



Message from Alliance for Retired Americans Leaders

SSA Warns That it Needs More Funding



Robert Roach

In a new Social Security Administration blog post, Social Security Deputy Commissioner for Communications Jeff Nesbit **warned**

that the agency needs more funding for next year in order to continue the same level of service for beneficiaries. Congress recently allocated \$400 million for the Social Security Administration in a continuing resolution passed in September. But that is half the amount that the Biden administration requested. Underfunding and understaffing have **plagued the agency** for decades, and beneficiaries have faced call wait times as long as 30 minutes, long lines during in-person visits, system crashes, and other issues as a result.

According to Nesbit, current funding is only enough to cover SSA's costs through December. He says that the amount requested in President Biden's 2023 fiscal budget – \$14.8 billion – would be extremely helpful in both addressing and improving technical and staffing

issues. The American Federation of Government Employees (AFGE) is encouraging Congress to allocate even more for SSA in 2023: \$16.5 billion.

"The Social Security Administration delivers more than \$1 trillion to beneficiaries each year. Seniors shouldn't have to worry about facing unnecessary obstacles when trying to get their hard earned benefits," said Alliance President Robert Roach, Jr. "The SSA is highly efficient and Congress needs to take this warning about potential declines in service seriously."

White House Calls Tying Social Security and Medicare Cuts to Debt Ceiling Vote a "Non-Starter"



Rich Fiesta

A White House spokesperson strongly criticized the Senate's number two Republican, John Thune (SD), for saying his party wants to use an upcoming debate over the U.S. debt limit to force changes to Social Security and Medicare.

Noting that the results of the midterm elections showed that the public "overwhelmingly rejected efforts to gut Medicare

and Social Security," White House Spokesman Andrew Bates called the idea a "stone-cold non-starter."

Thune is the latest in a string of Republicans to signal a willingness to force the country to default and set off a global economic crisis, unless Senate Democrats and President Biden accept changes to earned benefit programs.

He told a group of Bloomberg reporters and editors this week that the debt ceiling vote could be used to "overhaul retirement programs" or "at least create a commission" to consider so-called entitlement reforms. House Republican leaders have made similar threats.

"We know that President Biden has our back but we can't be complacent," said Alliance Executive Director Richard Fiesta. "We must be ready to mobilize and prevent an attack on our earned retirement and health benefits, no matter what form it takes."

Older Americans Constitute Majority of COVID-19 Deaths

Analyses **show** that despite a decline in overall COVID-19 deaths, Americans aged 65 years and older are dying at disproportionately higher rates

than the general population, accounting for nearly nine out of ten COVID related deaths.

Most viruses present an increased risk for both very old and very young patients, but evidence suggests that coronavirus has a distinct impact on older patients. COVID-19 infection is especially dangerous for seniors who have multiple chronic health conditions. Several experts foresee this trend continuing, but there are things that seniors can do to protect themselves.

Vaccines and booster shots sharply decrease mortality risk, but booster shot rates have slowed dramatically for older Americans. Only 22 percent of patients between the ages of 65 and 74 and 25 percent of patients 75 years and older have received the latest COVID booster shot.

"We encourage seniors to take care and make sure that they have protective vaccines and booster shots as we get further into the winter season," said Executive Director Fiesta. "Health officials are encouraging older patients to contact their doctor if they experience cold or flu-like symptoms for accurate recommendations on how to proceed."

Economic Security—Expand Social Security

We must fight to fulfill the promise we have made to our retirees. Today, with so many Americans struggling, especially retirees, we need to make sure that this important program is there for everyone. We can do this by urging Congress to expand Social Security.

Tell Congress to expand our earned Social Security benefits!
Take Action

ADD YOUR NAME

Get The Message Out: SIGN THE GPO/WEP PETITION!!!!

Medicare Part B Costs Are Shrinking. Here's What You'll Pay In 2023

Millions of older Americans rely on Medicare for health coverage. And that coverage can be more expensive than anticipated.

While **Medicare** Part A, which covers hospital care, is free for most enrollees, Part B, which covers outpatient services, comes at a cost. Specifically, enrollees pay a monthly premium for Part B -- either a standard premium or a standard premium plus a surcharge, depending on income.

Most years, the cost of Medicare Part B increases, leaving enrollees with higher premiums to bear. But for the first time in years, Medicare Part B premiums are actually decreasing. That means enrollees could get a nice break once the new year rolls around.

What will Medicare Part B cost in 2023?

Right now, the standard Medicare Part B premium is \$170.10 per month (though higher earners pay more due to the aforementioned surcharge). Next year, the standard monthly cost of Part B will drop to \$164.90.

Meanwhile, Medicare Part B enrollees are subject to an annual deductible that can also change from year to year. This year, that deductible is \$233. Next year, it's decreasing to \$226. While that's only \$7 in savings, combined with a lower Part B premium, it's nothing to scoff at.

Why are Medicare Part B costs dropping? A big reason is that 2022 premiums were hiked up to cover projected spending on certain medications whose costs came in lower than expected.

Now, Medicare is passing that savings on to enrollees by cutting



premium and deductible costs for 2023. Seniors stand to benefit in a really big way

Not having to spend as much on Medicare Part B could really help seniors at a time when living costs are soaring due to inflation. But a drop in Part B costs could also be a boon to seniors who are enrolled in **Social Security** and Medicare at the same time.

Seniors in that boat have their Medicare Part B premiums deducted from their monthly Social Security benefits directly. And Part B hikes can eat away at Social Security raises. But since the cost of Medicare Part B isn't rising in 2023, seniors on Social Security should be able to keep their generous **8.7% cost-of-living adjustment** in full.

Of course, Medicare enrollees shouldn't expect the cost of Part

B to keep shrinking over time. But for now, they can enjoy the relief that will come with paying less for Part B in 2023.

To be clear, this isn't to say that Medicare enrollees won't end up spending more money on healthcare overall next year. Some might face increases under their respective Part D plans. And out-of-pocket costs for services under Part A are going up.

The standard inpatient hospital deductible, for example, is rising from \$1,556 in 2022 to \$1,600 in 2023. And the cost of daily coinsurance for an extended hospital stay is increasing from \$389 to \$400.

But when it comes to Part B, seniors are in for some nice savings -- and that's something to be thankful for.

Is aging in place right for you?

With the population in the United States aging at a rapid clip, we are seeing more home and community supports and services. Older adults have an increasing ability to remain in their homes and communities as they age. Not surprisingly, **an AARP survey** found that almost 90 percent of older adults want to remain in their homes as they

grow older, and the aging in place concept is growing in popularity. But, **aging in place is not right for everyone.**

Here, we'll discuss what aging in place is all about—and how to determine if it's a realistic and right option for you.

What Is Aging in Place?

Aging in place refers to the



decision that people make to remain in their homes or communities as

they age, for as long as they can. In order to age in place, older adults need access to whatever services and supports will ensure them a good quality of life over time.

Of course, as we age, we must address an evolving array of

issues related to our health, mobility, nutrition, self-care, and home safety. In addition, many older adults also face challenges related to memory and cognition. The possibility of multiple challenges means that in order to age in place, we should **plan ahead**—before the need for additional services and supports arises....**Read More**

3 Money-Saving Changes Coming to Medicare in 2023

Healthcare has gotten more expensive for everyone over the past few years, and that's especially hard on seniors who are living on a fixed income and often have more health issues than younger adults. Doing your best to eat well and stay active can help reduce your risk of injury or illness, but you still need health insurance just in case.

Most seniors rely on Medicare, but that brings expenses of its own and it doesn't cover everything. Fortunately, the government is making a few changes to the program for 2023 that should help seniors save a little. Here are three of the most significant.

1. Medicare Part B costs are decreasing

Original Medicare is composed of Parts A and B. Part A is hospital insurance, which covers

inpatient care at hospital and nursing facilities, and most people don't have to pay any premiums for that. Part B is medical insurance and this covers outpatient medical care, including most doctor visits. There is a deductible and premium for this.

In 2022, most people pay \$170.10 per month and have a deductible of \$233. But premiums are falling to \$164.90 in 2023 and deductibles are dropping to \$226. Some high earners will pay more than this, but they too will see their rates fall compared to 2022.

2. More coverage for kidney transplant recipients

Currently, Medicare recipients with End Stage Renal Disease (ESRD) only receive coverage for immunosuppressive drugs for 36 months following a



successful kidney transplant. But beginning next year, these drugs are covered beyond 36 months if you have no other **healthcare coverage.**

you'll still have to pay your Part B premium and a monthly premium of \$97.10 for this coverage. And if you want it to begin right away on Jan. 1, 2023, you must sign up by Dec. 31, 2022. You can do this by contacting the Social Security Administration.

3. Caps on Medicare Part D insulin costs

Beginning Jan. 1, 2023, all Medicare recipients who use Part D-covered insulin will have their monthly out-of-pocket costs capped at \$35 for a one-month supply. Those who purchase a 60- or 90-day supply of insulin may

pay more per prescription since they're getting a few months of insulin at a time, but it still shouldn't exceed \$70 for a 60-day supply or \$105 for a 90-day supply.

This doesn't apply to insulin used in traditional insulin pumps, which are covered under Medicare Part B instead of Medicare Part D. However, similar caps will apply to insulin used in these pumps beginning on July 1, 2023.

These changes may not all apply to you, but they're still worth keeping in mind. Health conditions can arise unexpectedly and it's always a good idea to know what your **insurance** does and doesn't cover. Find some time to review your 2023 Medicare coverage to learn about any additional changes to the program that could affect you.

Millions suffer from long Covid — and it costs them \$9,000 a year in health-care expenses, on average

Long Covid has affected as many as 23 million Americans to date — and it's poised to have a financial impact rivaling or exceeding that of the Great Recession. By one estimate, the chronic illness **will cost the U.S. economy \$3.7 trillion**, with extra medical costs accounting for \$528 billion.

Costs on a household and national scale are tough to quantify because the illness — also known as long-haul Covid, post-Covid or post-acute Covid syndrome — is so new. Anyone with a prior Covid-19 infection is susceptible, regardless of factors such as age, health or vaccine status.

Symptoms, which number in the hundreds, can range from mild to severe and may persist for months or even years.

David Cutler, an economist at Harvard University who projected the \$3.7 trillion economic cost of long Covid, **estimates** the individual medical costs of the disease to be about \$9,000 a year, on average. However, typical costs can range from roughly \$3,700 up to almost \$14,000, Cutler said.

Costs can be much higher, depending on the severity of illness. And because symptoms often impact a person's ability to



work, someone suffering from long Covid may not be able to lean on a regular paycheck — or employer-sponsored health insurance — to help cover those medical bills.

Cutler's financial estimate draws on prior **research** into treatment for myalgic encephalomyelitis, a condition also known as chronic fatigue syndrome, or ME/CFS.

Dr. Greg Vanichkachorn, medical director of the Mayo Clinic's Covid Activity Rehabilitation Program, said those estimates are the best approximation right now, since treatment and evaluation for

long Covid are similar to those for ME/CFS. There **is no cure or approved treatment** for ME/CFS; as with long Covid, patient symptoms are merely treated or managed.

"I think it is important to note that this, again, is an estimate," Vanichkachorn said. "As new treatment measures come out, things could get more expensive or, hopefully, more affordable."

"That's the nature of the word 'long-haul' — it can be an open box of costs for a while," Vanichkachorn said....**Read More**

Understanding Covid Vaccine Mandates in Nursing Homes

The **COVID-19 pandemic** arguably hit **nursing home residents** the hardest in early 2020, before researchers developed vaccines. More than 200,000 nursing home residents and staff members have died of COVID-19 since the start of the pandemic, according to a **Kaiser Family Foundation study** that relied on federal and state data. Many of those who died of COVID-19 perished in the initial months of the crisis.

The development of vaccines — and the federal government's mandate, which requires all nursing home workers (with some exceptions) to receive **the COVID-19 vaccine** and took effect earlier this year — have greatly reduced death and serious illness in nursing homes, says Dr. Kuljit Kapur, chief medical officer at Transitions Care, based in Chicago. Transitions Care helps seniors with end-of-life care, find and manage their primary care and manage chronic symptoms through palliative care services.

"I believe the vaccine has made a large difference in the quality of life as well as the longevity" for nursing home residents, she says. She's the medical director of Transitions in Indiana and Illinois, and part of her responsibility is to sign death certificates for individuals who died in a nursing home. For

about the past six months, Kapur estimates she didn't sign any COVID-19 death certificates, until she signed one in mid-October. In contrast, during the first months of the pandemic, Kapur says she signed multiple death certificates for nursing home residents who'd died of COVID-19 on a daily basis.

Nursing Home Vaccine Mandate

The Biden administration's vaccine mandate for nursing home workers took effect after the Supreme Court in January turned away a legal challenge from Louisiana, Missouri and other states, mostly led by Republican elected officials, opposed to the requirement. The states argued that the vaccine mandate violates powers reserved for the states under the U.S. Constitution. The challenging states also argued that the directive violates federal administrative law.

The administration argued that vaccinating as many nursing home workers as possible would save lives by boosting the number of vaccinated people. The Supreme Court's ruling overturned previous decisions by two separate federal appeals courts, in Missouri and Louisiana, that had stopped the mandate from taking effect in a



number of states. By a 5-4 vote, the high court ruled that the administration's COVID-19 vaccine mandate — which covers participants in the **Medicare and Medicaid** programs, including nursing homes and hospitals — to proceed.

Under the mandate, nursing homes had to develop policies and procedures for following through on the vaccine directive by January 27, 2022. Individuals who have **allergies to an ingredient or ingredients in the COVID-19 vaccines** can seek an exemption, as can people who say that taking the vaccine violates their religious beliefs. The mandate required 100% of non-exempt staff to be vaccinated by February 26, 2022.

In June, the **U.S. Department of Health and Human Services' Office of the Inspector General** released an audit that says 91% of nursing home staffers nationwide have been vaccinated.

A chart posted online by the **Centers for Disease Control and Prevention** shows a significant decline in deaths of nursing home residents from COVID-19 in recent months. The chart shows deaths of nursing home residents from July 2020 through the week

ending October 9. Information about the deaths is from the CDC and the National Healthcare Safety Network. **Nursing homes** must report COVID-19 cases and related deaths to federal health authorities.

Such deaths were much higher before the vaccine mandate took effect. In the week ending December 20, 2020 — a little more than a year before the March 2022 deadline of the vaccine mandate — there were 6,127 COVID-19 deaths of nursing home residents, a rate of 5.5 deaths per 1,000 residents, according to the chart. In contrast, in the week ending October 2, 2022, there were 223 resident deaths in nursing homes, a rate of 0.2 deaths per 1,000 residents, according to the **CDC's Nursing Home COVID Dashboard**.

The vaccine mandate does not apply to residents, although nursing homes are obligated to make it available to them, says Jacqueline Voronov, a partner at Hall Booth Smith, a law firm that provides counsel on aging services as well as other areas of the law. The firm represents a "significant number" of nursing homes and skilled nursing facilities. She's based in Paramus, New Jersey....**Read More**

Where Does My Money Go When I Pay for a Nursing Home?

Room, board and caregiving are major nursing home costs.

Nursing homes are expensive and becoming more so. A private room in a nursing home facility costs \$297 per day on average nationwide, according to the 2021 Cost of Care Survey conducted by **Genworth**. A semi-private room carries a rate of \$260 per day. As a **nursing home** resident or the responsible family member, what exactly are you paying for?

The majority of U.S. nursing home residents – somewhere between 65% and 70% – pay under with **the Medicaid system**, says Bob Lane, president and CEO of the American College of Health Care Administrators.

"But for private pay, room and board is the main thing," Lane says.

Standard Nursing Home Costs

Your monthly bill won't spell out most of these items, which are folded into the daily rate. However, standard **costs**, which are detailed on the admission agreement when a resident moves into a nursing home, typically include these basic care services:

- **Room with functional furniture.** A bed, bedside table and dresser are basic furniture pieces, along with some closet space for the resident's belongings.

Dietary services. Menu planning and meal preparation to meet the resident's **individual dietary needs** and restrictions, with three daily meals, beverages and snacks all fall under room and board.

- **Personal care services and supervision.** Certified nursing



assistants provide day-to-day care such as helping residents with their hygiene, dressing, toileting and

transferring or walking them as needed.

Nursing services. Licensed practical or licensed vocational nurses provide higher-level care such as monitoring vital signs, administering medications and wound care. Registered nurses develop residents' treatment plans for identified health issues, and optimize their **activities of daily living**. They are responsible for advanced care such as starting intravenous infusions, **monitoring blood glucose levels**, giving oxygen, collaborating with physicians and supervising other nursing staff.

Activities. Recreational, spiritual and other types of group programs are **standard nursing**

home activities.

- **Bedding and linens.** Sheets, pillowcases, towels, washcloths and gowns are all provided.

- **Housekeeping.** The residence provides room and facility cleaning and sanitation services.

- **Personal hygiene items.** Nursing homes stock routine items such as hand soap, bath soap, shampoo, toothbrushes and toothpaste.

- **In-house laundry.** Residents' personal clothing items are laundered as needed.

Prescription drug administration. Medication management and administration are essential nursing home services....**Read More**

Despite Big Social Security Changes in 2023, This Rule Will Stay the Same -- and It Could Cost You

Social Security changes every year. This isn't because lawmakers take action to modify the entitlement program.

Changes occur automatically due to the way it is designed.

However, while many modifications occur when a new year begins, there's one rule that stays the same. Unfortunately, this rule can end up costing seniors a lot of money.

Most aspects of Social Security change to keep pace with inflation

The automatic changes that are built into the **Social Security** benefits program exist for a simple reason: To ensure that benefits don't see their value erode due to inflation.

Inflation naturally occurs over time. Prices of goods and services rise, and wages go up so people can still afford to cover their expenses. Most seniors don't work and don't get raises from employers, though. To protect their buying power, cost-of-living adjustments (COLAs) are built into Social Security. Because of COLAs, **benefits increase in most years** as long as a

consumer price index shows costs are going up on a basket of goods and services.

In addition to a COLA that goes into effect in most years, other aspects of Social Security change automatically as well in order to make sure that inflation doesn't undermine effective operations. For example:

- Workers must make a little more money each year in order to earn work credits that entitle them to benefits on their own work history.

- The maximum income subject to Social Security tax on current workers goes up each year so higher earners pay a little more into the system (and get a larger benefit because of it).

There's an increase in the amount retirees can earn before forfeiting some of their Social Security benefits when working and collecting checks simultaneously prior to **full retirement age**

These changes affect both current and future retirees and



they happen like clockwork.

This rule hasn't changed for decades and won't anytime soon

Although Social Security recognizes and accounts for the impact of inflation in most aspects of the retirement benefits program, there is one rule that doesn't change and hasn't for decades. It has to do with when you owe taxes on Social Security benefits as a retiree.

See, once what the Social Security Administration calls your "combined income" hits \$25,000 as a single tax filer or \$32,000 as a joint tax filer, you start to owe taxes on some of your benefits. Combined income is half your Social Security checks, all taxable income, and some nontaxable income including municipal bond interest. If your combined income falls below these thresholds, there's no federal tax on Social Security. But if it's above it, the IRS could tax up to 85% of benefits, depending on just how high your earnings climb.

These thresholds were put in

place decades ago and are *not* indexed to inflation. So, even though Social Security benefits are increasing by 8.7% next year due to the COLA for 2023, the amount you can earn before your benefits become taxable isn't changing. Since this earnings limit doesn't adjust even as people end up bringing home more money each year, a growing number of retirees are subject to tax. This is true even when their buying power isn't actually increasing, since their bigger payments are just designed to help them avoid losing ground as prices go up.

If you're on the cusp of having your benefits taxed in 2022, the Social Security cost-of-living adjustment (or increases to any other income source) could put you over the edge. So, be sure to plan for possible taxation of your benefits. And if this isn't something you're worried about this year, know that over time you could find yourself facing new taxes as your income naturally grows while the threshold for taxation of benefits remains unchanged.

Social Security: Why Not Everyone Will Get An 8.7% COLA Increase in 2023

Social Security recipients will soon find out what their new monthly payments will be in 2023 after the 8.7% cost-of-living adjustment (COLA) kicks in. Beginning in December, the Social Security Administration will start **mailing COLA notices to beneficiaries** providing details on next year's payment amounts.

You might wonder why you have to wait for the SSA to tell you the new amount when you could simply multiply your current payment by 8.7%. That's not how it works, however. Some payment increases will be higher than 8.7%, and some will be lower.

The reason is that the COLA is applied to your primary insurance amount (PIA) rather than your current benefit — and the two are not always the same. According to

the SSA, the PIA is the benefit you would get if you elect to begin receiving retirement benefits at your normal or full retirement age. At this age, the benefit is neither reduced for early retirement nor increased for delayed retirement.

The PIA formula sounds like something you'd study in a college calculus course. It's based on the sum of "three separate percentages of portions of average indexed monthly earnings," the SSA said on its website. The portions depend on the year a recipient reached age 62, became disabled before age 62, or died before attaining age 62.

The age you start collecting Social Security retirement benefits is an important consideration in terms of your



COLA. As Motley Fool reported, not everyone waits until their full retirement age (FRA) — which is currently 66 or 67, depending on when you were born — to start collecting. If you wait until your FRA to claim your benefits, your PIA and monthly payment might be the same.

However, if you claim your benefits at a different age, the SSA runs another calculation to adjust the PIA up or down for those who claim early or late. People who claim benefits before their FRA typically get lower payments, while those who wait until they are 70 get the highest possible payment.

In some cases, you might get a higher COLA than 8.7% because Medicare Part B premiums will go down in 2023. These

premiums are deducted from your Social Security payment, so you'll have less taken out in 2023 than in 2022 if you have already signed up for Medicare. This means your COLA might be above 8.7%.

However, your COLA could be less than 8.7% if you have already started collecting Social Security but plan to sign up for Medicare for the first time in 2023. Because the Part B premium will now be withheld from your monthly Social Security payment, it could eat into some of the 8.7% COLA.

This might also be the case if you switch from Original Medicare to a Medicare Advantage (MA) plan in 2023 and elect to deduct the MA costs from your Social Security payment.

On Social Security and Going Back to Work? Prepare for This Unwanted Surprise

If you're a retiree who's struggling to make ends meet in the face of inflation, you're no doubt in good company. Living costs have soared over the past year, and while inflation is showing signs of cooling, a lot of progress still needs to be made before people get notable relief.

You might especially be struggling to manage your bills as a retiree if your main or only source of income is **Social Security**. While benefits got a 5.9% raise at the start of 2022, the rate of inflation has far outpaced that increase this year.

If money has gotten uncomfortably tight, you may be at a point where you're thinking

of **going back to work** -- whether on a full-time or part-time basis. Doing so could help you boost your income, build up some savings, and have an easier time managing your living costs in general.

But if you're on Social Security, you'll need to be careful about going back to work. Depending on your income, you may end up having some of your Social Security benefits withheld.

Beware the earnings-test limit. You're allowed to collect Social Security and income from a job at the same time. And once you reach full retirement age (FRA), which is either 66, 67, or



somewhere in between, depending on your year of birth, you can earn any amount of income from a job without affecting your benefits whatsoever.

It's when you're working and collecting Social Security *before* having reached FRA that you need to worry about the earnings-test limit. If your income exceeds a certain threshold that changes from year to year, you risk having some of your Social Security benefits withheld.

To be clear, withheld benefits aren't forfeited -- they're simply taken away temporarily and paid to you later on, once you reach

FRA. But it's important to know what the earnings-test limits look like if you're already on Social Security before having reached FRA and are making plans to get a job.

In 2022, you can earn up to \$19,560 without having your benefits affected. From there, you'll have \$1 in Social Security withheld per \$2 of earnings. If you're reaching FRA later this month/before 2022 wraps up, that limit increases to \$51,960. From there, you'll have \$1 in Social Security withheld per \$3 of earnings....**Read More**

Assisted Living Facilities Pressed to Address Growing Needs of Older, Sicker Residents

Assisted living communities too often fail to meet the needs of older adults and should focus more on residents' medical and mental health concerns, according to a **recent report** by a diverse panel of experts.

It's a clarion call for change inspired by the altered profile of the population that assisted living now serves.

Residents are older, sicker, and more compromised by impairments than in the past: 55% are 85 and older, 77% require help with bathing, 69%

with walking, and 49% with toileting, according to **data from the National Center for Health Statistics**.

Also, more than half of residents have high blood pressure, and **a third or more** have heart disease or arthritis. Nearly one-third have been diagnosed with depression and at least 11% have a serious mental illness. As many as 42% have dementia or moderate-to-severe cognitive impairment.

"The nature of the clientele in assisted living has changed



dramatically," yet there are no widely accepted standards for addressing their physical and mental health needs, said **Sheryl Zimmerman**, who led the panel. She's co-director of the Program on Aging, Disability, and Long-Term Care at the University of North Carolina-Chapel Hill.

The report addresses this gap with 43 recommendations from experts including patient advocates, assisted living providers, and specialists in medical, psychiatric, and

dementia care that Zimmerman said she hopes will become "a new standard of care."

One set of recommendations addresses staffing. The panel proposes that ratios of health aides to residents be established and that either a registered nurse or a licensed practical nurse be available on-site. (Before establishing specific requirements for various types of communities, the panel suggested further research on staffing requirements was necessary.)...**Read More**

The 'Great Resignation' Is Taking a Toll on U.S. Health Care

One in 4 Americans have noticed or personally experienced the impact of staffing shortages in health care, polling shows.

The nationwide shortage of health care professionals -- a so-called "Great Resignation" of providers -- is impacting patient care in ways large and small, a new *HealthDay*/Harris Poll shows.

One in four Americans (25%) have noticed or personally experienced the impact of staffing shortages in health care, second only to staff shortages in the retail sector (35%), the poll found.

Further, more than two in three (68%) of people who

needed health care during the past six months experienced delays or challenges in getting the care they need.

More than half (57%) blamed staffing shortages for the lack of care, and experts told *HealthDay Now* that these folks aren't wrong.

Nurses, doctors and other health care workers are burned out after three years of the pandemic, and some are choosing to leave the profession, the experts said.

"We were the frontline," said **Kelly Morgan**, a labor and delivery nurse at Brigham and Women's Hospital in Boston and chair of the Massachusetts



Nursing Association. "We were the people that were fighting this pandemic, and we were exposed every day. The triggers that come along with that are the constant stress and mental fatigue, physical fatigue -- in essence, like PTSD from that environment."

As a result, morale has suffered, and people are walking away, Morgan told *HealthDay Now*.

"In many hospitals, people felt like, you're throwing us to the wolves, and you're not helping us and providing us the necessary resources that we need -- the personal protective equipment, that sort of stuff,"

Morgan said. "And it still hasn't changed three years in. Our nursing turnover is huge.

"They're like, I don't want to do this anymore," Morgan continued. "I don't want to do bedside nursing anymore. I'm leaving the bedside, and going to work in an ambulatory clinic, or I'm going to completely leave nursing as a profession at all, because this is just not what it was like to be a nurse before."

Doctors and nurses leaving the profession has a direct effect on the ability of patients to receive care, particularly in rural areas, said **Brock Slabach**, chief operations officer for the National Rural Health Association...[Read More](#)

Things Nursing Homes Don't Want You to Know

Who actually owns the nursing home? How's staffing at night? Some issues are less transparent than others.

Most **long-term care facilities** strive to provide both excellent care and a comfortable home for their residents, who are oftentimes -- but not always -- the frail elderly. However, there are harsh secrets in some **nursing homes**: stark problems like resident neglect or abuse. And recently, **COVID-19 created difficulties** with infection control and put resident isolation and loneliness in the spotlight. As a prospective resident or their family member, you deserve to know a facility's past deficiencies and current situation.

"There is nothing that nursing homes should *not* tell family members or potential residents," says Katie Smith Sloan, president and CEO of LeadingAge, an association of nonprofit, mission-driven providers of aging services. "The question is: What do family members want to know? We certainly encourage people to visit. We encourage them to talk to residents, talk to staff and talk to other people (such as) other family members who have other adults in a nursing home."

You may need to bring up issues yourself and research proactively to learn about the nursing home's quality and what goes on behind the scenes.

Below, experts identify long-term care areas where transparency may be lacking, what's being done to address them and how you can learn more about an individual facility.

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You may need to bring up issues yourself and research proactively to learn about the nursing home's quality and what goes on behind the scenes. Below, experts identify long-term care areas where transparency may be lacking, what's being



done to address them and how you can learn more about an individual facility. **11 Red Flags to Look for When Choosing a Nursing Home.**

Nursing Home Issues You Should Know About

These are key nursing home concerns to be aware of as a prospective resident or family member:

- ◆ **Persistent and worsening staff shortages.**
- ◆ **High staff turnover.**
- ◆ **Too many residents per caregiver.**
- ◆ **Fewer RNs onsite than recommended.**
- ◆ **Ownership that's unclear and frequently fluctuating.**
- ◆ **Supply shortages.**
- ◆ **Recurring resident and family complaints.**
- ◆ **Antipsychotic drug overuse for dementia.**
- ◆ **Drug-resistant bacteria among residents.**
- ◆ **COVID-19 vaccination gaps among staff.**
- ◆ **Hospitalization challenges for residents.**

Severe staff shortages A nursing home you're considering may have to turn away new admissions because there isn't enough staff to care for them.

In April 2022, the Biden administration proposed

requirements for mandatory minimum staffing levels in nursing homes. However, some nursing home trade groups are pushing back, asking for more flexibility and citing factors, like local labor availability, that can hamper staffing efforts.

An American Health Care Association **report** released in June 2022 highlighted survey responses from 795 nursing home providers. It found that 60% are experiencing worsening staffing situations even since January. Nearly 50% face high-level staffing shortages, with 98% having difficulty hiring staff. And 61% of respondents are limiting new admissions.

The top obstacles, which developed or grew during the pandemic, include a lack of interested or qualified candidates, personal commitments preventing people from entering the workforce and facilities' inability to offer competitive wages with their current financial situations.

High staff turnover

High staff turnover threatens the continuity of care, leaving fewer caregivers who are really familiar with individual residents' preferences and needs. That can be particularly important for certain residents, such as those with dementia who may find it harder to express themselves...[Read More](#)

Allergies & Asthma: Keep Sneezes & Wheezes at Bay This Holiday Season

(HealthDay News) – It's possible to have a joy-filled holiday season while keeping allergies and asthma in check.

Being aware of triggers is a key, according to the American College of Allergy, Asthma and Immunology (ACAAI).

"While the holidays bring much joy, some of the good times can be derailed by allergy and asthma flares," said allergist **Dr. Kathleen May**, president of ACAAI. "A few well-placed precautions can keep you healthy and get your new year off to a great start as well."

Here are some tips to keep sneezing and wheezing at bay.

Food allergens: When you're invited to eat at someone else's house, tell your host about foods your family needs to avoid. Ask the host to mark containers so it's clear what is in them. When there's a potluck, let everyone involved know your restrictions. Or consider hosting at your home, which gives you more control over ingredients.

Decor dangers: Seasonal decorations have some hidden allergy triggers. Some people have skin reactions to terpene, which is found in tree sap. Others may have a reaction if they inhale mold spores and pollen found on



fresh trees and greenery. Consider washing your tree before bringing it inside.

Even an artificial tree may need cleaning to remove dust and mold from the previous year. Consider cleaning other decorations before putting them up, too.

Viruses: Viruses can also cause your asthma to flare. Flu-related hospitalizations are higher now than they've been at this time of year in decades, according to the U.S. Centers for Disease Control and Prevention. Get a flu shot, the ACAAI suggests. Consider giving fist bumps and air kisses instead of hugs and real

kisses, to avoid picking up extra germs.

Alcohol: Though it's not an allergy, some people have an intolerance to alcohol that shows up as a stuffy nose, headache and/or flushed skin immediately after drinking. This is seen most often with red wine and alcohol that has color. Consider sipping something non-alcoholic instead.

Stress: Think about ways to keep the season calm. Exercise can boost emotional balance. Consider working out indoors if the cold weather bothers your asthma. Or give yoga and meditation a try.

Shingles Ups Odds of Stroke, Heart Attack By Almost 30%

People who've had a bout of shingles may face a heightened risk of heart attack or stroke in later years, a new, large study suggests.

Anyone who ever had chickenpox can develop shingles — a painful rash that is caused by a reactivation of the virus that causes chickenpox. About one-third of Americans will develop shingles in their lifetime, according to the U.S. Centers for Disease Control and Prevention.

The new study, of over 200,000 U.S. adults, found that those who'd suffered a bout of shingles were up to 38% more likely to suffer a stroke in the next 12

years, versus those who'd remained shingles-free. Meanwhile, their risk of heart disease, which includes heart attack, was up to 25% higher.

The findings, published recently in the *Journal of the American Heart Association*, do not prove that shingles directly raises the risk of cardiovascular trouble.

But it is biologically plausible, according to the researchers: The reactivated virus can get into the blood vessels, causing inflammation, and that could contribute to cardiovascular "events" like heart attack and



stroke.

Some past studies have found that cardiovascular risks can rise after shingles, but they have looked at the short term.

It hasn't been clear how long that risk persists, said **Dr. Sharon Curhan**, the lead researcher on the new study.

"Our findings demonstrate that shingles is associated with a significantly higher long-term risk of a major cardiovascular event, and the elevated risk may persist for 12 years or more after having shingles," said Curhan, of Brigham and Women's Hospital, in Boston.

That's an important finding,

said **Dr. Elisabeth Cohen**, an ophthalmologist and professor at NYU Grossman School of Medicine, in New York City.

"What they're showing is the short-term risk doesn't just go away," said Cohen, who studies shingles-related eye disease.

While shingles is very common, it is not taken as seriously as it should be, according to Cohen.

It all starts with the chickenpox virus, called varicella zoster. Once a person contracts that virus — as nearly every American born before 1980 has — it remains dormant in the body, hiding out in the nerves. **Read More**

Flu hospitalization rate nearly doubled during Thanksgiving week, CDC reports

The nation is in the midst of one of the earliest and most virulent influenza seasons on record, according to the **latest data** from the Centers for Disease Control and Prevention.

The number of people hospitalized with flu nearly doubled during Thanksgiving week — 19,593 compared to 11,378 people admitted to the hospital the week prior. Of the people hospitalized with flu, most were aged 65 or older.

On Friday, the **CDC reported** that flu is spreading at high levels in 45 states, even in Southern states and others where the virus has been spreading since

October. The CDC also warned that flu vaccination rates among pregnant people, who are at especially high risk of severe complication from the virus, is down 12% so far this season, compared to last year.

"We're seeing high levels of activity pretty much everywhere," said Alicia Budd, an epidemiologist in the Centers for Disease Control and Prevention's flu division, said. "It is likely in your neighborhood."

As of Nov. 26, only Alaska, Michigan and Vermont reported low flu transmission.

Experts worry **infections will**



increase nationwide following Thanksgiving gatherings.

"We're not at peak yet," Budd said. "We're going to be seeing elevated activity for several more weeks, at least."

So far this season, nearly 9 million Americans have fallen ill with the flu. Approximately 4,500 have died, according to CDC estimates. Older adults are most at risk, but flu has killed 14 children since October.

The influx of severe influenza illness has converged with other circulating respiratory viruses, particularly Covid and RSV, or **respiratory syncytial virus**.

RSV has been particularly hard on children in recent months. As of Dec. 2, 77% of pediatric hospital beds nationwide were full, according to Health and Human Services data.

There is no data yet to show how protective this year's flu vaccine is against the current strains. Anecdotally, the **shots appear to be working**.

Dr. Kavita Patel said that "almost everybody" she's seen test positive for flu at Mary's Center, a community health center in Maryland, is unvaccinated.

Most, she said, report shaking chills, fever, sore throat and cough...**Related COVID Article**

Winter Brings Rise in Carbon Monoxide Danger: Stay Safe

Winter weather brings with it plenty of hazards, including risks from carbon monoxide poisoning, and fires.

But the U.S. Consumer Product Safety Commission (CPSC) offers suggestions for staying safe on those cold winter nights.

When storms knock out power, a portable generator can be a go-to tool, but it does raise the risk of carbon monoxide (CO) poisoning and can kill in minutes if not used properly, the CPSC warned in a news release.

An odorless, colorless gas, CO can render someone unconscious before they even have a chance to have symptoms of nausea, dizziness or weakness.

To stay safe, never operate a portable generator inside a home, garage, basement, crawlspace or shed.

Even open doors or windows will not provide enough ventilation to prevent the buildup of lethal levels of CO, the CPSC advised.

Portable generators should only be used outside and kept at

least 20 feet from the house or any other building someone might enter, with the exhaust blowing away from the home. Keep any windows or other openings in the path of the exhaust closed.

Porches and carports are still too close to the home to operate a generator safely there, the CPSC said.

Generators should also be properly maintained and used exactly as instructions and warnings advise. When buying one, get the type with a CO shut-off safety feature, designed to shut the generator off automatically when high levels of CO are present around the machine.

These will be labeled as PGMA G300-2018 and UL 2201, with the former reducing deaths from CO poisoning by 87% and the latter by 100%, the CPSC noted.

An average of 85 people die each year in the United States because of CO from portable generators, the CPSC said. Black



Americans are at higher risk, accounting for 23% of generator-related CO deaths while only comprising about 13% of the population.

Charcoal can also create a CO poisoning risk indoors. Do not cook on a charcoal grill inside or in a garage, even with the door open.

For leaking gas that has odor, leave the house immediately and call local gas authorities from outside. Do not use any electronics, including lights or phones, before leaving.

Make sure your CO and smoke alarms are in good working order, with battery-operated alarms, or those with a battery backup, on each level of a home and outside separate sleeping areas, the CPSC recommended.

Test your alarms monthly. Never ignore an alarm when it sounds. Get outside immediately, and then call 911.

Clear snow from any outside vents for appliances that burn fuel because blocking those can also cause carbon monoxide to

build up.

Portable heaters and candles can be fire hazards, too. Keep all sides of a portable heater at least three feet from beds, clothes, curtains, papers, sofas and other items that can catch fire.

Always use a wall outlet to run a portable heater. Never use a power strip. Do not run the heater's cord under a rug or carpeting, the CPSC advised.

The heater should also not be near water and you should avoid touching it if you are wet. Keep the heater on a stable surface, where it won't be knocked over. Don't leave it unattended in a confined space.

If the heater's cord or plug is hot, disconnect it and call a repairperson. If the outlet is hot, call an electrician.

Use flashlights instead of candles. If you do use candles, don't burn them on or near anything that can catch fire and never leave them unattended, the CPSC warned. Always extinguish candles when you leave a room and before bed.

'Tumor Progressing,' 'Positive Findings': Patients Often Confused by Medical Jargon

If you've ever left a medical appointment confused, it's probably not you: A new study finds that the medical jargon doctors use can be completely misunderstood by patients.

Common medical lingo that makes perfect sense to doctors often gets lost in translation when conveyed to laypeople, the new research found. It turns out that many people mistakenly believe it's good news if a tumor is "progressing" or a chest X-ray is "impressive."

And it's no wonder, experts said: In a frustrating quirk, medical meanings of certain words are exactly the opposite of their meaning in plain English.

"There are words with perfectly good meanings in English, and we've co-opted them in medicine and given them different meanings," said senior researcher **Dr. Michael Pitt**, an associate professor at the University of Minnesota Medical School, in Minneapolis.

A classic example is in the reporting of test results,

said **Michael Wolf**, a professor of medicine at Northwestern University Feinberg School of Medicine, in Chicago.

A "positive" result on a cancer screening test, for example, means you might have cancer. A "negative" result, therefore, is good -- the opposite of how people use those words in everyday language. (And by the way, if it is cancer, your doctor might call it a "malignancy" instead, Wolf pointed out.)

Wolf, who wasn't involved in the new research, studies healthcare communication and also directs Northwestern's Institute for Public Health and Medicine. He said he wasn't surprised by the findings: It's well recognized that medical jargon is a problem, that it confuses patients, and that doctors need to be more clear in their language.

To Pitt, the findings highlight an additional point: It's not just fancy disease names or foreign acronyms that confuse patients --



as many doctors may believe.

"It's not enough to just tell doctors not to use jargon," Pitt said. "They have to know when they are using it."

The study, published Nov. 30 in the journal *JAMA Network Open*, involved 215 adults who were attending the Minnesota State Fair and agreed to listen to and read some standard -- and potentially confusing -- medical phrases.

In some cases, they fared pretty well: 80%, for example, knew that an "unremarkable" chest X-ray was a good thing. On the other hand, only 21% realized that an "impressive" chest X-ray was not good news.

When doctors use that phrase, they mean they've spotted something concerning. To a patient, "impressive" could easily translate to admirably healthy.

Study participants were also tripped up by phrases like "positive lymph nodes" (one-third did not know that means a cancer has spread) and "your

tumor is progressing" (one-fifth didn't know that was bad news).

And then there's the word "occult." When doctors use it, they mean they've detected something that was hidden -- like tiny amounts of blood in the urine that cannot be seen by the naked eye. To most people, though, "occult" conjures up thoughts of the supernatural.

In this study, people rarely understood the meaning of an "occult infection," and were more likely to think it had something to do with a curse.

That begs the question: Why do doctors use words that can be easily misinterpreted? It may come down to "jargon oblivion," according to Pitt.

"You're taught during your training to use these words that make you sound smart," Pitt said. And along the way, he explained, doctors may forget there was a time when they didn't know what those words meant -- or, at least, didn't know their medical meaning....**Read More**

Seizures Seem Tied to Faster Decline in People With Dementia

(HealthDay News) -- Dementia patients who suffer from seizures tend to decline faster and die younger, according to a new study that urges caregivers to watch for these sudden brain changes.

"Our hope is that controlling seizures by prescribing antiseizure medications to these patients will slow down the progression of cognitive impairment," said **Dr. Ifrah Zawar**, lead study author and an assistant professor at the University of Virginia School of Medicine.

"Unfortunately, seizures are often underdiagnosed because they can be subtle and the person just seems confused, so family members often mistake them for typical signs of dementia," Zawar added in a news release

from the American Epilepsy Society.

In some people, a staring spell is evidence of a seizure, while others may experience uncontrolled jerking movement of their arms or legs.

Researchers analyzed data from 2005 to 2021 from 39 Alzheimer's disease research centers, determining that 374 (1.4%) of the more than 26,000 dementia patients had seizures.

Those patients were significantly younger when mental decline began, under 63 years old compared to 68 years old. They also died younger, at just under 73 years old compared to nearly 80 years old.

The dementia patients who had seizures were more likely to have a genetic mutation related to Alzheimer's disease, to have



suffered a stroke or traumatic brain injury, to have depression, or to have less education, the researchers found.

Dementia patients with seizures had more advanced cognitive impairment, including problems with thinking, communication, understanding and memory. They also had more difficulty with basic daily activities, including eating, bathing, dressing and using the bathroom.

Investigators also found they were more likely to be dependent on others for physical help.

"We know dementia patients are more likely to have seizures, and that people who have seizures are more likely to develop dementia, but it's still a 'chicken and egg question'

regarding which one causes the other," Zawar said.

"It's important for family members and health care providers to recognize the patients with dementia who are at high risk for developing seizures, and ensure they are diagnosed and treated in a timely fashion," she advised.

Seizures occur in as many as 64% of people who have dementia, the researchers said in background notes, and those with dementia are six to 10 times more likely to develop seizures.

The findings were scheduled for presentation Friday at the American Epilepsy Society annual meeting, in Nashville. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

Could Bacteria in Your Gut Help Spur Depression?

Depression may be a disorder of the brain, but new research adds to evidence that it also involves the gut.

While depression is complex, recent research has been pointing to a role for bacteria that dwell in the gut -- suggesting that certain bacterial strains might feed depression symptoms, while others might be protective.

In a pair of new studies, researchers identified 13 groups of bacteria that were related to the odds of adults having depression symptoms. In some cases, the gut bacteria were

depleted in people with depression, while in others they were present at relatively high levels.

However, experts stressed that the findings do not prove that any of the gut bugs cause or protect against depression. So, it's far too soon to recommend probiotics as a depression treatment.

In fact, gut bacteria seem to change in their diversity and abundance when any chronic disease is present, said Dr. **Emeran Mayer**, director of the Oppenheimer Center for

Neurobiology of Stress at the University of California, Los Angeles David Geffen School of Medicine.

Mayer, who was not involved in the research, is also the author of the book "The Mind-Gut Connection." He said the findings may reflect a "general disease effect," rather than gut bacteria patterns that are specific to depression.

The research, published Dec. 6 in the journal ***Nature Communications***, is the latest to dig into the question of whether the gut microbiome is somehow

involved in depression.

The gut microbiome refers to the trillions of bacteria and other microorganisms that live in the digestive system. Those microbes are believed to do much more than aid in digestion, however. Studies show they are involved in everything from immune system defenses to producing vitamins, anti-inflammatory compounds and even chemicals that influence the brain....**Read More**

'How Can I Prevent Heart Disease?' Docs Give Different Answers to Men, Women

Doctors give men and women different advice to head off heart disease, even though guidelines for both are the same.

Men were 20% more likely to be prescribed statins to lower blood levels of bad cholesterol compared with women, a new study found.

Women, meanwhile, were 27% more likely to be advised to lose weight or reduce their salt intake, and 38% more likely to receive recommendations to exercise.

Women were also 11% more likely to be advised to cut fat and calories.

The study findings were presented Saturday at a meeting

in Singapore organized by the European Society of Cardiology (ESC), the Asian Pacific Society of Cardiology and the Asean Federation of Cardiology.

"Following our analysis, we conducted a review of the literature to find possible explanations for the results. This demonstrated that a potential root of the discrepancy in advice is the misconception that women

have a lower risk of cardiovascular disease than men," said study author Dr. Prima Wulandari of Harvard Medical School and Massachusetts General Hospital



in Boston.

"Our findings highlight the need for greater awareness among health professionals to ensure that both women and men receive the most up-to-date information on how to maintain heart health," Wulandari said in an ESC news release.

Previous research had shown that women with heart disease received less aggressive treatment compared with men.

For this study, researchers used data from a U.S. federal health and nutrition survey conducted from 2017 to 2020.

It included more than 8,500

men and women between 40 and 79 years of age with no history of heart disease. More than 2,900 were eligible to receive statin drugs because they had an increased risk for heart disease. ESC guidelines recommend adults of all ages do at least 150 to 300 minutes of moderate intensity or 75 to 150 minutes of vigorous intensity, aerobic physical activity each week.

Diet recommendations emphasize plant-based foods such as whole grains, fruits, vegetables, legumes and nuts, and limiting salt intake to less than 5 grams per day....**Read More**

Winter Holidays Are High Time for Heart Attacks: Protect Yourself

The winter holidays are a time of celebrating and sharing precious time with family and friends, but they can also be deadly: More people die of heart attacks on Christmas Day than on any other day of the year.

Experts aren't certain what's behind that troubling fact, but they offer some suggestions to help ensure that you and your loved ones aren't among them.

"The holidays are a busy, often stressful, time for many of us. Routines are disrupted; we may tend to eat and drink more and exercise and relax less. We're getting too little sleep and experiencing too much stress," said **Dr. Mitchell Elkind**, chief clinical science officer for the American Heart Association (AHA).

"We also may not be listening to our bodies or paying attention to warning signs, thinking a trip to the doctor can wait until after the new year," he added.

Citing a **study** published in the

AHA's journal *Circulation*, the AHA said that after Dec. 25, the second-most

heart attack deaths happen on Dec. 26, followed by Jan. 1. While cold weather restricting blood vessels is one potential cause, another **study**, also published in *Circulation*, found that even in Los Angeles County's mild climate, about one-third more heart attacks happen in December and January than in June through September. This is true even in New Zealand, where the weather is warm at Christmastime, according to another **study**.

"While we don't know exactly why there are more deadly heart attacks during this time of year, it's important to be aware that all of these factors can be snowballing contributors to increasing the risk for a deadly cardiac event," Elkind said in an AHA news release.

Among the ways to stay heart-



healthy during the holiday season:

- ◆ Celebrate in moderation, looking for small, healthy food swaps to keep overindulging in check. Especially watch your salt intake.
 - ◆ Keep moving with family walks or other fun activities that help you continue to get the recommended 150 minutes of physical activity weekly.
 - ◆ Reduce the stress from family interactions, strained finances and hectic schedules by making time for self-care.
 - ◆ Don't forget to take your medications, and keep filling them in a timely manner so you don't run out.
 - ◆ Know the symptoms of a heart attack, which can vary in men and women. Call 911 as soon as you notice the signs.
- "Research also shows that the biggest increases in these holiday heart attack deaths are

among people who are not in a hospital. This highlights the importance of recognizing symptoms and seeking immediate medical care," Elkind said. "Don't ignore heart attack warning signs because you don't want to spoil the holidays, the consequences could be much worse."

It's also important that people learn how to perform hands-only CPR so they can help when they witness someone having a heart emergency.

"You could be out holiday shopping, enjoying an office party or spending time at a family gathering and witness someone having a heart attack and going into cardiac arrest," Elkind said. "Starting CPR immediately and calling 911 could be the difference in life or death in those situations. Hands-only CPR is something nearly everyone can learn and do."

Keeping High Blood Pressure at Bay for the Holidays

No matter what winter holiday traditions you celebrate, you probably won't find "think about blood pressure" on your to-do list, even after checking it twice.

But that would be a nice idea for your heart's sake, experts say.

High blood pressure is a leading risk factor for heart attack and stroke, said Dr. Angela L. Brown, director of the hypertension clinic at the Washington University School of Medicine in St. Louis. Studies have shown that cardiovascular

problems rise after Thanksgiving and peak in the new year.

People often put their health on the back burner this time of year, Brown said. But they shouldn't. "The holiday season is a time for enjoyment," she said. "You want to enter the holidays healthy, and you want to leave the holiday season healthy."

With that goal in mind, here's advice on keeping your blood pressure under control during the holidays.



Think before you feast

"All of us enjoy a good party," Brown said. "But if you have high blood

pressure in particular, you have to be conscious about what you're eating."

So if you're stepping out, consider having a healthy meal at home first, she said, so you're less likely to overdo it.

Similarly, Dr. Karen Griffin, a nephrologist at Loyola Medicine in Maywood, Illinois, suggested scouting before snacking at a

family gathering.

"Do a little bit of groundwork, and look around the room and see what's on that buffet Aunt Sally prepared," said Griffin, who also works at the Edward Hines, Jr. VA Hospital in Hines, Illinois.

A vegetable tray, she said, can be a good place to fill up on something healthy. But watch the dip and use just a bit. "A lot of people think, 'Well, if I'm eating vegetables, I'm in the clear.' But they load it up so there's more dip than vegetables."...[Read More](#)

Bribing Folks Can Help Them Meet Weight-Loss Goals, Study Finds

Money may not buy happiness, but it might give low-income obese people an extra incentive to lose weight, a new study suggests.

The study, of people from urban neighborhoods, found that cash rewards encouraged participants to shed some extra pounds, versus a weight-loss program with no financial bonuses.

And the effects were similar whether people were rewarded for reaching their weight-loss goals, or simply for making healthy lifestyle changes.

Over six months, 39% to 49% of people given cash incentives lost at least 5% of their starting weight. That compared with 22% of study participants given no monetary motivation.

The caveat, experts said, is that no one knows how financial rewards pan out in the long run. In this study, the weight-loss differences among the groups had begun to narrow by the one-year point.

"This would only be impactful if people could keep losing weight at this rate over the longer



term," said Karen Glanz, of the University of Pennsylvania's Center for Health Incentives and Behavioral Economics in Philadelphia.

Glanz, who was not involved in the study, said that researchers still have much to learn about the role for financial incentives in weight loss -- including how and when it's best to use them.

The concept itself is not new. Studies have suggested that offering people money in exchange for lost pounds can bear fruit -- at least in the short

term. Those findings have inspired web-based programs, like DietBet and HealthyWage, which use the prospect of financial rewards to encourage people to shed weight.

The reasoning behind the approach stems from the simple fact that weight loss is hard.

Obesity is a medical condition, not just a matter of willpower, said senior researcher **Dr. Melanie Jay**, an associate professor at NYU Langone Health in New York City...[Read More](#)