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# Senior Voice

A publication of Older Persons  
Action Group, Inc. Free

Serving Alaskans 50+ Since 1978

Volume 47, Number 3 March 2023

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*March means Iditarod and many other enjoyable opportunities around the state. See our calendar of events on page 17 for a few highlights.*

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2022  
**National Mature  
Media Awards<sup>SM</sup>**  
*Winner*





# AGEnet lists top legislative priorities

By **MARIANNE MILLS**

*AgeNet*

AGEnet stands for Alaska Geriatric Exchange Network, primarily made up of private non-profit organizations founded in Alaska. AGEnet’s goal is to help older Alaskans age in place, supporting them to live safely in their own homes and communities for as long as possible and avoid costly institutional care, such as hospitals and nursing homes.

Community grants help Alaska’s seniors to age in place. Not only do older Alaskans prefer to stay in their own homes, it is also the least costly type of care.

Last year, 19,000 older Alaskans benefited from senior grants at a cost of only \$925 per year per

senior. In contrast, only 1,062 patients were served in Alaska nursing homes at a cost of \$159,367 per year per person.

Between the grants and nursing home care, there is a third option: the Alaskans Living Independently or ALI Waiver, which pays for home and community-based care. To qualify, seniors must be financially eligible and meet nursing facility level of care. Last year, 2,262 benefited from this Medicaid Waiver at a cost of \$34,379 per year per person. Very few seniors are eligible for this program compared to the grants, although the cost to care for this vulnerable population is less than a fourth of what a nursing home would cost.

Ideally, older Alaskans enter the continuum of

care when they are active and healthy, becoming familiar with the various services designed to help them maintain their independent living.

Community-based services include nutritious meals, public transportation, exercise classes. As they age or develop disabilities, they may need home-based services such as home-delivered meals, shopping assistance or light-housekeeping.

The last phase of services to help Alaskans live independently can be called intensive home and community-based services, such as adult day services, assistance with activities of daily living such as bathing or dressing, and support services for unpaid family caregivers.

Most of our member agencies depend on grants to pay for staff and other expenses associated with senior services. Our members receive funding from local municipalities, the State of Alaska, and the federal government.

In fact, many senior services, originate with the federal Older Americans Act. These grants flow to the states, then to local community agencies, with the stipulation that the senior service agencies cannot charge the seniors for the service.

The Alaska Senior and Disabilities community grants that are critical to helping local seniors remain safe in their own homes and communities include Nutrition, Transportation and Support; Adult Day; Senior In-Home; Family Caregiver Support; Health Promotion & Disease Prevention; ADRD (Alzheimer’s disease and related dementias); Medicare Counseling and Outreach; Center for Independent Living Grants; Aging and Disability Resource Center (ADRC).

## AGEnet 2023 legislative priorities

AGEnet members urge the following action during the 2023 Session of the Alaska Legislature:

**Support the Governor’s \$1,498.2 proposed increase in Senior and Disabilities Community Based grants.** Community grants

serve Alaskans all over the state from Anchorage to Nome to Juneau and Ketchikan, allowing seniors to live in the community of their choice. Last year, the legislature supported this increase to make up for years of flat funding and two years of inflation.

**Support an additional 6.5 percent increase in SDS Community Based grants.** The number of seniors in Alaska is growing by at least 10% each year across the state with certain areas such as Mat-Su increasing by 25%. These grants have not increased since 2015 while the number of recipients seeking services and inflation costs have increased greatly. Community grants only pay a minimum of one third of actual cost in delivery of services.

**Support \$500,000 in GF funding for community transportation.** Older Alaskans depend on transportation providers to access the senior center for lunch, the adult day program, the store, the doctor, church, etc. The Human Services Grant program through Alaska Dept. of TransportationOT offers funding for replacement vans and operating assistance for local providers. The General Funds would help community transportation providers to meet the local match required by the grants.

*Marianne Mills is the AGEnet president. Contact her at 907-723-0226.*

## Advocating for Alaskans living with Alzheimer’s

By **AMIE NORTHAGEN**

*Alzheimer’s Association*

Nearly 20,500 Alaskans are all too familiar with the toll that Alzheimer’s takes on their loved ones every day. Although new drug trials show promise for treatment, this disease currently has no cure and new diagnoses are being made every day.

While few are unfamiliar with this disease, many don’t know that the signs and symptoms go beyond just memory loss. Individuals may experience personality changes, behavioral changes, sleep cycle changes, and more. As many new treatments are only effective in the early stages of the disease, it’s important to recognize symptoms early to help individuals receive proper care.

Advocacy at the state level may not be the first

thing that comes to mind when contemplating how to support the fight to end Alzheimer’s, but it’s one of the most crucial actions we can take in supporting families and finding a cure for this terrible disease.

On Feb. 9, Alzheimer’s Association advocates shared their stories with state officials to gain support on policies that can improve the lives of those impacted by Alzheimer’s.

In order to recognize the early stages of dementia, it’s vital that Alaskans have access to information about signs and symptoms. Increasing funding to the Dementia Awareness and Healthcare Capacity Program can expand outreach efforts and provide resources to more Alaskans across the state. We urge officials to support \$50,000 in funding to this program to increase access to resources caregivers need

when caring for loved ones.

In addition to expanding outreach, the inclusion of dementia education in the Certified Nursing Assistant (CNA) training program can make a world of difference. When CNAs have the ability to understand the behaviors of those living with dementia, they can address residents’ unique needs and drastically improve the quality of care for their residents.

Alzheimer’s disease is one of the most critical public health issues in America. We need your help advocating for Alaskans living with Alzheimer’s. Become an advocate and get involved in the fight to end Alzheimer’s at [alz.org/Alaska](http://alz.org/Alaska).

*Amie Northagen is the communications manager for the Alzheimer’s Association Alaska Chapter.*

### OLDER PERSONS ACTION GROUP

#### Mission statement:

“To work statewide to improve the quality of life for all Alaskans through education, advocacy and collaboration.”

#### Vision statement:

“Promote choice and well being for seniors through legacy and leadership.”



OLDER PERSONS ACTION GROUP

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# Can new Medicare patients find a doctor in Anchorage?

## Two perspectives: Patient and provider

By **LAWRENCE D. WEISS**  
For Senior Voice

We feature here selections from two interviews. The first is with Deborah Bear, Anchorage senior activist, who presents her experiences and views regarding access to primary health care as a senior with Medicare. The second is with Tamara Brown, chief executive for Providence Clinical Network, who explains how Providence is responding to the need. These interviews have been edited for length and clarity.

**Weiss:** Deborah Bear, how did you get started as an activist about the issue of access to primary care for Medicare recipients in Alaska?

**Bear:** A lot of people complain about things that seniors face, and healthcare is, I believe, paramount in those issues. Rather than moaning over the problems, I felt like, okay, this is something that I have a passion about. Let's do something to fix it. So

that's why I decided that I would start a one-person campaign to start resolving the issue.

I contacted my legislators, both state and national. I spoke to The Older Persons Action Group (OPAG). I spoke to the Alaska Commission on Aging. I'm going to be working with the Anchorage municipal Senior Citizens Advisory Committee. Actually, my senator, Senator Kaufman, is the co-chair on the human and health services committee this session. He's the one that helped me come up with the problem list because he said he needed bullet points that he could present in committee.

### Deborah Bear's Problem List sent to legislators

*Hello, my name is Deborah Bear. My husband and I have lived in Anchorage over 44 years. We are in our 70s. As we get older, we find it more difficult to access primary healthcare because very few healthcare providers will*

*accept Medicare patients. Recently our primary care provider told us that we would have to find primary care elsewhere because Alaska Regional Senior Healthcare Clinic is being forced to close*



**Deborah Bear is concerned about access to doctors who will accept Medicare.**

*their doors on Feb. 28, 2023. The reason given was that management could not fill key positions and support staff to keep the doors open.*

*Seniors are struggling to obtain primary healthcare in Alaska. Medicare is not adequately reimbursing primary healthcare providers to make*

*enough to keep doors open. Many seniors are concerned and are considering drastic options. Some of these include leaving our long-time homes in Alaska or going Outside periodically to get necessary healthcare. The senior population in Anchorage is about 20% right now. It would be tragic for this population to try to obtain necessary healthcare Outside when it is cost prohibitive on a fixed income. Please contact me to discuss this important issue further. Thank you.*

**Weiss:** Please discuss some of the issues you have encountered in terms of access to primary care for seniors on Medicare.

**Bear:** The sad thing about it is a lot of people that I've spoken with have said, "Hey, we might need to move out of state in order for us to access good health care, or go out a couple of times a year. Most of that is cost prohibitive because we all live on fixed incomes." For instance, my husband worked on the railroad for 25 to 30 years. If we go Outside, his pension is taxed. And we love Alaska. We have a homestead up

here and I've lived up here for 45 years, and we don't want to leave here. it's our home.

[A staff person] at the senior health care clinic at Alaska Regional Hospital called and talked with me at length. She said a lot of the patients that they were caring for had cognitive issues where it was very difficult for them to go out and find another care provider because they just don't know how to navigate systems.

The other part of it is we don't have primary care facilities up here that will take Medicare recipients. There are two in our community. One is Providence and the other one is Anchorage Neighborhood Health Center. Those are the only two clinics that will take Medicare patients without a cap. Others will take Medicare patients, but they can only see so many a day and or week, or they can only take so many in order for their practice to flourish.

I spoke with Providence

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# Age-friendly listening sessions and questionnaires

## Your input is needed

Anchorage Age-Friendly Leadership Team

Prior to the close of 2022, AARP Alaska received great news when Juneau, Alaska, became the 734th city to be enrolled in the AARP Network of Age Friendly States and Communities. Juneau joins Anchorage (the 678th city enrolled) to promote neighborhood unity and maximize opportunities for residents to be active and engaged with their neighbors, family and friends

to develop a community that invites and supports the participation of older people. Age-friendly communities improve the health and well-being of everyone, from newborns to centenarians.

Anchorage and Juneau have two years to complete community assessments and develop action plans. Age-friendly action plans address community needs within the eight domains of livability that the World Health Organization has

**If you're not sure if you can make a listening session or would prefer to provide written feedback, we'd love to get your input on improving Anchorage's age-friendliness through our online questionnaires.**

identified as influencing health and quality of life for older adults (you can learn more about the eight domains at [aarp.org/livable](http://aarp.org/livable)). Creating an action plan ensures that communities take the necessary steps to create a better place for residents of all ages, abilities, racial and ethnic identifications and socioeconomic levels.

The Anchorage Age-Friendly Leadership Team is now holding listening sessions to identify Anchorage residents' preferences for the types of changes to make and how to make them. We are also distributing hard-copy and online questionnaires to gather feedback from harder-to-reach populations: Those who travel to Anchorage throughout the year for healthcare,

shopping or visits with family members; or, persons who may not be able to attend an in-person listening session. This process guarantees that the age-friendly action plan will be data-driven and representative of community input.

The Anchorage Age-Friendly leadership team is seeking venues for listening sessions. We've held two so far. Several more listening sessions will take place within the next few months. If you or a group you belong to have an interest in hosting a listening session, please let us know by contacting Patrick Curtis, AARP Alaska's associate state director of outreach: [pcurtis@aarp.org](mailto:pcurtis@aarp.org) or 907-268-7919.

If you're not sure if you can make a listening

session or would prefer to provide written feedback, we'd love to get your input on improving Anchorage's age-friendliness through our online questionnaires. The full questionnaire allows an opportunity for respondents to provide more detailed input on each of the eight domains. It is available at <https://bit.ly/full-age-friendly-questionnaire>. The short questionnaire asks respondents to select just one or two domains to comment on and can be found at <https://bit.ly/short-age-friendly-questionnaire>.

Both versions allow any person to share their opinions or judgements on what is needed to make Anchorage more age-friendly. We look forward to hearing from you.

### Send us your letters

Send letters to the editor to Senior Voice, 3340 Arctic Blvd., #106, Anchorage AK 99503. Maximum length is 250 words. Senior Voice reserves the right to edit for content and length. Space may be made available for longer opinion piece essays up to 400 words. Contact the managing editor at [editor@seniorvoicealaska.com](mailto:editor@seniorvoicealaska.com) to discuss this. Copy deadline is the 15th of the month prior to publication.





# Working toward better lives for Latinos

NHCOA Media

It is well known that the Hispanic population has the second highest obesity rates in the world: More than 60% of Hispanics are overweight or obese. Both conditions occur when there is an excessive accumulation of body fat, especially in adipose tissue, subsequently leading to increased body weight. These conditions can be clinically detected through the Body Mass Index (BMI), with simple and easily measurable parameters. When the BMI is over 25, one is considered overweight and when the indicator is over 30, one is considered obese. This is not exactly new information, but the data is striking and alarming. Although more and more measures are being taken to fight obesity, especially in children and teens, there are still many issues that need to be addressed. It is important to consider that both obesity and be-

***It is important to consider that both obesity and being overweight are major risk factors for developing high blood pressure, high cholesterol, diabetes, heart disease, stroke, gallbladder disease, arthritis, sleep and emotional health disorders, respiratory problems and certain types of cancers. The situation is exacerbated for Latinos, who are a vulnerable population when it comes to accessing quality health care.***

ing overweight are major risk factors for developing high blood pressure, high cholesterol, diabetes, heart disease, stroke, gallbladder disease, arthritis, sleep and emotional health disorders, respiratory problems and certain types of cancers. The situation is exacerbated for Latinos, who are a vulnerable population when it comes to accessing quality health care.

**Lifestyle makes the difference**

A healthy lifestyle is the best recommendation to prevent and treat obesity. This includes a proper diet, good eating habits, including exercise or physical activity in your daily routine and

having defined sleeping schedules. In this sense, reducing the consumption of ultra-processed foods, artificial sodas and fast foods can be the beginning of a better lifestyle, and in the case of Latinos, these can be radical changes due to their cultural traits and family traditions.

The change in the diet of Latino immigrants in the United States has become the main element that promotes obesity and overweight by changing their routines and, above all, the access they have to quality food. An accelerated pace of life conditions Latino families to choose to consume more fast food, being also what is within their reach.

On the other hand, it

is known that a sedentary lifestyle and a routine that does not include some type of physical activity is a determining factor for being overweight and developing obesity. Therefore, it is recommended to include at least 15 minutes of exercise per week and be active in different ways during the day. One of the most recommended activities is to take daily walks. These activities minimize the habits that promote inactivity, they can be done with family and encourage the occupation of open spaces for citizens and communities.

Sleeping well and having regular sleep schedules play an important role in the risk of becoming

overweight or obese. Not getting enough sleep reduces the levels of melatonin production, a neurotransmitter in charge of regulating the sleep/wake cycle. As a consequence, the production of adrenaline and dopamine increases, which are responsible for the increase of appetite in people.

In summary, an improvement in individual, family, and collective eating habits promotes a healthier lifestyle, reducing the risk of becoming overweight or obese. It is essential that lawmakers are also motivated to create more accessible health strategies aimed at the Latino communities in the United States, focused on integrated and healthy eating within everyone's reach.

*This article is from the National Hispanic Council on Aging and part of an ongoing series by the Diverse Elders Coalition, examining different senior demographic groups.*

# We need your input!

*We'd love to get your thoughts on improving Anchorage's age-friendliness through our online questionnaires!*

**We have a full and a short questionnaire. Both versions allow any person to share their opinions or judgements on what is needed to make Anchorage more age-friendly. We look forward to hearing from you!**

-- Anchorage Age-Friendly Leadership Team



Scan the QR code to the left with your smartphone camera or visit <https://bit.ly/age-friendly-questionnaires>.







# Not-so-genius hacks for keeping food fresh

By **LESLIE SHALLCROSS**

For Senior Voice

I will admit to being an enthusiastic, nutrition-minded cook with a penchant for making twice as much as my household can eat and often neglecting many purchased fresh edibles until they appear fit only for compost. Just this week, my countertop fruit bowl with tomatoes, avocados, apples, oranges and limes, transformed from beautiful and welcoming to “oh, no, I’ve done it again,” with a couple overripe avocados and a seriously deteriorating,

**The average U.S. household wastes three and a half pounds of food per person each week and between 30% and 40% total of their food purchases.**

bruised apple.

Even though none of us likes to throw food away, research shows that the average U.S. household wastes three and a half pounds of food per person each week and between 30% and 40% total of their food purchases. The



**Stop throwing away leafy power greens because you can’t get through the bag quickly enough. Stash a few handfuls in a plastic bag and freeze them. They’ll work just fine in smoothies and soups.**

David Washburn photo

average value of food loss per four-person household in 2022 was \$1,500. When I read those statis-

tics, I can easily picture my nutritious fruits and vegetables, cheese, yogurt, bread, homemade desserts and voluminous leftovers that end up in the trash periodically.

### Common cause

If the benefits to your own nutrition status and bank account don’t motivate you, one other thought may give you a reason to put “wasting less food” in your 2023 resolutions list. A significant portion of discarded food may be edible and provide enough

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# COVID hybrid immunity, booster, free tests

By **JOHN C. SCHIESZER**

### Hybrid immunity may be the best protection

Analyzing data from controlled studies throughout the world, researchers discovered people with hybrid immunity are the most protected against severe illness and reinfection. Hybrid immunity occurs when someone has had at least the full series of vaccines and has a prior infection, in any order. The study, published in The Lancet Infectious Diseases, now is helping public policymakers understand the optimal timing of vaccinations.

“The results reinforce the global imperative for vaccination,” said study first author Dr. Niklas Bobrovitz. “A common question throughout the pandemic was whether previously infected people should also get vaccinated. Our results clearly indicate the need for vaccination, even among people that have had COVID-19.”

The global emergence and rapid spread of the omicron variant required scientists and policymak-

ers to reassess population protection against omicron infection and severe disease. In the study, investigators were able to look at immune protection against omicron after a prior SARS-CoV-2 infection (the virus that causes COVID-19), vaccination, or hybrid immunity.

“Protection against hospitalization and severe disease remained above 95% for 12 months for individuals with hybrid immunity,” said senior author Dr. Lorenzo Subissi, who is a scientist for the World Health Organization (WHO). “We know more variants are going to emerge. The study shows to reduce infection waves, vaccinations could be timed for roll-out just prior to the expected periods of higher infection spread, such as the winter season.”

The systematic review and meta-analysis revealed that protection against omicron infection declines substantially by 12 months, regardless of whether you’ve had an infection, vaccinations, or both, which means that

**The CDC has just established the COVID-19 Testing Locator website, which will allow consumers to search for free COVID-19 testing sites near them.**

vaccination is the best way to periodically boost your protection and to keep down levels of infection in the population. In total, 4,268 articles were screened and 895 underwent full-text review.

### COVID-19 booster may increase durability of antibody response

New research is showing that getting regular booster shots may be more important than previously recognized. A new study is showing that mRNA boosters (both Pfizer and Moderna) affect the durability of antibodies to COVID-19. A booster, the researchers report, made for longer-lasting antibodies for all recipients, even those who have recovered from a COVID-19 infection.

“These results fit with other recent reports and indicate that booster shots enhance the durability of

vaccine-elicited antibodies,” said senior researcher Dr. Jeffrey Wilson, of UVA Health’s Division of Asthma, Allergy and Immunology in Charlottesville, Virginia.

Dr. Wilson and his collaborators looked at antibody levels following a booster in 117 volunteers and compared those results with the levels seen in 228 volunteers after their primary vaccination series. Antibody levels one week to 31 days after the primary series and booster were similar, but the boosted antibodies stuck around longer regardless of whether the person had previously been infected with COVID-19.

“Our initial thought was that boosters would lead to higher antibody levels than the primary vaccine series, but that was not what we found,” said researcher Samuel Ailsworth, the first

author of a new scientific paper outlining the findings. “Instead, we found that the booster led to longer lasting antibodies.”

Antibody levels naturally decline over time after an infection or after vaccination, but higher levels are thought to be more protective. It is believed that longer-lasting antibodies would be expected to provide more sustained immunity against severe COVID-19.

The researchers found that the antibodies generated by the Moderna booster proved longer lasting than those generated by the Pfizer booster. Moderna’s antibody levels exceeded Pfizer’s out to five months, the end of the study period. Although the findings were statistically significant, Dr. Wilson noted that both mRNA vaccine boosters provide enhanced and fairly similar levels of protection against COVID-19 in recently published large epidemiologic studies.

Because the frequency of COVID-19 infections in the

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# When is the correct time to enroll in Medicare?

By **SEAN McPHILAMY**

Alaska Medicare Information Office

Enrollment into Medicare or choosing different Medicare coverage may

only happen during specific times of the year. This month we will learn about these enrollment periods, so you can make the most of them. As a reminder, initial Medicare enrollment

is processed through the Social Security Administration, whether in-person during an appointment, over the telephone, or by going online through Social Security’s website.

### Know when to sign up for Medicare for the first time

You may be automatically enrolled in Medicare Parts A and B (also called Original Medicare). For

example, if you are already collecting Social Security retirement benefits and then you turn age 65. Other people need to actively

page 6 please





## Teens suffering hearing loss an alarming trend



By **DONNA R. DeMARCO**

*Accurate Hearing Systems*

*Part one of two.*

Research indicates that young people today are losing their hearing faster than their parents and grandparents. In fact, nearly 1 in 5 teenagers have some hearing loss.

Researchers at the Brigham and Women's Hospital in Boston examined data collected from more than 4,600 12-to-19-year-olds in two ongoing federal surveys. The first covered 1988 to 1994, and the other 2005 to 2006.

The prevalence of hearing loss increased from 14.9 percent from 1988-94 to 19.5 during

2005-2006, a rise of about 31 percent, the researchers reported to the Journal of the American Medical Association.

Some other interesting results from the survey:

- High-frequency hearing loss was more common than that in low frequencies.

- Most of the time the loss was in one ear.

- Girls were much less likely than boys to have lost some hearing.

While the study did not examine specific reasons for the increase, most experts agree that it is due to listening to loud music for long stretches on MP3 players, iPods and other portable devices.

At Accurate Hearing, we offer free a hearing test. Call for an appointment 907-644-6004.

*Donna R DeMarco, AAS, BC-HIS, Tinnitus Care Provider, Holding a Certificate from the International Hearing Society.*



### ADVERTISEMENT

Alaska law permits a hearing aid dealer who is not a licensed physician or a licensed audiologist to test hearing only for the purpose of selling or leasing hearing aids; the tests given by a hearing aid dealer are not to be used to diagnose the cause of the hearing impairment.

## Medicare

*continued from page 5*

enroll during certain times of the year. There are three times you can enroll in Medicare for the first time.

Your first enrollment period is the Initial Enrollment Period (IEP), spanning seven months. This includes the three months before your 65th birthday month, the month of your 65th birthday, and the three months after your 65th birthday month. If you enroll during the three months before your 65th birthday month, your Medicare will start on the first day of your birthday month. If you enroll later in your IEP, your Medicare will start on the first day of the month after you enroll.

If you miss your IEP, another enrollment period you may use is called the General Enrollment Period (GEP), which occurs annually from Jan. 1 through March 31. Your Medicare starts the first day of the month after you enroll. When you enroll during the GEP, you may have to pay a premium penalty, which is based upon each 12-month period you could have had Medicare but were not enrolled. That premium penalty will usually apply for as long as you have Medicare.

### Know whether you are eligible for a Special Enrollment Period

If you miss your IEP, you may be eligible to enroll during a third enrollment period, called a Special Enrollment Period (SEP), which are periods of time outside normal enrollment periods when you can enroll in Medicare. You may be eligible for an SEP to

enroll in Medicare if:

- ▶ You have health coverage from current employment or had this coverage within the last eight months;
- ▶ Your Medicaid coverage ended;
- ▶ You are in an area affected by a disaster or emergency;
- ▶ You were recently released from incarceration;
- ▶ You missed an enrollment period because of misinformation from your employer or health plan;
- ▶ You experience other exceptional circumstances, which Social Security assesses on a case-by-case basis.

### Know when you can make changes to your Medicare

Every fall, Medicare's Open Enrollment Period (OEP) is available from Oct. 15 through Dec. 7. During this time, you may make changes to your Part D Prescription Drug Plan (PDP) coverage. Whatever changes you make become effective on Jan. 1.

Eligible SEPs are usually triggered by life circumstances, for example when experiencing enrollment errors, such as enrolling in a plan because of misleading marketing or incorrect information. While Original Medicare supports your healthcare nationwide, if you have moved to Alaska and were covered by a Medicare Advantage plan, then you will qualify for an SEP based upon your change in residence.

### Beware of medical identity theft

Medical identity theft is when someone steals your personal information to get medical treatment or products and bill your insurance for it. It is important

to protect your Medicare number like you would a credit card. Only share it with trusted individuals. Report potential medical identify theft if:

- ▶ You gave your Medicare number over the phone or internet to someone offering medical items like durable medical equipment, genetic testing, COVID-19 testing, or back braces;
- ▶ You see charges on your Medicare statements for services or items you did not receive or need;
- ▶ You are contacted by a debt collection agency for a bill for services you did not receive;
- ▶ You receive boxes of braces, testing kits, or other medical items in the mail that you did not request.

For any Medicare related questions, please feel free to contact the State of Alaska Medicare Information Office at 800-478-6065 or 907-269-3680; our office is also known as the State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP), and the Medicare Improvements for Patients and Providers (MIPPA) program.

If you are part of an agency or organization that assists seniors with medical resources, consider networking with the Medicare Information Office. Call us to inquire about our new Ambassador program.

*Sean McPhilamy is a volunteer and Certified Medicare Counselor at the Alaska Medicare Information Office.*

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Purchase a gift membership for a friend during the month of March 2023 and receive \$10 off the regular price! (For new memberships only)

Twelve-Month Memberships are \$75 per person or \$135 for two at the same address. Lifetime memberships are also available for those 50 and older.

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- ✓ Art & Craft Classes
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 907-770-2000  AnchorageSeniorCenter.org





# Need help paying your utility bill in Anchorage?

By **MAUREEN HAGGBLOM**  
Anchorage ADRC

**ADRC ANSWER  
OF THE MONTH**

Sometimes life isn't easy. Dealing with the unexpected is difficult and can at times impact our ability to pay the bills.

If you are an Anchorage resident, age 60 or older, residing between Girdwood and Chugiak, have a utility

delinquent notice and are experiencing a financial hardship which threatens your household's ability to pay your utility bill, the Anchorage Aging and Disability Resource Center (ADRC) may be able to help.

Please contact us di-

rectly at 907-343-7770. Experienced specialists will help guide you to the resources that are the most appropriate for the situation. Funds are available to pay a variety of utilities including gas, electric, water and wastewater, heating oil and propane.

Sometimes life can be difficult to navigate. Give

us a call and we will do our best to help get you back on track.

Submitted by Maureen Haggblom, Anchorage Aging and Disability Resource Center (ADRC) program manager, and the Anchorage ADRC team.

Alaska's Aging and Disability Resource centers connect seniors, people with

disabilities, and caregivers with long-term services and supports. For assistance and answers, call your regional ADRC toll-free at 1-855-565-2017. Or visit the Alaska Div. of Senior and Disabilities Services ADRC website at <https://dhss.alaska.gov/dsds/pages/adrc>.

# 'Overtreatment': Avoiding unnecessary care

By **KAREN CASANOVAS**  
For Senior Voice



**Q:** My grandfather went in to get one tooth repaired and came away with several thousand dollars of dental work performed. Is there anything I can do? What actions can prevent this from happening again?

**A:** Overtreatment is the term used to describe unnecessary or extensive therapies. A patient may refuse treatment as long as they can understand their decision, the implications of that decision, and can act in their own best interest.

Advocacy on behalf of those harmed due to excessive procedures is integral in creating a better future for all individuals who obtain dental care. Too often, people find themselves left with considerable costs post-dental visit, with only a fraction of the pain alleviated. By providing access to resources and education about alternatives, effective processes can be rendered that are less costly or invasive, and more intentional in achieving the desired outcome.

4. Safety – to create a safe space for expression of feelings
  5. Accessibility – non-discriminatory and available to all affected by conflict and harm
  6. Respect – respectful to the dignity of participants
- The issue of exorbitant dental procedures is multifaceted, but one that changemakers aim to address through various means. Advocates work to help individuals understand how to collaborate with their practitioners, and conduct research prior to undergoing treatments. Additionally, they promote improvement of insurance plans and reimbursement rates so individuals can afford necessary care without sacrificing their financial well-being.

**What is 'restorative justice'?**

Restorative justice arose during the 1970s when dysfunctional systems were observed and the need for transformation of the way to think about, and how to seek justice for those individuals being harmed. The six principles of restorative practice are:

1. Restoration – to address and repair harm
2. Voluntarism – voluntary and based on informed choice
3. Neutrality – fair and unbiased toward participants

**What is next?**

Simple steps can be taken to work through a process of the still-pervasive disparities for your grandfather and others seeking dental treatment. First, the patient must have clearly understood the verbal explanation of the procedure to be administered, been given an opportunity to ask questions, obtained clarification, and possessed the ability to make a sound determination of their own care. This is an important

**Too often, people find themselves left with considerable costs post-dental visit, with only a fraction of the pain alleviated.**

part of the competency framework.

Second, if believed that a restorative process should be undertaken, a risk assessment and procedures for moving forward must carefully be considered. What is the exact purpose of the restorative process? Could a conversation with the provider render an adequate solution? Preparation for restorative processes is often highly relevant to the outcome and ultimately the success of actions taken.

Third, contemplate where the conversation will take place, and examine ways the processes should unfold.

Fourth, evaluate the roles and responsibilities of participants. Have there been prior interactions or disagreements between the provider and patient, and how were those handled in the past? Repeating those missteps will not likely lead to a positive outcome.

Next, prepare for the meeting by outlining talking

points. Then, when holding the meeting, engage with respectful dialogue and allow time for everyone to provide their perspective. All constructive contributions should be heard with each party acknowledging the others' concerns. Review what was discussed prior to the end of meeting.

Now both sides need a resolution activity plan. (i.e. Is another meeting required? Did all topics of concern get covered?) This could be an oral or written agreement with practical decisions made jointly. Follow up in person or

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# New guidelines and drugs for slowing Alzheimer's

## Also: A wearable ultrasound imager

By JOHN SCHIESZER

Medical Minutes

### Preventing heart attacks in new ways

After years of research, scientists have now developed a wearable cardiac ultrasound imager that can non-invasively capture real-time images of the human heart for an extended period of time. The patch, which is about the size of a postage stamp, is comparable to a commercial ultrasound device. Further, the imager can be worn during exercise and provide valuable cardiac information when the heart is under stress.

"While existing wearable patches in development can capture things like heart rate and blood pressure, they are not designed to provide in-depth information about heart function," said Randy King, a program director in the Division of Applied Science & Technology at National Institute of Biomedical Imaging and Bioengineering (NIBIB), Bethesda, Maryland. "This innovative ultrasound device gives critical insight about the heart in real time, providing clinicians with detailed, actionable cardiac information. Combined with its thin design and stretchable properties, this patch could pave the way



for continuous, non-invasive cardiac monitoring."

Heart disease is the leading cause of death worldwide. In the U.S., it is estimated that someone dies every 34 seconds from cardiovascular disease. Diagnosis for heart disease remains a challenge, as most methods only provide a snapshot of cardiac function, which may not be representative of overall heart health. The new patch allows physicians to evaluate heart performance throughout exercise, providing valuable information about the heart when it is under high stress. The researchers write that this could allow for real-time visualization of heart anomalies as they manifest, which might be missed under normal stress test conditions.

The researchers wanted to determine if their patch could be used to calculate key cardiac functions,

such as stroke volume, cardiac output, and ejection fraction (which are all related to how much blood is pumped out of the heart and how efficiently the heart is working). Using deep learning, they extracted specific features from ultrasound images taken with their patch and trained a model to reliably extrapolate these cardiac metrics.

"The ability to non-invasively and continuously monitor such cardiac functions over a 24-hour period could revolutionize the field," said study investigator Ray Wu, who is also with NIBIB.

### New Alzheimer's drug showing promise

The U.S. Food and Drug Administration (FDA) recently granted approval to Lecanemab, the first Alzheimer's disease treatment to win approval since the largely failed rollout of Aduhelm two years ago. Sold under the brand name Leqembi, the new drug shows promise, but it is not

yet widely available.

Increasing age is the greatest known risk factor for Alzheimer's disease. Alzheimer's is not a part of normal aging, but as you grow older the likelihood of developing Alzheimer's disease increases. There is not a single cause of Alzheimer's disease. It likely develops from multiple factors, such as genetics, lifestyle and environment.

"The clinical data on Leqembi is solid and shows moderately less decline for those participants who received the drug compared to those who did not in the Phase III study," said Dr. Sarah Kremen, who leads the Alzheimer's Disease Clinical Trial Program at Cedars-Sinai Medical Center, Los Angeles, California. "But before making this treatment available to patients, we have to take steps to ensure that we're giving the drug as safely as possible to patients who will face the least risk and receive the greatest benefit. This is a critical process that takes time."

The data showed that the treatment can pull amyloid (a protein that forms

plaques and disrupts brain function) out of the brain in a significant way. Patients receiving Leqembi during clinical trials also showed slowing in decline on tests of memory and functional ability. Leqembi appears to decrease accumulation of tau protein, which forms tangles inside the brain. While these results are exciting, this medication does not reverse cognitive decline, it only slows it down.

Current medications to treat Alzheimer's disease are different from Leqembi because they are not disease-modifying. This means that they may help memory for some amount of time, but they do not have an effect on the underlying disease process, such as the buildup of amyloid and tau proteins in the brain. The medication is given by IV infusion over one hour, every two weeks. Patients will need to have an MRI before the fifth, seventh and 14th infusions, according to FDA guidelines, to monitor for any adverse side effects.

next page please

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\*Funded by State of Alaska Department of Health and Social Services, Division of Senior and Disabilities Services. Preference for seniors in social and economic need.

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# Alzheimer's

from page 8

## Combating Alzheimer's disease in a new way

An international task force, led by the University of Geneva (UNIGE) and the Geneva University Hospitals (HUG), is setting out guidelines for innovative services to prevent Alzheimer's disease. The guidelines, which have been published in the Lancet Regional Health Europe, hopefully will soon be an integral part of second generation memory clinics. Improved lifestyles (physical activity, attention to nutrition, cardiovascular prevention) have reduced the risk of developing Alzheimer's disease or related forms. However, the prevalence of dementia continues to rise with the aging population. The international task force is composed of scientists from 28 institutions.

"Some of the recommended interventions are ready to be applied or are already applied. Others are

**Leqembi appears to decrease accumulation of tau protein, which forms tangles inside the brain. While these results are exciting, this medication does not reverse cognitive decline, it only slows it down.**

still under development," said Giovanni Frisoni, a professor of Clinical Neuroscience at the UNIGE Faculty of Medicine and Director of the HUG Memory Centre. The task force has identified four key areas of emphasis: risk assessment, risk communication, risk reduction and cognitive enhancement.

The risk factors for Alzheimer's disease or related disorders and their weight have been grouped together in an evaluation grid. These include factors associated with genes, such as APOE4, or those linked to lifestyle or conditions, such as hypertension, diabetes, alcohol consumption, social isolation, obesity, hearing loss, depression or head trauma.

A series of recommendations are based on the patient's personality and background for choosing the best tools for present-

ing the situation to the patient in a comprehensible manner. Drug and

## COVID

continued from page 5

community was relatively high when the boosters were being given, the authors also studied the effect of COVID-19 infection on antibody levels. The new results are the latest from Dr. Wilson's team tracking the antibody response to the COVID-19 vaccines over time.

The researchers previously found that after the primary vaccination series the antibodies generated by Pfizer's COVID-19 vaccine rose more slowly and declined more quickly than those generated by the Moderna vaccine. That study also found that old-

er recipients of the Pfizer vaccine generated fewer antibodies than did younger recipients. However, this was not the case for Moderna, where age did not appear to be a factor. In the latest results, younger booster recipients initially generated more antibodies than did older recipients, but this difference disappeared with time. Dr. Wilson notes that this study adds to the accumulating evidence that boosters are an important part of protecting the community from COVID-19.

"Although only about half of the U.S. population that is eligible for a booster has received one, it is increasingly clear that boosters enhance the protection that is conferred by

also be an important tool to activate synapses in key brain regions.

John Schieszer is an award-winning national journalist and radio and podcast broadcaster of The Medical Minute. He can be reached at [medicalminutes@gmail.com](mailto:medicalminutes@gmail.com).

the primary series mRNA vaccines alone," Dr. Wilson said.

## CDC website for free testing

The CDC has just established the COVID-19 Testing Locator website, which will allow consumers to search for free COVID-19 testing sites near them. The locator is part of the CDC Increasing Community Access to Testing (ICATT) program, which provides access to COVID-19 testing, focusing on communities at a greater risk of being impacted by the pandemic, people who do not have health insurance, and surge testing in state and local jurisdictions.

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# Food

continued from page 5

calories and nutrients to feed millions of food-insecure individuals. We know it isn’t a straight line from our homes to feeding others, and households are responsible for only about 35% of the overall system food waste (grocery stores account for much of the rest). Nonetheless, the adage of “waste not, want not” may be thought of as much for the common good as for our own.

## Appliances and planning

There are easy “not-so-genius hacks” for keeping food fresh and decreasing food waste. The art and science hacks of keeping food fresh focus on preventing dehydration, cool temperatures, controlling microorganisms and ethylene gas sensitivity (this gas is part of normal plant ripening). Industrial-controlled food storage has advantages that we don’t have at home with the ability to maintain high humidity and low temperatures appropriate for each different food item. We can only approximate this at home, but modern refrigerators and freezers can do a pretty good job for short term storage if we use them properly.

Even before you consider the refrigerator, plan your weekly menu based on your budget, nutritional needs and preferences and stick to your plan. Make a shopping list after checking your refrigerator and pantry so that you don’t end up with duplicates in your cart. Don’t shop with the thought, “I’ll get a little extra, just in case”—that unplanned extra bunch of scallions or pepper or zucchini may spoil before you are able to use it. If your plans change during the week, immediately consider how you will handle perishables that may deteriorate before you can eat them.

Hack number one: Most fresh foods can easily be frozen in freezer-grade plastic bags or storage containers and used later in soups, casseroles, smoothies or stews.

Bring home food that is in peak condition – buy

local if you can. If you get home and find moldy or rotting items, take them all out of the packaging, get rid of the deteriorated produce and place the remaining in clean packaging.

Use your refrigerator to your best advantage. Keeping your refrigerator clean will limit bacteria and mold by physically removing the microorganisms and eliminating liquids/spills that could give microbes a place to grow.

Don’t overfill your fruit and vegetable keeper compartments. Allowing air to circulate will help prevent moisture from accumulating on produce surfaces. It will also help you see what you have so that food is not forgotten.

Produce that does not fit in the compartments should be kept in containers or bags to prevent produce from drying out. Even in a crisper drawer, produce will likely keep best in a clean, ventilated (put some holes in it) plastic bag. Bags made specifically for this purpose get mixed reviews from researchers but may be helpful.

**Moisture and storage**  
Most produce should not be washed before putting it in refrigeration, but one hack for leaf lettuce is to gently rinse and dry the leaves. Then wrap them loosely with a paper towel and put them in a plastic bag with holes or a salad spinner in a cold spot of the refrigerator.

If you are able, place produce and other perishables in a temperature zone most appropriate for the specific item. Some newer refrigerators have multiple zones but recommended temperatures for home refrigerators will keep most fruits and vegetables between 32 °F and 41 °F. Cabbages, carrots, parsnips, apples, lettuce, can be kept in the coldest area. Citrus fruits, ripened avocados, herbs should be kept at higher temperatures.

## Ethylene and produce

When deciding where and how to put different fruits and vegetables in the refrigerator, keep ethylene-releasing produce on a different shelf from ethylene-sensitive. Ethylene may cause bitterness, browning, yellowing, rusting, wilting, mushy spots,

Storing Vegetables, Herbs and Fruits			
Storage Location	Vegetables and Herbs		Fruits
Refrigerator Temperature of 32°F for apples, cabbage, carrots, grapes, lettuce 32°F – 40°F for most fruit and vegetables 40°F- 50°F for Citrus, squash, cucumber, peppers, avocado	Asparagus Green beans Beets Broccoli Cabbage Carrots Celery Green Onion	Herbs (not basil) Leafy vegetables Lettuce Mushrooms Spinach Sprouts Summer squash	Apples (>7 days) Blueberries Cut fruits Cranberries Grapes Raspberries Strawberries Citrus fruit (>7 days)
Room Temperature Cooler temperatures (50° F) are best for potatoes	Basil (stems in water) Cucumberτ Eggplantτ Garlic* Ginger	Pepperστ Potatoes* Sweet potatoes* Tomatoes Winter squash Dry onions*	Apples (< 7days) Bananas Citrus fruit (7 days) Melons
Refrigerate after ripening on Counter			Avocados Kiwi fruit Pears
* Store garlic, onions, potatoes and sweet potatoes in a well-ventilated area. Keep potatoes in the dark to avoid greening and away from onions. τ Cucumbers, eggplant and peppers can be kept in the refrigerator for up to 3 days if they are used soon after removing.			

and even toughness or woodiness.

Some ethylene-releasers are apples, bananas, kiwi, peaches, mangoes and tomatoes. Some ethylene-sensitive produce include carrots, green beans, cabbage-family vegetables, celery, lettuce, cucumbers, spinach, watermelon and peppers.

One hack suggested by a Penn State researcher is to put ethylene sensitive produce in paper bags, roll the top shut and place them

in your vegetable crisper. Celery is both sensitive to and a producer of ethylene. Another hack is to wrap celery in foil (instead of tighter plastic wrap/bag) with the idea that this will allow ethylene to escape while keeping moisture in. I’ll test this one out and let you know if it works.

## Freezing citrus

Freezing extra citrus fruit is a final not-so-genius hack to consider. Citrus can be frozen whole

and used for juicing later or cut into slices that can be frozen and used in a fruit salad or like an ice-cube to make flavored water. Citrus peel can also be frozen. Before freezing, wash the fruit. Then freeze whatever portion you like in airtight freezer bags or plastic freezer containers.

*Leslie Shallcross is a registered dietitian and professor at the University of Alaska Fairbanks Institute of Agriculture, Natural Resources and Extension.*



# FELIX RIVERA ASSEMBLY

*As a member of the Anchorage Assembly over the last 6 years, I have fought for our elders.*

- Continued support and funding for Anchorage Senior Center through municipal bonds.
- Supported the ongoing needs of the Anchorage Senior Center through the COVID-19 pandemic.
- Supported expansion of Accessory Dwelling Units (ADUs) to provide more affordable housing options for Anchorage seniors.

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# Fairbanks celebrates new senior living community

By **TIMBER CREEK**  
**SENIOR LIVING**

If you're a senior, family member of a senior or social worker, you know the frustration of trying to find availability in long term care. With long waitlists for senior housing across the state, Timber Creek Senior Living is welcome news not just for Fairbanks, but for the state as a whole. As the aging population continues to grow across the state, seniors and families sometimes feel left behind as senior services and care communities are not keeping up with the growing demand.

Timber Creek is expected to open end of February 2023 and will offer more options locally for those looking for an assisted living community for a loved one. The two-story lodge-style community boasts 68 apartments, large restaurant-style dining, worship chapel, community rooms for activities, housekeep-

ing, laundry services and 24 hour care staff. Timber Creek will also be participating in the Medicaid Waiver program upon Medicaid approval. Information will be provided to help families get started with the Medicaid Waiver application process along with information about the VA benefit "Aid & Attendance" that helps cover a portion of cost of care for assisted living.

Timber Creek is already building partnerships in the local community to enhance the lives of young and old through their community outreach. This includes local schools, the Fairbanks Native Association, Fairbanks Chamber of Commerce and North Pole Chamber of Commerce,



Fairbanks and North Pole Rotary, Fairbanks Senior Center, Santa's Senior Center, Salcha Senior Center, and other senior living communities to share resources, creative ideas and best practices to better serve seniors, their families and the community at large. These partnerships are important not only to help our elders thrive as they age but also to be seen as valued participants in the future of how we embrace elderhood as a community.

It is projected that the senior population for those 55 and older will grow by 40% over the next 10 years in Fairbanks and the surrounding areas. Fortunately, a creative team of community leaders from the Community Health Improvement Plan for Senior Care (CHIP Sr) are taking action. Planning is underway to fashion a summit referred to as "Fairbanks 50+ Art & Science of Aging," held at FNSB Pioneer Park Civic Center Friday,

April 7 and Saturday, April 8. Timber Creek Senior Living is proud to be a part of the planning committee as well as participants in the summit itself. For more information call 907-458-5545 or email Carol.Anthony@foundationhealth.org.

For more information and availability at Timber Creek Senior Living, call 907-328-2218 or stop by for a tour. Located at 3415 Trothno Lane, Fairbanks, 99709. [www.TimberCreekSL.com](http://www.TimberCreekSL.com)



## Opening February 2023!

### Assisted Living

Some of us may eventually require some level of assistance, such as help getting ready for our day, help manage our medications, or prepare delicious meals. Timber Creek is designed to help you maintain your quality of life, so you can live as independently as possible. With its warm, family friendly atmosphere, Timber Creek promotes a fun and social environment while providing the attention of our dedicated staff, twenty-four hours a day, seven days a week.

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# Test your kidneys and more at a local health fair

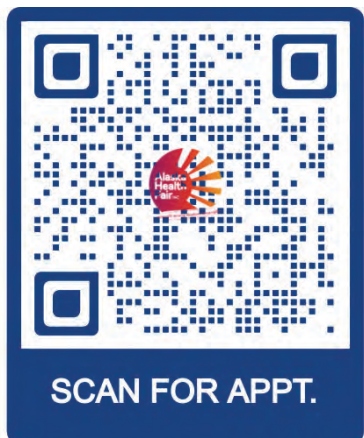
By **SHARON PHILLIPS**

Alaska Health Fair, Inc.

March is National Kidney Month, and Alaska Health Fair, Inc. and the National Kidney Foundation are urging everyone to take healthy steps to protect their kidneys. An estimated 26 million American adults have kidney disease, though most don't know it. To protect your kidneys, you should get tested for kidney disease, reduce the use of NSAIDs (over the counter pain medicines), cut down on processed foods, exercise regularly, and control your blood pressure and diabetes. High blood pressure and diabetes are major risk factors for developing kidney disease, and early detection and treatment can slow or prevent its progression.

Alaska Health Fair offers the Comprehensive Metabolic Panel (CMP), which is a part of our comprehensive blood test for just \$45, and it includes tests for kidney function. The CMP provides important information about your body's chemical balance and metabolism, and includes tests for your kidneys, electrolytes, calcium, protein, liver and blood sugar.

Walk-ins are welcome at all events and you can also schedule an appointment online for faster service. Visit [www.alaskahealth-fair.org](http://www.alaskahealth-fair.org) to view our spring schedule or scan the QR code to make an appointment and for more information.



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## Upcoming health fairs

**March 4, Fairbanks**  
University Park Community, 554 Loftus Rd., 8 a.m. to noon.

**March 11, Anchorage**  
St. John Methodist Church Community Health Fair, 1801 O'Malley Rd., 8 a.m. to noon

**March 11, Meadow Lakes**  
Community Health Fair, Meadow Lakes Elementary School, 1741 Pitman Road, 8 a.m. to noon

**March 11, Fairbanks**  
Community Health Fair, 725 26th Ave., Suite 201, 8 a.m. to noon

**March 14, Fairbanks**  
Alaska Health Fair Fairbanks Office Draw, 725 26th Ave., Suite 201, 8 a.m. to 1 p.m.

**March 18, Trapper Creek**  
Community Health Fair, Trapper Creek Community Center, Mile 115 Parks Hwy., 8:30 a.m. to 12:30 p.m.

**March 23, Galena** Community Health Fair, Sidney C. Huntington School, 299 Antoski Rd., 8 a.m. to 1 p.m.

**March 24-25, Juneau**  
Community Health Fair, Thunder Mountain High School, 3101 Riverside Dr., 8 a.m. to 12:30 p.m.

**March 25, Wasilla** Community Health Fair, WASI Wasilla Area Senior Center, 1301 S. Century Cir., 8 a.m. to noon.

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Questions? Call 907-278-0234 Anchorage/statewide; 907-374-6853, Fairbanks; or 907-723-5100, Juneau.

Sharon Phillips is the Alaska Health Fair, Inc. Tanana Valley/Northern Region program director.



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# Birds, too, are methodical about their food

By **LISA PAJOT**  
*For Senior Voice*

It is midnight, and hunger strikes. You creep down to the refrigerator to find something to eat. You pick up a container, peer inside, and decide there are better options in the cabinet. You decide on peanut butter and crackers. The glass jar of

paste they make for feeding their nestlings. If you see a common redpoll with a puffy-looking neck, it has extra food stored in its esophagus. Pine grosbeaks, redpolls, and Steller’s jays will shake, rattle and roll seeds and nuts and even see how they fit in their beaks before deciding if it



Common redpolls store extra food in their esophagus.

natural peanut butter has yet to be opened, so you struggle to break the seal and twist off the lid. Next, you select the best container to store the peanut butter in after stirring it. This scenario isn’t unique to humans. Birds must also figure out what to eat, how to get their food, and where to store leftovers. Some birds who spend the winter with us have unique adaptations to help them accomplish these goals. The seeds protected inside spruce cones are a favorite food of white-winged crossbills. After using their offset (crossed) bill to get under the scales of a cone, they move their lower bill sideways to pry the cone apart fully and access the seeds. Pine grosbeaks use their thick and robust beaks to bite through berries and crush seeds and cones. They can peel the scales off of spruce cones with ease. When there is more food than they can eat, they store the extra food in a pouch on either side of their tongue. This storage pouch is used in the summers to hold the food

is of good quality. If a seed or nut meets approval, a Steller’s jay packs them in a sublingual pouch under their tongue and transports them to a perch to eat immediately or to a cache site to eat later. Now you know that when you’re searching for the right snack, struggling to open a jar, or storing food to eat later, you have something in common with the birds in your backyard. **Upcoming bird festivals** As winter slowly gives way to spring, our year-round birds will be joined by the migratory birds who come to Alaska for the summer. Festivals across the State celebrate the return of these birds: Stikine River Birding Festival, Wrangell, April 27-30 Kachemak Bay Shorebird Festival, Homer, May 3-7 Copper River Delta Shorebird Festival, Cordova, May 4-7 Yakutat Tern Festival, Yakutat, June 1-4 *Lisa Pajot is an ornithologist and Bird Treatment and Learning Center volunteer.*



Pine grosbeaks crush seeds and cones and can peel the scales off of spruce cones with ease. Katie Verbarendse photos

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# Email relationship thrives post-pandemic

By **MARALEY McMICHAEL**  
Senior Voice Correspondent

For various reasons, I had not cleaned out my email inbox for almost a year. So, last October I spent a whole weekend purging and filing. Not surprisingly, the majority of emails were from my two friends, Linda and Janet. Hundreds of them. We three helped each other get through the Covid pandemic – what could have otherwise been a lonely time.

We’ve known each other since the early 1980s when we all lived in Cooper Landing and were in our 20s and 30s. My husband, Gary, and I moved there in August 1979. Linda and Mike came in 1980. Janet and John arrived in August 1981. All within a two year period. I had two children, with another daughter born in 1980. Janet’s first of her three children was born in 1982 and Linda’s first of three in 1983. Gary and I moved to Palmer in 1984. Janet and John left for Homer in 1986. Linda and Mike have continued to live in Cooper Landing for over 40 years now.

We’ve kept in contact through form Christmas letters once a year. Some names on my annual Christmas list fell off and others were added, but Linda and Janet’s remained steady throughout the years. During the past decade, we added periodic phone calls and emails between the Christmas letters, but it wasn’t until during COVID-19 that we began three-way emails.

In May 2020, while Linda was in Colorado to empty and sell her parent’s house, she sent a couple long emails addressed to both Janet and me to tell us about her experience. By August, after no response from me, she called and we sorted out the problem. She’d accidentally used my old address and I’d never received the emails. Linda contacted Janet, who luckily had saved them and forwarded them to me. Soon we had a three-way email conversation going on, about more than one topic. There was no vaccine yet and people were “hunkered down” at home,

*Long-time friends Linda, Janet and Maralee in June 2022 near the Cooper Landing Community Club.*  
*Courtesy Maralee McMichael*

so we gradually spent more time staying connected by email.

We “chatted” about anything and everything, even something as mundane as what we cooked for dinner. We have so much in common, and we’re all in our retirement years, with adult children and grandchildren. We shared our troubles and our triumphs, about ourselves and our families. All three of us enjoy quilt making, but our topics also included home repair projects, politics, food, exercise, diets, gardening, music, movies, books, doctor appointments, etc. We reminisced about our years together in Cooper Landing and just reminisced about life in general. When one of us brought up a new topic, the other two would usually chime in. Some emails were short and others were extremely long.

Of course, we didn’t all agree on everything, but we respected each other’s opinions. We didn’t all get the COVID-19 vaccine and/or boosters. Suggestions and advice flowed. A few apologies were given and accepted, for reasons I don’t remember. But that’s the thing — we felt free to discuss life deeply. No matter the topic, we shared our experiences and what worked for us. We encouraged each other and asked for prayer for ourselves and our family when various situations arose.

After more than two years of intimate sharing, we know better each other’s strengths and weaknesses.

My daughter said once that she thought it strange that the three of us don’t talk on the phone much. But, we’ve even discussed that. A phone relationship really wouldn’t have worked. Email was perfect. However, at times one or the other of us has felt compelled to pick up the phone, such as the fall of 2021 when I wrote that I’d been exposed to COVID-19. Within minutes, I received



two phone calls, with questions and advice. Another time, Cooper Landing’s internet was down for at least three days and Linda

was unable to send any emails, which was alarming because she is the best of the three of us for regularly checking-in.

If someone had a question or wanted advice, we might email several times a day. But when life was extra busy and responses were slow coming, we still knew all emails were being read. Rarely more than a week would go by without each of us checking-in. If too many days went by without an email, one might write, “Haven’t heard from you in a long time. Are you doing okay?” We allowed time and space for out-of-state trips and in-state visitors,

page 17 please

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Art of the North Galleries photo by Oscar Avellanada-Cruz





## Adult day services now available in Houston

*Many activities at Mid-Valley Senior Center*



*Mid-Valley Senior Center Puzzle Club members show off a framed puzzle project. Left to right: Annie Sarren, Elizabeth Asplund, Daniel Gourhan and Cloa Wooten.*

Courtesy WASI

**By MELISSA SONNEK**

### For Senior Voice

Wasilla Area Seniors, Inc. (WASI) announces the opening of WASI Mid-Valley Adult Day Services at their Mid-Valley Senior Center location in Houston. WASI's mission is to enable seniors to live as independently as possible for as long as possible. In keeping with that mission, WASI continues to develop programs that help seniors stay independent and living at home.

As the number of seniors continues to increase dramatically in the Mat-Su Valley, families are often faced with exploring how to seek out the much-needed care and support for a frail relative. An often-overlooked family support program is adult day services. Adult day programs offer an important and valuable service to our local community, and they are a creative alternative to traditional long-term care placement. Adult day services provide needed support to family caregivers and can help to lessen health care costs.

WASI Mid-Valley Adult Day Services can provide clients with leisure activities, socialization opportunities and outings. For many hard-working at home caregivers, adult day programs offer much needed respite and access to additional support systems and resources. WASI Mid-Valley Adult Day Services can help improve your loved one's overall quality of life.

WASI Mid-Valley Adult

Day Services currently accepts Medicaid Waiver and self-pay clients. Currently, WASI is waiting for approval from TriWest Community Care Network for veteran billing. We'll keep you posted once TriWest comes online.

The Adult Day Program offers a structured and comprehensive non-clinical, non-residential program, which provides a variety of health, social and supportive services in a protective setting to adults who are physically frail or face the challenges of Alzheimer's, dementia, a developmental disability, or brain trauma. Healthy snacks are offered and exercise programs are available. Loved ones can receive assistance with adult daily living, participate in arts and crafts, music, activities, games, and much more. Transportation to and from the program is available.

In addition, WASI provides other services at their Mid Valley Senior Center, Houston location. Lunch is available to seniors age 60 and older, from 11:30 a.m.. to 12:30 p.m. Suggested donation is \$6 for seniors. If under the age of 60, the price is \$10. There are daily exercise classes like Bingocize, Strong Seniors, Tai Chi classes and other activities like Puzzle Club and trivia. The center has a library, notary public, free wifi and computer lab, low vision magnification equipment, and in the summer time there are garden planters available.

Mid-Valley Senior Cen-

ter is open Monday through Friday, 8 a.m. to 4 p.m. Stop by and see all the great things available to the senior community.

For more information call 907-416-5670, email [wasiads@alaskaseniors.com](mailto:wasiads@alaskaseniors.com), or check their Facebook page at <https://www.facebook.com/midvalley-seniorcenter>.

*Melissa Sonnek is the Mid-Valley ADS program manager for Wasilla Area Seniors, Inc.*

# Rambles

## News from the Grapevine

Marble Madness is coming to Santa's Senior Center in North Pole, March 2. Details from the center's February 2023 newsletter: **John Binder**, a North Pole local since 1980, and his son are toy marble collectors and reached out to the center "in hopes to share their passion for marbles. They have sponsored a teacher, **Rich Maxwell**, from Kansas to do marble programs here. We have scheduled them at Santa's Senior Center on Thursday, March 2, 12:30 to 2:30 p.m. They have portable ringer tables and thought it might be fun to play a few games. They will provide all the marbles. There is no cost, just sign up if you plant to attend." In addition to games, there will be a talk about the history of marbles, especially American marbles, and a showing of antique collectible marbles. Attendees are encouraged to bring their own marbles to be identified. For more information, call the center, 907-488-4663 ... This year's **Fairbanks North Star Borough Senior Recognition Day** is May 11 at the **Carlson Center**. The event will include presentation of **achievement awards** in several categories: Outstanding Senior Volunteer; Lifetime Fitness, female; Lifetime Fitness, male. And a new category for this year is **Honored Caregiver**. This is for a senior (age 60 or older) who is a caregiver for a spouse, child, other family member, or a friend. Nomination forms are available from area senior centers and the borough's Parks and Recreation senior program. Nomination submission deadline is April 7. Contact Marya Lewanski, 907-459-1136 or email [Marya.lewanski@fnsb.gov](mailto:Marya.lewanski@fnsb.gov) ... **Valdez Senior Center** mails out **ballots** for its **board of directors election** in early March, so keep your eyes on your mailbox. Ballots are due back by March 30. Election results will be announced at the annual board meeting April 6. Call for information, 835-5032 ... Also in **Valdez**, in case you haven't

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## Rambles

News from the Grapevine

from page 15

heard, the senior center is back to serving lunch in its dining room. If you'd like to join, call between 8 a.m. and 2 p.m. to save a seat: space is limited and reservations required ... **Wasilla Area Seniors, Inc.** note in their February 2023 newsletter that work begins this summer on their next housing project, **Aspen House**, a 40-unit senior apartment building. It will be built next door to **Willow House** on the WASI campus. Special thanks to the Mat-Su Health Foundation for donating the land ... **Homer Senior Center** continues to offer "**Crafts and Conversation in Friendship**", Saturdays in the **Friendship Center**, 2 to 4 p.m. This free program is designed to help folks learn skills for navigating stress while crafting and making friends. Open to all, age 18 and older. Register with **Deb Rowzee** at 907-235-4556 or email [debra@homerseniors.com](mailto:debra@homerseniors.com) ... **Aging at Home Fairbanks** needs people to help its members with cleaning, rides, and meal prep while some of the senior support organization's regular all-star volunteers are on vacation. Your help would be greatly appreciated. If you are interested in **volunteering** or have any questions, contact AAH Fairbanks at [aahfairbanks@gmail.com](mailto:aahfairbanks@gmail.com) or 907-799-4026 ... **Death Café**, an informal, moderated discussion on the topic of death and dying, meets in **Anchorage**, March 27, at the **Kaladi Brothers Community Room**, 6921 Brayton Dr., 5:30 to 6:30 p.m. According to their flier, "Death Café is not a grief support nor counseling session, but a space for normalizing conversation that deepens awareness about death and encourages us to make the most of managing the finite part of living, which is time." Email questions to [deathcafe907@gmail.com](mailto:deathcafe907@gmail.com) or visit the Death Cafe **Facebook** page.

*Rambles is compiled from senior center newsletters, websites and reader tips from around the state. Email your Rambles items to [editor@seniorvoicealaska.com](mailto:editor@seniorvoicealaska.com).*

## Nominations sought for Anchorage annual community service award

Senior Voice Staff

Do you know someone whose outstanding service, dedication and leadership have had a significant impact on the quality of life for seniors in Anchorage? The Anchorage Senior Citizens Advisory Commission is seeking nominations for the Annual Ron Hammett Award for community service, to be presented during Older Americans Month in

May.

Nominees for this honor must meet the following criteria:

- Nominees must be an Anchorage resident.
- Nomination may be made by an individual or organization.
- Nomination should include both the achievements and background of the nominee and also explain the reasons for the nomination.

Nomination forms and award criteria can be obtained by calling 907-343-6590 or emailing Judy Atkins at [Judith.atkins@anchorageak.gov](mailto:Judith.atkins@anchorageak.gov). Or, the criteria for entry and the entry form, which you can fill out on your computer, are also available at <https://bit.ly/3gtDhtI>. The links to the award criteria and the form are in the right-hand panel.

## 'The Art and Science of Aging' Fairbanks summit, April 7-8

Senior Voice Staff

How to stay healthy in Interior Alaska for those age 50 and older is the focus of "Fairbanks 50+: The Art and Science of Aging," a two-day summit April 7 and 8 at the Pioneer Park Civic Center. The event aims to inspire a healthy path to growing older, according to a press release from organizer Foundation Health Partners, a program

of the Community Health Improvement Plan for Senior Care. "The better we understand what it takes to support our goals as we age, the more likely we are to enjoy wider choices and fewer surprises. We also reach out for resources to help our aging family members or friends, and find we need support that can be difficult to get. You will find that help here."

Presentation sessions will focus on a wide variety of health and social services and education suited for both public and professional audiences, and everyone is welcome to attend. Exhibits and displays will be showcase resources for programs

and services that support healthy aging in Fairbanks, along with an Alaska Health Fair screening clinic. A facilitated meet and great with government leaders and an art event may also be in the offerings, planners say, with details still coming together.

The summit is Friday, April 7 from 8 a.m. to 5:30 p.m., with an evening event yet to be announced, and continue Saturday, April 8, from 8 a.m. to 1 p.m. No cost to attend.

There is still time to join as an exhibitor or presenter. Contact Carol Anthony at [Carol.Anthony@foundationhealth.org](mailto:Carol.Anthony@foundationhealth.org) or 907-458-5545 for more information.

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Email

continued from page 14

but then would anticipate a report on all that happened while that person was out of the email loop.

Timing is another reason why email worked for us. We could sit down whenever we had a moment and type a brief email even if we didn't have time for a long one. It was nice to wake up and check my inbox first thing and find a morning greeting from Linda, the early riser. When I would hit "send" at 10 p.m., I knew Linda would not be reading it until the morning, so it would be silly to sign off "good night". At times one of us would compose and send an email in the middle of the night, if we couldn't sleep.

In August 2014, we were all together (husbands, too) one evening at Linda and Mike's home, while gathered in Cooper Landing for the 60th anniversary celebration of the Kenai Lake Baptist Church. More re-

cently, John and Janet had reason to come to my house in April 2021. A couple of times Janet and Linda met in Soldotna. But, it wasn't until last summer that the three of us were together again for the first time in eight years. This was for a celebration-of-life service in June 2022, for the son of mutual friends. We now look forward to seeing each other in person again this summer in Cooper Landing for a 90th birthday celebration.

Developing a three-way email relationship during COVID-19 was not something we did on purpose. It just happened. Even after the pandemic mellowed and our life seemed more "normal," our volume of emails has not tapered off, as evidenced when I cleaned out my inbox last October. Our friendship has only deepened and grown stronger.

*Maraley McMichael is a lifelong Alaskan currently residing in Palmer. Email her at maraleymcmichael@gmail.com.*

Calendar of Events

**Feb. 27 Statewide** Alaska Commission on Aging quarterly meeting, 9 a.m. to 4:30 p.m. Meets virtually via Zoom. Presentations and discussions with senior service agencies, public comment period, legislative update, more. Call 907-465-3250 or visit <https://health.alaska.gov/acoa/>.

**March 4 Anchorage** Iditarod Trail Sled Dog Race ceremonial start, downtown Anchorage. This is the 50 year anniversary of "The Last Great Race". [www.iditarod.com](http://www.iditarod.com)

**March 8 Anchorage** Alaska World Affairs Council presents "International Women's Day" meeting and presentation at Bear Tooth Theatre, noon to 1 p.m. Featuring guest speakers Diane Kaplan, recently-retired Ruasmuson Foundation president and CEO, and Gloria O'Neill, Cook Inlet Tribal Council CEO. Tickets: \$10 for AWAC members, \$15 general admission. RSVP at [www.AlaskaWorldAffairs.org/events](http://www.AlaskaWorldAffairs.org/events)

**March 9 Wasilla** Ham radio class meets at Wasilla Senior Center on the second Thursday of each month, 2 p.m. Sponsored by Matanuska Amateur Radio Assoc. 907-206-8800

**March 12 Statewide** Daylight Savings Time begins. Move clocks ahead one hour.

**March 14 Ketchikan** Story Slam at Latitude 56 with host Jack Finnegan, presented by Ketchikan Arts and Humanities Council. \$3 at the door. Join in for impromptu storytelling with friends, neighbors and visitors. Theme is "Stuck In My Head" (themes are suggestions, not requirements). Sign up starts at 7 p.m., storytelling at 7:30. For info, email [Katyp@ketchikanarts.org](mailto:Katyp@ketchikanarts.org).

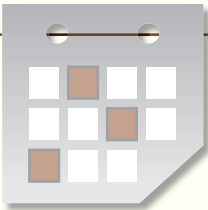
**March 17 Nationwide** St. Patrick's Day

**March 21 Juneau** Juneau Commission on Aging monthly meeting, 10:30 to 11:30 a.m. Public participation encouraged. Call in to 254-215-8782 or use Zoom, meeting ID 81491760970, with passcode 858248. For information, call 907-586-5278

**March 27 Statewide** Seward's Day

**March 28 Anchorage** Kitchenware Swap at Blue Market, 1406 W. 31st Ave., 7 to 8:30 p.m. Have a gadget that you bought for one recipe and never used again? Finding 10 spatulas that have been lost in the drawers? This event is for any kitchen tools you would like to share with others - please no food products. Any items remaining after 8:30 p.m. will be donated to a local nonprofit. More information, 907-677-2583.

**March 29 Wasilla** 2023 Mat-Su Employer Expo, Menard Center, 1001 S. Clapp St. Free event connects job seekers with employers, presented by Mat-Su Job Center. 10 a.m. to 3 p.m. 907-352-2515



Send us your calendar items

Send to: Senior Voice, 3340 Arctic Blvd., Suite 106, Anchorage AK 99503  
[editor@seniorvoicealaska.com](mailto:editor@seniorvoicealaska.com)  
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# Seward’s folly became U.S. treasure 156 years ago

By LAUREL DOWNING BILL  
Senior Voice Correspondent

On March 30, 1867, U.S. Secretary of State William H. Seward and Russian minister to the United States Edouard de Stoeckl exchanged copies of the Treaty of Cession, whereby America agreed to pay Russia \$7.2 million for the territory of Alaska. The formal transfer of the territory did not happen until several months later, but Seward had been wanting Alaska for years before he finally succeeded in obtaining it.

“Standing here and looking far off into the northwest, I see the Russian as he busily occupies himself in establishing seaports and towns and fortifications on the verge of the continent...and I can say, ‘Go on and build up your outposts all along the coast, up even to the Arctic Ocean; they will yet become the outposts of my own country – monuments of the civilization of the United States in the northwest!’ ”

So predicted Seward in a speech many years before the purchase of Alaska. And that Alaska came into the possession of the United States was almost wholly due to his foresight and persistent efforts.

Most Americans at the time thought the idea fantastic and ridiculous. Some asked, “How can there be anything of value in that barren, worthless, God-forsaken region?” Others said, “The only products are icebergs and polar bears,” and “The ground is frozen six feet deep and the streams are glaciers.”

What did the author of this “egregious blunder, palmed off on a silly administration by the shrewd Russians” see in the northern territory and why did he work so untiringly for its purchase?

As Secretary of State during Abraham Lincoln’s administration, Seward could see what disadvantage the United States labored under because we had no advance naval bases in the North Pacific. He saw that we would have a foothold there if Alaska was ours. In fact, Seward believed we should have not only Alaska, but many more bases in other parts of the world.

If Congress hadn’t stopped him, we now might have the Virgin Islands, the Isthmus Canal Zone, Iceland and Greenland. Congress stopped him from acquiring Hawaii for free, but he did succeed in getting Alaska and little, uninhabited, unknown Midway – Seward had the U.S. Navy take that island without saying anything to anyone.

The expansion of the United States to the ultimate edge of the North American shore and on to the islands of the Pacific had been

Seward’s dream for years – even while governor of New York, U.S. senator and finally Secretary of State.

He never faltered in his faith in the value of Alaska. It’s even reported that when he’d retired to the quiet of his home in Auburn, N.Y., he was asked by a fellow townsman what he considered his greatest achievement as Secretary of State.

“The purchase of Alaska,” Seward is alleged to have replied. “But it will take the country a generation to appreciate it.”

Indeed, many years would pass before Seward’s gift to the nation was recognized. But after the Japanese bombed Pearl Harbor on Dec. 7, 1941, his foresight and wisdom could not be argued.

*This column features tidbits found while researching Alaska’s colorful past for Aunt Phil’s Trunk, a five-book Alaska history series written by Laurel Downing Bill and her late aunt, Phyllis Downing Carlson. The books are available at bookstores and gift shops throughout Alaska, as well as online at [www.auntphilstrunk.com](http://www.auntphilstrunk.com).*



U.S. Secretary of State William H. Seward saw the value of Alaska long before the United States purchased it in 1867.  
Alaska State Library

In the Beginning

Across

- 1 Go ballistic
- 5 Supergarb
- 9 Rum-soaked cakes
- 14 Missouri River native
- 15 Unique person
- 16 Grassy plain
- 17 Pudding starter
- 19 Brings home
- 20 Friend of Francois
- 21 Loan beginning
- 22 House starter
- 23 Golfer’s concern
- 24 Explorer Johnson
- 25 Absorb, as a cost
- 26 Fiddle stick
- 29 Montana tribe
- 31 Architect starter
- 34 Compass pt.
- 36 Pantheon member
- 37 Rock starter
- 38 Pacific island nation
- 41 Bikini, for one
- 43 Hawaiian strings
- 44 Libertine
- 45 Density symbol
- 46 Selene’s sister
- 48 Beginning of strain
- 51 Pinochle combo
- 54 Children’s game
- 55 It’s often sloppy
- 56 Author Harper
- 58 Prepare to shoot
- 60 Sweater eater
- 62 Bell sound
- 63 Kind of test
- 64 Beach souvenir
- 66 Shark beginning
- 68 “Sesame Street” Muppet
- 69 City near Provo

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- 70 Footnote word
  - 71 Fur capitalist
  - 72 Nosegay
  - 73 Legal prefix
- 11 Rider starter
  - 12 Gothic author Radcliffe
  - 13 Letters of distress
  - 18 TV Guide listings
  - 22 Walk like Daffy
  - 25 Form of ether
  - 27 Aunt Bee’s boy
  - 28 Makes one
  - 30 Willow twig
  - 32 “That’s \_\_\_ deal!”
  - 33 Effect’s partner
  - 35 Fondness
  - 38 Social group, briefly
  - 39 College in New Rochelle
- 40 Day beginning
  - 42 Unnamed ones
  - 47 Watch word?
  - 49 Horse handler
  - 50 Dress styles
  - 52 Pretentious
  - 53 Club starter
  - 57 Other side
  - 59 Hot rock
  - 61 Mixed bag
  - 62 Member of the arum family
  - 64 Poseidon’s domain
  - 65 Mins. and mins.
  - 66 Floor cleaner
  - 67 Restaurant calculation

Crossword answers on page 26





# Choosing the best pickleball paddle for you

By JIM LAVRAKAS

For Senior Voice

This column is primarily for beginners who want to buy their first paddle, but don't know where to start. I recommend buying a less expensive paddle to get you going just to see if this game is for you. If you find it's not, you hurt yourself, or you want to upgrade to a better paddle, you can always donate that cheaper paddle to your local club or school.

I started by buying a very basic lightweight paddle from Pickle-ball, Inc. (the company formed by the inventors of the game). It was a Vortex 2.0 for about \$50. That paddle is no longer made but that price point still exists. You can find some decent \$50 paddles through the PickleballCentral.com store online in the Vulcan, Diadem, Champion or Rally product line.

But before we get ahead of ourselves, there's three things to consider when choosing a paddle: paddle weight, paddle shape and



A variety of paddles in a rack waiting for the next group of players. This is how most clubs stack paddles for open groups waiting to play.

Jim Lavrakas photo

grip size.

Paddles typically come in lightweight, midweight and heavyweight. I like a heavier paddle for power, but that's just my preference (a holdover from my tennis days). I see a lot of big guys who can gener-

ate their own power with a lightweight paddle. A lightweight paddle allows for quicker hand speed, an advantage at the net, and it also allows for better control of the ball when volleying (taking the ball out of the air before it bounces). If you find you like the paddle you bought but want more weight you

can buy sticky-sided lead tape and add that to the outside edge of your paddle.

Paddles shapes are typically wide body, or elongated.

When I stepped up to a better paddle, I went with a Selkirk brand elongated paddle with added weight. Because I'm only 5'6", I wanted a paddle that had

a longer handle, and an elongated shape with added weight (9 ounces total). This paddle helps me reach the ball that's farther out to the sides, and on overhead returns. The Selkirk website allowed me to choose a paddle within those parameters. Yes, it's a \$200 paddle but that brand has a lifetime warranty, so if the paddle breaks down, they replace it. Well worth the money.

An elongated paddle has a smaller "sweet spot", that area of the paddle face where connecting with the ball produces the same rebound every time. A wide body paddle has a bigger sweet spot. For beginners, this can make a big difference in the consistency of your play. As you get better at striking the ball (think: after hitting the ball 10,000 times or more), then you can decide if you want to change paddle shapes.

Sizing the correct grip is straightforward. Pickleball paddle grip sizes (in inches) range from small (4 to 4.125), medium (4.25) and large (4.5). Measure the

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## The latest big news from Rich Little

By NICK THOMAS

Tinseltown Talks

For those of us who lived through the 70s and 80s, the comedic impressionist Rich Little was everywhere on television. While he guest-starred in many classic TV shows, Little will always be remembered for his hilarious appearances on the Dean Martin Celebrity Roast TV series in the 1970s and early 80s.

"I look back on those Dean Martin Roasts – and I did 24 of them – with much affection," said Little from Las Vegas, where he has been a long-time resident. "Aside from Ruth Buzzi, I'm the only regular from the show who is still alive. I'm blessed to still be working."

Turning 85 later this year, Little has been delighting audiences with his visual and vocal celebrity impressions for the past seven years during his

residency at the Laugh Factory comedy club on the third-floor showroom of the Las Vegas Tropicana hotel. He recently extended his autobiographical one-man show into the new year and will continue performing "Rich Little Live" four evenings a week.

"Originally, I planned to be there only a couple of weeks, but it just took off," he said. "I'm doing shows at 6:30 p.m. Sundays through Wednesdays now."

Little also recently updated his 2016 semi-autobiographical book, "Little by Little: People I've Known and Been" (see [www.therichlittle.com](http://www.therichlittle.com)).

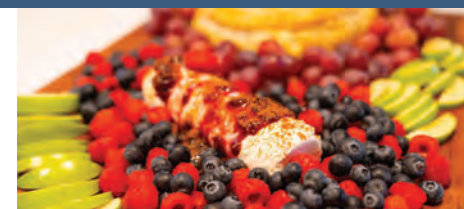
"I added new chapters, including one on Don Rickles, who passed away a few years ago, made some corrections, and gave it a new cover," he explained. "I also mention a lot of

page 26 please



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# Medicare

continued from page 3

because I was referred over there. They told me that they're getting a flood of patients and we were lucky to get in. They're aware of it and they say they're trying to accommodate for it.

**Weiss:** Any final thoughts you would like to leave with the readers of this article?

**Bear:** I really would like to develop a task force that includes Medicare, health care providers, maybe somebody from the office staff, and patients, so that we can look at strategies and solutions. This problem isn't going to go away.

## Tamara Brown, chief executive, Providence Clinical Network

**Weiss:** Tamara Brown, please tell us what your position is at Providence Alaska.

**Brown:** I'm the chief executive for what is called the Providence Clinical Network in Alaska. That includes the medical groups of Providence, which are all the outpatient clinics, including primary care.

**Weiss:** Back in 2010, Providence started up the Providence Senior Care Center where Medicare was accepted and where seniors could develop a relationship with a primary care provider. What happened to the Senior Care Center?

**Brown:** Around 2017 Providence converted the Senior Care Clinic to primary care clinics. What that resulted in was really just a name change and also an expansion of services. Providence found that it was difficult to recruit

providers for a clinic that was limited in scope to senior care. By expanding services to primary care, we were able to expand our provider base and therefore expand access and services to both seniors and to the community as a whole.

Since that time, what started as one clinic for senior care has now expanded to have three locations of primary care. We have a clinic on Huffman, in midtown at the old REI location, and at Providence Alaska Medical Center -- all focused on primary care serving the whole family from birth to end of life.

We have really focused on expanding primary care access and expanding our services since the time of the Senior Care Center. We've added integrated pharmacy. We have both a pharmacist and a pharmacy technician located in each of our primary care locations. We have integrated behavioral health, social work, and expanded our nursing support. Our midtown location is co-located with urgent care as well as physical therapy. So, from our perspective we're expanding both access and services to the senior population.

**Weiss:** If I were to call a Providence primary care location right now and say, "I'm a new patient and I am on Medicare. I need a new primary care provider because mine just retired," would I get in?

**Brown:** You would be able to get in. It might take time to be able to get a first visit if you're not having an emergent need. But yes, we're doing our very best to care for the community. During this time of

tions. Through amplified collective efforts, advocates, families and individuals alike can work toward building a fair system for older adults without sacrificing their financial security or emotional stability. Together, we can shape a brighter future of better care and access for all.

*Karen Casanovas, PCC, CPCC, CLIPP is a health, wellness and simplified living coach practicing in Anchorage. If you have questions, write to her at: info@karen-casanovas.com.*



One of the Providence network clinics is located on Huffman Road in South Anchorage.

Courtesy Providence

limited access, we realize that there is a shortage of Medicare providers in this community.

In the last two years, Providence added multiple ExpressCare locations as well as our urgent care location. All of those locations accept Medicare and are available for same-day immediate access. So, we encourage anyone with Medicare who is in this gap of having lost their

Medicare provider and waiting to be seen, who has an illness or an injury and doesn't have an immediate available visit with a primary care provider, to visit our ExpressCare clinics or our urgent care clinic. They will be seen, and they will receive care. We have ExpressCare in the Mat-Su Valley and Eagle River, and in Anchorage at Tikahtnu Commons, in midtown and at Huffman.

Once patients are seen at an ExpressCare or urgent care, all of those locations have the ability to help those patients then be scheduled with a primary care provider if they don't already have one. They can help with that continuity of care, wraparound service. We can't be the immediate answer for everyone, but we are absolutely working

next page please

## Overtreatment

continued from page 7

through other communication channels.

Finally, have the precise professional support required to handle the restorative justice process. Call in experts if you need guidance.

Family members can support their loved ones by listening to their experiences, creating systemic change, and helping them seek appropriate repara-

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# Do you receive Senior Benefits? Have you applied?

By EVA KHADJINOVA

Alaska Legal Services

Many Alaskans age 65 and older who are eligible to receive Senior Benefits from the state, do not. In part, it is because they have never heard of this benefit and, in part, some are under the impression that this benefit has long been eliminated. There is also another group of seniors who know about the benefit, have been receiving it for years, but since the reapplication process, have not received it. This article is to address seniors in all of these categories.

## What is Senior Benefits and how to apply

The State of Alaska Senior Benefits program was created in 2003 to address the needs of low-income senior Alaskans, due to the elimination of the state's Longevity Bonus, which was originally created to honor Alaska pioneers. The program has changed over these 20 years, but in its current version, seniors receive a varying level of monthly cash payments, depending on their income. Unlike other public benefit programs, seniors' assets are not considered. Thus, many seniors who own valuable property may be

**The program has changed over the years, but in its current version, seniors receive a varying level of monthly cash payments, depending on their income. Unlike other public benefit programs, seniors' assets are not considered. Thus, many seniors who own valuable property may be eligible to receive these monthly payments if their income is under the set limits.**

eligible to receive these monthly payments if their income is under the set limits.

Also notable is that the income limit for Senior Benefits is higher than for most public benefits, and it is adjusted annually in April. Until April of 2023, if your individual gross monthly income is under \$2,478 per month or \$29,733 annually, you are eligible for the benefit. For couples, the 2022 limit was set at \$3,339 per month or \$40,058 annually.

There are other eligibility requirements, such as Alaska residency, U.S. citizenship, qualified alien status, or Native American born in Canada or Mexico who has treaty rights to cross the border. Seniors who stay in a long-term care facility, psychiatric facility, Alaska Pioneers' Home, or the Alaska Veterans' Home longer than 90 days become ineligible for the benefit.

If you are 65 or older, you can apply for the benefit at any time. You can find the application at <http://dpaweb.hss.state.ak.us/forms/pdf/GEN-152.pdf>.

## 'I applied months ago, but I am not receiving the benefit'

The State of Alaska Division of Public Assistance (DPA) is required to act upon your application for Senior Benefits within 30 days of receiving it. Alaska Legal Services Corp. has become aware that many seniors are currently experiencing an undue delay in getting their benefits: some have not received it even though they applied five months ago. Any person who has applied but received no response from the DPA within 30 days of the application submission, may request a fair hearing. Similarly, any person who received an adverse response from

the DPA, and a denial of the benefit would be such response, may appeal that decision by asking for the fair hearing as well.

Fair hearing requests from adverse actions are time-sensitive, so it is advisable to request a fair hearing as soon as you receive notice of the adverse action. If it has been over thirty days since you applied, and you have not received benefits, but also did not get a written notice denying your benefit, you should consider requesting a fair hearing. It is very easy to request a fair hearing, and requesting it will often expedite a decision about your benefit without necessarily having to go through the hearing.

You have to request a fair hearing in writing, but there is no mandatory form for that. For convenience, fair hearing request forms are available at your local DPA office. However, a simple writing stating your name, date of birth, which benefits you applied for, and the date you applied for them, will do. You should state that you request a fair hearing on denial or agency non-action – whatever applies in your case. You should also date and sign the writing.

There are various ways

of submitting your fair hearing request, including by email: [dpa.csqa@alaska.gov](mailto:dpa.csqa@alaska.gov); dropping off or handing to the clerk at the DPA office; faxing it to 1-888-269-6520. Whatever method you choose, you should keep a confirmation of your submission.

Once the request is received by the DPA, the agency has 10 days to refer the matter to the administrative law judge or provide a notice of non-referral stating the reason for non-referral. If you get no response within 10 days or receive a notice stating why your request was not referred to a judge (called a "notice of non-referral"), we encourage you to apply with Alaska Legal Services Corp. as soon as possible. ALSC also encourages you to apply for our services if you are unable to request the fair hearing on your own. ALSC provides free legal services on this issue and many others to all who qualify.

In such difficult economic times, no eligible senior should be denied Senior Benefits because of an agency's inaction. Please call 888-478-2572 to apply for our services.

Eva Khadjinova is a Senior Services Attorney for Alaska Legal Services Corporation.

## Medicare

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to hire and meet the need in this community. It's going to take a little bit of time.

**Weiss:** I'd like you to comment specifically on the question of health care providers who can address the problems of seniors. Is there a shortage of these types of providers in the state of Alaska?

**Brown:** What we've experienced is difficulty recruiting frontline staff. What we've done at Providence to meet that need is we've started our own medical assistant apprenticeship program, so we're training our own. We've found that to be an effective way of both training from within to meet the need, and also meeting a need in

our community by providing training and a source of employment. We're also doing our very best to keep up with the right pay scales and doing market surveys and making sure that we're able to meet the demand in that way.

We're accepting as many patients as we can during this time when expanded access is needed. We'll continue to hire additional providers and expand our services. We'll do whatever we can to provide health care for all, especially the poor and the vulnerable. Right now, the senior community is the most vulnerable. That's what we're going to do.

Lawrence D. Weiss is a UAA Professor of Public Health, Emeritus, creator of the UAA Master of Public Health program, and author of several books and numerous articles.

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# Here's a neat little trick to avoid taxes

By **KENNETH KIRK**

For Senior Voice

Taxes can really take a bite out of your estate. You worked hard, you saved some of what you made instead of spending it all, and from what's left, Uncle Sam might just take nearly 40%.

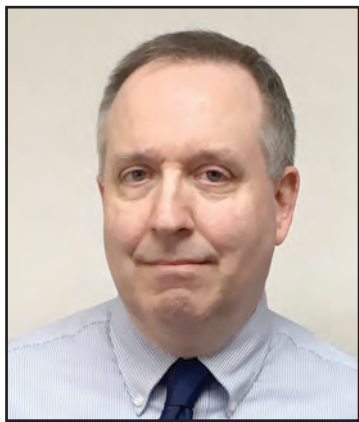
Forty percent. Yeah, almost that much.

I'm not really talking about the estate tax here. Yes, the federal estate tax (call it "death tax" if you prefer) is a flat 40% rate. But it only applies if your estate is more than \$13 million. Or if you are a married couple, if they handle it right, \$26 million. With apologies to the few Senior Voice readers who might be over those amounts, I am assuming that is not you.

But if we're not talking about the dreaded death tax, what are we talking about? Capital gains taxes are only about 15% for most people, and even that is wiped out when you die, so your heirs don't have to worry about it.

No, I'm talking about the good old income tax.

Now please understand, most of what you inherit is not taxable income. If you inherit your parents' home which is worth \$400,000, you do not have \$400,000 of taxable income. You don't have any taxable income at all from that. But if you inherit your parent's



IRA (or other tax-deferred account) which is worth \$400,000, then you do have \$400,000 in taxable income.

That is because IRAs, and a lot of other kinds of accounts such as TSPs and 401(k)s, are "tax-deferred". You don't pay the taxes on that money when you earn it, the taxes are deferred until later, when you are retired. Which makes some sense from a financial standpoint, since you are probably earning a lot less in retirement than you were in your peak earning years, so that you pay less tax on that money.

But what happens when you die, with money left in that account? Well then, your heirs have to pay the income tax. They don't have to pay it all at once, they can stretch it out over a number of years, but they do have to pay it.

And it used to be that those heirs could stretch out the payments over their entire life expectancies. But just a few years ago,

Congress changed that so that most of the heirs who inherit that money will have to take it out within 10 years. If the amount is substantial, especially if that heir is still earning money themselves, that can rocket them into a really high tax bracket. And yes, the top income tax bracket is nearly 40% (if you want to be precise, it was 39.6% but was reduced to 37% under Trump. It may very possibly be raised back up in the next few years).

Is there anything you can do to avoid that tax being a burden for your heirs? Yes there is, at least for the charitably minded. It's a neat little trick, and perfectly legal.

Most individual beneficiaries can stretch out the distributions from the inherited IRA. If it is a surviving spouse, he or she can

stretch that out over their entire lifespan. With a few less common exceptions, other beneficiaries have to take the money out within 10 years. And as they take it out, they have to pay income tax on the withdrawals. But the one category of beneficiaries who never have to pay income tax, is charitable organizations. As long as they are tax-exempt charitable, educational or religious organizations, they can take all of that inherited IRA money without paying any tax.

Which means that if you leave that \$400,000 IRA to Junior, he might only get \$300,000 out of it. But if you leave it to a charitable organization (or make that plural, it doesn't have to be just one) they get to keep, and use, the full \$400,000.

This works with any kind

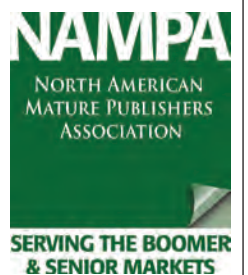
of tax-deferred account, including traditional IRAs, SEPs, 401(k)s, 403(b)s, TSP, deferred comp, SBS, and more than a few others. And it works as long as the organization you are giving it to is what the IRS calls a 501(c)(3). Most charities, colleges, think-tanks, churches and ministries are in that category.

And you can do it directly on the beneficiary form for that retirement account. You don't even have to pay a lawyer. Neat trick.

*Kenneth Kirk is an Anchorage estate planning lawyer. Nothing in this article should be taken as legal advice for a specific situation; for specific advice you should consult a professional who can take all the facts into account. You know, Senior Voice is published by Older Persons Action Group, Inc., which is a 501(c)(3). Just saying.*

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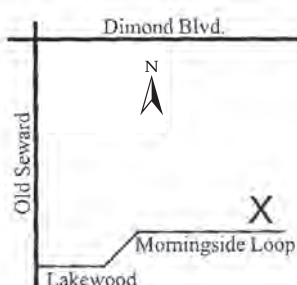


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# Apple Watch; iPhone screen sharing; Low light

By **BOB DELAURENTIS**  
*Bob's Tech Talk*

**Q.** I received an Apple Watch as a gift. I love the Minnie Mouse watch face, but do not know what else to do with it. Please help.

**A.** The small screen on an Apple Watch can be difficult without practice, but I hope to show you that working through challenges has a worthwhile payoff.

I do not have the space to explore step-by-step instructions, but I can describe a small subset of what is possible. For more, check out the link in the Wander the Web section below.

The Apple Watch is essentially an iPhone dashboard for your wrist. In that role it can show you phone alerts when something requires attention. That includes everything from medication reminders to calendar appointments.

It will turn your wrist into a speakerphone without touching the phone.

The Apple Watch can watch over you, keeping track of things like your heart rate and respiration. Once set up, it will call emergency services if you fall or are involved in an automobile accident.

But even if your motor control or eyesight makes using the watch a challenge, there is always Siri. For example, you can ask Siri on Apple Watch to tell

you the current temperature, or ask it your heart rate, or how many steps you took today, all with just your voice.

My Apple Watch is a safety net that I never want to live without.

**Q.** My son lives in another state. Is there a way he can see my iPhone's screen while we talk?

**A.** Yes. A few weeks ago, I sat in my car and showed a friend how to set up a recovery contact for her AppleID using my phone. It was simple, thanks to iPhone Screen Sharing.

Screen sharing works on Apple devices that use iOS 15.1 or later. It can take a few attempts to learn how to initiate a connection, but it won't be long before it's second nature.

To get started, initiate a FaceTime audio call with someone else. Once connected, you should see a floating control with several buttons, including a red circle with a red "X" in the center.

To the immediate left of the red circle button is another button with a rectangle and a very small silhouette of a person. If you tap that icon, a small menu should appear with the words "Share my Screen." Tap those words, and in a few moments the person you are speaking with will be able to see your screen.

This is easier to do than it is to read about. Different

phones have slightly different layouts. Search YouTube for some examples of "iPhone Screen Sharing" to see it in action.

**Q.** When I read about digital photos, I see references to "low light." What I seem to be missing is an explanation of just what low light looks like in practice. Can you help?

**A.** Some low light situations are easy to spot. For example, a very dark restaurant or the light from a single candle. But many low light conditions seem pretty bright to our eyes.

Cameras do not see light as well as our eyes do. And because our eyes are so good at dealing with dim light, by the time our brain starts thinking low light, it is already very dark.

One surprising example is shady daylight exteriors. Especially in winter or with an overcast sky, the outdoors can look bright to your eyes yet dark from the camera's point of view.

Consider playing with a light meter app that measures light in terms of illumination (lux). Search for a chart online that shows the lux levels or try the link in

## Wander the Web

Here are my picks for worthwhile browsing this month:

### Lux Photography Calculator

Start to see light in a completely different way by using this calculator to compare light intensity in different situations.

[toolstud.io/photo/light.php](http://toolstud.io/photo/light.php)

### iPhone Screen Sharing

This page shows how to initiate and use iPhone Screen Sharing with another iOS device.

[support.apple.com/en-us/HT212734](https://support.apple.com/en-us/HT212734)

### Apple Watch tutorials

This 24-minute video demonstrates over two dozen different features of the Apple Watch Series 8.

[youtube.com/watch?v=f240OGf3dNs](https://youtube.com/watch?v=f240OGf3dNs)

Wander the Web. Outdoors on a sunny day lux can exceed 100,000 lux. Your living room at night could be under 100 lux, despite the fact it looks bright to your eyes. In general, anything approaching 100 lux or lower is definitely low light.

With practice, you can

see how light levels look from the point of view of a camera. As a general rule, brighter light makes for higher quality digital captures.

*Bob has been writing about technology for over three decades. He can be contacted at [techtalk@bobdel.com](mailto:techtalk@bobdel.com).*

# Mark Anthony

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**Wasilla Senior Center**  
1301 South Century Circle (907) 376-3104  
Mar 23, 9:30 a.m. to 11:30 a.m.





# A plague of travel difficulties to contend with

## *Protect yourself against despair and extra costs*

By DIMITRA LAVRAKAS

Senior Voice Travel  
Correspondent

Thousands upon thousands of travelers have been stuck recently in transportation hell due to a number of problems. Whether it's weather, lack of airline employees, FAA system failures, it's a real bummer.

### Stalled before even boarding

There is nothing more chilling for a traveler that to arrive at the airport and see "canceled" up and down a flight monitor.

That's what happened on Dec. 22, when a bomb cyclone hit the upper Midwest, shutting down 2,700 flights on Dec. 22 and 5,700 the next day.

And Amtrak also canceled dozens of trains through Christmas.

It was a mess and a deep disappointment for those eager to reunite with friends and family.

On Jan. 11, a Federal Aviation Administration SNAFU caused the agency to order that all departing flights be delayed.

The FAA later found out that the system failure occurred because contractors "unintentionally deleted files" on the alert system for pilots, and pilots were ordered not to take off without that warning system in place. More than 9,000 flights were delayed according to the agency.

FlightAware, a flight tracking service, reported that last year 20.4 percent of scheduled flights were delayed and 2.3 percent were canceled. Up from 2021, when 16.1 percent of flights were delayed and 1.5 percent canceled. In the first three quarters of last year, the U.S. Transportation Department received nearly 49,000 consumer complaints about air travel, an increase of 27 percent from the same period the year before and much higher than pre-pandemic levels.

For Alaskans, first and foremost, even getting out of Alaska is always weather-dependent — particularly if you're on a small



*In 2009, Cleveland Volcano erupted as the author was flying from Fairbanks to Anchorage on the milk run from Utqiagvik. It was announced the plane would go no farther than Anchorage. Aircraft have accidentally encountered volcanic ash clouds and in some cases, jet engines have temporarily lost power.*

Dimitra Lavrakas photos

airline coming into a hub like Fairbanks, Anchorage or Juneau, from remote villages and where airlines operate on VFR (visual flight rules).

And don't forget volcanic eruptions that also cut flights short of your destination or halt flights altogether.

### What to do, how to cope

**Downsize that checked bag and make it a carry on.** Consider whether you really need an item or piece of clothing that you can replace or even borrow once you get to your destination.

**Enroll in the U.S. Transportation Administration's Security PreCheck program** where your passage through security will be a breeze. You can fill out an application online, but you will have to go to an enrollment center for fingerprinting and a background check. Centers in Alaska are located at, oh wait there's only one, in Anchorage at Ted Stevens International Airport, 4600 Postmark Drive, Anchorage. Open Monday through Friday, 9 a.m. to 1 p.m. Phone 907-271-6309, extension 4.

**Mail things ahead.** Going to a wedding, an anni-

versary or a birthday party? Mail the gifts so in case you don't make it they will.

**Investigate alternative routes to your destination.** Never mind renting a car — everyone else has already thought of that and there will be none available. Try seeing if there is a bus or a train to where you're going. Seriously, if you're elderly and have the time,

wouldn't it be much more pleasant to take a train ride and not have to deal with airport security, small seats, bad food, screaming babies, wailing cats, or stinky tiny dogs? Let alone those gate changes—especially in Seattle where you have to take the Train To Nowhere to get to your next gate, and that may not be the last switch. My flight

from Juneau to Seattle last year was canceled for no reason that the airlines cared to share and while everyone ran downstairs to rebook I went to the gate where a plane was leaving for Seattle, but had a 12-hour wait there for my next flight. But at least I was on my way. So keep your eyes

*next page please*



*Passengers grope through a blizzard to the Prudhoe Bay terminal. Upon takeoff, the pilot announced that there would be no more coffee or bathroom use as the water tank was frozen.*





An Utqiagvik Quonset hut during a severe arctic blizzard at the Naval Arctic Research Laboratory, affectionately referred to as NARL.  
*Dimitra Lavrakas photo*

Travel

from page 24

and ears open for other flights that may get you closer to your destination and jump on them.

**Get insurance.** I am as tight with a nickel as you are, but insurance has saved me more money than what I spent signing up for it. So if you do decide to book a flight, just spend the \$12 or \$24 to get insurance. You'll feel better and protected knowing that wherever you are you will be paid for your stay at a hotel.

**Book through the airlines.** While travel sites like Expedia, Kayak and Travelocity may get you

a cheaper price, getting in touch with them when you're in trouble is sometimes difficult.

**Become a member of Alaska Airlines Club 49** with the promise of two free checked bags and deals and specials sent to your computer's mailbox regularly. And as an extra bonus, "Freight for Less" offers Club 49 members \$49 (plus tax) cargo shipping within the state of Alaska. Ship up to 100 pounds in up to two 35-gallon totes or sturdy shipping containers that do not exceed 20"x30"x15" each. Club 49 is for Alaskans only and is free.

Look ahead, be resilient and prepare for anything. Good luck traveling in the coming months.

Networking for Anchorage, Mat-Su area providers

Interested in learning more about businesses and agencies providing senior services in the Anchorage and Mat-Su area? Want to get the word out about your own service? The monthly Service Providers Breakfast, sponsored by Older Persons Action Group, Inc., is an opportunity for all the above. Informal, early and free, the event begins at 8 a.m., second

Wednesday, at a different host location each month. Breakfast provided. The next date is March 8, hosted by Lifeworks.

Call Older Persons Action Group, Inc. at 907-276-1059 for location information and to RSVP for this event, or for more information on future events and to be added to our e-mail reminder list.

Donations always appreciated

To benefit OPAG and Senior Voice projects Older Persons Action Group, Inc. is a non-profit organization. All donations are tax-deductible. Call OPAG at 276-1059 in Anchorage or toll-free statewide at 1-800-478-1059

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# Tinseltown

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other people I didn't talk about the first time around. It's not really a biography, but rather a collection of the funny things that have happened with me and the celebrities I've known through the years."

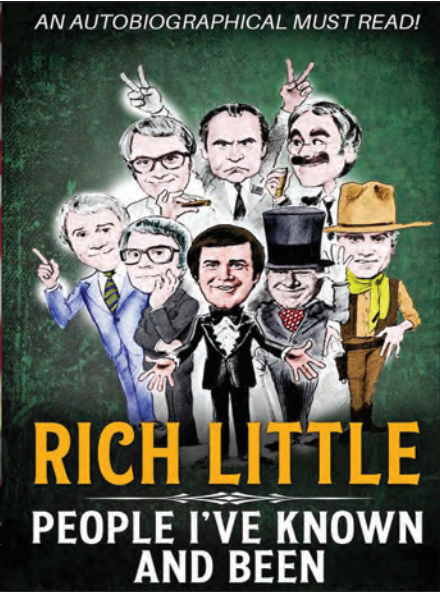
Originally from Canada, Little credits Mel Tormé for helping him crack the U.S.

my Stewart, James Mason and others was contagious and the rookie comedian was soon crowned the premier Hollywood impressionist. This year, he will also receive a special honor from his native home.

"I will be receiving the Order of Canada that recognizes Canadians who have made significant contributions to our nation throughout their lives," said Little proudly. "I guess they found out I was still

tainment impressions, Little is known for poking fun at presidents, particularly Reagan and Nixon. And while he added Biden to his current routine, he doesn't do Trump or Obama. While his impressions have never been mean-spirited, he's aware that contemporary political humor can be divisive.

"People are more sensitive now and everything has to be politically correct, so it's a little tougher to imitate politicians these days compared to 30 or 40 years ago."



Comedian Rich Little and the cover of his updated book.

Publicist photos

entertainment scene when the singer secured him a spot on "The Judy Garland Show" in early 1964. Garland's spontaneous joy at Little's impressions of Jim-

living and decided to give it to me. I have dual citizenship with Canada and America and became a U.S. citizen about 10 years ago."

In addition to his enter-

and has written features, columns, and interviews for numerous magazines and newspapers. See [www.getnickt.org](http://www.getnickt.org).

Nick Thomas teaches at Auburn University at Montgomery in Alabama and has written features, columns, and interviews for numerous magazines and newspapers. See [www.getnickt.org](http://www.getnickt.org).

John Schieszer is an award-winning national journalist and radio and podcast broadcaster of The Medical Minute. He can be reached at [medicalminutes@gmail.com](mailto:medicalminutes@gmail.com)

# Pickleball

continued from page 19

distance from the bottom lateral crease (the middle of the three), up to the tip of your ring finger.

Many paddle websites will have a questionnaire that allows you to put in your parameters to fine tune your needs according to your ability and goals, which is very helpful. Or go to <https://pickleballeffect.com/> where there are paddle



A range of pickleball paddles from \$35 to \$150. The two on the left are wide body paddles, the one far right is elongated.

Jim Lavrakas photo

This measurement will be somewhere between 4 and 5 inches, and should be the perfect circumference for your pickleball grip.

There are a couple of important things to consider when choosing a grip size. A paddle with too big a grip will twist when you strike the ball and will deliver inconsistent returns. If too small, your hand may get fatigued from gripping so much and your tension will not allow you to play "softer", an important skill at the kitchen line. It's better to get a smaller grip and add lead tape to your paddle if needed. Or get the right sized grip to start.

reviews and guides that can be a good place to start your search for your new paddle.

Those are the basics for choosing a paddle. You can get into more detail by researching the materials used to make a paddle (the core and the paddle facing), but to start, the three things discussed here will get you out on the court.

Next column: Starting or joining a club.

Jim Lavrakas has lived in Alaska for almost a half century. The self-proclaimed "squirrel man" has found a lively outlet in the pursuit of pickleball. You can reach him at <http://www.FarNorthPress.com>.

# COVID

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Tests offered may include laboratory-based nucleic acid amplification tests (NAATs), including polymerase chain reaction (PCR) tests, and rapid antigen point-of-care (POC) testing. Results are typically provided within 24 to 48 hours. Testing is available

at pharmacies, commercial laboratory sites, community sites and retail locations. COVID-19 testing is available at no-cost at ICATT sites to adults with or without health insurance who are experiencing symptoms or have been exposed to someone with COVID-19. The tests are billed to third-party payers, such as Medicare, Medicaid and private health insurers. People

without health insurance do not have to pay for COVID-19 testing at ICATT locations. Consumers can access the Testing Locator at [testinglocator.cdc.gov](http://testinglocator.cdc.gov).

John Schieszer is an award-winning national journalist and radio and podcast broadcaster of The Medical Minute. He can be reached at [medicalminutes@gmail.com](mailto:medicalminutes@gmail.com)

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## Crossword answers from page 18

R	A	G	E		C	A	P	E		B	A	B	A	S
O	T	O	E		O	N	E	R		L	L	A	N	O
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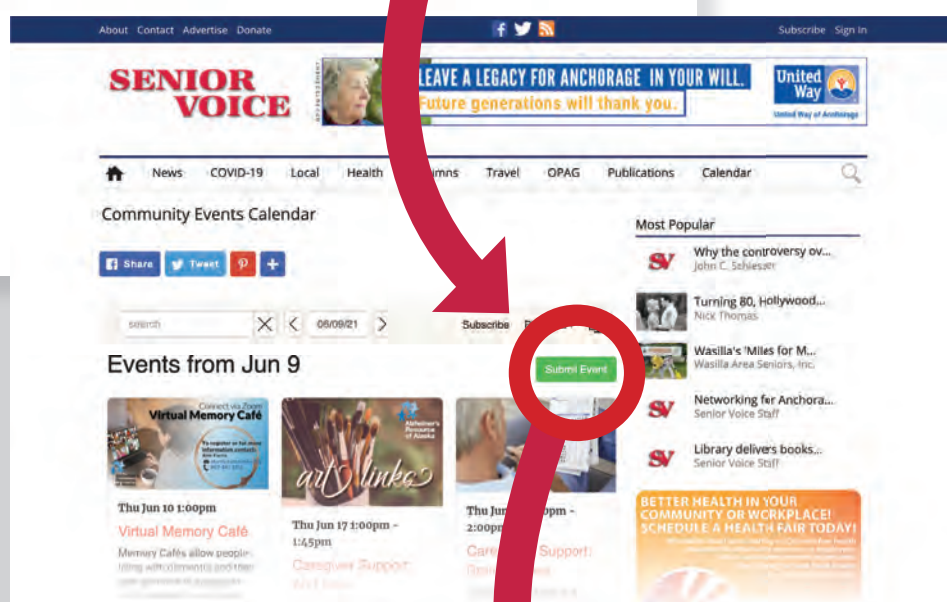
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# Senior Voice

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The State of Alaska, Division of Senior and Disabilities Services, administers the ADRC grant in partnership with the 6 regional sites. For more on the ADRC grant program, contact an ADRC Program Manager at 907-465-4798 or 1-800-478-9996.

### Anchorage Area

Municipality of Anchorage, Anchorage Health Department  
825 L St., Ste 200, Anchorage, AK 99501  
907-343-7770

[www.muni.org/adrc](http://www.muni.org/adrc)

### Kenai Peninsula/Kodiak Island/Valdez/Cordova

Independent Living Center  
47255 Princeton Ave., Ste 8, Soldotna, AK 99669  
907-262-6333 / 1-800-770-7911

[www.peninsulailc.org](http://www.peninsulailc.org)

### Southeast Alaska

Southeast Alaska Independent Living (SAIL)  
3225 Hospital Dr., Ste 300, Juneau, AK 99801  
1-800-478-SAIL (7245)

[www.sailinc.org](http://www.sailinc.org)

### Mat-Su Borough

LINKS Aging & Disability Resource Center  
777 N. Crusey St., A101, Wasilla, AK 99654  
907-373-3632 / 1-855-355-3632

[www.linksprc.org](http://www.linksprc.org)

### Fairbanks North Star Borough

Fairbanks Senior Center - North Star Council on Aging  
1424 Moore St., Fairbanks, AK 99701  
907-452-2551

[www.fairbanksseniorcenter.org](http://www.fairbanksseniorcenter.org)

### Bristol Bay Native Association

Aging & Disability Resource Center  
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