



October 25, 2020 E-Newsletter

Amy Coney Barrett Hearings: Maybe Medicare is Unconstitutional??

The Senate Judiciary Committee held its confirmation hearings this week for **Amy Coney Barrett**, Trump's nominee to fill **Ruth Bader Ginsburg's** Supreme Court seat. During the hearings Sen. **Dianne Feinstein** (CA) **asked Barrett** if she agreed with

some originalists who say the Medicare program is unconstitutional." Barrett declined to answer the question. "It is outrageous that President Trump would consider a Supreme Court nominee who cannot say that Medicare is constitutional," said **Joseph**

Peters, Jr., Secretary-Treasurer of the Alliance. "The health of every senior is at risk with this nomination," he continued. Barrett could potentially be confirmed by the Senate and join the Court before Election Day, which means that she could rule on the upcoming *Texas v. United*

States case about the future of the ACA. Many legal analysts think Barrett, if confirmed, could be the deciding vote to strike down the law.



Joseph Peters, Jr.
ARA Security-Treasurer

Nursing Homes Continue to be Plagued by Covid-19

An **AARP analysis** of recent government data shows that 50% of U.S. nursing homes have staff infected with Covid-19. The virus has claimed over 215,000 lives, 40% of which have occurred in nursing homes. The analysis also found that a **quarter**

of facilities are short on workers as well as personal protective equipment (PPE). Some states are doing far worse than others. For example, in Maine, New Mexico and New Hampshire, at least half of nursing homes reported

insufficient PPE. In South Dakota and Kansas, more than half of nursing homes reported a staff shortage. "Seniors need strong national leadership to bring us out of the coronavirus crisis," said **Robert Roach, Jr.**, President of the

Alliance. "We have had more than enough time to address the PPE shortages in nursing homes that are a major factor in spreading the virus."



Robert Roach, Jr.
President, ARA

What a new Congress should do to lower Rx prices

Prescription drug prices keep rising. That's to be expected since Congress has given pharmaceutical companies monopoly pricing power for their brand-name drugs, along with the ability to market them, even when they offer no benefits over lower cost drugs already on the market or, worse still, present safety risks. **More than seven in ten** Americans say the cost of drugs is unreasonable and that Congress is not doing enough to lower drug prices. Here's what a new Congress should do to lower drug prices.

First, Congress should make it legal for people to import drugs from abroad. A large majority of the public agree that safety is not an issue if the US allowed importation from Canada. In fact, safety should not be a reason not to allow importation from anywhere in the world for three reasons.

- ◆ The government easily could issue a list of verified pharmacies from around the world. Today, there are several web sites to turn to that offer information on drug prices from verified pharmacies around the world, including pharmacychecker.com.
- ◆ It is hard to make a compelling case that it is safer to ban drug imports and let people go without needed medicines they cannot afford than to allow people to import drugs for personal use. Moreover, we import food from abroad. Is there really a safety difference?
- ◆ Millions of people already **safely import drugs from abroad**. Once more do, it would be harder for pharmaceutical companies to set high prices for their drugs. To be clear, allowing drug



importation is simply a band-aid since most people will not be able to afford imported drugs from abroad. Their health insurance won't cover the cost of these drugs. But, once people are paying less for drugs from abroad, it makes it easier for Congress to negotiate prices in the US at or near prices around the world and harder for Pharma to bring a lawsuit challenging the constitutionality of the law. Second, Congress should pass legislation that brings down costs for all drugs to a level similar to other wealthy countries and applies to everyone in the US. Eight-five percent of Americans support a policy like this, which would allow the government to negotiate drug prices for everyone. The majority of Republicans and Democrats believe that Congress needs to do a better job of regulating drug

prices. Congress needs to go well beyond **HR3**, the House bill that would benchmark drug prices for a few hundred drugs to levels in other wealthy nations. HR3 does not cover more than 7,000 drugs on the market. It also does not benefit the uninsured. Third, Congress should penalize any drug company that refuses to charge a new negotiated price for a drug by automatically terminating the patents on the drug and permitting generic drug makers to manufacture and sell the drug, driving competition and bringing down prices. About one in four Americans find it hard to afford needed medicines. Six in ten Americans take one prescription drug and one in four take four or more. Congress would help the majority of Americans through these reforms.

ADD YOUR NAME

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

President Trump's Record on Health Care

Since taking office, President Trump has laid down an extensive record on health care, beginning on day one with his clearly-stated intention to repeal and replace the Affordable Care Act, and continuing through his most recent response to the COVID-19 pandemic. In addition, the Trump Administration has made or proposed many changes to health policies and programs that could have a significant impact on health coverage and health care.

President Trump's record on health care illustrates his priorities. An incumbent president's record is always relevant, but especially so for President Trump, who has not released more conventional campaign policy proposals. Moreover, the President's response to the COVID-19 crisis, and its economic consequences could influence how voters view the president in terms of his character, his leadership and his ability to

protect the nation – particularly given widespread and ongoing transmission of the virus in the U.S. and evidence that the U.S. has fared relatively poorly compared to peer nations.

From the start of his presidential term, President Trump took aim at the Affordable Care Act, consistent with his campaign pledge leading up to the 2016 election. He supported many efforts in Congress to repeal the law and **replace it with an alternative that would have weakened protections for people with pre-existing conditions, eliminated the Medicaid expansion, and reduced premium assistance for people seeking marketplace coverage.** While the ACA remains in force, President Trump's Administration is supporting the case pending before the U.S. Supreme Court to overturn the ACA in its entirety that is scheduled for oral arguments



one week after the election.

The Trump Administration has moved forward on many other health care fronts. The Administration has proposed spending reductions for both Medicaid and Medicare, along with proposals that would promote flexibility for states but limit eligibility for coverage under Medicaid (e.g., work requirements). The President has made prescription drug prices a top health policy priority and has issued several executive orders and other proposals that aim to lower drug prices; most of these proposals, however, have not been implemented, other than one change that would lower the cost of insulin for some Medicare beneficiaries with diabetes, and another that allows pharmacists to tell consumers if they could save money on their prescriptions. The Trump Administration has also moved forward with an initiative to improve price

transparency in an effort to lower costs, though it is held up in the courts. President Trump has made other policy changes that have had a direct impact on reproductive rights, immigration, and on other health care issues that convey his priorities for the future.

This issue brief provides a detailed overview of the Trump Administration's record on health care issues, including major proposals and actions on health care during his tenure in office relating to: the Administration's response to the COVID-19 pandemic, the ACA and private insurance markets, Medicaid, Medicare, reducing prescription drug and other health care costs, sexual and reproductive health, mental health and substance use, immigration and health, long-term care, HIV/AIDS policy, and LGBTQ health. **A separate resource compares President Trump's record and proposals to those of former Vice President Biden.**

Federal judge strikes down Trump rule that could have cut food stamps

A federal judge Sunday struck down a Trump administration rule that could have stripped food stamps from nearly 700,000 people, saying the US Department of Agriculture has been "icily silent" about how many Americans would have been denied benefits had the changes been in effect during **the pandemic.**

"The final rule at issue in this litigation radically and abruptly alters decades of regulatory practice, leaving states scrambling and exponentially increasing food insecurity for tens of thousands of Americans," Chief Judge Beryl Howell of the US District Court in Washington, DC, wrote in a 67-page ruling, saying the agency has not adequately explained how the rule comports with federal statutes nor how it "makes sense."

A coalition of attorneys general from 19 states, the District of Columbia and the City of New York filed **a lawsuit** in January, challenging

the USDA rule.

The rule, announced in December, would have required more food stamp recipients to work in order to receive benefits by limiting states' ability to waive existing work mandates. It had been scheduled to take effect on April 1, but Howell in mid-March **blocked it** from being implemented, and Congress suspended work mandates in the food stamp program as part of a coronavirus relief package that month.

The requirement could have resulted in 688,000 non-disabled, working-age adults without dependents losing their Supplemental Nutrition Assistance Program benefits, or SNAP, as food stamps are formally known, according to Agriculture Department estimates, which were calculated prior to the pandemic. It was expected to save \$5.5 billion over five years.

Food stamp enrollment has soared during the outbreak as



millions of Americans lost their jobs. More than 6 million people have signed up for benefits, as of May, a 17% increase, according to the ruling.

Nearly 43 million Americans were receiving benefits in April, according to the latest Agriculture Department data.

Hunger has risen amid the economic upheaval wrought by the pandemic. Many lined up at **food banks**, which distributed more than **1.9 billion meals** between March and June, according to Feeding America, a network of 200 food banks and 60,000 food pantries and meal programs.

Some 10% of adults live in households where there was **either sometimes or often not enough to eat** in the last seven days, according to a Census Bureau survey from mid- to late-September.

In normal times, the food stamp program requires non-disabled, working-age adults without dependents to have jobs.

They can only receive benefits for three months out of every 36-month period unless they are working or participating in training programs 20 hours a week. There were 2.9 million of these recipients in 2018 and nearly 74% of them were not employed, according to the agency.

The Agriculture Department did not immediately return a request seeking comment.

States can waive the work requirement for areas where unemployment is at least 10% or there is an insufficient number of jobs, as defined by the Department of Labor. The new rule would have made it harder for states to receive those waivers by tightening the definition of areas where there are insufficient jobs, narrowing the geographic areas of waivers and limiting their duration, among other provisions... **Read More**

Progressive Group Highlights Trump, Tillis Weakness on Insulin Price Tags



“Donald Trump and Thom Tillis opposed legislation that would lower the price of insulin and other prescription drugs.”

During the first presidential debate of 2020, President Donald Trump touted his efforts to curb skyrocketing drug prices and declared that insulin is now “so cheap, it’s like water.” The response on social media was swift, and divided, with some people **sharing pharmacy bills** showing thousands of dollars they’d spent on insulin, while others boasted of newfound savings.

The next day, a self-described progressive political action committee called **Change Now** jumped into the fray by releasing an ad that circulated on Facebook attacking Trump and Sen. Thom Tillis (R-N.C.) on this issue.

In **the 30-second ad**, a North Carolina woman in her 30s explains she was diagnosed with Type 1 diabetes at age 4.

“Donald Trump and Thom Tillis opposed legislation that would lower the price of insulin and other prescription drugs,”

she says. “People with diabetes can’t afford to wait for Trump and Tillis to fight for us. ... We need affordable insulin now.”

(Posts sharing the quote were flagged as part of Facebook’s efforts to combat false news and misinformation on its news feed. Read more about **Partnership with Facebook**.)

In recent years, politicians on both sides of the aisle have **committed to addressing the cost of insulin**. This election cycle — coinciding with a looming threat to the Affordable Care Act and millions of people losing jobs and employer-sponsored health insurance during the pandemic — the high price of prescription drugs has gained new significance.

Tillis is in one of the most heated Senate races in the country and has been repeatedly criticized by his opponent for **receiving more than \$400,000** in campaign contributions from the pharmaceutical and health product industries. Across the country, many **voters say lowering prescription drug**

costs should be the top health priority for elected officials.

So, did Trump and Tillis really oppose policies that would accomplish that goal? We decided to take a closer look.

It turns out they’ve both opposed certain pieces of legislation that could have lowered the price of insulin and other prescription drugs, but they’ve also offered alternatives. The question is how aggressive those alternatives are and how many Americans would benefit from them.

Opposing the Strongest Reforms

Change Now pointed to two congressional bills to support the ad’s claim: one opposed by Trump, and the other by Tillis.

The first bill, **known as H.R. 3**, passed the House in December 2019, largely due to Democratic votes. It contains three main elements: decreasing out-of-pocket costs for people on Medicare, penalizing pharmaceutical companies that raise the price of drugs faster than the rate of inflation and — the most aggressive and controversial feature — allowing the federal

government, which administers Medicare, to negotiate the price of certain drugs, including insulin. It also requires manufacturers to offer those agreed-on prices to private insurers, extending the benefits to a wider swath of Americans.

Stacie Dusetzina, an associate professor of health policy at Vanderbilt University School of Medicine, called it “the broadest-reaching policy that has been put forward” on drug pricing.

“While a lot of reform has focused on Medicare beneficiaries, that misses many insulin users,” Dusetzina said. “H.R. 3 does the most to affect prices for young consumers, like the woman in the ad.”

At the time, Trump **vowed to veto that bill**, saying the price controls it imposed “would likely undermine access to lifesaving medications” by decreasing the incentive for companies to innovate. When we checked in with the Trump campaign about the ad, a spokesperson reiterated this position, adding that the president continues to seek better legislative options....**Read More**

Potential Impact of California v. Texas Decision on the ACA

The Supreme Court will review the constitutionality of the Affordable Care Act (ACA) this November in *California v. Texas* (known as *Texas v. U.S.* in the lower courts). Late last year, a **federal appeals court**

panel ruled that the ACA’s individual mandate is unconstitutional, since Congress has set the mandate tax penalty to zero. The case was **brought by a number** of Republican state officials and two individuals, who argue that the rest of the ACA is not severable from the mandate and should therefore be invalidated. The Trump administration now argues that nearly all of the ACA should be found invalid but that the courts should prohibit it from enforcing only the provisions found to harm the individual plaintiffs. It previously argued that only the ACA’s pre-existing condition

protections should be overturned.¹ Pending a final decision on the case, the Trump administration has continued to enforce the ACA.

The ACA’s reforms affect nearly every American in some way, and a Supreme Court decision that invalidated the ACA would have complex and far-reaching impacts throughout the health care system. While the ACA’s changes to the individual insurance market — including protections for people with pre-existing conditions and premium subsidies for low and modest income people — have been the focus of much policy debate and media coverage, the law made many other sweeping changes. These include: the expansion of Medicaid eligibility for low-income adults; required coverage



of preventive services with no cost-sharing in private insurance, Medicare, and for those enrolled in the Medicaid expansion; new national initiatives to promote

public health and quality of care; and a variety of tax increases to finance these changes. The number of uninsured Americans decreased by **20 million** from 2010 to 2016 as the ACA went into effect, but has since increased by **2.3 million from 2016 to 2019**.

The following table summarizes the major provisions of the ACA, illustrating the breadth of its changes to the health care system, and public attitudes towards those changes. If all or most of the ACA is struck down, many of these provisions could be eliminated.

Due to differences in

populations and policies across states, the potential repeal of the ACA would play out differently from state to state. For example, over 50 million people had a declinable health condition in 2018, including over a third of the population in West Virginia, Arkansas and Mississippi. The appendix shows the state-by-state impacts of these key ACA provisions. A link to state-level data is included in the table below when data are available.

Browse Key Provisions by Category:

[Expanded Eligibility for Health Coverage](#)
[Federal Minimum Standards for Private Health Insurance](#)
[Other Provisions Affecting Employers/Group Health Plans](#)
[Consumer Assistance](#)
[Other Medicaid Provisions](#)
[Medicare Provisions](#)
[Additional Provisions](#)

New Statistics on Coronavirus and Medicare Patients

The Center for Medicare and Medicaid Services (CMS) has released new statistics showing that as of Aug. 15 traditional Medicare spent \$4.4 billion so far in 2020 to hospitalize more than 178,000 beneficiaries with Covid-19.

More than one million Medicare beneficiaries have contracted the disease that continues to hit hardest among

the elderly, minorities, and patients with kidney failure, according to the new data.

While all the data is preliminary and subject to change, it showed many hospitalized Covid-19 patients had similar underlying health conditions.

Eighty percent had high blood pressure, 62% had high levels of



fat or lipids in their blood, 52% had chronic kidney disease, 51% had diabetes, and 45% had anemia.

Among hospitalized patients, 31% went home, 32% died, 22% were discharged to nursing homes, 13% received home health services, and 5% went into hospice care.

As we move into what has

traditionally been the seasonal flu time of year, we want to remind you that now is the time to get your seasonal flu vaccine. There is a special senior dose of the vaccine that produces extra antibodies to fight the flu. However, there are already shortages of it in certain parts of the country so if you want the senior dosage you should not delay any longer.

Older COVID Patients Battle ‘Brain Fog,’ Weakness and Emotional Turmoil

“Lord, give me back my memory.”

For months, as Marilyn Walters has struggled to recover from COVID-19, she has repeated this prayer day and night.

Like other older adults who’ve become critically ill from the coronavirus, Walters, 65, describes what she calls “brain fog” — difficulty putting thoughts together, problems with concentration, the inability to remember what happened a short time before.

This sudden cognitive dysfunction is a common concern for seniors who’ve survived a serious bout of COVID-19.

“Many older patients are having trouble organizing themselves and planning what they need to do to get through the day,” said Dr. Zijian Chen,

medical director of the **Center for Post-COVID Care** at Mount Sinai Health System in New York City.

“They’re reporting that they’ve become more and more forgetful.”

Other challenges abound: overcoming muscle and nerve damage, improving breathing, adapting to new impairments, regaining strength and stamina, and coping with the emotional toll of unexpected illness.

Most seniors survive COVID-19 and will encounter these concerns to varying degrees. Even among the age group at greatest risk — people 85 and older — just 28% of those with confirmed cases end up dying, according to **data from the Centers for Disease Control and Prevention**. (Because of gaps in testing, the actual death



rate may be lower.) Walters, who lives in Indianapolis, spent almost three weeks in March and April

heavily sedated, on a ventilator, fighting for her life in intensive care. Today, she said, “I still get tired real easy and I can’t breathe sometimes. If I’m walking sometimes my legs get wobbly and my arms get like jelly.”

“Emotionally, it’s been hard because I’ve always been able to do for myself, and I can’t do that as I like. I’ve been really nervous and jittery,” Walters said.

Younger adults who’ve survived a serious course of COVID-19 experience similar issues but older adults tend to have “more severe symptoms, and more limitations in terms of what they can do,” Chen said.

“Recovery will be on the order of months and years, not days or weeks,” said Dr. E. Wesley Ely, co-director of the Critical Illness, Brain Dysfunction and Survivorship Center at Vanderbilt University Medical Center. Most likely, he speculated, a year after fighting the disease at least half of the critically ill older patients will not have fully recovered.

The aftereffects of delirium — an acute, sudden change of consciousness and mental acuity — can complicate recovery from COVID-19. Seniors hospitalized for serious illness are susceptible to the often-unrecognized condition when they’re immobilized for a long time, isolated from family and friends, and given sedatives to ease agitation or narcotics for pain, among other contributing factors. **Read More**

‘An Arm and a Leg’: Vetting TikTok Mom’s Advice for Dealing With Debt Collectors

TikTok mom Shaunna Burns used to be a debt collector, so she knows a few things about what’s legal and what’s not when a company contacts you to settle a debt. We fact-checked her advice with a legal expert: Jenifer Bosco, an attorney with the **National Consumer Law Center**.

Bosco said most of Burns’ advice totally checks out.

A recent **report** from ProPublica shows that debt collectors have thrived during the pandemic; they’re out in force to get people to pay up. But we have rights. Scroll down for some consumer protection

resources.

You don’t need to have heard **our earlier episode about Burns and her story**; you can start right here. (Both conversations contain lots of strong language, so maybe listen when the kids aren’t around.)

Meanwhile, here are links to resources:

- ◆ The National Consumer Law Center, where Jenifer Bosco works, publishes the book **Surviving Debt**. It’s free to read online at <https://library.nclc.org/sd>
- ◆ Consumer-finance expert Gerri Detweiler, who helped



fact-check a big question for this episode, has a very useful-looking site called **Debt Collection**

Answers. She **just published a new article with answers to questions** like “Can medical bills be sent to collections if you’re making payments?” (yep) and “How do I dispute a medical bill in collections?”

Burns’ Dealing-With-Debt-Collectors TikTok Videos

Be sure to note Jen Bosco’s legal caveats, but Burns will get you in the fighting spirit.

- ◆ **Rapid-fire advice:** Debt

collectors can’t just call whenever they want. There’s a statute of limitations on debt. You can — and should — demand documentation.

- ◆ If they can’t document that the debt is valid ... **you have options**.
- ◆ **You’re under no obligation to give them any information**.
- ◆ **If the debt is valid**, be nice. Take the calls. You may eventually be able to work out an OK deal.

Trump's election-eve drug discounts for seniors gets snagged

President Donald Trump's plan to mail millions of seniors a \$200 prescription savings card has hit legal and budget roadblocks, making it unlikely the government can carry it out before Election Day.

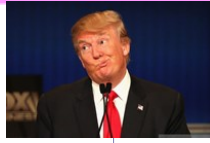
Democratic lawmakers have raised questions about whether the administration has the authority to order on its own billions of dollars in Medicare spending for what the Democrats say are political reasons. Administration and congressional officials say such questions have bogged down review of the plan by agencies, including the Department of Health and Human Services, the Centers for Medicare and Medicaid Services and the White House Office of Management and Budget.

A White House official had no comment on the status of the prescription cards, which Trump announced with a flourish last month during a health care speech in Charlotte, N.C.

The Medicare agency, or CMS, said in a statement: "We know that many seniors struggle to afford their medication and because of these high costs may forgo treatment. The administration is committed to lowering out-of-pocket costs for our nation's seniors. We will provide more information about the prescription drug cards soon."

One administration official said the odds are 75-25 the plan will not happen. The official spoke on condition of anonymity to discuss back-and-forth internal deliberations.

Earlier this month, Reps. Frank Pallone, D-N.J., Richard Neal, D-Mass, and Sen. Ron Wyden, D-Ore., questioned the legality of Trump's plan, saying in a letter to HHS Secretary Alex Azar that "the president now appears to be attempting to buy votes just weeks before the election using taxpayer dollars."



The lawmakers' objections appear to have hit a nerve in the administration. Among them:

— The White House asserted that Medicare could legally send out the discount cards under its authority to conduct "demonstration programs" testing new ideas. The \$200 would test if extra cash made seniors more likely to stay on their medications and avoid costly hospitalizations. But sending cards to nearly all Medicare recipients is not a test, the lawmakers said. For example, there wouldn't be a control group against which to measure any results. Therefore, such a mass mailing would not meet legal standards for a Medicare demonstration program testing new ideas. The cost to taxpayers has been estimated as high as \$7.8 billion, not counting administrative expenses. The money would come from Medicare's

Supplemental Medical Insurance Trust Fund. But spending for the cards has not been authorized by Congress, which has the power of the purse. A congressional official said that if the Trump administration approves the plan, it in effect would create a budgetary "trap door" through which future administrations could try to spend billions of dollars without congressional oversight. The official spoke on condition of anonymity to discuss internal analysis.

When Trump announced the plan as part of a Sep. 24 speech calling attention to his health care agenda, it seemed like the discount cards were about to go in the mail. People wondered if they would bear the presidents' name.

The cards would allow seniors to save \$200 off their prescription copays. Trump initially said 33 million Medicare recipients would get the cards [Read More](#)

Grown Children Who Ignore Their Parents: Seniors and Family Estrangement

Grown children who ignore their parents can provoke a great deal of emotional distress and even physical health problems in elder loved ones. And adult children whose older or elderly parents don't communicate with them can undergo similar feelings of loss and bewilderment.

Although some seniors struggle with feeling abandoned, others face the opposite

problem—realizing that cutting off contact with a family member is the best course of action to protect their own well-being.

These topics can be hard to talk about. Whether you're feeling ignored or dealing with family estrangement, the emotions can take a toll. And many people feel too ashamed to seek help. If you're



experiencing an estranged relationship with a parent or child, the following information can help you explore why there is a division, and how to handle it.

Contents

- ◆ [When you feel ignored](#)
- ◆ [Family estrangement](#)
- ◆ [When grown children stop talking to their parents](#)

- ◆ [Consequences](#)
 - ◆ [Coping](#)
 - ◆ [When parents ignore their grown children](#)
 - ◆ [Deciding to cut off contact with a family member](#)
 - ◆ [Helpful resources](#)
- This article is not intended to replace the professional advice and support of a licensed counselor, therapist, psychiatrist, or psychologist.*

Senior Travel Tips: How to Have Great Adventures as an Older Adult

For a senior, travel can be an excellent way to stimulate the mind, connect with a wider community, and just **have fun**. Exploring new environments and meeting new people can help older adults stay both physically active and **socially engaged**. Whether the idea is to experience more of the world, spend time with loved ones, or just take a break from the everyday routine, travel can bring enormous rewards.

Getting older certainly doesn't have to keep anyone from having new adventures. An [AARP survey](#) of adults between the ages of 54 and 72 found that virtually all of them planned to take at least one domestic trip in 2019, and nearly a third anticipated taking four or more trips. What's more, almost half said they expected to travel both within the U.S. and internationally.



Check out the information below to discover more than two dozen practical tips related to navigating air travel, organizing a trip either for or with an elderly parent, and traveling as an older adult. Explore a list of tour companies and cruise lines that cater to the needs of seniors. And learn about 10 budget-friendly destinations within the U.S. that offer good value for older

travelers.

Contents

- ◆ [Air travel tips and tricks](#)
- How to:**
- ◆ [Arrange a trip for an elderly parent](#)
 - ◆ [Travel with an aging relative](#)
 - ◆ [Travel as an older adult](#)
 - ◆ [Travel tour companies for seniors](#)
 - ◆ [10 good budget destinations for seniors](#)

Tablets and Computers for Seniors: The Only Guide You Need

Finding the best tablets and computers for seniors can be a challenging task, but it's more than doable. Yes, older adults can have a wide range of unique needs. However, computer manufacturers are continually coming up with new ways to meet those needs. From large-print keyboards to touchscreens to simplified operating systems, there are a myriad of options to help seniors stay connected with technology.

Besides, did you know that computer use is on the rise among this demographic? A

2016 survey by Pew Research Center found that 67 percent of American adults over the age of 65 use the Internet, up from 53 percent in a 2012 survey. About a third of respondents in the 2016 survey reported using social media (and 70 percent of those who did said they check it every day). A separate Pew Research Center study revealed that 25 percent of seniors play online video games.

When choosing any device, the most important factor to consider



is what you want to do with it. Do you just want to send emails and look at family photos, or are you hoping to watch movies, print

documents, or create spreadsheets? Will it stay in one place in your home, or would you like it to be portable? How much experience do you have with computers? Are there physical limitations to consider?

In the end, the best device is the one that most closely meets your individual needs and preferences. The following

information can help you determine exactly what that might be.

Contents

- ◆ [Desktop computers vs. laptops vs. tablets](#)
- ◆ [How to decide what you need](#)
- ◆ [What to look for in a device](#)
- ◆ [10 of the best standard devices for seniors](#)
- ◆ [Computers and tablets specifically designed for seniors](#)
- ◆ [Software solutions that simplify tablets and computers for seniors](#)

83% of U.S. Seniors Want to Keep Their Own Homes in Retirement

To seniors, a home's emotional value trumps a home's financial value. But for many, staying power is elusive.

Americans heading into their golden years don't want to do so in an unfamiliar house. Apparently, being outside of their own kitchen and living room also means being out of their comfort zone.

That's according to a brand new study - The American College's Home Equity and Retirement Income Planning Survey - which says 83% of people nearing or in retirement "do not want to relocate in **retirement**."

Additionally, the survey states that "almost no homeowners have a strong desire to rent in retirement" and that 44% "have considered using home equity in retirement, but only 25% feel comfortable spending it as a source of income."

A separate study from Merrill

Lynch states that, among **retirees** who have not and do not plan to move during

retirement, the top reasons for that mindset include "their deep emotional connection with their home (54%), close proximity to family (48%) and friends (31%), wanting to remain independent (44%), or because they simply can't afford to move (28%)."

Additionally, prior to age 55, more homeowners say the financial value of their home outweighs its emotional value, Merrill Lynch reports. "As people age, however, they become far more likely to say their home's emotional value is more important - as cited by nearly two out of three people (63%) age 75 and older," the Merrill Lynch report says.

Apparently, the sentiment to keep one's home in retirement grows stronger the older one gets. "We saw more uncertainty



between the ages of 55 and 62," says Jamie Hopkins, co-director of The American College New York Life Center for Retirement Income Planning. "But once we started getting past 62 and you start moving into retirement, we saw that these individuals really don't expect or want to leave their homes."

Hopkins says financial advisors need to do a better job educating and talking to their clients about home equity and financial products that can help keep retirees in their homes. "Hopefully that's the biggest takeaway from this survey," he said. "Advisors and consumers need to start thinking about home equity, including reverse mortgages, as part of the retirement income planning process."

Retirees who do want to keep their own **homes** probably don't have a mortgage payment, and

that's a good thing.

"First, in an ideal situation, retirees should not have a mortgage payment" says Pedro Silva, a financial advisor at Provo Financial Services. "If you consider that every dollar used to pay a mortgage is often taxable, people might be dwindling their retirement accounts faster than expected."

Homes can also generate larger, unexpected costs, such as repairs on driveways roofs, or age-based remodels, Silva notes. "These larger withdrawals can also make a negative impact on a retirement portfolio," he says. "For those who wish to keep their home in retirement, we advise starting a schedule to pay off the note prior to retirement, analyze the size of the house and any mobility or aging layout issues that might need to be resolved, and tackle any larger home expenses in the years before retirement."

Safety Measures at Assisted Living Communities

This article is based on reporting that features **expert sources**.

Safety at Assisted Living Communities

The reason for placing a loved one in an **assisted living facility** often boil down to one word: safety. When a sick or frail individual no longer can care for him or herself, the safest place may be such a community, where both medical care and

physical safety can be assured.

Assisted living communities have numerous tools - some mandated by state and federal guidelines, some by individual rules - to protect their residents. There are numerous safety concerns, but the top three are:

- ◆ **Falls.**
- ◆ Wandering.



◆ Infections, including COVID-19.

Keeping residents safe while allowing them some freedom isn't easy, and safety programs do not follow a one-size-fits-all approach, says John Mastronardi, executive director of The Nathaniel Witherell, a short-term rehab and skilled nursing care center in Greenwich, Connecticut. Each

resident has a personalized care plan because "they still have a personality and preferences you want to pay attention to that can inform and drive the care plan. The crux of this is getting to the core of that person's preferences if you possibly can, then tailoring a plan of care so that they can thrive as best they can, safely."...**Read More**

What Is Respite Care for Seniors? Here Are the Essential Facts You Should Know

Without a doubt, looking after an aging loved one can be rewarding. But caregiving can also be demanding and time-consuming. Fortunately, respite care can provide much-needed breaks. So, what is respite care? Here's a simple *respite care* definition: temporary help that gives caregivers some relief

from their duties.

This article lists many advantages of using respite care. It also explains the different types of respite assistance and how to access them. As well, you'll learn about options that can help you pay for respite services. Plus, if you're



interested in working as a respite provider, you'll find out how to get started.

Contents

- ◆ [Why using respite care is a vital part of caregiving](#)
- ◆ [Types of respite care](#)
- ◆ [Finding respite care near](#)

you

- ◆ [Choosing the right type of respite care](#)
- ◆ [How to pay for respite care](#)
- ◆ [Succeeding with respite care](#)
- ◆ [Working in respite care](#)

Help for Seniors: Your Guide to Assistance Programs & Services

Did you know there are literally thousands of programs that provide help for seniors in America? Whether you are struggling with the cost of housing or home repairs, looking for ways to save on prescriptions or hearing aids, or seeking affordable legal guidance, you can probably find senior citizens assistance programs that are designed to address needs like yours. In fact, the range of available services is so vast that the biggest challenge might be identifying the options that work best for your particular situation.

A good starting point in any search for senior assistance options is to check with your local Area Agency on Aging or use the online [Eldercare Locator](#) provided by the U.S. Administration on Aging. Either method can direct you to a host of services for older adults in your area. The [directory of resources](#) at the end of this article includes many more sites that can help you find the benefits and programs that are most applicable to you.



The following sections provide information on the many different resources that are available to help older adults meet their needs and improve their quality of life. Check out specific information about 11 different topics, or use the directory of resources to track down additional assistance.

Contents

Help related to:

- ◆ [Income and taxes](#)
- ◆ [Medicare and prescriptions](#)
- ◆ [Hearing aids](#)

- ◆ [Mobility aids](#)
- ◆ [Dental care](#)
- ◆ [Housing and rent](#)
- ◆ [Mortgages](#)
- ◆ [Home repairs, improvements, and modifications](#)
- ◆ [In-home care](#)
- ◆ [Downsizing](#)
- ◆ [Legal matters](#)
- ◆ [Technology](#)
- ◆ [An essential directory of helpful resources](#)

How to Retire: Must-Know Steps to Prepare for Life After Work

Figuring out how to retire is a top priority for many working Americans who dream of a future that is free of deadlines and responsibilities. But there are so many questions to ponder: How much money will you really need? Will Social Security be enough to carry you through? What if you want to walk away from your job by the time you're 50 or 60?

This article has the answers you need. It explains how you

can assess your income and expenses and calculate the approximate amount of money you'll need for a comfortable retirement. It also offers detailed strategies on how to successfully exit the workforce at different ages, from 50 to 62. And it includes tips on how you can retire even if you don't have much in the way of savings.

Here's the reality: Despite some negative stories in the



mass media, most retirees find retirement to be less financially challenging than they expected. In fact, 16 years of annual surveys by polling organization Gallup have consistently found that [more than 70 percent](#) of retirees report having enough financial resources to live comfortably. In 2018, that number was 78 percent.

So read on to get the

information *you* need in order to reach your retirement goals!

Contents

- ◆ [How much money do you need to retire?](#)
- ◆ [How to retire early](#)
Specific steps for how to retire:
 - [At age 50](#)
 - [At age 60](#)
 - [At age 62](#)
- ◆ [How to retire without savings](#)

Aging in Place: What You Need to Know About Healthy Aging

Aging in place means living in the home of your choice—safely and independently—as you get older. It's about living out your golden years in comfort. But it requires planning for how you will deal with any challenges that may arise. In essence, healthy aging involves creating the right environment and putting supports in place that allow you to meet your ongoing physical and emotional needs.

Did you know that American

seniors are healthier today than they have been in years past? One study found that older adults were [14 percent more likely](#) to say they were in excellent or very good health in 2014 than in 2000.

Successful aging is influenced by a range of factors, including diet, lifestyle, and genetics. The reality is that you can be healthy at 50 or any other age by adopting a lifestyle that features



regular exercise and a well-balanced diet. Of course, staying healthy and safe may require adapting your home to accommodate your changing needs, which you can read more about below.

This article outlines how the definition of successful aging has evolved over the past few decades. It also describes some common diseases that often come with age and explains

what you can do to reduce your chances of being affected by them. And it provides practical tips on how to successfully age in place.

Contents

- ◆ [What is successful aging? Changing definitions](#)
- ◆ [7 common diseases of aging and how to lower your odds of getting them](#)
- ◆ [4 tips on aging in place](#)

Many Older Americans With Heart Failure Take 10 or More Meds

(HealthDay News) -- When older people hospitalized for heart failure are sent home, they are often given a whopping 10 medications to take for a variety of conditions. But is this "polypharmacy" practice necessary, or does it just place a bigger burden on already frail patients?

It's not a question so much of the quantity of the medications, but whether the medications patients are taking are the right ones for them, said senior study author Dr. Parag Goyal, a geriatric cardiologist at NewYork-Presbyterian in New York City.

"It's not just that we're not starting the right medications, there may be situations where we're not stopping the wrong medications as well," Goyal said. "I think we need to look at the medication that older adults with heart failure take in a more holistic fashion."

For the study, Goyal's team examined the medical charts of 558 adults aged 65 and older who were hospitalized in the United States between 2003 and 2014.

When admitted, 84% of the patients were taking five or more medications and 42% were taking 10 or more. When discharged, those numbers had risen to 95% of patients prescribed five or more

medications and 55% taking 10 or more. Most of the prescribed medicines were not for the patients' heart failure or heart conditions, the researchers said.

A larger medication burden increases the risk of adverse drug reactions, which could lead to patients ending up in the hospital, Goyal explained. It can also require more work for the patient, which can have an impact on quality of life.

"It's a big challenge," Goyal said. "How exactly do you reconcile the fact that a lot of these medications are meant to prevent events and to help patients feel better with the concept that as the number of medications rise, you might be negatively affecting these parameters?"

The study found that about 90% of older adults with heart failure have at least three other medical conditions. More than 60% have at least five other conditions.

The findings were published online Oct. 13 in the journal *Circulation: Heart Failure*.

The researchers concluded that there is a need to develop strategies that can alleviate the negative effects of polypharmacy. Among the drugs that may be overused are proton-



pump inhibitors, which reduce stomach acid.

There are a host of medications patients may have been taking for years that could be

reviewed, Goyal noted.

However, the study suggested that the benefits of medication may outweigh the risks of polypharmacy for people with certain conditions, including chronic obstructive pulmonary disease (COPD) and diabetes.

Some medications already are multipurpose, including one that treats diabetes and heart failure, said Dr. Gregg Fonarow, chief of the University of California, Los Angeles, division of cardiology.

"That doesn't mean there are not some medications that are not necessary and could be either reduced or consolidated, but that for patients with heart failure that have a number of other comorbid conditions there are a number of medications that are proven in randomized trials, proven in clinical effectiveness studies -- including in patients above age 65 -- to where the greater the number of medications patients are on, the better the clinical outcomes," Fonarow added.

Among the conditions that are common in heart failure patients are diabetes, COPD and atrial fibrillation (an irregular heartbeat), said Fonarow, who

was not involved with the new study.

"These patients have many other comorbid conditions that if left untreated would leave them at risk for complications," he added.

The American Heart Association defines heart failure as "a chronic, progressive condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen."

About 6 million Americans have heart failure. It's one of the most common reasons that individuals aged 65 and older are hospitalized, Fonarow said, and it has a high mortality rate.

Goyal noted that a patient's doctors -- from primary care physicians to specialists -- should make time to review the patient's medications to determine if they're all still needed.

Goyal said he will be developing a shared decision-making approach for optimizing medications in older adults with heart failure, a five-year project recently funded by the U.S. National Institutes of Health.

"I think it's important to reconsider and review medications on a regular basis to ensure that a medication that was previously prescribed is still the right medication," Goyal said.

This Is Dementia: Stages, Types, Treatments, & Care

Do you know which dementia stages are associated with major personality changes? How about which types of dementia cause hallucinations? Did you know that there are other forms of dementia besides Alzheimer's disease?

Here's why it's important to educate yourself about dementia: Prevention, in many cases, may be possible. And for anyone already showing symptoms, it's crucial to understand what may lie ahead as the condition progresses. Friends, loved ones, and caregivers can provide much better support (and minimize

their own stress) by having good information and giving this subject the full attention it deserves.

In this article, you'll learn about several aspects of dementia, including its potential causes, the signs to watch for, how it's diagnosed, and how it can be treated and managed. You'll also learn how to live with someone who has dementia and provide compassionate care in a way that maintains his or her dignity. You'll even discover reasons for hope.

Contents:



◆ [Dementia vs. Alzheimer's disease: What the terminology means](#)

◆ [The most common types of dementia](#)

- ◆ [Alzheimer's disease](#)
- ◆ [Vascular dementia](#)
- ◆ [Lewy body dementia \(LBD\)](#)
- ◆ [Frontotemporal dementia \(FTD\)](#)
- ◆ [Other forms of dementia & dementia-like illnesses](#)
- ◆ [Causes and risk factors](#)
- ◆ [What to look for: Early signs of dementia](#)

◆ [What happens as dementia progresses](#)

◆ [Life expectancy](#)

◆ [How dementia is diagnosed](#)

◆ [Dementia rating scales: What the stages mean](#)

◆ [Global Deterioration Scale \(GDS\)](#)

◆ [Clinical Dementia Rating \(CDR\)](#)

◆ [Functional Assessment Staging \(FAST\)](#)

◆ [Treatments and prevention](#)

◆ [How to care for loved ones with dementia](#)

Is Apathy an Early Sign of Dementia?

(HealthDay News) -- Older adults who aren't interested or enthusiastic about their usual activities may have a higher risk of developing dementia, new research suggests.

The nine-year study of more than 2,000 older adults -- average age 74 -- found that people with severe apathy (a lack of interest or concern) were 80% more likely to develop dementia during the study period than those with low apathy.

"Apathy is not subtle. It's something that families can pick up on. More research is needed, but this is another potential red flag symptom of the prodromal (early) phase of dementia," said the study's lead author, Dr. Meredith Bock. She's a clinical fellow in neurology at the University of California, San Francisco Institute for Neurosciences.

The prevalence of dementia (including Alzheimer's disease) is on the rise, and researchers are

trying to find new ways to identify who's at risk of the disease. Mood and behavior symptoms, such as depression or irritability, are examples of changes that may be clues to an impending dementia diagnosis.

Previous studies have also linked mild cognitive impairment (a potential precursor to dementia) and apathy, but the researchers wanted to look at a group of people who had no known memory or thinking issues yet.

The current study included people aged 70 to 79. None had dementia at the start. The researchers also had medical records, including medication use, hospitalizations and cognitive testing.

To evaluate apathy levels, the study participants answered questions, such as:

- In the past four weeks, how often have you been interested in leaving your home and



going out?

- In the past four weeks, how often have you been interested in doing your usual activities?

After nine years, the researchers found that 381 people had developed dementia. In the low apathy group, 14% developed dementia. For those with moderate apathy levels, that number was 19%. But one in four -- 25% -- in the severe apathy group had dementia by the end of the study.

When the researchers controlled the data for age, education, heart and blood vessel disease, depression and genetic risk of Alzheimer's disease, they reported that people with severe apathy at the start of the study had 80% higher odds of having dementia later in life.

Bock said by asking about apathy, doctors might be able to learn which patients have a higher risk of dementia. The information could be particularly

helpful in research trials, she added.

Rebecca Edelmayer, director of scientific engagement at the Alzheimer's Association, said, "This type of research is critical to help us identify who is at risk. We are driving towards being able to identify people with a higher risk as soon as possible as we strive for treatments that will be transformational for patients and their families. But it's too soon to say if only looking at apathy can identify who is at risk of dementia."

Edelmayer explained that it can be difficult to tease out apathy from other changes that may be happening, such as depression or isolation.

She said if you have concerns about your own or a loved one's memory or behavior, you should speak with your doctor or call the Alzheimer's Association's 24/7 helpline at 1-800-272-3900.

Women at Higher Risk When Heart Attack Strikes the Young

(HealthDay News) -- Younger women who suffer a heart attack are more likely than men to die in the decade after surgery, a new study finds. It included more than 400 women and nearly 1,700 men, average age 45, who had a first heart attack between 2000 and 2016.

During an average follow-up of more than 11 years, there were no statistically significant differences between men and women for deaths while in the hospital, or for heart-related deaths.

However, women had a 1.6-fold increased risk of dying from

other causes during the follow-up, according to the study published Oct. 14 in the *European Heart Journal*.

"Cardiovascular deaths occurred in 73 men and 21 women, 4.4% versus 5.3% respectively, over a median follow-up time of 11.2 years," said study leader Dr. Ron Blankstein, a preventive cardiologist at Brigham and Women's Hospital in Boston.

"However, when excluding deaths that occurred in the hospital, there were 157 deaths in men and 54 deaths in women



from all causes during the follow-up period: 9.5% versus 13.5% respectively, which is a significant

difference, and a greater proportion of women died from causes other than cardiovascular problems, 8.4% versus 5.4% respectively," Blankstein said in a journal news release.

The study also found that women were less likely than men to undergo invasive procedures after admission to the hospital with a heart attack, or to be treated with certain medications when they were discharged, such as aspirin, beta blockers, ACE

inhibitors and statins.

"It's important to note that overall most heart attacks in people under the age of 50 occur in men. Only 19% of the people in this study were women. However, women who experience a heart attack at a young age often present with similar symptoms as men, are more likely to have diabetes, have lower socioeconomic status and ultimately are more likely to die in the longer term," Blankstein noted.

Older Adults Turning to Pot for Common Health Problems

Marijuana is fast becoming a favorite medication among older Americans, a new study finds.

Cannabis is being used to ease problems such as pain, sleep disturbances and psychiatric conditions like anxiety and depression, researchers say.

Among more than 550 patients surveyed, 15% had used cannabis within the past three years, and 50% of users said they used it regularly and mostly

for medical purposes.

"Pain, insomnia and anxiety were the most common reasons for cannabis use and, for the most part, patients reported that cannabis was helping to address these issues, especially with insomnia and pain," said researcher Christopher Kaufmann. He's an assistant professor in the Division of Geriatrics and Gerontology in



the Department of Medicine at the University of California, San Diego (UCSD).

Also, 61% of the patients who used cannabis had started using it after age 60.

"Surprisingly, we found that nearly three-fifths of cannabis users reported using cannabis for the first time as older adults. These individuals were a unique group compared to those who

used cannabis in the past," said researcher Kevin Yang, a third-year medical student at UCSD.

"New users were more likely to use cannabis for medical reasons than for recreation. The route of cannabis use also differed with new users more likely to use it topically as a lotion rather than by smoking or ingesting as edibles....[**Read More**](#)

A-Fib Treatment Reduces Patients' Dementia Risk

(HealthDay News) -- A procedure to restore normal heart rhythm is more effective than medications in reducing dementia risk in people with the heart rhythm disorder atrial fibrillation (AF), researchers report.

Previous studies have shown that AF is associated with an increased risk of dementia. This one assessed whether catheter ablation and medications for AF reduced that risk.

In catheter ablation, doctors insert a tube through a blood vessel to the heart to pinpoint the source of AF, and then use radiofrequency energy to inactivate or isolate the affected

area.

For this study, researchers analyzed data on patients in South Korea who were diagnosed with AF between 2005 and 2015, including more than 9,100 who had catheter ablation and nearly 18,000 who were treated with medications.

During a 12-year follow-up, catheter ablation reduced the incidence of dementia by 27% compared to medication, according to findings recently published in the *European Heart Journal*.

"The proportion of people who developed dementia during the follow-up period was 6% in the



ablation group and 9% in the medical therapy group," said study leader Dr. Boyoung Joung, a professor of cardiology and internal medicine at Yonsei University in Seoul.

"This suggests that three people per 100 of the atrial fibrillation population avoid dementia if they undergo catheter ablation, and 34 patients would need to be treated to prevent one case of dementia during the follow-up period," he added in a journal news release.

When researchers focused on specific types of dementia, they found that ablation was associated with a 23% lower

incidence of Alzheimer's compared to medications and a 50% decrease in vascular dementia.

After patients who suffered a stroke during follow-up were removed from the analysis, ablation was still significantly associated with a reduced risk of overall dementia and of vascular dementia, but a statistically insignificant reduced risk of Alzheimer's disease.

AF -- the most common heart rhythm problem among elderly people -- increases the risk of stroke, other medical problems and death.

Flu Prevention in Nursing Homes

Elder care facilities have always worked hard to prevent and control flu outbreaks, and COVID-19 has only heightened their diligence.

THE WORLD'S ATTENTION is now focused on COVID-19, and rightly so, but infectious disease experts have been warning for months that, come fall and winter, another deadly infection will rear its head as well: influenza. The flu is especially dangerous to the elderly, which is why elder care facilities like assisted living centers and nursing homes have been **practicing diligent flu protection** since long before anyone had heard of the coronavirus.

Such prevention tactics are critical because the numbers are daunting. Somewhere between 12,000 and 79,000 people die of the flu each year, the Centers for Disease Control and Prevention report. Last year, that number was at least 24,000. Tens of millions of people contract the flu between October and May, the traditional flu season, and last year more than 400,000 individuals were hospitalized because of flu.

The risk of severe illness and death goes up with age, as bodies grow frailer and disease-fighting immune systems grow weaker. A CDC study from 2019 found that about 90% of influenza-related



deaths and up to 70% of flu-related hospitalizations were in people aged 65 years and older. And those 85 years old and older are two to six times more likely to be hospitalized and die from the flu than adults aged 65 to 74 years.

Elder care facilities therefore must take infection protection seriously -- and they always have. "Historically, with flu prevention and contingency planning for early recognitions of an outbreak, we've had that forever," says Dr. Elaine Healy, medical director and vice president of medical affairs at United Hebrew in New Rochelle, a senior living campus in Westchester County, New

York.

Such planning "centers around staff training in infection prevention, hygiene, equipment sterilization, identifying sick patients quickly and putting them in isolation," adds John Mastronardi, executive director of The Nathaniel Witherell, a short-term rehab and skilled nursing care center in Greenwich, Connecticut.

The CDC recommends a five-pronged approach to flu control:

- Vaccination.
 - Surveillance and testing.
 - Infection prevention and control.
 - Treatment.
 - Antiviral chemoprophylaxis.
-[Read More](#)

Staying Social Can Boost Healthy 'Gray Matter' in Aging Brains

Older adults who get together with friends, volunteer or go to classes have healthier brains, which could help them ward off dementia, according to a new study.

Researchers who used brain imaging to examine brain areas involved in mental decline found that greater social engagement made a difference in brain health.

Being socially engaged -- even moderately -- with at least one relative or friend activates parts of the brain needed to recognize familiar faces and emotions, make decisions and feel rewarded, the study found.

"We need to do more research

on the details, but that's the beauty of this -- social engagement costs hardly anything, and we do not have to worry about side effects," said lead author Dr. Cynthia Felix, a geriatrician and postdoctoral associate at the University of Pittsburgh Graduate School of Public Health.

"There is no cure for dementia, which has tremendous costs in terms of treatment and caregiving. Preventing dementia, therefore, has to be the focus. It's the 'use it or lose it' philosophy when it comes to the brain," she said in a university news release.



The researchers drew on information from nearly 300 community-dwelling seniors (average age: 83) who had a sensitive brain scan to gauge the integrity of brain cells used for social engagement.

Once brain cells die, dementia typically follows. Researchers said it's not yet clear whether social engagement keeps brains healthy or if having a healthy brain leads to more socializing.

Either way, the findings suggest that "prescribing" socialization could benefit older adults' brain health -- similar to the way prescribing physical activity can help prevent diabetes

or heart disease. Existing programs that provide group physical activities would be a good starting point, Felix said.

"Our data were collected before the COVID-19 pandemic, but I believe our findings are particularly important right now, since a one-size-fits-all social isolation of all older adults may place them at risk for conditions such as dementia," she said.

"Older adults should know it is important for their brain health that they still seek out social engagement in safe and balanced ways during the pandemic," Felix advised.