

October 3, 2021 E-Newsletter

October Is National Breast Cancer Awareness Month – Get Your PINK ON!

The month of October is National Breast Cancer Awareness Month. To date, breast cancer remains the most common form of cancer among women living in the United States. **(VIDEO)**

There have been numerous studies done that have shown Flight Attendants may have a higher increased risk of breast and other cancers due to workplace exposures. While most breast cancers are found in women over age 50, breast cancer also affects younger women. One out of every one hundred breast cancer diagnoses are found in men. Given our disproportionate risk, we also have a unique opportunity because of interaction with

passengers and our prominent position in public view, to use that face time with the public to call attention

to the benefits of awareness and early detection of Breast Cancer.

All of us within our Flight Attendant community and the world are affected by this disease. Let us all stand together next month to make a unified statement to encourage our mothers, spouses, sisters, and flying partners to get an exam in the interest of early detection.

Every October, to raise awareness of the importance of



prevention, all United Airlines employees can show support for Breast Cancer Awareness by

wearing company approved pink uniform accessories. This year, we expect to have an AFA Breast Cancer Awareness pin available for distribution in your Local Council.

These accessories can be worn while on duty from October 1 through October 31. United's Inflight Services has designated a pink scarf for females and a pink tie for males as the approved uniform items for

Flight Attendants purchased in previous years to show your continuing support of United's Pink Program!

Together we have this unique opportunity to raise awareness of the importance of prevention in battling this disease. We encourage everyone to participate in this effort. Together, we can accomplish great things!

See the National Cancer Institute online booklet **What You Need to Know about Breast Cancer** to learn more about breast cancer types, staging, treatment, and questions to ask your treating physician.

New Report Shows Medicare Beneficiaries Face High Costs and Gaps in Coverage

The Kaiser Family Foundation (KFF) has released a **timely exploration** of the costs facing people with Medicare for dental, hearing, and vision services and what coverage options they may have. Troublingly, their options are limited and their costs are high—beneficiaries in both traditional Medicare and in Medicare Advantage (MA) have significant out-of-pocket costs and can face barriers to getting the care they need.

While Medicare provides vital coverage for older adults and people with disabilities, there are major gaps in coverage that can have serious repercussions for beneficiaries. For the most part, traditional Medicare does not cover dental, hearing, or vision services. While MA plans may include some limited coverage for these services, it commonly comes with annual coverage limits or frequency restrictions.

Medicare beneficiaries urgently need affordable access to these services.

As **KFF notes**, in recent years, only 8% of beneficiaries used hearing services, but close to half reported difficulty hearing. Similarly, 35% report using vision services and more than one third reported difficulty seeing. Dental services were the most widely accessed, with 53% of beneficiaries reporting using dental services in the past year. Those who received these services paid dearly for them—average beneficiary spending was \$914 for hearing care, \$874 for dental care, and \$230 for vision care.

Notably, high out-of-pocket (OOP) costs were seen across the Medicare program. For dental, the overall average OOP costs were \$992 for people in traditional Medicare and \$766



for those in MA. For hearing, the numbers are similar: \$985 for people in traditional Medicare and \$762 for those in MA. Vision OOP costs are lower, with an average of \$242 for those with traditional Medicare and \$194 for those in MA.

These OOP costs can prevent beneficiaries from obtaining needed care. In 2019, 9.5 million beneficiaries—including 16% of traditional Medicare beneficiaries and 17% of MA enrollees—reported there was a time in the last year they could not get dental, hearing, or vision care, and 70% cited cost as the reason why.

Many of these beneficiaries are already underserved or in poorer health. The report notes that "Medicare beneficiaries more likely to report difficulty getting dental, hearing, or vision care

include beneficiaries under age 65 with long-term disabilities (35%); with low incomes (e.g., 31% for those with income under \$10,000); in fair or poor health (30%); enrolled in both Medicare and Medicaid (35%); Black and Hispanic beneficiaries (25% and 22%, respectively); and residing in rural areas (20%)."

As Congress debates whether and how to expand Medicare Part B coverage to include dental, hearing, and vision services, they must keep in mind how limited beneficiary access to care is currently and how many people with Medicare are going without needed services because of cost. We urge Congress to extend coverage to these vital services to ensure people with Medicare get the care they need, when and where they need it.

Read the KFF report.

ADD YOUR NAME

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

Another "In Their Own Words" Story on the WEP/GPO

Former teachers struggling to make ends meet during retirement.

Many retired educators in California are finding retirement far less comfortable than they had assumed.

By law, retired educators aren't allowed to collect Social Security benefits, though many have paid into the system.

"I loved the children I taught. But I've been penalized for that decision by the government," said Lee Giammona, who spent 25 years teaching elementary school children in Santa Rosa.

For her, it was a second career.

But as much as she loved teaching, she now questions whether she should have left her 10-year career in business for the classroom.

"If I had known that when I went back into teaching, I think I would have reconsidered that decision for sure," she said.

When Giammona retired as a teacher in California, she didn't know she would only be allowed to collect a small portion of the Social Security benefits she paid into before stepping into education.

Under the Windfall Elimination Provision, she gets

only \$42 a month from Social Security.

"They can just keep it. It's embarrassing. It's like a slap in the face," she said.

Giammona does receive her teacher's pension. But she didn't teach long enough to max out her retirement. And now she says she struggles.

"It's very hard to live on a limited amount of money," she said.

Seniors who are too poor to retire, and for whom Social Security benefits can't support the cost of living in the Bay Area, have been working throughout the pandemic.

Giammona also received another unwelcome surprise.

When her husband died last year, she was not allowed to collect any of his Social Security benefits.

"I get nothing. Nothing. Zero. And wow I get penalized again for being a teacher," she said.

Giammona is far from alone. The California Federation of Teachers (CFT) estimates almost two million retired teachers and public employees who once worked other jobs to supplement their lower pay, find out later in



Social Security Fairness
Repeal the Government Pension Offset/
Windfall Elimination Provision!

life that they will collect little to none of their Social Security.

"Once people realize this is what is going to happen, fewer people are going to go into teaching. We already have a severe teaching shortage," said Doug Orr, who retired from the California Federation of Teachers.

Orr chairs the CFT's Retirement Policy Committee. "People who thought they were going to get Social Security because they paid money in, paid for that benefit, are not getting that benefit," Orr said.

California is one of 15 states in the U.S. where public employees are blocked from receiving most, if not all, of their Social Security. That also includes benefits from their late spouses.

It was a decision made by public employees back in the 1970s and 80s. But it backfired, and now workers who had nothing to do with that decision are paying the price.

"It's a lack of fairness. And that's what we are trying to fix," said Republican Rep. Rodney Davis of Illinois. He authored HR-82, proposed legislation he calls the "Social Security

Fairness Act." If passed, the bill would allow government workers to collect Social Security benefits from other jobs and their late spouses.

Opponents argue that those changes could pose a threat to the overall health of the Social Security fund. The proposals would increase Social Security payouts by 1.5%.

"The unintended consequence of their version of trying to prolong the solvency of the Social Security system has been to punish families who have given their entire careers to public service," said Davis.

Davis' bill needs the support of 290 representatives to bring it to a vote in congress. He has 254 supporters so far.

He said the pandemic has slowed momentum. But Giammona said she can't wait for change much longer.

Check out these other links:

[View an AFSCME video on the WEP/GPO](#)

[California Retired Teachers Association](#)

ssfairness.org

[Sign our Petition](#)

Survey Says Most Private Insurance Plans Won't Waive COVID-19 Cost-sharing

At the urging of the federal government, insurance companies waived cost-sharing for COVID-19 patients in 2020. However as the pandemic continues, a majority of companies have opted to **discontinue** this practice, meaning that COVID-19

patients with 'long-haul' cases are responsible for their full deductibles and copays. The data come from a **Kaiser Family Foundation survey** conducted in August. Of the plans surveyed, 72% said they would no longer cover out-of-pocket costs for COVID-19 care. The

survey also found that this percentage is likely to increase in the future, leaving more patients responsible for the cost of their care. "These patients can expect to see steep hospital bills similar to others with chronic diseases such as cancer," said Robert Roach, Jr., President of

the Alliance. "Getting vaccinated is the best way to avoid high out of pocket medical bills."



Robert Roach, Jr.
President, ARA

Nabisco Strike Ends: BCTGM Members Overwhelmingly Accept New Contract

Alliance members have been strong supporters of Bakery, Confectionery, Tobacco Workers and Grain Millers International Union (BCTGM) workers at Nabisco/Mondelez plants throughout the United States as they fought the company's plans to move production to Mexico and slash earned retirement benefits.

On Saturday the BCTGM

members voted to accept a new collective bargaining agreement. This signals the end of the BCTGM's two-month strike against Nabisco/Mondelez, where workers had banded together in pursuit of better wages, hours, and benefits.

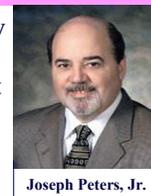
In a **press release** from the BCTGM, union President Anthony Shelton stated, "This



has been a long and difficult fight for our striking members, their families and our Union. Throughout the strike, our members displayed tremendous courage, grit and determination."

"We are thrilled to hear of the BCTGM's success in adopting a new collective bargaining agreement," added Joseph

Peters, Jr., Secretary-Treasurer of the Alliance. "The right to organize is so important, and the Alliance has stood in full support of those who bravely walked the picket line."



Joseph Peters, Jr.

"Build Back Better" Key Health Provisions Begin to Take Shape

Last week, the House Committees with purview over Medicare—**Ways & Means** and **Energy & Commerce**—finished marking up their sections of the "Build Back Better" budget reconciliation bill.

Given their shared jurisdiction, the committees considered similar health care provisions. As outlined below, they advanced several of Medicare Rights' priorities independently and jointly—including expanding Medicare Part B to cover more comprehensive vision, dental, and hearing services; funding for Medicaid home- and community-based services (HCBS); and prescription drug reform.

Key Provisions Include:

- ◆ **Dental Coverage**—Beginning January 1, 2028, Medicare would provide coverage for preventive and screening services as well as basic and major dental treatments. Beneficiaries would pay 20% cost-sharing for preventive, screening, and basic services. Cost-sharing for major services would be phased in over time, reaching 50% in 2032.

The draft bill defines preventive and screening services as oral exams, dental cleanings, dental x-rays performed in a dentist or oral health professional's office, and fluoride treatments. Basic treatments may include basic tooth restorations, basic periodontal services, tooth extractions, and oral disease management services, while major treatments may include major tooth restorations, major periodontal services, bridges, crowns, and root canals. The new benefit would also cover a full or partial set of dentures once every five years, or more frequently if necessary.

- ◆ **Hearing Coverage**—Beginning on October 1, 2023, qualified audiologists would receive Medicare payments for delivering aural rehabilitation and treatment services. Hearing aids would also be covered for people with severe or profound hearing loss in one or both ears, once every five years.
- ◆ **Vision Coverage**—On October 1, 2022, Medicare



would begin reimbursing ophthalmologists and optometrists for one routine eye exam and one contact lens or eyeglass fitting every two years. Beneficiaries would pay 20% cost-sharing, and Medicare would contribute up to \$85 for the two-year supply of eyeglasses or contact lenses.

- ◆ **Medicaid HCBS**—The committee endorsed increasing Medicaid HCBS funding by \$190 billion. This would be a significant step but is lower than the \$400 billion supported by the White House and advocates like **Medicare Rights**, and lower than **many advocates think is needed**. We appreciate its inclusion and continue to urge Congress to pass full funding, as outlined in the Better Care Better Jobs Act (**S. 2210/H.R. 4131**). The Committee also advanced other important Medicaid HCBS improvements, including making the Money Follows the Person and the spousal impoverishment programs permanent.

- ◆ **Prescription Drug Reform**—Though both committees considered provisions allowing Medicare to negotiate prescription drug prices, it was only adopted by Ways & Means, with every Democrat except Rep. Stephanie Murphy (D-FL) voting in favor. On Energy & Commerce, three Democrats—Reps. Scott Peters (D-CA), Kathleen Rice (D-NY), and Kurt Schrader (D-OR)—joined every Republican on the panel in opposition, effectively blocking the Committee's approval.

Despite this setback, the language could still be in the bill that leadership brings to the floor since Ways & Means adopted it. However, Democrats have tight margins for final passage: they can only lose three votes in the House and none in the Senate, where broad Medicare negotiation was always thought to be a long shot. Last week's opposition underscores those dynamics and squarely puts the provision—which would generate close to \$500 billion in savings to pay for other health care changes—at risk.... **[Read More](#)**

18 Million Americans Can't Pay for Needed Meds

As many as 18 million Americans can't afford their prescribed medications, a new nationwide poll finds.

That's 7% of the adult population in the United States. But when it comes to households making less than \$24,000 per year, the percentage jumps to 19%, the West Health/Gallup poll revealed.

Here are the key findings:

- ◆ The inability to pay for a prescription is twice as high in households with an adult under 65, compared with households with at least one senior — 8% and 4%, respectively. Nearly all Americans under 65 are too young to have health coverage through Medicare.
- ◆ Of older adults, 40% have at least five prescription drugs,

compared with 23% of 50- to 64-year-olds and fewer than 10% of those under 50.

- ◆ Among respondents with three or more chronic conditions, 11% could not afford their medicine. Of those with eight or more prescriptions, 18% could not afford their medicine. Among those with no chronic conditions and no more than two prescribed drugs, these rates dropped to 4% and 5%, respectively.
- ◆ People with chronic conditions who can't afford prescriptions include those with diabetes (12%), chronic obstructive pulmonary disease or COPD (12%), depression (12%), and those



who are immune compromised (15%).

- ◆ While 7% of respondents said they or a family member has gone without at least one prescribed medication because of costs, 10% skipped doses in the past year as a way of saving medicine and money.
- ◆ Eighteen percent of respondents in households making less than \$48,000 annually said they or someone in their household had skipped a pill. In households making \$90,000 to \$180,000 year, 7% said they had skipped a pill in the past year. Adults under 65 are about twice as likely as older adults to skip doses to preserve medicine

and cut costs, the findings showed.

While sicker and lower-earning Americans are most likely to ration their medicine if they can afford it at all, support for government cost controls is widespread, the survey found.

"Substantial majorities of U.S. adults, in turn, support government involvement in a number of aspects of cost control, including setting limits on drug price increases and allowing government negotiation of prices for high-cost drugs for which there are no competitors," the pollsters said in a Gallup news release.

The online poll was conducted Jan. 25 to 31, March 15 to 21 and June 14 to 20. It included about 120,000 adults aged 18 and over nationwide.

Most of \$9.2 Billion in Questionable Medicare Payments Went to 20 Insurers, Investigators Say

Medicare insurers drew \$9.2 billion in federal payments in one year through controversial billing practices, with 20 companies benefiting disproportionately and together accounting for more than half of the total, according to federal health investigators.

The findings by the Office of Inspector General of the Department of Health and Human Services are the latest sign of growing scrutiny of Medicare Advantage insurers, which offer private plans under the federal benefit program.

The inspector general's report focuses on certain procedures used by insurers to document health conditions, which helps determine how much they are paid. The investigators said the findings raise concerns that insurers might be gaming the process to improperly boost

federal payments.

Among the 20 companies flagged in the report, the investigators found that one received approximately 40% of the questionable payments, or \$3.7 billion, while enrolling only 22% of Medicare Advantage customers. The report didn't name the company. Federal data compiled by analysts at BMO Capital Markets shows that enrollment share closely matched that of industry giant UnitedHealth Group Inc.'s UnitedHealthcare during the period covered in the report.

The company highlighted in the report "definitely stood out and looked quite different from the other companies," Jacqueline Reid, who led the OIG team that wrote the report, said in an interview.

UnitedHealth said,



"UnitedHealthcare's in-home clinical care programs provide significant benefits to seniors and for years

have been valuable offerings to ensure our members continue to receive cost-effective, appropriate care. Our Medicare Advantage risk-adjustment program is transparent and compliant with CMS rules." CMS—the Centers for Medicare and Medicaid Services—oversees the Medicare Advantage program.

A CMS spokeswoman pointed to its responses included in the report, in which it said the recommendations would be taken under consideration and that CMS is "committed to ensuring that diagnoses that [Medicare Advantage organizations] submit for risk adjustment are accurate."

The new report, which The Wall Street Journal reviewed ahead of its expected release on Wednesday, focused on enrollment and documentation in 2016, and the resulting payments in 2017.

At the heart of the investigation were the ways insurers in the Medicare Advantage program document diagnoses for enrollees. The payments the companies receive from the federal government are tied to the health status of their customers. Patients with more, and more serious, diagnoses generally draw higher payments for the health plans.

The HHS inspector general's investigation focused on two controversial strategies used by Medicare Advantage companies to tally diagnoses.... [Read More](#)

Changes in Medicare Benefits Uncertain

One of the controversies being fought over is what changes to make in Medicare, including coverage of dental, vision and hearing benefits. According to one report, Democrats remain especially divided on that Medicare piece and whether to focus funds on expanding Medicaid, as well as on a proposal to regulate drug prices.

House Ways and Means Committee Chairman Richard Neal (D-Mass.) has said that every revenue measure his committee approved last week is still under consideration, including allowing government negotiation of prescription drug prices.

He said the exact prescription drug pricing negotiation language was still under discussion. It could be as broad as a House-passed bill from the last Congress that would make hundreds of prescription drugs subject to price negotiation for Medicare and the private market, which the Congressional Budget Office estimated would reduce deficits by roughly \$500 billion, or a narrower version that would save less money.

Those fights are just in the House. But there are more in the Senate.

According to a report in *Bloomberg Government*



News, "Senator Joe Manchin said Thursday he doesn't support expanding Medicare

benefits without first addressing the program's [Medicare's] long-term solvency, again putting him at odds with Senator Bernie Sanders and other key liberals as they negotiate President Joe Biden's economic agenda.

"Asked about Democrats' plans to expand benefits for dental, vision and hearing in the upcoming budget reconciliation bill, the West Virginia Democrat pointed to the program's long-term financial problems instead."

The report continued, "Manchin did, however, reiterate

his support for Medicare negotiating lower prices for prescription drugs -- another top Democratic priority imperiled by a small group of House Democrats during negotiations on Biden's economic agenda.

"We definitely should let Medicare negotiate the prescription drug prices. That's one thing that should be done for sure," he said."

TSCLE is watching these developments very closely and we will determine our support of the legislation concerning changes in Medicare after the final draft of the legislation is put together and released.

Medicare and Medicaid Will Pay for Covid Booster Shots

Late last week it was announced that Medicare and Medicaid will pay the full cost of Covid-19 booster shots with no co-pays for everyone on their rolls.

In addition, Walgreens has started to give booster shots for Covid-19 at their stores across the U.S.

If you use Walgreens, here's the procedures to follow to

register for the booster.

- ◆ Walgreens will use its online scheduler to screen for qualifications, including asking people which vaccine they received
- ◆ For those who got the Pfizer-BioNTech shots, they'll be asked when they received their second dose
- ◆ People will be encouraged to bring their vaccination cards to



their booster appointment but the cards won't be required

The scheduler will also ask about booking other shots, like the flu shot, when you book your appointment. The guidance from the Director of the National Institutes of Health is that you can receive a flu shot and Covid booster on the same day.

Separately, Walmart and CVS

drug stores have announced that their pharmacies have also begun offering booster shots for qualified individuals although we have seen no information regarding their procedures for registering for the shots.

If you do not use a computer we recommend you call your local Walgreens, Walmart or CVS and ask how to register for the booster shot.

Our drug supply needs an overhaul

Farah Stockman writes an opinion piece for [The New York Times](#) on our “sick” drug supply and why it needs an overhaul. The piece is chilling because it highlights the lack of quality monitoring in the production of prescription drugs. And, of course, pharmaceutical companies’ incentive to cut corners in the production and distribution process.

Stockman explains that the US used to manufacture many more drugs at home and had significant quality control over the ingredients in our drugs. Today, American manufacturing plants are closing down. Pharmaceutical

companies are relying on factories abroad to manufacture our drugs. We have no clue where our drugs are being made or which factories are making them.

The FDA, for its part, insists that a drug is a drug and that differences among drugs that treat the same condition are not meaningful. But, Stockman argues that some manufacturing plants operate under much higher quality standards than others. And, even the distribution of a drug—does it sit out in the sun and bake for extended periods of time or is it protected?—can lead to



differences in its efficacy. Americans are left in the dark. The lowest-cost drug in a given category might be the drug we are prescribed or the drug that our health insurer covers. But, it also might not be as effective or safe as another drug that costs more. We just don’t know.

The FDA inspects drug manufacturing plants around the globe. But, during the pandemic, it inspected only three plants and was unable to inspect 1,000 on its list. What does that mean for the quality of our prescription drugs?

On top of that, the US does not produce many key ingredients

used in a number of drugs. Should we rely on India or China or some other country for those ingredients? The Biden administration apparently seems OK with that reliance.

What’s clear is that the US needs to rethink its entire prescription drug policy. Drugs don’t work if we can’t afford them. They also don’t work if they are affordable but made with harmful ingredients or in a factory where they are contaminated. As it is, the FDA’s approval process for many new drugs does not indicate **whether a drug is truly safe.**

Dear Marci: How can I compare Medicare Part D plans?

Dear Marci,
I have Original Medicare and a Part D plan. I’m considering changing my Part D plan this Fall Open Enrollment Period. How can I compare Part D plans?
-Tyrone (Tampa, FL)

Dear Tyrone,
I’m glad to hear you’re comparing your Medicare coverage options this fall! Research shows that people with Part D could lower their costs by shopping among plans each year. There could be another Part D plan in your area that covers the drugs you take with fewer restrictions or with lower costs, so it’s great that you are trying to compare plans.

I would recommend using [Plan Finder](#) to compare Part D plans. Medicare Plan Finder is an online tool at [www.medicare.gov](#) that can be used to compare stand-alone Part D plans or Medicare Advantage Plans. Plan Finder provides

information about costs, which drugs are included on the plan’s formulary, and the [star rating](#) of the plan.



To use Plan Finder, follow these steps:

- ◆ Go to [www.medicare.gov](#) and click on the button that says, “Find plans.”
- ◆ You can do a general search by clicking the “Continue without logging in” button. If you wish to save your results and information, you can log into or create your Medicare account.
- ◆ Next, you can choose whether you are looking for a Medicare Advantage or Part D plan and enter your zip code.
- ◆ Then you can enter the drugs you take, choose the pharmacies you use, and indicate whether you are interested in a mail order option.

Plan Finder will display results for plans in your area.

Note that a plan may not cover all of the drugs you take, but it may have alternatives on its formulary. Speak to your provider about whether these alternatives would be appropriate for you. Plan Finder also tells you if the plan has a deductible and how much the monthly premium is.

Initially, the plans will be sorted by “lowest drug + premium costs.” This is the closest estimate to what you may pay out of pocket for your Part D coverage for the year. You can select “Plan Details” to find out more specifics about coverage, including any [coverage restrictions](#) that might apply to your drugs.

Before enrolling, it is a good idea to call the plan directly to confirm any information you read on Plan Finder, as information may not be completely up to date. **Here is a list of questions you can ask when calling a company about**

their prescription drug coverage. You can enroll in a plan online, by calling 1-800-MEDICARE, or by calling the plan directly.

You can make as many changes as you want between October 15 and December 7, but only the last change you make will take effect on January 1. If you choose a plan and realize that it is the wrong plan after Fall Open Enrollment is over, in most cases you will not be able to **change your coverage** until the next Fall Open Enrollment Period. For this reason, it is important to carefully consider all of your options and take the time to research each plan in order to make a decision that fits your health care needs.

Good luck choosing the best Part D plan for your needs!
-Marci

2021 Autumn Advocacy – Don’t Let Up!

Our Legislative Alerts Are Working!

Since January we have sent over 90 Legislative Alerts – 70 for H.R. 82 and over 20 state Legislative Alerts.

The 90 Federal Legislative Alerts have gone to a total of 153 United States Representatives:

- ◆ 75 of the 90 members of the

Bipartisan Women’s Caucus we contacted have cosponsored H.R. 82.

- ◆ 44 of the 53 California Representatives have cosponsored H.R. 82.
- ◆ 5 out of 10 of the out of state



congressmen that alerts were sent in the beginning of September have signed onto to H.R. 82.

As of September 22nd, H.R. 82 has **228** cosponsors. **123** of the **153** Congressional Representatives the CalRTA contacted have cosponsored H.R.

82. That’s a whopping 79% Over the next couple of months, we are changing our Legislative Alerts to contact more out of state Representatives and Senators.

Retirement Advice From Retired Financial Experts

Most retirement advice has a flaw: It's being given by people who haven't yet retired.

So I asked money experts who have quit the 9-to-5 for their best advice on how to prepare for retirement.

They still faced curveballs when it was their turn. Making the **right financial moves** is important, they said, but so is getting ready mentally, emotionally and socially.

You can't plan for everything

A central retirement decision is when to do it. Working longer can reduce the odds of running out of money, but delaying retirement too long could mean missing out on the good health or companionship to fully enjoy it.

That trade-off came home to financial planner Ahouva Steinhaus of San Diego when her life partner, Albert, died suddenly last year, just before she was scheduled to hand over her business.

Steinhaus, 69, says she's grateful she's not working now, while grieving the loss, but still wonders what might have been if she'd started the process of selling her practice earlier.

"You can't know those things," Steinhaus says. "It's a balance between wanting to make sure that you have enough socked away that you feel confident that you're going to be OK, and not wanting to spend the rest of your



life working." What helps, Steinhaus says, is having many supportive friends and projects. She's remodeling her kitchen after wanting to do so for 18 years, and she's active in various causes, including San Diego EarthWorks. She also knows from having watched her clients and friends that adjusting to retired life can take a while.

"It does seem like a lot of people do cast around a bit after they retire to figure out what their life is going to look like," Steinhaus says.

Get your retirement house in order

Theoretically, you can get a better return investing your

money than paying off a mortgage. In reality, your biggest asset in retirement could be a paid-off, appropriately remodeled home that allows you to age in place, says financial literacy expert Lewis Mandell, emeritus professor of finance at the State University of New York, Buffalo.

Not having a mortgage allows you to withdraw less from your retirement accounts, which could make them last longer, and your equity could be a source of income later through a reverse mortgage, says Mandell, 73, who wrote his latest book, "What to Do When I Get Stupid," after moving to Bainbridge Island in Washington... [Read More](#)

Are You Spending Too Much on Your Medicare Coverage?

An estimated 39 million Medicare beneficiaries spend up to 29 percent of their Social Security benefits on healthcare costs, according to a new survey by The Senior Citizens League (TSLC). "That's a huge chunk of one's household budget, and chances are that many of those people are paying too much for premiums, deductibles, and out-of-pocket costs," says Mary Johnson a Medicare policy analyst for The Senior Citizens League. "One of the best financial moves that Medicare beneficiaries can make is to review health and drug plan coverage and compare options during Medicare's Fall Open Enrollment Period, which starts October 15 and runs through December 7, 2021," Johnson says. "For many people, it could potentially save hundreds of dollars, making the difference

between having to split pills or going without, versus to covering all prescriptions and still winding up with a little cash left over," says Johnson, who helps her friends and family with the task.

With inflation soaring in 2021, The Senior Citizens League has received dozens of emails from retired and disabled adults who say they have cut back on prescription drugs to cope with rising costs, because they have no savings. Said one disabled retiree, "*My husband and I have Social Security as our only income. All of our savings went to pay my medical bills. I have seven prescriptions and my husband has three. They are each a minimum of \$12 co-pay per month. We have no extra money. Our grocery budget is the only place we can cut from if we*



want to pay medical bills."

"Splitting pills, taking prescriptions every other day, or simply not refilling prescriptions is hazardous to health, especially when the drug is an essential one for conditions such as diabetes," says Johnson, whose mother was a diabetic. "The process of comparing plans can be a chore and confusing. But there are Medicare counselors in every state who are available to help beneficiaries compare and select the best choice of coverage, with free one-on-one counseling," Johnson explains.

For the past 16 years, Johnson, has been helping friends and family members with the job of comparing health and drug plans. "It takes patience, but this is likely to be the best return on comparison shopping that you do all year," Johnson says. Here are

some pointers:

- ◆ Get help. Free one-on-one counseling is available to assist you in comparing health plans through your **State Health Insurance Program (SHIP)**: Check this link for your local program and make an appointment with a counsellor. Medicare Open Enrollment starts October 15 and runs through December 7, 2021. Medicare counselors can help you consider important pros and cons. There are hidden pitfalls to some choices. Dropping your current coverage in favor of a low-cost health plan touting extra benefits is not a good idea until you've checked important details... [Read More](#)

The Ever Present Misconceptions about WEP/GPO

You have a pension, so you don't need Social Security:

The pension comes from money you were required to contribute out of your salary. Like Social Security, it was not intended to cover all of your needs in retirement. Even a partial pension can cause cuts to Social Security. Pensions are paid for and taxed differently in different states. They don't correlate with Social Security at all and should

not be used to diminish Social Security earnings.

You chose to earn the pension, so don't complain about Social Security.

Many public service positions were not allowed to participate in Social Security in the beginning. In the 1950's when governmental entities were offered the opportunity to join, many public



Social Security Fairness
Repeal the Government Pension Offset/
Windfall Elimination Provision!

employees were already paying into a pension and often couldn't afford to pay into another retirement system. Public agencies made the decision not to add another retirement plan.

The Offsets do not eliminate all of your Social Security.

The Government Pension Offset currently eliminates ALL fully earned spousal or survivor benefits for more than half a

million retirees, most of them elderly women. The WEP can eliminate nearly \$500 a month from those affected.

The offsets only affect high earners.

Actually, the way both the WEP and GPO work, they take a larger percentage of retirement income from those with smaller pensions.

Visit [SSFairness](#) for more information.

Coronavirus: Get your flu shot early!

It's important to get the flu shot every year, no matter how old you are. It's particularly important for older adults. And, it is all the more important during this coronavirus pandemic. With summer coming to a close, it's time to get your flu shot!

Talk to your doctor about getting the flu shot and about whether you should get a **special vaccine** available for people over 65. The good news: **Medicare covers the full cost of a flu shot.**

You likely do not need to go to the doctor's office for your flu shot. This season, for safety reasons, more pharmacies are offering drive-through and

curbside flu shots, in addition to in-store vaccines.

Why get the flu shot now? That's how you best protect yourself, the people you love and your community. The flu, like the novel coronavirus, can be lethal. It kills tens of thousands of people each year. In 2018, **80,000 people died of the flu**. And, **older adults are more likely to die from the flu** than younger people.

The flu vaccine takes between two and four weeks to become effective. So, even if you get it now, it might not protect you from the flu until mid-October. It



will not protect you from the novel coronavirus, though the symptoms can be quite similar—a cough, a cold, sore throat, fever.

Unfortunately, sometimes the flu shot will not keep you from getting the flu. However, even if you get the flu, the flu shot reduces the odds that it will be a severe case. The flu shot may keep you from being hospitalized for the flu or, worse still, from being in the intensive care unit of the hospital. It also reduces your risk of death.

You should not wait to get the flu shot. No one knows whether the flu season will begin this

month or next. You want to protect yourself as soon as possible.

You need the flu shot even if you have not gotten the flu before. (The only exceptions are people who are allergic to the flu vaccine.) There is only benefit from getting the flu shot. The flu shot cannot give you the flu.

Here's some good news: Everything you are doing to protect yourself from the novel coronavirus—social distancing, wearing a mask and regular hand washing—should also minimize your chance of getting the flu!

Radiation Therapy for Breast Cancer May Have Long-Term Risk for the Heart

Younger women who undergo radiation for cancer in the left breast have a heightened risk of heart disease years later, a new study finds.

Among women who received radiation therapy for left-sided breast cancer, 10.5% developed coronary artery disease over the next 27 years, researchers found. That was close to double the rate among women who had radiation for tumors in the right breast.

Experts said the findings, published recently in the *Journal of the American College of Cardiology: CardioOncology*, are not unexpected.

Because of the heart's anatomical position, the organ and its arteries are exposed to more radiation when a woman receives treatment for cancer in the left breast.

And previous studies have found that those women do have a higher long-term rate of coronary artery disease compared to women who receive treatment to the right breast.

But the new study focused on younger women, diagnosed before age 55, said researcher Gordon Watt, a postdoctoral fellow at Memorial Sloan Kettering Cancer Center in New York City.

Those women are likely to live

for many years after their breast cancer treatment, so it's important to understand what kinds of long-term follow-up they will need for their overall health, according to Watt.

He stressed that the point is not to deter women from receiving radiation therapy.

"Radiation is a crucial component of breast cancer treatment, and this study is not about whether women should receive it," Watt said. "This is about what kind of follow-up they may need afterward."

The study included 972 women who received radiation for stage 1 or stage 2 breast cancer between 1985 and 2008.

Over 27 years, 10.5% of women who received left-sided radiation developed coronary artery disease -- either chest pain requiring medication, clogged heart arteries or a heart attack. That compared with 5.8% of women who received right-sided radiation.

Among women who were younger than 40 when their breast cancer was diagnosed, 5.9% of those who'd received left-sided radiation eventually developed heart disease. That compared with none of those who had right-sided radiation.



Overall, Watt said, women given right-sided radiation had heart disease rates similar to those seen among U.S. women in general.

The bottom line, according to Watt, is that when caring for breast cancer survivors, doctors should take the "laterality" or side of their cancer into consideration.

"Left-sided radiation should be considered a risk factor for coronary artery disease," Watt said.

He also noted, though, that while left-sided radiation is linked to a relatively higher risk, most women in the study did not develop coronary artery disease.

What does long-term follow-up for heart disease involve?

There's no established way to do it, according to Dr. Louis Constine, a radiation oncologist at the University of Rochester's Winship Cancer Institute in Rochester, N.Y.

"We don't know what the optimal surveillance is," said Constine, co-author of an **editorial published with the study**. "We still have to define what the best modality is, how often it should be done, and for how long."

So as it stands, breast cancer survivors vary in how their heart health is followed. If they were treated at a large academic

medical center, for instance, Constine said they might see a cardio-oncologist -- cardiologists who specialize in the heart health of cancer survivors.

Other women may see their primary care doctor. Regardless, both Constine and Watt said a woman's doctor should know her cancer treatment history.

When it comes to their personal risk of coronary artery disease, individual women will vary, Constine said: Traditional risk factors, such as smoking, high blood pressure, obesity and diabetes, are crucial -- just as they are for people who've never had cancer.

"Try to minimize your risk by living a healthy life, with regular exercise, a healthy diet and not smoking," Constine said.

Another important point, Watt said, is that women in this study were largely treated in the 1980s and '90s. Modern radiation has changed, in ways specifically designed to shield the heart.

Constine said current techniques -- which involve changes in the radiation itself, and tactics like breath-holding -- have curbed the amount of radiation reaching the heart and its arteries.

It's not yet known, he said, how that will affect survivors' long-term risk of coronary artery disease.

Is Insulin Resistance a Recipe for Depression?

Insulin resistance can make you more than twice as likely to develop major depression, even if you haven't developed full-blown diabetes, a new study reports.

Initially healthy people who later developed prediabetes were 2.6 times more likely to come down with major depression during a nine-year follow-up period, according to the findings.

"The insulin-resistant folks had two to three times the rate of developing depression," said lead researcher Kathleen Watson, a postdoctoral scholar at Stanford University.

Previous studies have shown a relationship between insulin

resistance and depression, but this is one of the first to show that people who developed insulin resistance were more likely to become depressed later, Watson said.

It's troubling news for a major segment of Americans at increased risk for diabetes.

About 1 in 3 U.S. adults (more than 88 million) is estimated to have prediabetes, a condition where insulin resistance and blood sugar levels are increasing but there's still time to ward off the development of type 2 diabetes, according to the U.S. Centers for Disease Control and



Prevention.

For the study -- published Sept. 23 in the *American Journal of Psychiatry* --

Watson and her colleagues analyzed data on more than 600 participants in a long-term Netherlands study of depression and anxiety. The people, average age 41, had never been troubled by depression or anxiety when they entered the study.

Regular physical exams allowed researchers to track three measures of insulin resistance -- fasting blood sugar levels, waist circumference, and their ratio of triglycerides to "good" HDL cholesterol. The participants also

underwent regular psych evaluations.

The human body relies on insulin, a hormone produced by the pancreas, to convert blood sugar into energy. If your blood sugar levels remain high, your cells can become less able to use insulin to convert sugar to energy. That's insulin resistance.

Eventually the body reaches a tipping point where insulin resistance is so strong that the body loses its ability to lower blood sugar levels without the aid of medication. That's when a person is diagnosed with type 2 diabetes... [Read More](#)

Trials Show COVID Vaccines Well Worth It for Cancer Patients

If you have cancer and you think coronavirus vaccines may do you little good, don't let your hesitation stop you from getting the shots: A pair of clinical trials finds that patients' immune systems ramped up after vaccination.

The findings were presented this week during a virtual meeting of the European Society for Medical Oncology (ESMO Congress 2021).

"We have to vaccinate all of our cancer patients, and we can assure them that the vaccine is

very active, regardless of the kind of [cancer] treatment" they receive, ESMO spokesman Dr. Antonio Passaro said in a *HealthDay Now* interview.

The first COVID vaccine trials excluded cancer patients. So, it has been an open question whether the shots could protect people undergoing chemotherapy or immunotherapy, he explained.

But two European trials -- VOICE and CAPTURE -- have now shown that the vaccines do



indeed protect patients from COVID infection, said Passaro, a lung cancer expert at the European Institute of Oncology in Milan, Italy.

The VOICE study involved nearly 800 patients in the Netherlands. It included people with and without cancer, as well as folks who were being treated with chemotherapy, immunotherapy or a combination of the two. They received Moderna's two-dose mRNA vaccine.

About a month after their second vaccine dose, researchers found adequate levels of antibodies in 84% of patients on chemo; 93% of those on immunotherapy, and 89% of those who got combo chemo/immunotherapy.

Passaro said the results compare favorably to the high level of antibody response seen in more than 99% of the trial participants who didn't have cancer... [Read More](#)

Migraines and More Severe Hot Flashes Could Be Linked

(HealthDay News) Women with a history of migraine headaches may suffer severe hot flashes during menopause, and this combo may boost their risk for heart disease, researchers say.

Migraine doesn't cause more or worse hot flashes — or vice versa. But both are believed to be related to changes in blood vessels known as neurovascular dysregulation, according to Dr. Stephanie Faubion, medical director of the North American Menopause Society (NAMS).

A hallmark of heart disease is changes in blood vessels that supply blood to the heart.

"We believe that neurovascular dysregulation may explain the link between migraines and hot flashes, as well as the association of each with cardiovascular disease in

women," Faubion said.

Faubion led a study that examined migraine, menopause and heart disease. She was scheduled to present the findings Wednesday at the NAMS annual meeting in Washington, D.C. Research presented at meetings should be considered preliminary until published in a peer-reviewed journal.

The study included more than 3,300 women (average age, 53), including 27% with a history of migraine.

Women with a history of migraine reported significantly worse menopause symptoms and were more likely to have severe or very severe hot flashes than women with no history of migraine, the investigators found.

"We may be able to better



identify which women may have a worse time with hot flashes using this information, and be more proactive with strategies on prevention and treatment," Faubion suggested.

During menopause, when menstrual periods end, women have a dramatic drop in the female sex hormone estrogen. That causes many symptoms, from vaginal dryness to sleep disturbances to hot flashes.

For women who are significantly bothered by hot flashes and night sweats, hormone replacement therapy (HRT) is big help, Faubion said.

And women with a history of migraines can use HRT. "The doses are much smaller than what is used in oral contraceptives," so it won't harm these patients, she noted.

If you're a candidate for HRT, your doctor will likely prescribe a skin patch instead of pills, because hormone patches have fewer side effects, Faubion explained.

The bigger picture involves using findings from this new research to develop a better risk model for heart disease in women, she said.

"There are many female-specific risks for heart disease including gestational diabetes, high blood pressure during pregnancy, and possibly hot flashes during menopause," Faubion said. "Heart disease is the leading cause of death in women and we are still using risk prediction models made for men." This must change, she added.... [Read More](#)

Dairy Foods May Be Good for You After All

You remember the ad. It asked if you've "got milk?" and said that "milk does a body good."

So, does it? New research suggests it might.

In the study, people who consumed more dairy fat actually had a *lower* risk of cardiovascular disease than those who drank or ate less dairy, *CNN* reported.

"Increasing evidence suggests that the health impact of dairy foods may be more dependent on the type — such as cheese, yogurt, milk and butter — rather than the fat content, which has raised doubts if avoidance of dairy fats overall is beneficial for cardiovascular health," said lead author Kathy Trieu, a researcher from the George Institute for Global Health in

Sydney, Australia.

"Our study suggests that cutting down on dairy fat or avoiding dairy altogether might not be the best choice for heart health," Trieu told *CNN*.

To study the issue, her team looked to Sweden, measuring the blood levels of a fatty acid mostly found in dairy food. The country is known to be among the world's highest consumers and producers of dairy products.

The investigators continued to follow just over 4,000 participants, whose blood was analyzed for an average of 16 years.

The researchers adjusted for known cardiovascular disease risk factors and looked at how many in the group had had heart



attacks, strokes and other circulatory illnesses, and how many had died during those intervening years.

Those whose blood contained the highest levels of the fatty acid had the lowest risk of cardiovascular disease and no increased risk of death from all causes, the study found.

The researchers didn't stop at Sweden. They confirmed their findings by combining the results with 17 other studies that included 43,000 people from the United States, the United Kingdom and Denmark, *CNN* reported.

"While the findings may be partly influenced by factors other than dairy fat, our study does not suggest any harm of dairy fat, per se," said Matti

Marklund, a senior researcher at the George Institute and joint senior author of the paper.

"We found those with the highest levels actually had the lowest risk of CVD [cardiovascular disease]. These relationships are highly interesting, but we need further studies to better understand the full health impact of dairy fats and dairy foods," Marklund added.

The results should not be interpreted to mean that full-fat dairy products cut the risk of cardiovascular disease, Alice Lichtenstein, director and senior scientist at Tufts University's Cardiovascular Nutrition Research Laboratory in Boston, told *CNN*... [Read More](#)

Isolation Impacts Everyone: Here's How to Assess Your Risk

The pandemic has left more seniors homebound than ever. Assess whether you or loved ones are at risk of social isolation.

You may have isolation fatigue from reading so much about social isolation these days — but it's a real thing, impacting seniors at a high rate.

One of the latest studies published in *JAMA Internal Medicine* says that homebound seniors aged 70 and older more than doubled, from 5% between 2011 and 2019 to 13% in 2020. According to researchers, the

numbers of homebound seniors — meaning their ability to leave their place of residence is restricted without aid — would likely remain elevated through 2021 due to the pandemic.

Isolation Is Not Just an Issue for the Old

The AARP Foundation and the United Health Foundation conducted a survey in 2020, publishing the results in **The Pandemic Effect: A Social Isolation Report**, which found that *all* adults are experiencing social isolation. The report says:



◆ Two-thirds of U.S. adults report experiencing social isolation, and more than half (66%) agree that the **COVID-19 pandemic** has caused their anxiety level to increase, yet many aren't turning to anyone for help.

◆ Social isolation can be worse for one's health than obesity, and the health risks of prolonged isolation are equivalent to smoking 15 cigarettes a day.

◆ Among women 50 and older,

almost a third (29%) report going as long as one to three months not interacting with others outside their home or workplace during the pandemic. They're also more likely to experience negative emotions than their male cohorts.

Even now as things open, increased social contact doesn't mean you're free from isolation and its impact on emotional and mental health... [Read More](#)

Osteoporosis Drug May Keep Type 2 Diabetes at Bay

A drug widely used to treat osteoporosis might reduce the risk of type 2 diabetes, a new study suggests.

Taking the drug alendronate (Fosamax) for at least eight years could potentially reduce a person's risk of type 2 diabetes by more than half, compared to people never prescribed the drug, according to findings presented Sunday at the annual meeting of the European Association for the Study of Diabetes.

The study, by Rikke Viggers of Aalborg University Hospital in Denmark and colleagues, provides more insight into the links between osteoporosis and

type 2 diabetes, although experts caution against using alendronate as a diabetes medication until more is known.

"I'm a little hesitant to get all excited about the notion this may be a preventive drug," said Dr. Kendall Moseley, medical director of the Johns Hopkins Metabolic Bone & Osteoporosis Center, in Baltimore.

It has been known for decades that people with diabetes have a greater risk of bone fractures, the Danish research team behind the study said in background notes.

"Type 2 diabetes is associated with a higher risk of fracture,



which is a bit of a surprise considering that individuals with diabetes typically have normal if

not elevated bone density," said Moseley, who wasn't involved in the study. "Traditional screening methods don't pick up the risk for fracture" in diabetes patients.

Recent animal studies have suggested that the way osteoporosis drugs affect bone cells might also influence the body's ability to regulate blood sugar levels, the researchers said.

So the research team identified more than 163,000 people diagnosed with type 2

diabetes in Denmark between 2008 and 2018, and compared them with more than 490,000 people without diabetes.

Prescription records showed which of the people tracked in the study had ever taken alendronate, which is one of the oldest drugs on the market for treating osteoporosis, Moseley said.

Alendronate belongs to a class of drugs called bisphosphonates, which prevent your bones from losing calcium and other minerals by slowing the natural processes that dissolve older bone tissue... [Read More](#)

Tips to manage stress and anxiety

If you're feeling anxious and stressed over the recent adversity and hard times, I feel you. Thousands of Americans are in the same boat. You are not alone.

Whether you're worried about the unsettled economy, your job, or the "not so peaceful" protests, each of these are disturbing. If ignored, they can affect your mental and physical health.

Stress can be a physical reaction to feeling confused and frustrated by a situation. It will affect your sleep, eating patterns, and emotional health. Over the years, I've discovered a few ways to help myself through troubling times. I'd like to share them in hopes you can find peace and relaxation to ease

your mind and emotions.

Tips to Manage Stress
Practice Meditation or Prayer

– Sit and breathe deeply for a minute or two. Then visualize white light or a sense of goodness flowing through your body and into each of your cells while continuing the deep breathing. Do this for at least 10 minutes. At the end send your love and peace out to the world.

Exercise – Walk outside for at least 30 minutes a day. Being outside in nature helps me stay healthy and releases negative thoughts and tension. Fresh air is good for the body.

Eat Nutritious Foods – Diet is so important when mitigating stress. Add more vegetables,



fruit, legumes and healthy snacks and less sugar and meats. High levels of sugar and carbohydrates can raise your stress level and play havoc on the immune system.

Take a Break from the News – The latest news can throw your stress in a tizzy. So, don't tune in all day. Go outside and look at greenery and flowers.

Journaling – My favorite way to rid my stress is to record my feelings and to write about my confusion, frustration, and anger. With everything that's happening, it's easy to feel anxious or confused. However, there is always something to be grateful for. I end my morning

"pages" with gratitude. I write three uplifting things that happened that morning or the day before. This helps change my perspective and reminds me where I need to put my energy.

Talk with a Friend – Just talking to someone about how you feel can be helpful. Talking distracts me from my stressful thoughts and releases built-up tension by discussing it. Having constant tension clouds my judgement and can prevent me from seeing things clearly. Talk things out with a friend, or a trained professional. You will find solutions to cope with stress and put your problems into perspective.

Retired and Want to Stay Sharp? Hop on the Internet More Often

Help in retaining mental function when you age could be only a few keystrokes away.

While crosswords and exercise are often touted as ways to retain thinking skills, U.K. investigators found that the internet may also help seniors stay sharp in retirement.

Those who used the internet more after their careers ended had substantially higher scores on cognitive, or thinking, tests, according to the study.

Still not entirely clear, however, is why this works.

"To be honest, we don't know for certain. We have a number of hypotheses. We think it has to

do with socialization. You are connected to people through the internet, through social media, you are more engaged with people, perhaps at a time in your life where it's hard to meet people or arrange to meet people physically," said study co-author Vincent O'Sullivan, a lecturer at Lancaster University in England.

The researchers looked at the cognitive function of more than 2,100 Europeans in 2013 and 2015, some years after they had retired in 2004. Their careers had begun before computer



usage was mainstream in many lines of work. The study used data from the Survey of Health, Ageing and Retirement in Europe (SHARE). This survey collects information about older people, including their work history, their socioeconomic status and their health.

Using the internet after retirement was linked to a marked reduction in the rate of cognitive decline, and the association was more pronounced among women, O'Sullivan said. However, the study did not prove a cause-and-effect link.

On average, retirees who used the internet could recall 1.22 more words on a 10-word cognitive test than those who did not. Among women, those who regularly used the internet could recall 2.37 more words than those who did not. Retired male internet users recalled an average of .94 words more than men who didn't use the internet.

"These words are short words. They are one or two syllables long. On the list people start remembering the first few words because they're coming at you quite quick," O'Sullivan said of the test. ... [Read More](#)

Exercise May Reduce Sleep Apnea and Improve Brain Health

Exercise may help reduce symptoms of a common sleep disorder and improve brain function, a small study finds.

Exercise training could be a useful supplemental treatment for people with moderate to severe obstructive sleep apnea, the research showed. The condition is characterized by loud snoring and disrupted breathing and can raise the risk for heart disease, stroke and cognitive decline. It is typically treated with continuous positive airway pressure, or CPAP, a machine that pushes air through a mask into the airway to keep it

open while a person sleeps.

"Exercise training appears to be an attractive and adjunctive (add-on) non-pharmacological treatment," said lead investigator Linda Massako Ueno-Pardi, an associate professor at the School of Arts, Science and Humanities at the University of São Paulo in Brazil. She also is a research collaborator at the university's Heart Institute and Institute of Psychiatry, Faculty of Medicine.

Estimates show obstructive sleep apnea affects roughly 9% to 38% of U.S. adults, though



many cases are thought to be undiagnosed. It is more common in men than women and becomes more prevalent as people age.

According to a scientific statement by the American Heart Association published in June, between 40% and 80% of people with cardiovascular disease have sleep apnea.

The condition often is associated with obesity, which can narrow the airway at the back of the throat, making it harder to breathe while lying down. Cigarette smoking, family history, nasal congestion, back

sleeping, drinking alcohol, having a thicker neck or narrow throat and some hormone abnormalities also can contribute to the condition. Some medical conditions, such as Type 2 diabetes, also raise the risk for sleep apnea.

Previous studies have shown people with sleep apnea experience a decrease in brain glucose metabolism, or the brain's ability to upload and properly use glucose, its main source of fuel. This can impair cognitive function. Ueno-Pardi and her team explored whether exercise could help correct that. ... [Read More](#)