



December 6, 2020 E-Newsletter

Health Care Workers, Nursing Home Residents to Get First Vaccines: Panel

Health care workers and people in nursing homes should be at the front of the line for upcoming COVID-19 vaccines, a U.S. Centers for Disease Control and Prevention advisory panel recommended Tuesday.

The recommendation of the Advisory Committee on Immunization Practice (ACIP), if heeded, will steer the initial short supply of vaccines to about 21 million health care personnel and 3 million Americans working or living in long-term care facilities.

The logic is that health care workers are crucial to keeping overtaxed U.S. health care systems working. And residents of long-term care facilities have accounted for 6% of all cases and 40% of all COVID-19 deaths in the United States, according to one presentation made by the ACIP panel.

The panel's advice will be reviewed by CDC Director Dr. Robert Redfield and, if accepted, will provide badly needed official guidance to state officials

scrambling to plan for vaccine distribution.

The committee voted 13 to 1 to prioritize the two groups, according to the *Washington Post*.

The novel coronavirus has killed nearly 270,000 people and infected more than 13.5 million in the United States, with a new surge causing cases and deaths to skyrocket in recent weeks.

A presentation to the committee noted at least 243,000 confirmed COVID-19 infections have occurred among health care personnel, with 858 deaths recorded.

Health care personnel include employees at hospitals, long-term care facilities, outpatient clinics, home health care services and pharmacies, along with paramedics and public health workers, according to the presentation.

U.S. officials expect to have about 40 million doses of vaccines from Pfizer and Moderna distributed by the end



of the year -- just enough to immunize 20 million people with the two-dose vaccine, the *Post* said.

In 2021, five to 10 million doses of vaccine are anticipated to ship each week.

ACIP provided guidance on Tuesday even though the U.S. Food and Drug Administration hasn't yet authorized the two leading vaccines for emergency use.

That's because states needed the committee's input before Friday, which is their deadline for submitting their vaccine distribution plans to the federal government, the *Post* reported.

The next phase of priority vaccinations could focus on essential workers such as educators, food and agriculture workers, utility workers, police, firefighters, corrections officers and transportation employees, the ACIP presentation said.

This represents about 87 million people, and also would

promote vaccination among minority communities that have been hit hard by the pandemic, the *Post* reported.

After that, people aged 65 and older (about 53 million) and adults with high-risk medical conditions (about 100 million) could be next in line for vaccination, the presentation noted.

"If we had vaccine for every person in the United States, it would be an easy decision," Jose Romero, the advisory group's chairman and the Arkansas secretary of health, said in an interview with the *Post* over the weekend. "But we don't, and that's why we have to make a prioritization scheme for the initial set of vaccines."

"We want to give vaccine to those who need it most in our society," he said. "I can tell you, in my opinion, this is the most weighty vote we have given in my seven years on the committee."

Will Joe Biden Cut Social Security Benefits?

The answer isn't as cut-and-dried as you might think.

Close to 65 million Americans receive a Social Security benefit each month, 71% of whom are retired workers. For many of these retirees, their monthly payout accounts for at least half of their income.

Social Security has become increasingly important in its more than eight decades of doling out payments, yet the program is in a precarious position. According to the 2020 Social Security Board of Trustees report, the program is staring down a \$16.8 trillion

funding shortfall between 2035 and 2094. If this widening gap of unfunded obligations isn't resolved, retired workers might see their monthly benefits **slashed by up to 24% in 2035** simply to maintain program solvency.

Americans recently elected Democratic Party challenger Joe Biden as the 46th President of the United States. Seniors really want to know what's going to happen with Social Security and their monthly benefit under Biden's leadership.

The President-elect has laid



out a very clear proposal to strengthen Social Security that doesn't call for a benefit cut. That doesn't mean a cut is entirely out of the question.

Biden's proposals call for bigger retirement benefits

Let's first take a closer look at the major overhaul Biden unveiled on his election campaign website.

To counteract Social Security's failing financial situation, President-elect Biden **proposed four key changes** to the program:

- ◆ **Boost taxation on the top 1%:**
- ◆ **Raise the special minimum benefit:**
- ◆ **Provide a higher payout to aged beneficiaries:**
- ◆ **Switch to the CPI-E:**

If implemented, none of these proposals would reduce Social Security benefits. However, applying major changes to the Social Security program isn't simple. Biden might have to consider alternative options to strengthen Social Security.... [Read More](#)

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Republicans ready to become deficit hawks again under a President Biden

Republicans are preparing to re-embrace their inner deficit hawk after greenlighting big spending bills under President Trump.

GOP senators say they expect to refocus on curbing the nation's debt and reforming entitlement programs starting in 2021, as the Congressional Budget Office estimates that the debt has surpassed the size of the American economy.

"I think that's kind of getting back to our DNA. ...I think spending, entitlement reform, growth and the economy are all things that we're going to have to be focused on next year and, yeah, I would expect you'll hear a lot more about that," said Sen. John Thune (R-S.D.), the No. 2 Senate Republican.

The shift could pose a significant headache for a new Biden administration that will need GOP support in the Senate to move its agenda. It is also likely to complicate efforts on a debt-ceiling deal.

Sen. Lindsey Graham (R-

S.C.) is poised to become the chairman of the Budget Committee if

Republicans keep the Senate. He said he wants to create a new commission to propose ways to reduce the deficit and address the country's debt.

"I think we've got to understand that we're going to be raising the debt ceiling in perpetuity if we don't find a way to bend the curve," Graham said.

The battle over spending could quickly come to a head with fights looming over budgets, pandemic spending and the debt ceiling, which was suspended under a deal between Trump and Congress. It is set to be reinstated at the end of July.

Republicans are already floating requiring a trade-off in exchange for the mid-year fight, in a preview of what could be an explosive battle with ramifications for the country's fiscal reputation with the



economy already battered by the spread of the coronavirus.

"Whoever is in the

White House I hope they realize how serious the debt crisis is and how important it is that we put measures in place to address it," said Thune. "And hopefully when that vote comes around, we'll have some of those reforms."

Sen. Kevin Cramer (R-N.D.) said he wants to see offsets like required spending cuts as part of a deal to increase the debt ceiling next year.

"I think you can expect there to be conditions, at least some members will try to get them," Cramer said. "I don't think there's any question that a lot of conservative Republican members are going to require some sort of conditions."

Any movement toward austerity is likely to spark fierce backlash from Democrats and progressive activists, who are already on watch for Republicans to embrace

spending cuts with President Trump out of the White House.

"They are always concerned about the debt when we're spending money to help people, they never care when we're cutting billionaires and corporations. I've been around Washington long enough to know that Republicans' interest in the debt is intermittent," said Sen. Chris Murphy (D-Conn.). Republicans embraced big spending under Trump and in the midst of a global health pandemic. Congress has passed several bills that totaled nearly \$2.8 trillion - roughly the combined total of the fiscal 2019 and 2020 discretionary spending for the entire government - with bipartisan support to deal with the economic problems caused by the coronavirus pandemic. Republicans cited concerns about the debt as part of their opposition to going big on a fifth coronavirus relief bill, arguing that Congress should pass a "targeted" measure of around \$500 billion....[Read More](#)

Trump's Payroll-Tax Deferral Creates Predicament for Congress

President Trump's decision to defer payroll taxes until the end of the year is leaving challenges for lawmakers to manage after he leaves office in January, and they haven't figured out what—if anything—to do.

Members of Congress in both parties weren't keen on the August executive action, which let employers stop collecting the 6.2% Social Security payroll tax from many workers in the final four months of 2020. The move was meant as a form of relief during the economic slump caused by the coronavirus pandemic, but few employers stopped withholding.

That created a predicament for Congress. Employees whose payroll taxes temporarily shrank will face double withholding starting in January, which could pinch households that haven't planned for it.

Doing nothing could cause harm for those workers, but helping only them could be unfair to others whose taxes continued to be withheld.

"No one will be happy no matter how that gets resolved," said Mark Mazur, a former Obama administration official who now directs the Tax Policy Center. "It's kind of like a no-win thing."

Mr. Trump couldn't get Congress to cut payroll taxes, so he used the administration's ability to defer tax deadlines after a disaster to delay payments of the employees' portion of Social Security taxes. He promised that if he won re-election, he would push to turn that delay into a real tax cut.

The government offer applied to people making \$104,000 or less, who could have as much as \$2,149 in taxes deferred. But most employers balked, wary of potential complexities and costs of deferring the tax and arguing that the deferral amounted to little more than a short-term, no-interest loan.

"President Trump was waving his arm and saying don't worry about it. You do worry about it,"



said Rep. Richard Neal (D., Mass.), chairman of the tax-writing House Ways and Means Committee.

Official figures aren't available yet, but payroll processor Paychex Inc. said take-up has been very low. The one big exception—which could create pressure for Congress to act—is the federal workforce, including many members of the military. Mr. Trump required executive-branch employees to participate.

Lawmakers, particularly those from the Washington area, support legislation to let employees decide whether their taxes can be deferred. As the weeks tick by toward the year's end, that becomes less feasible.

"I want workers fully protected from an ill-advised scheme that would hurt them and would hurt the overall fiscal stability of the [Social Security] program" funded by those payroll taxes, said Sen. Ron Wyden (D., Ore.), who has backed the option legislation.

Forgiving the unpaid tax has some appeal, because it would avoid the hardships of a sudden drop in paychecks and provide a boost to households. The payback can be particularly messy if employees have left their jobs before it is complete and the government needs to find them or seek payment from their employers.

"It's going to be very tempting on both sides to want to do that—especially for the troops," said Rep. Don Beyer (D., Va.), whose constituents just across the Potomac River from Washington include many federal workers. "There will be an awful lot of pressure to just forgive it."

Rep. Kevin Brady (R., Texas) introduced a bill to forgive all deferred taxes, which is backed by 28 other House Republicans.

Allowing forgiveness at this point, after so many employers didn't participate, would give a windfall to federal employees and nothing to millions of other workers....[Read More](#)

Majority of seniors have been targeted by a Social Security scams

If you receive a text, email or phone call purporting to be from the Social Security Administration, think twice before responding.

The people on the other end are likely fraudsters. And they're looking to catch individuals off guard and take advantage of their fears.

The November **Retirement Confidence Index** from SimplyWise, a technology company that helps people make Social Security claiming decisions, found 47% of Americans have been targeted by a Social Security scam in the past three months.

The rate was even higher for seniors, 53% of whom were the target of those schemes in the past three months. What's more, 21% of seniors received more than three Social Security fraud attempts in that time.

The SSA last year started a new hotline to report scams.

Meanwhile, the Department of Justice has filed civil actions against telecom companies that have knowingly passed along phony calls.

Yet those efforts aren't enough to keep up with the pace of bad actors. Text messages that use the same language as the scam robo-calls, as well as emails with documents that look legitimate, are popping up, the SSA said earlier this year.

"Despite all of our efforts, people will continue to fall victim to government imposters," Gail Ennis, inspector general at the SSA, said earlier this year. "As we take one scammer down, another will pop up in their place.

"They will find other ways to reach people and devise new



techniques to deceive them."

What to watch out for

There are certain hallmarks that can tip you off that the phone call is fraudulent.

The first clue is an unsolicited call. Social Security only makes personal calls in specific circumstances, Ennis said. You can expect a call from the agency if you've requested a call back or are undergoing a disability review, for example.

Fraudsters also may threaten to arrest you or take legal action if you don't pay them immediately. They may offer to increase your benefits for a fee. They may offer to protect you from identity theft by transferring your money to a bank account that is supposedly protected by the government.

The caller may ask you to refrain from telling your friends, family or bank about the call.

And they may demand **unconventional** forms of payment, such as gift cards, wire transfers, cash or cryptocurrency like bitcoin.

There are things you can do to protect yourself and help put a stop to the perpetrators.

"If you get these calls, you hang up," said Andrew Saul, SSA commissioner. "Don't engage with the scammer. You can't beat them."

Also be wary of texts or email notifications that make similar demands.

Most important, never give out your Social Security number.

You also can report the fraudsters via the agency's **Inspector General website**. Alternatively, you can call the Fraud Hotline at 1-800-269-0271.

"Tell your friends and family about scam calls to protect

President-elect Biden proposes German model for drug pricing

President-elect Joe Biden is proposing that the US look to **Germany as a model for drug pricing**. On one hand, a German model could be a step forward, putting in place a national system for evaluating and pricing drugs. But, the devil is in the details; how will they compare with **President Trump's latest interim-final drug pricing rule** for Medicare.

Germany, like many other countries, has a government-run system for determining the value of a drug and pricing the drug. The US has no such system at the moment. Our federal government does nothing to assess the value of drugs it approves or to rein in drug prices.

Biden's proposal would



establish a government team charged with determining a drug's fair value. It could work much like the non-profit **Institute for Clinical and Economic Review**. That group has taken on a significant amount of work evaluating the cost-effectiveness of drugs.

Biden also proposes that, as in Germany, pharmaceutical

companies would be required to negotiate drug prices, in collaboration, at the national level, that would apply to both public and private insurance...

It's not clear what pricing elements a Biden administration would factor into the determination of a drug's price. Everything turns on how much weight the group gave to various pricing elements. **Read More**

Drug Makers Sue to Stop Trump Policy

Also this Fall, the President announced new initiatives to try to reduce prescription drug prices. One of them was to tie U.S. prices of certain drugs to those in other countries. The plan is set to take effect in January and it will set the amount Medicare pays for 50 drugs based on the lowest price that countries like Belgium and Japan pay for those same drugs. The program is set to be tested for seven years and then evaluated.

However, drug makers have now sued to stop the Trump administration from allowing states to import those drugs. The lawsuit is the first of what will

likely be many healthcare industry legal challenges to the Trump administration's last-minute attempts to achieve policy goals before the transition in January. If the policy goes into effect, it will cost a small cadre of drug makers millions, if not billions of dollars.

The new policy, if upheld by the courts, would also severely hurt oncology practices - doctors who treat cancer patients. Oncology practices stockpile expensive cancer drugs they treat their patients with. But the new rule would not allow them to charge Medicare as much as they paid for the drugs



they already have on hand, meaning they would lose money every time they administered the drugs. And it turns out that the majority of the drugs covered by the new rule are for the treatment of cancer.

The goal of the new policy is to indirectly lower drug prices in the U.S. Theoretically, drug companies would have to lower their prices for expensive drugs to encourage physicians to use their products.

The pharmaceutical industry, oncology groups, and hospital associations vehemently oppose the policy.

It is thought that the incoming

Biden Administration may desire to keep the new policy in place since lowering prescription drug prices is a goal of both political parties. As we said, that will depend in large part on whether the courts uphold the policy. In addition, the drug companies as well as major business groups like the U.S. Chamber of Commerce are waging a lobbying campaign to stop the new rule.

Whatever happens, TSCL will continue our efforts for new legislation to lower the prices of prescription drugs in general, not just those covered by this new rule.

Two Updates from the Senior Citizens League



Update on the Drug Discount Card Promise

This past September President Trump announced that the government would be sending \$200 drug discount cards to seniors prior to the November elections. However, there was controversy about how to pay for the cards and then it was determined that sending the cards would probably be a violation of federal election laws. TSCL reported on those issues at the time and cautioned seniors not to get too excited about receiving the cards.

Now that the election is over, however, the promise of the

discount cards seems to have disappeared and there has been no mention of them, whatsoever. If there is any new information about the initiative, we will let you know but we again caution that at this point no one should count on receiving the discount card.

Deadline for Keeping the Government Open is Only a Few Days Away

The Senate returns to work today after their Thanksgiving break and they face the major task of reaching an agreement with the House of

Representatives on legislation to keep the government open after Dec. 11. The House will begin holding votes on

Wednesday and its members have been told to stay in Washington next weekend to be available for votes on the funding legislation if an agreement can be reached.

As we have reported in the past, if they can't reach an agreement on fully funding the federal government for the rest of the 2021 fiscal year they will have to pass stopgap legislation called a 'Continuing Resolution,' or "CR" for short, that will

temporarily keep the government open and push the final decision on full funding for fy2021 into next year when the new Congress and President-elect Joe Biden take office. If they can't even reach agreement on that the government would shut down.

The leaders of the key committees in the House and the Senate (one Democrat and the other a Republican) have reached an agreement on the total amount of money to spend, but the top Republican in the House is refusing to go along with the agreement and that puts passage of a final bill by the Dec. 11 deadline in jeopardy.

Social media must prepare for flood of Covid-19 vaccine misinformation

Nearly two years ago, public health experts blamed social media platforms for contributing to a measles outbreak by allowing false claims about the risks of vaccines to spread.

Facebook pledged to take tougher action on anti-vaccine misinformation, including making it less prominent in the news feed and not recommending related groups. But shortly after, Facebook-owned Instagram continued to serve up posts from anti-vaccine accounts and hashtags to anyone searching for the word "vaccines." Despite actions against anti-vaccine content since then — some as recent as last month -- Facebook has failed to totally quash the movement on its platforms.

Now, with Covid-19 vaccines potentially making their way to some Americans as soon as this month, the tech companies will face their biggest test on this front yet. The stakes for them to get it right, after years of struggling to combat vaccine misinformation, couldn't be higher.

"To beat this pandemic, we also have to defeat the parallel pandemic of distrust," Francesco Rocca, president of the International Federation of Red Cross and Red Crescent Societies, said on Monday.

Some social networks have already put policies in place specifically against Covid-19 vaccine misinformation; others are still deciding on the best



approach or are leaning on existing policies for Covid-19 and vaccine-related content. But making a policy is the easy part -- enforcing it consistently is where platforms often fall short.

Facebook, Twitter and other platforms have their work cut out for them: The coronavirus and pending vaccines have already been the subject of numerous conspiracy theories, which platforms have taken action on or created policies about. Some have made false claims about the effectiveness of masks or baseless assertions that microchips will be implanted in people who get the vaccine.

Earlier this month, Facebook booted a large private group

dedicated to anti-vaccine content. But many groups dedicated to railing against vaccines remain. A cursory search by CNN Business found at least a dozen Facebook groups advocating against vaccines, with membership ranging from a few hundred to tens of thousands of users. At least one group was specifically centered around opposition to a Covid-19 vaccine.

Brooke McKeever, an associate professor of communications at the University of South Carolina who has studied vaccine misinformation and social media, expects a rise of anti-vaxxer content and said it's a "big problem." ...[Read More](#)

Understanding the Different Senior Care Options

THE TIME TO START researching elder care facilities,

experts recommend, is before you need one. For one thing, you don't want to be caught flat-footed in the event of an unexpected health crisis that forces you to make a quick decision without the knowledge to make an informed choice. And for another reason, the choices are numerous, and if you don't fully understand the differences among your options, you risk making the wrong choice for your loved one.

There are basically four different types of long-term care

facilities, according to the National Institute on Aging:

- ◆ **Assisted living facilities.**
- ◆ Skilled nursing facilities.
- ◆ Board and care homes.
- ◆ Continuing care retirement communities.

A fifth option, of course, is to provide care for the elder in his or her home. Let's take a look at each option.

Home-Based Care

Many elders prefer to remain at home as long as possible. In fact, "99% of the people I meet



say they want to stay at home," says Howard S. Krooks, an elder law attorney practicing in Florida and New York and past president of the National Academy of Elder Law Attorneys.

That's great if the elder has enough support from adult children or other friends and relatives to help with whatever needs they have, such as shopping, cleaning, driving and other so-called activities of daily living. If not, they may need to enlist a home care agency or [hire an eldercare aide](#). That, of

course, costs money. "The problem with home care is that it's an optional service under Medicaid. Some states have a waiting list," Krooks says.

Medicare typically doesn't cover home care at all. That means paying out of pocket or with a [long-term care insurance policy](#). "Home care is an option if you can pay yourself or with a combination of Medicaid and self-pay," Krooks says. But to qualify for Medicaid, one's assets must be so low that an adult child or other person has to pick up the cost....[Read More](#)

Christmas Time Spoofing and Phishing Emails/Phone Calls



John A. Pernorio
RI ARA
President

account has been frozen, they

Just a friendly reminder to everyone, from now until Christmas, and after, please **beware of any emails and phone calls that claim your**

need more information, please confirm your info, your automatic payment cannot be processed, update your statement, an email from a relative or friend stating they are in trouble and need money, or anything that seems out of place. These are called spoofing/phishing emails that are



looking for your identity/personal information.

Before you reply to an email from a credit card company, call the 800 number on the card to find out if the email is authentic

All credit cards have cyber security departments that you can forward these types of spoofing/

phishing emails to.

This is especially timely now with the pandemic and holiday shopping.

DO NOT UNDER ANY CIRCUMSTANCE OPEN ANY LINKS ASSOCIATED WITH THESE EMAILS, EVEN IF IT LOOKS LEGITIMATE.

Protect your information at all TIMES.

The Importance of Tech Education for Older Adults

THE ONSET OF

THE COVID-19 pandemic has caused a surge in the use of digital health care, including among older adults.

The Centers for Medicare & Medicaid Services has expanded the list of telehealth services reimbursable by Medicare, and seniors are using them. **According to a survey from Deloitte**, more Medicare Advantage members said they used telehealth or virtual health through the first four months of 2020 than during all of 2019.

This increase in technology use among older Americans is not entirely unexpected. While this generation is adopting technology at slower rates than the rest of the population, research shows they're **still more digitally connected than ever**. Moreover, seniors are yearning to use more technology in all aspects of their lives, especially in health care. A **recent study from CVS Health** found that nearly half (45%) of all respondents 65 and older reported that they'd be more likely to communicate with health care professionals if they were able to do so through digital messaging.

Why Seniors Need Technology in a Pandemic

The rate at which seniors are adopting technology is exciting, especially considering the ways it can help maintain their total health during the COVID-19 pandemic. Tools like FaceTime, Zoom and WhatsApp can help seniors stay connected with their families and friends while physically distanced. This is particularly important for a population at risk of social isolation, which **research reportedly indicates** can be as harmful to a person's health

as **smoking 15 cigarettes a day**.

Programs like SilverSneakers are providing live and on-demand virtual exercise classes to help seniors stay active from the comfort of their home, including yoga, balance, cardio and strength classes. According to a 2019 SilverSneakers member survey, 86% of SilverSneakers members who took part in such activities reported that the program improved their quality of life. A recent SilverSneakers Pulse Survey further found that 51% of those surveyed participated in a digital exercise program in September 2020, up from 39% in April.

Of course, tools like telehealth are also available to help seniors continue to receive the medical and preventive care they need. At Aetna, a CVS Health company, we made this resource more accessible and affordable to our Medicare Advantage members throughout the pandemic by **extending cost-share waivers** for in-network primary care and specialist telehealth visits through Dec. 31.

How to Overcome Barriers

While there's no doubt that technology is a convenient and beneficial tool for many, it can be confusing and difficult to navigate for others. Seniors face unique barriers to using and adopting technology, with a **Pew Research Center study** finding that some 34% of older people who use the internet have little to no confidence in being able to use electronic devices to perform tasks online. Nearly half of seniors responded that when they receive new electronic devices, they typically need someone else to set it up or show them how to



use it.

The issue is not that seniors are technology-averse. They may just need more support than so-called digital natives. Luckily, there are resources available to help seniors overcome barriers to technology, incorporate it more easily in their day-to-day lives and use it as a tool on their overall health journeys.

For example, seniors can seek help from organizations like **The Oasis Institute**, an educational nonprofit that offers classes, programs and resources that instruct older adults on using technology. Oasis offers a wide **range of courses** at all different levels of technology comfort, from "Introduction to Computers" to "Blogging with WordPress."

Additionally, we at Aetna have developed a **"Putting the 'Me' in Medicare"** eBook with a chapter dedicated to helping seniors use technology. This includes a Q&A with tips on how to best use technology to help boost your total health, a piece on what telehealth is and why it's important, and instructions for seniors on how they can join or set up their own Zoom calls.

There are also tips seniors can keep in mind when looking to use technology more. As with learning any new skill, it can be helpful to first start with a small undertaking. For example, most smartphones today come loaded with health apps that track wellness metrics, such as steps taken, as you go about your day. These apps require almost no technology skills, but they still provide a measurement tool for staying healthy. Once comfort levels increase, you may then be able to graduate to more

substantial health-tracking tools, like meal trackers and exercise apps.

It's also important to note that those who don't have access to smartphones can still benefit from technology resources. Landline telephones, for instance, can provide seniors with ample opportunity to integrate technology benefits into their lives. Many seniors can still receive telehealth during the COVID-19 public health emergency, as well as health coaching and services over the phone.

Aetna also offers helpful programs through Medicare Advantage plans, such as the companionship benefit with Papa, Inc., which is available in six states and connects seniors with college-age individuals who can provide remote companionship and technology support over the telephone. Additionally, seniors can call consultants with **Aetna's Resources For Living program** who can connect them with important community resources based on their individual needs, including meal-delivery programs, help at home and caregiver support.

Use Technology in the Way That Suits You Best

Technology can be a useful tool for seniors in their daily lives and in achieving their best overall health. Regardless of comfort level, there are tools and resources that can help the seniors in your life. We encourage you or a loved one to seek out help in the way that best suits you.

In a time when physical distancing is necessary for health, technology can be a real lifeline.

Millions of workers poised to lose access to paid leave as virus spikes

Tens of millions of workers stand to lose access to federally mandated paid sick and family leave at the end of December, compounding the hardship over the surging pandemic for American families.

Families First, a relief package enacted in March, required many employers to provide workers with two weeks of coronavirus-related sick leave at full pay and **up to 12 weeks of family and medical leave to care for family members** at two-thirds pay. **Researchers estimate this covered half the U.S. workforce.**

But those provisions — which **cost about \$105 billion** — are slated to expire at the end of the year, along with expanded unemployment insurance and other policies, meaning that **as**

many as 87 million public and private sector workers could be deprived of the benefit.

That comes as virus cases and deaths are spiking, forcing many communities to roll back business and school reopenings.

U.S. lawmakers have been locked for months in a stalemate over another coronavirus relief package. Should Congress fail to clear legislation extending the paid-leave policy — **an outcome that is looking increasingly likely** — it could exacerbate a critical situation, unions, labor law experts and Congress members warn.

“Letting this policy expire would put millions of workers at risk of having to make the impossible choice between their health and their paycheck, and



undermine our recovery efforts,” Sen. Patty Murray of Washington, the top Democrat on the Senate Health, Education, Labor and Pensions Committee, told POLITICO. “[W]e need to extend this policy and expand it to include more workers.”

The public health benefits of paid sick leave have been documented: States that gained access to paid sick leave under Families First experienced about 400 fewer cases of Covid-19 per day, researchers at Cornell University and the Swiss Economic Institute found. The policy — which applies to many public sector employers and private businesses with fewer than 500 workers — “was a highly effective policy tool to flatten the curve,” they conclude.

“It’s absolutely essential,” AFL-CIO President Richard Trumka said in an interview. “If you tell a worker, ‘Don’t come to work when you’re sick so you don’t spread Covid, but you’re not going to get paid and your family’s not going to eat and you’re not going to pay your rent,’ you’re asking too much of them.”

Not only are more workers falling sick, but more schools are closing — meaning more parents are weighing taking leave to care for their children. The paid family and medical leave that allows workers 12 weeks to care for dependents “was a new level of protection that didn’t exist,” said Robert Duston, a management-side attorney at Saul Ewing Arnstein & Lehr...**Read More**

CDC to shorten COVID-19 quarantine to 10 days, 7 with test

The Centers for Disease Control and Prevention is set to shorten the recommended length of quarantine after exposure to someone who is positive for COVID-19, as the virus rages across the nation.

According to a senior administration official, the new guidelines, which are set to be released as soon as Tuesday evening, will allow people who have come in contact to someone infected with the virus to resume

normal activity after 10 days, or 7 days if they receive a negative test result. That’s down from the 14-day period recommended since the onset of the pandemic.

The official, who spoke on the condition of anonymity to preview the announcement, said the policy change has been discussed for some time, as scientists have studied the incubation period for the virus. The policy would hasten the



return to normal activities by those deemed to be “close contacts” of those infected with the virus, which has infected more than 13.5 million Americans and killed at least 270,000.

While the CDC had said the incubation period for the virus was thought to extend to 14 days, most individuals became infectious and developed symptoms between 4 and 5 days after exposure.

It’s not the first time that the CDC has adjusted its guidance for the novel coronavirus as it adjusted to new research. In July the agency shortened, from 14 days to 10, its advice on how long a person should stay in isolation after they first experience COVID symptoms — provided they’re no longer sick.

The new guidance was presented Tuesday at a White House coronavirus task force meeting for final approval.

How COVID-19 Highlights the Uncertainty of Medical Testing

Dr. **Jacqueline Chu** considered the man with a negative coronavirus test on the other end of the phone, and knew, her heart dropping, that the test result was not enough to clear him for work.

The man was a grocery store clerk — an essential worker — and the sole earner for his family. A 14-day isolation period would put him at risk of getting fired or not having enough money to make rent that month. But he had just developed classic COVID-19 symptoms, and many others around him in Chelsea, Massachusetts, had confirmed cases. Even with the negative test, his chances of having the

disease were too high to dismiss.

For many Americans, including clinicians like Chu, who specializes in primary care and infectious disease at Massachusetts General Hospital, the pandemic has forced difficult conversations about the limits of medical tests. It has also revealed the catastrophic harms of **failing to recognize those limits.**

“People think a positive test equals disease and a negative test equals not disease,” said Dr. **Deborah Korenstein**, who heads the general medicine division at Memorial Sloan Kettering Cancer Center in New York City. “We’ve seen the



damage of that in so many ways with COVID.” National COVID test shortages have

emphasized testing’s critical role in containing and mitigating the pandemic, but these inconvenient truths remain: A test result is rarely a definitive answer, but instead a single clue at one point in time, to be appraised alongside other clues like symptoms and exposure to those with confirmed cases. The result itself may be falsely positive or negative, or may show an abnormality that doesn’t matter. And even an accurate, meaningful test result is useless (or worse) unless it’s acted on appropriately.

These lessons are not unique to COVID-19.

Last year, David Albanese logged in to the online patient portal for his primary care doctor’s office and discovered that his routine screening test for the hepatitis C virus showed a positive result.

“I never considered myself somebody who’s in a high-risk category,” said the 34-year-old Boston-area college administrator and adjunct history professor. “But I just know that for a couple of days, I was really, really anxious about this test. I didn’t know if I should be behaving differently based on it.”...**Read More**

Women More Likely to Survive Lung Cancer After Surgery: Study

Women have higher survival rates after lung cancer surgery than men, according to a new study.

Previous research on sex differences in survival after lung cancer treatment has yielded conflicting results, so researchers at the Karolinska Institute in Sweden decided to study the association between gender and survival after lung cancer surgery.

"The health care sector is always striving to offer all patients equal treatment tailored to their individual needs," said study co-author Erik Sachs. He's

a resident in cardiothoracic surgery at Karolinska University Hospital.

"This kind of study can help shed light on systematic differences that ultimately affect patient outcomes," Sachs added in an institute news release.

For the study, the researchers analyzed data on more than 6,500 people in Sweden who had lung cancer surgery between 2008 and 2017. Just over half of the patients were women, with an average age of 67. Average age of the men was 68.

Women were less likely to be



smokers and had fewer co-existing health problems.

Follow-up on the patients was conducted one, five and 10 years after surgery.

Women were 27% less likely to die after lung cancer surgery than men, independent of factors such as co-existing health problems, age, income, lifestyle, type and extent of surgery, tumor characteristics and tumor stage.

The lower risk of death among women was seen in all age groups, except in the youngest patients, where the difference between women and men was not

as significant, according to the report published online recently in the journal *Chest*.

Study co-author Veronica Jackson, a specialist in thoracic surgery at the institute, said, "Our findings are significant, as they suggest that the prognosis for lung cancer can likely be improved, but more research is needed in this area. Further studies that specifically investigate the effects of lifestyle, sociocultural conditions and the presence of any inequalities in the delivery of care would likely be of value."

Quit Smoking, Your Bladder Will Thank You

If you smoke, you significantly increase your odds of developing bladder cancer, experts warn.

"Everyone knows smoking causes lung cancer, but they don't always know about bladder cancer," said Dr. Srinivas Vourganti, a urologist at Rush University Medical Center in Chicago who specializes in treating bladder and other urinary tract cancers.

Smoking causes more than half of all cases of bladder cancer, and smokers are three times more likely to get bladder cancer than nonsmokers.

"The same harmful chemicals you inhale when you smoke accumulate in your urine, and as the bladder holds urine, it is exposed to these toxins at a higher rate than other parts of the body," Vourganti said in a university news release.

Exposure to secondhand smoke and toxic solvents and dyes are other significant risk factors for bladder cancer, and so are recurring urinary tract infections and other sources of chronic bladder irritation, he noted.



Bladder cancer is the sixth most common form of cancer in the United States. It's over three times more common in men than in women, and the risk increases with age. Nine in 10 patients are older than 55.

Like other cancers, bladder cancer is most treatable when it's found in the early stages, according to Vourganti and Dr. Edward Cherullo, a urologist at Rush.

"Because there is no routine screening for bladder cancer, as

there is for breast or colon cancer, the number one tool we have for diagnosing bladder cancer early is when a primary care doctor orders a urine test that finds blood in the urine," Cherullo said.

Tell your doctor if you have blood in your urine or have frequent and/or painful urination. While these symptoms are often caused by non-life-threatening conditions -- such as urinary tract infection, overactive bladder or an enlarged prostate -- it's important to get checked to rule out bladder cancer.

Quick Bursts of Exercise Can Help Diabetics' Hearts

Frequent, short exercise sessions may be better for diabetes patients' blood vessels than longer and fewer workouts, and that may reduce their risk of heart disease, according to a new study.

People with type 2 diabetes are at increased risk for heart disease and reduced vascular (blood vessel) function, the study authors noted. Measuring vascular function is often used to determine heart disease risk.

Other research has shown that spending less time sitting and getting more exercise lowers the risk of heart disease in all people, not just those with diabetes.

But with "rapidly advancing technologies in workplaces,

transportation and home entertainment, fewer opportunities exist for incidental activity, creating many contexts of daily life that are conducive to prolonged sitting," according to the report published online recently in the *American Journal of Physiology-Heart and Circulatory Physiology*.

Frances Taylor, a doctoral candidate in exercise and sports science at Australian Catholic University in Melbourne, led the study.

Taylor's team compared how blood flow and blood vessel dilation in obese adults with type 2 diabetes responded to shorter, more frequent or longer, less-



frequent exercise sessions.

In one test, participants sat for eight hours without taking any exercise breaks. In a second test, they took breaks from sitting by doing three minutes of exercises that included squats, leg lifts and calf raises every 30 minutes. In a third test, they took six-minute exercise breaks every hour.

Compared with uninterrupted sitting, blood vessel function tended to improve with both exercise approaches, but it improved significantly more with exercise every 30 minutes, the study found.

The finding suggests that the frequency of the activity break

may be more important than how long it lasts, the researchers said in a journal news release.

Because blood vessel function deteriorates as type 2 diabetes progresses, it's possible that more frequent interruptions to sitting are needed to preserve blood flow to the legs, Taylor's team reported.

"Our findings suggest that more-frequent and shorter breaks may be more beneficial than longer, less-frequent breaks for improvement in vascular function in those with [type 2 diabetes]," they concluded.

Heart Anatomy May Put Blacks at Higher Stroke Risk

Black Americans face a heightened risk of stroke, and a new study suggests that abnormalities in the heart's upper chambers play a role.

Experts said the findings, published Nov. 25 in the journal *Neurology*, point to an under-recognized factor in Black Americans' stroke risk.

It has long been known that in the United States, Black adults are particularly hard-hit by ischemic strokes -- where a blood clot impedes blood flow to the brain. Their rate is twice that of white Americans.

Part of the disparity is related to health conditions that can lead to stroke: About half of Black Americans have high blood pressure, and they often develop it at a relatively young age, according to the American Stroke Association.

Some other stroke risk factors, like diabetes and sickle cell anemia, are also more common among Black adults.

Yet those "classic" risk factors do not tell the whole story, Dr. Hooman Kamel, the lead researcher on the new study, said in a journal news release.

The racial disparity in stroke risk is greatest when it comes to "cryptogenic" strokes -- where doctors cannot pinpoint the source of the blood clot.

"Better understanding of the underlying causes of these

strokes is important for addressing these racial disparities," said Kamel, a neurologist at Weill Cornell Medicine in New York City.

So his team looked at whether Black and white stroke patients differed from each other in the functioning of the atria -- the heart's upper chambers.

It's well-known that atrial fibrillation (a-fib), a common heart arrhythmia, can cause a stroke. If the atria are not contracting normally, blood can pool in the heart and form clots. If a clot breaks free and travels to the brain, the result is a stroke.

But the atria can be dysfunctional in other ways, too. And in recent years, that so-called "atriopathy" has been recognized as a potential source of stroke, according to Dr. Natalia Rost.

Rost, a neurologist at Massachusetts General Hospital in Boston and fellow of the American Academy of Neurology, was not involved in the study.

"The concept of atriopathy is fairly new," Rost said. Essentially, she explained, it describes atria that are not completely healthy and have abnormal "hemodynamics" -- or blood flow -- that may raise the risk of clots.

Kamel's team found that Black



stroke patients showed signs of such atrial dysfunction more often than white patients did.

The study involved nearly 2,400 ischemic stroke patients who did not have atrial fibrillation.

Heart imaging showed that Black patients generally had more signs of scar-like tissue in the left atria, compared to white patients. And on electrocardiograms, they showed more evidence of impaired electrical activity between the two atria.

Past studies, according to Kamel's team, have uncovered similar differences in people who have never suffered a stroke. On average, Black adults in the general population show more markers of abnormal electrical activity in the atria than whites do.

It's not clear why.

But, Rost said, the roots of Black Americans' stroke risk go deeper than health conditions such as high blood pressure and diabetes. Social and economic disparities, chronic stress and "adversities" that go back to childhood can all take a physical health toll, she said.

"So even when we say high blood pressure or diabetes can partly explain the stroke risk, it's more complex than that," Rost said.

Kamel made a similar point, saying the findings do not mean that Black and white patients have "innate biological differences" in the heart.

Instead, he said, doctors may need to update their definition of what constitutes a "disease" of the atria.

To Rost, the findings highlight a wider truth in cardiovascular disease: Much of what doctors know is based on studies of white people, particularly white men. Historically, Rost said, there has been "tremendous under-representation" of people of color, and women.

Right now, it's not clear how to detect these types of atrial dysfunction before a stroke happens -- whether the abnormalities can cause symptoms people can recognize, or whether some kind of simple testing can catch them.

With more research, Rost said, that will hopefully change.

Each year in the United States, more than 795,000 people suffer a stroke, according to the U.S. Centers for Disease Control and Prevention.

Stroke warning signs include sudden weakness in an arm, "drooping" on one side of the face, and sudden difficulty speaking, seeing or walking. Any of those problems, the CDC says, should prompt a call to 911.

Nurse Practitioners Key to Opioid Treatment in Rural U.S.: Study

In isolated areas of the United States, nurse practitioners are filling an important role in helping people access treatment for opioid addiction, according to a Washington State University (WSU) study.

Nurse practitioners and physician assistants have only been authorized to prescribe buprenorphine (a drug that can treat opioid addiction) for the past few years with the implementation of the Comprehensive Addiction and Recovery Act. Previously, the medication could only be prescribed by doctors.

For the new study, Tracy Klein, an associate professor at the WSU College of Nursing in

Vancouver, and colleagues used prescription drug monitoring data to look at prescription and dispensing patterns in Oregon before and after the law went into effect in 2017.

The investigators found that nurse practitioners had an almost immediate impact on access to buprenorphine in places known as "frontier" regions, which are counties with six or fewer people per square mile.

"It's not surprising that having nurse practitioners be able to do this would increase access to buprenorphine in rural areas," said Klein. "It was surprising the extent to which people were



reliant on nurse practitioners for this service and that nurse practitioners were stepping up to the plate and providing it."

Nurse practitioners are sometimes the only health care provider in these very rural areas, Klein explained.

By late 2018, nurse practitioners were writing nearly 20% of buprenorphine prescriptions in rural Oregon, the study found. In the frontier areas, which describe 10 of Oregon's 36 counties, they wrote more than one-third of those prescriptions.

Opioid addiction "continues to be an enormous public health crisis that claimed over 46,000

lives in 2018," the study authors noted in a university news release.

The report was published online recently in the *Journal of Rural Health*.

Klein said the study offers a good opportunity to look at whether changing a law has an impact on patient care.

"This is one of the few studies that's really looked at the impact of nurse practitioners in frontier areas," Klein said. "Most studies look at urban versus rural, but it's important to consider frontier areas that are even more isolated and underserved, and the contribution nurse practitioners make to this very important aspect of health care."

'Repeat After Me' for Better Diabetes Care

Repeat this: The key to helping people with diabetes stay healthier and out of the hospital could be as simple as better communication.

And an underutilized technique called "teach-back" may make a big difference for type 1 and type 2 diabetes patients, a new study finds.

It's a simple concept: After a health care provider explains various details on treatment plans, medications and how to manage the disease at home, they then ask the patient to repeat back the information.

In the study, the technique "was associated with their better [patient] knowledge and also their better self-advocacy and their self-management," said Young-Rock Hong, the study's lead investigator. Hong is an assistant professor at the University of Florida College of Public Health and Health Professions.

Doctors already learn the technique in medical school, noted Dr. Scott Isaacs, spokesman for the American Association of Clinical

Endocrinology and medical director for Atlanta Endocrine Associates.

"It turns out that when you tell a patient something, they only hear about 10% of what you're telling them. And so, by using this technique it allows you to assess their understanding and their recall," said Isaacs, who wasn't part of the study.

The reason for the lack of initial understanding could include that it's new information to the patient and can be overwhelming to take in, Isaacs said.

The study analyzed data on more than 2,900 adults with diabetes. At the one-year follow-up, patients whose care providers used teach-back with them were 20% less likely to have diabetes-related health complications, including heart disease and kidney or eye problems. They were also less likely to be hospitalized with diabetes-related complications. Data came from the 2011-2016 Medical Expenditure Panel Survey administered by the U.S. Agency



for Healthcare Research and Quality.

Besides improving diabetes care, this

technique could save billions of dollars annually in U.S. health care expenditures, researchers said, with savings of \$1,400 to \$1,700 for each diabetes patient.

But only one-quarter of patients had consistent teach-back experiences with their doctors, the study found.

So why don't more doctors use this approach?

Researchers suggested doctors may not feel they have enough time for teach-back during the visits, or they may be skeptical about its effectiveness. They may also feel they're talking down to or quizzing their patients.

Hong previously studied teach-back with patients who had high blood pressure, type 2 diabetes and heart disease, finding patients engaged in teach-back were significantly less likely to require hospitalizations related to those conditions.

"Based on our previous findings, those who have the teach-back method of

communication, they have better patient satisfaction, which means they may have better interactions, better relationships with their providers," Hong said.

"They may have some better adherence to their medications and also other self-management skills related to their conditions," he added.

Diabetes affects more than 34 million Americans. Another 88 million have prediabetes. The disease requires active self-management and continuous care by health care providers in order to prevent health complications, the research team noted.

Isaacs said the goal of treating diabetes is to prevent or delay the complications of diabetes and improve quality of life. "This is really important for patients to have that knowledge of the disease and also to be able to comply with treatments," he explained.

"If they don't understand why they're being treated or how to follow whatever the treatments are, it's fighting a losing battle, but little things sometimes make a big difference," Isaacs added.

AHA News: Food Insecurity Rates High Among People With Heart Disease

People with atherosclerosis, particularly those who earn a low income and have other socioeconomic disadvantages, are more likely to experience food insecurity than those without the condition, according to new research.

Researchers analyzed several socioeconomic factors from self-reported data for 190,113 U.S. adults. Among the 18,442 (8.2%) adults with atherosclerosis, about 1 in 7 – or 14.6% – reported being food insecure. That was compared with 9.1% among those without atherosclerosis.

The findings also showed food insecurity affects nearly 1 in 2 people with the condition who also are among the most disadvantaged socioeconomic groups.

In 2018, nearly 11% – 14.3 million – U.S. households were food insecure, a term the U.S. Department of Agriculture defines as "limited or uncertain access to adequate food due to

lack of money" at least some time during the year.

The new findings were presented last month at the American Heart Association's virtual Scientific Sessions. They are considered preliminary until published in a peer-reviewed journal.

The numbers were significantly higher for people younger than 65, women, Hispanic and non-Hispanic Black people, and those who were divorced, separated, widowed, or had private insurance or no insurance, which were considered to be the "high-risk characteristics" for food insecurity in the study.

Those who listed themselves as "poor/low income" were nearly five times more likely to experience food insecurity. Among people with five or more "high-risk characteristics," 44.1% reported food insecurity and had 23 times higher odds of being



food insecure compared to those with one or no characteristics.

"We expected certain populations to have higher burden of food insecurity, but these numbers (44% affected and 23 times more likely) are extremely high. They're very surprising to us," said Dr. Gowtham Grandhi, one of the study's researchers and an internal medicine resident at MedStar Health in Baltimore.

Leaving atherosclerosis unchecked could be dangerous. The fatty plaque may partially or totally block blood flow through large- or medium-sized arteries in the heart and brain, leading to a heart attack or stroke.

Treatments for the condition can include medication to prevent clot formation and to control risk factors, surgery, or lifestyle changes such as heart-healthy eating, weight management, exercise and quitting smoking.

The research didn't look into

reasons why the difference was so drastic, but lead researcher Shiwani Mahajan said one possibility for higher rates of food insecurity among low-income people is the never-ending cycle of poor health and a lack of money.

"Individuals with cardiovascular disease have even higher health care costs, including medication costs, so they have to choose what to prioritize," said Mahajan, a postdoctoral associate at Yale School of Medicine in New Haven, Connecticut.

She said it's essential for people to be able to afford medications and still be able to eat a balanced diet. Federal nutrition programs, sometimes called "food stamps," are critical for people with food insecurity, the study said. A previous study commissioned by the USDA found the Supplemental Nutrition Assistance Program (SNAP)

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MS Has Mixed Impact on Patients' Cancer Risk: Study

How does having multiple sclerosis (MS) affect a person's odds for cancer? The answer may depend on the type of cancer, new research shows.

The study found that MS patients do have much greater odds of developing bladder cancer compared to people without the illness. But there was good news, too: Their risk of breast and colon cancer is no higher than for people who don't have MS, according to the Canadian researchers.

Why MS patients are prone to bladder cancer isn't clear.

"We can only speculate about the reason for this finding," said lead researcher Dr. Ruth Ann Marrie, a professor of medicine and community health sciences at the University of Manitoba in Winnipeg.

She pointed out that people with MS have an increased rate of urinary tract infections and are

more likely to use indwelling (or Foley) catheters, which remain in the bladder, than people without MS.

"These factors may increase the risk of bladder cancer," Marrie said.

Bruce Bebo, executive vice president for research programs at the National Multiple Sclerosis Society, said more research is needed to confirm the increased bladder cancer risk.

"People with MS tend to have urinary symptoms and treatments that themselves can be risk factors for bladder cancer," he said.

For the study, Marrie and her team compared nearly 54,000 people with MS to nearly 267,000 without MS. They used cancer registries to estimate numbers of 15 cancers among these groups.



They found that between 2008 and 2017, the chance of developing bladder cancer was 72% higher among MS patients. Their odds of developing colon or breast cancer, however, were no greater for those with MS than for others.

One limitation of the study is that researchers didn't account for differences in lifestyle behaviors such as smoking, diet and physical activity. Nor did the study account for MS treatments, which might affect cancer risk.

Dr. Asaff Harel, a neurologist at Lenox Hill Hospital in New York City who specializes in MS treatment, reviewed the findings.

"Further research should be aimed at elucidating this potential but unproven connection between MS and bladder cancer risk, while at the same time taking into account potential confounders," he said.

Dr. Wasif Saif, deputy physician-in-chief and medical director of Northwell Health Cancer Institute in Lake Success, N.Y., also looked over the study and said MS patients need to be educated about their risk for bladder cancer.

"Physicians caring for MS patients should follow all recommended cancer screening guidelines for their age," he said.

If the increased risk of bladder cancer is confirmed, these patients may need a cystoscopy to detect bladder tumors early, Saif said. The procedure allows doctors to examine the bladder lining and the urethra, the tube that carries urine out of the body.

Saif said it's important that MS patients avoid tobacco, because smoking aggravates MS symptoms and is a known cancer risk. They should follow a diet rich in fruit and vegetables, and sparse in animal fat, he added.

Booze Robbing Many Americans of Their Sleep

Nearly 7 in 10 Americans have lost sleep because they drank alcohol too close to bedtime, including 1 in 5 who often have this problem, a new poll shows.

In the American Academy of Sleep Medicine (AASM) survey, men were more likely to say they've lost sleep due to drinking alcohol than women (75% vs. 60%), and adults ages 35-44 (78%) are most likely to have a drink too late at night.

"While you might think alcohol helps you sleep, there are negative effects to having a drink close to bedtime," said AASM President Dr. Kannan Ramar, a sleep medicine physician at the

Mayo Clinic.

"Alcohol use can fragment your sleep, leading to more frequent awakenings during the second half of the night," Ramar explained in an AASM news release.

Research shows that having a moderate amount of alcohol an hour before bedtime reduces melatonin production, which can disrupt your internal clock that helps regulate your 24-hour sleep-wake cycle.

Other ways that alcohol can harm your sleep include:

◆ Causing new sleep disorders or



worsening existing ones, including insomnia and obstructive sleep apnea.

◆ Causing excessive

relaxation of the muscles in the head, neck and throat, which may interfere with normal breathing during sleep.

◆ Causing more frequent trips to the bathroom, especially during the second half of the night.

◆ Increasing your risk for parasomnias, including sleep walking and sleep eating.

◆ Alcohol-related sleep disruption can cause next-day fatigue.

Here are some tips on

how to avoid alcohol-related sleep problems:

- ◆ Have your last drink three to four hours before bedtime.
- ◆ Try to drink two glasses of water for every alcoholic drink. This will help your system flush out the alcohol.
- ◆ Don't have bubbly drinks, which can cause bloating and gas.
- ◆ Eat a light snack before bed. Food delays how quickly you absorb alcohol, which can help lower your blood alcohol content.

Take Care of Your Mental Health During Pandemic

It's crucial that you look after your mental health during the COVID-19 pandemic, experts say.

"Historically, we know that pandemics and other public health crises, much like natural disasters, have a lasting impact," said Dr. Itai Danovitch, chair of the department of psychiatry and behavioral neurosciences at Cedars-Sinai Medical Center in Los Angeles.

Traumatic experiences have been associated with increased rates of substance use, post-traumatic stress disorder and depression, so Danovitch and his colleagues are trying to determine if such issues are occurring during the COVID-19 pandemic.

He said that "national surveys are beginning to show what we expected, which is that there are



increased prevalence rates of stress and depression." They're "also seeing reduced initiation of treatment for patients with substance use disorders, and a reversal of last year's reduction in overdose death," Danovitch added in a hospital news release.

Along with other challenges, families with school-age children have the additional burden of adapting to online or hybrid

learning, according to Suzanne Silverstein, founding director of the Psychological Trauma Center and Share and Care program at Cedars-Sinai.

She's especially concerned about the long-term effects on families dealing with instability, and those with children who have behavioral issues or other special needs....[Read More](#)