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STAR Resident Newsletter is provided by the South Dakota Housing Development Authority for your interest and enjoyment. If you need any assistance with services, referrals or have special questions, please contact your STAR Coordinator. Suggestions for future articles or news items can be directed to Lee, Jill, Vona or Tracy.

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R E C I P E S

Mock Potato Salad - Malia Davison, The Evans

1 large head cauliflower, cut into small bite-sized pieces	
3 hard boiled-eggs, chopped	3 tablespoons mayonnaise
3 tablespoons sour cream	¼ cup chopped dill pickle
1 tablespoon brown mustard	1 teaspoon salt
1 tablespoon finely chopped onion	¼ teaspoon black pepper

Bring a pot of salted water to a boil over high heat. Add chopped cauliflower; cover and cook for five minutes. Drain and rinse with cold water to stop the cooking process. Combine cauliflower and all remaining ingredients. Chill for 30 minutes to allow flavors to blend. When ready to serve, taste and salt and pepper as desired.

Old Fashioned Potato Salad - Helenmae Hammrich, Bicentennial

5 medium potatoes, cooked, jackets slipped, diced and slightly cooled	
1¼ teaspoon salt	¼ teaspoon pepper
¾ cup salad dressing	¾ cup mayonnaise
¼ teaspoon celery salt	1 teaspoon sugar
2 tablespoons dill pickle juice	1 tablespoon vinegar
1 tablespoon sweet pickle juice	Dash of onion salt
5 green onions, thinly sliced	2 tablespoons diced sweet pickle
6 hard cooked eggs, peeled and diced	

Combine diced potatoes, salt and pepper. In another bowl combine salad dressing, mayonnaise, sugar, pickle juice, vinegar, celery and onion salt. Pour over the warm potatoes. Refrigerate for 2 hours or overnight. Garnish with sliced eggs, green onion rings and paprika.

Hot Potato Casserole - Helenmae Hammrich, Bicentennial

Mix:
 ½ stick melted butter or margarine 1 pint sour cream
 1 can cream of chicken soup 1 teaspoon salt
 ½ cup chopped onion pepper to taste
 1 10 oz package grated cheddar cheese

Add:
 2 lb package of frozen hash brown potatoes. Break up by hand or fork.
 Mix all ingredients together.

Bake:
 Butter a 6"x10" casserole dish. Sprinkle corn flake crumbs over the top. Drizzle with two tablespoons melted butter or margarine. Bake at 350° for 45 minutes.

Red Velvet Cookies - Cammie Worthen, Resident of Bison

1 box red velvet cake mix	½ cup softened butter
2 eggs, beaten	chopped pecans - optional

Mix ingredients well with an electric mixer in a large bowl. Heat oven to 350°. Line cookie pan with parchment paper. Drop by spoonfuls two inches apart. Batter will be very thick. Bake for 10 to 12 minutes. Let cookies cool before moving to racks.

FALL
2016



STAR

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Resident Newsletter

Make your Wishes Known *The Role of a Living Will*



Only one in five Americans has a Living Will. This is a document that explains the kind of medical care you want, or don't want, when you become terminally ill, unable to communicate or make decisions. By specifying the treatments you do and don't want, this document can ensure that your wishes are honored. Such a will doesn't always tell health care providers to withhold or end treatment. In fact, it can call for treatment to go on regardless of your medical condition. Having a living will protects your rights as a patient and your family or friends aren't left with the burden of making tough decisions about your care.

When putting together a living will you should think about types of life-sustaining care or medical issues. These include:

- Life-sustaining equipment like dialysis machines, ventilators and respirators,
- Do not resuscitate orders. Medical staff will not use CPR if your breathing or heart stops,
- Tube feeding or giving fluids by tube,
- Withholding food or fluids,
- Palliative care or care that provides comfort, and
- Organ and tissue donation.

You can refuse aggressive medical treatment but still allow treatment that focuses on comfort. Such treatment could include antibiotics, nutrition, pain medication and radiation therapy.

A Living Will and Durable Power of Attorney are legal documents known together as Advance Directives. Unlike a durable Power of Attorney for Health Care, a Living Will normally does not allow for the appointment of an individual to make health care decisions.

Once you sort through your feelings you must write down your wishes so your caregivers and health care providers know how to care for you. You can check with a lawyer about living wills or you can find free forms and assistance on the National Hospice and Palliative Care Organization's website or The American Bar Association's website. Any forms you use must be signed, dated and witnessed to be legal.

After you have completed your Living Will it is important to talk to your family and friends. Tell them exactly what your choices for treatment are if you are faced with a life-limiting illness and make sure all parties have a copy of the document. Also visit with your health care providers and have a copy of your Living Will included in your records. Keep the original document in a safe and accessible place and tell others their location.

If you do not have a living will and you become unable to make decisions about your health care, your physician or health care provider will ask your spouse or closest available relative for consent. This practice has been enacted into law in some states so health care providers have specific guidance on which relatives to contact and in what order to contact them. If relatives are not available to give consent for treatment, such laws normally protect the health care providers in the event treatment is provided. In most non-emergency cases and all emergency cases, medical staff will err on the side of supporting life.

It is difficult for people to make decisions when under pressure or emotional strain. Taking the time now to make your wishes clear will give invaluable guidance to family members and healthcare professionals if you are ever incapacitated.

Sources: Avera.org, Sanford.org & National Cancer Institute



It's Time to Review your Medicare Coverage

Medicare Part D Open Enrollment is an opportunity for you as a consumer to review your current Part D coverage and determine if it is still meeting your needs. You are not required to change your plan, but it is always a good idea to determine if the coverage is still appropriate for you. Many people may experience changes in their medications throughout the year and may find better cost savings through a different Part D plan. Here is the timeline of important Medicare dates.

October 2016						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2016						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2016						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

October—Review and Compare

Review: Your plan may change. Review any notices from your plan about changes for next year.

Compare: Starting in October, use Medicare's Plan Finder to find a plan that meets your needs.

October 15—Open Enrollment Begins

This is the one time of year when ALL people with Medicare can make changes to their health and prescription drug plans for the next year. October 15, 2016, is the first day you can change your Medicare coverage for next year, 2017.

December 7—Open Enrollment Ends

In most cases, December 7, 2016, is the last day you can change your Medicare coverage for next year. The plan you choose has to get your enrollment request (application) by December 7, 2016.

January 1—Coverage Begins

Your new coverage begins January 1, 2017, if you switched to a new plan. If you stay with the same plan, any changes to coverage, benefits, or costs for the new year will begin on January 1, 2017.

Visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227) to learn more.



Happy 75th Birthday Mount Rushmore!

"The purpose of the memorial is to communicate the founding, expansion, preservation, and unification of the United States with colossal statues of Washington, Jefferson, Lincoln, and Theodore Roosevelt."

Gutzon Borglum

Mount Rushmore National Memorial is host to almost three million visitors a year from across the country and around the world. Over the decades, Mount Rushmore has grown in fame as a symbol of America, a symbol of freedom and hope for people from all cultures and backgrounds.

Historian Doane Robinson conceived the idea for Mount Rushmore in 1923 to promote tourism in South Dakota. In 1924, Robinson persuaded sculptor Gutzon Borglum to travel to the Black Hills region to ensure the carving could be accomplished. The original plan was to carve in granite pillars known as the Needles; however, Borglum realized that the eroded Needles were too thin to support sculpting. He chose Mount Rushmore, a grander location, partly because it faced southeast and enjoyed maximum exposure to the sun.

Construction of Mount Rushmore began on October 4, 1927, and was completed on October 31, 1941. It involved the efforts of nearly 400 men and women, whose duties varied greatly from the call boy to drillers to the blacksmith to the housekeepers.

The workers had to endure conditions that varied from blazing hot to bitter cold and windy. Each day they climbed 700 stairs to the top of the mountain to punch-in on the time clock. Then 3/8" thick steel cables lowered them over the front of the 500 foot face of the mountain in a bosun chair. Some of the workers admitted being uneasy with heights, but during the Depression, any job was a good job.

The work was exciting, but dangerous. Ninety percent of the mountain was carved using dynamite. The powdermen would cut and set charges of dynamite of specific sizes to remove precise amounts of rock. In total, about 450,000 short tons of rock were blasted off the mountainside. Remarkably, during the 14 years of construction, not one fatality occurred.

Some of the workers at Mount Rushmore were interviewed and were asked, "What is it you do here?" One of the workers responded, "I run a jackhammer." Another worker responded to the same question, "I earn \$8 a day." However, a third worker said, "I am helping to create a memorial." The third worker had an idea of what they were trying to accomplish.

Sources: National Park Service & Wikipedia



Shiine Volunteer Counselors offer Medicare Assistance

Senior Health Information and Insurance Education (SHIINE) is a federally funded program through the Administration for Community Living (ACL) and administered by the South Dakota Department of Social Services Division of Adult Services and Aging. SHIINE is not affiliated with any company that sells or distributes a product or service. SHIINE is committed to providing free, confidential and unbiased information to Medicare beneficiaries.

Most of the credit for SHIINE's success rests with its core of nearly 370 committed volunteer counselors throughout the state. Counselors educate individuals on Medicare and how to protect their benefits and avoid fraud. SHIINE Volunteer Counselors typically consist of both professionals working in fields related to Medicare such as nursing home staff, social workers and pharmacy staff and retired individuals. To visit with a SHIINE counselor please contact:

Eastern South Dakota
Phone: 605.333.3314 or
800.536.8197
Email: SHIINE@activegen.org

Central South Dakota
Phone: 605.224.3212 or
877.331.4834
Email: SHIINE@centralsd.org

Western South Dakota
Phone: 605.342.8635 or
877.286.9072
Email: SHIINE@westriversd.org

S	T	U	B	M	G	W	L	Y	C	F	B	Q	M	S
E	T	I	S	H	T	O	M	M	A	M	E	F	O	N
K	Q	O	X	H	T	F	H	U	P	R	O	Q	U	E
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I	C	O	W	O	O	L	T	G	D	N	L	W	R	C
S	N	R	C	O	L	K	K	U	I	V	L	A	E	C
F	Y	S	Y	A	S	N	T	K	N	V	E	B	N	M
X	H	E	W	G	X	L	Y	P	G	D	G	Z	I	D

South Dakota Attractions

How many of the South Dakota destinations in the word search have you visited?

- | | |
|------------------|------------------|
| Capitol Building | McCrary Gardens |
| Corn Palace | Mount Rushmore |
| Crazy Horse | Sica Hollow |
| Falls Park | Storybook Island |
| Fort Sisseton | Wall Drug |
| Mammoth Site | Wind Cave |

Created by Discovery Puzzle Maker



Healthy Eating During the Holidays

Sticking with a healthy diet during the holidays can be particularly challenging, but by planning ahead and being aware of potential pitfalls, it is possible to enjoy the season's feasts without dragging extra weight into the New Year. The key to maintaining your weight is calorie control, but you don't have to deny yourself every goody. Try these tips to help keep your holidays healthy:

EAT SLOWLY. It takes the brain 20 minutes to register when you've had enough to eat. Stop eating before you feel full, wait 20 minutes and if you are still hungry, go back for a second serving of vegetables or other low-calorie/low-fat foods.

NEVER GO TO A PARTY HUNGRY. Eat a low-calorie snack such as low-fat cottage cheese or yogurt before you head out the door.

AVOID ALCOHOLIC BEVERAGES. Not only are they high in calories and sugar, drinking alcohol may lower your resistance to avoiding fattening foods.

CHOOSE SMALL PORTIONS. When dining buffet-style take a small plate. Instead of eating an entire slice of pie or cake for dessert, take just a few bites or split the dessert with someone.

FILL YOUR PLATE WITH FRUITS AND VEGETABLES. Eat mostly vegetables and fruits and add your favorite holiday foods in as a treat.

STAND AWAY FROM THE FOOD. When socializing, don't stand near the buffet table. You may nibble on food without realizing it.

BRING HEALTHY SNACKS WHILE HOLIDAY SHOPPING. This can help you avoid snacking on high-calorie convenience foods at the mall or department store.

SPICE IT UP. Sometimes munching on something spicy can stave off a craving for sweets.

DRINK PLENTY OF WATER AND HERBAL TEAS. Thirst often masquerades as hunger, so before you reach for a snack opt for a non-calorie drink.

START MEALS WITH A SALAD. It helps up your intake of veggies and helps you avoid the empty calories of bread.

TRY NEW RECIPES. If you're preparing holiday meals experiment with lower fat recipes a few days before you host a dinner or party.

EAT LIGHT. If you know you will be over-indulging, try cutting back on calories a few days before the event.

DON'T TRY TO LOSE WEIGHT DURING THE HOLIDAYS. Dieting while everyone else is feasting is a set-up for failure that will only add to your stress. Try to remember that most people gain weight during the holidays, so if you are able to maintain your weight, you are ahead of the game!

Source: MetLife

Pineapple Pumpkin Pie - SD Diabetes Control Program Cookbook

Filling:	2 envelopes unflavored gelatin	3 tablespoons cool water
	¼ cup boiling water	1 16-ounce can pumpkin
	1 8-ounce can crushed pineapple in juice	2 tablespoons sugar
	1 cup milk	1 ½ teaspoons cinnamon
	⅛ teaspoon ground cloves	2 teaspoons vanilla
Crust:	1 cup graham cracker crumbs	2 tablespoons melted margarine
	2 tablespoons sugar	

Mix all of the crust ingredients together and pat into a 9" pie pan. Soften the gelatin in cool water for five minutes. Add boiling water and stir until the gelatin is completely dissolved. Put the gelatin mixture and all filling ingredients in a blender and blend until smooth and frothy. Allow the mixture to stand until slightly thickened. Pour filling into crust. Chill for at least 3 hours before serving.



Patient Assistance Programs for Prescriptions

According to research conducted by the Mayo Clinic, 70 percent of Americans currently take at least one prescription drug. Drugs are prescribed with the

intent of helping individuals deal with medical conditions, but unfortunately statistics also show that one in five people cannot afford their medications and don't take them as prescribed.

Though many Americans have private health insurance, Medicaid or Medicare that covers a portion of their medication costs, there is still a co-pay that is the responsibility of the patient. Some co-pays may be only a few dollars while others may be hundreds of dollars.

There are several reasons for prescription price differences. Insurance companies all use a tier system to classify drugs based on the drug's value. A Tier 1 or Tier 2 drug is considered to be generic and is usually fairly inexpensive. A Tier 3 drug is a mid-range drug and is more expensive than a generic drug. The largest cost is seen within the Tier 4 and Tier 5 categories. These tiers consist of brand name drugs and specialty drugs used to treat serious and chronic illnesses and conditions. Some Tier 5 drugs are brand new to the market. The cost for research, development and marketing of a new drug is reflected in its pricing.

Each insurance company has its own formulary, which is the list of drugs covered under its prescription drug plan. A quick review of multiple insurance companies' formulary lists will show that not every company ranks a medication in the same tier. Some insurance companies may rank a medication Tier 3 while others might classify it as a Tier 1, which can result in major costs savings

to the consumer. It is important to carefully compare each company's tier ranking system for your medications if you are thinking of switching your prescription drug coverage plan.

Some patients run into problems when they are prescribed a medication that is not covered under their insurance plan's formulary. The patient would be required to pay 100 percent of the out-of-pocket cost of the medication.

What patients don't always know is that there are patient assistance programs available to help defray the costs of expensive medications. The most common drugs available for patient assistance programs are the newer drugs that are more expensive and are not yet covered under many insurance companies' formularies.

Each assistance program is administered by the pharmaceutical company that manufactures the medication. Programs vary between companies, but many are similar in their application process. Patients are asked to complete a short application detailing financial need and may also have to include financial documentation. The prescribing physician will need to complete a short section of the application to certify the medical need for the drug. Some assistance programs provide three to twelve months of free medication while others will send coupons or a discount card to use at your pharmacy. Some programs only allow patients to receive assistance once for a limited time during the program, while others allow for on-going assistance.

If you or someone you know could benefit from receiving assistance to pay for medications not covered under your prescription drug plan, talk to your doctor or STAR Coordinator for more information about patient assistance programs that may be available to you.

Sources: Mayo Clinic & NeedyMeds.org

Drug Tier	What it Means	
Tier 1	Preferred Generic	These are commonly prescribed generic drugs.
Tier 2	Generic	These are also generic drugs, but they cost a little more than drugs in Tier 1.
Tier 3	Preferred Brand	These are brand-name drugs that don't have a generic equivalent. They are the lowest-cost brand name drugs on the drug list.
Tier 4	Nonpreferred Brand	These are higher-priced brand-name drugs that often have a generic equivalent.
Tier 5	Specialty	These are the most expensive drugs used to treat complex conditions like cancer and multiple sclerosis. They can be generic or brand name.

Health Spotlight :: Fiber Facts

Fiber is a carbohydrate in foods that your body cannot digest. Foods with high fiber content slow down your digestive process and help you feel fuller for a longer period of time. There are two types of fiber, soluble and insoluble. Soluble fiber, which dissolves in water, is found in foods like oats, barley, beans and lentils. Insoluble fiber, which does not dissolve in water, is found in fruits, dark leafy greens, whole-wheat foods, seeds and nuts.

There are many benefits to eating a high fiber diet. Fiber can protect the lining of the colon from developing cancer cells, it can increase the bulk of your stools to faster eliminate toxins from your body and it can prevent constipation. Soluble fibers have been found to help lower blood sugars and aid in insulin sensitivity. They can interfere with fat and cholesterol absorption and lower cholesterol

while also protecting your heart. Having a diet rich in high fiber foods can also aid in weight control because many naturally high fiber foods are also low in calories.

Recent studies have indicated that most Americans are not getting enough fiber in their diets. The recommended daily amount of fiber adults should consume is 21-38 grams a day; however, studies of over 9,000 adults have found that only eight percent of those surveyed were eating the recommended three servings of fiber-rich foods daily.

Some people rely on fiber supplements to meet their daily needs, but they may not realize they are missing out on all the vitamins, minerals and antioxidants that occur naturally in foods and work with fiber to prevent disease. Scientists have found only very weak evidence to support the idea that fiber supplements are

even beneficial in preventing colorectal cancer. Processed foods with added fiber do not offer the same health benefits as consuming whole foods which are rich in fiber. The evidence suggests that getting fiber from foods is the healthiest option.

Since an adult needs on average, 30 grams of fiber each day, the easiest way to achieve this number is to include five servings of fruits and vegetables into your daily meals, along with three small servings of whole grains such as oatmeal, brown rice and whole-wheat bread.

When trying to increase your fiber intake, it is important to remember to make changes gradually. Eating large amounts of fiber, such as 60 grams or more, can cause a bad stomach ache. It is better to slowly increase your fiber every day and make sure to drink lots of water!

Source: American Institute for Cancer Research



Top 10 Sources of fiber

Fiber helps you lose weight and here's why. "It fills your belly, it acts like a sponge, it's slower to be digested and absorbed, so it makes you feel full," says WebMD Weight Loss Clinic Dietitian Kathleen Zelman, MPH, RD, LD. "It also provides bulk, which aids elimination and it helps lower blood cholesterol." So where's the fiber?

- 1. Beans.** Think three-bean salad, bean burritos, chili, soup.
- 2. Whole grains.** That means whole-wheat bread, pasta, etc.
- 3. Brown rice.** White rice doesn't offer much fiber.
- 4. Popcorn.** It's a great source of fiber.
- 5. Nuts.** Almonds, pecans, and walnuts have more fiber than other nuts.
- 6. Baked potato with skin.** It's the skin that's important here.
- 7. Berries.** All those seeds, plus the skin, give great fiber to any berry.
- 8. Bran cereal.** Actually, any cereal that has 5 grams of fiber or more in a serving counts as high fiber.
- 9. Oatmeal.** Whether its microwaved or stove-cooked, oatmeal is good fiber.
- 10. Vegetables.** The crunchier, the better.

Source: WebMD

GET SCREENED SD Stop Colorectal Cancer.

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the colon or rectum, it is called colorectal cancer, colon cancer for short.

Of the cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. Colorectal cancer screening can find precancerous polyps, which are abnormal growths in the colon or rectum, so that they can be removed before developing into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. About nine out of every 10 people whose colorectal cancers are found early and treated appropriately are still alive five years later.

Colorectal cancer affects men and women of all racial and ethnic groups and is most

often found in people aged 50 years or older. Researchers have identified several risk factors that might increase a person's chance of developing colorectal polyps or colorectal cancer. Lifestyle-related risk factors for colon cancer include being overweight or obese, being physically inactive, eating a diet high in red and processed meats and low in vegetables, fruits and whole grains, smoking and excessively consuming alcohol.

Personal and family history of colon cancer and polyps or inflammatory bowel disease and aging are risk factors that cannot be changed. People with a history of colorectal cancer in a first-degree relative (parent, sibling or child) are at increased risk. The risk is even higher if that relative was diagnosed with cancer when they were younger than 45, or if more than one first-degree relative is affected. The reasons for the increased risk are not clear in all cases. Cancers can "run in the family" because of inherited genes, shared environmental factors or some combination of these. Most people with colorectal cancer have no family history of colorectal cancer. Still,

as many as one in five people who develop colorectal cancer have other family members who have been affected by this disease.

Signs of colorectal cancer are usually a change in bowel habits that include diarrhea or constipation that lasts longer than four weeks, rectal bleeding in your stool, persistent abdominal discomfort such as gas, cramps or pain, weakness or fatigue and unexplained weight loss. During the earliest stages of the disease a person may not experience any symptoms or discomfort.

While screening rates have increased in the United States, not enough people are getting screened for colorectal cancer. In 2014, 65.7 percent of adults were up-to-date with colorectal cancer screening, seven percent had been screened but were not up-to-date and 27.3 percent had never been screened. If you are aged 50 or older, get screened now. If you think you may be at higher than average risk for colorectal cancer, speak with your doctor about getting screened early.

Sources: American Cancer Society, Get Screened SD & Mayo Clinic