

Cache County Senior Center

February 2021

Photo by Mike Bullock

Commodities– February
3rd from 2pm- 4 pm

Care Giver Academy

6-part Series

The Caregiver Academy assists caregivers in learning essential skills.

Workshops include:

- Find caregiver resources
- Compassion Fatigue
- Setting boundaries
- Involving families
- Coping with difficult behaviors
- In-home and facility based care choices

Every Wednesday:
@ 11:00 am; contact
Deborah Crowther
435-713-1462
deborahc@brag.utah.gov

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Signing up is easy, you are checking out an Ipad and this way you can connect with us and with family and friends. Call us and sign up today. Only 7 available!

- Want help learning how to use programs like Facebook or Zoom? Resources are available for that too, just call and ask!

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Good Things To Eat

Desserts for People With Diabetes

From chocolate to chia pudding, which treats to try — and when to eat them — if you're watching your blood sugar

by Jill Waldbieser, [AARP](#), January 8, 2021

Balance sugar with protein or healthy fats

Sweets get a bad rap because they tend to be higher in sugar and carbs, and lower in other nutrients like protein and fiber. While pure sugar — including honey, agave and maple syrup — and refined carbs like white flour cause blood sugar to skyrocket, adding in other nutrients can slow the breakdown of glucose and blunt those effects. That's why most fruits, which contain fiber, have less of an impact on blood sugar than say, a soda. So your first rule for eating dessert if you have diabetes is to seek out desserts that have some whole grains, protein or healthy fats — or a combination of all three — to balance the sugar and carbs.

Indulge on a schedule

By the same token, having dessert soon after a meal can help dilute the blood-sugar-spiking effects of eating sugary foods on their own, says Tohan. (Drinking water has the same effect, to a lesser degree.) If you know you're going to have dessert, you can even skip the carbs on your plate and double up on vegetables or lean protein instead.

Try individual-size treats

Portion size is important as well. Try to keep desserts to around 200 calories or under, with carbohydrates in the 15- to 30-gram range, Tohan suggests. Sweets that come in individual servings, like ice cream bars vs an entire pint or half-gallon, can make such portioning more automatic.



Cannoli Filling

For a low-sugar snack, you cannot beat some whole-milk ricotta cheese mixed with mini dark chocolate chips. Trust us, you will not miss the cookie.

Chocolate-Covered Banana Slices

A serving of Dole Dippers frozen chocolate-covered banana slices has around 13 grams of carbs and 3 grams of fiber. You can also make your own: Freeze banana slices, then dip them in melted dark chocolate and set them on parchment or wax paper to dry. You can also roll them in nuts, coconut flakes or other toppings. They will keep in an airtight container in the freezer for up to two weeks.

Greek Yogurt Parfait

Greek yogurt is creamy and packed with protein, and a versatile base for toppings. Use coconut flakes, fresh fruit, nuts, seeds, granola, crushed pretzels — or anything else to craft your go-to treat.

Scoop small spoonfuls of natural peanut or almond butter (or any no-sugar-added nut butter you prefer) onto parchment and freeze for 5 to 10 minutes. Melt some chocolate (dark or milk) with a little coconut oil and spoon into the bottom of mini muffin liners. Add the nut butter and top with more chocolate. Freeze until you need a fix.

Chia Pudding

Chia seeds are a great source of healthy omega-3s, protein and fiber, and they have a pleasing gel-like texture when mixed with liquid. Stirring a tablespoon of seeds into nut milk with maple syrup or honey makes a tasty and easy snack. You can do the same thing with oats and let them sit in the refrigerator overnight, then add toppings and enjoy a cold whole-grain treat.

Resources

Extra Help

Do you need help paying for your prescriptions? You could qualify for a federal program that helps pay some or in some cases all of the part D drug plan. If you make less than \$1,561.00 a month (\$2,113 for married couples), and your assets are below \$14,390 (\$28,720 for married couples) you may qualify for the "Extra Help" program. It could reduce your prescription costs for generics and for brand-name drugs. Contact Giselle or Colby for an apt. 755-1720.

Transportation Vouchers

Clients can be reimbursed for travel costs to doctor apts. and or other medical care. This is a needs based program. Call BRAG to schedule an assessment and see if you qualify for this program that can reimburse friends and family for taking you to your Dr. apts. 752-7242.

VA Benefit Program

A representative from the VA will assist you with all of your benefit needs. Please call Deborah Crowther at 435-713-1462.

Dentist and Medicaid

The dentists for Cache & Bear Counties for the Aged Medicaid dental program are:

Ralph Binns & Jarron Tawzer (both are in the same office) at Tawzer Dental, 1-435-753-1686, 150 E 200 N suite F, Logan, UT 84321.

Medicare Cost Sharing Program

Medicare Savings Programs help low-income individuals with some of the out-of-pocket costs for Medicare, including Medicare Part A and Part B premiums, deductibles, copayments, and coinsurance. Eligibility for certain Medicare Savings Programs automatically qualifies you for the Extra Help program as well, which helps beneficiaries with the cost of prescription drugs. Contact Giselle or Colby for an apt. 755-1720.

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Dear Marci,

I just realized my new Part D plan doesn't cover one of my prescriptions. I have an appointment with my doctor in a few weeks to discuss switching to a similar drug that is covered by my plan, but what should I do about my prescription until then? Am I eligible for a transition refill?

-Ruth (Akron, OH)

Dear Ruth,

Yes, it sounds like you are likely eligible for a transition refill! Let's discuss why:

A transition refill, also known as a transition fill, is typically a one-time, 30-day supply of a drug that you were taking:

- Before switching to a different Part D plan (either stand-alone or through a Medicare Advantage Plan)
- Or, before your current plan changed its coverage at the start of a new calendar year.

Transition refills let you get temporary coverage for drugs that are not on your plan's formulary or that have certain [coverage restrictions](#) (such as prior authorization or step therapy).

Transition refills are not for new prescriptions. You can only get transition fills for drugs you were already taking before switching plans or before your existing plan changed its coverage.

The following situations describe when you can get a transition refill if you do not live in a nursing home (there are different rules for transition refills for [those living in nursing homes](#)):

1. Your current plan is changing how it covers a Medicare-covered drug you have been taking.

- If your plan is taking your drug off its formulary or adding a coverage restriction for the next calendar year for reasons other than safety, the plan must either:
 - Help you switch to a similar drug that is on your plan's formulary before January 1
 - Or, help you file an exception request before

January 1

- Or, give you a 30-day transition fill within the first 90 days of the new calendar year along with a notice about the new coverage policy.

2. Your new plan does not cover a Medicare-covered drug you have been taking.

If a drug you have been taking is not on your new plan's formulary, this plan must give you a 30-day transition refill within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your [appeal rights](#).

- If a drug you have been taking is on your new plan's formulary but with a coverage restriction, this plan must give you a 30-day transition refill free from any restriction within the first 90 days of your enrollment. It must also give you a notice explaining that your transition refill is temporary and informing you of your appeal rights.

- In both of the above cases, if a drug you have been taking is not on your new plan's formulary, be sure to see whether there is a similar drug that is covered by your plan (check with your doctor about possible alternatives) and, if not, to file an exception request. (If your request is denied, you have the right to appeal.)

Note: If you file an exception request and your plan does not process it by the end of your 90-day transition refill period, your plan must provide additional temporary refills until the exception is completed.

Remember: All stand-alone Part D plans and Medicare Advantage Plans that offer drug coverage must provide transition fills in the above cases. When you use your transition fill, your plan must send you a written notice within three business days. The notice will tell you that the supply was temporary and that you should either change to a covered drug or file an exception request with the plan.

Best of luck with your transition refill!

- Marci

Scams and Fraud

Federal Agencies Warn of Emerging Fraud Schemes Related to COVID-19 Vaccines

FBI National Press Office, Washington, D.C.

The Federal Bureau of Investigation (FBI), Department of Health and Human Services Office of Inspector General (HHS-OIG), and Centers for Medicare & Medicaid Services (CMS) have received complaints of scammers using the public's interest in COVID-19 vaccines to obtain personally identifiable information and money through various schemes.

The public should be aware of the following potential indicators of fraudulent activity:

- Advertisements or offers for early access to a vaccine upon payment of a deposit or fee
- Requests asking you to pay out of pocket to obtain the vaccine or to put your name on a COVID-19 vaccine waiting list
- Offers to undergo additional medical testing or procedures when obtaining a vaccine
- Marketers offering to sell &/or ship doses of a vaccine in exchange for payment of a deposit or fee
- Unsolicited contact from someone claiming to be

from a medical office, insurance company, or COVID-19 vaccine center requesting personal &/or medical information to determine recipients' eligibility to obtain the vaccine

- Advertisements for vaccines online, through social media platforms, or from unsolicited/unknown emails or telephone calls
- Individuals contacting you in person, by phone, or by email to tell you the government or government officials require you to receive a COVID-19 vaccine.

Continued on Page 9

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Why Does Hair Turn Gray as You Age?

Science explains what causes this natural transformation

by Peter Urban, [AARP](#), January 5, 2021

Graying hair is an inescapable part of growing older for most, as those first strands of silver appear to sprout for many people in their mid-30s — and by age 50 it's not unusual for half their hair to be gray.

Known by scientists as canities or achromotrichia, the graying of hair is a long-studied phenomenon that has a variety of causes. First, the good news: It's not going to kill you. In a 1998 study published in *The Journals of Gerontology*, researchers found no correlation between the mortality and the extent of graying of the hair among a random sample of 20,000 participants in a long-term [cardiovascular study](#) launched in 1975 in Copenhagen, Denmark.

But why do we go gray?

Hairs appear to the naked eye as white, silver or gray absent the pigments that otherwise provide color in shades of black, brown, blond or red.

Within each hair follicle are cells, known as melanocytes, that produce one of two basic pigments — eumelanin or pheomelanin, depending on your DNA. Eumelanin is commonly present in black and brown hair, while pheomelanin is found in red, auburn and blond hair.

Unlike the melanin that colors skin, the pigments produced in scalp hairs typically degrade more slowly — allowing for the hair to keep its color as it grows out over an average of 3.5 years, according to a [2020 article in the journal *Skin Appendage Disorders*](#).

Gray hair develops as melanocytes decrease in number, but exactly when those cells begin to wane differs for each individual. However, there are some general trends. According to the article, “graying typically begins in the mid-30s for Caucasians, the late-30s for Asians, and the mid-40s for Africans.”

In your genetic code

Scientists have found specific genes related to graying hair. In a 2016 [study published in *Nature Communications*](#), a team of researchers from University College London (UCL) identified the interferon regulatory factor 4 (IRF4) gene as being responsible for regulating production and storage of melanin.

“We have found the first genetic association to hair graying, which could provide a good model to understand aspects of the biology of human aging,” Andrés Ruiz-Linares, a professor in the UCL Department of Genetics, Evolution & Environment who led the study, said in a statement. “Understanding the mechanism of the IRF4 graying association could also be relevant for developing ways to delay hair graying.”

While you can't change your genetics or turn back the clock, there are other factors at play in graying hair that may be within your control.

Diet

A [2018 study](#) published in the *Journal of Cosmetic Dermatology* found that among 1,192 volunteers between ages 18 and 20, those with premature hair graying (PHG) were more likely to have a family history of PHG, have a genetic tendency to develop allergic diseases such as eczema or asthma, or be vegetarian. To a lesser extent, they were also more likely to [be over-weight](#) or report having higher levels of stress in their lives. The study suggests that it may be possible to prevent graying, or at least slow it down, through changes in diet, maintaining a normal weight and decreasing [alcohol consumption](#).



Healthy Living

Vitamins

Researchers at the Mayo Clinic in Rochester, Minnesota, also suggest that some causes of premature hair graying are reversible. In a 2018 article published in the *International Journal of Trichology*, they noted that a [deficiency of vitamin B12](#) can cause premature graying, which could be reversed through supplements. Common natural sources of vitamin B12 are dairy products and meat, which may explain why a vegetarian diet could be a factor in PHG. Older adults may also often have difficulty absorbing vitamin B12 through digestion. In [one study](#), 55 percent of patients with pernicious anemia (a condition caused by a lack of vitamin B12) had PHG, compared to 30 percent in the control group, the Mayo researchers noted.

Smoking

Smoking has long been considered a factor in premature graying, according to a [2013 study](#) that confirmed the association among Middle Eastern men and women living in Jordan. The study, published in the *Indian Dermatology Online Journal*, found that among 207 study participants, smokers were substantially more at risk of PHG than nonsmokers.

The researchers could not say with certainty why [smoking](#) affects hair color but suggested that it could increase “oxidative stress” that damages melanin-producing cells, noting that melanocytes in gray hair bulbs frequently show common signs of such damage.

Stress

Researchers at Harvard University have found that [stress can accelerate the graying process](#) and have determined the biology behind the phenomenon — at least in laboratory mice.

Ya-Chieh Hsu, a cellular biologist at Harvard, and her fellow researchers suggest that stresses that trigger a fight-or-flight response may deplete the stockpile of stem cells in hair follicles that can be converted into pigment cells when new hairs form. In experiments on mice, they found such hair-raising experiences activated stem cells. “After just a few days, all of the pigment-regenerating stem cells were lost. Once they're gone, you can't regenerate pigments anymore,” Hsu said in a statement. “The damage is permanent.”

Diseases

Particular diseases can cause premature graying, including vitiligo and alopecia areata, according to Robert H. Shmerling, M.D., senior faculty editor of Harvard Health Publishing.

Vitiligo occurs when cells that produce melanin die or stop functioning, resulting in a loss of skin color in patches over the body that usually grow over time. In some cases, it also causes hair to lose color. With alopecia areata, patches of hair — especially colored hairs — can be suddenly lost, which may result in more noticeable gray hair. Shmerling noted in a [2017 article](#) that the result could explain why some people seem to turn gray overnight.

Cures for graying hair

Trying to solve the puzzle of graying hair is as old as history. Clay tablets from the ancient Assyrian Empire (7th century B.C.) include medical texts (written in cuneiform) describing a means to darken prematurely gray hair by applying — often for days at a time — various mixtures of ingredients that included: cypress oil, leek seeds, poppyseeds, pine gum, the head of a black raven or gall from a black ox.

Researchers continue to look for a way to reverse the graying process, but so far with little success. Some medications have been reported, in rare cases, to restore pigmentation in gray hair but the evidence is of “low quality” and the medications may have damaging side effects, making them difficult to study for an essentially cosmetic purpose. But they do offer some hope, perhaps shedding light on “possible mechanisms to target” for future studies, according to Yale.

Low-Cost WiFi Internet is available across much of Cache Valley for individuals who qualify

Internet Essentials is a service from Comcast that provides broadband WiFi for \$9.95/month (+ taxes) for households who qualify for the following programs:

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Scams and Fraud

Tips to avoid COVID-19 vaccine-related fraud:

- Consult your state's health department website for up-to-date information about authorized vaccine distribution channels and only obtain a vaccine through such channels.
- Check the FDA's website (fda.gov) for current information about authorized vaccine usage.
- Consult your primary care physician before undergoing any vaccination.
- Don't share your personal or health information with anyone other than known and trusted medical professionals.
- Check your medical bills and insurance explanation of benefits (EOBs) for any suspicious claims and promptly reporting any errors to your health insurance provider.
- Follow guidance and recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and other trusted medical professionals.

General online/cyber fraud prevention techniques:

- Verify the spelling of web and email addresses that look trustworthy but may be imitations of legitimate websites.
- Do not communicate with or open emails, attachments, or links from unknown individuals.
- Never provide personal information of any sort via email; be aware that many emails requesting your personal information may appear to be legitimate.

If you believe you have been the victim of a COVID-19 fraud, immediately report it to the FBI (ic3.gov, tips.fbi.gov, or 1-800-CALL-FBI) or HHS OIG (tips.hhs.gov or 1-800-HHS-TIPS).

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February

Monday	Tuesday	Wednesday	Thursday	Friday
1 Pancake Bites Sausage & Eggs Asparagus Fresh Fruit	2 Spaghetti Steamed Broccoli Spiced Peaches Garlic Bread	3 Chef's Choice	4 Chicken Alfredo Italian Vegetables Ambrosia Salad	5 Ground Beef Soft Tacos Carrot Raisin Salad Berry Fluff Salad
8 Turkey Sandwich Potatoes California Vegetables	9 Shredded Chicken Tacos South Western Corn Fruit Salad	10 Chef's Choice	11 Pork Chops w/ Mushroom Gravy Au gratin Potatoes Peas & Carrots	12 Meat Loaf Mashed Potatoes Veggies Cascade Tropical Fruit
15 Closed 	16 Sheppard's Pie Mixed Vegetables Spiced Apples Dinner Roll	17 BBQ Pork Ribs Glazed Carrots Pears	18 Tilapia Wild Rice Butternut Squash Mixed Fruit	19 Hearty Beef Stew Spinach Salad Tropical Fruit
22 Chicken Fajitas Spanish Rice Cucumber - Tomato Salad Orange Fluff	23 Butternut Squash Soup Chef Salad Strawberry Grape Salad	24 Chef's Choice	25 Sausage Pepperoni Pizza Italian Vegetables Mandarin Oranges	26 Tuna Melt Tater Tots Spiced Apple Sauce Pears

For those 60+ and their spouse the suggested donation is \$3.00. Don't forget to call in by 3:00 p.m. the day

Social Security Impostors Take Scams to the Next Level

Crooks pose as real government officials, brandish badge numbers to deceive beneficiaries
by Katherine Skiba, [AARP](#), January 13, 2021



Criminals have been phoning people, posing as real Social Security officials and flaunting fake badge numbers to persuade victims to give up money or sensitive information, a government official warns.

The warning comes from Gail S. Ennis, leader of the Social Security Administration Office of Inspector General (SSA-OIG), a watchdog agency that has seen most of its senior officials' names highjacked this way. Many officials at SSA also have had their [identities misused by scammers](#).

"Don't believe anyone who calls you unsolicited from a government agency and threatens you — just hang up," Ennis says in a fraud advisory. "They may use [real names or badge numbers](#) to sound more official, but they are not."

Nearly 2,000 complaints a day

The watchdog agency received more than 718,000 scam complaints during the year ending Sept. 30 — roughly 2,000 complaints for every day of the year — and about 1.5 percent of the complainants lost money. One common tactic used by crooks to lend legitimacy to their scams is citing "badge numbers" of law enforcement officers, Ennis says. Scammers also send email attachments containing personal information about a purported "investigation," or text links to people to click on to supposedly "learn more" about a made-up problem related to Social Security

Staying Active During the Coronavirus Pandemic

Exercise is Medicine | AMERICAN COLLEGE of SPORTS MEDICINE

The coronavirus (COVID-19) pandemic can make it challenging to maintain a physically active lifestyle. COVID-19 is spread by someone sneezing or coughing into the air or onto a surface, and then the virus enters and infects a new person through their mouth, nose or eyes. The most up-to-date information about COVID-19 can be found on the Centers for Disease Control and Prevention (CDC) website: <https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

Based on what we know about how the virus moves from one person to another, it is recommended to avoid public gatherings and keep a social distance of 6 feet or more. That, along with advice related to personal care (hand washing, not touching your face) has created concern about exercising in gyms, where hundreds of people are in and out every day.

Those at greatest risk for severe complications of COVID-19 are:

- older adults (age 65 and older)
- people with chronic diseases (such as diabetes, heart disease and lung disease)
- those with compromised immune systems (such as those going through cancer treatment or with HIV)

These individuals (and those under "shelter in place" orders) should avoid gyms altogether and exercise at home or in their neighborhood.

For all of us, young and old, regular physical activity is important for staying healthy! Compared to just sitting around most of the time, *moderate-intensity physical activity is associated with better immune function*. Regular physical activity can help *reduce your feelings of stress and anxiety* (which many of us may be feeling in the wake of the COVID-19 pandemic).

The Physical Activity Guidelines for Americans recommends 150-300 minutes per week of moderate-intensity aerobic physical activity and 2 sessions per week of muscle strength training. Fit in 2, 5, 10 or 20 minutes, however and wherever you can. Every active minute counts!

On the following page are some strategies to maintain physical activity and fitness.



Stay positive.
Stay active.
Be smart and safe.

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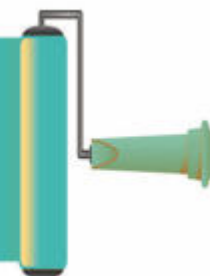
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