Rhode Island Alliance for Retired Americans®

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Food and Drug Administration Issues Vaccine Fraud Alert

Because COVID-19 has never been seen in humans before, **there are currently no vaccines** to prevent COVID-19 approved by the U.S. Food and Drug Administration (FDA). The FDA recently approved the first treatment for COVID-19, the antiviral drug remdesivir.

The FDA is working with vaccine and drug manufacturers to develop new vaccines for and find more drugs to treat COVID-19 as quickly as possible. Meanwhile, some people and companies are trying to profit from this pandemic by selling unproven and illegally marketed products that make false claims, such as being effective against the coronavirus.

These **fraudulent products** that claim to cure, treat, or prevent COVID-19 haven't been evaluated by the FDA for safety and effectiveness and might be dangerous to you and your family.

The FDA is particularly concerned that these deceptive and misleading products might cause Americans to delay or stop appropriate medical treatment, leading to serious and life-threatening harm. It's likely that the products do not do what they claim, and the ingredients in them could cause adverse effects and could interact with, and potentially interfere with, essential medications.

The FDA has also seen unauthorized fraudulent test kits for COVID-19 being sold online. Currently, the only way to be tested for COVID-19 is to talk to your health care provider.

At this time, the FDA has authorized one COVID-19 self-test to be completely used and processed at home. You will risk unknowingly spreading COVID-19 or not getting treated appropriately if you use an unauthorized test.

The FDA advises consumers to be cautious of websites and stores selling products that claim to prevent, treat or cure COVID-19. There are no FDA-approved products to prevent COVID-19. Products marketed for veterinary use, or "for research use only," or otherwise not for human consumption, have not been evaluated for safety and should never be used by humans.

For example, the FDA is aware of people trying to prevent COVID-19 by taking a product called chloroquine phosphate, which is sold to treat parasites in aquarium fish. Products for veterinary use or for "research use only" may have adverse effects, including serious illness and death, when taken by people.

Here are some tips to identify false or misleading claims.

- Be suspicious of products that claim to treat a wide range of diseases.
- Personal testimonials are no substitute for scientific evidence.
- Few diseases or conditions can be treated quickly, so be suspicious of any therapy claimed as a "quick fix."
- If it seems too good to be true, it probably is.
- "Miracle cures," which claim scientific breakthroughs or contain secret ingredients, are likely a hoax.

If you have symptoms of COVID-19, follow the ***Centers for Disease Control and Prevention's guidelines***, and speak to your medical provider. Your health care provider will advise you about whether you should get tested and the process for being tested in your area.

If you have a question about a treatment or test found online, talk to your health care provider or doctor. If you have a question about a medication, call your pharmacist or the FDA. The FDA's **Division of Drug Information (DDI)** will answer almost any drug question. DDI pharmacists are available by email, druginfo@fda.hhs.gov, and by phone, 1-855-543-DRUG (3784) and 301-796-3400.

Pentagon draft list prioritizes medical personnel, senior leaders in vaccine rollout

The Pentagon has a draft list of the first groups set to receive a coronavirus vaccine, with health care workers in the lead, followed by and top Pentagon leaders and military units, **CNN reported**.

The Department of Defense (DOD) has released few details on when a COVID-19 vaccine would be distributed among service members.

Though Trump administration officials are drawing up plans to prioritize how many vaccines each department is allocated, it's unknown where the Pentagon falls in the order, top DOD spokesman Jonathan Hoffman told reporters late last month.

The uncertain number leaves the Pentagon needing to decide who will receive the vaccine first, with Hoffman noting that the federal government was broadly looking to first vaccinate health care workers and other essential personnel.

Two defense officials familiar with the Pentagon's draft list said the top officials likely to receive the vaccine first are Defense Secretary Christopher Miller and Chairman of the Joint Chiefs of Staff Gen. **Mark Milley**.

The Pentagon did not respond to a request for comment on the draft.

The list, which is divided into three "phases" and several subphases, places "health care providers, health care support, emergency services and public safety personnel" and Armed Forces retirement home residents in the first phase, according to CNN.

In-patient health care and support personnel are in the next level, as are National Guard and Reserve personnel on active duty supporting COVID-19 response efforts.

"Critical National Capabilities" are next on the list, including senior leaders and elite military units, nuclear deterrence forces, the Special Operations Command national mission force, and the Cyber Command national mission force...**Read More**

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Biden asked Fauci to serve as chief medical adviser

President-elect Joe Biden on Thursday asked Anthony Fauci, the nation's top infectious diseases expert, to serve as his chief medical adviser.

Biden told **CNN's Jake Tapper** in **an interview** that he asked Fauci to serve in the position in addition to staying on in his longtime role as the director of the National Institute of Allergy and Infectious Diseases.

"I asked him to stay on the exact same role he's had for the past several presidents, and I asked him to be a chief medical adviser for me as well, and be part of the COVID team," Biden told the network in his first joint interview with Vice President-elect **Kamala Harris** since the election.

Fauci is one of the most prominent members of **President Trump**'s coronavirus task force and polls show he is among the most trusted public officials when it comes to the coronavirus. But his media appearances, during which he urged Americans to stay home, wear masks and take other precautions, often put him at odds with Trump.

Fauci was also a critic of Scott Atlas, who advised Trump on the pandemic before he resigned Wednesday. Atlas pushed back on many coronavirus restrictions, arguing that young and healthy people should be allowed to resume their lives as normal because they are less likely to become seriously ill if they contract the virus.

The news comes as coronavirus cases across the country spike during the holiday season. Fauci and other public health experts are urging Americans to avoid travel and large gatherings as much as possible, in addition to practicing social distancing and wearing a mask.

Biden also said during the interview that he plans on asking the American public to wear a mask in an effort to reduce the spread of the coronavirus pandemic.

"Just 100 days to mask, not forever. 100 days. And I think we'll see a significant reduction," the president-elect said.

AstraZeneca COVID-19 Vaccine Shows Good Results in Late Trials

AstraZeneca's COVID-19 vaccine is safe and effective, new data from late-stage trials shows.

Overall, the vaccine protected against symptomatic disease in 70% of cases, according to a team led by researchers from Oxford University in England. Among study volunteers who got a half dose and then a full dose, the rate was 90%, while the rate was 62% in those given two full doses.

"Our findings indicate that our vaccine's efficacy exceeds the thresholds set by health authorities and may have a potential public health impact," said Oxford's Andrew Pollard, the lead author on the study.

The interim findings are from phase 3 trials in the United Kingdom and Brazil that included more than 11,600 participants. Most of them (82%) were between the ages of 18 and 55, because older people were recruited later and will be studied in future analyses of the data.

Safety data from nearly 24,000 people in four trials in the United Kingdom, Brazil and South Africa found that, over a median of 3.4 months, only three participants had serious side effects possibly related to the vaccine. All recovered or are recovering and remain in the trial, according to the findings published online Dec. 8 in *The Lancet*.

"The results presented in this report provide the key findings from our first interim analysis," study author Merryn Voysey, also from the University of Oxford, said in a journal news release. "In future analyses, with more data included as it becomes available, we will investigate differences in key subgroups such as older adults, various ethnicities, doses, timing of booster vaccines, and we will determine which immune responses equate to protection from infection or disease."

Previous clinical trials of the vaccine had found that the vaccine triggers antibody and T-cell immune responses, and is safe in people aged 18 and older.

The researchers haven't yet been able to assess how long the vaccine provides protection. More data needs to be collected to determine the length of time the vaccine is effective and the possible need for booster shots.

Study co-author Sarah Gilbert, also from Oxford, said, "Despite global spread of COVID-19, a large proportion of the population in many countries have not been infected and are not immune. Vaccines may play an important role in increasing immunity, preventing severe disease and reducing the health crisis, so the possibility that more than one efficacious vaccine may be approved for use in the near future is encouraging."

Gilbert added, "Here we have shown for the first time that an adenoviral vectored vaccine -- a type of vaccine technology which has been in use since 2009 -- is efficacious and could contribute to disease control in the COVID-19 pandemic."

Two other leading coronavirus vaccines, from Pfizer and Moderna, have shown roughly 95% effectiveness after two doses in late-stage trials. Both employ a newer technology that uses messenger RNA to prime the immune system to attack the new coronavirus. New data posted Tuesday on the U.S. Food and Drug Administration's website in advance of a Dec. 10 meeting of its vaccine advisory panel showed the Pfizer vaccine is 52% effective after one dose.

Even in Moderate Cases, COVID-19 Is Causing Long-Term Neurological Harm

COVID-19 can cause a wide range of neurological complications, even in patients who are not critically ill, a new study shows.

Since the start of the pandemic, it's become clear that infection with SARS-CoV-2 can affect organ systems throughout the body. That includes problems affecting the brain and nervous system -- ranging from altered mental states to seizures to strokes.

In the new study, researchers found that among COVID patients at their safety-net hospital, neurological complications ran the gamut. And they were even seen in people who were more moderately ill with the infection.

Safety-net hospitals are obligated, by mandate or mission, to treat people regardless of their ability to pay. So they typically have a large share of patients who are low-income, minority and either uninsured or on Medicaid.

Those Americans have also been among the hardest-hit by the COVID pandemic.

It's unclear at this point whether Black or Hispanic Americans are at increased risk of neurologic complications, according to lead researcher Dr. Pria Anand, from Boston Medical Center.

But it's important to document how the complications are showing up in hospitals serving low-income and minority patients, she said….**Read More**

Think Your Health Care Is Covered? Beware of the 'Junk' Insurance Plan

Looking back, Sam Bloechl knows that when the health insurance broker who was helping him find a plan asked whether he'd ever been diagnosed with a major illness, that should have been a red flag. Preexisting medical conditions don't matter when you buy a comprehensive individual plan that complies with the Affordable Care Act. Insurers can't turn people down or charge them more based on their medical history.

But Bloechl, now 31, didn't know much about health insurance. So when the broker told him a UnitedHealthcare Golden Rule plan would cover him for a year for less than his marketplace plan — "Unless you like throwing money away, this is the plan you should buy," he recalls the agent saying — he signed up.

That was December 2016. A month later Bloechl was diagnosed with **stage 4 non-Hodgkin's lymphoma** after an MRI showed tumors on his spine.

To Bloechl's dismay, he soon learned that none of the expensive care he needed would be covered by his health plan. Instead of a comprehensive plan that complied with the ACA, he had purchased a bundle of four short-term plans with three-month terms that provided only limited benefits and didn't cover preexisting conditions.

Because they tend to be less expensive, short-term plans continue to find buyers, and they have been championed by the Trump administration, which has loosened restrictions on them, as an alternative for consumers.

With this year's open enrollment period well underway, millions of people are looking for coverage on the federal and state marketplaces. Sometimes it's hard to tell the difference between comprehensive plans sold there and "junk" plans with limited benefits and coverage restrictions.

"These plans continue to proliferate," said Cheryl Fish-Parcham, director of access initiatives at Families USA, a consumer health care advocacy organization. "People need to be careful, whether they're buying by phone or on a website."

Bloechl assumed he was buying a comprehensive plan that would cover him for a life-threatening illness, although at the time he had no inkling he was sick. But when doctors said Bloechl needed a stem cell transplant, Golden Rule denied the request.

The reason: He had visited a chiropractor for back pain before he bought the plan. Bloechl had blamed the pain on the heavy lifting that came with running his Chicago landscaping business. But Golden Rule argued that he had sought medical treatment for a preexisting condition — cancer — so the plan didn't have to cover it. It didn't matter that he hadn't been diagnosed when he purchased it.

The insurer didn't cover any of his other bills for chemo and radiation either. Bloechl appealed the decision, but his appeals failed. He had more than $800,000 in bills for care — and that's before the stem cell transplant he desperately needed….**Read More**

Demand for COVID Vaccines Expected to Get Heated — And Fast

Americans have made no secret of their skepticism of COVID-19 vaccines this year, with fears of political interference and a "warp speed" timeline blunting confidence in the shots. As recently as September, **nearly half** of U.S. adults said they didn't intend to be inoculated.

But with two promising vaccines primed for release, likely within weeks, experts in ethics and immunization behavior say they expect attitudes to shift quickly from widespread hesitancy to urgent, even heated demand.

"People talk about the anti-vaccine people being able to kind of squelch uptake. I don't see that happening," Dr. **Paul Offit**, a vaccinologist with Children's Hospital of Philadelphia, told viewers of a **recent JAMA Network webinar**. "This, to me, is more like the Beanie Baby phenomenon. The attractiveness of a limited edition."

Reports that vaccines produced by drugmakers **Pfizer and BioNTech** and **Moderna** appear to be safe and effective, along with the deliberate emphasis on science-based guidance from the incoming Biden administration, are likely to reverse uncertainty in a big way, said **Arthur Caplan**, director of the division of medical ethics at New York University School of Medicine.

"I think that's going to flip the trust issue," he said.

The shift is already apparent. **A new poll** by the Pew Research Center found that by the end of November 60% of Americans said they would get a vaccine for the coronavirus. This month, even as a federal advisory group met to hash out guidelines for vaccine distribution, a long list of advocacy groups — from those representing home-based health workers and community health centers to patients with kidney disease — were lobbying state and federal officials in hopes their constituents would be prioritized for the first scarce doses.

"As we get closer to the vaccine being a reality, there's a lot of jockeying, to be sure," said Katie Smith Sloan, chief executive of LeadingAge, a nonprofit organization pushing for staff and patients at long-term care centers to be included in the highest-priority category. Certainly, some consumers remain wary, said **Rupali Limaye**, a social and behavioral health scientist at the Johns Hopkins Bloomberg School of Public Health. Fears that drugmakers and regulators might cut corners to speed a vaccine linger, even as details of the trials become public and the review process is made more transparent. Some health care workers, who are at the front of the line for the shots, are not eager to go first.

"There will be people who will say, 'I will wait a little bit more for safety data," Limaye said.

But those doubts likely will recede once the vaccines are approved for use and begin to circulate broadly, said Offit, who sits on the FDA advisory panel set to review the requests for emergency authorization Pfizer and Moderna have submitted.

He predicted demand for the COVID vaccines could rival the clamor that occurred in 2004, when production problems caused a severe shortage of flu shots just as influenza season began. That led to long lines, rationed doses and ethical debates over distribution.

"That was a highly desired vaccine," Offit said. "I think in many ways that might happen here."

Initially, vaccine supplies will be tight, with federal officials planning to ship 6.4 million doses within 24 hours of FDA authorization and up to 40 million doses by the end of the year. The CDC **panel recommended** that the first shots go to the 21 million health care workers in the U.S. and 3 million nursing home staff and residents, before being rolled out to other groups based on a hierarchy of risk factors.

Even before any vaccine is available, some people are trying to boost their chances of access, said Dr. **Allison Kempe**, a professor of pediatrics at the University of Colorado School of Medicine and expert in vaccine dissemination. "People have called me and said, 'How can I get the vaccine?'" she said. "I think that not everyone will be happy to wait, that's for sure….**Read More**

How can I appeal my discharge from a hospital?

Dear Marci,
I have been an inpatient at a hospital for a week, and I just received a notice that Medicare will no longer pay for my stay. I will be discharged from the hospital in two days, but I don't think I have recovered enough to leave yet. How can I appeal my discharge from a hospital?
- Ruby (South Bend, IN)

Dear Ruby,

If you are receiving care in a hospital and are told that your Medicare will no longer pay for your care (and you will be discharged), you have the right to file a fast appeal if you do not believe your care should end.

If you are a hospital inpatient, you should receive a notice titled **Important Message from Medicare** within two days of being admitted. This notice explains your patient rights, and you will be asked to sign it. If your inpatient hospital stay lasts three days or longer, you should receive another copy of the same notice up to two days, and no later than four hours, before you are discharged.

If you think you are being discharged too soon, follow instructions on the Important Message from Medicare to file an expedited appeal to the **Quality Improvement Organization (QIO)**. Contact the QIO by midnight of the day of your discharge.

Once you file the appeal, the hospital must give you a **Detailed Notice of Discharge**, which explains in writing why your hospital care is ending. The QIO should call you with its decision within 24 hours of receiving all the information it needs.

If the QIO decides your care should end, you will be responsible for paying for any care you receive after noon of the day after the QIO makes its decision. If your appeal to the QIO is successful, your care will continue to be covered.

If your appeal is denied at this first level, you can continue to appeal by following instructions on the denial notices you receive. There are five levels of appeal in total; the timing and agency involved depend on whether you have **Original Medicare** or a **Medicare Advantage Plan**. You have the right to continue appealing if you are not successful. If you are unable to appeal, a family member or other representative can appeal for you.

Expedited appeals have tight deadlines, so it is important to pay attention to the timeframes for appealing at each level. Keep copies of any appeal paperwork you send out, and if you speak to someone on the phone, get their name and write down the date and time that you spoke to them. It is helpful to have all of your appeal documents together in case you run into any problems and need to access documents you already mailed.

- Marci

Congress Still Can't Get Its Work Done

Congress has until the end of this Friday to pass legislation to fund the federal government for the remainder of fiscal year 2021. Very few people think they'll get it done.

There are reports that the Senate is now targeting roughly Dec. 18 as its adjournment date, and Senate Majority Leader Mitch McConnell (R-Ky.) is still looking to confirm judicial nominees this week while other members of the Senate work to find compromises on both the government funding legislation and a new coronavirus economic stimulus bill.

The House of Representatives has scheduled a vote for this coming Wednesday on a new CR that will last until Dec. 18, as well.

This will give them an additional week to try and get something done. If they can't by then, they'll either pass another short-term CR giving them additional time to work until probably Christmas, or they'll give up and go home for Christmas and push everything off to the new Congress and new President in January.

The third piece of legislation they should pass is the National Defense Authorization Act (NDAA) for 2021. It has always been considered to be "must pass" legislation because it authorizes so many things for the military, including pay. But as we reported last week, President Trump has threatened to veto the bill because it doesn't contain a measure that he wants passed having to do with the regulations of social media like Twitter and Facebook.

Even Republicans who support changing the regulations are opposed to putting it in the NDAA and they may support an effort to pass it and try to override the President's veto, which would be the first of his presidency.

Because of that, it now appears both the House and Senate will pass the NDAA and attempt to override the President's veto if he keeps his threat.

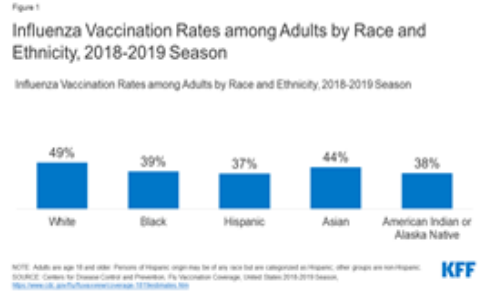
The Chairman of the House Armed Services Committee, Adam Smith (D-Wash.) has announced that if the bill is vetoed the House will come back into session over the holidays and vote to override.

If the bill doesn't pass into law one way or the other it would be the first time in 60 years the legislation has failed to be enacted.

Addressing Racial Equity in Vaccine Distribution

With the possibility of a COVID-19 vaccine growing closer, increasing attention is focused on how it may be distributed, a responsibility that will largely fall to state, territorial, and local governments. States remain in varying stages of preparation, although all have submitted initial vaccine distribution plans to the Centers for Disease Control and Prevention (CDC). Recent KFF **analysis** of these plans identified common themes and concerns across several key areas. However, one overarching issue to consider is how to provide equitable access to a vaccine, particularly for people of color, who are bearing the **disproportionate burden** of the virus and have faced **longstanding disparities** in health. National recommendations regarding vaccine distribution have emphasized the importance of ensuring equitable access, particularly for disproportionately affected groups, including people of color.

Preventing racial disparities in uptake of a COVID-19 vaccine will be important for helping to mitigate the disproportionate impacts of the virus for people of color and preventing widening racial health disparities going forward. Moreover, reaching high vaccination rates across individuals and communities will be key for achieving broader population immunity through a vaccine. This brief provides an overview of barriers to vaccination that disproportionately affect people of color and discusses how current national recommendations and state vaccine allocation plans address racial equity….**Read More**



Coronavirus: Medicare covers hospital care at home

HealthcareDive reports that the Centers for Medicare and Medicaid Services (CMS) has released new guidance to permit hospitals to deliver more inpatient care in people's homes. The policy is a response to the surge in COVID-19 cases, the limited supply of hospital beds, and the value of keeping older adults and people with disabilities isolated.

For the first time, because of the increase in COVID-19 hospitalizations since Thanksgiving, **CMS** is permitting hospitals to provide hospital care at home. The CMS guidance lists more than 60 acute conditions for which hospitals can provide in-home treatment. Conditions include asthma, pneumonia, congestive heart failure and chronic obstructive pulmonary disease.

Hospitals must seek waivers to provide in-home hospital care. To date, CMS has granted waivers to six health systems. Brigham and Women's Hospital in Massachusetts; Massachusetts General Hospital; Hunstman Cancer Institute in Utah; Mount Sinai Health System in New York City; Presbyterian Healthcare Services in New Mexico; and UnityPoint Health in Iowa. CMS expects to grant many more waivers as spread of the novel coronavirus is high. And, hospitals are stretched thin.

This new hospital care at home program is an extension of the CMS Hospitals Without Walls. Hospital Without Walls permits hospitals to deliver inpatient care outside the hospital, such as in hotels and dormitories.

Health systems are increasingly relying on providing inpatient services outside hospitals. With the advent of the novel coronavirus, expansion of these services is greater than ever. Telehealth is also rising dramatically.

Most hospitals have not been allowing patients visitors, including family members. But, visitors are permissible with at-home hospital care. So, patients understandably tend to prefer it. There is also evidence to suggest that at-home hospital care is less expensive than in-hospital services.

Under the CMS guidance, hospitals can admit patients for at -home acute care if they have been in an emergency room or an inpatient bed. The hospital must provide a minimum of two daily in-person visits from a registered nurse or paramedic. In addition, only patients who are found to be living in conditions that do not make it hard to deliver at-home care are eligible. For example, if heat or electricity are not working or there is a risk of domestic violence, patients are not eligible.

Read CMS Press Release

Gifts for Elderly Friends & Loved Ones: 75 Great Ideas

Coming up with good gifts for elderly people can sometimes be a huge challenge. After all, many seniors have particular tastes or more stuff than they know what to do with. How do you find a gift they'll appreciate? It can be even harder if they insist that they don't need anything (as so many older people do when they don't wish to be a burden).

But there are plenty of ways you can make them feel special. For many seniors, the key elements of a gift are practicality and functionality. (And when it comes to gifts for parents and grandparents, sentimentality still plays a role.) If you can come up with something that will make their lives easier, healthier, or more fun, you can bring a smile to their faces.

This gift guide includes plenty of ideas for older men and women, elderly parents and grandparents, and even those hard-to-buy-for people who already have everything. It also features dozens of ideas for older adults who are dealing with a variety of health challenges or conditions. Read on to discover how you can add a magic touch to a senior's day!

Contents

Having the Conversation With a Loved One About Senior Living

Speaking with a friend or family member about moving to senior living can be overwhelming. Here are tips to help you start the conversation.

WHEN YOU WERE YOUNG, your parents may have had "the talk" with you. Well, there is a different "talk" to be had when your parents or other **aging loved ones** appear to need more help with daily living. And this talk can be just as awkward and difficult – maybe more so.

Most older adults don't want to face the need for moving into an **assisted living facility or nursing home**. No one likes admitting that they can't do the simple tasks, like laundry or driving or shopping, that they have been doing their entire life. And most never want to leave the home they have lived in and raised a family in. Those thoughts are more than difficult – in fact, they can be frightening.

That's what makes it a tough conversation to have, says John Mastronardi, executive director at The Nathaniel Witherell, a short-term rehabilitation and skilled nursing facility in Greenwich, Connecticut. "For someone experiencing physical or cognitive decline, it's difficult to accept that we can't do some of the things we used to do and took for granted," he says.

Here are some tips to make the conversation a bit easier.

Talk to Siblings First

If you have brothers or sisters, be sure you all agree that it's **time to have the senior care discussion**. Settle any disagreements before you talk to your loved one. If you can't agree, SeniorLiving.org suggests you contact a social worker or elder care specialist to help you all resolve your issues. A united front is important to soothe your loved one's objections.

Have the Talk Sooner, Rather Than Later

Don't wait for a **medical or other emergency** to force you to address the issue. It's much harder to make good decisions in a moment of crisis. Procrastination is not helpful because you never know when an aging loved one may need help. This also lets the elder be an active part of the discussion. "Take an 'us' point of view, we are in this together," says Maria Hood, director of admissions at United Hebrew of New Rochelle, a continuing care campus in Westchester County, New York. "We are a family. You raised me, now it's my turn to help you."

Be Prepared for Ongoing Talks

If your loved one isn't ready, don't push it. Suggest that you revisit the topic on a regular basis – say, every six months – just to check in with them and see if their views have changed. "Approach your loved one with respect, and if the person is not ready, you have to back it off," Hood says. "Chances are, this won't be one conversation. It will be several over time. And that's OK."….**Read More**

Coronavirus: Doctors and nurses reconsider their professions

The novel coronavirus has taken a huge toll on the lives of millions of Americans, particularly health care workers and other essential workers. Kaiser Health News reports on how some doctors and nurses are responding to this pandemic. The news is not pretty; it's easy to imagine a future with robots as healthcare providers.

Many nurses are fighting back against low-wage jobs that put them at risk. Their small hospital salaries are not enough to make the risk of catching COVID -19 worth it. They are leaving these steady hospital jobs for far higher paying jobs that guarantee them the personal protection they need.

And, they are taking jobs that pay thousands of dollars a week to provide care to people in their homes. Working as private pay nurses, they can earn more than $6,000 a week. In some cases, they can earn $10,000 a week. By the hour, their base rate is $95. But, their jobs are not secure and do not come with health insurance.

These traveling nurses will go wherever they are needed. And, their ranks are rising rapidly, now at 50,000. Just two years ago, there were 31,000.

The result is a hospital crisis. And, greater health inequities. The hospitals in poor areas generally can't afford to attract the nurses they need. Rural hospitals and public hospitals in urban areas are finding themselves understaffed. They don't have the health care workers they need to provide care to COVID-19 patients.

And, because COVID-19 is surging throughout the country, there are few areas with an extra supply of nurses.

The good news is that finally nurses are commanding fair wages. The bad news is that some of them now command wages that most hospitals and individuals cannot afford.

At the same time, **thousands of doctors' offices** have been forced to close. With COVID-19, many primary care doctors saw a sharp drop in their patient volume. With that, came a major loss of revenue. As it is these doctors tend to earn a lot less than specialists, averaging less than $200,000 a year.

Consequently, there are too few primary care doctors. This new wave of closures is only making it more difficult for people to get needed care. It puts many of them with chronic conditions at increased health risk.

Pre-novel coronavirus, we had a shortage of some 15,000 primary care doctors. According to **the Health Services Research Administration**, about one in four Americans live in an area where there is a a shortage of health care workers.

One survey found that about one in twelve doctors' offices have closed as a result of the novel coronavirus. That's about 16,000 offices. The doctors say they do not have the financial means to remain open.

Canada Bans Sending Drugs to U.S.

We reported earlier this year that President Trump issued executive orders to lower prescription drug prices under Medicare by linking them to rates paid in other countries and allowing Americans to buy medication imported from Canada.

Officials in Canada said at that time that this would not be an effective approach to reducing drug prices in the U.S. since the Canadian market is small, representing only 2% of global pharmaceutical sales, compared to 44% south of the border.

Now, the government of Canada is banning drug manufacturers and distributors from shipping any Canadian drugs that might be at risk of shortage to the United States.

The order is a direct response to the President's efforts to greenlight the importation of drugs from Canada.

"Our health care system is a symbol of our national identity and we are committed to defending it. The actions we are taking today will help protect Canadians' access to the medication they rely on," said Patty Hajdu, Canada's minister of health.

Canada's order will not prevent Americans from crossing the border to buy cheaper drugs; it doesn't affect sales made by brick and mortar pharmacies, according to a fact sheet released by the Canadian government.

COVID: Treatment costs for people with Medicare

No one disputes that older and disabled Americans are most at risk for COVID-19. To date, 1.2 million people with Medicare, about 2 percent of them, have been diagnosed with the novel coronavirus. If you have Medicare and get COVID-19, what will you pay out of pocket for that care?

People with Medicare are better off than most working people in terms of out-of-pocket health care costs. Experts estimate that more than one in four older adults with COVID end up hospitalized, which is where people's costs can be high. What you pay for your hospital care depends upon whether you are enrolled in traditional Medicare or a Medicare Advantage plan.

No matter how sick you are and how much care you need, if you have traditional Medicare and **supplemental coverage**, either through a Medigap policy you buy in the individual market, or a former employer or Medicaid, your out-of-pocket costs should be very small. If you are enrolled in a **private Medicare Advantage plan**, it's another story.

Medicare Advantage plans can charge high deductibles and out-of-pocket costs for people with complex conditions. Indeed, they can charge as much as **$7,550 out of pocket in 2021,** excluding costs for prescription drugs and surprise out-of-network bills. Medicare Advantage plans do not release data on average out-of-pocket costs for people in their plans, which likely means they don't want you to know how high they can be for people with complex conditions.

The costs for people in Medicare Advantage can be even more significant if they need rehab or skilled nursing services post hospitalization. They are far **less likely to have high quality facilities** in their Medicare Advantage network than people in traditional Medicare. So, Medicare Advantage enrollees face the choice of limiting their out-of-pocket spending and joining an in-network facility or paying out-of-pocket for these services.

Traditional Medicare offers a broad array of rehab and skilled nursing facilities for you to choose from. And your supplemental coverage should pick up most if not all out-of-pocket costs.

Medicare Part D drug coverage can mean high out-of-pocket costs whether you are enrolled in traditional Medicare or a Medicare Advantage plan. In traditional Medicare, you can and should choose carefully among many different Part D plans to find one that limits those costs, although most people do not. It's not clear that people in Medicare Advantage appreciate that they are locked into the prescription drug coverage their Medicare Advantage plan offers, which can have high out-of-pocket costs. In truth, if they are opting for a Medicare Advantage plan, they need to be choosing a Medicare Advantage plan in part based on its drug coverage.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

How Safe Are the New COVID Vaccines?

Two COVID-19 vaccines are on the verge of approval in the United States, with pharmaceutical companies promising that millions of doses will be available to the first wave of recipients within a matter of weeks.

Creating two vaccines in less than a year is an astonishing achievement, experts say, but the next task could prove even more difficult — convincing Americans that it's safe to take vaccines developed at such a breakneck pace.

Average folks can take comfort from the safety data that's already been gathered in clinical trials, and additional data expected to pour in from millions more people participating in the earliest waves of COVID-19 vaccine distribution, said Dr. Paul Offit. He's director of the Vaccine Education Center at the Children's Hospital of Philadelphia.

"For people who are worried about safety, we are essentially, by necessity, testing the water with one foot," Offit said. "We'll have tens of millions of people who will be getting this vaccine before the general population gets it, so you'll have a much bigger safety profile than you have when it initially rolls out."

Offit is a member of the U.S. Food and Drug Administration advisory board that will review the clinical trial data for both the Pfizer and Moderna vaccines within the next two weeks.

In fact, Offit has already started to go over the data on the Pfizer vaccine, which will be considered at the advisory board's Dec. 10 meeting.

'Very reassured'

Offit said skyscraper-high reams of documents tend to be generated during clinical trials, and the FDA advisory board painstakingly reviews all that data before recommending vaccine approval.

"You don't want us [only] to look at the press release and say these data look great and just say, 'Let's go,'" Offit said. "You've seen the tip of the iceberg. We're going to look at the base of the iceberg and make sure there's nothing at the base that's cracking, that makes us wonder about whether the tip is really true."

Vaccine makers are not involved at all in this review process, Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases, stressed last week during an **HD Live! interview**.

"You separate them so that the Data and Safety Monitoring Board does [its review] independently," Fauci explained.

Only after committees from both the FDA and the U.S. Centers for Disease Control and Prevention agree on the data would FDA officials decide that "'we're going to do an EUA' — we are going to have an Emergency Use Authorization," he said.

Offit and other infectious disease experts said they do have early confidence in the safety of the two COVID-19 vaccines, given what's been reported so far.

"We really see vaccine side effects in the first week after vaccine, and sometimes in the first month to two months of the vaccine," said Dr. Buddy Creech, director of the Vanderbilt Vaccine Research Program, in Nashville, Tenn. "We've been very reassured that we haven't seen a number of cases of things that we would not expect."

Offit added, "What you're going to be able to say now, when these vaccines roll out, is you're going to be able to say that, at least in tens of thousands of people, there were no uncommon serious side effects that were seen within two months of getting a dose."...**Read More**

Sleep cycle stages and their effect on the body

During sleep, the body goes through multiple sleep cycles. Each cycle consists of four stages: three stages of non-rapid eye movement (non-REM) sleep and one stage of rapid eye movement (REM) sleep.

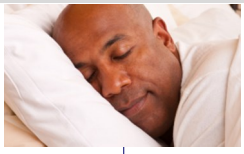
A person will cycle through the stages of non-REM and REM sleep **4–6 times** per night, on average.

In this article, we look at sleep cycle stages, factors that influence them, and how to improve sleep quality.

What is the sleep cycle?

The sleep cycle is a physiological process that occurs during sleep. It allows the brain and body to perform "housekeeping" functions, such as repairing or growing tissues, removing toxins, and processing memories.

Each sleep cycle consists of four stages, with each having varying effects on the body. On average, adults go through 4–6 sleep cycles per night and spend 90 minutes in each sleep cycle stage.



Sleep cycle stages

Below, we list the four stages of the sleep cycle.

Stage 1

Stage one begins when a person shifts from wakefulness to sleep. It is a period of light non-REM sleep that slows down a person's heart rate, breathing, eye movements, and brain waves. The muscles also relax, although they may twitch occasionally.

This stage is short and lasts for around **1–5 minutes**.

Stage 2

This is a period of deeper non-REM sleep, where the muscles relax further, eye movements stop, and body temperature drops.

During the first sleep cycle of the night, this stage lasts for around **25 minutes**, lengthening with each new sleep cycle. Overall, it accounts for more than **50%** of sleep in adults.

Stage 3

Stage 3 non-REM sleep is the deepest stage of sleep and the hardest to awaken from. During this stage, heart rate, breathing, and brain waves become regular.

A person will experience the most deep sleep during the first half of the night. With each sleep cycle, the amount of deep sleep decreases.

This is the stage people typically find most difficult to wake from. If a person wakes during deep sleep, they may feel mentally foggy for around **30–60 minutes**. The overall percentage of deep sleep tends to decrease with age.

Stage 4

The last stage of the sleep cycle is REM sleep. The term "REM" refers to a person's eye movements. During this stage, the eyes move quickly and rapidly from side to side.

During REM sleep, breathing quickens and becomes more erratic. Other vital signs, such as **blood pressure** and heart rate, become less regular.

REM is the sleep stage most associated with dreaming, although dreaming can also occur in other stages. During this time, most people experience muscle atonia, or temporary muscle paralysis, which occurs naturally during REM sleep and prevents a person from acting out their dreams.

Rarely, the loss of muscle tone usually associated with REM sleep may not occur. This condition is known as REM sleep behavior disorder.

REM sleep lasts for approximately **10 minutes** during the first sleep cycle, increasing in length as the night progresses. In the final cycle of sleep, REM can last up to 1 hour….**Read More**

Cold Weather Safety for Older Adults

If you are like most people, you feel cold every now and then during the winter. What you may not know is that just being really cold can make you very sick.

Older adults can lose body heat fast—faster than when they were young. Changes in your body that come with aging can make it harder for you to be aware of getting cold. A big chill can turn into a dangerous problem before an older person even knows what's happening. Doctors call this serious problem hypothermia.

What Is Hypothermia?

Hypothermia is what happens when your body temperature gets very low. For an older person, a body temperature of 95°F or lower can cause many health problems, such as a **heart attack, kidney problems, liver damage**, or worse.

Being outside in the cold, or even being in a very cold house, can lead to hypothermia. Try to stay away from cold places, and pay attention to how cold it is where you are. You can take steps to lower your chance of getting hypothermia.

Keep Warm Inside

Living in a cold house, apartment, or other building can cause hypothermia. In fact, hypothermia can happen to someone in a **nursing home** or group facility if the rooms are not kept warm enough. If someone you know is in a group facility, pay attention to the inside temperature and to whether that person is dressed warmly enough.

People who are sick may have special problems keeping warm. Do not let it get too cold inside and dress warmly. Even if you keep your temperature between 60°F and 65°F, your home or apartment may not be warm enough to keep you safe. This is a special problem if you live alone because there is no one else to feel the chilliness of the house or notice if you are having symptoms of hypothermia.

Here are some tips for keeping warm while you're inside:

- Set your heat to at least 68–70° F. To save on heating bills, close off rooms you are not using. Close the vents and shut the doors in these rooms, and keep the basement door closed. Place a rolled towel in front of all doors to keep out drafts.
- Make sure your house isn't losing heat through windows. Keep your blinds and curtains closed. If you have gaps around the windows, try using weather stripping or caulk to keep the cold air out.
- Dress warmly on cold days even if you are staying in the house. Throw a blanket over your legs. Wear socks and slippers.
- When you go to sleep, wear long underwear under your pajamas, and use extra covers. Wear a cap or hat.
- Make sure you eat enough food to keep up your weight. If you don't eat well, you might have less fat under your skin. Body fat helps you to stay warm.
- Drink **alcohol** moderately, if at all. Alcoholic drinks can make you lose body heat.

Ask family or friends to check on you during cold weather. If a power outage leaves you without heat, try to stay with a relative or friend.

You may be tempted to warm your room with a space heater. But, some space heaters are fire hazards, and others can cause carbon monoxide poisoning. The Consumer Product Safety Commission has information on the use of space heaters. Read the following for more information: **Reducing Fire Hazards for Portable Electric Heaters** and **Seven Highly Effective Portable Heater Safety Habits.**

Bundle Up on Windy, Cold Days

A heavy wind can quickly lower your body temperature. Check the weather forecast for windy and cold days. On those days, try to stay inside or in a warm place. If you have to go out, wear warm clothes, and don't stay out in the cold and wind for a long time. Here are some other tips:

- Dress for the weather if you have to go out on chilly, cold, or damp days.
- Wear loose layers of clothing. The air between the layers helps to keep you warm.
- Put on a hat and scarf. You lose a lot of body heat when your head and neck are uncovered.
- Wear a waterproof coat or jacket if it's snowy.

Change your clothes right away if they get damp or wet.

Illness, Medicines, and Cold Weather

Some illnesses may make it harder for your body to stay warm.

- **Thyroid problems** can make it hard to maintain a normal body temperature.
- **Diabetes** can keep blood from flowing normally to provide warmth.
- **Parkinson's disease** and **arthritis** can make it hard to put on more clothes, use a blanket, or get out of the cold.
- **Memory loss** can cause a person to go outside without the right clothing.

Talk with your doctor about your health problems and how to prevent hypothermia….**Read More**

Impacting Short-Term Illnesses and Injuries

People are living longer than ever before, staying active and healthy into their 80s and 90s, which has changed how seniors are viewed, supported and treated in our society. As a result, there are more resources, health and treatment options, and residential and care settings than were available to past generations. There has also been a shift in focus from housing seniors to assuring a meaningful quality of life. This outlook acknowledges that seniors remain vital members of our communities, and their needs and interests matter.

As a person ages, their health issues and care requirements will change, and the best choice today might not be the right one six months from now. For this reason, it is important to evaluate your loved one's needs on an ongoing basis to assure they have the support necessary to achieve the highest possible quality of life. Make an effort to anticipate needs and plan ahead so any necessary transition can be managed with as little disruption as possible. As you make these residential care decisions, remember that once you've identified the best type of program or living arrangement, you still need to investigate specific options to select the provider that delivers the highest quality of care.

- **Flu** – an infection that includes fever, headache, fatigue and more. It often leads to dehydration, pneumonia and can worsen conditions including asthma and heart disease.
- **Pneumonia** – a lung infection that has a variety of unpleasant symptoms including coughing, fever, chest pains, nausea, and more.
- **Shingles** – a rash with shooting pains that is related to the chickenpox. It is extremely painful and continuous.
- **Falls** – can occur from tripping over carpet or furniture and slippery floors. Millions of seniors are treated in emergency room each year due to falls.

These seemingly small problems can have a life-changing impact on a senior. As we age, we lose our ability to fight infections, making these illnesses dangerous, and even deadly. Brittle bones can fracture during falls, which can also lead to serious problems. When seniors are bedridden due to a short term illness or fall, they lose muscle mass, become weaker, and may not fully recover even with physical therapy or other treatments.

Impacting Long-Term Disease and Conditions

- **Heart Disease** – encompasses a variety of issues including high blood pressure, strokes, angina and more. It is the leading cause of death among seniors, heart disease can worsen as we age due to inactivity and unhealthy diet.
- **Arthritis** – a painful disease of the joints that can limit a person's activity level, which may cause additional health problems.
- **Cancer** – is the broad term for more than 100 different disease that are caused when cells grow out of control, creating tumors and other problems. Cancer is the second leading cause of death among seniors and preventative care and early detection should be a priority. Seniors are especially prone to developing colon cancer and should be proactive in testing for this disease.
- **COPD and other Respiratory Illnesses** – is one that affects the proper function of the lungs and related breathing processes. It is the third leading cause of death among seniors and must be actively managed to preserve health and quality of life, as well as reduce the risk of developing pneumonia.
- **Alzheimer's Disease and Dementia** – is the deterioration of brain matter resulting in memory loss and cognition problems. Often an exact diagnosis is difficult, but in most cases there are limited treatment options and the focus is on delaying symptom progression rather than a cure.

- **Sundowning Syndrome** – related to dementia and Alzheimer's disease, sundowning refers to the connection between the setting sun and an increase in confusion, anxiety, aggression or other behaviors by a senior. It is sometimes an early warning sign that the person is experiencing some level of dementia that has not yet been diagnosed.
- **Osteoporosis** – low bone mass that places a person at higher risk of a fracture or break when experiencing a fall or other impact. This disease category also includes spinal stenosis, which is a weakening and curving of the spine. The loss of activity due to this disease can worsen its affects and create additional health problems.
- **Parkinson's Disease** – this progressive neurological disorder occurs when specific cells in the brain begin to die, limiting a person's coordination and ability to control their movements. It commonly occurs among the elderly and has no cure, with treatment focused on managing symptoms and slowing the progression of the disease.
- **Multiple Sclerosis** – Although most people are diagnoses with MS before they reach age 50, many live with this disease well into their 80s, with symptoms changing over time. Seniors with MS experience many of the issues associated with general aging, but more intensely, including muscle weakness, balance issues, cognitive impairment, vision problems and fatigue. Decreased mobility from this disease increases risk of heart disease and urinary tract infections.
- **Diabetes** – results when the body experiences sustained high blood sugar levels due to decreased insulin levels. It can be fatal if left untreated but the symptoms can be managed through diet and exercise.
- **Obesity** – this issue can have many causes, the most common of which are diet and lifestyle. However many common medications, such as steroids and beta-blockers, can cause a person to gain wait. Obesity creates additional health problems including Type 2 diabetes, hypertension, heart disease, certain cancers, stroke, kidney disease and more.
- **Depression** – can have many causes and impacts seniors differently than other populations. When left undiagnosed and untreated, depression can worsen preexisting conditions, cause heart attacks and even result in suicide.
- **Anxiety** – affects more older adults than depression, and is more likely to go undiagnosed. Generalized anxiety disorder (GAD) is most common, although phobias, panic disorders, and obsessive compulsive disorders can also develop. All of these disorders hinder a person's ability to function in their life.

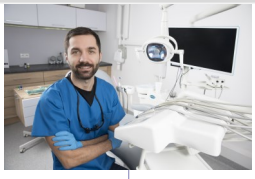
Every one of these conditions can significantly impact independence, quality of life, and the level of care necessary for management or improvement of symptoms, treatment and overall physical and mental wellbeing. Each person's needs are different and the challenge is finding the best solution for their circumstances.

Should your dentist be able to give you a Covid vaccine?

The COVID-19 vaccine is on the verge of approval. Should your dentist and eye doctor be able to administer the vaccine? Rachel Bluth reports for **Kaiser Health News** that dentists and optometrists are making the case that it would be far easier for you to get the vaccine and help ensure everyone is vaccinated.

The data and evidence suggest that it should not only be physicians who administer the vaccine. As it is, pharmacists are allowed to administer the flu shot and the shingles vaccine. Why are they any better equipped to administer a vaccine than a dentist or optometrist?

Dentists already deliver injections. Delivering the COVID vaccine is not complicated. So, why not let dentists deliver the vaccine and help maximize uptake?



Moreover, each year lots of people see a dentist without ever seeing a doctor. More than 31 million people visited the dentist in 2017 but not a doctor.

The American Association of Dental Boards reports that more than 25 states are looking into having dentists give people the COVID vaccine. The state of Oregon already allows dentists to provide vaccines to their adult and child patients after undergoing a training and certification program. And, Minnesota and Illinois allow dentists to give adult patients flu shots.

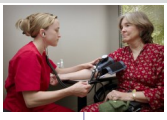
The Centers for Medicare and Medicaid Services supports expanding the number of health care providers who can administer the COVID vaccine. The dentists and eye doctors make a compelling case as to why their ability to provide the COVID vaccine will be a service to their patients. They also would benefit some financially.

Some states have previously expanded the array of health care workers who could deliver a vaccine for a temporary period. They allowed nursing students, midwifes and emergency medical technicians to deliver the flu vaccine during the H1N1 pandemic.

Some argue the more the merrier when it comes to having the authority to deliver a vaccine. The COVID vaccine is pretty easy to administer and low-risk. But, approvals take time, so it is not likely that too many people other than physicians and pharmacists will be able to administer the COVID vaccine this go-round.

Of note, it does not appear that there is anyone objecting to the notion that dentists and optometrists should be able to deliver vaccines. If approved to give the vaccine, health care providers will have to gauge the number of vaccines to buy and how to store them properly under special conditions. If they buy too many, they will be stuck with them. It would be against their financial interest.

Few Clinical Studies Examine High Blood Pressure Treatments for Black Americans



High blood pressure affects Black adults in the U.S. more than any other group. But studies exploring its impact on them remain scant, an analysis of clinical trials over the past decade shows.

The analysis, published Monday in the Journal of the American Heart Association, found that of the 956 U.S.-based clinical trials investigating interventions for high blood pressure between 2009-2018, just 52 were exclusively in Black people. While the numbers grew over that decade – from 3.9% (3 of 77 trials) in 2009 to 6.2% (9 of 146) in 2018 – the increase was not enough to be statistically significant.

"I thought we'd find a greater number of trials in the later years of the study," said lead author Dr. Alexander Zheutlin, a resident physician in the department of internal medicine at the University of Utah in Salt Lake City. "But overall, the number of hypertension-related clinical trials specific to African Americans has remained low. There hasn't been much of a change."

High blood pressure impacts Black adults more than any other racial or ethnic group in America. Prevalence rates – some of the highest in the world – show 58.6% of Black men and 56% of Black women live with the condition, which develops earlier in life and is more severe among Black adults than their white peers. Research shows Black adults diagnosed with high blood pressure also are less likely to keep the condition under control, which can lead to heart disease, stroke, kidney failure, vision loss and dementia. Black adults are 20% more likely to die from heart-related problems than their white counterparts, federal data show.

Researchers have known for decades that Black adults in the U.S. are disproportionately impacted by high blood pressure and heart disease, said Dr. Deborah Crabbe, a professor of medicine at the Lewis Katz School of Medicine at Temple University in Philadelphia. "This paper makes the point that, 'Hey, you think we've made progress? We haven't,'" she said. "The number of studies hasn't increased commensurate with the level of illness."

The failure to focus clinical research on Black adults with hypertension has consequences, Crabbe said.

It "really thwarts our ability to deal with a problem that has more grave consequences for this population than others," she said. "Finding novel ways to control it within this population could be really beneficial, but we can't do that if African Americans aren't in the studies. This impedes our ability to develop new and novel interventions and treatments."

Zheutlin speculated that the lack of investment in studies of this type may be due to the inability to profit from them. "I think in part it's funding," he said. "There's no product at the end that can go to market."

It also can be difficult to recruit sufficient numbers of Black people into research studies, Crabbe said, due to a generational distrust of the scientific community that grew out of being misled and mistreated during the mid- to late 1900s, most notably in the Tuskegee syphilis study.

She said more recent studies that have successfully included Black Americans and have led to advances in treatment make it easier for her and other researchers to explain to potential study recruits why it's so important they participate.

Designing interventions for under-resourced communities and studying their effectiveness is crucial for reducing health care disparities, Zheutlin said. "We need collaboration between academics, industry and communities, who understand the barriers to achieving improved health."

"This is not a small task," Crabbe said. "The patients I take care of, 44% of them live in poverty. They have a hard time complying with recommendations for lowering blood pressure for a variety of reasons."

For example, she said, they have little access to healthy foods and can't go to the doctor as often because they can't afford the copays or have no transportation.

"If you want to get rid of health disparities, you have to have the science and the medicine, but it's going to take a comprehensive approach," Crabbe said. "It's not going to be one answer. And we won't find those answers without the research."

Obesity Adds to Racial Disparity in Early Breast Cancer

Considerable differences in obesity, comorbidities -- but not treatment -- seen between Black and White women

For women with early breast cancer, there are considerable disparities in terms of obesity and comorbidity for Black and White women, according to a study published online Dec. 7 in *Cancer*.

Kirsten A. Nyrop, Ph.D., from the University of North Carolina at Chapel Hill, and colleagues conducted a retrospective chart review to examine obesity and comorbidity in Black and White women with early breast cancer (stages I to III). Data were included for 548 patients: 26 and 74 percent Black and White, respectively.

The researchers found that 62 and 32 percent of Black and White patients, respectively, were obese. Overall, 75 and 87 percent of Black and White patients, respectively, had hormone receptor-positive (HR+) tumors. There were significant differences between the groups for having two or more comorbidities (62 percent of Blacks and 47 percent of Whites); two or more obesity-related comorbidities (33 versus 10 percent); hypertension (60 versus 32 percent); diabetes mellitus (23 versus 6 percent); hypercholesterolemia or hyperlipidemia (28 versus 18 percent); and hypothyroidism (4 versus 11 percent). No intergroup differences were seen for women with HR+/human epidermal growth factor receptor 2-negative tumors regarding type of surgery, chemotherapy regimen, radiation, or endocrine treatment.

"Findings from this study need to be considered within the larger context of the cancer-obesity link and the disparate impact of the obesity epidemic on communities of color in the United States," Nyrop said in a statement.

Seasonal affective disorder

Seasonal affective disorder (SAD) is a type of depression related to changes in seasons. For most, people with SAD feel symptoms begin in late fall or early winter and affect their energy, mood, and behavior through the end of winter. With fewer hours of sunlight and less socializing with others right now, SAD symptoms may affect many of us this winter. Rather than brush off the "winter blues," recognize that you are not alone and that you can take steps to steady your mood throughout the year.

Health Tip

Lifestyle and home changes (such as making your environment sunnier, getting outside, and exercising) can alleviate milder SAD symptoms. And while it's normal to have some days where you feel down, you should see your doctor if you feel down for days at a time or you can't get motivated to do activities you normally enjoy. To read more about SAD symptoms and treatments, visit **Mayo Clinic**. For 24/7 treatment referral and information, contact the **SAMHSA National Helpline** at 800-662-HELP (4357).