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Sen. Romney Continues to Threaten Retirement Security

During the COVID-19 relief debate last week, the Senate voted **71-29** in favor of an amendment by Sen. **Mitt Romney** (UT) that paves the way for Social Security and Medicare "Rescue Committees." These committees would have the authority to recommend drastic changes to the Social Security, Medicare and Highway Trust Funds without limits to what they can propose -- putting benefit cuts for current and future retirees on the table.

The amendment is based on a bill Sen. Romney introduced with Rep. Mike Gallagher (WI) during the last Congress, the "**Time to Rescue the United States Trusts (TRUST) Act**," S. 2733 and H.R. 4907.

Although this amendment cannot be included in the COVID Relief bill on parliamentary grounds, the vote of support for ideas in the TRUST Act is a threat to the retirement security of millions of Americans.

Each "Rescue Committee" will have 12 members, appointed by the House Speaker and Minority Leader and the Senate Majority and Minority Leaders. Their deliberations would not include any public hearings or amendments, and must receive an up or down vote in the Senate. Anything is on the table -- including benefit cuts, changes to the eligibility age, means testing of benefits, or higher taxes on working Americans.

"The Alliance for Retired Americans strongly opposes the TRUST ACT. Retirees have earned their Social Security and Medicare benefits over a lifetime of work and we will fight against any scheme to cut or weaken them," said **Richard Fiesta**, Executive Director of the Alliance.

Rich Fiesta, Executive Director, ARA

"Every Senator and member of Congress must reject the TRUST Act and any future bills or amendments that aim to make dangerous changes or cuts to these essential programs. We will be speaking to our senators and representatives and

Stimulus Check Update: House Committees Advance Key Provisions Including Direct Payments, Housing Assistance

This is a rough time for millions of people. While there have been minor improvements to the economy and job market over the last few months, there were still about 10.1 million Americans out of work as of January 2021. Add to it the fact that an estimated 11.4 million workers will lose their unemployment benefits between mid-March and mid-April and it's a recipe for financial disaster.

Luckily, there could be help on the way in the near future. Discussions regarding President Joe Biden's third stimulus package are underway, and while those direct payment stimulus checks haven't been cleared to hit your **bank account** just yet, progress has been made. House Democrats advanced a wide range of coronavirus relief provisions last week, meaning the House could pass the $1.9 trillion stimulus package legislation as soon as **next week**.

If that happens, those $1,400 direct payment checks you've been hearing about could land in your mailboxes or bank accounts sooner rather than later. Here are some of the **key provisions** the House Democrats advanced last week.

$1,400 stimulus checks

The direct payment stimulus checks that would go to qualifying Americans and their dependents are one of the key provisions passed by the House committees. The direct payments have a significant amount of bipartisan support, with single Americans eligible for up to $1,400 and a family of four being eligible to receive up to $5,600.

Individuals earning $75,000 or less and married couples earning $150,000 or less will get a full stimulus payment, and from there, those payments will start to phase out for higher earners. Unlike the other recent direct payments, this round may exclude individuals earning $100,000 or more and married couples earning $200,000 or more.

Expanded federal unemployment benefits

The December 2020 stimulus bill provided an extra $300 per week for out-of-work Americans, but the expanded Pandemic Unemployment Assistance and Pandemic Emergency Unemployment Compensation benefits are set to end in mid-March. That could be devastating for those who are still unemployed and struggling to make ends meet. This new bill would help make up for the loss by expanding and increasing the weekly federal unemployment boost to $400 per week through Aug. 29.

Extra food benefits

If passed, the House stimulus bill would put an extra 15% worth of food stamp benefits into the pockets of Americans. This boost would last through September rather than expiring at the end of June, which is what the deadline is currently. The WIC program would also receive another $880 million and allow for the continuation of the Pandemic-EBT programs on a state-by-state basis.

Housing assistance

If passed, the House legislation would add another $19.1 billion to state and local governments for housing assistance. This money would help cover late rent payments, rental assistance programs, utilities, and other housing assistance to unemployed, at-risk, or low-income households. Another $10 billion would go to states and tribes for mortgage payment assistance, and another $11 billion would help fund rental assistance and other support services for the homeless….**Read More**

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riarajap@hotmail.com • **http://www.facebook.com/groups/354516807278/**

Rescue Plan for Multiemployer Pension Plans Advances in the House

This week the House Ways and Means Committee marked up the "**Butch Lewis Emergency Pension Plan Relief Act of 2021**," important legislation that addresses the nation's struggling multiemployer pension plans.

The multiemployer pension plans of more than a million people in industries such as construction, retail, manufacturing, transportation, mining and others are on the brink of insolvency, and the insurance backstop program -- the Pension Benefit Guaranty Corporation (PBGC) -- is also in danger of insolvency. The plans' financial problems largely stem from an imbalance between active contributors and those receiving benefits; liability of employee benefits from employers that are no longer participating; and the economic recession of 2008.

"Many workers and pension beneficiaries have foregone pay raises and other workplace benefits in favor of a defined benefit pension, and they did not create the financial problems these plans face," said **Robert Roach, Jr.**, President of the Alliance. "If the plans become insolvent, it will lead to benefit cuts of 50% to 75%. A collapse of the PBGC will result in a total loss of benefits."

The COVID-19 pandemic has exacerbated the situation and made congressional action more urgent. Job losses and the economic slowdown have caused a reduction in employer contributions to the pension plans and affected even previously healthy multiemployer plans.

Robert Roach, Jr
President, ARA

The provisions in the Butch Lewis Emergency Plan Relief Act will shore up plans that are in critical and declining status while also keeping the healthy plans from becoming troubled. In addition, the provisions will help stabilize the multiemployer trust fund of the PBGC. Failure to act will lead to the insolvency of the multiemployer trust fund and jeopardize the retirement income of 10.4 million hard-working Americans.

PRO Act is Re-Introduced in House and Senate to Make it Easier to Form a Union

Senate Committee on Health, Education, Labor and Pensions (HELP) Chair **Patty Murray** (WA) and House Education and Labor Chair **Bobby Scott** (VA) have reintroduced the **Protecting the Right to Organize Act** (PRO Act), H.R. 842 in the House, to give working people a voice on the job, enabling them to negotiate for higher wages, better benefits, a safe workplace and protection against discrimination. Union officials and economic analysts have called it the most-pro-worker labor law legislation in more than 85 years.

"This legislation is a game changer," said **Joseph Peters, Jr.**, Secretary-Treasurer of the Alliance. "Retirees know when workers can join together and negotiate better wages, health care and pension benefits, it helps them now and down the road when they retire."

The PRO Act, which passed the House with bipartisan support last year, imposes financial penalties on companies and individual corporate officers who violate the National Labor Relations Act (NLRA) that was enacted in 1935 to protect the rights of employees, to encourage collective bargaining, and to curtail certain private sector labor and management practices which harm the general welfare of workers.

The PRO Act ensures that employees are not deprived of a collective bargaining agreement because they are mis-classified as supervisors or independent contractors. It also gives workers the option of bringing their cases to federal court.

Joseph Peters, Jr.

The bill would make union elections fairer by prohibiting employers from requiring their employees to attend "captive audience" meetings, a tactic used by employers to present anti-union propaganda to pressure workers to vote against forming a union.

High Costs for Prescription Drugs – More than Just Prices

A new study has found that it is more than prices that are high when it comes to so many prescription drugs. According to *Modern Healthcare* newsletter, "A $10.40 increase in out-of-pocket costs per prescription was associated with a 22.6% drop in consumption and a 32.7% increase in monthly mortality rates, an analysis of more than 358,000 relatively healthy 65-year-old Medicare beneficiaries found."

"When we raise prices, they mess with people's ability to make good decisions about their health," said Ziad Obermeyer, co-author of the study and associate professor of health policy and management at the University of California at Berkeley. "Those decisions lead to more people dying—health costs need to be priced into these cost-sharing policies."

The study, which was conducted by the National Bureau of Economic Research, found that a Medicare beneficiary paid 25% of the price of their branded drugs until they reached $2,510 in total annual out-of-pocket spending. The patient then fell into the "donut hole" and had to pay for the full cost until they hit $5,726, after which they were responsible for a 5% copay.

As a result, the highest-risk patients were not filling their medication after prices jumped. Those most vulnerable to a heart attack and stroke cut back more on statins and anti-hypertensives than lower-risk patients—irrespective of socioeconomic status.

The riskiest one-third of patients were 280.6% more likely to drop cardiovascular drugs than the bottom two-thirds; there were similar results for those at high risk of diabetic and pulmonary complications. Rather than cutting back on one or two drugs, there was a large group that stopped filling most if not all their prescriptions as copays went up.

And drug list prices continue to increase every year. As health insurers and employers pay more, they often pass those costs to consumers in the form of higher premiums, deductibles, and copayments.

Pharmaceutical manufacturers hiked the list price of a record 832 drugs last month —nearly 200 more than January 2020 and the highest since at least 2014. All but 10 were branded drugs and 175 of those were specialty drugs, according to the report.

List prices increased by an average 4.6% in January, which is the largest amount in years. Most list price increases end up trickling down to patients in the form of higher cash and net prices, which is especially important for those who have high deductibles and the uninsured.

These price increases are very likely to block some patients from affording their medication, following instructions for taking the drugs, result in higher costs for treatment in the future because of not taking the prescriptions as directed, and cause higher incidents of additional health issues and death rates.

Half of the medications that saw price hikes followed price increases in 2019 and 2020, according to the report.

Fighting for legislation to lower the costs of prescription drugs is one of TSCL's very top priorities this year and we will keep you informed as things progress.

Trump Was Much Sicker With COVID-19 Than Was Revealed

Former President Donald Trump was much more ill than was let on when he came down with COVID-19 in early October, sources close to Trump have told *The New York Times.*

At one point, his blood oxygen levels plunged to the 80s -- a level in the low 90s is considered dangerous. There was also talk of the 74-year-old Trump perhaps needing a ventilator as he had trouble breathing, the *Times* said.

The new revelations come from "four people familiar with his condition" at the time, the newspaper said, and are at odds with much of what was said at the time about Trump's illness by his personal physician, Dr. Sean Conley.

Conley went to lengths to minimize concerns over the president's health after Trump first was diagnosed with COVID -19 on Oct. 1, just two days after a televised presidential debate on Sept. 29.

At one briefing, Conley told reporters that while Trump's oxygen level had dropped to 93 percent, it had never dropped to the "low 80s."

Sources close to Trump also told the *Times* that the president's lungs were found to contain "infiltrates," meaning his lungs were inflamed and contained fluid and/or bacteria. That signals a serious case of COVID-19, and it shows up easily on chest X-rays or scans as white or opaque tissue.

At the time, Conley said Trump had received X-ray and CT scans, but when asked about the possibility of pneumonia or damage to lung tissue, Conley said only that there were "expected findings, but nothing of any major clinical concern," the *Times* said.

On Oct. 2, Trump was at the White House with a fever and having trouble breathing. According to the *Times'* sources, he resisted leaving the White House for Walter Reed Medical Center, but finally agreed to do so after being told it was preferable to walk out of the White House on his own than for his condition to deteriorate further, so that he could only be transported on a stretcher.

Trump received oxygen twice while still at the White House, and spent three days in care at Walter Reed. While there, he reportedly received one five-day course of the antiviral drug remdesivir. At the time, medical experts believed that use of the drug would only be warranted in cases where serious lung issues were in play.

Despite Trump's tough battle with the coronavirus, Conley continued to be upbeat in press briefings, the *Times* said. In news conferences held outside Walter Reed the weekend of Oct 3-4, Conley pointed to data from Trump's lung spirometry test, which measures lung capacity.

"He's maxing it out," Conley told reporters, "He's doing great." However, medical experts typically believe a spirometry test has little meaning in the context of COVID-19.

On Oct. 4, Conley admitted that he "was trying to reflect the upbeat attitude that the team, the president, his course of illness has had. I didn't want to give any information that might steer the course of illness in another direction, and in doing so, you know, it came off that we were trying to hide something, which wasn't necessarily true," the *Times* reported.

Back at the White House, Trump made a brief appearance on a balcony, tearing off his mask and saluting his helicopter. But doctors watching the scene closely noted that the former president appeared to be using his neck muscles to help him breathe -- a key sign that lung function was still impaired.

There was also a major effort behind the scenes to acquire a course of the as-yet-unapproved Regeneron antibody cocktail for Trump, who later claimed it helped him beat COVID-19. According to the *Times*, Trump reportedly told aides, "I'm proof it works."

That assertion later became a focus of jokes among top health officials, the *Times* said, since the drug was being tested in clinical trials to keep people with COVID-19 *out* of the hospital, something Trump hadn't managed to achieve.

After being admitted to Walter Reed, Trump was also placed on a regimen of the steroid dexamethasone -- again, a course of treatment usually only reserved for patients battling serious disease, experts say.

As Drug Prices Keep Rising, State Lawmakers Propose Tough New Bills to Curb Them

Fed up with a lack of federal action to lower prescription drug costs, state legislators around the country are pushing bills to penalize drugmakers for unjustified price hikes and to cap payment at much-lower Canadian levels.

These bills, sponsored by both Republicans and Democrats in a half-dozen states, are a response to consumers' intensified demand for action on drug prices as prospects for solutions from Congress remain highly uncertain.

Eighty-seven percent of Americans favor federal action to lower drug prices, making it the public's **second-highest policy priority**, according to a survey released by Politico and Harvard University last month. That concern is propelled by the toll of **out-of-pocket costs** on Medicare beneficiaries, many of whom pay thousands of dollars a year. Studies show many patients **don't take needed drugs** because of the cost.

"States will keep a careful eye on Congress, but they can't wait," said Trish Riley, executive director of the National Academy for State Health Policy (NASHP), which has drafted two model bills on curbing prices that some state lawmakers are using.

Several reports released last month heightened the pressure for action. The **Rand Corp.** said average list prices in the U.S. for prescription drugs in 2018 were 2.56 times higher than the prices in 32 other developed countries, while brand-name drug prices averaged 3.44 times higher.

The Institute for Clinical and Economic Review **found** that drugmakers raised the list prices for seven widely used, expensive drugs in 2019 despite the lack of evidence of substantial clinical improvements. ICER, an independent drug research group, estimated that just those price increases cost U.S. consumers $1.2 billion a year more.

Democratic legislators in Hawaii, Maine and Washington recently introduced bills, based on one of NASHP's models, that would impose an 80% tax on the drug price increases that ICER determines in its annual report are not supported by evidence of improved clinical value.

Under **this model**, after getting the list of drugs from ICER, states would require the manufacturers of those medicines to report total in-state sales of their drugs and the price difference since the previous year. Then the state would assess the tax on the manufacturer. The revenue generated by the tax would be used to fund programs that help consumers afford their medications.

"I'm not looking to gather more tax dollars," said Democratic Sen. Ned Claxton, the sponsor of the bill in Maine and a retired family physician. "The best outcome would be to have drug companies just sell at a lower price."...**Read More**

How does Medicare cover substance use disorder treatments?

Dear Marci,
I need to begin outpatient treatment for substance use disorder, but I am not sure where to start. Does Medicare cover treatment for substance use disorder, and how can I access these services?

-Linda (Hoover, AL)

Dear Linda,

Yes, Medicare covers **alcoholism and substance use disorder treatment** if:

- Your provider states that the services are medically necessary
- You receive services from a Medicare-approved provider or facility
- And, your provider sets up your plan of care
- Examples of these services include but are not limited to:
- Patient education regarding diagnosis and treatment
- Psychotherapy
- Post-hospitalization follow-up
- Opioid treatment program (OTP) services
- Prescription drugs administered during a hospital stay or injected at a doctor's office
- Outpatient prescription drugs covered by Part D
- Structured Assessment and Brief Intervention (SBIRT) services provided in a doctor's office or outpatient hospital. SBIRT is covered by Medicare when individual shows signs of substance use disorder or dependency. SBIRT treatment involves:
  - Screening: Assessment to determine the severity of substance use and identify the appropriate level of treatment.
  - Brief intervention: Engagement to provide advice, increase awareness, and motivate individual to make behavioral changes.
  - Referral to treatment: If individual is identified as having additional treatment needs, provides them with more treatment and access to specialist care.

If you are unsure where to start with your treatment, **first talk to your doctor**. You can speak with your doctor about substance use disorder treatments that may be best for you, and they may be able to recommend providers to you. Remember that in order for Medicare to cover your substance use disorder treatment, your provider must set up your plan of care and state that the services are medically necessary.

Once you know the kinds of services you need, you can call 1-800-MEDICARE if you have Original Medicare to find behavioral health care providers and facilities in your area. You can also use the **Provider Compare tool** on **www.medicare.gov** to find mental health providers who accept Medicare payment. If you have a Medicare Advantage Plan, you can contact your plan to find mental health care providers who are in your plan's network and to learn about any costs or restrictions associated with getting care.

Finally, you can also contact the **Substance Abuse and Mental Health Services Administration (SAMHSA)** at 800-662-4357 for additional help finding behavioral health care providers. SAMHSA may also be able to direct you to local resources.

-Marci

Your Medicare choices: Silver Sneakers v. Memorial Sloan-Kettering

You might consider your the choice between private Medicare Advantage and public traditional Medicare as a trade-off between Silver Sneakers and Memorial Sloan-Kettering Cancer Center. When you opt for a Medicare Advantage plan, you're likely to get a Silver Sneakers membership and most unlikely to be covered at Memorial Sloan-Kettering. When you opt for traditional Medicare, you'll have coverage at Memorial Sloan-Kettering Cancer Center or any other center of excellence you choose but no Silver Sneakers membership.

Congress gives you what you might want to think is a fair choice, but in fact forces you to take a serious gamble that no one should have to make.

The Medicare Advantage option offering the Silver Sneakers membership will likely save you a bunch of money while you're healthy. With traditional Medicare, you will be able to get the health care you want, but you will need to buy **supplemental coverage** to protect yourself from financial risk. Keep in mind that health insurance is about tomorrow, and tomorrow you might be diagnosed with cancer or stroke or heart disease or any of a number of conditions for which your Silver Sneakers membership will be of no use.

Of course, for the hundreds of billions of dollars the federal government spends on Medicare Advantage plans, it could do a far better job of ensuring you access to high-value providers. That's what many big employers and unions do when they steer their retirees into Medicare Advantage plans. And, rather than handing Medicare Advantage plans a bunch of money up front for each member regardless of the care these members receive, the federal government simply could pay Medicare Advantage plans for the services they deliver. That's what big employers do to save money and ensure accountability from the health insurers with whom they contract for their employees….**Read More**

Family Caregivers, Routinely Left Off Vaccine Lists

Family Caregivers, Routinely Left Off Vaccine Lists, Worry What Would Happen 'If I Get Sick'

Robin Davidson entered the lobby of Houston Methodist Hospital, where her 89-year-old father, Joe, was being treated for a flare-up of congestive heart failure. Before her stretched a line of people waiting to get covid-19 vaccines. "It was agonizing to know that I couldn't get in that line," said Davidson, 50, who is devoted to her father and usually cares for him full time. "If I get sick, what would happen to him?"

Tens of thousands of middle-aged sons and daughters caring for older relatives with serious ailments but too young to qualify for a vaccine themselves are similarly terrified of becoming ill and wondering when they can get protected against the coronavirus. Like aides and other workers in nursing homes, these family caregivers routinely administer medications, monitor blood pressure, cook, clean and help relatives wash, get dressed and use the toilet, among many other responsibilities. But they do so in apartments and houses, not in long-term care institutions — and they're not paid.

"In all but name, they're essential health care workers, taking care of patients who are very sick, many of whom are completely reliant upon them, some of whom are dying," said Katherine Ornstein, a caregiving expert and associate professor of geriatrics and palliative medicine at Mount Sinai's medical school in New York City. "Yet, we don't recognize or support them as such, and that's a tragedy."...**Read More**

What's the Difference Between a Will and Trust?

How to Distribute Assets Upon Your Death

There are two avenues to distribute your assets upon your death. One is a *Last Will and Testament*, and the other is a *Trust*. A Trust is solely a financial document. A Will is also a financial document, but it also addresses various legal issues such as guardianship of your children, if you have kids and you wish to declare who should raise them.

Wills dictate who will be your Executor or Personal Representative (PR.) The Executor or PR will see that your Will gets filed and dealt with through the probate courts. He or she will then see that your creditors get paid and your assets get distributed to your heirs, as per your wishes.

Trusts are generally initially managed by the person who places their assets in the trust. When that person passes away or becomes incapacitated, a Successor Trustee takes over such management. That person manages the assets and makes distributions under whatever the terms of the Trust are.

Both avenues, Wills and Trusts, will accomplish the same goal of distributing your assets to the people you want them to go to.

Benefits of a Will

A Will is both easy to set up, and relatively inexpensive to create. This makes it significantly more straightforward than a Trust to manage on the onset. Management is simple once you have created your Will. The document specifies who will be your Executor or PR. It also informs to whom your assets will be distributed to and under what circumstances once you pass away. Creating a Will is a legal document that protects your wishes upon your death.

Benefits of a Trust

A Trust is harder to set up in the beginning, however your assets never have to go through a probate court later down the road. And if you have property in multiple states, a Trust combines those properties into one document. Trusts are also private documents, not available for viewing in the public domain. Another benefit of a Trust is that your heirs have immediate access to your assets.

Disadvantages of a Will

Although setting up a Will is easier than a Trust on the onset, once the individual passes away, it becomes increasingly a bit more cumbersome because distribution of assets can only occur after going through probate. This can especially become tricky when dealing with property in multiple states, as you will have to go to probate court in each appropriate state in which property is held.

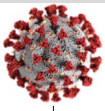
Another disadvantage is Wills are filed with the court upon the person's death, and thereafter the Will becomes a public document, thus making the Will open to the public. When dealing with issues of privacy, Wills are therefore not ideal compared to Trusts.

Disadvantages of a Trust

Trusts require a lot of leg work and paperwork up front. Retitling bank accounts and changing beneficiaries of IRAs and all other financial holdings must be done to prepare the Trust properly. If you have property, you must re-deed the property into the name of the Trust and then record it with the Clerk and Recorders office of wherever the property is located. All other assets which you may want to include must be transferred into the Trust. The legal term for this work is "Funding the Trust."

The main thing with a Trust to remember is that if you aren't willing to actively fund the Trust, then you might as well just have a Will.

U.K. Virus Variant Is Probably Deadlier, Scientists Say



New research finds that the British variant is "likely" to be linked to a higher risk of hospitalization and death, laying bare the danger facing countries that ease restrictions.

British government **scientists** are increasingly finding the **coronavirus** variant first detected in Britain to be linked to a higher risk of death than other versions of the **virus,** a devastating trend that highlights the serious risks and considerable uncertainties of this new phase of the pandemic.

The scientists **said last month** that there was a "realistic possibility" that the variant was not only more contagious than others, but also more lethal. Now, they **say in a new document** that it is "likely" that the variant is linked to an increased risk of hospitalization and death.

The British government did not publicly announce the updated findings, which are based on roughly twice as many studies as its earlier assessment and include more deaths from Covid-19 cases caused by the new variant, known as B.1.1.7. It **posted the document on a government website on Friday**….**Read More**

New Concern About Cuts to Medicare

A report came out this weekend about the possibility of new major cuts to Medicare. This could result because of Senate rules about how many votes it takes to pass legislation.

Because just one Senator can stall legislation through what is known as a filibuster, it takes 60 votes to pass any bill unless it is through a process called "reconciliation," which then requires only a simple majority of 51.

Rather than get into all the details of how this works, we will simplify it this way. The Democrats now have the majority in the Senate because Vice President Harris can break tie votes, giving a majority vote of 51 to the Democrats.

Democrats want to be able to pass President Biden's economic stimulus/COVID-19 relief bill, but it is highly unlikely they could get 10 Republicans to vote for the bill.

Therefore, they are considering using the "reconciliation" process because they would only need 51 votes. But if they do that, legislation passed over ten years ago dictates that they must either raise taxes or cut spending on current programs to pay for the new spending in the President's bill. By using reconciliation, it would mean there would have to billions of dollars cut from current spending programs, including Medicare.

Because Medicare is such a crucial program, most members of Congress usually stumble over themselves to protect it. However, if the situation ever presents itself, they will use threats to Medicare to bash the other party.

In normal political times neither party would allow Medicare to be cut. But because of our current highly partisan times, it would require ten Republicans to join with Democrats to stop the cuts to Medicare with new legislation if reconciliation were used.

However, right now there is no guarantee Republicans would do that, and instead, it is probable they would blame the Medicare cuts on the Democrats.

This issue has just popped up and TSCL will be in contact with members of Congress to do all we can to prevent these looming cuts and we will keep you advised as to how things are going.

Older consumers have major concerns when it comes to seeking emergency medical care

A study shows that fears about costs and safety are stopping many seniors from going to the ER

A new poll conducted by researchers from the University of Michigan has discovered the top reasons why many older consumers may put off going to the emergency room. According to the findings, older adults are primarily worried about long wait times, fear of contracting **COVID-19,** being admitted into the hospital, and **health care costs**.

"Delaying emergency care can be dangerous, particularly for older adults who are at higher risk of complications and long-term health problems by putting off their treatment," said researcher Alison Bryant, PhD. "These findings come at a critical time as coronavirus cases and deaths continue rising across the country, making individuals more reluctant to go to the emergency room."

Older consumers' concerns

For the study, the researchers analyzed survey responses from more than 2,000 older consumers between the ages of 50 and 80 who participated in the National Poll on Healthy Aging. They learned that the biggest deterrent for older people when thinking of going to the emergency room is long wait times, with more than 90 percent of the participants saying they take that into consideration.

Concerns related to COVID-19 were the second biggest factor, as more than 85 percent of participants were worried about contracting the virus while in the ER. Other recent studies have discovered that the pandemic has made many consumers fearful of going to the **emergency room**; however, experts explained that timely care -- especially for older consumers -- is key to identifying the best treatment options and giving patients the best chance for recovery.

The survey also revealed that more than 70 percent of participants left the emergency room instead of being admitted to the hospital; more than 60 percent preferred to seek out medical advice from their primary care physicians instead of going to the emergency room.

"Access to appointments, or timely advice, is critical to this age group," said researcher Dr. Preeti Malani. "This is especially true in the time of COVID-19, when early recognition of symptoms that require advanced care may make a sizable difference in outcomes."

Health care costs were a big concern for those who hadn't yet become eligible for Medicare because of age. Fifty percent of participants between the ages of 50 and 64 were worried about the cost of going to the ER, while seven percent reported avoiding emergency care entirely because of the price tag.

These fears aren't unfounded; many of the participants reported having **surprise bills** worth tens of thousands of dollars upon returning home from previous emergency room trips.

"Health insurers and policymakers are increasingly shifting costs to patients to deter over-use of care including the emergency department, but these policies may be putting our most vulnerable patients at risk of avoiding care even when they have urgent concerns," said researcher Dr. Rachel Solnick.

Improving hospital policies

The researchers hope that highlighting these concerns will create change in emergency rooms so that older people stop putting off emergency medical care.

"These findings highlight important opportunities and a clear need for health care providers, insures, and health systems to better support older adults during and after medical emergencies to achieve higher-value, patient-centered acute care," said researcher Dr. Christina Cutter.

A 2021 List of Websites Dedicated to Seniors

From health to finances to technology and humor, we've put together a list of the top senior sites where you'll find a little bit of everything. These sites are loaded with useful information and are easy to navigate. We have compiled a list of resourceful websites on the web for **senior citizens**. (**Note:** While the sites are categorized, they are not ranked in order.

- **Aging: age with ease**
- Retirement Life Matters: **retirementlifematters.com**
- Love to Know Seniors: seniors.lovetoknow.com
- **Travel: love to travel**
- Roadn Scholar: **roadscholar.org**

- Evergreen Club: **evergreenclub.com**
- **Technology: your computer, smartphone**
- The Senior's Guide to Computers: **seniorsguidetocomputers.com**
- Suddenly Senior: **suddenlysenior.com**
- Swap Meet Dave: **swapmeetdave.com**
- Web MD: **webmd.com**
- National Institutes of Health Senior Health: **nihseniorhealth.gov**
- **Medicare: medicare.gov**
- The Money Alert: **themoneyalert.com**
- Consumer Reports: **consumerreports.org**

10 Interesting Facts about Senior Citizens

What do you really know about the elderly? How would you describe them as a group? What about as individuals? I asked several random people who were not in direct contact with a senior citizen on a daily basis to answer those questions. Here are few of the responses that I received: The elderly are frail. The elderly seem lonely.

- Older people are sad.
- Older people live in the past.
- Elderly people have it easy because they get stuff for free.
- Older people don't like younger people.
- Elderly people don't have fun anymore.
- They are sick.

Those opinions paint a rather bleak picture of aging. Well, I'm not here to claim that any of those observations are myths, because sometimes they are true.

Instead, I am going to give you 10 facts about senior citizens that even caregivers might not know.

1. **Senior Citizens are Still Active in the Workforce**
2. **Senior Citizens Are More Likely to Vote**
3. **Senior Citizens Have a Day of Recognition**
4. **Senior Citizens are More Likely to Commit Suicide**
5. **Poverty Is Still a Serious Issue for Senior Citizens**
6. **Senior Citizens Still Have Sex**
7. **Senior Citizens are Tech Savvy**
8. **Seniors Citizens Still Drive, Even When They Shouldn't**
9. **Senior Citizens Enjoy Hobbies that are Creative or Useful**
10. **Senior Citizens are Individuals**

..**Read More on theses 10 facts**

RI ARA HealthLink Wellness News

Heart Failure Represents Considerable Global Health Concern

From 1990, increase in absolute numbers of heart failure prevalent cases and years lived with disability

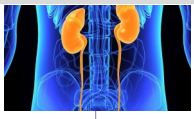
The absolute numbers of heart failure prevalent cases and years lived with disability (YLD) increased from 1990 to 2017, according to a study published online Feb. 12 in the *European Journal of Preventive Cardiology*.

Nicola Luigi Bragazzi, M.D., Ph.D., from Xiangya Hospital in Changsha, China, and colleagues collected data on the prevalence, YLD, and underlying causes of heart failure from the Global Burden of Disease study 2017 for 195 countries and territories.

The researchers found that in 2017, the age-standardized prevalence and YLD rates of heart failure were 831.0 and 128.2 per 100,000 people, representing a decrease of −7.2 and −0.9 percent, respectively, from 1990. However, from 1990, there were increases of 91.9 and 106.0 percent, respectively, in the absolute numbers of heart failure prevalent cases and YLDs. From 1990 to 2017, the investigators observed significant geographic and sociodemographic variation in the levels and trends of heart failure burden. Ischemic heart disease accounted for the highest proportion of age-standardized prevalence rate of heart failure in 2017, followed by hypertensive heart disease and chronic obstructive pulmonary disease (26.5, 26.2, and 23.4 percent, respectively).

"Heart failure is a global public health concern. Public health workers and policymakers can use the data provided in this study to design interventions to prevent and manage heart failure in their countries," Bragazzi said in a statement. "In addition, educational campaigns are needed to increase awareness about the importance of adopting healthy lifestyles.

Why Are Wait Times for Donor Kidneys Not Improving?



Despite widespread efforts to increase access and awareness, new research shows there's been virtually no change in the number of people on waiting lists for potentially lifesaving kidneys over the past two decades.

For their study, scientists analyzed information on more than 1.3 million adults with kidney failure listed in the United States Renal Data System from 1997 to 2016, and found no improvement in rates of waitlist placement and consistently low rates among more vulnerable populations, including those in poorer communities. The findings were published Feb. 11 in the *Journal of the American Society of Nephrology*.

But things may turn the corner due to an executive order signed by former President Donald Trump in July 2019. It aims to get more people placed on waitlists for new kidneys and doubles the number of kidneys available for transplant by 2030.

Kidney transplantation is the best treatment for people with kidney failure, but not everyone is placed on waitlists for kidneys or even made aware of the possibility of transplants. Instead, these folks receive dialysis indefinitely. With dialysis, a machine takes over for your kidneys and filters and purifies your blood. This can be done at home or in a medical facility.

"Many more people could benefit from kidney transplants if they understood the benefits of transplantation versus going on maintenance dialysis," said study author Jesse Schold, director of outcomes research for the Kidney and Kidney/Pancreas Transplant Program at the Cleveland Clinic.

Some dialysis facilities are better at referring people for kidney transplants than others, he said. "It's likely that referral rates are better with greater social support, greater access to insurance and other resources," Schold said.

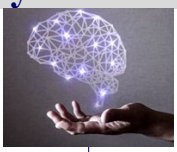
Thanks to the Trump executive order, dialysis centers will start to receive higher reimbursements from Medicare when they refer individuals to transplant waitlists, he said.

Another way to improve access across the board would be to have people opt out of kidney transplant waitlists instead of opting in, Schold suggested. "This way, they are automatically referred as the default," he explained.

The stagnant waitlist is one part of the problem, but there is also a significant kidney supply issue, Schold said. "The major risk factors for kidney disease are obesity, diabetes and older age, all of which are increasing in the country, so to try and provide kidneys for all patients who could benefit is a very formidable challenge," he said.

...**Read More**

Seven recent papers amplify advances in Alzheimer's research



New findings from big-data and open-science research are revealing clues about the molecular mechanisms of Alzheimer's disease and new ways to discover potential therapeutic targets and biomarkers. These new discoveries were made by six research teams participating in the Accelerating Medicines Partnership – Alzheimer's Disease (AMP AD) program. AMP AD was established in 2014 as an NIH-led partnership among government, pharmaceutical industry, and nonprofit organizations **that aims to transform the way we study the complex nature of Alzheimer's disease.**

AMP AD uses an open-science research model that makes all data and methods rapidly available to the research community at large through the data sharing infrastructure, the AD Knowledge Portal. Since the Portal's launch in 2015, more than 3,000 researchers world wide from the academic, biotech, and pharmaceutical industry sectors have used the data resources for research on Alzheimer's and related dementias.

Alzheimer's is a complex disease, and as it slowly develops, many normal biological processes in the brain and the body go awry, from inflammation, to blood vessels damage and neuronal death. Seven recent AMP AD reports showcase research advances related to the discovery of new drug candidate targets, identification of molecular subtypes of the disease, and new potential biomarkers that can serve as the basis for a precision medicine approach to therapy development.

Identifying ATP6VA1 gene as a candidate target for treatment: Researchers at the Icahn School of Medicine at Mount Sinai in New York generated several types of molecular data from 364 brain donors at different stages of Alzheimer's….**Read More**

Does 'Prediabetes' Lead to Full-Blown Diabetes? Age May Be Key

Few older adults with prediabetes will actually go on to develop type 2 diabetes, new research concludes. The surprising finding suggests that while prediabetes is a useful predictor of diabetes risk in young and middle-aged adults, that's not the case in older folks.

"Our results suggest that for older adults with blood sugar levels in the prediabetes range, few will actually develop diabetes," said senior author Elizabeth Selvin, a professor of epidemiology at Johns Hopkins Bloomberg School of Public Health in Baltimore. "The category of prediabetes doesn't seem to be helping us identify high-risk people."

People with prediabetes have blood sugar levels that are higher than normal but not yet in the diabetic range.

The study included nearly 3,500 Americans between 71 and 90 years of age with no history of diabetes. They were initially assessed between 2011 and 2013.

At that time, 59% were deemed prediabetic based on results of the impaired fasting glucose test (IFG). So were 44% who were checked with the glycated hemoglobin (HbA1c) test.

During follow-ups in 2016-2017, 8% of IFG-defined prediabetics and 9% of HbA1c-defined prediabetics had developed diabetes.

Blood sugar levels in 44% of the IFG group and 13% of the HbA1c group had returned to the normal range by 2016-2017, researchers found.

By that time, 16% of the IFG group and 19% of those in the HbA1c group had died of other causes, according to findings.

Type 2 diabetes leads to chronically high blood sugar, which stresses organs such as the kidneys, weakens the immune system and promotes heart disease and stroke, among other conditions.

Selvin said doctors should instead focus on healthy lifestyle changes and important disease risk factors such as smoking, high blood pressure and high cholesterol.

Prediabetes is a widely used indicator of increased diabetes risk in younger and middle-aged people.

"It's very common for older adults to have at least mildly elevated blood glucose levels, but how likely they are to progress to diabetes has been an unresolved question," Selvin said in a Hopkins news release.

The study was published Feb. 8 in *JAMA Internal Medicine*.

After Long Decline, Breast Cancers in Young U.S. Women Are On the Rise

Breast cancer death rates are inching up in American women under age 40 again, after more than two decades of decline, researchers say.

The study authors said they hoped their new report would lead to a deeper look at reasons for the change.

"Our hope is that these findings focus more attention and research on breast cancer in younger women and what is behind this rapid increase in late-stage cancers," said lead author R. Edward Hendrick. He's a clinical professor of radiology at the University of Colorado School of Medicine, in Aurora.

Hendrick's team used data from the U.S. National Center for Health Statistics to examine breast cancer death rates in 10-year age subgroups.

Between 2010 and 2017, breast cancer death rates for 40- to 79-year-old women fell between 1.2% and 2.2%, depending on age, the analysis found. While the rates rose for younger women, the 0.5% per year increase for women between 20 and 39 years of age was not considered statistically significant.

But it is, nonetheless, worrisome, Hendrick said in a news release from the Radiological Society of North America.

He projected that the death rate among younger women would increase significantly over the next two to three years.

The researchers attributed the changing death rate to an increase in cancers that have spread beyond the breast, also known as "distant-spread" or metastatic cancer.

Since 2000, rates of distant-spread breast cancer rose more than 4% per year in 20- to 39-year-old women. That was much higher than for women over 40.

Overall, breast cancer death rates dropped by 40% between 1989 and 2017, according to the study. The researchers attributed that decline to better treatment and increased use of screening mammograms.

While screening is offered to women aged 40 and older for early breast cancer detection, it is not done for women younger than 40 unless they are known to be at high risk.

Breast cancer is the second most common cause of cancer deaths in U.S. women. Most invasive breast cancer occurs in women aged 40 and older, but 4% to 5% of cases happen in younger women, according to the study authors.

Dementia deaths rise during the summer of COVID, leading to concern

Deaths from dementia during the summer of 2020 are nearly **20% higher** than the number of dementia-related deaths during that time in previous years, and experts **don't yet know why**. An estimated 61,000 people have died from dementia, which is 11,000 more than usual within that period.

"There's something wrong, there's something going on and it needs to be sorted out," **Robert Anderson, chief of mortality statistics at the U.S. Centers for Disease Control and Prevention**, said in a recent interview with Politico. "This is highly unusual."

As a geriatrician, I find this statistic sad but not shocking. I care for dementia patients in my clinical practice. I see firsthand how the isolation caused by the pandemic has changed their lives, whether they're home alone, living with a caregiver, or in a long-term care facility.

Deciphering **the statistics** is a challenge. Hiding within them are many factors that have contributed to the deaths from dementia during the pandemic. Here are four of them.

Social isolation

Social distancing – or staying at least 6 feet apart, wearing a mask and avoiding crowds – is a proven way to decrease COVID-19 risk, especially from people with the infection but without symptoms. But social distancing is different from social isolation, which leads to a sense of disconnection from the community. Social isolation, which essentially is little or no contact with others, is the last thing seniors with dementia need. But it's what many have received, as caregivers are forced to limit visits during the pandemic.

Social isolation is a risk for poor health outcomes, particularly as people age. And in the U.S., 28% of those over 65 (13.8 million) live alone. Socially **isolated people have higher rates** of not only dementia, but heart disease, high blood pressure, depression, cognitive decline and death….**Read More**

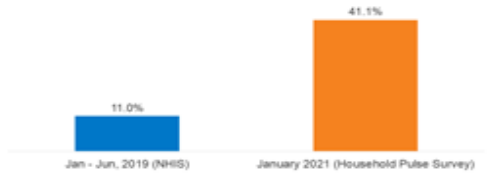
The Implications of COVID-19 for Mental Health and Substance Use

The COVID-19 pandemic and the resulting economic recession have negatively affected many people's mental health and created new barriers for people already suffering from mental illness and substance use disorders. During the pandemic, about **4 in 10** adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from **one in ten** adults who reported these symptoms from January to June 2019 (Figure 1). A **KFF Health Tracking Poll** from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as **isolation** and **job loss**.

This brief explores mental health and substance use during, and prior to, the COVID-19 pandemic. It focuses on populations that were particularly at risk for experiencing negative mental health or substance abuse consequences during the pandemic, including young adults, people experiencing job loss, parents and children, communities of color, and essential workers. We draw on KFF analysis of data from the Census Bureau's Household Pulse Survey (an ongoing survey created to capture data on health and economic impacts of the pandemic), KFF Health Tracking Poll data, and data on mental health prior to the COVID-19 pandemic. Key takeaways include: ..**Read More**

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety Disorder and/or Depressive Disorder, January-June 2019 vs. January 2021



NOTES: Percentages are based on responses to the GAD-2 and PHQ-2 scales. Pulse findings (shown here for January 6 – 18, 2021) have been stable overall since data collection began in April 2020.
SOURCE: NHIS Early Release Program and U.S. Census Bureau Household Pulse Survey. For more detail on methods, see: https://www.cdc.gov/nchs/data/nhis/earlyrelease/ERmentalhealth-508.pdf

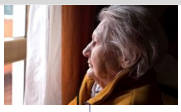
KFF

Depression and Older Adults

Depression is more than just feeling sad or blue. It is a common but serious mood disorder that needs treatment. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, and working.

When you have depression, you have trouble with daily life for weeks at a time. Doctors call this condition "depressive disorder" or "clinical depression."

Depression is a real illness. It is not a sign of a person's weakness or a character flaw. You can't "snap out of" clinical depression. Most people who experience depression need treatment to get better.



Depression Is Not a Normal Part of Aging

Depression is a common problem among older adults, but it is NOT a normal part of aging. In fact, studies show that most older adults feel satisfied with their lives, despite having more illnesses or physical problems. However, important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness.

For instance, the **death of a loved one**, moving from work into retirement, or dealing with a serious illness can leave people feeling sad or anxious. After a period of adjustment, many older adults can regain their emotional balance, but others do not and may develop depression.

Recognizing Symptoms of Depression in Older Adults

Depression in older adults may be difficult to recognize because they may show different symptoms than younger people. For some older adults with depression, sadness is not their main symptom. They may have other, less obvious symptoms of depression, or they may not be willing to talk about their feelings. Therefore, doctors may be less likely to recognize that their patient has depression.

Sometimes older people who are depressed appear **to feel tired**, have **trouble sleeping**, or seem grumpy and irritable. Confusion or attention problems caused by depression can sometimes look like **Alzheimer's disease** or other brain disorders. Older adults also may have more medical conditions, such as **heart disease**, **stroke**, or **cancer**, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression…..**Read More**

Loss of muscle mass among elderly can lead to falls

Older adults are **at much higher risk** of death from COVID-19 than their younger counterparts, but many also face another, less recognized health risk associated with the pandemic: **loss of muscle mass**. This loss is one of the primary reasons for falls – the No. 1 cause of accidental death in those 65 and older.

Also known as sarcopenia – from the Greek "sarco," meaning flesh, and "penia" referring to deficiency or poverty – loss of muscle mass and strength is common among elders, but starts as early as our 30's. Poor diet is a risk factor for sarcopenia; so is physical inactivity. Now, with gyms closed and community centers on lockdown, many older people are arguably more sedentary than ever.

I lead a team of scientists who study the role of physical activity and diet on sarcopenia at the **Jean Mayer USDA Human Nutrition Research Center on Aging at Tufts University**. Every day I am struck by how this condition affects patients. Not only can sarcopenia lead to falls; it can also lead to social isolation resulting from the falls, which can have a cascade of negative health consequences on older people. This is yet another example of the devastation caused by the pandemic.

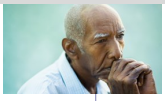
Of muscles and men, and women

Sarcopenia is not unique to the time of coronavirus, however. As people age, they will lose muscle mass and strength as part of the natural aging process. When people lose muscle mass, it is replaced by fat and fibrous tissue, resulting in muscles looking like marbled steak. The rate of decline varies, with inactive seniors losing more than others. Researchers estimate that, generally, those between ages 60 and 70 **have lost 12% of their muscle mass**, with those over 80 having lost 30%.

This loss is not just about sagging skin and flabby arms. Loss of muscle mass leads to varying degrees of inability to perform daily activities, like walking. That can begin a cascade of effects, including slower movement and loss of balance, which also restrict a person's ability to live fully. ...**Read More**

Mourning the Death of a Spouse

When your spouse dies, your world changes. You are in mourning—**feeling grief** and sorrow at the loss. You may feel numb, shocked, and fearful. You may feel guilty for being the one who is still alive. At some point, you may even feel angry at your spouse for leaving you. All of these feelings are normal. There are no rules about how you should feel. There is no right or wrong way to mourn.



When you grieve, you can feel both physical and emotional pain. People who are grieving often cry easily and can have:

- **Trouble sleeping**
- **Little interest in food**
- Problems with concentration
- A hard time making decisions

In addition to dealing with feelings of loss, you also may need to put your own life back together. This can be hard work. Some people feel better sooner than they expect. Others may take longer.

As time passes, you may still miss your spouse. But for most people, the intense pain will lessen. There will be good and bad days. You will know you are feeling better when there are more good days than bad. You may feel guilty for laughing at a joke or enjoying a visit with a friend. It is important to understand that can be a common feeling.

Finding a Support System

There are many ways to grieve and to learn to accept loss. Try not to ignore your grief. Support may be available until you can manage your grief on your own.

….**Read More**

Silent Killer: Watch Out for Carbon Monoxide Dangers This Winter

Carbon monoxide poisoning can prove fatal without a warning, because it can't be seen, smelled or heard.

It's important to be aware of it, especially during winter when you're indoors and using heat sources to stay cozy.

The Nebraska Regional Poison Center has some tips for preventing carbon monoxide (CO) poisoning and recognizing symptoms of exposure to CO.

CO is a gas produced when fuels burn incompletely. This includes gas- and wood-burning fuel sources, such as furnaces, fireplaces, stoves, water heaters, gas clothes dryers and cooking stoves, space heaters and gas-powered grills, generators and power tools.

Poisoning happens when a person inhales either high levels of the gas over a short period or low levels over a longer time. Symptoms can resemble other health conditions and include headache, nausea, vomiting, dizziness, drowsiness, confusion and loss of consciousness.

If you suspect someone is experiencing carbon monoxide poisoning, get that person to fresh air immediately. You may need to call 911. The person may need to be treated by doctors. Your local poison center can assist you.

The Nebraska Regional Poison Center offers several tips to protect yourself from this deadly gas:

- Install a carbon monoxide detector on every level of your home.
- Have all fuel-burning appliances inspected regularly. Ventilate your fuel- and gas-burning heaters to the outdoors.
- Never use a charcoal grill or hibachi indoors.
- Never leave a car running in an attached garage, even with the garage door open. Have your vehicle's muffler and tailpipes checked regularly.
- Don't sit in your car with the engine running if deep snow or mud is blocking the exhaust pipe.
- Run generators at a safe distance from the home -- never next to a window, door or vent.

More than 400 people in the United States die every year from carbon monoxide poisoning, according to the U.S. Centers for Disease Control and Prevention. CO poisoning also leads to more than 15,000 emergency room visits each year.

The CO death rate is highest among people 65 and older, according to a center news release.

You can reach poison control at 1-800-222-1222. When you call, you will talk immediately to a registered nurse or pharmacist.

Handgun Ownership Raises Odds for Gun Suicide

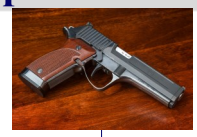
Owning a handgun increases a person's risk of firearm-related suicide more than owning a shotgun, a new study finds.

Researchers surveyed surviving loved ones of 121 gun owners who had died by suicide, including 93 who died by a firearm and 28 by other means.

The survey respondents were asked about the types and numbers of firearms the person who died had owned.

According to the findings, 77% of those who died using a firearm and 61% of those who died by another method owned a handgun, the survey found. Nearly 90% of people who only owned handguns used a firearm in their suicide death, compared to about 82% of those who only owned shotguns.

The study, published online Feb. 11 in the journal *Archives of Suicide Research*, also found that the more firearms a person owned, the less likely they were to use one to take their own life.



The finding surprised study author Michael Anestis. He is executive director of the New Jersey Gun Violence Research Center at Rutgers University, in West Piscataway.

"Although such stockpiling may increase the odds of other problematic outcomes, it appears from our results that the risk for firearm suicide may actually be highest among those who own only one or a small number of firearms," Anestis said in a university news release.

Suicide deaths have increased 33% in the United States in the last 18 years, according to the U.S. Centers for Disease Control and Prevention.

In an attempt to reduce suicides, researchers are trying to identify factors that affect whether a person uses a firearm or other methods to take their own life, Anestis noted.

"It is clear that firearm access increases risk of suicide death overall, but little is known about what differentiates firearm owners who die by suicide using a firearm from those who choose another method despite having firearm access," he explained.

Shotguns, which tend to be used mainly for recreational purposes like hunting, are often stored in hunting lodges or with locking devices, Anestis said. That makes them less accessible than handguns, which are often bought for protection and may be stored loaded and easily accessible.

"It also may simply be that any firearm in the home bestows risk of use as a suicide method, but that when multiple types of firearms are owned, an individual is likely to default to handguns due to logistical issues or ease of access," he suggested.

The findings may help improve knowledge about which people at risk for suicide are most likely to use firearms, which could lead to more effective interventions, Anestis added.