are better poised to successfully communicate in an environment where mask use is necessary.”

To aid communication while wearing a mask, ASHA offers everyone the following tips:

• Consider using a mask with a clear panel over the mouth (available from various online sites) or using a clear face shield when appropriate.
• Make sure you have your communication partner’s attention before speaking.
• Face your partner directly, and make sure nothing is blocking your view.
• Talk a little louder (but don’t shout) and a little slower.
• Use your hands and your body language.
• Ask your partner if they understood you. If not, say it a different way or write it down.
• Move to a quiet place if you can.
• If you’re talking with someone new, ask if there’s anything you can do to make communication easier for both of you.

For people who wear hearing aids or cochlear implants, ASHA suggests taking these steps to make mask use more comfortable:

• Secure your device with wig tape or other non-damaging material, like a cloth headband.
• Use a button extender for the mask to attach it behind your head instead of looping the mask over your ears.
• Remove your mask in a safe place, then check your device to make sure it’s working.
• Choose a mask that has four string ties instead of ear loops.

For more information and tips, visit asha.org/public/Communicating-Effectively-While-Wearing-Masks-and-Physical-Distancing.

Physical therapist outlines exercise program to keep muscles strong, maintain balance

By Kris Lausterer, PT

During the COVID-19 pandemic, we’ve had to alter our lifestyles and stop doing some activities we normally do including exercising and staying physically active. The good news is that you can increase your activity and improve your strength and balance by doing simple exercises in your home.

The following exercises are recommended to keep your muscles strong and maintain or improve your balance. Any exercise can cause injury, so stop if you’re having any pain, shortness of breath, dizziness, or any abnormal symptom.

If your doctor has recommended restricting your activity, or you have a medical condition that may impact your ability to do these exercises safely, consult with your doctor before attempting these exercises.

• **Ankle pumps**: White sitting in a chair with your feet on the floor, bend your ankles by lifting the front part of your feet off of the floor while keeping your heels on the floor. Do this 10 to 15 times, two sets, once per day.
• **Heel raises**: Stand facing your kitchen counter with both hands on the counter. Raise your heels off of the floor two to three inches, and then lower them back to the floor 10 times, one to two sets once per day.

For more information, please contact me at 402-346-7772 or klausater@vnatoday.org.

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Historian Hamilton needs your assistance

 Omaha historian Howard Hamilton is writing a book about Omaha’s outdoor monuments and memorials. If you know of an outdoor monument or memorial in Omaha that should be included in the book, please contact Hamilton at 402-672-9162.

Legal Aid of Nebraska operates a free telephone access line for Nebraskans age 60 and older. Information is offered to help the state’s older men and women with questions on topics like bankruptcy, homestead exemptions, collections, powers of attorney, Medicare, Medicaid, grandparent rights, and Section 8 housing.

The telephone number for the Elder Access Line is 402-827-5656 in Omaha and 1-800-527-7249 statewide. This service is available to Nebraskans age 60 and older regardless of income, race, or ethnicity.

Its hours of operation are 9 a.m. to noon and 1 to 3 p.m. Monday through Thursday, and 9 a.m. to noon on Friday.

For more information, go to legalaidofnebraska.com/ EAL.

DrySee®, a medical technology company dedicated to improving wound care, recently introduced its patented waterproof bandage with a liquid intrusion alert.

Often after procedures, doctors will recommend patients avoid showering in order to keep a wound dry. With DrySee, patients can shower and go about their daily lives without worrying about their wound because they’ll be visually alerted if any liquid penetrates the bandage.

DrySee’s waterproof bandages provide a secure, waterproof covering for low exudate wounds. If water or other liquids make their way into the bandage, the liquid-indicating gauze along the perimeter of the bandage will turn a dark, blue color. Fluid from the wound site will cause the internal pad to also change color, alerting the patient that a bandage change is necessary.

DrySee’s color changing, liquid intrusion alert takes the guesswork out of replacing bandages because the patient can see if the bandage is wet or dry.

According to the Centers for Disease Control, surgical site infections occur in 2% to 4% of all patients undergoing inpatient surgical procedures. They’re the leading cause of readmissions to the hospital following surgery.

A DrySee bandage can help patients stay on top of post-surgery wound care by alerting them when a bandage needs to be changed instead of the patient changing a bandage whenever it seems like it’s needed.

DrySee bandages can last up to three days, so patients may be able to reduce the number of bandage changes needed to complete recovery.

“Infections are a historical and ongoing plague on the health care system,” said Brad Greer, CEO of DrySee. “DrySee is a game-changer for post-procedure care. There is no more ambiguity on the part of the patient. It is visibly obvious when a bandage needs to be changed. This visual cue should help patients be more proactive with their wound care and help reduce the number of infections.”

DrySee liquid indicating bandages are waterproof, sterile, disposable, breathable, and non-latex. One bandage can be used for up to three days. For more information, visit drysee.com.
An Ohio native, Wuebben is an independent consultant for financial planning and insurance.

By Nick Schinker
Contributing Writer

Riding a bicycle from Omaha all the way up to Valentine, Neb. – more than 300 miles as the crow flies – takes physical strength, mental stamina, preparation, and determination.

Ted Wuebben has all those attributes and something more. He has a reason. Wuebben is taking to the highway to raise awareness of Parkinson’s Disease.

He wants to share the very personal story of his wife, Colleen, who was diagnosed with Parkinson’s in 2005 at age 52. He wants to tell how lonely the disease made them feel, they never had to be alone in their fight.

He will talk about how the organization was Colleen’s idea from the very start,” he says. “She would be the first one to say, ‘Let it grow; keep it going.’ Dave Ciaccio is our chairman, and he has Parkinson’s. Just as Colleen had intended, our organization is still led by people with Parkinson’s for people with Parkinson’s.

Beginning Sept. 5, Wuebben will be taking Colleen’s story and the powerful mission of Parkinson’s Nebraska on the road.

“This organization was Colleen’s idea from the very start,” he says. “She would be the first one to say, ‘Let it grow; keep it going.’ Dave Ciaccio is our chairman, and he has Parkinson’s. Just as Colleen had intended, our organization is still led by people with Parkinson’s for people with Parkinson’s.

Beginning Sept. 5, Wuebben will be taking Colleen’s story and the powerful mission of Parkinson’s Nebraska on the road.

Ted Wuebben was born in Dayton, Ohio, one of three boys and five girls in his family. “It was a big Catholic family,” he says. “Everybody had them back then.”

His father, Lewis, was a tool and die maker. “Everything from car doors to oven tops,” he says. “He even built some sort of die they needed for the heat shield for the first international space station. He could make anything.”

Ted’s mother, Elfreda “Fritzy” Wuebben, was a homemaker, busy with the eight children.

Wuebben enjoyed playing any and all sports from baseball, football, and basketball to soccer. “In Dayton, we had the Air Force base. Ted’s team often practiced against the kids from the orphanage. “The competition was pretty good, and we got pretty good.”

At Chaminade High School, which was all boys at the time, Wuebben started concentrating on basketball, thanks in part to a football coach who left him to sit on the bench. “Football drove me to basketball, and I never looked back.”

His senior year, Chaminade finished 26-0 and won the state basketball championship. “We ranked Number One in the regular season, and when we played the Number Two team in the last game, 13,000 people came,” he recalls. “We played at the University of Dayton arena, and we filled that place. We won by two points – the closest game of the year.”

That was the year the 6-foot-6 forward caught the eye of former Creighton University basketball player and later Creighton Head Coach and Athletic Director Tom Apke and others at C.U. “I had four really good games in high school,” Wuebben says, “and they saw them all.”

Ted came to Creighton on

---Please turn to page 7.---

Ted and Colleen at the first Skate-a-Thon held in their backyard rink in 2008.
Skate-a-Thons have raised $244,000 for Parkinson’s Nebraska

Ted and Colleen with a group of friends and family at the inaugural Skate-a-Thon.

On Sept. 5, Wuebben will begin his seven-day ride from Omaha to Valentine.

--Continued from page 6.

a basketball scholarship. In 82 games, he averaged 10.8 points per game and was the team’s top rebounder with an 8.3 average his senior year, 1974.

Ted remembers a lot of those games, but he also remembers a day he didn’t play. It was in September 1972 – the day he met Colleen Haller.

That day, the top-ranked University of Nebraska football team lost 20-17 to UCLA in the opener of Bob Devaney’s final season as the Huskers’ head coach.

Ted drives to the hoop during a 1972 Bluejays’ contest with Denver University.

“During the summer,” he says, “the first game of the season team. “I had to keep it a secret for like 40 or 45 days,” he says. “Why? Ted doesn’t play basketball.”

They got married Feb. 16, 1974, just before a Bluejays’ road trip to California and Hawaii that doubled as their honeymoon.

Wuebben played some basketball after college in what is now considered a developmental league. An accounting major at Creighton, his first job was in the accounting department at Boys Town. “I knew right away I wasn’t cut out to sit at a desk.” He and Colleen made other plans and he moved briefly to Phoenix, until the recession from 1976 until 1980 prompted a move back to Omaha. He wound up in the financial and insurance industry, and today works as an independent agent.

Colleen was also from a family of eight children. A longtime mental health counselor, she served as executive director of the Nebraska Chapter of the National Alliance on Mental Illness. She was extremely dedicated, often taking calls at home from people with mental health issues. She worked at times with Community Alliance, the Stephen Center, and the Boys Town National Hotline.

The Wuebbens were the parents of six children: Cristen Claussen, Jenny Knutson, and Mary Wellwood of Omaha; Michaela Doyle of Duluth, Minn.; Daniel of Santa Barbara, Calif.; and Jeremiah, whom they adopted in 1987 at age 5 and who died in 2002 at age 21.

An avid hockey fan and active player, Ted got the kids on the ice many times. He would flood the family’s backyard every winter and lace up the skates nearly every night. He continued playing hockey until a little over a year ago, when his ankles told him he needed to spend more time off the ice than on.

He and Colleen started a skate-a-thon to raise money for Parkinson’s Nebraska, holding it for the first three years on that rink in their backyard. When the number of skaters and popularity of the annual event grew, they moved it in 2011 to the University of Nebraska Medical Center’s outdoor ice rink.

This year’s Skate-a-Thon raised $34,000 for Parkinson’s research at UNMC and Parkinson’s Nebraska. To date, $244,000 has been raised. In addition to the 525 skaters who skated over the 24-hour period, five individuals skated all 24 hours in 2020.

Team Cary, led by fellow Parkinson’s Nebraska Board of Directors member Ryan Cary, was the top fundraising team. He will also take part in Wuebben’s bike ride to raise awareness for Parkinson’s, leading a team that will start in Scottsbluff and meet up with Wuebben’s group in Valentine. “It’s our way to tie the state together,” Wuebben says.

The seven-day ride, with time off for Labor Day, will be a challenge. Wuebben says. But it’s not much different than other challenges he has had to face.

“Ted and Colleen with a group of friends and family at the inaugural Skate-a-Thon.

Ted and Colleen with a group of friends and family at the inaugural Skate-a-Thon.

For Ted Wuebben, that’s more than enough reason to keep going.
The Douglas County Health Department and the Centers for Disease Control and Prevention want to educate Nebraskans about the COVID-19 (coronavirus) outbreak.

Families need to be prepared for the COVID-19 just as are for flu outbreaks, tornadoes, and floods. That means everyone should have at least a two-week supply of food, bottled water, and medicine on hand. The DCHD, working with colleagues at the University of Nebraska Medical Center and Nebraska Medicine, has created a COVID-19 information line at 402-444-3400. The information line will be open seven days a week (until further notice) from 8:30 a.m. to 4 p.m. Callers will be able to have their questions answered in Spanish and English.

“Our website and social media platforms will continue to provide the best and most current information,” said Douglas County Health Director Dr. Adi Pour.

COVID-19 symptoms include a fever, cough, and shortness of breath. They may appear as soon as two days or as long as 14 days following exposure. Illnesses have ranged from mild to no symptoms to others experiencing severe illness. A percentage of those who become ill have died.

Dr. Pour said the best advice to avoid the COVID-19 is to practice good hygiene like you would with the seasonal flu. Good hygiene includes:

- Wash your hands often with soap and warm water for at least 20 seconds. Hand sanitizer is a second option. 
- Don’t touch your mouth, nose, or eyes, especially with unwashed hands.
- Avoid contact with people who are sick.
- Stay home while you’re sick.
- Wear a mask when around other people.
- Don’t cough or sneeze into your hands.
- Frequently clean and disinfect your home, car, and workplace.

A COVID-19 vaccine isn’t available yet. Most people have recovered by drinking lots of fluids, resting, and taking pain and fever medication. If symptoms worsen, medical care might be needed.

Illnesses have ranged from mild to no symptoms to others experiencing severe illness. A percentage of those who become ill have died.

It’s September already, and if time goes by this quickly now, imagine what it will be like when we’re not dealing with the COVID-19. Just think how far we’ve come already. The experts are learning more about this virus and people are wearing a mask and washing their hands to protect themselves and the people around them.

If we wear our masks inside businesses, churches, restaurants, and bars as well as outside when social distancing isn’t possible, we can reduce the risk of contracting and spreading this virus.

Nebraska is opening up the state more. Restaurants are open to full capacity now, bars are open, and sporting events are slowly returning to normal. As the months have passed since this pandemic started, it might seem like COVID-19 isn’t something we have to worry about as much. We need, however, to remain vigilant today more than ever. If we want to get the coronavirus out of our lives, we have to be obsessive-compulsive about our infection control practices.

Handwashing:

- Wash frequently, with soap and water for greater than 20 seconds.
- Use an alcohol-based hand sanitizer frequently.
- Wipe down high touch areas with a sanitizing wipe or soap and water.

Masks:

- Wear them correctly (covering your nose and mouth) or they won’t help you and others.
- DON’T touch the outside of your mask. This is where the germs in the air are getting filtered before they get into your mouth and nose. Touching the mask puts the germs on your hands. Anything your hands touch have those germs.

If you test positive for COVID-19, the Douglas County Health Department will do contact tracing. They’ll ask you who you’ve been in close contact with when not wearing a mask. Not wearing a mask puts you and those you’re in close contact with at higher risk for catching the virus.

Close contact is defined as anyone you’re within six feet of for at least 15 minutes, starting from two days before you started getting sick. If you didn’t have any symptoms, close contact refers to two days before you got tested, and anyone you were in contact with until you went into isolation.

If you test positive and aren’t wearing a mask, how many people did you expose to this virus? Wearing a mask correctly reduces the risk of spreading the virus considerably. If you eat lunch with someone not wearing a mask and you’re not six feet apart, you’ve both been potentially exposed to the virus.

You may also get exposed by touching the gas pump and then touching your face. If this virus were visible, you’d be able to see how you can protect yourself and others if you put a barrier (the mask) between you, the virus, and them.

It’s been seven months since the pandemic was declared. During that time many people have been in near isolation and/or quarantine while hoping not to get exposed. Imagine not leaving your home for seven months and how you might feel. It isn’t fair for these individuals or their families who can’t visit them.

Thankfully, it won’t always be like this. In time, this too shall pass. In the meantime, we have to keep a hopeful and positive attitude. While our patience may be wearing thin and stress levels are high, we need to remember to be kind to one another. Let’s hold each other up, not tear each other down.

If you’re a stressed caregiver or someone in isolation, it’s important to have a healthy outlet for your frustration. Find ways to recharge your battery and prepare for another healthy, purposeful day. Create good habits, put yourself on the back for a job well done, and enjoy every step in the right direction. It may not always feel like there’s a lot to celebrate now but if you look close enough, there’s always a reason to smile.

(Motion is the CEO of Midwest Geriatrics Inc.)
Pandemic alters funerals, cemeteries

The COVID-19 pandemic has significantly altered consumer attitudes and behaviors in three key areas of the funeral and cemetery business – the buying and shopping process, the necessity of physical presence to support loved ones in their time of need, and the influence of technology on both. This is according to The Foresight Companies 2020 Funeral and Cemetery Consumer Behavior Study.

The pandemic has necessitated consumer use of technology to adapt their behaviors to a business steered in tradition. The survey makes clear these behavior changes are here to stay. For example, 75% of consumers now want funeral and cemetery pricing online – a practice virtually unheard of today. Many consumers won’t do business with providers who don’t deliver transparency.

In addition to shopping, the use of technology has increased acceptance of livestreaming funerals as a regular practice. The study finds 43% of consumers believe attending a funeral via livestream “demonstrates how much I care,” a 72% increase compared to pre-pandemic levels.

“We’re experiencing a sea of change in consumer behaviors with long-term implications for technology and physical infrastructure as well as the deployment of human resources for the funeral and cemetery professions,” said Chris Cruger, partner and chief operating officer at The Foresight Companies.

“Webscasts and online pricing have gone from nice to having to minimum expectations overnight. You can’t put that genie back in the bottle.”

Here’s some information to ponder about funerals:

• 40% of consumers expect livestreaming of services will be available permanently.
• Only 21% are willing to pay for this additional service.
• 26% feel strongly that it’s important to attend the funeral in person – down from 42%.
• 46% of consumers say they’ll handle funeral arrangements virtually, an activity that has historically only occurred in-person with a funeral director.
• 52% say they’ll only do business with companies that provide online pricing options.
• 73% say it’s important to have pre-planned funeral arrangements, up from 58%.
• Only 19% plan to exceed the current average cost of a funeral – about $8,000.
• Attitudes around cremation – an industry hot button, remain virtually unchanged.
• 52% say they’ll only do business with companies that provide online pricing options.
• 73% say it’s important to have pre-planned funeral arrangements, up from 58%.
• 75% of consumers now want funeral and cemetery pricing online – a practice virtually unheard of today. Many consumers won’t do business with providers who don’t deliver transparency.

“The resulting business implications the study points to are colossal – especially for a sector largely unchanged for decades,” Cruger added. “How owners staff their business, how they use their physical space, their investment in technology to adapt their businesses that adapt quickly will win the day.”

(The Foresight Companies provided this information.)

Disaster Relief Hotline is offering legal advice, help with coronavirus

Nebraskans who have questions or who are experiencing legal problems due to the coronavirus/COVID-19 public health emergency can get legal advice and help through the free COVID-19 Disaster Relief Hotline.

Hosted by Legal Aid of Nebraska, working closely with the Nebraska State Bar Association’s Volunteer Lawyers Project (VLP), this hotline aims to make key legal assistance easy and accessible.

If you’re a Nebraskan facing legal issues related to the virus, or the owner of a small, locally-owned business (less than 50 employees, and not a franchise) that’s closed, in risk of permanent closure due to the virus, and where the payment of fees would significantly deplete your resources, the hotline may be reached at 1-844-268-5627.

Callers will be connected to the hotline’s voicemail. Callers should leave their name, phone number, a brief details of the problem and the assistance needed, and in what county they’re located.

Callers will receive a call back from an experienced Legal Aid staff member. Individuals and businesses that don’t qualify for Legal Aid’s free services will be directly referred to the VLP. The VLP will work to place cases with Nebraska volunteer lawyers who will provide free legal assistance.

The types of legal issues associated with COVID-19, and focused on by the hotline include:

• Tenants with rent issues, including those facing eviction.
• Debt problems, including debts with garnishments or who are ordered to appear at a debtor’s exam.
• Mortgage foreclosures, including advising on options for delinquent payments.
• Unemployment insurance denials.
• Employee rights, including sick leave and wage payments.
• Government benefits available to low-income persons such as ADC, SNAP, AABD, and SSI.
• Medicaid and medical insurance claims.
• Drafting wills, health care power of attorney, and transfer on death deeds.
• Domestic abuse and safety issues.
• Elder abuse and exploitation.
• Access to education.
• Helping small, locally-owned businesses with business and employment related matters, including human relations issues, unemployment benefits, and contracts.

More information on these legal issues, including ways you can directly help yourself, are available at legalaidofnebraska.org.

AARP Legal Service Network • No Charge For Initial Consultation
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http://whitmorelaw.com
A contribution is suggested. Pick-up and delivery options are available. who will listen to participants in a safe environment. glass barrier and separated seating – also provides someone participants' homes to help them apply for Medicaid, SNAP, - • Monday, Sept. 14, 12:30 to 1:30 p.m.: A Merrymakers' out- door musical show featuring Pamela Sue. For more information, please call 402-444-6529. The ISC is a site for ENOA’s midday Grab-n-Go meals twice a week, hot meals are also delivered to the older The ISC's food pantry is open to persons age 50 and The ISC has online learning videos that can be accessed to learn more about: • Monday, Sept. 14, 9 to 9:45 a.m. Bring water. Masks, to 1:30 p.m.: A Merrymakers' outdoor musical show featuring Pamela Sue. The ISC is a site for ENOA’s midday Grab-n-Go meals for men and women age 60 and older Tuesdays and Wednesdays. Reserve your meal the day before by 10 a.m. A contribution is suggested. All other ISC programs and activities are suspended. For more information, please call 402-444-6529. The majority of those surveyed also spoke of emotional fluctuations ranging from feeling positive to being isolated, depressed, and anxious. The research team set out a series of recommendations so health professionals can better support those at risk of poor health and wellbe- ing during the pandemic. They hope their work will help people cope better with pain, worry, and symptoms during this time. “We know social isolation and loneliness can lead to poor health outcomes for people with conditions like arthritis,” said head researcher Alex MacGregor, a professor from UEA’s Norwich Medical School. “Medications for inflam- matory arthritis can increase clinical vulnerability to CO- VID-19, and many patients were advised to shield or stringently social distance. “We wanted to under- stand how social distancing measures such as lockdown and shielding impact people with inflammatory arthritis, including their wellbeing and access to healthcare support. “The survey participants took part in a 12-week online survey to see how they were coping during the coronavirus self-isolation. Of the 264 that took part, 26 also took part in follow-up telephone interviews with questions covering exercise, pain, fatigue, wellbeing, employment, managing daily activities, social support, and access to healthcare. “The majority of patients had reduced levels of physical activity largely because they weren’t getting out of the house to exercise,” MacGregor said. “The most worrying thing we found is a lot of patients reported worsening symptoms along with lower energy levels. Symptoms such as pain flare ups and stiffness were in many cases put down to reduced activity and exercise. “Many didn’t seek help because they didn’t want to over-burden the NHS while they were dealing with the pandemic, or they were too worried about picking up the virus in healthcare settings.” He said some missed blood tests, others didn’t know if hos- pital helplines were still in place, and not everyone was aware they could get medication delivered while they were shielding. “Many found telephone health appointments were no substitute for face-to-face contact and felt less able to dis- cuss symptoms or emotional issues on the phone,” Mac- Gregor continued. “When it comes to mental health, a few enjoyed the time at home and found it helped their symptom management. However, the majority spoke of emotional fluctuations, between feeling positive to being isolated, depressed, and anxious.” He said many survey participants felt vulnerable and anxious, with a sense of being left behind or forgotten about as restrictions eased and life resumed for other people. “They were worried about the future because they weren’t sure if they’d ever get out. Some said they would continue staying at home even if shielding guidelines were relaxed, and a few said only a vaccine would make them safe.” MacGregor said some patients were working at home in ways which weren’t optimal for joint health such as using laptops on dining tables. Only a few gained support from employers to set up ergonomic workplaces at home. Others struggled with additional demands such as childcare or had less help with household tasks while shielding. Recommendations for clinicians and healthcare workers include being clearer with advice, offering additional sup- port to help patients interpret shielding guidance, allowing patients more choice, with telephone consultations as an option rather than the norm. New Horizons  •  September 2020

The Eastern Nebraska Office on Aging is looking for men and women age 21 and older to join its Long-term Care Ombuds- man Program which is co-sponsored by the Nebraska State Ombudsman Program. ENOA’s Long-term Care Ombudsman volunteer in local long-term care facilities and assisted living communities to protect the residents’ rights, well-being, and qual- ity of life. Ombudsmen must complete 20 hours of initial classroom training and 12 hours of additional training every two years. During the training, the volunteers learn about the residents’ rights, aging issues, Medicare, Medicaid, communications skills, how to investigate the residents’ complaints, the importance of confidentiality, and about the federal and state rules, regulations, and laws regarding Nebraska’s long-term care facilities and assisted living communities. Before being assigned to a long-term care facility or an assisted living community where they’ll visit for two hours a week to meet with administrators, residents, and the residents’ family members to address concerns. For more information, please call Beth Nodes at 402-444-6536.

People with arthritis experienced a roller coaster oflockdowns and saw their symp- toms worsen during the COVID-19 lockdown, ac- cording to research from the University of East Anglia in Great Britain. A 12-week survey of 264 people with inflammatory arthritis (such as rheumatoid arthritis) found 59 percent of patients reported wors- ening symptoms and 42 percent experienced lower energy levels. The ISC’s food pantry is open to persons age 50 and older even if they don’t participate in other ISC programs. Pick-up and delivery options are available. Twice a week, hot meals are also delivered to the older adults’ homes. Please call the ISC’s Social Services depart- ment at 402-444-6529 for more information. The ISC is a site for ENOA’s midday Grab-n-Go meals for men and women age 60 and older Tuesdays and Wednesdays. Reserve your meal the day before by 10 a.m. A contribution is suggested. All other ISC programs and activities are suspended. For more information, please call 402-444-6529.

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The importance of vaccines during a pandemic

By David Kohll, Pharm.D. & Tamchee Massaba, Pharm.D. Candidate (2021)

Exercise, keeping their minds active, and getting regular vaccinations are three things older adults can do to help them maintain good health. According to data from Johns Hopkins University, more than 175,000 Americans have died from COVID-19 this year.

The Centers for Disease Control and Prevention (CDC) has said older adults – especially frail older men and women – have elevated hospitalization and death rates from the coronavirus leading to an increased demand for health-care resources and higher healthcare costs.

The CDC reports complications related to COVID-19 may be connected to comorbidities (the presence of one or more additional medical conditions often occurring along-side a primary condition). In an effort to reduce the rates of comorbidities in older adults, some preventable health measures like vaccinations may be implemented. Preventive medicine, including vaccinations, can potentially play a major role in preserving the health and independence of older Americans. However, widespread vaccination is rarely realized in the United States.

A report from Privor-Dumm, Vasudevan, Kobayashi, and Gupta shows countries that prioritize adult immunization programs during COVID-19 better protect their older populations.

Influenza vaccinations are especially important for people age 65 and older because they’re at a higher risk of developing serious complications from the flu.

Flu vaccines cause antibodies to develop in the body about two weeks after the vaccination. These antibodies provide protection against infection by utilizing the viruses used to make the vaccine.

One American study showed from 2012 to 2015, vaccinated older men and women had an 82% lower risk of being admitted to an Intensive Care Unit with the flu.

Among adults in an ICU with the flu, vaccinated patients on average spent four fewer days in the hospital than those who weren’t vaccinated.

The pneumococcal vaccine can help prevent pneumococcal disease. Recent CDC data showed at least one dose of a pneumococcal vaccine can help protect 75% of older adults against invasive pneumococcal disease. This is particularly important during the pandemic.

Shingles can cause severe pain and may lead to serious eye complications including blindness. In rare cases, shingles can lead to pneumonia, hearing problems, encephalitis (brain inflammation), or death.

A Shingrix vaccination can help prevent shingles and complications from the disease. Newer adjuvants (pharmaco- logical or immunological agents that improve the vaccine’s immune response) in the shingles vaccine have been developed to target specific components of the body’s immune response, so protection against the disease is stronger and lasts longer.

COVID-19 has dramatically prioritized the need for older adults to get vaccinated. The coronavirus may have downstream effects including persistent cardiovascular, neurologic, and lung morbidity, as well as a substantial decrease in the quality of life.

Vaccination strategies may help mitigate the impact of COVID-19 in this vulnerable population.

It’s important for older adults to get vaccinated and be up to date with their flu, pneumococcal, and shingles immunizations which are normally covered by insurance.

These vaccines – which are available at many community locations – may promote a better immune response to guard vulnerable individuals against COVID-19.

Check with your doctor or pharmacist to learn more about available vaccinations and their benefits.

(Kohll and Massaba are with Kohll’s Rx in Omaha.)

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Obituary

IVY FORREST
(1944 – 2020)

Ivy Forrest was an amazing woman. She was a retired Registered Nurse with a BS in and a degree in alternative medicine. A talented painter and musician, she played many years with ENOA's Inter-generation Orchestra of Omaha. Ivy had a great laugh that made you laugh with her. She had many friends who became her family. Ivy cared deeply about animals, particularly her favorite cat, Houdini, whom she loved to the end of her life. She will be missed terribly.

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**Study: Exercise amount can help predict risk of heart disease, death**

Asking older patients how much they exercise can help predict their risk of heart disease and death, according to researchers at Mount Sinai Hospital and other collaborative researchers. The study shows a simple assessment of exercise activity during appointments for atherosclerosis screening can lead to earlier interventions and ultimately improve care among this population.

“When people now living longer, there is a growing need to determine how we can best detect latent heart disease and its associated clinical risk in older adults,” says Alan Rozanski, MD, professor of Medicine (Cardiology) at the Icahn School of Medicine at Mount Sinai, and director of Nuclear Cardiology and Cardiac Stress Testing and Chief Academic Officer for the Department of Cardiology at Mount Sinai Morningside.

“Our study showed simply asking patients to rate their level of physical activity, while using a test to look at the plaque in their coronary arteries, markedly improved our ability to predict patients’ risk for dying over their next decade of life.”

A team of investigators assessed 2,318 patients between age 65 and 84 who underwent coronary artery calcium (CAC) scanning - a chest computed tomography scan that detects and measures the amount of calcified plaque in patients’ coronary arteries between Aug. 31, 1998 and Nov. 16, 2016.

Patients filled out a questionnaire before the scan, including a single item which asked them to rate their current level of physical activity on a scale from zero (none) to 10 (always). Researchers took note of the patients’ resting heart rate, blood pressure, height, and weight. They also took their medical history into account, including hypertension, diabetes, and tobacco use.

The researchers followed the patients for 10 years and looked at the death rate. They found a relationship between both the magnitude of CAC abnormality and mortality and physical activity and mortality. During the study period, 23% of the patients died. Those who reported less physical activity had the highest mortality rates (2.9% per year) compared to patients who reported more physical activity (1.7% annually).

Patients with low CAC scores (between 0 and 99) – meaning they had little or no atherosclerosis had low mortality rates regardless of their physical activity scores. However, among patients who had significant atherosclerosis (CAC scores greater than 400), there was a stepwise decrease in mortality risk with increasing levels of reported physical activity.

The patients with high CAC scores who reported high physical activity had a measured mortality rate which was similar to that of patients who had low CAC scores but reported only low physical activity over the years of follow-up.

“Most notably, this valuable assessment of physical activity was easily obtained by asking patients just a single question about their physical activity” said Dr. Rozanski.

“This emphasizes the well-touted importance of being active. Based on our data, there is no reason why this type of assessment should not become routine in clinical practice.”

(Alan Rozanski, MD, professor of Medicine (Cardiology) at the Icahn School of Medicine at Mount Sinai, Mount Sinai Morningside)

**Club, theater have kept country music going strong in Cass County since 1978**

Although the Cornhusker Country Music Theater has been shut down by the pandemic since March, a visitor (wearing a mask, of course) taking a tour of the facility at 211 Main St. in Louisville, Neb., could still feel the positive energy that’s filled the venue since 1978.

The theater can seat 191 country music fans, according to the Cornhusker Country Music Club’s 90-year-old Chairman of the Board Blanche Hopp.

Blanche has been involved with music since age 15. From 1945 to 1975, she and three of her five sisters performed as The Fairbrass Sisters and later as The Cornhusker Gospel Singers.

“We were good,” Hopp says modestly.

A long aisle that separates the theater’s seating into two sections leads downhill to a stage featuring acoustic and electric guitars, a banjo, amplifiers, microphones, a drum set, the American flag, and a quilt-style curtain sewn together by club members.

Hopp says the curtain has been autographed by several artists who have entertained audiences during the theater’s 42-year history.

The Cornhusker Country Music Club – which at one time had more than 300 members – was established in 1976 by dozens of local country music fans including Blanche and Herb Hopp.

Her husband for 58 years, who died in 2010, at the club’s inception, members planned to host country music singers and musicians, but realized it needed its own site.

“Back then you could only perform at the bars, and none of us were drinkers,” Hopp says.

An abandoned movie theater in downtown Louisville was purchased by Don Rogert in 1976 and donated to the club.

During the next two years, a group of volunteers – many of them older adults – remodeled the venue. “We want the place to look modern, but friendly,” Blanche says.

From 1978 through March 2020, the Cornhusker Country Music Club booked dozens of old time country music acts for its every other Saturday, 7:30 to 10 p.m. programs. Performers usually came from Nebraska, Iowa, and Missouri.

“Everyone performs for free,” says Hopp, the mother of two, grandmother of five, and great-grandmother of 10.

Midway through a typical Saturday night concert, a 20-minute intermission is held. Homemade and home-baked items are raffled off – four tickets for $1 – to raise money for the club.

Pop, popcorn, and candy bars are sold at the concession stand.

Hopp is proud of the Cornhusker Country Music Club and its role in the community.

“We want to offer country music to people who love it and to others who want to learn about its history,” she says.

Blanche and the club’s more than 200 members are looking forward to the theater’s post COVID-19 reopening.

“The people keep telling me they’ll be back,” she adds.

For more information on the Cornhusker Country Music Club and/or Theater, please call Hopp at 402-234-5277.