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The Social Security cost-of-living adjustment will likely be bigger next year. But there are reasons why retirees' monthly checks might not go as far

- .Next year's Social Security cost-of-living adjustment is expected to be around 6%, based on the latest consumer price index data.
- That would be the biggest increase in decades due to rising inflation. But higher prices aren't the only reason those payments aren't likely to stretch further.
- Medicare Part B premiums and income taxes could also reduce the value of those monthly checks for many retirees.

The Social Security cost-of-living adjustment for 2022 potentially will be the biggest in 40 years.

Estimates indicate the annual boost could be 6.2%, prompted by rising inflation.

But rising prices on grocery store shelves and at gasoline pumps aren't the only reasons why those bigger monthly benefit checks will likely not go as far.

Social Security's cost-of-living adjustment is calculated each year using the Consumer Price Index for Urban Wage Earners and Clerical Workers, also known as the CPI-W. The calculation for 2022 will be based on data through the third quarter.

While people may think an approximate 6% benefit increase is good news, it's important to remember it's not necessarily additional income, said Patrick Hubbard, research associate at the Center for Retirement Research at Boston College.

"Everything is 6% more expensive these days and is only the minimum needed to maintain the purchasing power that you've had all along," Hubbard said.

Moreover, two other items — Medicare Part B premiums and taxes — would likely reduce the value of that increase for many, according to research from the Center for Retirement Research.

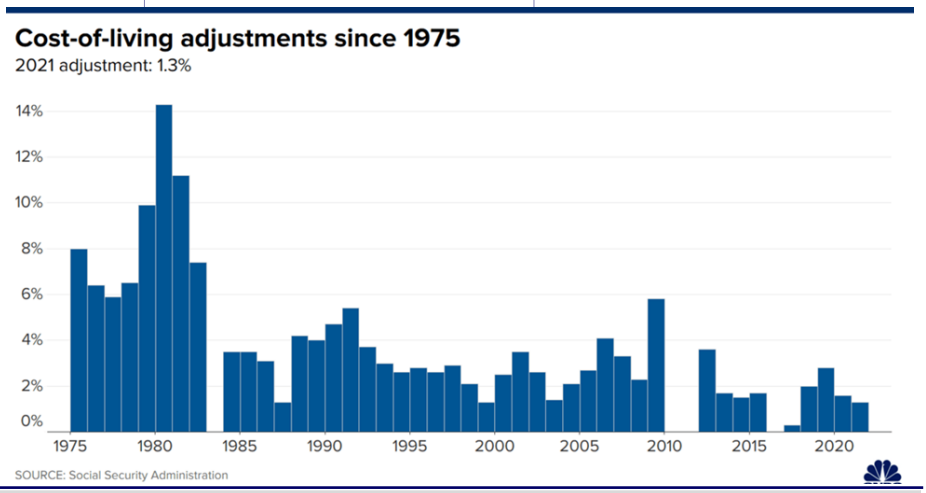
Medicare Part B premiums

While the cost-of-living adjustment usually goes up every year, so do the Medicare Part B premiums that seniors pay for physician and outpatient services. Part B premium payments are often deducted directly from Social Security beneficiaries' monthly benefit checks.

Exactly how much someone pays for Medicare Part B depends on their income. In 2021, the monthly premium is $148.50 for single individuals with up to $88,000 in income and married couples with up to $176,000. But those monthly premiums can be as high as $504.90 per month for high earners.

From 2000 to 2020, Social Security benefits had an average annual increase of 2.2%, while Medicare Part B premiums went up by 5.9%.

In a single year, the benefit reduction due to Medicare Part B premiums may be minimal, according to the Center for Retirement Research. But over time, it widens….**Read More**



Medicare would be expanded under $3.5 trillion budget resolution approved by House

Older Americans would see their health coverage expanded as part of the $3.5 trillion budget plan approved by the House on Tuesday.

Medicare, which is relied on by most Americans once they reach the eligibility age of 65, would provide coverage for dental, vision and hearing under the budget resolution. In addition, the age when people can sign up would be lowered, **most likely to age 60 as President Joe Biden has said he supports.**

The proposals are part of Democrats' goal to strengthen the social safety net and invest in efforts to combat climate change. **The House approval of the budget resolution** — resting on a 220-to-212 party-line vote — clears the way for lawmakers to draft legislation reflecting what's in the spending plan and, potentially, pass the massive package without Republican support through a process called budget reconciliation.

Although there's no certainty that everything in the budget plan will make it through the full congressional process, Medicare advocates are hopeful that coverage of the extra benefits will come to fruition.

"This would be a very big deal for the Medicare program and Medicare beneficiaries," said David Lipschutz, associate director and senior policy attorney for the Center for Medicare Advocacy.

"If Congress adds [those] benefits, it would fill some major gaps in coverage that the program has had since its inception," Lipschutz said

About 62.8 million individuals are enrolled in Medicare, the majority of whom are age 65 or older and rely on it as their primary health insurance. …..**Read More**

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Biden Administration Announces Additional Steps to Fight COVID-19

This week, the Biden administration **unveiled** plans to offer booster doses of the Pfizer and Moderna COVID-19 messenger RNA (mRNA) vaccines, pending U.S. Food & Drug Administration (FDA) review and recommendations from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). Under the plan, the booster shot would be available to people who were fully vaccinated with Pfizer or Moderna's mRNA vaccine 8 months after an individual's second dose, starting September 20. This decision follows the FDA's recent action authorizing a third dose of the Pfizer and Moderna vaccines for immunocompromised individuals, which people with **Medicare can access with no cost-sharing**. It is not yet clear if individuals who received Johnson & Johnson's non-mRNA, one-dose vaccine will be eligible for an additional dose in either instance.

The Administration also **announced** the Department of Health and Human Services will develop an expedited regulation directing nursing homes to require that their staff be fully vaccinated against COVID-19 as a condition of participation in the Medicare and Medicaid programs. The regulation would apply to nearly 15,000 facilities across the country that serve approximately 1.3 million residents. This change follows CDC and Centers for Medicare & Medicaid Services (CMS) data confirming a strong relationship between the increase of COVID-19 cases among nursing home residents during the Delta variant surge and the rate of vaccination among nursing home workers. **According to CMS**, about 62% of nursing home staff are currently vaccinated nationwide, with state-level rates ranging from 88% to 44%. The agency notes the Delta variant "has driven a rise in cases among nursing home residents from a low of 319 cases on June 27, to 2,696 cases on August 8, with many of the recent outbreaks occurring in facilities located in areas of the United States with the lowest staff vaccination rates." CMS expects to issue the new rules in September.

This builds on other **recent rulemaking** intended to support the health and safety of facility staff and residents. In May, **CMS revised** the infection control standards Long-Term Care Facilities and Intermediate Care Facilities serving people with intellectual disabilities must meet to participate in Medicare and Medicaid. In part, the rule requires facilities to educate residents, clients, and staff about the COVID-19 vaccine and to offer shots when supplies are available.

- **Read more from Medicare Rights about Medicare coverage during the coronavirus public health emergency.**
- **Fact Sheet: President Biden to Announce New Actions to Protect Americans from COVID-19 and Help State and Local Leaders Fight the Virus**
- **CMS Press Release: People with Medicare Who Are Immunocompromised Would be Able to Receive an Additional COVID-19 Dose at No Cost**

Questions To Ask At Your Next Town Hall

During the month of August, Congress is in recess and many Members plan town halls to meet with constituents. We encourage you to attend one. Whether you meet in person, by conference call, or online, here are some ideas for questions to ask in order to learn more about your lawmaker's ideas about issues affecting Social Security, Medicare, and healthcare costs. Please feel free to share these questions with others!

1. Prescription drug prices are among the fastest-growing costs that retirees face in retirement. These costs, which tend to grow several times faster than overall inflation, also affect the government's budget for Medicare. How would you approach reducing drug prices that would lower costs for both beneficiaries as well as lower government spending?
2. The Medicare Hospital Insurance Part A Trust Fund is forecast to become insolvent in 5 years (or less). What options do you favor to address this funding shortfall?
3. What is your position on giving adults age 55 – 64 the option to enroll in Medicare?
4. Do you feel that Social Security benefits are adequate for retirements that can last 25 to 30 years? If not, what approach do you favor to provide greater financial security for Social Security recipients?
5. Do you feel the annual Social Security cost-of-living adjustment (COLA) is calculated to fairly address the costs experienced by retired beneficiaries? If not fairly calculated, what approach in determining the COLA do you support that would make it fairer?
6. The Social Security Trust Fund is forecast to become insolvent by 2034. If this were to occur, benefits would be reduced by an estimated 23%. What approaches do you favor to prevent these benefit cuts?
7. The Social Security Trust Fund receives a small portion of its revenues from the taxation of Social Security benefits. Income thresholds that subject Social Security benefits to taxation have never been adjusted since enactment of the tax in 1984. A portion of Social Security benefits are taxable for individual Social Security recipients with incomes of $25,000 or more, and couples filing jointly with incomes of $32,000 and up. In 1984, the tax applied to just 10% of retirees. Today the tax affects over 50% of Social Security recipients. What options do you favor to help modest income Social Security recipients keep more of their retirement income while still ensuring the funding the Social Security Trust Fund?

Air Travel Tips for Seniors With Health Mobility Issues

Unlike younger people, air travel takes a really serious toll on seniors' bodies, especially if they have health mobility issues. You have to consider the strain of those long terminal walks, disruptions to mealtimes, sitting for so long within a closed space, and the crowd around can affect them physically. So, you really have to be prepared for this physical strain.

All of these can also affect you in some ways; you will have to consider how far you can accompany them in the airport if they can go on the plane with their wheelchairs, what would happen in case of an emergency while in flight, etc. It's a lot of considerations to make, and it all boils down to your preparations for the travel.

When you are planning to fly with a senior, it's different from when you are flying for your vacation with your lover. There are some things that you have to put into place to ensure the success of the travel. Here are some tips from **assignment help UK** that you should follow when flying with seniors with health mobility issues…..**Read More**

Don't Believe This Dangerous Social Security Myth

There's a lot of misinformation floating around with regard to **Social Security**, and at times, it can be hard to know what to believe. For example, you may have read that Social Security is running out of money completely. **It isn't**. While the program may need to cut benefits in the future, it still has a number of viable revenue sources that will allow it to keep paying benefits to members of today's workforce.

But there's another Social Security myth you may have been led to believe -- that you can live off of your monthly benefits without having to rely on any other income. And that's one of the most dangerous misconceptions you can buy into.

You can't live on your benefits alone

The amount of money you receive from Social Security in retirement will not be the same as what your job pays you. Not even close.

You can expect your benefits to replace about 40% of your wages if you're an average earner. And that assumes that benefits don't get cut in the future, which may happen. If it does, Social Security will provide even less replacement income.

There's no hard-and-fast rule when it comes to replacement income. You'll often hear that seniors need 70% to 80% of their former paychecks to live comfortably, but the reality is that some retirees can get by on less, while others may end up needing a lot more.

But if you think you'll be OK retiring on only Social Security, take a look at your paycheck right now and slash it by 60%. See what that amounts to and figure out if you can cover your bills in any sort of reasonable fashion based on that extreme a pay cut. If you can't, you'll need to ensure that you have an income source in retirement outside of Social Security.

Maybe that income source will be a part-time job or a business you decide to start. A good bet, though, is to plan on supplementing your Social Security benefits with withdrawals you take from a **retirement savings plan**. You never know if health issues will prevent you from working when you're older, so coming into retirement with cash reserves is a better bet.

If your employer offers a 401 (k) plan, signing up could be a smart move -- especially since many companies that sponsor these plans also match worker contributions to some degree. But if you don't have access to a 401 (k), don't sweat it -- an IRA will work just fine instead. The key, either way, is to fund your retirement plan consistently so that when your time in the workforce comes to an end, you'll have money available outside of Social Security.

Don't believe everything you hear

For a program as complex as Social Security, there's bound to be a lot of false information out there. But if there's one myth you can't afford to believe, it's that you'll do just fine if you retire with Social Security being your only source of income.

Even if you're willing to live a frugal lifestyle, you may find yourself struggling if you only have your benefits to rely on, so you're better off not putting yourself in that position.

Claimed Social Security at 62? Try This to Increase Your Benefits

A lot of people sign up for Social Security as soon as they become eligible at 62, but not all of them realize that doing so comes at a cost. It shrinks your checks and it could cost you tens or even hundreds of dollars over the course of your retirement.

That doesn't mean it's a mistake for everyone. But if you regret signing up for Social Security right away, you should know there is something you can do to boost your benefits.

Why starting Social Security at 62 reduces your checks

The Social Security Administration assigns everyone a **full retirement age (FRA)** based on their birth year. The following table can help you find yours:

You must wait for your FRA to sign up if you want the full amount you're entitled to based on your work history. Beginning sooner nets you more years of benefits, but the Social Security Administration reduces your checks a little for every month you claim before your FRA.

When you sign up at 62, you only get 70% of your full benefit per check if your FRA is 67 or 75% if your FRA is 66. Every month you delay increases your benefits a little until you reach your maximum benefit at 70. That's 124% of your full benefit per check if your FRA is 67 or 132% if your FRA is 66.

Looking at this, it might seem like delaying benefits is wiser. But it depends on how long you expect to live. There's no point in delaying to 70 if you have a serious illness and don't believe you'll make it to 70. But if you expect to live until your mid-80s or beyond and you can afford to delay benefits, doing so will probably get you more money overall….**Read More**

BIRTH YEAR	FULL RETIREMENT AGE (FRA)
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 and later	67

Data Shows Susceptible Seniors Living Alone

Nearly ninety percent of the senior citizens across the U.S. prefer to age in place and grow old at home. Professionals believe that's the place where people can afford to live over other costly places like nursing homes. But even staying home raises concerns, like the ones that block healthy aging. The most significant are lack of transportation, affordable housing, and isolation.

When adults have little access to shopping and social activity, isolation becomes a high risk factor that plays havoc on their health. Here's what few seniors from my Facebook group says about aging at home with little support and connection — the comments illustrate the challenges.

"Budget, transportation, and health are the main causes of my isolation. I had to give up driving because of severe glaucoma. Also, having a rare autoimmune disease makes me exhausted most of the time."

"Loneliness and isolation are a real problem. Our culture is different than most Asian and Latin cultures where no older person has to worry about being alone."

What's troubling when studying the U.S. Census, is the high numbers of older residents living alone. Across America, close to 30 percent of the 65 and over, live at home without support, totaling over 11 million, and of these, 71% are female.

That's a lot of older adults at risk for isolation, a factor of chronic illness. Research examining loneliness says the effects negatively relates to physical activity, mental, and motor function. Strong social connections are central to physical and mental well-being. But it's a complex issue. When vulnerable older adults have setbacks, they become disconnected and isolated….**Read More**

No link between lower drug prices and innovation

If Dems in Congress passes legislation to lower drug prices, it's likely to help their chances of reelection. There appears to be far less downside than Pharma would like people to believe. A **new report** by Gregory Vaughan and Fred Ledley of Bentley University on the effects of legislation that would lower drug prices concludes that there is no necessary link between lower drug prices and drug innovation. Based on the data, it argues that Congress should feel free to make prescription drugs affordable without worry about any effects on innovation.

Yes, it is true that there is a statistical link between revenue of large pharmaceutical companies and the amount they invest in research and development. But, if they wanted to, they could better manage their revenue and expenses to offset the effect of drug price reductions on their profits.

Further, this new analysis looks at the role played by small biopharmaceutical companies in the development of new drugs. It finds that companies with a small amount of revenue generate 40 percent of the new drugs on the market.

The researchers find that the smaller pharmaceutical companies, with a market capitalization of $7 billion or less, invest in research and development independent of their revenue. To put it differently, the researchers did not see a meaningful link between reductions in their earning and their expenses for research and development. If drug prices were to come down, there's no evidence to suggest that it would effect their research and development activities or reduce their research and development spending.

Moreover, it could be the case the large pharmaceutical companies might not choose to spend less on research and development if their revenue were reduced. They have very large returns on invested capital, larger than companies in other sectors. One 2019 West Health Policy Center and Johns Hopkins Bloomberg School of Public Health paper concluded that even with a large reduction in revenue stemming from drug price negotiation legislation, the pharmaceutical companies would still return more than any other market sector if they continued to invest in research and development at the same level they do today. And, research and development would be a better investment than other possible capital investments.

Biopharmaceutical companies with market capitalizations under $7 billion are undertaking the majority of clinical trials today. About six in ten clinical trials for new drugs were sponsored by these smaller companies. And, they are responsible for seven in ten products in phase 3 trials.

The researchers conclude that policymakers will not be harming innovation if they reduce drug prices to ensure people can afford them. Their finding is in sync with the **Congressional Budget Office**, which recently projected at most a small decrease in innovation from lower drug prices.

Seniors who have Elderly Parents

As life expectancy increases, it is more common than ever to find senior citizens who have elderly parents. Ideally, parents remain able to take care of themselves in their own homes. But, it is also true that many senior citizens find themselves either helping care for their elderly parent or choosing a facility that can attend to their needs.

Caring for Your Elderly Parent

For some senior citizens who have elderly parents, the care needed is primarily social. If their parent is able to take care of their own day-to-day needs, care might be a bit of help with errands and appointments or a simple meal together time and again.

But if your elderly parent's health declines, you may find they are in need of more support over time. In this instance, if you decide to care for your elderly parent yourself, in your own home, be sure you have the right support systems in place. All day, every day, is a lot for one individual. Talk to other family members to see if they can help out. Or, even if you don't have the resources for full-time help, there could be a part-time hire that would alleviate your stress.

The Caregiving Relationship

When you are in a caregiver and care recipient relationship, there can be pitfalls. Children and parents often have patterns in place. For some parents, they expect to make all of the household decisions and are unable to relinquish that control. For others, it is **criticizing the choices of their adult children**….**Read More**

Older Consumers Report Food as Fastest Growing Cost in 2021

As inflation continues to steeply increase prices, older consumers are reporting that food has been the fastest growing category of their household budgets so far this year, according to a new survey by The Senior Citizens League (TSCL). The same survey also found that nearly one out of five survey respondents, 19 percent, say they have visited a food pantry or applied for food stamps (SNAP) since the beginning of this year," says Mary Johnson, Social Security policy analyst for The Senior Citizens League.

"It's highly disturbing that such a large number of survey participants have been forced to access food pantries," Johnson says. "This illustrates the dire situation faced by households of those who depend on Social Security for most of their income when food prices jump into overdrive," she says. "Over the past 12 months, the price of bacon is up 11 percent, beef up 10.6 percent and fresh fish up 8.5 percent" Johnson notes.

This is not a sustainable spending pattern for retired and disabled households. In recent years, Social Security recipients more typically reported that housing and medical expenses, not food, increased the fastest and were the two top cost concerns.

Survey participants were asked: "Since the start of 2021, which of the following budget categories increased fastest in your household?"...**Read More**

Fastest Growing Costs of Older Households Since Beginning of 2021

Budget Category	Response
Food	44%
Housing (rent or costs associated with owning, repairs and maintenance)	24%
Medical	19%
Transportation	7%
Other	3%
Communication	1%
Apparel	1%
Recreation	1%

Congress Reintroduces Bill to Keep Social Security Recipients Out of Poverty

Income from Social Security isn't always enough to cover the cost of living — **putting millions of Americans at risk of living in poverty. A bill reintroduced to Congress aims to address this shortfall and improve benefits.**

The proposal, called the Social Security Enhancement and Protection Act, was put forward by Wisconsin Representative Gwen Moore this week, reports CNBC.

"It's only right that I commemorate the 86th anniversary of Social Security by reintroducing the Social Security Enhancement and Protection Act, which would strengthen this crucial program so many rely on," Moore said in a statement. "We can make this program work better for the Americans who stand to benefit the most from it, including women, people of color, and low-wealth people."

According to the congresswoman, the bill would recognize every year spent towards childcare as a year of coverage for determining an individual's Social Security benefits and it would renew support for students who are children of retired, deceased or disabled workers. The bill would also improve the program's special minimum benefit to better reach low-income workers and increase benefits for all beneficiaries 20 years after retirement so that individuals don't outlive their savings.

However, passing Social Security legislation in the near future may be out of reach. Karen E. Smith, senior fellow at the Urban Institute, told CNBC that one issue is how well poverty is actually addressed. Only new beneficiaries might be able to access the higher minimum benefits and the 20-year bump might be biased towards higher-income individuals because they tend to live longer, Smith said.

Additionally, Social Security's trust funds have about 10 years left, at which point **benefits may be reduced**. "It's really a debate in Congress that we need to have and hasn't been happening," Smith added.

Americans Strongly Agree on These 3 Changes to Social Security

Americans appear to disagree on many things these days, but they find common ground on one subject: the need to fix the Social Security system.

Three-quarters of Americans in a recent study — 76% — said they either somewhat agree or strongly agree that the Social Security system needs to change, according to the **Nationwide Retirement Institute's 2021 Social Security Survey**.

Meanwhile, just 17% said they somewhat disagree that there is a need for change, and a scanty 6% strongly disagree. In particular, the Americans surveyed agree about three changes that can be made to help strengthen the Social Security system. Here are the percentages who said they somewhat agree or strongly agree with the following fixes:

Ensuring Social Security **cost-of-living adjustments** (COLAs) are enough to, at minimum, keep up with inflation: 89%

1. Reinstating Social Security payroll taxes on people earning more than $400,000 per year: 79%
2. Providing a Social Security credit to unpaid caregivers: 74%

There is more moderate support for a host of other fixes, including:

- Applying COLAs only to lower - or middle-income households' Social Security benefits: 64%
- Eliminating the earnings cap on Social Security payroll taxes (**which is $142,800 for 2021**): 63%

- Privatizing a small portion of benefits: 58%
- Means testing: 58%
- Eliminating early retirement age with reduced benefits: 49%
- Raising the **full retirement age**: 46%
- Linking full retirement age to life expectancy: 46%
- Raising payroll taxes: 46%

There was low support for one other idea — cutting benefits for everyone currently receiving Social Security. Not surprisingly, just 21% of survey respondents supported it.

The Harris Poll conducted the Nationwide Retirement Institute's survey of more than 1,900 U.S. adults age 25 and older between April 19 and May 7, 2021.

Avoiding key Social Security mistakes

Social Security is the foundation of retirement income for millions of Americans. Making the wrong decisions regarding the government program can tarnish your golden years, leaving you with less money to spend.

For example, claiming Social Security early can be costly. As we have reported:

"Claiming early can be risky because once you claim benefits, you will be stuck with the same size payment for life. The amount of a person's monthly benefit typically will never increase except for inflation adjustments."

When Can I Claim a Social Security Spousal Supplement?

Q, *"My husband is 65 and I am 63. Neither one of us have started taking Social Security. He is waiting until full retirement age to take his Social Security. Since half of his Social Security is more than I would receive on my own, I would like to take that.*

Do I have to wait until my full retirement age (FRA) to take that option? Or can I start mine earlier and switch to half of his when I reach my FRA?"

A. The dangers of claiming too early

Mark, you are indeed eligible for a spousal supplement, since your FRA benefit is less than half of your husband's FRA benefit. The amount of that supplement depends on when you claim benefits.

MoneyTalksNews

For illustrative purposes, let's assume that your FRA benefit is $800 a month and your husband's FRA benefit is $2,400 a month. If you claim benefits at your FRA, you will receive your benefit of $800 plus a spousal supplement of $400, bringing your total benefit up to $1,200 a month (or one-half of your husband's FRA benefit).

Mark, you should note that you cannot claim a spousal supplement until your husband claims his own benefits. You can claim your own benefits at any time once you reach age 62. But you need to coordinate claiming the spousal supplement with your husband's claiming actions.

In this example, you would receive the spousal supplement at the point where your husband claims his own benefit. So, if you claim first, eligibility to receive your spousal supplement is determined entirely by your husband's claiming decision.

You should be aware that there are significant penalties for claiming either your retirement benefit or your spousal supplement prior to your FRA. As noted above, if you claimed both at your FRA, you would receive $1,200 (based on my assumptions about benefits).

In contrast, if you claimed both at age 62, you would receive about $855 in combined benefits. This is an overall penalty of 28.7% on your combined FRA benefit amounts. (The calculation of this overall penalty rate is not straightforward, since the two benefits have different penalty rates for early claiming.)...**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Covid Politics and Fatigue Work Against Contact-Tracing Foot Soldiers

Health departments nationwide scaled back their contact tracing in late spring or early summer when covid-19 cases started to decrease as vaccination efforts took center stage.

Then delta hit.

Now state and local health departments are trying to build back operations with depleted resources, as covid fatigue among their workers and the public alike complicate those efforts.

"Contact tracing from the start of this pandemic provided us with really kind of invaluable information," said **Dr. Amanda Castel,** a professor of epidemiology at George Washington University. Castel said it's still "a fundamental part of our response." As is covid testing, especially for those who are vulnerable or unvaccinated, such as children under age 12. Yet numerous departments now find themselves with fewer contact tracers and less robust programs. **Like testing**, contact tracing seems to have fallen by the wayside.

Contact tracing is a resource-intensive operation, requiring workers to quickly call people who test positive for a disease and offer medical advice, and then to identify and reach out to anyone with whom the infected people came in close contact. The hope during the pandemic is to prevent spread of the covid virus, and to observe how the virus is changing. The process has been used for decades by public health officials to stop disease transmission.

But many public health departments were overwhelmed by the onslaught of covid. Last winter — before vaccines provided relief — they were **unable to stay ahead of the virus** through contact tracing. And as case counts dropped by virtue of increased vaccination rates in the spring and early summer, more than a dozen state health departments **scaled back** the workforce, said **Crystal Watson**, a senior scholar and assistant professor at the Johns Hopkins Center for Health Security. The resources were needed for vaccination initiatives and to restart other public health programs.

The situation has grown critical in a number of states during the past month or so as local health officials find themselves once again behind the curve as the delta variant drives up case counts. Resources are already stretched, and the politicization of covid-19 has left these local officials making tough calls regarding whom to trace in places like Missouri and Texas. And some states just don't have enough personnel to do the job. The army of disease detectives more often than not included temporary staff or civil servants from outside the health department. In Kentucky, **the former contact-tracing director** is now **the aviation department commissioner**. The state health department said he has a successor but declined to name them….**Read More**

Biden administration to begin rolling out booster shots the week of Sept. 20

The Biden administration is prepared to begin rolling out booster shots for many Americans the week of Sept. 20, the nation's top health officials announced Wednesday, citing data that show the effectiveness of Pfizer and Moderna vaccines against COVID-19 diminishes over time.

"Having reviewed the most current data, it is now our clinical judgment that the time to lay out a plan for COVID-19 boosters is now," U.S. Surgeon General Vivek Murthy said at a White House briefing.

The White House said the move was necessary to stay ahead of the virus and urged anyone who hasn't gotten a shot to do so. A final plan was still contingent upon the official sign-off by the U.S. Food and Drug Administration.

The recommendation will be that anyone who received Pfizer or Moderna vaccines should get a booster shot eight months after their second shot, with health care workers, nursing home residents and seniors first in line.

"You don't want to find yourself behind playing catch up. Better stay ahead of it than chasing after it," said Dr. Anthony Fauci, chief medical adviser to the White House.

The question of booster shots has grown increasingly urgent as the delta variant surges.

Wednesday's decision was largely based on data showing that vaccines are still working and are the best assurances against severe illness or death -- but that key metric could also wane in a few months, according to CDC data.

"Even though our vaccines are currently working well to prevent hospitalizations, we are seeing concerning evidence of waning vaccine effectiveness over time and against the delta variant," CDC Director Rochelle Walensky said at the briefing….**Read More**

CDC director: Annual COVID-19 dose after booster not anticipated

Centers for Disease Control and Prevention Director Rochelle Walensky on Thursday said that while the CDC is recommending booster COVID-19 shots, annual shots going forward may not be necessary.

"You know, this virus has been humbling, so I don't want to say never, but we are not necessarily anticipating that you will need this annually," Walensky said told host Tony Dokoupil during an appearance on "CBS This Morning."

"It does look like after this third dose you get a really robust response, and so we will continue to follow the science both on the vaccine side but also on the virus side," she said.

The administration announced the booster shot initiative on Wednesday, saying that it would begin on Sept. 20 and that people are recommended to get a third shot eight months after their second shot, if they have taken the Moderna or Pfizer two-shot vaccinations.

A worsening surge of new COVID-19 cases caused by the delta variant led the CDC to embrace booster shots, despite opposition from some scientists who want the focus to be on getting unvaccinated people the vaccine.

"We have several studies that have demonstrated waning effectiveness and 10 million people in New York State and 80,000 people in the Mayo Clinic, and as well in the delta variant in health care workers," Walensky said. "We've also been in collaboration and discussions with our international colleagues and they are starting to see ... presentation of worsening infection in the context of their breakthroughs."

"And so our plan now is to get ahead of that. We don't want to start to see that in this country," she added, stating that the country currently has enough vaccine to offer booster shots.

President Biden in an ABC interview aired on Thursday that he and first lady Jill Biden will be receiving booster shots.

"It's something that I think, you know, because we got our shots all the way back in I think December, so it's past time," Biden told ABC's George Stephanopoulos. "Yes, we will get the booster shots."

Surgeon general: Vaccine requirements at business, colleges 'a very reasonable thing to do

Surgeon General Vivek Murthy on Sunday said vaccine requirements at businesses and colleges are "a very reasonable thing to do," as the Food and Drug Administration (FDA) is reportedly set to fully approve the Pfizer-BioNTech COVID-19 vaccine as soon as this week.

Murthy, when asked on CNN's "State of the Union" if he would urge business and colleges to consider mandating the vaccine once it receives full approval, said such a requirement could "create a safe environment."

"We already know that there are many businesses and universities that have moved toward vaccine requirements and I think that's a very reasonable thing to do to create a safe environment," Murthy told host Brianna Keilar.

He also endorsed requirements for school employees to get vaccinated to "create a safer environment for our kids."

"There's one other thing I think we need to do that some states have been doing to create a safer school environment, and that's requiring that employees in the school, including teachers and other staff, are vaccinated as well to create a safer environment for our kids," Murthy said.

He added that vaccine mandates for business, schools and for education workers "are absolutely reasonable," citing the increased threat from the highly infectious delta variant, which has taken hold in the U.S. as the dominant strain of COVID-19.

"I think all of these are reasonable because when we're faced with the most transmissible variant that we've seen to date, the delta variant. When we have our kids, essentially is the point of concern here in our schools and their health and wellbeing on the line, we've got to take every step we can," Murthy said.

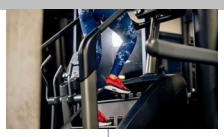
"And so I think that these measures, these requirements, we're seeing are absolutely reasonable, but I think they will help," he added.

Murthy said he anticipates that the imminent announcement from the FDA on the Pfizer vaccine will have two impacts in the U.S.: People who have been waiting for full approval will now be more inclined to get their shots, and business and colleges considering vaccine requirements will now have an easier time moving forward with those plans.

The forthcoming approval from the FDA comes as the U.S. is seeing a surge in COVID-19 infections, driven largely by the delta variant.

The country is now seeing more than 100,000 new daily cases, according to data collected by the Centers for Disease Control and Prevention, which is significantly more than the roughly 12,000 infections the U.S. was seeing per day in June.

Can You Exercise Your A-fib Away?



Millions of Americans live with a common abnormal heart rhythm known as atrial fibrillation (a-fib), but new research suggests that exercise might ease the severity of the condition.

When folks with a-fib participated in a six-month exercise program, they were able to maintain a normal heart rhythm and had less severe symptoms than those who only received information about the benefits of exercise. The benefits lasted for at least one year.

"Participating in a structured exercise program for up to 3.5 hours per week can reduce the likelihood of ongoing episodes of arrhythmia and decrease the severity of a-fib-related symptoms, such as palpitations and shortness of breath," said study author Adrian Elliott, a physiologist and research scientist at the University of Adelaide in Australia.

A-fib occurs when the upper chambers of the heart quiver chaotically, causing a fast and irregular heartbeat. Symptoms may include heart palpitations, breathlessness, dizziness and/or extreme fatigue. When left untreated, a-fib dramatically increases risk for stroke and heart failure.

For the study, 60 people with a -fib participated in a six-month exercise regimen that included supervised exercise each week for three months and then every two weeks for the remaining three months. They also received an individualized weekly plan to follow at home. The goal was to work up to 3.5 hours of aerobic exercise each week. Another 60 people received exercise advice and were asked to engage in 150 minutes of physical activity every week.

Everyone in the study continued their usual a-fib medications. A-fib is typically treated with medication to lower the risk for stroke and/or drugs that control heart rate or rhythm. Sometimes a procedure known as ablation is needed….**Read More**

Israeli Study Shows Pfizer Booster Gives Seniors Big Rise in Immunity

(HealthDay News) -- A third dose of the Pfizer coronavirus vaccine gives four times greater protection against COVID-19 infection and is five to six times more effective in preventing serious illness and hospitalization in seniors than just two doses are, new data from the Israeli health ministry shows.

The study assessed patients 10 days after they received their third dose, and the findings were published by the ministry on Sunday, the *Washington Post* reported.

Israel approved COVID -19 vaccine booster shots for people aged 60 and older late last month, and last week the government lowered the age of eligIbility to 40. About 1.4 million of the country's 9.3 million people have received third doses of the Pfizer vaccine.

Nearly 80% of Israel's population has received two doses, but about 1 million eligible people still haven't been vaccinated and the country is struggling with a fourth wave driven by the Delta variant, the *Post* reported.

Israel's Health Ministry on Monday reported a total of 67,510 coronavirus infections, the highest numbers since January. Numbers for those hospitalized and in serious condition with coronavirus have also risen, to 670.

Israeli Prime Minister Naftali Bennett, who has repeatedly urged unvaccinated people and those eligible for a booster dose to get their shots, got his third shot on Friday.

"Israel has a major advantage today because we are world pioneers in using the third vaccination, and we have a better understanding about the rate at which the previous vaccinations are waning, and what we need to do, when we need to do it, and even for what ages," Bennett at the start of a cabinet meeting on Sunday, the *Post* reported.

"My advice to every world leader today is: start the third vaccination straight away, don't wait. Give it five months from the second vaccination, otherwise you will have false illusions about protection."

Having Someone Who'll Listen May Be Good for Your Aging Brain

(HealthDay News) -- Could the constancy of a sympathetic ear help guard your brain against the ravages of aging?

Yes, claims new research that analyzed data on nearly 2,200 American adults and found those in their 40s and 50s who didn't have someone to listen to them had a mental ("cognitive") age that was four years older than those who had good listeners in their lives.

Having an ear to bend when you need to talk is associated with greater "cognitive resilience," which is a measure of the brain's ability to function better than would be expected for the amount of aging or disease-related changes in the brain, the study authors explained.

Many neurologists believe this mental resilience can be improved through brain-stimulating activities, physical exercise and positive social interactions.

"We think of cognitive resilience as a buffer to the effects of brain aging and disease," said lead researcher Dr. Joel Salinas. He is a member of the Center for Cognitive Neurology at the NYU Grossman School of Medicine in New York City.

"This study adds to growing evidence that people can take steps, either for themselves or the people they care about most, to increase the odds they'll slow down cognitive aging or prevent the development of symptoms of Alzheimer's disease — something that is all the more important given that we still don't have a cure for the disease," Salinas added in an NYU news release.

The findings were published online Aug. 16 in ***JAMA Network Open.***

The four years' difference in cognitive age between people with good listeners and those without "can be incredibly precious," Salinas said.

"Too often, we think about how to protect our brain health when we're much older, after we've already lost a lot of time decades before to build and sustain brain-healthy habits," Salinas added. "But today, right now, you can ask yourself if you truly have someone available to listen to you in a supportive way, and ask your loved ones the same. Taking that simple action sets the process in motion for you to ultimately have better odds of long-term brain health and the best quality of life you can have."

Doctors should also consider asking patients whether they have access to a dependable listener, Salinas suggested.

"Loneliness is one of the many symptoms of depression, and has other health implications for patients," he explained. "These kinds of questions about a person's social relationships and feelings of loneliness can tell you a lot about a patient's broader social circumstances, their future health, and how they're really doing outside of the clinic."

A Little Wine & Certain Foods Could Help Keep Blood Pressure Healthy

An apple and a pear a day may help keep blood pressure under control — a benefit partly explained by gut bacteria, a new study suggests.

Researchers found that adults who regularly ate certain foods — apples, pears, berries and red wine — tended to have lower blood pressure than their peers.

One thing those foods have in common is a high content of antioxidant plant compounds called flavonoids. Studies have suggested flavonoids can be a boon to heart health, by lowering blood pressure and cholesterol, and improving blood vessel function, among other things.

The new findings add another layer: Flavonoid-rich foods were linked to greater diversity in the gut microbiome — the vast collection of bacteria that naturally dwell in the digestive system.

And microbiome diversity seemed to partly explain the foods' benefits on blood pressure.

Gut bacteria play an important role in processing flavonoids so they can do their job, explained senior researcher Aedin Cassidy, a professor at Queen's University in Belfast, Northern Ireland.

At the same time, she said, people vary widely in the

composition of their gut microbiome. It's possible that variability could help explain why some people seem to gain greater heart and blood vessel benefits from flavonoid-rich foods than others, according to Cassidy.

Researchers are just beginning to understand the complex ways in which the gut microbiome affects human health. Studies in recent years have found that the microbes play key roles in a range of normal body processes — from metabolism to immune defenses to brain function.

Exactly what constitutes a "healthy" microbiome is not yet clear. But experts believe that greater diversity in gut bacteria is generally better.

In the new study, Cassidy's team found that people who ate the most flavonoid-rich foods had, on average, more gut bacteria diversity. Greater diversity in certain bacteria was, in turn, tied to lower systolic blood pressure (the "top" number in a blood pressure reading

The findings — **published Aug. 23** in the journal *Hypertension* — are based on 904 German adults between 25 and 82 years of age ….**Read More**

Acupuncture May Help Ease Prostate-Linked Pain in Men

Men with chronic pain from prostate inflammation may get lasting relief from acupuncture, a new clinical trial finds.

At issue is a condition known as chronic prostatitis/chronic pelvic pain syndrome, in which the prostate gland becomes inflamed and nerves supplying the area are irritated. That can cause pain in the perineum, penis, scrotum and low belly, as well as urinary problems and sexual dysfunction.

An estimated 10% to 15% of U.S. men develop chronic prostatitis, according to the U.S. National Institutes of Health. And the mainstays of medical treatment — including antibiotics and anti-inflammatory painkillers — often fail to help.

In the new trial, Chinese researchers found that 20 sessions of acupuncture often did help. Over eight weeks, the treatments eased symptoms in more than 60% of study patients who received them, according to findings published Aug. 17 in the ***Annals of Internal Medicine***.

That compared with 37% of

patients who were given a "sham" version of acupuncture for comparison, the study authors said. And the benefits were still apparent six months after the acupuncture sessions ended.

The findings came as no surprise to Dr. Geovanni Espinosa, a clinical assistant professor of urology at NYU Grossman School of Medicine, in New York City.

Espinosa, a naturopathic doctor, uses **acupuncture** as part of a "holistic" approach to managing chronic prostatitis. To manage the condition, needles are inserted in areas like the low back and buttocks.

"This trial confirms what we've known," he said. "In my opinion, it really takes an integrative approach to treat this condition."

Prostatitis refers to any inflammation of the prostate. In some cases, a bacterial infection is to blame and antibiotics can help.

But chronic prostatitis/chronic pelvic pain is by far the most common form, Espinosa said….**Read More**

Neuro Surprise: Some Brain Skills Might Improve With Age

There's an old saying, "Age and guile beat youth and exuberance," and new research suggests there might be something to that.

Some key brain functions can improve in people as they age, researchers report, challenging the notion that our mental abilities decline across the board as we grow old.

With increasing age, many people appear to get better at focusing on important matters and ignoring distractions — tasks that support other critical brain functions like memory, decision making and self-control, the researchers said.

"This suggests we cannot really speak about aging just as leading to declines in a general sense," said lead researcher João Veríssimo, an assistant professor at the University of Lisbon in Portugal. "Maybe we need to talk about the precise mental functions that change with aging."

For this study, Veríssimo's team looked at three components of mental ability in a group of more than 700 Taiwanese people between 58 and 98 years of age:

- Alerting, the enhanced vigilance that triggers one's attention to incoming information.
- Orienting, the ability to shift brain resources to a particular location in our environment.
- Executive inhibition, the ability to ignore distractions to focus on what's important.

"We use all three processes constantly," Veríssimo explained. "For example, when you are driving a car, alerting is your increased preparedness when you approach an intersection. Orienting occurs when you shift your attention to an unexpected movement, such as a pedestrian. And executive function allows you to inhibit distractions such as birds or billboards so you can stay focused on driving."

Testing showed that only alerting declined with age among study participants. Both orienting and executive function actually improved until a person's mid-to-late 70s...**Read More**

Experimental Drug Could Cut Migraine Frequency

A new pill specifically designed to prevent migraines appears to do the job, a new clinical trial finds.

Atogepant cut patients' migraine days in half over 12 weeks of treatment, without causing serious side effects, the researchers said.

Experts said the drug, if approved by the U.S. Food and Drug Administration, would give migraine sufferers a welcome new option.

"There's a great need for new preventive medications," said Dr. Charles Flippen, a professor of clinical neurology at the University of California, Los Angeles.

In the United States alone, more than 37 million people suffer from migraines, according to the American Migraine Foundation. Besides intense head pain, the condition often causes symptoms like nausea, visual disturbances, and sensitivity to light and sound.

Doctors have long prescribed a number of oral medications for migraine prevention. The problem is, they are not "migraine-specific," said Flippen, a fellow of the American Academy of Neurology who was not involved in the new study.

Instead, the drugs are borrowed from arsenals used to treat other conditions, including high blood pressure, depression and seizures. They can help prevent migraine attacks in some patients, but were not designed to target the condition.

Atogepant works by blocking cell receptors for CGRP, a small protein that is released by the trigeminal nerve during migraine attacks. It's believed to play a key role in generating migraine misery.

Atogepant is not the first migraine drug to target CGRP, however. There are other "gepants" used for treating migraines-in-progress. And in May, one of them, rimegepant, had its approval expanded to include migraine prevention.

There are also several CGRP inhibitors, all taken by injection, that have been approved for preventing migraines in the past several years.

"This is a very different time in headache medicine compared with a decade ago," said Dr. Jessica Ailani, lead researcher on the new trial.

Having another preventive drug that targets CGRP, taken by pill, would give patients one more option.

"And that's always good," said Ailani, a clinical professor of neurology at MedStar Georgetown University Hospital, in Washington, D.C

For the study, she and her colleagues recruited more than 900 migraine patients and randomly assigned them to one of four groups. One group received placebo (inactive) tablets, while the other three received different doses of atogepant. ….**Read More**

After Three Strokes, He 'Overheard' the Grim Prognosis and Fought Back

(American Heart Association News) -- As Mark Davis slowly woke up, he shuddered over the terrible dream he'd just experienced. In it, he had no feeling in his right side and each breathe was a struggle.

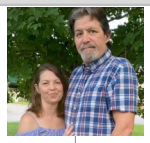
He was relieved to leave it behind as he thought about getting up and going to work.

Except, he couldn't move.

It wasn't a dream. He was in a hospital bed with a breathing tube down his throat.

His wife, Lisa, was in the room. So were nurses and a doctor.

Mark heard the doctor tell Lisa that a series of strokes left her husband with locked-in syndrome. Mark had recently seen a television show that included the neurological disorder. So he knew it meant he could be paralyzed except for his eye muscles. He could think, but not speak or move.



The doctor told Lisa all the things Mark wouldn't be able to do – that is, if he survived. He braced her for a best-case scenario of life in a long-term care facility, breathing with a ventilator.

"That is not what my life is going to look like," Mark wanted to tell his wife of 30 years. But he could only make that promise to himself.

Mark first noticed a problem in July 2019. While trap shooting in a remote area of Tennessee, he felt so weak and dizzy that he thought he was going to pass out. Minutes later, he felt fine.

Those symptoms played out almost daily, although milder. Yet sometimes they included double vision.

"The truth is, I didn't take care of myself at all," said Mark, who was then 54. "I didn't eat well, I drank too much and I could have lost 20 or 30 pounds. My cholesterol was always a little high for like 20 years."

Never one to see a doctor, he was frightened enough to see a general practitioner. He was prescribed migraine medication. The medication wasn't helping, so he requested an appointment with a neurologist. However, that visit was six weeks away, on Oct. 30.

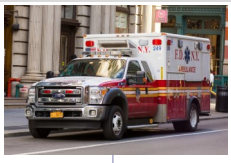
The evening of Oct. 29, Mark felt weak and nauseous. His eyes shifted left and stayed there. To walk straight, he had to turn his head to the right….**Read More**

Rising Number of U.S. Cardiac Arrests Tied to Opioid Abuse

(HealthDay News) -- There's been a sharp rise in opioid-related cardiac arrests in the United States and they now equal those associated with other prime causes, a new study finds.

Of more than 1.4 million cardiac arrest hospitalizations nationwide between 2012 and 2018, more than 43,000 (3.1%) occurred in opioid users, and there was a significant increase in opioid-associated cardiac arrest over the seven-year study period, according to a team led by Senada Malik, a medical researcher at the University of New England in Biddeford, Me.

Rates of in-hospital death among cardiac patients were about 57% among opioid users and 61% among those who didn't use opioids, the researchers found.



But certain risk factors were markedly higher in opioid users. For example, the study found that opioid users had higher rates of alcohol abuse (about 17% versus 7%), depression (about 19% vs. 9%) and smoking (37% vs. nearly 22%) than those who didn't use opioids.

The study is to be presented Monday at the virtual annual meeting of the European Society of Cardiology (ESC).

"The rise in opioid-related cardiac arrests during the study period was significant. By 2018, opioids were related to a similar number of cardiac arrests as all other reasons put together," Malik said in an ESC news release.

"This was an observational study so we cannot conclude causality, but the findings do suggest that the opioid epidemic in the U.S. may have contributed to an increasing number of cardiac arrests," Malik added.

According to the study authors, opioid use disorder, which includes dependence and addiction, affects more than 2 million people in the United States, and opioid overdose is the leading cause of death among those ages 25 to 64.

Two experts unconnected to the research said people need to be aware of how opioids can damage the heart.

While cause and effect can't be proven, "it seems that the opioid epidemic in the U.S. during the same time period with higher incidence of risk factors in the affected population contributed to escalating rates of cardiac arrest," said Dr. Sanjey Gupta, who directs emergency medicine at South Shore University Hospital in Bay Shore, N.Y.

Dr. Guy Mintz is Northwell Health's director of cardiovascular health at the Sandra Atlas Bass Heart Hospital in Manhasset, N.Y. He said the findings may come as a surprise -- and a warning -- to people who abuse opioid drugs….**Read More**

Want That Healthy Skin Glow? These Foods Can Get You There

.(HealthDay News) -- Eating foods high in five key nutrients can help you have soft, glowing, healthy skin, an expert says.

Omega-3s: While they're typically associated with brain and heart health and lower blood pressure, they also "can reduce inflammation and keep your skin moisturized," clinical dietitian Margaret Ifarraguerri, of LifeBridge Health's Sinai Hospital of Baltimore, said in a Lifebridge news release.

Omega 3s are found in fatty fish like salmon, mackerel, tuna, herring and sardines and also in flaxseed, chia seeds and walnuts.

Vitamin C: The body needs vitamin C to produce collagen, a protein that helps heal wounds, and it's essential for skin cell production, Ifarraguerri said.

Some of the best sources of vitamin C are citrus fruits such as oranges and grapefruit as well as tomatoes, berries, bell peppers and kiwi fruit.

Vitamin A: This antioxidant "is essential in promoting skin cell growth" and can help protect the skin from ultraviolet (UV) damage, especially during spring and summer when the sun's UV rays are most intense. You'll find good amounts of vitamin A in green, leafy vegetables (including broccoli), carrots, sweet potatoes and squash.

Vitamin E: This vitamin also acts as an antioxidant and can protect against UV damage. Vitamin E deficiency has also been linked with dry skin.

Foods rich in vitamin E include almonds, hazelnuts and peanut butter. Vegetable oils, including safflower, sunflower and wheat germ oils, are other good sources.

Zinc: This mineral "is an essential nutrient for wound healing" and keeping the skin healthy, according to Ifarraguerri.

Baked beans, pork and beef are among good food sources of zinc, and oysters have more zinc per serving than any other food.

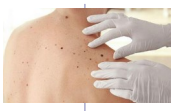
Most of your nutrients should come from food and beverages, nutrition experts say. Ask your doctor and dietitian about your specific nutritional needs and how best to address them, Ifarraguerri advised.

Spotting the Signs of Deadly Melanoma Skin Cancers

(HealthDay News) — Regular skin checks to look for signs of melanoma could save your life.

Self-exams for the deadliest type of skin cancer should be done at least once a month in a well-lit room in front of a full-length mirror and also with a hand mirror for hard-to-see areas, said Dr. Arun Mavanur, a surgical oncologist.

You also need to get checked by a doctor if you have risk factors for melanoma, such as: unprotected or excessive exposure to ultraviolet (UV) light; lesions or moles; a family history of melanoma; a personal history of skin cancer; a weakened immune system; fair skin, freckling and light hair.



"Generally, if you're at increased risk for melanoma -- especially if you have lesions or moles -- you should be examined by a dermatologist at least once a year, if not twice a year," said Mavanur, who treats patients at the the Alvin & Lois Lapidus Cancer Institute at LifeBridge Health in Baltimore.

When doing a self-exam, he recommends you look for:

a sore that bleeds or doesn't heal after a few weeks.

a mole, wart-like growth, bump or spot that's new or changing in size, shape and color. (It can appear brown, black or multicolored.)

a spot, sore or patch that continuously itches, crusts or bleeds.

If you detect these things, tell your primary care doctor and seek an immediate appointment with a dermatologist, Mavanur advised.

"Melanoma can happen at any age," he said. "It tends to be more common as one gets older because of sun damage to the skin over time."

The age at which a person should start seeing a dermatologist depends on their situation.

"For example, some people are exposed to the sun more often and incur sun-induced damage earlier than others, so those people should probably see a dermatologist sooner," Mavanur said.

"For someone with an average risk, probably in your mid-40s would be a good time to start, because that's when you start accumulating enough skin damage over time that you should see a dermatologist on a routine basis," he added.