

October 10, 2021 E-Newsletter

Update: Social Security Benefits Lose 32 Percent of Buying Power

Consumer price index data through August 2021 indicates that the 2022 COLA will likely be about 6 percent. But soaring inflation this year has deeply eroded the buying power of Social Security benefits, according to a new update to an ongoing inflation study by The Senior Citizens League (TSCL). The study, which compares the growth in the Social Security cost of living adjustments (COLA)s with increases in the costs of goods and services typically used by retirees found that, since 2000, Social Security benefits have lost 32 percent of their buying power.

The annual COLA increased Social Security benefits in January of 2021 by just 1.3 percent. While mild inflation in 2020 did improve the buying power of Social Security benefits by 2 percentage points through the month of January 2021 — from a loss in buying power of 30 percent to a loss of 28 percent — that improvement was completely wiped out by soaring inflation in February and March of this year," says Mary Johnson, a Social Security policy analyst for

The Senior Citizens League (TSCL). Based on consumer price data through July 2021, the erosion in the buying power of Social Security benefits has deepened to 32 percent over the 21 - year period.

Social Security benefits are one of the few sources of retirement benefits to be adjusted for inflation. The intention is to protect the buying power of benefits when prices increase. But retirees frequently notice that over time their Social Security benefits don't buy as much as they used to. This happens when the annual COLA doesn't keep pace with the increases in costs typically experienced by older and disabled beneficiaries.

This study looks at 39 expenditures that are typical for people age 65 and up, comparing the growth in the prices of these goods and services to the growth in the annual COLAs. It includes cost increases in Medicare premiums and out of pocket costs that aren't tracked under the index currently used to calculate the COLA.

Since 2000, COLAs have

increased Social Security benefits a total of 55 percent, yet typical senior expenses through July 2021 grew 104.8%. The average Social Security benefit in 2000 was \$816 per month. That benefit grew to \$1,262.40 by 2021 due to COLA increases. However, because retiree costs are rising at a far more rapid pace than the COLA, this study found that a Social Security benefit of \$1,671.20 per month (\$408.80 more) would be required *just to maintain the same level of buying power that \$816 had in 2000.*

"To put it in perspective, for every \$100 worth of groceries a retiree could afford in 2000, they can only buy \$68 worth today," Johnson notes. To help protect the buying

power of benefits, The Senior Citizens League supports legislation that would provide a modest boost in benefits and base COLAs on the Consumer Price Index for the Elderly (CPI-E) or guarantee a COLA no lower than 3 percent. In addition The League has recently launched a campaign for a \$1,400 stimulus check to help Americans struggling to cope with high inflation. To learn more about these initiatives, visit

www.SeniorsLeague.org

Fastest Growing Costs of Older Americans July 2020 - July 2021

Item	Cost in July 2020 Average cost \$ or numeric data	Cost in July 2021 Average cost \$ or numeric data	Percent increase since July 2020
1. Gasoline (all grades, per gal.)	\$2.24	\$3.30	48.2%
2. Used cars and trucks	141,493	200,425	41.7%
3. Home heating oil (per gal.)	\$2.13	\$2.96	39.0%
4. Natural gas	106,536	196,207	18.0%
4. Airline fares	204,785	243,613	18.0%
5. Bacon (per lb.)	\$5.78	\$6.86	18.7%
6. Eggs (per doz.)	\$1.40	\$1.64	17.2%
7. Beef (per lb.)	\$5.67	\$6.37	12.3%
8. Whole milk (per gal.)	\$3.26	\$3.63	11.4%
9. Care of invalids and elderly at home	127,651	136,860	9.6%
10. Fresh seafood (per lb.)	\$7.69	\$8.40	8.9%

Source: U.S. Bureau of Labor Statistics, data through July 2021. Where no average prices are available, numeric data are used.

CEOs Against Medicare Price Negotiation Were Paid \$400 Million Collectively Last Year

The fight over allowing Medicare to negotiate lower drug prices, and use the savings to expand guaranteed dental, hearing and vision benefits, continued in earnest on Capitol Hill this week.

Executives from 33 pharmaceutical corporations sent a **letter** to Congress reiterating their opposition to allowing Medicare to negotiate lower prescription drug prices. The letter contained numerous falsehoods about the impact of

Medicare drug price negotiations and asked Congress to block any legislation that would weaken their monopoly power to set prices.

In response, Patients For Affordable Drugs Now, a bipartisan organization fighting for lower drug prices, released **new data** showing that Big Pharma CEOs were collectively paid \$400 million in 2020. The average compensation for the CEOs was \$12.5 million, 185 times the **average** American

household income — and 420 times the **income** of Medicare beneficiaries.

The report also shows that 19 of the 33 companies that wrote to Congress are based in foreign countries, where they charge **less than half** what they charge Americans for the same drugs.

"Americans pay the highest prices in the world for prescription drugs and these CEOs are fighting tooth and nail to keep it that way," said Richard Fiesta, Executive Director of the

Alliance. "We are doing everything we can to defeat these corporations and get this common sense solution into law. President Biden has made this a priority, and Congress needs to deliver this for the American people."



Rich Fiesta,
Executive
Director, ARA

Proposed Reconciliation Package Would Advance Health and Racial Equity

Recent reports from the Kaiser Family Foundation (KFF) and the Center on Budget and Policy Priorities (CBPP) examine how key health care investments in the House's draft budget reconciliation bill, the **Build Back Better Act**, would advance health and racial equity for people with Medicare, their families, and the population at large.

Among the cited provisions are several that would reduce the number of un- and underinsured Americans by making coverage more affordable, available, and accessible. These policies include:

Improving Medicare Coverage — As approved by the committees, the House bill would expand Medicare Part B to cover more comprehensive vision, dental, and hearing services. Currently, many people with Medicare must pay high out-of-pocket costs for this care, putting it out of reach for **millions**. This lack of access can magnify inequities, put beneficiary health at risk, and lead to more costly and invasive treatments later. Medicare beneficiaries **most likely to report** difficulty getting vision, dental, or hearing care include individuals with low incomes (e.g., 31% for those with incomes under \$10,000); those in fair or poor health (30%); and Black and Hispanic enrollees (25% and 22%, respectively).

Lowering Prescription Drug Costs — Most people with Medicare cannot afford high and rising prescription drug costs. Half of all beneficiaries—nearly 30 million people—live on **\$29,650** or less per year, and one quarter live on **\$17,000** or less. They also have limited savings; this is particularly true for enrollees of color: Hispanic Medicare enrollees have median savings of **\$9,650**, and 27% have no savings at all. The median savings for Black Medicare enrollees is **\$14,500**, and 1 in 4 have no savings. Yet, **yearly price hikes** on brand name drugs continue to routinely exceed the rate of inflation and new drugs are **launching** at ever-higher price points, further eroding beneficiary access. The House budget reconciliation bill takes steps to meaningfully reduce drug prices and lower costs for people with Medicare and the program, including by allowing Medicare to negotiate drug prices and restructuring the Part D benefit to cap beneficiary out-of-pocket costs at **\$2,000** a year.

Closing the Medicaid Expansion Coverage Gap — The bill creates a pathway to coverage for **2.2 million** people with incomes below the poverty line, **nearly 60%** of whom are people of color, in the 12 states that haven't adopted the Affordable Care Act's (ACA)



Medicaid expansion. Strengthening Medicaid HCBS—The legislation dedicates \$190 billion to improving the quality of and access to Medicaid home- and community-based services (HCBS). This funding would also bolster the home care workforce, which is **primarily** women of color. This investment would be a significant step, but is lower than the \$400 billion increase supported by the White House and advocates like **Medicare Rights**, and lower than **many advocates think is needed**. We continue to urge Congress to pass full funding, as outlined in the Better Care Better Jobs Act (**S. 2210/H.R. 4131**). The bill's other important Medicaid HCBS improvements include making the Money Follows the Person and spousal impoverishment programs permanent.

Allowing Medicaid Reentry Coverage — The bill seeks to improve continuity of care for people leaving jail or prison by allowing Medicaid to pay for their health care services during the last 30 days of their incarceration. Doing so would help address gaps in care and improve health outcomes for this population, which is **disproportionately** comprised of people of color. **Extending ACA Subsidies** — The Build Back Better draft permanently extends the

American Rescue Plan Act's (ARPA) premium tax credit increase, in an effort to make marketplace coverage more affordable for more people. Nearly **11 million** uninsured people are eligible for subsidies under the ACA and ARPA; of this group, **about half** are people of color. We applaud these reforms and urge Congress to further address racial disparities by including a modernization of **Medicare's low-income assistance programs** in the final bill. Low-income Medicare beneficiaries, **most of whom** are enrollees of color, often struggle to afford needed care and prescription drugs. While help paying these costs is available, those assistance programs—including the Medicare Savings Programs and the Part D Low-Income Subsidy—have overly strict, outdated eligibility rules that leave far too many people unable to afford care and unable to qualify for help. Easing access to this critical relief would improve utilization and promote equity.

As negotiations on the size and scope of the reconciliation package continue, now is the time to weigh in! Use our **action center** to ask your lawmakers to ensure long overdue health care and equity reforms are part of the final bill.

Trial against pharmacy chains' opioid sales begins

Retail pharmacy chains contributed to a deadly and expensive public nuisance in two Ohio counties where the opioid crisis continues to rage, an attorney for the counties said in an opening statement Monday in federal court in Cleveland.

It was the first day of trial in the lawsuit filed in 2018 by Lake and Trumbull counties outside Cleveland against retail pharmacy companies CVS, Walgreens, Walmart and Giant Eagle.

"They're going to say, 'We're not any part of the problem,'" attorney Mark Lanier said.

"They're going to blame everyone but themselves."

The cost of abating the crisis is \$1 billion each for each county, one of their attorneys has said. Around 80 million prescription painkillers were dispensed in Trumbull County between 2012 and 2016 — 400 for every county resident — while 61 million pills were dispensed in Lake County during that five-year period — 265 pills for every resident.

This is the first time pharmacy companies have gone to trial to defend themselves. The trial, which is expected to last around six weeks, could set the tone for



similar claims against retail pharmacy chains by government entities across the U.S.

U.S. District Judge Dan Polster is presiding over the trial. Close to 3,000 lawsuits filed in federal courts have been consolidated under Polster's supervision.

Attorneys for the four pharmacy chains have argued the companies didn't manufacture the drugs and that their pharmacies were filling prescriptions written by physicians for patients with a legitimate medical need.

"Pharmacists fill the prescriptions, they don't tell

doctors what to prescribe," Kaspar Stoffelmayr, an attorney for Walgreens, said in an opening statement.

The rise in physicians prescribing pain medications such as oxycodone and hydrocodone coincided with recognition by medical groups that patients have the right to be treated for pain, Stoffelmayr said.

The problem, he said, was that "pharmaceutical manufacturers tricked doctors into writing way too many pills."...**Read More**

Investing in Medicaid HCBS is Good for Medicare

This week, Medicare Rights joined with **Justice in Aging** to create a **fact sheet showing** how gains in Medicaid home- and community-based services (HCBS) would be a good thing for people with Medicare and the Medicare program. As Congress debates increasing funding for HCBS in the budget reconciliation bill, we urge them, and state leaders, to work to advance the availability and equity of this important benefit.

Despite Medicare's vital role in providing access to high-quality affordable care, there are gaps in its coverage that can expose beneficiaries to high costs and cause them to forgo needed care. One such gap is Medicare's lack of coverage for

long-term services and supports that can help people remain safely in their homes as they age. As a result, Medicare beneficiaries must look elsewhere for this care, which can include assistance with daily activities, like eating and personal care, as well as help getting out into the community, grocery shopping, and other essential tasks.

Those who can afford it may pay out of pocket, but most can't—and typically rely on Medicaid HCBS. The costs for one year of home care **far exceed the savings of a quarter of all people with Medicare**, and at least half of Hispanic and Black enrollees, and many others, would deplete their



savings in just a year or two.

Without access to Medicaid HCBS, many Medicare beneficiaries with limited income and savings might end up in the emergency room or nursing facilities that are initially paid for by Medicare to get necessary daily care and services. This, in turn, drives up Medicare costs, and can also reduce beneficiary well-being and economic stability.

Increasing HCBS investments would improve the lives of beneficiaries and those of the people who provide in-home care, both paid and unpaid. Another resource, **a research report from the Urban Institute**, lays out some of the

benefits of an additional federal investment in HCBS like the **Better Care Better Jobs Act** which would put \$400 billion into the program to better meet current and future needs. This includes shoring up the professional workforce to ensure people have the help they need when they need it.

Join us as we continue to urge Congress to strengthen the Medicare program through investing in HCBS, **expanding access to dental, vision, and hearing services**, and **reducing the cost of prescription medicines**. These steps would increase access to high-quality, affordable care and improve the lives of older adults, people with disabilities, and their families.

Mail delivery slowdown: USPS to slow delivery starting Friday, October 1st

Mail delivery for many Americans will slow starting on Friday, part of Postmaster General Louis DeJoy's blueprint for overhauling the U.S. Postal Service in order to slash costs. But critics say the slower delivery standards could cause problems such as late bill delivery while more broadly undermining the public's faith in the USPS.

Almost 4 of 10 pieces of first-class mail will see slower delivery, according to Paul Steidler, senior fellow at the Lexington Institute and an expert on the postal service. That "means mail delivery will be slower than in the 1970s," he said, calling DeJoy's plan

"disastrous."

Starting tomorrow, the postal service's current three-day delivery standard for first-class mail — letters, bills, tax documents and the like — will drop to delivery anywhere within the U.S. within five days. In other words, Americans should now expect that letters and other mail could take up to five days to reach their destinations, and vice versa.

The USPS will continue to have a two-day delivery standard for single-piece first-class mail traveling within a local area, a USPS spokeswoman said, adding that the postal service has improved its delivery standards in 2021.



"The postal service has shown steady improvements for all first-class mail, marketing and periodical mail categories over the last seven months," she said in an email to CBS MoneyWatch. "We have worked tirelessly to overcome challenges from recent storms and continue to recruit thousands of employees for the upcoming holiday peak season."

But critics like Steidler say people in rural areas, the disabled and the elderly will feel the effects of the new mail delivery standards. "It's the least fortunate who will be hurt hardest by this," he said. "Everything in American society is getting faster, it seems,

except for the mail delivery — which is now going to get slower."

It's possible that people who are paying their bills by mail and not prepared for the change could incur late fees, for instance, if their checks don't arrive on time. Others may face longer delivery times for important documents such as tax forms or passports. The change could further undermine customers' faith in the U.S. Postal Service, which took a hit in 2020 when delivery delays snarled everything from **prescription medication** to election ballots, experts say....**Read More**

USPS prices go up Oct. 3: Here's how much mail will cost now -- and for how long

Sending holiday packages this year? You may want to budget a bit more to cover the cost of shipping if you're using the US Postal Service. That's because the Postal Service will raise the price on shipping parcels through the holiday season.

The price hike goes hand in hand with **delivery slowdowns starting Oct. 1**, which are part of a decade-long plan to stabilize the Postal Service's rocky finances. Here's what to know about the temporary price increases on parcel shipments,

including what kind of mail the new rules apply to and when package prices will return to normal.

Do the new postage rates affect Amazon, UPS and FedEx deliveries?

The current rate hike applies only to packages sent through the US postal service. UPS and FedEx are separate from the postal service. Some Amazon packages may arrive through the Postal Service, but Amazon sets those rates. Here's how to **track when a package will arrive at**



your doorstep.

How much will it cost to send a package with the temporary price hike?

From Oct. 3 through Dec. 25, the US Postal Service will increase the cost to ship parcels from 25 cents to \$5 depending on the delivery service you pick and the distance the parcel has to travel. Note that this price increase is not for letters -- the post office just **increased the cost of stamps** in August (also see below for more on that).

The Postal Service defines a

"parcel" as anything that isn't a postcard, letter or flat (a large envelope, newsletter or magazine). A box of cookies, for example, would be a parcel.

Here are the temporary price increases to ship parcels based on distance the parcel will travel and its weight for Priority Mail, Priority Mail Express, Parcel Select Ground and USPS Retail Ground. Roughly, **the distance covered through zone 4 is 600 miles**, from, say, Boston to Richmond, Virginia:....**Read More**

How an Additional \$1,400 Check Could Help Social Security Recipients Afford Rising Grocery Costs

The Senior Citizens League (TSCL), one of the largest nonpartisan senior citizens advocacy groups, **currently has over a million signatures for a petition to garner support and attention for an emergency \$1,400 stimulus check** to cope with unprecedented inflation.

The petition reads: "I (and/or my spouse) want Social Security recipients to receive a \$1,400.00 emergency stimulus check to cope during this unprecedented inflationary year. Social Security benefits are one of the few types

of income in retirement adjusted for inflation."

Among the arguments in the petition is that the COLA increases are not suitable enough for seniors living on a fixed income with the 5% inflation surge experienced over the past 13 months. The petition adds, "In 2021 Social Security benefits increased by just 1.3% raising the average benefit by only about \$20 a month. But about 86% of Social Security recipients surveyed say their expenses increased by



much more than that amount."

One of the **sectors that has experienced the greatest increase in prices is the meat industry**. Although overall inflation has come in around 5%, prices for chicken have increased 7.2%, pork prices are up 9% and prices for ground beef are nearly up a whopping 13% from last year.

A \$1,400 check could help senior citizens afford groceries on an already tight fixed income. Roughly 25% of low-income

seniors reported food insecurity, according to SNAP research.

Social Security recipients are expected to receive a 6% COLA increase in 2022 — **one of the largest on record** — but rising inflation and Medicare costs are thought to eat away at most of it. A fourth stimulus check could help struggling seniors recover from a year of surging prices and supply chain blockages that are still hurting the prospect of recovery for basic grocery items.

Sign the Petition

A 6% Cost-of-Living Adjustment to Social Security May Not Be Significant Enough for Average Seniors

Social Security beneficiaries could see the **biggest cost-of-living adjustment (COLA) in over a decade** thanks to inflation. Due to rising prices, COLA could be in the 5.5% to 6.0% range, said David Certner, legislative counsel and director of legislative policy for government affairs at AARP.

"With one third of the data needed to calculate the COLA already in, it increasingly appears that the COLA for 2022 will be the highest paid since 1983 when it was 7.4%," Mary Johnson, Social Security policy

analyst for The Senior Citizens League, explained via AARP. COLA depends on price changes between July and the end of September. The Social Security Administration announces any changes in October with adjustments going into effect in January.

Social Security's COLA is an increase in benefits to counteract the effects of inflation. These adjustments are usually equal to the percentage increase in the consumer price index for urban wage earners and clerical



workers (CPI-W) for a certain period. In 2021, the COLA was 1.3%, according to CNBC, amounting to \$20 more per month for a total of \$1,543 for the average retirement benefit. A 5.5% increase for 2022 would boost the average monthly benefit by \$83, added AARP, while a 6.1% increase would mean \$93 more.

A bigger cost-of-living adjustment means beneficiaries will see additional income; however, CNBC noted that it may not go as far due to higher

prices for goods and services. COLA only increases once per year, yet inflation rose 0.3% in August alone, noted AARP.

"Those with modest Social Security benefits are the ones who really have trouble," Johnson said. Other retirees may have had to dip into their savings more than they planned because the Social Security benefit didn't keep up with 2021's inflation rates, she explained, and this could be an ongoing problem if COLA isn't calculated differently in the future.

Ban on 'surprise' medical bills on track for Jan. 1 rollout

The Biden administration on Thursday put final touches on consumer protections against so-called "surprise" medical bills. The ban on charges that hit insured patients at some of life's most vulnerable moments is on track to take effect Jan. 1, officials said.

Patients will no longer have to worry about getting a huge bill following a medical crisis if the closest hospital emergency room happened to have been outside their insurance plan's provider network. They'll also be protected from unexpected charges if an out-of-network clinician takes part in a surgery or procedure conducted at an in-network hospital. In such situations, patients will be liable

only for their in-network cost sharing amount.

The rules released Thursday spelled out for the first time a key part of the new system: a behind-the-scenes dispute resolution process that hospitals, doctors and insurers will use to haggle over fees, without dragging patients into it.

When an insurer and a service provider disagree over fair payment, either side can initiate a 30-day negotiation process. If they still can't come to an agreement, they can take the matter to an independent arbitrator.

The arbitrator will use as a guide a set amount intended to balance the value of the medical services provided with goal of



keeping costs from ballooning out of control. Clear justification will be required for the final payment to end up higher or lower.

There will also be a new way for uninsured people and patients who pay their own way to get an estimate of charges for medical procedures, as well as a process for them to resolve billing disputes.

"We're hoping to give folks a sigh of relief, who have been blindsided by billing," said Health and Human Services Secretary Xavier Becerra.

Surprise medical bills have been a common problem for people with health insurance, all the more irritating because most patients might have thought they

were protected. Charges running from hundreds to tens of thousands of dollars came from doctors and hospitals outside the network of patients' health insurance plans. It's estimated that about 1 in 5 emergency visits and 1 in 6 inpatient admissions triggered a surprise bill.

Although many states already have curbs on surprise billing, federal action was needed to protect patients covered by large employer plans, which are regulated at the national level. **A 2020 law signed by then-President Donald Trump laid out a bipartisan strategy** for resolving the issue, and the Biden administration filled in critical details....**Read More**

How Social Security Might Change as Congress Mulls Ways to Bolster the Program

The one certainty about Social Security is that **drastic changes will have to be made within the next decade** to prop up the troubled program. Less certain is what those changes might look like, though you can probably expect some form of tax increase and/or reduced benefits.

As previously reported by GOBankingRates, a recent report from Social Security and Medicare trustees said benefits will have to be cut by 2034 — a year earlier than previously projected — if Congress doesn't address the program's long-term funding shortfall. If Congress does nothing, the combined trust funds for Social Security will only be able to pay 78% in promised benefits to retirees and disabled beneficiaries.

To fix the problem, Congress

will need to make some major adjustments. Here are a few possibilities:

◆ **Higher income taxes for Social Security recipients:** Social Security benefits are subject to federal income taxes if the combined income — including income from wages and other outside sources — exceeds certain thresholds. Depending on your income and filing status, anywhere from 50% to 85% of your income might be subject to taxes, CNBC reported. Congress could raise those percentages to bring more money into the system.

◆ **Higher payroll taxes:** Workers in the United States currently contribute 6.2% of their paychecks to Social Security, a total that is matched



by their employers. As of 2021, these payroll taxes only apply to yearly wages up to \$142,800. That

income limit could be raised to tax workers who make well above \$142,800. As CNBC noted, President Joe Biden has proposed reapplying the Social Security payroll tax for yearly wages above \$400,000.

◆ **Higher contribution limit:** Another idea is to raise the contribution limit above 6.2%. Even a small increase would make a huge impact, considering that about 176 million workers currently pay into the system.

◆ **Reduced benefits:** The least popular alternative would probably be reducing the amount of money Social Security pays to recipients,

though doing so could save the system a considerable amount of money. In fact, younger workers can probably count on getting less from Social Security than the elders, USA Today reported over the summer.

◆ **Raising the full retirement age.** Depending on when you were born, the current full retirement age is somewhere between 66 and 67 years old, according to the Social Security Administration. Congress could raise that age. While these kinds of changes might take a while to implement, there is some good news on a more immediate front: Social Security recipients should get a **major cost-of-living adjustment next year** to help them deal with high inflation.

Medicare's Trust Fund Is Not Worth Much

In 2020, the federal government for the first time **spent more** on Medicare than on national defense. Absent legislative reform, Medicare funding as a share of GDP is projected to increase **by another 50 percent** over the next 20 years.

Medicare's trustees recently surprised nobody by **projecting that** the program's trust fund will run out of money within five years. Most observers have rolled their eyes at the news, accepting that Medicare's costs are out of control and no one is willing to address the looming insolvency. In recent decades, Congress has repeatedly acted to

rein in Medicare costs. But this has typically been motivated by broader fiscal considerations and the desire to use resources for other purposes. The trust-fund device by itself achieves little other than legitimizing regressive tax increases that otherwise would not be possible.

Medicare's "trust fund" is an accounting convention established by Congress in 1965 to ensure that payroll-tax revenues cover the expected cost of Medicare Part A (which pays for hospitalizations) over the long term. Medicare Parts B (which pays for outpatient and



physician services) and D (which covers prescription drugs) are funded out of general revenues, such as income taxes.

When Medicare was first introduced, it paid hospitals according to the costs they incurred in delivering care to beneficiaries — which caused the program's expenses in its first year of operation to exceed its anticipated level by **more than three times**. To make up the shortfall, Congress voted to increase the basic Medicare tax gradually **from 0.35 percent to 2.90 percent** of payroll. Nonetheless, in 1982 federal actuaries predicted that the trust

fund would be depleted **within five years**, and the following year Congress and the Reagan administration agreed to fix reimbursement rates for hospital procedures. Since then, trust-fund accounting has appeared to offer a way of forcing Congress to address the program's constantly rising cost.

But this misinterprets the politics of entitlement reform. Cuts to Medicare have typically happened because the program uses a lot of money that both parties would prefer to use for other things....**Read More**

Fate of Lowering Drug Prices is Up-in-the-Air

Because of divisions within their own party, top congressional Democrats are acknowledging for the first time they'll have to scale back their drug pricing plans to win enough votes in order to pass their social spending legislation.

Among the possible options are dropping efforts to have the government directly negotiate the prices for medicines in private insurance plans and make fewer drugs subject to negotiations in Medicare. They

would still have the government negotiate drug prices for Medicare, however.

This appears to be the result of the pharmaceutical industry's lobbying powerhouse, **Pharmaceutical Research and Manufacturers of America (PhRMA)**, having spent millions of dollars running TV ads (as well as print ones in newspapers) warning that the Democrats' proposal to rein in drug prices mean politicians



"will decide what medicines you can and can't get."

The problem with that argument, of course, is that Medicare already determines what drugs you can and can't get, and private insurers do the same for their policy holders.

Lawmakers, aides, and lobbyists close to the process said the leaders are now discussing making fewer drugs subject to government negotiation, and shifting the

benchmark for such talks away from prices paid in other developed nations.

This is seen by many as a coup for the pharmaceutical industry, which has spent more than \$171 million on lobbying, more than any other industry so far this year. Though drug companies would prefer to kill the House plan entirely, weakening it may be their best-case scenario.

Medical Alert Review 2021: Models, Prices, and More

Medical Alert is one of the biggest and best-rated producers of medical alert systems. This review covers its prices, pros and cons, and the most important factors to consider when shopping for a medical alert system.

One of the most common medical emergencies that come with aging is also one of the most commonly overlooked: falls. Falls are a major threat to older adults' safety and independence. That isn't an overstatement:

The **Centers for Disease Control and Prevention (CDC)** notes that one in four adults older than 65 fall each year. Of those, 37 percent sustain injuries. It's easy to see why even just the fear of falls can lead to restricted activity and less social engagement among older adults.

But staying active and engaged is an important element

of healthy living. With the right safeguards in place, such as a reliable medical alert system, older individuals can continue to enjoy the independence of living alone with the added assurance of an emergency device. We researched **Medical Alert**, whose products connect users with help at the touch of a button. Through extensive industry research and consumer reviews, we found out why they're one of the biggest and best-rated producers of medical alert systems.

Pros

- ◆ **Variety of designs** Medical Alert devices fit users' lifestyles. Users can choose from pendant, bracelet, or clip-on models.
- ◆ **Easy-to-use mobile app** Caregivers love the ability to check in on loved



ones through the app and be alerted in case of emergency.

- ◆ **Battery** The battery lasts up to five days, with a backup battery in case of power outages.
- ◆ **24/7 monitoring** The certified Medical Alert response center is always ready to take your loved one's call. The staff includes operators who speak English and Spanish, with access to live translation in 140 languages.
- ◆ **Waterproof** Since the devices are durable and water-resistant, users can wear them in the shower or tub where fall risk is high.
- ◆ **GPS-enabled** The device tracks users coast to coast and is operable within Canada, Puerto Rico, and the Virgin Islands. It can operate on a

traditional landline or a cellular network.

- ◆ **Risk-free** Devices include a 30-day money-back guarantee.
- ◆ **Customer satisfaction** Customer reviews attest to easy installation, friendly and supportive customer care, and affordable prices.

Cons

- ◆ **Extra cost for fall detection** A fall detection pendant can be added to any Medical Alert system for an extra \$10 monthly, as is typical of most alert services.
- ◆ **Limited cellular network** The cellular option connects only to the AT&T network, but the service can also be connected to a landline....[Read More](#)

What Is the Social Security Tax Limit?

You may not need to pay **Social Security tax** on all of your earnings if you have a high salary. Workers pay into the Social Security system until their income reaches the Social Security tax limit for that year. In 2021, the Social Security taxable maximum is \$142,800. Earnings above this amount are not subject to Social Security tax or factored into **Social Security** payments in retirement.

What Is the Social Security Tax Limit?

The Social Security tax limit is the maximum amount of earnings subject to Social Security tax.

The Social Security taxable maximum is \$142,800 in 2021. Workers pay a 6.2% Social Security tax on their earnings until they reach \$142,800 in earnings for the year.

When Do You Stop Paying Into Social Security?

Most workers pay 6.2% of their earnings into the Social Security system each year, and employers match this amount. Self-employed workers contribute 12.4% of their paychecks to Social Security. However, high earners only pay into the Social Security system



until their pay reaches the Social Security taxable maximum, which is \$142,800 in 2021.

Earnings over \$142,800 are not **taxed by Social Security** or used to calculate future Social Security payments. "Once you reach the maximum taxable earnings, currently \$142,800 for calendar year 2021, withholdings from your employer will discontinue, resulting in a higher paycheck," says Mike Biggica, a certified financial planner and founder of Pixel Financial Planning in San Francisco. "Your

employer payroll department tracks this maximum and will discontinue withholding for Social Security."

What Is the Maximum Amount of Social Security Tax?

An individual who earns \$142,800 or more in 2021 contributes \$8,853.60 to Social Security, and his or her employer contributes a matching amount. Self-employed individuals who earn more than the taxable maximum must contribute \$17,707.20 to Social Security in 2021....[Read More](#)

Dental, Vision and Hearing Benefits May also be on the Chopping Block

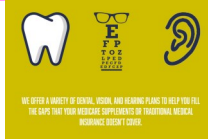
Democratic Congressional leaders had also hoped to include new benefits for seniors to cover dental, vision and hearing in their Medicare legislative package this year but those also appear to be in danger.

According to an article in the Washington, D.C.-based newspaper *Politico*, "Means-testing Medicare, a long-running controversy in health policy debates, is re-emerging as a major source of tension for Democrats seeking a path

forward on their stalled social spending package.

"Centrist lawmakers are demanding that an expansion of the program to cover dental, vision and hearing care be limited to the poorest Americans, to pare the projected cost by as much as half."

The report continues, "The American Dental Association is aiming to have a leading role influencing the outcome, buying digital ads, sending tens



of thousands of emails to Capitol Hill and holding Zoom meetings with lawmakers and staff."

That's because traditional Medicare would pay dentists far less for services than private insurance and the group's members would lose money if Democrats make tens of millions of seniors eligible for a government-sponsored plan.

However, critics of the idea argue that limiting the program

to poorer seniors makes all of society less invested in maintaining the program, making it more politically vulnerable to getting cut back or eliminated in years to come.

TSCL favors new benefits to cover dental, hearing and vision for seniors. However, until final legislation is written so we can see what and how it covers those things, we are withholding our judgement.

Merck to Ask FDA for Emergency Approval of Its New Antiviral Pill for COVID

Pharmaceutical giant Merck & Co. said Friday that it will seek federal approval for emergency use of its new antiviral pill molnupiravir, after a clinical trial showed the drug halved the risk of hospitalization or death when given to high-risk people shortly after infection with COVID-19.

The new medication is just one of several antiviral pills now being tested in studies, and experts say these medications could give doctors a powerful new weapon to battle the virus.

"More tools and treatments are urgently needed to fight the COVID-19 pandemic, which has become a leading cause of death and continues to profoundly affect patients, families and

societies, and strain health care systems all around the world," Merck CEO and

President Robert Davis said in a company [statement](#). "With these compelling results, we are optimistic that molnupiravir can become an important medicine as part of the global effort to fight the pandemic."

And, he added, "We will continue to work with regulatory agencies on our applications and do everything we can to bring molnupiravir to patients as quickly as possible."

Daria Hazuda, vice president of infectious diseases and vaccine discovery at Merck, told the *Washington Post*, "We



always believed antivirals, especially an oral antiviral, would be an important

contribution to the pandemic. Keeping people out of the hospital is incredibly important, given the emergence of variants and the continued evolution of the virus."

Infectious disease experts embraced the news.

"I think it will translate into many thousands of lives being saved worldwide, where there's less access to monoclonal antibodies, and in this country, too," Dr. Robert Shafer, an infectious disease specialist and expert on antiviral therapy at Stanford University, told *The*

New York Times.

Angela Rasmussen, a virologist and research scientist at the Vaccine and Infectious Disease Organization at the University of Saskatchewan in Canada, agreed that antiviral pills can reach more people than cumbersome antibody treatments.

"If that holds up at the population scale, that is going to translate to an objectively larger number of lives saved potentially with this drug," she told

the *Times*. "Maybe it isn't doing the same [efficacy] numbers as the monoclonal antibodies, but it's still going to be huge."[Read More](#)

Flu & People 65 Years and Older

People 65 years and older are at higher risk of developing serious flu [complications](#) compared with young, healthy adults. This increased risk is due in part to changes in immune defenses with increasing age. While flu seasons vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease. In recent years, for example, [it's estimated](#) that between 70 percent and 85 percent of seasonal flu-related deaths have occurred in people 65 years and older, and between 50 percent and 70 percent of seasonal flu-related hospitalizations have occurred among people in this age group.

A Flu Vaccine is the Best Protection Against Flu

The best way to protect against flu and its potentially serious complications is with a flu vaccine. CDC recommends that almost everyone 6 months and older get a seasonal flu vaccine each year, ideally by the end of October. However, as long as flu viruses are circulating, vaccination should continue throughout flu season, even into January or later.

Flu vaccination is especially important for people 65 years and older because they are

at [higher risk](#) of developing serious flu complications. Flu vaccines are updated each season to keep up with changing viruses. Also, immunity wanes over a year so annual vaccination is needed to ensure the best possible protection against flu. Because immunity may decrease more quickly in older people, it is especially important that this group is not vaccinated too early (in July or August). September and October are generally good times to be vaccinated for people 65 years and older.

A flu vaccine protects against the flu viruses that research indicates will be most common during the upcoming season. (See [Vaccine Virus Selection](#) for this season's exact vaccine composition.) Flu vaccines for 2021-2022 have been updated from last season's vaccine to better match circulating viruses. Immunity from vaccination fully sets in after about two weeks.

Because of age-related changes in their immune systems, people 65 years and older may not respond as well to vaccination as younger people. Although immune responses may be lower in older people, [studiesexternal](#)



[icon](#) have consistently found that flu vaccine has been effective in reducing the risk of medical visits and hospitalizations associated with flu.

Types of Flu Shots for People 65 and Older

People 65 years and older should get a flu shot, not a nasal spray vaccine. They can get any flu vaccine approved for use in their age group with no preference for any one vaccine over another. There are regular flu shots that are approved for use in people 65 years and older and there also are two vaccines designed specifically for this age group:

High Dose and Adjuvanted Flu Vaccine Side Effects

The high dose and adjuvanted flu vaccines may result in more of the temporary, mild side effects that can occur with standard-dose seasonal flu shots. Side effects can include pain, redness or swelling at the injection site, headache, muscle ache and malaise, and typically resolve with 1 to 3 days.

Recombinant Vaccine

The weakened immune system in older adults can also mean that this group doesn't respond as well to flu vaccination. Given the

higher risk of severe flu illness and lower protective immune response after vaccination among older adults, substantial research and development have led to the production of new flu vaccines, including recombinant vaccines, intended to [provide better immunity](#) in this age group.

Learn more about the recombinant flu vaccine manufacturing process on [CDC's How Flu Vaccines are Made web page](#).

More information about different types of flu vaccines can be found [here](#).

Get pneumococcal vaccines

People who are 65 years and older also should be up to date with [pneumococcal vaccination](#) to protect against pneumococcal disease, such as pneumonia, meningitis, and bloodstream infections. Talk to your health care provider to find out which pneumococcal vaccines are recommended for you.

Pneumococcal pneumonia is an example of a serious [flu-related complication](#) that can cause death. You can get the pneumococcal vaccine your provider recommends when you get a flu vaccine....[Read More](#)

Severe Mental Health Disorders May Increase Risk of Death in Men With Heart Failure

Men with heart failure have worse long-term survival rates if they have severe depression, bipolar disorder or schizophrenia, according to a new study that urges doctors to change the way they treat people with mental disorders.

Previous research shows people with these conditions have an earlier onset of high blood pressure, diabetes and heart attack. But little was known about how heart failure, in which the heart can't pump enough blood to meet the body's needs, figures into the equation. The new study was published Sept. 30

in the American Heart Association journal *Circulation: Heart Failure*.

Researchers looked at more than 20,000 people with heart failure in the Duke University Health System from 2002 to 2017. During a median follow-up of seven years, men with severe depression, bipolar disorder or schizophrenia were 36% more likely to die from any cause than those without. The risk of death over 10 years increased from 54.8% in men without a mental disorder to 64.3% for men with one.



For women, however, researchers found no major difference in risk of death between those with and without one of the severe mental health disorders.

The study also found people with severe depression, bipolar disorder or schizophrenia were seven years younger on average at the time of their heart failure diagnosis than those without – 60 years old versus 67. People with the disorders who underwent procedures for heart failure, including implantable devices and heart transplants, had higher

death rates after the procedures.

Dr. Christoffer Polcwiartek, the study's lead author, said doctors and heart failure specialists need to become more aware of mental health disorders among their patients and take early preventive steps.

To reduce the overall burden of heart failure in this population, Polcwiartek encouraged a multidisciplinary approach, with heart failure specialists working hand in hand with psychiatrists, heart rhythm specialists and general practitioners....[Read More](#)

Scientists Untangle Why Diabetes Might Raise Alzheimer's Risk

(HealthDay News) -- Type 2 diabetes may up the risk for Alzheimer's disease by altering brain function, new animal research suggests.

A University of Nevada Las Vegas team showed that chronically high blood sugar could impair memory and alter aspects of working memory networks in rodents.

"Diabetes is a major risk factor for developing Alzheimer's disease, but it is not clear why," said study author James Hyman, an associate professor of psychology.

"We show that a central feature

of diabetes, hyperglycemia, impairs neural activity in ways that are similar to what is observed in preclinical Alzheimer's disease models," Hyman said in a university news release. "This is the first evidence showing neural activity changes due to hyperglycemia overlap with what is observed in Alzheimer's systems."

Working with rats, the research team found that two parts of the brain central to forming and retrieving memories -- the hippocampus and the anterior cingulate cortex -- were "over-



connected, or hypersynchronized" with type 2 diabetes.

When they need to access correct information and complete a task, these two brain areas, which are affected early in Alzheimer's disease, were over-communicating with each other, causing errors, the researchers said.

"We know synchrony is important for different parts of the brain to work together. But, we're finding more and more these days, that the key with neural synchrony is it has to happen at the right time, and it

has to happen with control," Hyman said. "Sometimes, there's just too much 'talking' between certain areas and we think this leads to memory difficulties, among other things."

He said it's possible that Alzheimer's patients have over-connection in some brain areas where there should be flexibility.

"In the models in our study, we're seeing evidence of that in real-time at these crucial moments to do the task," Hyman added.

Research on animals does not always produce the same results in humans.

Stroke Rehabilitation: What to Know

Recognizing stroke signs and symptoms early is critical for life-saving and disability-sparing treatment.

Stroke is a medical emergency that occurs about every 40 seconds in the United States and affects more than 795,000 people each year. Though advances in stroke treatment have reduced the overall death rate, stroke remains a leading cause of long-term disability in the U.S.

For this reason, it's critical to recognize the [signs and symptoms of stroke](#) and alert 911 immediately to ensure patients having a stroke receive life-saving and disability-sparing treatments. These should be followed by appropriate post-stroke follow-up medical and rehabilitative care.

What Happens During a Stroke Hospitalization?

Patients are typically first evaluated in the emergency room. There, they undergo a rapid evaluation to determine candidacy for acute ischemic stroke therapy, which typically consists of an intravenous clot-busting drug called tPA or a surgical procedure to remove a [large clot causing the stroke](#).

Upon admission, patients receive a thorough assessment with a multidisciplinary team identifying stroke risk factors and are placed on appropriate medical treatments. Patients also receive a comprehensive assessment to understand rehabilitative needs with the



aims of reaching functional independence or not requiring assistance to perform daily tasks.

Once medically stable, arrangements are made to transition to the next phase of [stroke care](#), which for many patients is stroke rehabilitation.

Post-Stroke Rehabilitation

Post-stroke rehabilitation is a structured program led by a multidisciplinary group of specialists consisting of doctors, nurses, therapists and psychologists that help stroke patients relearn skills that were lost during stroke.

Approximately two-thirds of Americans who suffer stroke do not recover completely during their [hospitalization](#) and require

some level of rehabilitation.

The spectrum of post-stroke disability is quite broad, ranging from mild non-disabling deficits to complete paralysis with loss of speech, language, swallowing, balance, sensation, vision or balance. Rehabilitation plans are individualized depending on the patient's needs and continuously reassessed to maximize recovery throughout the duration of care

Who Makes Up My Stroke Rehabilitation Team?

The complexity of stroke necessities includes a diverse group of caregivers to promote recovery and reduce the risk of recurrent stroke. Here are some members of the stroke rehabilitation team:....[Read More](#)

Special Therapy Brings Relief to Patients With Chronic Back Pain

(HealthDay News) -- Many people with long-term back pain have tried physical therapy and medication, to no avail. A new study suggests they might "unlearn" their discomfort in weeks -- using psychological therapy.

"For a long time, we have thought that chronic pain is due primarily to problems in the body, and most treatments to date have targeted that," said Yoni Ashar, who led the study while earning his PhD in the department of psychology and neuroscience at University of Colorado Boulder.

"This treatment is based on the premise that the brain can generate pain in the absence of injury or after an injury has healed, and that people can unlearn that pain. Our study shows it works," Ashar said in a university news release.

The study involved 151 men and women with back pain for at

least six months who took part in a four-week psychological treatment called Pain Reprocessing Therapy. They had mild to moderate pain and underwent eight one-hour sessions in all.

According to the study results, two-thirds were pain-free or nearly pain-free after treatment. And most remained free of pain for one year.

"The magnitude and durability of pain reductions we saw are very rarely observed in chronic pain treatment trials," Ashar said. Opioids have only moderate and short-term relief in many trials, he added.

About 85% of people with chronic back pain have pain for which tests can't find a clear bodily source, such as tissue damage, the researchers said.

Misfiring neural pathways are partly to blame, according to the study. Different brain regions



activate more during chronic pain than acute pain. Among chronic pain patients, certain neural networks are sensitized to overreact to even mild stimuli.

"The idea is that by thinking about the pain as safe rather than threatening, patients can alter the brain networks reinforcing the pain, and neutralize it," said Ashar, now a postdoctoral researcher at Weill Cornell Medicine in New York City.

The goal of the treatment is to educate the patient about the role of the brain in causing chronic pain and to help them reappraise their pain as they move in ways they'd been afraid to. It also aims to help them cope with emotions that may increase their pain.

After treatment, 66% of patients in the treatment group were pain-free or nearly pain-free compared with 20% of the

patients who got sham therapy and 10% of those who had no treatment.

And when people in the psychotherapy group were exposed to pain in a scanner post-treatment, brain regions associated with pain processing -- including the anterior insula and anterior midcingulate -- had quieted significantly.

The study focused on chronic back pain, so larger studies are needed in the future to see if the treatment would have the same results for other chronic pain.

"This study suggests a fundamentally new way to think about both the causes of chronic back pain for many people and the tools that are available to treat that pain," said researcher Sona Dimidjian, a professor of psychology and neuroscience at CU Boulder. "It provides a potentially powerful option for people who want to live free or nearly free of pain."

Black Americans Still at Higher Risk for Heart Trouble

Black Americans have been persistently hard-hit with heart disease risk factors for the past 20 years -- and social issues like unemployment and low income account for a good deal of it, a new study finds.

Cardiovascular disease, which includes heart disease and stroke, is the No. 1 killer of Americans, and it's well-known that it exacts a disproportionate toll on Black Americans.

The new study -- published Oct. 5 in the *Journal of the American Medical Association* -- focused on risk factors for heart and blood vessel disease, such as high blood pressure, diabetes and obesity. And Black Americans carried a heavier burden of those conditions than white, Asian and Hispanic folks, the study authors said.



But the findings also highlight a key reason why.

"A lot of the difference may be explained by social determinants of health," said lead researcher Dr. Jiang He, of Tulane University School of Public Health and Tropical Medicine, in New Orleans.

That term refers to the wider context of people's lives and its impact on their health: A healthy

diet and exercise might do a heart good, for instance, but it's easier said than done if you have to work two jobs to pay the rent.

In their study, He and his colleagues were able to account for some of those social determinants: people's educational attainment, income, whether they owned a home, and whether they had health insurance and a regular health care provider....[Read More](#)

Merck says research shows its COVID-19 pill works against variants

Laboratory studies show that Merck & Co's (MRK.N) experimental oral COVID-19 antiviral drug, molnupiravir, is likely to be effective against known variants of the coronavirus, including the dominant, highly transmissible Delta, the company said on Wednesday.

Since molnupiravir does not target the spike protein of the virus - the target of all current COVID-19 vaccines - which defines the differences between the variants, the drug should be equally effective as the virus continues to evolve, said Jay

Grobler, head of infectious disease and vaccines at Merck.

Molnupiravir instead targets the viral polymerase, an enzyme needed for the virus to make copies of itself. It is designed to work by introducing errors into the genetic code of the virus.

Data shows that the drug is most effective when given early in the course of infection, Merck said.

The U.S. drugmaker tested its antiviral against nasal swab samples taken from participants in early trials of the drug. Delta



was not in wide circulation at the time of those trials, but molnupiravir was

tested against lab samples of the variant behind the latest surge in COVID-19 hospitalizations and deaths.

Merck said earlier this year that a small, mid-stage trial found that after five days of molnupiravir treatment, none of the patients taking various doses of the drug tested positive for infectious virus, while 24% of placebo patients did have detectable levels.

Merck is currently conducting two Phase III trials of the antiviral it is developing with Ridgeback Biotherapeutics - one for treatment of COVID-19 and another as a preventive.

Merck anticipates that the Phase III treatment study will finish in early November, Grobler said.

The trial enrolled nonhospitalized COVID-19 patients who have had symptoms for no more than five days and are at risk for severe disease.

Peripheral Artery Disease: Common, and Here's How to Spot It

If you're older and your legs ache, it could be nothing -- or it could be a sign of peripheral artery disease (PAD).

Have you ever even heard of it? Maybe not. That's why the Society for Vascular Surgery would like you to know a little more.

"As we age, we are susceptible to some aches and pains, possibly a tightness in the lower back after standing for long periods of time or a soreness in the legs after a challenging workout, but if unexplained pain persists, it's important to see a physician," said Dr. Alan Dietzek, a surgeon in Danbury, Conn. "Of course, not all pain indicates a serious problem, but

certain leg pain and other symptoms in the lower extremities could be a sign of PAD."

Peripheral artery disease happens when plaque builds up in the arteries of the legs. This happens gradually. If it's allowed to progress, it can limit or block blood flow in that artery.

The disease affects about 10 million people in the United States. Risks for developing it include smoking, high blood pressure, high cholesterol, diabetes, kidney failure and obesity.

Older, at-risk patients can have an ultrasound and leg blood pressure examination, to help determine if they have PAD and



how severe it is.

Symptoms can include leg pain when walking or climbing, numbness, cramps, weakness and foot wounds that do not heal. It may start with difficulty walking, but can progress to infections, painful foot ulcers, gangrene and amputation.

If you develop PAD, your doctor may recommend quitting smoking, losing weight and exercising, such as walking 30 minutes a day. Patients who have diabetes and PAD should control their blood sugar. Some patients will be prescribed medication to improve blood flow.

Sometimes surgery will be

recommended to restore blood flow to the legs or feet. Patients who don't have treatment or who don't follow their doctor's advice have a higher chance of PAD progressing to ischemia -- blood flow to the limb so restricted that they may lose that limb.

"It's critical to get diagnosed and treated as early as possible," Dietzek said in a society news release. "While PAD can be severe and limb-threatening, the good news is that it is a slow-moving disease, and many patients can keep the worst effects at bay simply by changing their lifestyle."

What Your Poop Can Tell You About Your Health

The No. 1 reason to pay attention to your No. 2? It offers clues to potentially serious conditions *by Rachel Nania, AARP*

The topic may be taboo for cocktail conversation — and it's definitely not discussed at the dinner table — but fecal matter, when it comes to health, is an important matter.

That's because what comes out of your body can tell you a lot about what's going on inside of it. Changes in your stool can reflect changes in your diet, mood and physical activity; some shifts can even signal more serious conditions.

Before you start obsessing

over your bowel movements, know that "everybody's stool varies some from time to time," depending on what you eat, how much you move and the medicines that you're taking, among other things, says William Chey, M.D., professor of gastroenterology and nutrition sciences at Michigan Medicine at the University of Michigan. So best "not to overinterpret" it.

On the other hand, "it's also really easy to ignore things and not worry when you do need to," Chey adds. The key is to know your normal. Some people poop a few times a day; others go a few times a week. When you want to start paying attention is

"if you have an abrupt change in your bowel habits and it lasts more than a day."

Here are a few things to be on the lookout for.

- ◆ **Red, maroon or black poop**
- ◆ **Pale poop**
- ◆ **How often are you going?**

[...Read More](#)

Type	Description	Image
1	Separate hard lumps, like nuts	
2	Lumpy and sausage-like	
3	Sausage shape with cracks	
4	Like a smooth soft sausage or snake	
5	Soft blobs with clear-cut edges	
6	Mushy consistency with ragged edges	
7	Liquid consistency with no solid pieces	

How You Feel About Your Place on the Social Ladder Can Affect Your Health

AHA News: How do you feel about yourself and your place in society? The answer could affect not just your state of mind, but your actual health.

"When you ask people to make a social comparison of where they stand in society, we find a significant effect on physical health outcomes," said Jenny Cundiff, assistant professor of psychology at the University of Alabama who studies the subject. "It's not just what you have, but where you think you stand in relation to others that might be important for your health."

Scientists are still trying to establish why that is. But studies have shown a correlation between a

low subjective social status (SSS), the formal term for the self-assessment of social rank, and poorer health.

A 2016 meta-analysis in the medical journal BMJ Open reviewed nine studies and concluded that people with low SSS were more likely to have coronary artery disease, high blood pressure, diabetes, obesity and high cholesterol than those who ranked themselves higher



on the social status scale.

In August, a study in the Journal of the American Heart

Association showed Hispanic adults with higher SSS had better cardiovascular health than those farther down the scale. The study used the AHA's Life's Simple 7, a compilation of modifiable heart-healthy factors — smoking status, physical activity, diet, body mass index, blood pressure, cholesterol and glucose levels — and a 10-rung "ladder" known as the MacArthur Scale of Subjective

Social Status.

Experts differentiate between subjective social status — one's own opinion — and objective social status, which is assessed through income, education levels, employment and other clearly measurable factors.

People with higher socioeconomic status generally have better overall health for reasons that seem apparent: more money, better access to health care, better neighborhoods and other factors known as the social determinants of health....[Read More](#)