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Nation's Retirement Income Deficit Now \$7.7 Trillion



Barbara Easterling

At a hearing before the U.S. Senate Special Committee on Aging, **Alicia Munnell**, director of the Center for Retirement Research at Boston College, testified that over the last five years the nation's Retirement Income Deficit (RID) has risen from \$6.6 trillion to \$7.7 trillion. The focus of the hearing was "Bridging the Gap: How Prepared are Americans for Retirement?"

The Retirement Income Deficit is the gap between what American households have actually saved today and what they *should have* saved today to maintain their living standards in retirement. The updated RID is based on projections of retirement income and wealth for American workers ages 30-60, using data from the 2013 Survey of Consumer Finances.

Also testifying at the hearing was NBC personal finance reporter **Jean Chatzky**. Both Chatzky and Munnell said the shift from defined benefit pension plans to 401(k)s are to blame for this retirement crisis. Munnell also testified that Social Security should be the backbone of the retirement system.

"Members of the Alliance don't need financial experts to tell them that retirement security is at risk in this country," said **Barbara Easterling**, Alliance President. "We need to strengthen and expand Social Security and protect earned benefits for today and tomorrow's retirees."

Tell the White House Conference on Aging that Strengthening Retirement Security Must Be a Priority

Please sign our petition to pledge your support and ensure that retirement security is a priority at the July 2015 White House Conference on Aging. We need your support as we fight to preserve, strengthen and expand Social Security and protect our promised employee pensions and earned benefits.

Click here to take action now! <http://tinyurl.com/mppm5tm>

Hospitals working harder to make Medicare patients happy Patient surveys more important since Medicare began requiring hospitals to report on satisfaction in 2007 - check your hospital's scores

By Jordan Rau, Kaiser Health News

Lillie Robinson came to Rowan Medical Center for surgery on her left foot. She expected to be in and out in a day, returning weeks later for her surgeon to operate on the other foot. But that's not how things turned out.

"When I got here I found out he was doing both," she said. "We didn't realize that until they started medicating me for the procedure." Robinson signed a consent form and the operation went fine, but she was told she would be in the hospital far longer than she had expected.

"I wasn't prepared for that," she said.

Disappointing patients such as Robinson is a persistent problem for Rowan, a hospital with some the lowest levels of patient satisfaction in the country. In surveys sent to patients after they leave, Rowan's patients are less likely than those at most hospitals to say that they always received help promptly and that their pain was controlled well. Rowan's patients say they would recommend the hospital far less often than patients do elsewhere.

Feedback from patients such as Robinson matters to Rowan and to hospitals across the country. Since Medicare began requiring hospitals to collect information about patient satisfaction and report it to the government in 2007, these **patient surveys** have grown in influence.... [Read More](#)



Less sex, less desire in senior men leads to testosterone decline - not vice versa

**Decline in testosterone was “strikingly small,” less than 10%;
declines in estrogen also associated with declines in sexual activity**



For male senior citizens age 70 and older, decreased sexual activity and desire may be the cause, not an effect, of low testosterone level, according to research presented yesterday at the Endocrine Society meeting in San Diego.

“We found that over two years, men with declining serum concentrations of testosterone were more likely to develop a significant decrease in their sexual activity and sexual desire,” said lead study author Benjamin Hsu, MPH, PhD candidate in the School of Public Health and the ANZAC Research Institute of the University of Sydney in New South Wales, Australia.

“In older men, decreased sexual activity and desire may be a cause - not an effect - of low circulating testosterone level.”

Whether decreasing sexual function is a cause or an effect of reduced androgen status in older men, or whether some other age-related factor may be involved, has not been clear.

To explore the relationship between declining reproductive hormones and decreasing sexual function in older men, Hsu and his colleagues assessed men 70 years of age and above in Sydney, Australia, who took part in the Concord Health and Ageing in Men Project (CHAMP). The researchers tested the men at baseline (n=1,705) and again two years later (n=1,367).

At both visits, the participants answered questions about their sexual functions, including,

- "How often are you able to get and keep an erection that is firm enough for satisfactory sexual activity?";
- "How many times over the last month have you had sexual activity (including intercourse and masturbation) reaching ejaculation?"; and,
- "How much desire for sex do you have now, compared with when you were 50?"

At both visits the researchers also measured the men's serum testosterone, dihydrotestosterone (DHT), estradiol (E2), and estrone (E1) by liquid chromatography-tandem mass spectrometry; and they measured the men's sex hormone-binding globulin (SHBG), luteinizing hormone (LH), and follicle-stimulating hormone (FSH) by immunoassay.

Over two years, baseline serum testosterone, DHT, E2 and E1 did not predict decline in sexual activity, sexual desire and erectile function.

By contrast, the decline in testosterone (but not in DHT, E2 or E1) over time, though less than 10%, was strongly related to decreased sexual activity and desire, but not to erectile dysfunction.

The National Health and Medical Research Council, Sydney Medical School Foundation and Ageing and Alzheimer's Institute funded the CHAMP study.

For every one standard deviation drop in testosterone from baseline to follow-up, the adjusted odds ratio of further decline in sexual activity was 1.23.

The decline in testosterone was “strikingly small,” the researchers noted, at less than 10 percent. Declines in estrogen were also associated with declines in sexual activity.

Founded in 1916, the Endocrine Society is the world's oldest, largest and most active organization devoted to research on hormones and the clinical practice of endocrinology. The Endocrine Society is based in Washington, DC. To learn more about the Society and the field of endocrinology, visit <http://www.endocrine.org>.

Higher heart disease risk for men due to high testosterone, low estrogen

**Sex hormones testosterone nor estrogen caused changes in
"bad," cholesterol, blood pressure, or body weight in this study**

Why men have more heart disease than premenopausal women has been a puzzle, but a new study shows that the sex hormones testosterone and estrogen alter cardiovascular risk factors in a way that raises a man's risk of heart disease.

Results of the study were presented Saturday at the Endocrine Society's 97th annual meeting in San Diego.

Their study, conducted in 400 healthy men ages 20 to 50, found that higher levels of testosterone led to lower levels of HDL cholesterol, or "good" cholesterol, but estrogen appeared to have no effect on HDL cholesterol...[Read More](#)

Going vegetarian offers way for seniors to lower risk of colorectal cancer

Senior citizens making great progress against this deadly cancer due to more having colonoscopies

A good way for seniors to avoid colorectal cancer – the number two cancer killer in the U.S. among cancers – is to eat a vegetarian diet, says a study of Seventh - day Adventist published online by *JAMA Internal Medicine*.

Colon cancer incidence rates have dropped 30 percent in the U.S. in the last 10 years among adults 50 and older due to the widespread increase of colonoscopy, with the largest decrease being in senior citizens over age 65.

Although great attention has been paid to screening, primary prevention through lowering risk factors is also an important objective.

Dietary factors have previously been identified as a way to lower the risk factor for colorectal cancer. Eating red meat, for example, is linked to increased risk. On the other hand, food rich in dietary fiber is linked to reduced risk, according to the study's background information.

The researchers measured the incidence of colorectal cancer among those who are some form of vegetarian diet and or vegan diet and those that were nonvegetarians or nonvegans.

Vegetarians, generally, avoid eating meat, fish or poultry, although there are variations; for example pollo-vegetarians eat poultry but not other meats. Vegans do not eat any animal or insect products.

Among 77,659 study participants, Michael J. Orlich, M.D., Ph.D., of Loma Linda University, California, and coauthors identified 380 cases of colon cancer and 110 cases of rectal cancer.

Vegetarians compared with nonvegetarians had a –

- 22 percent lower risk for all colorectal cancers,
- 19 percent lower risk for colon cancer and
- 29 percent lower risk for rectal cancer.

The risk for colorectal cancer for vegans compared with nonvegetarians was 16 percent lower.

For lacto-ovo vegetarians (eat milk and eggs) the risk was 18 percent lower.

The pescovegetarians (eat fish) had 43 percent less colorectal cancer risk.

The semivegetarians, had an 8 percent lower risk of colorectal cancer.

“If such associations are causal, they may be important for primary prevention of colorectal cancers. ... The evidence that vegetarian diets similar to those of our study participants may be associated with a reduced risk of colorectal cancer, along with prior evidence of the potential reduced risk of obesity, hypertension, diabetes and mortality, should be considered carefully in making dietary choices and in giving dietary guidance,” the study concludes.

Support for the research was from grants by the National Cancer Institute and World Cancer Research Fund.

The [research report](#).



Colon Cancer Information for Patients by American Cancer Society

Whether you're looking for ways to prevent colon cancer or facing a diagnosis, the American Cancer Society has comprehensive information that can help you understand your options.

- [6 Colon Cancer Screening Tests](#)
- [Colon Cancer Early Detection](#)
- [American Cancer Society Recommendations for Colon Cancer Screening](#)
- [Colon Cancer Treatment Information](#)
- [Colon Cancer Survivor Stories](#)
- [Latest News about Colon Cancer](#)
- [Colon Cancer Videos](#)
- [See all our patient information about colon cancer](#)



Boomers, other seniors drive record spending for drugs

Drugs for hepatitis C, compounded medications push prices higher



The money spent on drugs in the U.S. increased at a faster rate in 2014 – 13.1 percent – than in any year for the last decade. The culprits, according a report by Express Scripts, were new high priced medicines for hepatitis C and the “exploitation of loopholes for compounded medications.” Most hepatitis C patients are senior citizens.

The vast majority of persons living with hepatitis C are baby boomers (individuals born from 1945 through 1965) – now senior citizens, according to the Centers for Disease Control and Prevention. The CDC has determined, “Testing all baby boomers properly is critical to stem the increasing toll of death and disease from hepatitis C in this nation.”

The burden of chronic hepatitis C virus infection in elderly persons is expected to increase significantly in the United States during the next 2 decades.

Hepatitis C and compounded medications are responsible for more than half of the increase in overall spending. Excluding those two therapy classes, 2014 drug trend (the year-over-year increase in per capita drug spending) was 6.4 percent.

Specialty medications – biologic and other high cost treatments for complex conditions, such as multiple sclerosis and cancer – accounted for more than 31 percent of total drug spending in 2014...[Read More](#)

Male smokers have elevated risk of osteoporosis

By Lisa Rapaport

(Reuters Health) - Male smokers have a greater risk for osteoporosis than other men and even than women smokers, a recent study finds, suggesting that U.S. screening guidelines focused on women might need to be expanded to include men.

"We expected the risk would be worse for women, but it was actually worse for men," said senior study author Dr. Elizabeth Regan, a researcher at National Jewish Health in Denver, Colorado. "The data also show that if men do have osteoporosis and get hip fractures, they do worse than the women."



Osteoporosis makes bones so weak and brittle that a fall – or even a sudden coughing fit or deep bend – can cause a fracture. It becomes more common with age. About one in 10 women over the age of 50 has the condition, compared with one in 50 men, according to the U.S. Centers for Disease Control and Prevention.

Women tend to have smaller, thinner bones than men, and they lose bone density when their production of the hormone estrogen decreases after menopause. Smoking can accelerate the loss of bone density.

Regan and colleagues examined bone density and the severity of lung disease, and looked for small fractures in the vertebra of the spine in 3,321 current and former smokers as well as a group of 63 people who never smoked.

[Read More](#)

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: “Current Hospital Issues in the Medicare Program”

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**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

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SIGN THE PETITION!!!!**