Rhode Island Alliance for Retired Americans®

RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members."
"NOW, more than ever!!!"

Publication 2023 Issue 46
Published in house by the RI ARA

December 3, 2023 E-Newsletter

Message from the Alliance *for* Retired Americans Leaders

Biden Administration Moves to Tighten Medicare Advantage Regulations


Robert Roach, Jr President, ARA

The Centers for Medicare and Medicaid Services (CMS) **has issued** a draft rule that would require Medicare Advantage plans to encourage beneficiaries to actually use all of the supplemental benefits available to them. Beneficiaries would also have to be informed mid-year about any unused benefits available to them.

The draft rule would also more strictly limit the amount insurance agents and brokers who advise customers can be paid, setting a fixed amount for guidance no matter which plan a consumer chooses. Payment caps currently exist, but some corporations reward advisers with extras like golf trips when a client chooses their plan.

"CMS must continue to hold Medicare Advantage corporations accountable," said **Robert Roach, Jr., President of the Alliance**. "There should be no tolerance for corporations compensating insurance agents or brokers more than is allowed."

Our New Debt Commission Position Paper

The Alliance **has released a new position paper** outlining its opposition to the Fiscal Commission Act (H.R. 5779) and the Fiscal Stability Act (S. 3262). These two bills were introduced by Rep. Bill Huizenga (MI) and Sens. Joe Manchin (WV) and Mitt Romney (UT). They each establish a 16-member "Fiscal Commission" to make recommendations on balancing the federal budget and improving the solvency of Federal trust funds, including Social Security and Medicare.


Rich Fiesta, Executive Director, ARA

"Social Security cannot, by law, contribute to the national debt," **said Richard Fiesta, Executive Director of the Alliance**. "These bills are built on the flawed, dangerous premise that we need to cut earned benefits rather than strengthen and expand them. We encourage alliance members to share this information with their friends and family and urge their elected officials to vote no on these bills."

Free At-Home COVID Tests Available for Home Delivery


Joseph Peters ARA Sec.-Trea.

As Americans prepare to gather for the winter holidays, the federal government is offering four free at-home COVID tests per address through the mail. Tests can be ordered online at **www.covidtests.gov**.

The release of additional tests comes days ahead of Thanksgiving and the busy holiday travel season, which has corresponded with a surge in **coronavirus** cases in recent years.

According to a recent survey, sixty one percent of Americans aged 65 years or older have already gotten the updated COVID vaccine or plan to get the new vaccine. However, smaller percentages of Americans overall say they plan to get the updated vaccine.

"Information is power," said **Joseph Peters, Jr., Secretary-Treasurer of the Alliance**.

"Having a few COVID tests on hand is a good idea if you are going to be spending time with people who are particularly vulnerable."

U.S. Life Expectancy Makes Post-Pandemic Rise

With fewer Americans dying from COVID in 2022, U.S. life expectancy rebounded a bit from declines experienced during the pandemic.

According to provisional data from the U.S. Centers for Disease Control and Prevention on deaths for 2022, the average American can now expect to live 77.5 years, "an increase of 1.1 years from 2021."

However, "this increase does not fully offset the loss of 2.4 years of life expectancy between 2019 and 2021," when the pandemic held the nation in its grip, the report's authors noted.

About 84% of the credit for the upsurge in life expectancy lies in the fact that fewer Americans died of COVID-19 in 2022 compared to during the pandemic.

American men gained an average 1.3 years in expected life span in 2022, and a man's average life expectancy is now 74.8 years, the report found.

That's still 5.4 years behind the the average life expectancy of U.S. women. In 2022, American females could expect to live to 80.2 years, on average. Women regained 0.9 years of their average life expectancy in 2022, the CDC data showed.

Minorities, who were hit hardest during the pandemic, saw the biggest gains in life expectancy in 2022, the report noted.

For example, Hispanic American males saw an average increase in life expectancy of 2.4 years; Black males and females gained 1.5 years; and American Indians/Alaskan Natives gained 2.3 years, on average….**Read More**

ADD YOUR NAME

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

Rhode Island Alliance *for* Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-480-8381
riarajap@hotmail.com • **http://www.facebook.com/groups/354516807278/**

Even after a Social Security COLA boost in 2024, seniors will fall short. Here's why

By Medora Lee
USA TODAY

Scial Security checks **will increase next year,** but for retired staffing company executive Lou Scrivani, 76, the bump won't even be enough to cover increases in his health care costs, much less the inflated prices of everything else over the past year.

Starting in January, more than 66 million beneficiaries of the program will receive a **cost-of-living adjustment, or COLA, of 3.2%,** averaging out to more than $50 extra each month. COLA is meant to help Americans keep up with **inflation** so they can maintain their standard of living year to year. But the hikes are falling short, many seniors say. The cost of **items older adults spend** most of their money on consistently outpaces COLA, according to The Senior Citizens League, a nonprofit advocate for older adults. The biggest expense is **health care**.

Even with COLA "we will not net enough to keep up with current **inflation**," said Scrivani, who lives in Delaware.

Show Me The Math

This is how Scrivani does the math for himself and his wife:

Total monthly **COLA increase** for both: about $135.

LESS:

- Medicare **Part B monthly increase**: about $10 x 2 = $20
- Drug plan increase: $25.70 x 2 = $51.40
- Medicare supplement increase: $10 total

That means from the $135 monthly COLA increase, the Scrivanis keep about $53.60. The deductible on their drug plan rose $60, however.

"So goodbye $53 increase," Scrivani said. "With current inflation rates, that puts us in negative territory overall."

And that example only accounts for higher health care costs. When you factor in pricier **housing, food, gas**, and **utilities**, the bleeding gets worse, and older adults have to hope their savings can cover the differences, experts and seniors s

But that doesn't always happen.

Poverty has increased among Americans age 65 and older for three years in a row to 14.1% in 2022 from 10.7% in 2021, according to the **latest Census Bureau data**.

"We have a problem, a lot of people are feeling it," said Kris Whipple, partner and financial adviser at Kristopher Curtis Financial in Nashville, Tennessee. "So I jump to what can be done? What can I do? Plan accordingly."

Do Americans have enough savings

Unlikely.

The Senior Citizens League said more than one-quarter of the 1,055 adults it surveyed in the first three months of the year said they had depleted a retirement account over the past 12 months. That was up from 20% in the second half of last year.

And a record 45% said they carried **credit card debt** for more than 90 days even as **interest rates** soared, the League said.

"Worry that retirement income won't be enough to cover the cost of essentials in the coming months is a top concern," Mary Johnson, Social Security and Medicare policy analyst at **The Senior Citizens League,** said in a statement last month.

Will health care costs get cheaper?

Many cost-saving measures from the **Inflation Reduction Act** won't come soon.

Only the $35 monthly out-of-pocket **insulin cap** and free recommended adult **vaccines** for Medicare Part D participants took effect this year.

Price negotiations with pharmaceutical companies on 10 drugs started this year, but "most savings, if any, will not be seen by anyone, on any drugs, until about 2026," Scrivani said.

Starting Jan. 1, out-of-pocket spending of $8,000

(including certain payments made by other people or entities on your behalf) will automatically get you "**catastrophic coverage**" so you won't have to pay a copayment or coinsurance for drugs covered under Part D for the rest of the calendar year.

A **cap on annual prescription drug out-of-pocket cost** sharing of $2,000 also isn't expected until 2025.

What do seniors do to stretch their health care dollars?

Drug costs are so high that many seniors will order from Canadian pharmacies to pay a fraction of U.S. prices.

Scrivani takes Xarelto to prevent strokes. With his insurance and copay, it costs $550 for a 30-day supply. Using GoodRx, a free online price comparison platform for prescription drugs, he would pay between $528 and $567, depending on the pharmacy, or nearly $7,000 out of pocket each year.

Those prices prompted him to do extensive research to find cheaper drugs. The **Canadian government** and the U.S. **Food and Drug Administration have tips** on how to find online or overseas pharmacies, and some people consult **the People's Pharmacy** for consumer drug information or check the Canadian International Pharmacy Association's **list** of vetted pharmacies.

Scrivani said he significantly lowered his costs **using a Canadian pharmacy**. His drug is shipped from Turkey, and he will get a three-month supply this year for $119, or $49 monthly compared to $550 a month from the U.S. pharmaceutical company licensed to sell the drug.

"That is the state of health care for seniors in this country," he said.

In extreme cases, Whipple said some people will even move to Texas, California, or Arizona so they can easily **cross the border to Mexico** to buy supplies. While he understands why people would do this, he and other financial experts say a better way is to work on your financial plan earlier in life.

Morgan D. Hill, chief executive of wealth management firm Hill & Hill Financial, said. "You have to plan a third of your income for medical costs."

What resources can seniors tap now to help them, overall?

If you're already in the thick of old age, here are some ways to find help:

- Use **BenefitsCheckUp.org** to find local assistance programs for everything from food and medicine to utilities, or call the free helpline at 1-800-794-6559, Monday through Friday, 8 a.m. to 7 p.m. EST.
- Visit or call your local social services office if you don't have a computer and internet access. Doing so a few months ago helped Bick Adams, 69, of Saltville, Virginia, find $23 per month from the **Supplemental Nutrition Assistance Program, or SNAP**. "That's like milk and bread and maybe, a **dozen eggs**," he said.

Adams, whose wife Cheryl, 64, has cancer, also discovered they were eligible for **Limited Medicaid**, which he hopes will help pay some of the bills this month.

Applying over the phone takes a long time, but "we're lucky. Of course, I can't go to a ball game, and I could use a hearing aid, but we've got heat and food, and we are thankful. We're just old people taking care of each other."

Medora Lee is a money, markets, and personal finance reporter at USA TODAY. You can reach her at ***mjlee@usatoday.com*** *and subscribe to our free Daily Money newsletter for personal finance tips and business news every Monday through Friday*

Charity Scams Get Active Over the Holidays: Expert Tips to Avoid Them

Abandoned animals, kids with cancer, disabled veterans: These and other pitches for charity can move your emotions and have you reaching for your credit card.

But beware: Especially around the holidays, fake charity scammers are hard at work trying to part you from your hard-earned cash.

Katalin Parti is an assistant professor of sociology at Virginia Tech in Blacksburg, Va. She specializes in the study of cybercrime and says there are easy ways to sort out real charity appeals from false ones.

But scammers also know how to build trust, she warned.

"They may call you using a local phone number," Parti said in a Virginia Tech news release. "That tactic can give you a false sense of security."

You then start listening to their pitch, expertly designed to play on your emotions and often confusingly misleading.

"It will be a good one. It will tug at your heart-strings," Parti said. "But listen closely because they will never actually specify how they will help. They may even claim that you've donated before and ask you to do it again."

Is this a real charity or a scammer? To quickly find out, check databases like the **search tool for tax-exempt organizations** at the Internal Revenue Service or watchdog groups such as **Charity Watch** to see if the group being pitched is legit, Parti said.

And pay very close attention to the *name* of the charity: One common ruse is to give listeners a name that very closely mimics that of a legitimate charity. If it's just a shade different from the title of another well-known charity (for example, American Society for Cancer, not American Cancer Society), it could be a scam.

Scammers will try and get all the personal info from you they can: While a legit charity may simply want credit card info for a donation, a scammer may go further and try and get your Social Security number or bank account details. Don't fall for it, Parti said.

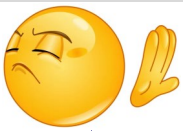
Also, avoid all non-credit-card forms of donation: Don't agree to send cash, gift cards or cryptocurrency. That's a red flag the caller could be trying to scam you.

Finally, if you do end up falling for a scam, track the donation to make sure it hasn't become a recurring one.

Medicare Advantage: Denials increase 56 percent

The American Hospital Association just released findings that Medicare Advantage **denials are up 56 percent**. It seems the corporate health insurers have determined that they can deny coverage and payment with impunity. In the process, they can boost their profits.

How many people in Medicare Advantage plans are at risk of dying needlessly because of all these Medicare Advantage denials? According to one study a few years back, the number was "tens of thousands." Today, with more than 30 million people enrolled in a Medicare Advantage plan and denial rates up considerably, I wouldn't be surprised if it's hundreds of thousands of lives lost needlessly by people denied critical care in Medicare Advantage plans.



The American Hospital Association report focuses on revenue the insurers refused to pay hospitals and health systems for patients enrolled in Medicare Advantage. These denied payments lead hospitals and health systems to withhold care they would otherwise provide for fear of not being paid. Hospitals and health systems also say that they are unduly burdened by prior authorization requirements the insurers offering Medicare Advantage plans impose. "It's become a game of delay, deny and not pay," according to Chris Van Gorder, president and CEO of San Diego-based Scripps Health. That perfectly sums it up.

Hospitals and health systems are dropping their Medicare Advantage contracts in droves in order to stay afloat financially. They also say that they are often unable to provide Medicare Advantage enrollees with the care they need, putting their health at risk. The Biden Administration needs to step in now to save lives and protect older Americans and Americans with disabilities.

The Administration needs to stop enrollment in any and all Medicare Advantage plans where there is evidence of wrongful denial rates above 10 percent and/or high mortality rates; it should also give people in these plans a way to enroll in traditional Medicare through a government imposed out-of-pocket cap, as in Medicare Advantage. Given the tens of billions of dollars in **overpayments to Medicare Advantage plans** each year, more people in Traditional Medicare would be a money-saver, even with an out-of-pocket cap.

Medicare Advantage Increasingly Popular With Seniors — But Not Hospitals and Doctors

A hospital system in Georgia. Two medical groups in San Diego. Another in Louisville, Kentucky, and nearly **one-third of Nebraska hospitals**. Across the country, health care providers are refusing to accept some Medicare Advantage plans — even as the coverage offered by commercial insurers increasingly displaces the traditional government program for seniors and people with disabilities.

As of this year, commercial insurers have enticed just over half of all Medicare beneficiaries — or nearly 31 million people — to sign up for their plans instead of traditional Medicare. The plans typically include drug coverage as well as extras like vision and dental benefits, many at low or even zero additional monthly premiums compared with traditional Medicare.

But even as enrollment soars, so too has friction between insurers and the doctors and hospitals they pay to care for beneficiaries. Increasingly, according to experts who watch insurance markets, hospital and medical groups are bristling at payment rates Medicare Advantage plans impose and at what they say are onerous requirements for preapproval to deliver care and too many after-the-fact denials of claims.

The insurers say they're just trying to control costs and avoid inappropriate care. The disputes are drawing more attention now, during the annual open enrollment period for Medicare, which runs until Dec. 7.

Stuck in the middle are patients. People whose preferred doctors or hospitals refuse their coverage may have to switch Medicare Advantage plans or revert to the traditional program, **although it can be difficult** or even impossible when switching back to obtain what is called a "Medigap" policy, which covers some of the traditional plan's cost-sharing requirements.

For example, more than 30,000 San Diego-area residents are looking for new doctors after two large medical groups affiliated with Scripps Health said **they would no longer contract** with Medicare Advantage insurers.

"The insurance companies running the Medicare Advantage plans are pushing physicians and hospitals to the edge," said **Chip Kahn**, president and CEO of the Federation of American Hospitals, which represents the for-profit hospital sector….**Read More**

Why Long-Term Care Insurance Falls Short for So Many

For 35 years, Angela Jemmott and her five brothers paid premiums on a long-term care insurance policy for their 91-year-old mother. But the policy does not cover home health aides whose assistance allows her to stay in her Sacramento, California, bungalow, near the friends and neighbors she loves. Her family pays $4,000 a month for that.

"We want her to stay in her house," Jemmott said. "That's what's probably keeping her alive, because she's in her element, not in a strange place."

The private insurance market has proved wildly inadequate in providing financial security for most of the millions of older Americans who might need home health aides, assisted living, or other types of assistance with daily living.

For decades, the industry severely underestimated how many policyholders would use their coverage, how long they would live, and how much their care would cost.

And as Jemmott belatedly discovered, the older generation of plans — those from the 1980s — often covered only nursing homes.

Only 3% to 4% of Americans 50 and older pay for a long-term care policy, according to LIMRA, an insurance marketing and research association. That stands in stark contrast to federal estimates that **70% of people 65 and older** will need critical services before they die.

Repeated government efforts to create a functioning market for long-term care insurance — or to provide public alternatives — have never taken hold. Today, most insurers have stopped selling stand-alone long-term care policies: The ones that still exist are too expensive for most people. And they have become less affordable each year, with insurers raising premiums higher and higher. Many policyholders face painful choices to pay more, pare benefits, or drop coverage altogether. "It's a giant bait-and-switch," said Laura Lunceford, 69, of Sandy, Utah, whose annual premium with her husband leaped to more than $5,700 in 2019 from less than $3,800. Her stomach knots up a couple of months before the next premium is due, as she fears another spike. "They had a business model that just wasn't sustainable from the get-go," she said. "Why they didn't know that is beyond me, but now we're getting punished for their lack of foresight."

The glaring gaps in access to coverage persist despite steady increases in overall payouts. Last year, insurers paid more than $13 billion to cover 345,000 long-term care claims, according to **industry figures.** Many policyholders and their relatives reported that their plans helped them avert financial catastrophes when they faced long-term care costs that would have otherwise eviscerated their savings.

But others have been startled to learn that policies they paid into over decades will not fully cover the escalating present-day costs of home health aides, assisted living facilities, or nursing homes. And in other cases, people entitled to benefits confront lengthy response times to coverage requests or outright denials, according to records kept by the **National Association of Insurance Commissioners**, the organization of state regulators.

Jesse Slome, executive director of the **American Association for Long-Term Care Insurance**, an industry trade group, said long-term care was the most challenging type of insurance to manage. "You need multiple crystal balls," Slome said. "And you have to look 20 years into the future and be right." ...**Read More**

Long COVID Now Common in U.S. Nursing Homes

Repeated COVID-19 outbreaks in nursing homes have had a stark and lasting impact on vulnerable older residents, a new study reports.

Long COVID has left many residents of these facilities relying more and more on staff to help them months later with basic, everyday activities such as bathing and using the toilet.

Many also experience a drop-off in their brain function, according to **the study** by researchers from Michigan Medicine, the University of Michigan's academic medical center.

"Nursing home residents who had COVID-19 experienced new decline in their function and needed substantially more help with daily activities after their acute infection period, lasting for months," said study co-author **Dr. Lona Mody**, interim chief of geriatrics and palliative medicine at Michigan's medical school and a staff physician at VA Ann Arbor Health Care System. "This places an even greater burden on nursing home staff, who are already stretched thin."

Her team looked at physical and mental functioning in two groups: one made up of nursing home residents who had had COVID and a similar group who had not. They were followed for up to a year.

COVID survivors had continuing effects for about nine months, on average. And 30% of those with a confirmed case of COVID died during the follow up, more than double the percentage of deaths in the comparison group.

For the study, researchers looked at residents who lived in two Michigan nursing homes. They had full data on 90 who tested positive on a PCR test for COVID between March 2020 and October 2021, and 81 residents who lived there during that time but did not have a positive test.

Most were white women over 80 years of age. All had several chronic health conditions and half had dementia. Nearly all were unvaccinated when they got infected.

Researchers compared patients' scores from before the pandemic and over the next year on two scales that nursing homes use to gauge physical and mental functioning. Each had at least four quarterly reports of how much help they needed for activities such as getting dressed, going to the toilet and bathing. The team also looked at residents' scores on mental tasks such as repeating and recalling words and knowing the current date.

"Before the pandemic, the two groups scored about the same on both their need for help with activities of daily living, or ADL, and their cognitive status," said co-author **Dr. Sophie Clark**, a former geriatrics fellow at Michigan who is now at the University of Colorado. "But the patients who tested positive for COVID showed a sudden decline in both measurements that lasted long after their infection."

Those with dementia continued to decline faster than their peers who had not been infected.

Researchers noted that infection-fighting steps such as reducing social activity and visiting options in 2020 and 2021 may have played a role in the decline.

The study did have a bright spot: Little by little, COVID survivors without dementia regained their ability to do daily activities. A year after infection, they were nearly on par with their uninfected peers.

Researchers noted that the experience of patients in this study may not match what is happening today in vaccinated nursing home patients because those studied mostly got sick before vaccines were available.

"This is especially true for those who have gotten the updated vaccine that became available in September," Mody said. "We encourage all nursing home residents and staff, and the family members who visit these homes, to get vaccinated and help prevent more cases of acute and long COVID in this especially vulnerable population."

The Social Security Do-Over and Suspension Clauses Could Get Retirees a Bigger Benefit

Social Security is often a major source of income for retired workers, so a bigger benefit could mean a substantial improvement in living standards for millions of Americans. Multiple factors impact Social Security payouts, but the most easily controlled variable is claiming age.

Read on to see how claiming age factors into benefit payments, and to learn how retired workers that have already claimed benefits can increase their payout with Social Security's do-over and suspension clauses.

How age impacts Social Security retired worker benefits

The **Social Security benefit** paid to a retired worker equals their primary insurance amount (PIA) adjusted for early or delayed retirement. The PIA is the benefit a retired worker is entitled to at their **full retirement age** (FRA). But workers that claim Social Security before FRA receive less than 100% of their PIA, and workers that delay beyond FRA receive more than 100% of their PIA.

There are only two pertinent restrictions. Social Security retirement benefits cannot start earlier than age 62, and delayed retirement credits stop at age 70, so it never makes sense to claim later.

Most retired workers shortchange themselves by claiming Social Security too early

A recent study funded by the Federal Reserve Bank of Atlanta found that over 90% of workers aged 45 to 62 would optimize lifetime spending power by delaying Social Security until age 70. For workers in that age group, the median increase in lifetime income was $182,370, according to the authors. But very few people actually wait that long. Less than 10% of newly awarded retired workers claimed Social Security at age 70 last year.

The study also found that 84% of individuals aged 63 to 69 would benefit from delaying Social Security until 70 with a median increase in lifetime income of $92,218. The authors say that gain arises primarily from the option to suspend retirement benefits at FRA and restart at age 70. Alternatively, retired workers can completely undo their claiming decision in certain circumstances.

Here's a look at both options.

Retirees can suspend payments to get a bigger Social Security benefit

Retired workers that have reached FRA (but are not yet 70 years old) can suspend Social Security to earn delayed retirement credits. Those credits increase their benefit by two-thirds of 1% per month, or 8% per year. But the benefit increase stops at age 70, meaning it never makes sense to claim (or restart) Social Security any later.

As a caveat, when a retired worker suspends their benefit, any spouse or child that has claimed Social Security on their work record also stops receiving benefits.

Retirees can (sometimes) undo their claiming decision to get a bigger Social Security benefit

Retired workers can cancel or withdraw their benefits application by filing a **Form 521** with the Social Security Administration. Doing so completely reverses their decision to claim Social Security, but there are two important restrictions:

- A benefits application can only be canceled or withdrawn within 12 months of approval, and retired workers can only file a Form 521 one time.
- Retired workers that cancel or withdraw their benefits application must repay any income they have received from Social Security, including any money withheld for Medicare premiums.

Reversing a claiming decision not only allows retirees to earn delayed retirement credits after FRA but also eliminates the early retirement reduction for claiming Social Security before FRA. In other words, reversing a claiming decision can be more advantageous than simply suspending benefit payments.

To illustrate that point, I'll end with a hypothetical example: A worker born in 1960 with a PIA of $1,000 per month would receive $700 per month if they claimed **Social Security at age 62**. That worker could suspend benefits at FRA to earn delayed retirement credits. If they restart Social Security at age 70, their new benefit will be $868 per month.

Alternatively, if that worker reverses their claiming decision by filing a Form 521, they could eliminate the early retirement reduction for claiming before FRA and earn delayed retirement credits once they reach FRA. If they restart Social Security at age 70, their new benefit will be $1,240 per month.

4 Prompts Scam Callers Use To Steal Social Security Benefits: How To Protect Yourself

Scams are so **common nowadays** that sometimes it's difficult to determine which calls are legitimate. Robo calls have become the norm, and can make it difficult to know **when you should pick up the phone,** especially if you receive a call from an unknown number.

Some of the most common scam calls are those related to the Social Security Administration and Social Security benefits.

The Los Angeles Times **reported** that between October 2022 and June 2023, more than 55,000 people who answered calls from what they thought was the Social Security Administration were scammed. In fact, suspected Social Security scams increased by nearly 62% as of the end of Q2 2023, compared with the year-earlier quarter, according to the Social Security Administration Office of the Inspector General.

The Most Common Social Security Scams

Here are four of the most common Social Security scams to be aware of:

- **You Owe Money That Is Due Immediately**
- **Your Social Security Benefits Are Suspended**
- **Your Social Security Number Is Suspended**
- **You Can Pay To Increase Your Social Security Benefits**

Senior Citizens Are Biggest Targets

Unfortunately, senior citizens are the biggest targets for these types of scams. Since these are the people who are of age to collect Social Security benefits and often depend on these payments, scammers take advantage of the situation.

It was recently reported by **The Administration for Community Living**, a division of the U.S. Department of Health and Human Services, that reports of scams targeting older adults were multiplying.

"Because Social Security is a significant income stream for older adults, they are often more likely to answer calls or respond to letters out of fear of missing something important," said Stacey Wood, the Molly Mason Jones Chair in Psychology at Scripps College.

Wood furthered her point, explaining that "they have more assets, so it's just a better use of scammers' time to exploit older people."

Red Flags and Tips To Protect Benefits

Here are some red flags that might indicate when you're being scammed:

- **Payment is required to "correct" benefits:**
- **There's a problem with your benefits**
- **You have to respond immediately**
- **Unexpected calls from the Social Security Administration**
- **Check your credit history**
- **Recognize what personal information you have online**
- **Promptly inquire about unexpected changes to your benefits**
- **Don't give out sensitive personal information**

If you or someone you know is a Social Security recipient, be sure to consider and share these common **Social Security scam** tactics, red flags, and tips to protect your benefits and the benefits of others.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

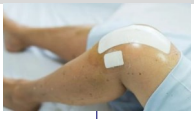
New Advances Mean Many Patients Go Home Same Day After Knee Replacement

Robert Fleetwood, 73, needed joint replacements in both knees, both to relieve his arthritis pain and to continue competing in athletic activities.

And thanks to medical advances, Fleetwood was able to go home the same he had each knee replaced, in procedures spaced several months apart.

A knee replacement "changes your perspective on life. It makes you feel so much more alive and dynamic when you're not living with chronic pain that becomes debilitating," Fleetwood, of Stuart, Fla., said in a news release. "I'm very happy now."

People used to have to spend a night in the hospital following a knee replacement, but improvements in technology, surgery and pain management have made it possible to undergo the procedure in the morning and be back home by the evening, **Dr. Martin Roche**, director of joint replacement at Hospital for Special Surgery Florida in West Palm Beach, said in a hospital news release.



"We've come a long way in terms of being able to get people up and out of the hospital quickly, and that motivates them mentally, as well," Roche said.

Advances over the past five years that have led to outpatient knee replacements include:

- 3D CT scans that allow surgeons to plan highly personalized procedures beforehand.
- Surgical robotics and sensors that allow a high degree of precision and accuracy.
- Less invasive surgery that spares muscles and needs only small incisions.
- "Pre-habilitation" physical therapy that helps patients get stronger before their knee replacement.

Patients also have benefitted from longer-lasting nerve blocks and a pain management technique called multi-modal analgesia, Roche said. The technique uses various medications that target multiple pain pathways, and generally lessens the need for opioid painkillers.

Fleetwood says the surgery changed his life.

This year he participated in a 1K Navy SEAL memorial open water swim, competing with many people half his age. He came in second in his division (60 and older) and 30th overall out of about 150 swimmers.

Fleetwood also is running for exercise for the first time in more than two decades

Many Autoimmune Disease Patients Struggle With Diagnosis, Costs, Inattentive Care

For her and millions of other Americans, that's the most common cause of hypothyroidism, a condition in which the thyroid, a butterfly-shaped gland in the neck, doesn't produce enough of the hormones needed for the body to regulate metabolism.

For her and millions of other Americans, that's the most common cause of hypothyroidism, a condition in which the thyroid, a butterfly-shaped gland in the neck, doesn't produce enough of the hormones needed for the body to regulate metabolism.

There's no cure for Hashimoto's or hypothyroidism. But VanOrden, who lives in Athens, Texas, started taking levothyroxine, a much-prescribed synthetic thyroid hormone used to treat common symptoms, like fatigue, weight gain, hair loss, and sensitivity to cold.

Most patients do well on levothyroxine and their symptoms resolve. Yet for others, like VanOrden, the drug is not as effective.

For her, that meant floating from doctor to doctor, test to test, and treatment to treatment, spending about $5,000 a year.

"I look and act like a pretty energetic person," said VanOrden, 38, explaining that her symptoms are not visible. "But there is a hole in my gas tank," she said. And "stress makes the hole bigger."

Beth VanOrden was diagnosed in 2016 with the autoimmune disorder Hashimoto's disease. The most common drug to treat symptoms of the incurable condition was not effective for her, however. The quest for other treatments proved costly.(BETH VANORDEN)

Autoimmune diseases occur when the immune system mistakenly attacks and damages healthy cells and tissues. Other common examples include rheumatoid arthritis, lupus, celiac disease, and inflammatory bowel disease. There are more than **80 such diseases**, affecting up to an estimated **50 million Americans**, disproportionately women. Overall, the cost of treating autoimmune diseases is estimated at more than **$100 billion annually** in the U.S.

Despite their frequency, finding help for many autoimmune diseases can prove frustrating and expensive. Getting diagnosed can be a major hurdle because the range of symptoms looks a lot like those of other medical conditions, and there are often no definitive identifying tests, said Sam Lim, clinical director of the Division of Rheumatology at Emory University School of Medicine in Atlanta. In addition, some patients feel they have to fight to be believed, even by a clinician. And after a diagnosis, many autoimmune patients rack up big bills as they explore treatment options.

"They're often upset. Patients feel dismissed," Elizabeth McAninch, an endocrinologist and thyroid expert at Stanford University, said of some patients who come to her for help….**Read More**

Smoking Tobacco Plus Weed Greatly Raises Odds for Emphysema

Folks who smoke weed along with cigarettes are doing serious damage to their lungs, a new study warns.

People who do both are 12 times more likely to develop emphysema than nonsmokers, due to the damage they're doing to the lung's air sacs, researchers report.

"There is a common public misconception that marijuana smoking is not harmful," said researcher **Dr. Jessie Kang**, a cardiothoracic radiologist at Dalhousie University in Nova Scotia, Canada.

"With our study, we show that there are physical effects of marijuana smoking on the lungs and that cigarette smoking and marijuana smoking may have a combined damaging effect on the lungs," Kang added. Even though weed is one of the most widely used psychoactive substances in the world, little is known about the effects of smoking cannabis on a person's lung health, researchers noted.

Tons of research has linked cigarette smoking to lung cancer, emphysema and COPD, but "currently not much research exists on the effects of marijuana smoking on the lungs," Kang noted.

For their study, Kang and her colleagues examined chest CT images of four patient groups – nonsmokers, cigarette smokers, marijuana smokers and combined tobacco and weed smokers….**Read More**

Want to Avoid Knee Replacement? Build Up Your Thighs

Squats and lunges aren't the most fun exercises, but a new study says they'll help save your knees.

Folks with strong quads building up their thighs appear to be less likely to require a total knee replacement, according to a presentation scheduled for Monday at a meeting of the Radiological Society of North America (RSNA) in Chicago.

Stronger muscles are generally associated with a lower rate of total knee replacement, researchers said in background notes.

However, it's been unclear whether people benefit more from stronger extensor muscles like the quadriceps, which extend the leg, or stronger flexor muscles like hamstrings that bend the leg.

"Our study shows that in addition to strong muscles individually, larger extensor muscle groups — relative to hamstring muscle groups — are significantly associated with lower odds of total knee replacement surgery in two to four years," said **Dr. Upasana Upadhyay Bharadwaj**, a research fellow in radiology at the University of California-San Francisco School of Medicine.

About 14 million U.S. adults have knee arthritis, and more than half will eventually require knee replacement surgery, researchers said.

The quads and the hamstrings are of particular interest because they're the two most important muscle groups to the knee.

The quads are located on the front of the thigh. They are the strongest muscle group in the body and are essential to a person's gait, researchers said.

The hamstrings are on the back of the thigh and are equally essential for physical activity.

"The two muscle groups act as counter forces, and the balance between them enables a wide range of activities while protecting the knee joint," Upadhyay Bharadwaj said in an RSNA news release. "An imbalance, in addition to other factors, leads to a change in the biomechanics resulting in the progression of osteoarthritis."

For the study, Upadhyay Bharadwaj and her colleagues evaluated the thigh muscles of 134 participants in the Osteoarthritis Initiative, a nationwide study sponsored by the National Institutes of Health.

They compared 67 patients who underwent total replacement of a single knee with 67 other people who hadn't had a knee replacement, all matched for variables including age and gender.

AI analysis of knee MRIs from the participants revealed that a higher ratio of quadriceps to hamstring volume was significantly associated with lower odds of total knee replacement, results show.

Higher volumes of hamstrings and gracilis – a long, thin muscle on the inside of the thigh – also were linked to lower odds of knee replacement.

The results suggest that training programs that focus on quad strength in relation to the hamstrings could be beneficial, researchers said.

"Although we presume that overall muscle volume is important as a surrogate marker for muscle strength, the ratio, hence the balance, between extensor and hamstring muscles may be more important and significantly associated with lower odds of total knee replacement," Upadhyay Bharadwaj said.

The findings may also help inform strength training for a wider segment of the population, she added.

"While these results are essential for targeted therapy in a population at risk for osteoarthritis, even the general public can benefit from our results to preventively incorporate appropriate strengthening exercises," Upadhyay Bharadwaj said.

Findings presented at medical meetings are typically considered preliminary until published in a peer-reviewed journal.

In Study, Drones Beat Ambulances Delivering Help During Cardiac Arrest

Drones can more quickly deliver defibrillators to the scene of a cardiac arrest than can ambulances, a new Swedish study has found.

More than two-thirds of the time, a drone equipped with an automated external defibrillator (AED) reached the patient an average of 3 minutes faster than an ambulance, researchers report in ***The Lancet Digital Health***.

"The use of an AED is the single most important factor in saving lives," said principal researcher **Andreas Claesson**, an associate professor at the Karolinska Institute's Center for Cardiac Arrest Research in Stockholm.

"We have been deploying drones equipped with AED since the summer of 2020 and show in this follow-up study that drones can arrive at the scene before an ambulance by several minutes," Claesson said in an institute news release. "This lead time has meant that the AED could be used by people at the scene in several cases."

Although an early shock with a defibrillator can dramatically increase the chance of survival for a person in cardiac arrest, they often aren't available on the scene, researchers said in background notes.

More than 350,000 cardiac arrests occur outside a hospital each year, and the survival rate for these events is only about 10%, the American Heart Association (AHA) says.

A person's chances of survival can as much as triple if they receive immediate CPR, including the use of an automated defibrillator if needed, the AHA says.

To shorten the time to defibrillation, Karolinska Institute has been leading efforts to send out an AED-equipped drone at the same time an ambulance is alerted. The project covers an area in western Sweden with about 200,000 people. In the study, drones delivered in AED in 55 cases of suspected cardiac arrest. Drone delivery took place ahead of an ambulance arriving in 37 of those cases, about 67% of the time, with an average lead time of more than 3 minutes.

In 18 cases of actual cardiac arrest, the caller managed to use the AED in six cases, or about 33% of the time. The automated device recommended a shock in two cases, and in one case the patient survived.

"Our study now shows once and for all that it is possible to deliver AED with drones and that this can be done several minutes before the arrival of the ambulance in connection with acute cardiac arrest," Claesson said. "This time saving meant that the healthcare emergency center could instruct the person who called the ambulance to retrieve and use the AED in several cases before the ambulance arrived."

Another study presented at the American Heart Association's annual meeting earlier this month also showed the potential of drones to deliver AEDs to cardiac arrest victims.

The five-minute response time for AED arrival at a cardiac arrest improved from 24% to 77% for urban areas and 10% to 23% for rural areas, according to a computer simulation of 19 counties in North Carolina.

That analysis included nearly 9,000 out-of-hospital cardiac arrests that occurred in those counties between 2013 and 2019 -- more than 5,700 in urban areas and around 3,200 in rural areas.

What This Means For You

Drone-delivered AEDs have the potential to save the lives of people who have cardiac arrests out in their communities.

Family Fun Can Burn Off Those Extra Thanksgiving Calories

It's common to find yourself stuffed at some point during Thanksgiving Day festivities, but experts say staying active can help you burn some calories and feel a little less sluggish after the big meal.

Kicking off Thanksgiving Day by participating in a community event like a Turkey Trot can help prepare you for the feast to come, **Dr. Stequita Jackson**, a primary care physician at Baylor College of Medicine in Houston, said in a college news release.

Jackson recommends eating carbs prior to the run, like fruits and whole grains, to provide your body with the fuel it needs for exercise. After your run, the lean meat provided by the Thanksgiving turkey will give your body the protein it needs for recovery.

Backyard games like flag football, soccer and badminton also can help a family burn calories before or after the holiday feast, Jackson said.

Older and younger family members also might be encouraged to do some exercise that meets their fitness level. For example, elderly folks can focus on gentle stretching and walking, while the youngsters can do some squats, pushups and short sprint races.

"Know your body and know your limitations," Jackson warned. "If you know you have a bad knee, don't do something like jumping jacks that will put a lot of impact on your joints. People who aren't able to play can still participate as cheerleaders or score keepers for the team."

But the best family activity also is one of the most traditional – taking a stroll to walk off all the food you've eaten.

"A walk around the neighborhood can be especially beneficial after the Thanksgiving meal to help with digestion and improve blood sugar levels," Jackson said.

Walking after eating, rather than lying down for a nap, also can help prevent acid reflux, she added.

But, she said, folks shouldn't stress out if they can't get in a walk or workout during a hectic holiday.

"You should never feel guilty about eating," Jackson said. "Try not to overindulge, and remember that balance is key. The goal is to enjoy the meal, but not be so full that you can't move for the rest of the day. If you can't get a workout in the day of, there's always tomorrow!"

Avoid Food Poisoning This Holiday Season

The last thing a holiday host wants is to have guests get food poisoning from the feast they've set.

That's why food safety is particularly important as people prepare for holiday festivities, poison control center experts say.

"Forgetting about food safety is a recipe for disaster," **Dr. Diane Calello**, executive medical director of the New Jersey Poison Control Center at Rutgers New Jersey Medical School in Newark, said in a news release. "No matter how busy your kitchen gets during the holidays, always remember the risks of improperly handling food."

Each year an estimated 48 million Americans are sickened by food poisoning, 128,000 are hospitalized, and 3,000 die, according to the U.S. Centers for Disease Control and Prevention.

During holiday season last November and December, the New Jersey Poison Control Center alone received more than 200 calls asking about food poisoning, food preparation, serving and storage, experts said.

Calello advises that people remember four steps for food safety: clean, separate, cook and chill.

Folks should wash their hands often during food preparation, using warm water and soap. They also should rinse fruit and vegetables clean.

Keeping raw meats, poultry and seafood separate from other food that requires no further cooking can prevent cross-contamination, Calello said.

They should be kept separate when grocery shopping and in the refrigerator, and people should use separate cutting boards for each during preparation, she said.

When cooking, people should use a thermometer to make sure foods are cooked to a safe internal temperature. And once the meal's done, people should immediately store leftovers in a fridge that's below 40 degrees. Perishable food should be refrigerated within two hours.

Calello also recommends that people never thaw frozen food on a counter, since foodborne germs can grow very quickly in foods left at room temperature for more than two hours. Thaw instead in the fridge, in cold water or in the microwave.

Holiday cooks should hand their duties over to someone else if they have sniffles, Calello advises.

"Don't prepare food if you have any kind of respiratory illness or infection, as this puts your guests at risk of becoming ill," she said.

Common questions the Poison Control Center gets during the holidays include:

- **"I ate stuffing cooked in the turkey. Will I get sick?"** Maybe not, but it's not a good idea to cook stuffing inside a turkey. It's more likely to be inadequately cooked: Harmful bacteria from the turkey can survive in stuffing that's not reached a temperature of 165 degrees at the center.
- **"The pot brownies we made for adult guests wound up on the dessert table, and some kids got into them. What do we do?"** Marijuana edibles at home should be locked up to prevent accidental ingestion. Children are at much higher risk than adults for severe health effects from weed edibles.

Food poisoning can develop within a few hours of eating contaminated food. Symptoms include nausea, vomiting, stomach cramps, diarrhea and fever.

Commuting on a Highway? Your Blood Pressure May Pay a Price

It's not just bumper-to-bumper highway traffic that's causing your blood pressure to spike during your daily commute.

New research shows that the exhaust fumes spewing from all those vehicles triggers a significant increase in car passengers' blood pressure.

The observed increase is comparable to the effect of a high-salt diet, researchers found, and the effect can last up to 24 hours.

"The body has a complex set of systems to try to keep blood pressure to your brain the same all the time. It's a very complex, tightly regulated system, and it appears that somewhere, in one of those mechanisms, traffic-related air pollution interferes with blood pressure," said researcher **Dr. Joel Kaufman,** a University of Washington physician and professor of environmental and occupational health sciences.

For the study, his team drove healthy adults ages 22 to 45 three times through rush-hour Seattle traffic while monitoring their blood pressure.

Unfiltered road air was allowed to enter the car on two of the drives, while on the third the car was equipped with high-quality HEPA filters that screened out 86% of the air pollution from traffic….**Read More**

After Salmonella Cases Double in a Week, Cantaloupe Recall Expanded

Three more brands of cantaloupe have been recalled by U.S. health officials after salmonella infections linked to the fruit more than doubled in just a week.

The case count now includes nearly 100 people in 32 states, with Arizona, Missouri, Minnesota, Wisconsin and Ohio having the highest number of illnesses reported. Two people have died in Minnesota, while 45 have been hospitalized nationwide, according to an updated **health alert** issued Friday by the U.S. Centers for Disease Control and Prevention.

The U.S. Food and Drug Administration's **original recall**, issued Nov. 14, included Malichita brand whole cantaloupe, Vinyard brand pre-cut cantaloupe and ALDI whole cantaloupe and pre-cut fruit products. Rudy brand whole cantaloupes and Freshness Guaranteed brand and RaceTrac brand pre-cut cantaloupes have now been added to the recall.

The actual number of people infected with salmonella in this outbreak is likely even higher, the CDC said, because many recover without care and are never tested for the bacteria.

The recalled fruits should be thrown away and any surfaces the fruits touched should be washed with hot, soapy water or in a dishwasher, the CDC advised.

Salmonella is the most common form of bacterial food poisoning in the United States, according to the Cleveland Clinic.

The symptoms of salmonella typically include diarrhea, fever and stomach cramps within six days after consuming food contaminated with the bacteria. Illnesses typically last four to seven days. Vulnerable people, including children, people older than 65 and those with weakened immune systems, may develop severe illnesses that require medical care or hospitalization, the CDC warned.

Folks should call their doctor if they have any of these severe salmonella symptoms:

- Diarrhea and a fever over 102 degrees
- Diarrhea for more than three days that's not improving
- Bloody diarrhea
- Vomiting that prevents you from keeping liquids down
- Signs of dehydration

Surgery Doesn't Get Safer When Patient, Surgeon Are Same Gender

More female surgeons are entering the field, which brings up a new question: Are your surgical outcomes likely to be better if your gender matches that of your surgeon?

The answer seems to be "probably not."

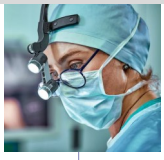
A study from University of California Los Angeles researchers found little evidence that patient-surgeon "gender concordance" matters to outcomes.

"Given that the difference in patient mortality [death] between female and male surgeons was small, when choosing a surgeon, patients should take into account factors beyond the gender of the surgeon," advised study senior author **Dr. Yusuke Tsugawa**.

He's associate professor of medicine in the division of general internal medicine and health services research at UCLA's David Geffen School of Medicine.

The new research was funded by the National Institutes of Health and published Nov. 22 in ***The BMJ***.

In their study, Tsugawa's group examined data on more than 2.9 million Medicare patients who underwent one of 14 surgeries between 2016 and 2019.



Among other procedures, these surgeries included abdominal aortic aneurysm repair, appendectomy, coronary artery bypass surgery, knee or hip replacement, hysterectomy, spinal fusion, removal of the prostate and removal of the thyroid.

Overall, about 1.2 million of these surgeries occurred when the patients and the surgeon were both male, while about 86,000 occurred when both patients and surgeon were female.

The remaining cases involved 1.5 million cases where the patient was female and the surgeon male, and 52,000 cases where the patient was male and the surgeon female.

No major differences were observed in terms of post-surgical deaths occurring 30 days after the procedure, the UCLA team said, with deaths held to 2% or under, regardless of how patients and surgeons were paired. This was true after adjusting for multiple patient and surgeon characteristics.

Besides suggesting that any gender pairing of surgeon and patient is largely irrelevant to outcomes, "It is important for patients to know that the quality of surgical care provided by female surgeons in the United States is equivalent to, or in some cases, slightly better than that provided by male surgeons," Tsugawa noted in a UCLA news release.

New COVID Variant Takes Hold in the United States

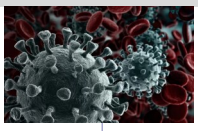
The prevalence of a highly mutated COVID variant has tripled in the past two weeks, new government data shows.

Now, nearly 1 in 10 new COVID cases are fueled by the BA.2.86 variant, the U.S. Centers for Disease Control and Prevention **reported** Monday.

The variant is spreading the fastest in the Northeast: Just over 13% of cases in the New York and New Jersey region are blamed on BA.2.86.

Scientists first **warned** of the highly mutated variant back in August, but it has since spread in several regions of the United States.

Until now, the vast majority of new COVID cases have been blamed on the XBB variant and several of its descendants, including the HV.1 and EG.5 variants.



But that may soon change.

The CDC's estimates carry wide margins of error around BA.2.86's prevalence, but the latest estimate is triple what it was on Nov. 11, the data showed.

Still, "it is important to note that early projections tend to be less reliable, since they depend on examining growth trends of a smaller number of sequences, especially as laboratory-based testing volume for SARS-CoV-2 has decreased substantially over time," the agency noted in an update on the variant.

So far, preliminary data on the variant suggests it does not trigger more severe illness than previous variants, the WHO said in a recent **risk evaluation**, but the international agency still noted a recent and "substantial rise" in BA.2.86 cases.

The CDC also noted that BA.2.86 variant poses a "low" public health risk.

But the CDC **data** released Monday did show that emergency department visits linked to COVID-19 have begun to climb nationwide.

One particular descendant of BA.2.86 might be driving the increase, experts say.

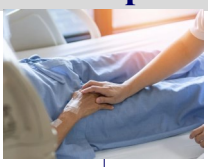
In recent weeks, scientists have been studying a steep increase in a BA.2.86 descendant called JN.1, which has become the fastest-growing subvariant **worldwide**.

"Currently, JN.1 is the most common version of BA.2.86 in the U.S. CDC projects BA.2.86 and its offshoots like JN.1 will continue to increase as a proportion of SARS-CoV-2 genomic sequences," CDC spokesperson **Jasmine Reed** told *CBS News*.

The good news?

This season's vaccines are expected to work against JN.1, as they do against BA.2.86, the agency said.

Too Few Seniors Get Follow-up Care After a Serious Fall



Four of every 10 American seniors who suffer a fall and end up in the ER with head trauma get no follow-up care once they go home, a new study finds.

"Only 59 percent of our study subjects had follow-up with their [health care] provider," study senior author **Dr. Richard Shih** said. He's professor of emergency medicine at Florida Atlantic University in Boca Raton.

Even if patients do manage to see a doctor after their ER discharge, they often get no guidance on how to prevent another fall, Shih and his colleagues said.

"Of the patients in our study that had primary care physician follow-up, 28 percent reported that there was no fall-risk assessment and 44 percent did not receive fall prevention interventions," he said in a university news release.

Falls can be highly injurious and often fatal for older Americans. According to data supplied by the university, in a given year 1 in every 4 Americans aged 65 or older will suffer a fall, resulting in 8 million emergency department visits annually, 800,000 hospitalizations and more than 27,000 deaths.

Seeing your family doctor after you've recovered from a serious fall is crucial to helping prevent subsequent falls, the Florida team said.

Unfortunately, that kind of follow-up often doesn't happen.

In their study, Shih's team tracked levels of follow-up care for more than 1,500 seniors who fell and suffered a head injury. All were treated at emergency departments at one of two Florida hospitals.

Two weeks after each patient was discharged from the hospital, Shih's team telephoned them asking whether they'd seen their primary care physician in the intervening 14 days. If they answered "yes" to that question, they were asked whether the doctor had assessed their risk for another fall, or given them guidance on preventing falls.

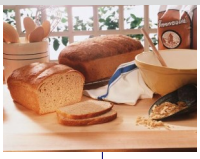
The findings showed a real need for better follow-up care for seniors after a fall.

When a primary care physician does advocate for a falls-prevention strategy, physical therapy is usually the go-to option.

"When referred to physical therapy, patients may be more likely to adopt fall prevention interventions and home safety modifications that have been shown to reduce recurrent fall, hospitalization and mortality," noted Shih.

"Given the importance of fall prevention in this high-risk group, we strongly endorse that fall-risk assessment and patient education is performed in the emergency department or by the primary care physician," he added. "The physician follow-up should include fall-risk assessment and initiation of any appropriate interventions to prevent subsequent falls and fall-related injury."

Celiac Disease vs. Gluten Intolerance: What's the Difference?



For most people, there's no reason to give up gluten for good.

But that's not so easy for folks with two gluten-related medical conditions: celiac disease and gluten intolerance, according to **Dr. Sarmed Sami**, a gastroenterologist at Mayo Clinic Healthcare in London.

He offers some details about this protein and the two health conditions.

Gluten is a protein found in grains including wheat, barley and rye.

In people with celiac disease, eating it triggers an autoimmune reaction that causes cell damage to the small intestine. That reaction can cause diarrhea, fatigue, weight loss, bloating, anemia and lead to serious complications, Sami said.

Gluten intolerance is more common, he added.

"In gluten intolerance, there is no cell damage or inflammation. It's more of a sensitivity: 'Gluten doesn't agree with me,'" Sami said in a clinic news release. "If you eat gluten and have an immediate reaction, such as diarrhea, that's more likely to be gluten intolerance than celiac disease, which is a slow process that you don't tend to feel immediately."

A sign of gluten intolerance or celiac disease is having one or more gastrointestinal symptoms such as diarrhea, bloating or heartburn that diminish or disappear if gluten is removed from the diet. These symptoms then return if the person begins eating gluten again.

It is important to be tested in case you have the more serious celiac disease, Sami said.

Those who have gluten intolerance may be able to cut back on gluten-containing foods rather than having to eliminate them completely, Sami said….**Read More**

Whole Grain Foods Could Help Black Seniors Avoid Alzheimer's

Whole grains could be the key to Black people protecting their brains against aging and dementia, a new study reports.

Black folks who ate more foods with whole grains appeared to have a slower rate of memory decline than those who ate fewer whole grains, according to findings published Nov. 23 in the journal *Neurology*.

Among Black people, those who ate the most whole grains had brains about 8.5 years younger than those who ate the least.

Whole grains only appeared to help Black people – researchers saw no similar trend in white participants.

"With Alzheimer's disease and dementia affecting millions of Americans, finding ways to prevent the disease is a high public health priority," researcher **Xiaoran Liu**, an assistant professor of internal medicine at Rush University in Chicago, said in a journal news release.

"It's exciting to see that people could potentially lower their risk of dementia by increasing their diet of whole grains by a couple of servings a day," Liu added.

For the study, researchers followed more than 3,300 people without dementia (average age: 75). About 3 out of 5 participants were Black.

Participants filled out a questionnaire every three years about the whole grains they ate, and they also completed brain games and memory tests.

Researchers divided participants into five groups based on the amount of whole grains in their diet. The highest group ate 2.7 servings per day, while the lowest consumed less than half a serving daily.

The Dietary Guidelines for Americans recommend at least three servings of whole grains a day, researchers noted. One serving is equivalent to a slice of bread, a half cup of cooked pasta or rice, an ounce of crackers or a cup of dry cereal.

About 67% of Black participants had more than one serving a day, compared with 38% of white participants.

Researchers found that Black people with the highest intake of whole grains – more than three servings a day – declined mentally more slowly than those who ate less then one.

"These results could help medical professionals make tailored diet recommendations," Liu said. "More large studies are needed to validate our findings and to further investigate the effect of whole grains on cognition in different racial groups."