COVID WHAT NEXT?

HOW TO FIGHT PANDEMIC CONFUSION AND MAKE 2022 HEALTHY, SAFE AND PRODUCTIVE

PLUS YOUR TOTAL PLAN FOR VACCINES AFTER 50

YOUR AARP FIGHTING FOR ALL
HOW WE’RE WORKING TO SERVE THE DIVERSE NEEDS OF AMERICANS
I realized that life wasn’t going to be a free ride.

—MEL BROOKS

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MEDICARE PART B PREMIUMS SOAR
Rate increase is largest since 2016

The health care costs of COVID-19 and the mandate to pay back premiums kept artificially low by the government last year contributed to the largest hike by dollar amount of Medicare's Part B monthly premium in history, and the largest percentage rise since 2016.

The increase for the premium will be $21.60 a month, the Centers for Medicare & Medicaid Services (CMS) announced late last year. That means monthly premiums for Part B will cost most beneficiaries $170.10 this year.

Medicare Part B covers doctor visits and outpatient services like lab tests and diagnostic screenings.

Rising health care prices, some caused by the pandemic, were part of the reason for the big hike, according to the CMS. Another factor is payback: Last year Congress agreed to pay $1.3 million. The case was settled, with AAG saying it “has already begun to take steps to fully reverse course.”

Overdose deaths were up for all age groups during the pandemic. The National Center for Health Statistics recorded more than 100,000 overdose deaths from April 2020 to April 2021.

In a statement to AARP, AAG says it “has already begun to take steps to address CFPB’s concerns and is pleased to resolve the matter.”

Reverse mortgages enable older homeowners to borrow money by using home value as collateral. But until the borrower sells the home, moves or dies, the loan is not paid off, and failing to pay insurance or property taxes can lead to default.

Be wary if you receive a sales pitch for a reverse mortgage. A federal watchdog agency settled a lawsuit that accused a leading reverse mortgage lender of enticing homeowners with ads that exaggerated their home values.

The Consumer Financial Protection Bureau found that American Advisors Group violated consumer trust by luring potential applicants into negotiations with false projections. Using inflated home values would lead homeowners to expect to “reap more proceeds from the reverse mortgage than were actually available,” the CFPB said in its lawsuit.

The case was settled, with AAG agreeing to pay $1.3 million. AAG is the nation’s largest provider of reverse mortgages and is known for advertising with celebrities like Tom Selleck and the late Fred Thompson.
COVID: WHAT NEXT?

EVEN WITH THE ARRIVAL OF THE OMICRON VARIANT, SCIENCE HAS SHOWN THE SMART PATH FORWARD FOR OTHERWISE HEALTHY OLDER AMERICANS:

BY MIKE ZIMMERMAN

Get Your Vaccine.
Wear Your Mask.
Live Your Life.

If there’s one thing we can safely say after two years of living under COVID-19, it’s this: Science isn’t perfect, but it works.

Public health experts made some mistakes before the true nature of the virus was known, from the initial guidance to forgo wearing masks in public to the advice on wiping down groceries and mail. Indeed, at the start of the pandemic, few experts believed it would be as bad as it’s been, says Cameron Wolfe, M.D., an infectious disease specialist and associate professor at the Duke University School of Medicine. In February 2020, U.S. doctors who deal with “high-consequence pathogens” and disaster medicine were predicting a worst-case scenario of 500,000 U.S. deaths. But they were wrong. As of this writing, the death toll from COVID-19...
Cover Story

has surpassed 800,000 Americans, with more than 50 million infected. Roughly 90 percent of those who have died were 50 or older.

But after two years of both triumphs and missteps, a lot of us have grown frustrated with science. Vaccines are miracles—or they’re not. “Long COVID” is a thing—or it’s not. Omicron, delta and other variants have thrown our best planning and predictions into chaos time and again. And across the country, public health practices are more and more driven by politics, media and culture rather than by science.

It’s confusing. And depressing. And as a result, COVID fatigue has become a real danger to our collective health.

“People are tired of the public health interventions,” says Andrew Badley, M.D., chair of the Mayo Clinic’s COVID-19 Research Task Force. “Masking and social distancing and handwashing and not going to crowded settings. Some people are doing that less and less, and I think that contributes to the spread.” Because we’re letting our guard down, “I think we will be seeing patients with severe COVID disease for years to come,” he says.

So as the two-year anniversary of COVID rolls around, let’s take a step back, get a solid look at just where we are, and answer some serious questions about the future of COVID and how to make 2022 as healthy, safe and productive as it can be.

If vaccines are “90 percent effective,” how come so many vaccinated people get sick?

Until the omicron variant emerged, “breakthrough” infections in immunized individuals were rare, according to the Centers for Disease Control and Prevention (CDC), and they happened primarily in those who were immunocompromised. It appears that omicron has a greater ability to circumnavigate the initial vaccine series than other variants. Omicron makes it even more urgent not just to get vaccinated but to add a booster if you have not already done so, and to take extra precautions, especially if you’re over 65 or dealing with any chronic health conditions.

Here are the CDC statistics to keep in mind: Unvaccinated people are six times more likely to catch COVID and 14 times more likely to die from it. And for those 50 and older, the risk of forgoing vaccination is even greater. (See “Why to Vaccinate,” page 10.)

The fact is, all vaccines—measles, shingles, influenza, pneumonia, what have you—vary in their effectiveness, says Paul Duprex, director of the Center for Vaccine Research at the University of Pittsburgh. “The goal set for COVID-19 vaccines to be considered effective was 50 percent; they surprised us by hitting over 90 percent.” By comparison, our annual flu shots come in at around 40 to 60 percent each year. So the range of effectiveness of the COVID vaccines really is remarkable.

“Your immune system is like a football team,” says Panagis Galiatsatos, M.D., a pulmonologist and critical care specialist at the Johns Hopkins University School of Medicine. “You practice all week, but you have no idea what exactly you’ll be up against on Sunday. Even with the strongest players, you don’t know how well you’ll play against a team you’ve never seen before. A vaccine gives your football team the opponent’s playbook. So you’re gonna go out there and be more effective.”

That doesn’t mean the other team can’t occasionally win or that you can’t still get sick. But getting vaccinated dramatically stacks

HOW GOOD IS YOUR MASK?

The Environmental Protection Agency and others have published research on masks and the percentage of COVID-size airborne particles they filter out. Two things matter most: the type of material and how well it fits your face. Surprisingly, medical procedure masks aren’t especially protective unless they’re modified to fit snugly across your face by twisting the loops around your ears or affixing them with clips or other devices. Here are the findings:

If vaccines are “90 percent effective,” how come so many vaccinated people get sick?
Cover Story

the odds in your favor and makes any illness you do experience much less severe.

Why do we need boosters? Is this proof that the vaccines don’t work?
It’s entirely normal for antibodies generated by vaccines to wane over time and require a boost, as anyone who’s gotten a tetanus shot after a puncture wound can attest. “What we know is that even after two COVID immunizations, our antibody levels drop; that’s why we need boosters,” Duprex says. “Likewise, when variants like omicron come along, these antibodies don’t seem to be as effective. That’s a double hit which leads to drops in vaccine effectiveness. This virus isn’t going away ... boosters are very likely here to stay.”

Even natural immunity fades with time, as in the case of chicken pox: After a childhood bout of chicken pox, our immune system keeps the virus in check for decades. But after age 50, the immune system begins to fatigue, which is why we vaccinate for shingles—the disease caused by a reemergence of the chicken pox virus.

The fact is that the virus is changing, and our approach to it has to change as well. Omicron has shown itself to be more capable of evading vaccine-granted immunity given by the first two jabs, but boosters appear to be effective against it. That’s why getting a booster—and protecting yourself if your health is compromised—is so critical.

Do new COVID pills “cure” the disease?
“Do drugs work as effectively as vaccination? Heck no,” says Duke’s Wolfe. But they’re still a potentially important development.

As of this writing, pharma giants Merck (with Ridgeback Biotherapeutics) and Pfizer have been working to get emergency use authorization from the Food and Drug Administration for their respective drugs that could make fighting COVID much easier. Merck’s molnupiravir is already authorized for use in the U.K. and has been shown to lower the risk of severe symptoms and death by half. Meanwhile, Pfizer revealed study results in November showing its drug Paxlovid reduced hospitalizations and deaths by 89 percent.

The drugs are designed to be taken by people experiencing mild to moderate symptoms within the first few days of the disease cycle. The pills work in a different way than monoclonal antibodies, the current go-to COVID treatment, but the outcome is the same: They prevent the virus from replicating in the human body and thus keep symptoms of the disease from escalating.

These drugs are serious medical advances, not just because of their effectiveness, but because of their convenience. Monoclonal antibodies are effective, but they require an IV infusion, says the Mayo Clinic’s Badley. That’s why the new medications are so important. “We hope they will get similar effectiveness by using a pill. That’s a much easier way to treat patients.”

Other inexpensive and plentiful treatments are beginning to show promise as well. Preliminary research, for example, has shown that the cholesterol drug fenofibrate may help prevent the COVID spike protein from binding with human cells, reducing infection. Meanwhile, the antidepressant fluvoxamine has also shown promise in preventing an immune system overreaction—out-of-control inflammation—and could lower the risk of hospitalization and death.

These drugs are cheap, plentiful and established—though neither is widely used for COVID just yet. But the better bet is to follow safety precautions and avoid infection in the first place, Wolfe says.

Why aren’t we at herd immunity yet?
“Herd immunity” occurs when a large enough portion of a community becomes immune to a disease that its spread from person to person becomes unlikely. How high that portion needs to be is based largely on how contagious the disease is; the more easily it spreads, the more people you need to be immune in order to contain it. Measles is highly contagious, so roughly 94 percent of a population needs to be immune to shut off the chain of transmission.

As to COVID, science hasn’t yet determined the threshold, but estimates put it at north of 90 percent of the population. For the older population, vaccination hasn’t been an

WHY TO VACCINATE
How death rates in America vary among those infected by the coronavirus, based on whether they have been vaccinated. People ages 65 to 79 are more than 20 times as likely to die from COVID if they haven’t been vaccinated.

<table>
<thead>
<tr>
<th>Age</th>
<th>Unvaccinated</th>
<th>Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-49</td>
<td>0.11</td>
<td>1.67</td>
</tr>
<tr>
<td>50-64</td>
<td>0.39</td>
<td>8.36</td>
</tr>
<tr>
<td>65-79</td>
<td>1.57</td>
<td>31.87</td>
</tr>
<tr>
<td>80+</td>
<td>6.51</td>
<td>38.28</td>
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Numbers are per 100,000 people, based on October data.

SOURCE: CDC
So what keeps people from getting a shot? A 2021 study by the Ad Council found a combination of distrust of institutions like government and the pharma industry; doubts about vaccines’ effectiveness; safety concerns, particularly around future pregnancies; and the feeling among younger people that they simply weren’t at real risk. “Some parts of the country have had high vaccination rates and reasonable cooperation with masks and risk-reduction strategies and have benefited by a decline in COVID,” says Sten Vermund, M.D., dean of Yale University’s School of Public Health. “Places that don’t are experiencing continued transmission.”

In some cases, vaccine mandates have helped people who need a nudge. Doctors speak of two categories of unvaccinated people: the vaccine resistant (“No way I’m getting a shot!”) and vaccine hesitant. The hesitant can be convinced, Vermund says. “Principles can be very strongly held or mildly held. Some will never agree regardless of the consequences and are willing to lose a job. Other people don’t have as deeply held a view. That’s where we’re making progress.”

The numbers bear this out—and that’s why vaccine mandates, as unpopular as they may be, have been so effective. When United Airlines issued a mandate for all employees, fewer than 1 percent faced dismissal for non-compliance. Novant Health, a hospital system in North Carolina with 35,000 employees, had to dismiss only 175 for non-compliance. In Washington state, less than 3 percent of the 63,000-person workforce chose to quit or be fired rather than get the vaccine.

“It’s like car insurance,” Wolfe says. “If we didn’t make it mandatory, a lot of people wouldn’t get it because it costs money and we all think we’re great drivers who will never have a car crash.” The vaccine resistant may never get that shot, even though 50 million people have gotten COVID. But vaccine mandates so far have helped “insure” millions against future infection. That’s good progress.

What is long COVID—and how do I know if I’m at risk?
We’ve learned much about this novel virus over the past two years, but one aspect that continues to confound doctors is “long COVID,” in which certain patients suffer from symptoms for months after the infection has run its course.

Many other viral diseases—from chickenpox to polio to influenza—have been shown to have “long haul” effects, as do bacterial diseases like Lyme. But long COVID may be far more common than anyone thought. A large study in *PLoS Medicine* of more than 273,000 COVID survivors found that 37 percent had one or more symptoms of long COVID three to six months after infection. And the risk of long COVID symptoms rose with age, with 61 percent of the 65-plus group having symptoms like breathing difficulty from lung damage, cognitive issues (brain fog and memory), muscle pain and fatigue. The risk was higher in people who’d had a more severe bout of the illness.

Other common long-term symptoms include headache, anxiety/depression and pain in the chest or throat that people may not even attribute to COVID. The overall cause remains a mystery, though some symptoms could be aftereffects of the intense inflammatory immune response in your body during the infection. That can’t be confirmed just yet, just as we don’t fully understand the long-term effects of other viral and bacterial infections, such as Lyme disease.

“We don’t yet have a great understanding of what this is, how it occurs and what the treatment should be,” Badley says. “I think in 2022, we’ll begin to get a handle on those.”

What makes it especially challenging is identifying which symptoms are actually long COVID and which aren’t. “It’s very nebulous,” Wolfe says. “I can predict with some accuracy who’s going to get sick enough with COVID to wind up in the hospital. It’s proportional to your age, your weight, to how bad your heart or lungs are at the beginning, how bad your diabetic control is. I have yet to find a good...
way of predicting who gets long COVID. I have no idea how that pans out.”

If you have had COVID and have ongoing symptoms, Badley suggests talking to your doctor immediately. Everyone presents differently, and the long-term effects of COVID remain a mystery.

But there’s another reason to talk to your doctor: Your symptoms might not be COVID-related. “Many people deferred routine health care maintenance during the COVID era,” Badley says. “Some of these symptoms we’re seeing after recovery could be unrelated health issues.” Lung and neurological issues are particularly worrisome, as they may require a specialist’s care.

Vaccines may play a part here, as well. A U.K. study in The Lancet found that long COVID risk was reduced by half in vaccinated folks who developed breakthrough infections. Also, though anecdotal, a Yale research team found that receiving the vaccine reduced long COVID symptoms in 40 percent of people surveyed—possibly because the inoculation took out some remaining viral factors.

Bottom line: Ask yourself, “Am I worse off health-wise than I was before COVID?” If yes, call the doctor.

Is omicron really a game changer?
The delta variant was responsible for the massive outbreak in the summer of 2021, and omicron seems to be causing a similar spike. But while these variants seem to be more communicable than the original virus, those who are fully vaccinated are still far less likely to experience a severe infection. (Adding a booster shot restores the vaccine to about 80 percent effectiveness against omicron.)

“The more viral replication you have in the community or in an individual, the more likely you are to see mutations occur. So absolutely, I believe we will see new variants moving forward,” Badley says. But even if a vaccine-resistant variant does emerge, “the vaccine manufacturers can develop new vaccines to these new strains very, very quickly because they know exactly how to do it,” Yale’s Vermund says. For example, an omicron-targeted vaccine could be ready by March.

I’m vaccinated. But is there anything else I can do?
First off, get your flu vaccine (it’s not too late) and a COVID booster if it’s been six months since your second shot (two months if you got the Johnson & Johnson vaccine). The two vaccines can be given simultaneously (you might want to get one in each arm) and function so peacefully together that drugmakers are working on a single flu-COVID combo vaccine that could be available in autumn 2022. The goal is to stay healthy and out of the hospital—and prevention is your best weapon, Badley says.

“Last year, we were pretty good at distancing and masking and handwashing,” he adds. “Now in many places, that’s relaxed and the opportunity for influenza spread will be back to where it was pre-pandemic.” So while you’re probably tired of wearing a mask, it still makes sense in many instances. (See “A Mask Hater’s Guide to Masking,” at left.)

And continue to follow the advice of your health care provider. Just as vaccines against other diseases need periodic boosting, COVID boosters may become a regular part of your health plan.

What will 2022 bring?
One way to analyze what might happen later this year is to look at what the people who have the most skin in this game are planning. In this case, that’s health insurance companies. Insurers offering health plans via the Affordable Care Act marketplaces must file plan offerings for 2022 to justify their premiums. Most ACA marketplace insurers are predicting COVID-19 will have no effect on their 2022 costs.

That’s a bold and optimistic statement about the future of this pandemic. But the virus is still out there. COVID is still most dangerous for people 50 and older, and real safety has remained elusive.

“Imagine we’re going to get there [in 2022] in certain parts of the country,” Vermund says. Particularly along the coasts, “I think you’re going to have a very favorable circumstance because you have very high vaccine rates. In places where we’re only getting 40 or 50 percent of adults vaccinated, that’s a long way from herd immunity. And if people similarly resist vaccination for their children, you’re going to have a big chunk of the population in whom the virus is going to continue to circulate.”

And those people could be sitting next to you on a flight, in a restaurant or at the gym. December into March is high season for respiratory viruses of all kinds. We could very well see higher flu and COVID rates, setting us up for a potential double whammy.

“Mother Nature is continuing to plot against us,” Galiatsatos says. “You have to wake up saying, ‘Well, what am I doing to end this pandemic?’ Even if you’re still not getting the vaccine, that doesn’t mean you can’t contribute to ending this pandemic. You’ve got to wear the face mask and get tested.”

Wolfe, a native Australian, has faith in Americans. “I’d be wrong to say I’m not optimistic. We know so much more than we knew a year ago. We have far better treatments. We understand distancing and masking. People can do it. We’re absolutely better than we were a year ago.”

Mike Zimmerman is the author of several books on health and nutrition, and has been covering COVID-19 for the AARP Bulletin throughout the pandemic.
Smallpox, which once killed 3 in 10 of its victims, was declared eradicated in 1980. Most regions of the world are free of polio, too. These diseases no longer pose a threat, thanks to near-universal vaccination. But many vaccines require boosters to keep protecting us. Here are the vaccinations the U.S. Centers for Disease Control and Prevention (CDC) recommends for most older adults.

### COVID-19

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<th>VACCINE</th>
<th>DOSAGE</th>
<th>AGE</th>
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<tr>
<td>Pfizer-BioNTech</td>
<td>2 initial doses spaced 21 days apart. Booster shot 6 months after second dose</td>
<td>All adults should receive the initial dose or doses and the booster within the time frame suggested by the vaccine manufacturer.</td>
<td>Adults 65-plus have a 94 percent reduced risk of COVID-related hospitalization when fully vaccinated, and reduce their risk of dying from the disease by more than 20 times.</td>
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<tr>
<td>Moderna</td>
<td>2 initial doses spaced 28 days apart. Booster shot 6 months after second dose</td>
<td>Adults 65 and older, or those 64 or younger with chronic medical conditions including smoking, alcoholism, lung disease, liver disease or heart disease</td>
<td>Pneumonia, an infection of the air sacs in the lungs, can require hospitalization and in some cases prove fatal.</td>
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<tr>
<td>Johnson &amp; Johnson</td>
<td>1 initial dose. Booster shot 2 months later</td>
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### PNEUMONIA

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<td></td>
<td>A onetime single shot for most adults; 2 shots spaced 8 weeks apart for those with cochlear implant or cerebrospinal fluid leak</td>
<td>Adults 65 and older, or those 64 or younger with chronic medical conditions including smoking, alcoholism, lung disease, liver disease or heart disease</td>
<td>Pneumonia, an infection of the air sacs in the lungs, can require hospitalization and in some cases prove fatal.</td>
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### INFLUENZA

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<td></td>
<td>One shot annually. The influenza virus mutates each year, so last year’s vaccine isn’t necessarily effective against this year’s flu. The flu shot can be taken at the same time as the COVID-19 vaccine or booster.</td>
<td>Standard influenza vaccine for people ages 50 to 64. People 65 and older should receive either the high-dose vaccine, which contains four times the amount of antigens as the standard vaccine, or an adjuvanted flu shot, which contains an additional ingredient that helps promote a better immune response.</td>
<td>Middle-aged and older adults are at higher risk of developing serious flu complications, especially if they have asthma, diabetes, chronic kidney disease, heart disease/stroke, chronic lung disease, liver disorders, weakened immune system, obesity, endocrine disorders or metabolic disorders</td>
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### SHINGLES

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<th>DOSAGE</th>
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<th>WHY</th>
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<tbody>
<tr>
<td></td>
<td>A onetime round of 2 Shingrix shots spaced 2 to 6 months apart</td>
<td>Adults 50 and older</td>
<td>An estimated 1 in 3 people in the U.S. will develop shingles, a painful, blistering rash that can cause nerve pain lasting for several months or longer.</td>
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### TETANUS/ DIPHTHERIA/PERTUSSIS

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<th>VACCINE</th>
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<td></td>
<td>1 Tdap booster shot, then a Td booster every 10 years or after a puncture wound if not vaccinated in the past 5 years</td>
<td>All adults; those 65 and over should receive the Boostrix version of the vaccine</td>
<td>Tetanus remains a potentially fatal disease with no known cure. Diphtheria damages the heart, kidneys, lungs and nervous system, especially in older adults. Pertussis (whooping cough) can be especially serious in babies and young children. Tdap vaccine protects against all three.</td>
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Cynthia Keen reports on science and medicine for Physics World and other publications.
How I went from being almost completely deaf to hearing again

BY JOYCE PURNICK

Fifteen years ago, about to turn 60, I began to lose my hearing—gradually, then precipitously. Within a decade I was functionally deaf, increasingly isolated and edging toward depression.

Today I hear surprisingly well, thanks to a cochlear implant (CI)—a surgically embedded bionic ear and a technological miracle, which is not a word I use lightly. My CI restarted my stalled life. It could do the same for so many people like me. Yet only an estimated 5 to 7 percent of eligible adults in the U.S. who could benefit from a cochlear implant have the device in one or both ears. And as of December 2019, only about 736,000 registered devices had been implanted worldwide.

Hearing aids help many people but are less useful when hearing loss becomes too severe. That’s when cochlear implants could be a remedy. Both ears tested below par, the left worse than the right—a serious hearing loss attributed to an antibiotic overprescribed in my childhood, and aging.

Hearing loss, a challenge at any age, throws a sharp curve at those who lose hearing later in life. We have no coping mechanisms—no sign language, no lipreading, and our friends and family relate to us as if we could still hear.

A recently retired journalist, I had always been outspoken. But hearing only an occasional word, I routinely withdrew. I learned the neutral smile, the noncommittal “hmmm,” the agreeable nod. Weary of asking people to repeat things, I often faked it—pretending to hear what I did not—or lapsed into silence.

I had to find another way. Like most people,
I knew little about cochlear implants. They were not approved by the U.S. Food and Drug Administration until 1984, then permitted only for the profoundly deaf.

“Awareness is poor,” I learned from William Shapiro, the codirector of NYU Langone’s Cochlear Implant Center. He cited studies showing that only 18 percent of the general public is somewhat familiar with implants, and only two-thirds of audiologists—the very people who fit and sell hearing aids.

None of the three audiologists I saw when my hearing was tanking mentioned implants; they just pushed for expensive new bells and whistles that would have been as helpful to me as sunglasses at night.

GETTING TO YES

I didn’t need an audiologist to tell me that hearing aids could no longer help me. Yet I hesitated. I hated the idea of clunky hardware hanging from my ear, feared surgery so close to my brain (even if peripheral), worried about reports of post-op vertigo or infections. I was particularly adamant about keeping whatever hearing remained in my weaker ear. Surgeons can preserve the residual hearing of some patients, but what about mine? What if my surgery failed and I had forfeited my lingering decibels?

Nobody could reliably predict what sounds my implant would produce—near normal or annoyingly mechanical, as I had read. Would my husband, my friends, my grandkids sound like Donald Duck? There is no sure answer. Each implant patient adjusts differently and hears uniquely.

I delayed surgery, until the residual hearing I so valued had plummeted to near zero. My husband and I concluded I had little to lose and a lot to gain. I would go for it.

RELEARNING HEARING

In the spring of 2019, I learned from an evaluation at NYU Langone’s implant center why I was a good candidate for the surgery: The key predictor of success is a healthy, active auditory nerve. I had started to lose my hearing only about a dozen years earlier, and because I had worn hearing aids, my auditory nerve was still working. If the auditory nerve is dysfunctional, as it usually is in those long deaf, it cannot send sound signals to the brain. (Many private insurers and Medicare cover implant surgery if hearing aids are inadequate, so candidates must first undergo tests to assess their hearing and speech comprehension, and the condition of their middle ear and cochlea.)

In September 2019, at age 73, I underwent surgery. My worse (left) ear would get the implant, and I would continue to wear a hearing aid in my right.

The procedure went smoothly. Roland, using less risky local rather than general anesthesia, made a small incision behind my left ear, inserted a magnet and a receiver-stimulator into my head, and threaded my implant’s 22 electrodes into my cochlea. The cochlea is a snail-like bone lined with thousands and thousands of hair cells (cilia), which are damaged in deaf people. I was home in a few hours, the post-op pain was minor, the incision healed quickly and is barely visible today. No vertigo, no infection.

My NYU Langone audiologist, Nathalie Chouery, gave me the external parts of the implant system: a sound-receiving gizmo that curls around my ear like a large hearing aid; it contains a microphone, sound processor and battery. A thin wire connects the processor to a disc-shaped magnet that attaches to the magnet inside my head, to complete the circuit. The external parts are easily removed when I sleep, shower or swim.

How does it work? In a healthy ear, the cochlea’s hair cells transmit sound to the auditory nerve, but that’s impossible when the hair cells are injured. With a CI, the sound processor and microphone on my ear collect sound and send it to the implant’s electrodes. They convey signals to the auditory nerve, which relays the message to my brain. The brain interprets the message as sound—eventually.

Two weeks after surgery, Chouery activated and programmed my implant. The moment of truth. She hit the equivalent of the “power on” button, and I heard my first new sounds. Oh my. What sounds they were: roaring air, clangs, whistles and a mumble of unintelligible speech. My brain had to adjust—not my ear but my brain.

We hear with our brains. The ear converts sound to a signal that the brain interprets and understands. Would my brain accept the mechanical intruder? I had my doubts. My implant replaced all those thousands of hair cells with just 22 electrodes, after all.

In those early post-op days, I heard mostly noise. How could my brain do its job with so little information?

Then, magically, it did.

About two weeks after activation, I was listening to a newscast. Until that night, the
anchor, Lester Holt, sounded as he always had, because I heard him through my hearing aid, while my implanted ear whooshed away like annoying background noise. That night, though, Holt’s voice began to sound odd, sort of tinny. I was hearing him through the implant as well as through my hearing aid! My brain was adapting, translating the implant’s weird sounds into familiar language. The beginning of my new life!

I was progressing, hearing more, but not quite normally. It takes time and training to help the brain interpret the implant’s signals. I continued to work with Chouery on comprehension—focusing on distinguishing between words that sound alike, repeating simple sentences, taking multiple-choice tests on what I had heard as I worked my way through online exercises.

My hearing improved rapidly. Over the next several months, tests showed that my understanding of sentences in my implanted left ear went from 6 percent before surgery to more than 70 percent—and on one test, to over 90 percent. Adjusting to the implant can take patients up to a year, sometimes longer. Every experience is different.

BACK IN THE GAME

My new reality? Conversations are back—no faking or withdrawing. I hear well in small gatherings but not so great in crowded settings with a lot of ambient noise. Amplified sound remains difficult. But the sound of speech is now close to what it was before my hearing loss—somewhat more robotic, but the voices of friends and family (yes, even Lester Holt) are fully recognizable.

A new hearing aid in my better ear syncs with my implant. That improves my general hearing and streams sound directly into both ears, which lets me converse by cellphone and enjoy videos, podcasts and audiobooks. All that was impossible presurgery.

Music, a more sophisticated sound than speech, is distorted for me. While intensive training helps some CI users with music, implants are designed for language and speech comprehension, not for Beethoven.

I miss Beethoven. I miss hearing as I did when I was young. But as we all learn as we age, life is a matter of trade-offs. I was cut off from the world around me. Now I am back in the game. I’ll take it.

Joyce Purnick is an award-winning journalist and former columnist for The New York Times.
A NEW WAY TO PAY
A variation on layaway offers convenience with a catch

BY LISA LEE FREEMAN

On checkout pages of many online retailers, you’re more and more likely to see a new payment option. Generally known as “buy now, pay later” (BNPL), it lets you buy on credit without a credit card. But there are downsides you need to know about.

How BNPL works is simple. Along with usual payment choices such as credit cards, Apple Pay or Google Pay, you’ll see an option to pay over time via a service like Affirm, Afterpay or Klarna. Click through, and if you’re approved (a quick credit check may be required), your tab will be split into smaller payments you make over weeks or months. Depending on the service and your payment schedule, there may be no fees or interest charges.

BNPL programs are like buying on layaway, but with a twist: Instead of receiving your purchase after you’ve made your payments, you get it right away. Offered mostly online but also in stores through mobile phone apps, BNPL services are exploding in popularity. About 45 million Americans used one in 2021, up 80 percent over the prior year, estimates the Insider Intelligence research firm. And as the new BNPL programs gain acceptance, fewer retailers are offering layaway.

So what’s the catch? There’s more than one.

► You’re not entitled to credit card perks such as extended warranties or rewards points. The Consumer Financial Protection Bureau also warns that BNPL services don’t come with the same safeguards provided by credit cards—a problem if you want to return something or you fall for a scam.

► There are limits on what you can buy. Product categories such as groceries and low-cost personal care items are commonly excluded. And most services have minimum and maximum purchase sizes—$30 and $1,500, for example, at PayPal.

But the strongest reason to be cautious is that BNPL programs can tempt you into overspending. Seventy-three percent of the 1,003 shoppers surveyed by CouponFollow.com, for example, said that using BNPL prompted them to purchase more than they would have otherwise.

A recent Credit Karma survey found that a third of shoppers who used BNPL fell behind on their payments, resulting in a lower credit score for nearly three-quarters of them. “If you have a hard time sticking to a budget, and you perhaps lose track of your spending, this could be a risky option for you,” says Colleen McCreary, consumer financial advocate at Credit Karma. Says New York City financial advisor Tom Henske: “If you can’t afford a purchase, it doesn’t help you to spread the payments out; you still can’t afford it.”

Lisa Lee Freeman, a consumer and shopping expert, was founder and editor in chief of ShopSmart magazine from Consumer Reports.

MAJOR PLAYERS

Each BNPL program works a bit differently. Here are some key terms of four leading providers.

Affirm | affirm.com
How it works | Choose the period of time in which you’ll complete your payments: primarily three, six or 12 months.
Fees | You’ll pay interest from zero to 30 percent on the purchase amount, depending on your creditworthiness, but no late fees.
Retail partners | include Amazon, Target, Walmart.

Afterpay | afterpay.com
How it works | Make four payments over six weeks, with no interest.
Fees | Late fees can amount to 25 percent of your order.
Retail partners | include Dick’s, Dillard’s, DSW.

Klarna | klarna.com
How it works | Choose how you’d like to pay: in four equal payments (with no interest); in 30 days (with no interest); or with monthly financing (at 19.99 percent interest). You get $5 when you sign up.
Fees | Up to $35 if you miss a payment
Retail partners | include Macy’s, Sephora, Wayfair.

PayPal Pay in 4 | paypal.com/payin4
How it works | Make four payments in biweekly installments.
Fees | None. (The program recently dropped its late fees.)
Retail partners | include Bed Bath & Beyond, Best Buy, Target.
A year after the COVID crunch led credit card issuers to cut down on deals, some sweet introductory offers are back on the table. If you’re looking to grab some cash rewards or burn a balance, you need not stick with your old cards.

You can maximize rewards by using several cards and dedicating each to its best purposes. How many cards? Three or four at most. You don’t want so many that you lose track of the bills; forgetting just one payment can unleash enough penalties and interest to wipe out a year of rewards.

And don’t even think about playing the rewards-card game if you carry a balance from month to month. Chasing after 2 percent cash back is a losing proposition if you’re paying 16 percent interest on past purchases. Instead, focus on getting your balance to zero.

With that out of the way, here are some appealing cards for different types of users. (Note that offers like sign-up bonuses and balance transfer deals can change at any time.)

**EVERYDAY USERS**
If you pay off your cards every month, use one that earns rewards, says Sara Rathner, a credit card specialist at the personal finance site NerdWallet: “Otherwise, you are leaving money on the table.”

One of her current favorites? The American Express Blue Cash Preferred Card offers 6 percent cash rewards on groceries (up to $6,000 in annual spending), 3 percent on gas or transit, 6 percent on streaming services and 1 percent on everything else. The $95 annual fee is waived in the first year. You get a $350 bonus if you spend $3,000 in the first six months. (card.americanexpress.com)

For a one-size-fits-all approach, Matt Schulz, chief credit analyst with LendingTree, recommends the Wells Fargo Active Cash Card, which has no annual fee, offers 2 percent back on all purchases and has a $200 bonus if you spend $1,000 in the first three months. (creditcards.wellsfargo.com)

**BUSY TRAVELERS**
I’m not a huge fan of travel rewards cards, because their point systems can be confusing and the rewards can shift as the underlying airline or hotel programs change terms. “A lot of the time, the better choice is a cash-back card,” concedes Schulz. But he carries rewards cards for the hotels and airlines he uses most, in part to get priority boarding. A good travel rewards card will also offer fee-free currency conversions on purchases made abroad.

**LOYAL SHOPPERS**
What about cards for certain retailers or purchases? I like them. My Citi Costco Anywhere Visa Card returns up to 4 percent on gas and 2 percent at Costco; my Capital One Savor Rewards Card gets me 4 percent on dining and entertainment, 3 percent at the grocer and 1 percent elsewhere. (citi.com/costco; capitalone.com/credit-cards)

The Savor card has an annual fee, but like many other rewards cards, it has a fee-free version with lesser rewards. And if you regularly use your card and pay your bills, those fees can often be cut. “People have more power than they realize to negotiate these terms,” Rathner says.

If you love one store above all, you can get its branded card. You might get special coupons and discounts on your purchases there.

**BALANCE BURNERS**
If you’re carrying a balance, you can speed up repayment with sign-up bonuses and zero percent balance transfer offers, though you’ll usually pay an upfront balance transfer fee. The BankAmericard has a zero percent interest rate for the first 18 months. (bofa.com/creditcards)

The Wells Fargo Reflect Card offers up to 21 months of zero percent interest if you make minimum monthly payments during the introductory period.

Want one card with a little bit of everything? The Chase Freedom Flex Mastercard offers a $200 bonus for spending $500 in the first three months, 15 months of zero percent interest, 5 percent cash rewards on travel booked through Chase, and a variety of other 3 percent and 1 percent cash-back offers. It may be at the sweet spot for anybody who wants to squeeze the most out of the least number of cards. (creditcards.chase.com)

**Linda Stern**, former Wall Street editor for Reuters, has been covering personal finance since the 1980s.

Rewards From AARP
The AARP Essential Rewards Mastercard from Barclays offers 3 percent cash back on gas station and drugstore purchases (excluding Target and Walmart), 2 percent on medical expenses and 1 percent on all other purchases. There’s no annual fee. Spend $500 in the first three months and get a cash-back bonus.

aarp.org/benefits-discounts
NOW MORE THAN EVER, THEY NEED YOUR HELP

The pandemic has been hard for everyone, but it was especially hard on our nation’s low-income older adults. Many lost jobs, struggled to pay for food and medications, and faced crippling isolation and loneliness. For some, these were new hardships. For others, the daily struggles they already faced were magnified.

When times are tough, AARP Foundation responds. If you have been fortunate in your life, consider leaving a lasting gift to AARP Foundation. Help make sure we are always there when vulnerable seniors need us.

Call us at 1-888-709-5558 to request your FREE copy of our Personal Estate Planning Record Book today or email PhilanthropicServices@aarp.org. Or download a copy for free at https://giftplanning.aarp.org/wills-and-living-trusts.

AARP Foundation®
For a future without senior poverty.

HOW TO BUY AN INDEX FUND

Cut through the clutter to find what’s right for you

It’s a classic example of a simple thing gone crazy. In recent years, countless financial experts have advised Americans to consider index funds—baskets of stocks or bonds that track the companies or investments that comprise market indexes—as a straightforward, low-cost, lower-risk way to invest without having to depend upon a fund manager’s luck or skill in picking winners.

So what happened? A massive proliferation of index funds.

Consider that there are 2,400 companies trading on the New York Stock Exchange and 2,500 U.S. index funds at latest count, according to the investment research firm Morningstar (some 60 funds tracking the popular S&P 500 stock index alone!). And although funds once focused on major indexes, such as those meant to represent all U.S. stocks or all non-U.S. stocks, hundreds of funds are now tracking narrow and sometimes obscure sections of the market, like natural gas distributors or water industry companies.

“Indexing has gone from evolution to pollution,” says Rick Ferri, an investment adviser at Texas-based Ferri Investment Solutions. “Now everything has become an index.”
Compounding the confusion: Traditional index funds are “passive,” meaning that they don’t require the active daily management by a professional stock picker. (“Passive” may sound weak, but it isn’t; index funds have typically beaten the investment performance of most professional money managers while generally charging lower prices.) But now pros blur the lines by devising indexes, then launching funds that track the indexes they have helped create. They are dressing active strategies in index-fund clothing.

Given so many options and so little clarity, how do you pick the right fund—or funds? **Look for breadth.** Lower your investment risk by buying funds that represent broad slices of the market, not narrow ones. An S&P 500 index fund, for example, contains stock shares of 500 of the largest publicly traded companies in the U.S. Other stock indexes cast even wider nets: You can buy a total U.S. stock market index fund, which gives you exposure to companies both big and small in a variety of industries, or even a total world stock market fund.

The narrower the index, the greater your risk. A fund that tracks only one industry or corner of the world can get walloped by a tiny bit of bad news that leaves the broader market unscathed.

**Minimize fees.** Two funds tracking the same index can charge you far different amounts, costing you thousands of dollars over time. “Get the one with the lowest cost,” says Stephen Craffen, a senior planner at Atlas Fiduciary Financial in Oakland, New Jersey. Specifically, look for no-load funds, which don’t charge a percentage of your upfront investment. Then, select one that has a low expense ratio, which includes management fees and other costs of running the fund; you can readily find it on a fund’s website or on any site with fund quotes.

The fine print matters. Last fall, for example, one S&P 500 index fund had an expense ratio of 0.02 percent, while another fund tracking the same index charged a much higher 1.65 percent. Imagine that you put $10,000 into each fund and the S&P returns 7 percent annually. Twenty years from now, you’d have $38,550 in the inexpensive fund, but only $28,360 in the expensive one—a shortfall of more than $10,000.

**Be tax-smart.** Funds based on a particular index are often sold in two different forms, each with the same lineup of shares: a mutual fund and an exchange-traded fund (ETF). If you’re buying inside a tax-sheltered account like a 401(k) or an IRA, either is fine. But if you’re using a regular taxable account, buy the ETF, Craffen advises. Why? A mutual fund could expose you to capital gains taxes every year, even if you don’t sell any shares. But because ETFs and mutual funds are constructed differently, ETFs typically avoid capital gains until you sell.

**Put it all together.** You can build a diversified portfolio, Ferri says, by buying three simple funds: a total U.S. stock market fund, a total U.S. bond fund and a broad-based international fund. You can make this even simpler by buying a single balanced fund or target-date retirement fund that has underlying investments in both stock and bond index funds. Balanced funds typically allocate a fixed portion to stocks and bonds. The exact proportions in target-date funds depend on your age and risk tolerance. But as people near retirement, they tend to increase bond exposure to protect from stock market declines.

Ryan Derousseau has written for Forbes.com, Fortune, Money, Consumer Reports and Barron’s.
WORLD ENDING? NOPE. JUST A SCAM
Crooks take advantage of dire times to fleece the anxious

BY HANNA KOZLOWSKA

Scam artists know that when people get scared, they often don’t think straight. That’s why many of them are able to hook potential victims by sketching out a frightening, apocalyptic scenario in their sales pitches: The economy is failing! Global instability endangers our planet! The pandemic threatens our way of living! They use exaggerated fears to convince customers that only their product can protect them from the coming Armageddon.

Precious metals scams are notorious for this kind of anxiety-based appeal. In these illegal operations, boiler room salespeople persuade victims that they should move their savings out of safe, traditional investments and into gold and silver coins. These coins, the scammers say, will keep your hard-earned money safe when the economy (or the environment or the health system) inevitably collapses. On top of the bogus pitch, the sellers sneak in undisclosed fees, and the coins, often falsely advertised as collectible, are marked up as high as 300 percent over the value of the metal. Those who invest via these scams lose much of their money the moment they make the transaction.

“These scams prey on the concerns that senior citizens may have relating to the economy, their retirement and their financial well-being,” says Joe Rotunda of the Texas State Securities Board.

In the biggest case of its kind, the federal government and 30 states sued a boiler room dealer called Metals.com about a year ago on charges it defrauded at least 1,600 customers around the country out of $185 million. The company’s salespeople would tell investors that the market was due for a major crash and falsely warned them that the government could then seize their assets, the lawsuit says. The salespeople hid large markups and acted illegally as investment advisers, according to regulators. A federal court appointed a lawyer to take control of the company’s assets.

In separate 2021 cases, securities regulators for Texas and Alabama both ordered two other precious metals sellers to stop what the states called illegal advisory schemes, accusing them of trying to scare investors into funneling their retirement money into overpriced coins.

Provenance并不使商品保值

The golden rule for all unsolicited phone pitches is to hang up, take a deep breath, give yourself a day or two to think things over, and consult with someone you trust. Heavy pressure from the salesperson to act now—or a claim that the offer absolutely expires at midnight—almost assuredly is a sign that the pitch is fraudulent.

“Slow down, especially when you’re feeling fearful,” DeLiema says. “Nothing has to be done within that same second. You can get a second opinion.” And if someone is trying to sell you an unknown investment, consider contacting your state securities regulator before saying yes, Rotunda says. “We’ll be able to provide some guidance and some insight. We’ll let you know whether or not parties are registered, whether they’ve gone through examinations, whether they are licensed.”

Editor’s Note
The AARP Bulletin and AARP The Magazine accept advertising from gold and silver retailers who submit documentation for review and work directly with AARP if consumer-related issues arise. Companies accepted to advertise with AARP meet all regulatory requirements.

Hanna Kozlowska is an investigative journalist. She is based in New York City.
We’ve all got one: a drawer, shoebox or bin filled with new AA, AAA and 9-volt batteries (though never, seemingly, the ones we need in the moment). Increasingly, however, that collection is less useful. From laptops and flashlights to lawn mowers and doorbells, we live in a world of rechargeable batteries that often get their juice from a cable that plugs into an outlet. “Soaring demand for battery technologies across all applications has ushered in a golden age for [rechargeable] batteries,” writes the Consortium for Battery Innovation in its 2021 Technical Roadmap.

Lithium-ion batteries, the type used currently in cellphones, laptops, electric vehicles and many more devices, will remain the standard for a long time. And the market is only expected to grow—by a factor of 5 to 10 times in the next decade, predicts the Federal Consortium for Advanced Batteries. That organization is also looking for ways to soften any environmental impact, including a goal of 90 percent recycling of electric vehicle, grid-storage and consumer electronics batteries by 2030.

Here’s a sampling of home products now available with rechargeable batteries.

5 ELECTRIFYING FACTS ABOUT BATTERIES

Research is underway to make rechargeable batteries safer, including the addition of built-in fire extinguishers in case of catastrophic overheating.

A single rechargeable battery will do the job of 10 disposable alkaline batteries over four years, on average, according to the website Wirecutter.
The term “electrical battery” was coined in 1749 by Benjamin Franklin (more about this inventor and statesman on page 46).

Apple’s iPhone, launched in 2007, was key to popularizing rechargeable devices. Its internal battery is not removable.

The oldest type of rechargeable battery is lead-acid, the kind used to start gas-powered cars.

A GUIDE TO CHARGING CABLES

USB-A
The most common USB cable, a rectangular connector used for a host of products.

Micro USB
A popular cable used for Bluetooth headphones, older Android devices and video game controllers.

USB-C
The newest variation, used on newer model phones, tablets, e-readers and laptop computers.

Mini USB
Most frequently used on older cameras and MP3 players.

Lightning
Apple’s proprietary charging cable for iPhones and iPads.

AC Adapter
Traditional power supplies often used for power tool batteries, older laptops and kitchen appliances.

Inductive (wireless) charging
Products charge by resting on a pad. Used for phones, e-readers and tablets.

MagSafe
Proprietary wireless technology from Apple that allows its phones to charge a bit faster.

SAE J1772
U.S. standard Level 2 chargers for electric cars (more powerful than the U.S. standard 120 volts).

Can I use one cable for everything? Generally, no. Most rechargeable consumer products come with a unique cable or wall-plug device (though they may be interchangeable with other products of the same brand). Likewise, most rechargeable power tools use batteries and chargers that are designed to work with that brand.

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When did you first realize you were funny?
When I do my stand-up act, I say, “I knew I was funny when people would peer into my crib and break out into laughter. I knew, right then and there, that that’s what I had to do for a living—just show my funny face.” I had the happiest childhood ever in Brooklyn. But it all came to a close when I was 9 and they asked me to do something called homework. I realized then that life wasn’t going to be a free ride. They wanted something back.

Why did you change your name to Brooks?
I changed my name because I was a drummer [at age 14], and I didn’t think that “Melvin Kaminsky” would look as good as “Mel Brookman” on a bass drum. Brookman was my mother’s maiden name. I started painting “Mel” and “Brook” on the drum, but there wasn’t room for the “man,” so I threw in an “s” instead. Then I get a little notoriety as a drummer, and that name—Mel Brooks—stuck.

What did drumming teach you about comedy?
There is a thing in drumming called the rim shot, where the stick hits the edge and the middle of the snare drum at the same time. It’s a great sound. It’s like the punch line of a joke. Drumming is about rhythm, and comedy is about rhythm, too.

What did you learn working with Sid Caesar?
He’d do impressions, but not of James Cagney or Edward G. Robinson. He’d do real people, like the guy who works at the garment center or the bus driver. And they were brilliant. He was an enormous talent. So I hitched my wagon to his star.

What was the creative environment like at Sid’s shows?
We’d curse at each other all the time. The writers room was like a battleground. But in the end, we realized that a good, funny idea is like a high tide. It raises all boats.

Falling down laughing? You must be exaggerating.
Oh, no! I was a purveyor of a different kind of comedy. Comedy that was unexpected, true, human—and busted people up.

How would you define it?
It’s people comedy. It’s not made up. It comes from everyday life, from what we all know about living and dying. I left the Henny Youngman school of comedy very early in life. You know, “My wife said, ‘You never take me anywhere anymore. So I took her to the kitchen’” jokes don’t make it. It has to come out of human endeavor, and then it works.

In your book, you talk about how all your movies are about the conflict between love and money. How so?
Is it greed or is it love? Do the characters go after the gold or after the relationship? That happened with my first movie, The Producers, which is based on the idea that you can make more money on Broadway with a flop.

Did that come from your family experience?
No, it came out of opening my eyes to what society was all about. Society is about success and failure. To achieve success, you might want to give up some sweet, wonderful human qualities. But that’s a high price to pay if you lose the love of those around you. I realized that that’s a basic problem for all of humanity, not just for me.

You also make the point that funny movies have to have a serious underlying theme.
It can’t be just silly comedy with pies in the face. Something has to drive it. Blazing Saddles, for instance, seemed to be a frivolous, crazy movie, but the engine behind it was racial prejudice. The idea that we’ve got to realize that all people deserve respect.

When you started as a comedy writer, you got so nervous that you sometimes vomited in the studio parking lot. How did you get over that?
Mel Tolkin, our head writer on Your Show of Shows, sent me to see his psychoanalyst. He helped me figure out the reasons for the nervous throwing up. It all boiled down to not enough self-esteem. Once I gained enough confidence, I not only stopped throwing up, but I also demanded a raise—and I got it!

When you were making Blazing Saddles, the studio head gave you a long list of changes he wanted you to make, and you
didn’t do any of them. Where did that come from?
I wasn’t alone. The Warner Bros. head of production was John Calley, and he was as astounded as I was with all the crazy changes that the studio was asking for. So when I tossed their list of changes into the trash can, he said, “Good filing!” And then I knew I was on the right track.

What did you learn about comedy from Alfred Hitchcock?
Hitchcock is all about perfect timing. That goes for drama, suspense—and even comedy. He taught me how to bring scenes to a boil.

What’s your favorite creative ritual?
It’s not a ritual. It’s very simple. It’s called rehearsal. The more you rehearse, the better the scene.

How has the pandemic changed your life?
The bad was missing seeing my family and friends. The good was when I’d go out, I didn’t have to sign autographs because nobody recognized me under my mask!

If the 2,000 Year Old Man were around today, what question would you ask him?
Unfortunately, I am not the truly gifted Carl Reiner, and no one could ask the 2,000 Year Old Man questions like he could.

Tell me how you met your second wife, Anne Bancroft. As I recall, you saw her at a rehearsal for The Perry Como Show.
She was the guest star, and when she came out onstage, she was wearing a stunning white gown. She was absolutely gorgeous, and she sang beautifully. When she finished, I couldn’t help myself. I jumped up and said, “Anne Bancroft, I love you!” She said, “Who the hell are you?” I said, “I’m Mel Brooks. You don’t know me.” And she said, “You’re wrong! I’ve got your record!” Anyway, I went backstage afterward and asked her to have coffee with me. We literally fell in love on that day. She was made in heaven for me, and she told her analyst the next day, “You’d better get me sane because I think I just met the man that I want to live with for the rest of my life.”

What’s your secret, Mel? How have you sustained such a high level of creativity throughout your life?
I’d say stuffed cabbage has kept me going. I love it.... I don’t know. I think there was something rich and wonderful about growing up in Brooklyn. It was a magical place that filled you with dreams, ideals and a love of life. I remember being a little kid and actually loving being alive. They say comedians usually have a bad childhood, so they make up for it with laughter and love from the audience. That’s nonsense! For me, it’s about continuing the love you got as a child. I had a lot of love as a kid, and I don’t want that love to stop.

Interview by Hugh Delehanty

It feels mighty good to get a steady paycheck.

Each year, AARP Foundation helps older adults bounce back by providing resources so they can secure good jobs, get the benefits they’ve earned, and stay connected to their communities. Find out more at aarpfoundation.org/thrive
I’m 65 and still working. Is it true that I can no longer contribute to my HSA if I enroll in Medicare?

You are correct. Typically, health savings accounts are used to build up a tax-free nest egg for future out-of-pocket health costs. You can contribute tax-free dollars to an HSA only if you have a high-deductible plan and no other health coverage. If you enroll in Medicare, you can still use HSA money to pay for out-of-pocket costs; you just can’t continue to make contributions to it. If you’re working, you’ll need to choose: Continue to use your HSA and delay Medicare enrollment, or end HSA contributions and sign up for Medicare.

Note that the story is different for flexible spending accounts, which many companies also offer. An FSA lets you set aside pretax dollars for health costs, even if you have a low-deductible insurance plan. However, you usually need to spend FSA dollars in the same or following year; they don’t accumulate. Enrolling in Medicare would not affect your ability to use an FSA as it does for an HSA.

I’m moving to another state where my Part D drug plan isn’t available. Can I get another plan?

Don’t worry. If you have original Medicare, you can get a new Part D plan without penalty if you do it in a timely way. If you get your medication coverage from a Medicare Advantage (MA) plan, it’s a bit more complicated. You’ll likely need to switch to a new plan for all your coverage, as plans often don’t cross state lines. The timetable is the same for original Medicare or an MA plan: Your special enrollment period starts a month before you move and lasts until two months after the month you move.
CHANGE OF E-ADDRESS
How to move to a new email account with the least hassle

BY CHRIS MORRIS

In the earliest days of the internet, Geoff Harper made what seemed like a logical decision at the time: to use his work email account for all correspondence, both professional and personal. Some 17 years later, when he changed jobs, he lost access to that email address, and with it the account’s vast archive of notes from friends and family. He also lost the ability to log in to many websites.

“It was a crazy nightmare,” says Harper, 53, of Dallas. “You just don’t realize everything in today’s world is tied to your email. When I’m on a website and forget my password, when I try to change the password, the system demands I verify my identity by an email that’s sent to my old address. It’s been five years since I switched, and I still can’t get into some things.”

Changing an email address is a hassle. Yet sometimes we need to do it, be it for “cutting the cord” from your cable TV account that includes a free email address, moving to a new city where your provider is not offered or just freeing yourself from a spam-ridden account and starting fresh. But taking the effort to switch effectively is worth it. Here are four steps that can lessen the pain.

STEP ONE: PICK A NEW ADDRESS (OR TWO)
Do this long before exiting your current address. Experts recommend choosing an agnostic platform—an email service not linked to other accounts or services to which you subscribe. There are several popular choices that are free and simple, such as Gmail, Yahoo and Outlook. Once you choose your service, consider opening two accounts: one dedicated solely to trusted sources—family, friends, doctor offices—and the other for your interactions with retailers, charities and professionals. (It will invariably get filled up with commercial appeals.) Using a second email address for loyalty programs and such keeps your primary email address out of the hands of spammers or scammers. “Nearly every day, I hear users publicly share their personal cellphone numbers and private email addresses within earshot of other customers,” says Neil Jones, cybersecurity evangelist at Egnyte. “Under normal circumstances, they would never share that information with strangers.”

STEP TWO: CHANGE YOUR CONTACT INFO
Tell your family and friends about your new email address, of course, and encourage them to change their electronic and physical address books. That should be relatively easy. Then comes this potentially time-consuming task: Make a list of every important contact who may have your old email address and make an effort, either by phone or online, to update your info with them. This includes health care providers, banks, landlord, credit card companies, utility companies, loyalty accounts and so on. Review a few months of old emails to see if you’re forgetting anyone important. Next, set up an auto-reply on your old account, while it’s still open, to give info about your new address.

STEP THREE: DELETE THE OLD STUFF
If you can, keep your old account open for at least three months after launching your new address, Jones says. This will ensure you don’t miss important communications during the swap. But while both accounts are open, go through old emails and forward those you may need to your new address, then delete all of the messages and folders on the old account. Jones adds. That limits potential hackers’ access to your personal information. If this seems like too much hassle, many free email services have tools to let you import your entire emailbox to your new account. Then you can delete all the emails from the old account at once.

STEP FOUR: SHUT DOWN THE OLD ACCOUNT
Be sure to close the old email account eventually. “An unmonitored email account is literally a playground for a digital attacker,” Jones says. That’s particularly true if you haven’t cleared out what’s there. Emails can provide a wealth of personal information, including names of family members and their contact information, a list of the doctors you use, account numbers for utilities, limited banking information and anything shared in outgoing emails since you opened the account. Hackers can use that data to assume your identity, then contact friends and family for a variety of nefarious reasons. “If you are no longer using an email account, don’t just abandon it,” agrees Jesse Kinser, chief information security officer at Pathwire. “There is always a way to cancel the account, just as you would do for a credit card you no longer use.”

Chris Morris has also written for CNNMoney, Fortune, CNBC.com and Digital Trends.
HELPING ALL AMERICANS AGE BETTER

AARP diversity programs seek opportunity, fairness for a multicultural nation

AARP is committed to providing a voice for all Americans as they age, regardless of their race, gender, disability or other characteristics.

To strengthen the organization’s decades-long commitment to the goal of representing all people 50 and over, AARP this past March formed the Office of Diversity, Equity and Inclusion. It is led by Executive Vice President and Chief Diversity Officer Edna Kane-Williams, who has held key roles at AARP since 1981.

“We’ve done multicultural marketing for decades and focused on multicultural communities and diversity issues,” Kane-Williams says. “But launching an Office of Diversity, Equity and Inclusion represents a new milestone for the organization.”

To deal with the challenges—and the opportunities—of protecting the interests of an increasingly diverse population, Kane-Williams will rely on the trusted reputation that AARP maintains with older Americans across the board. “AARP will become a model organization in this space,” she vows.

That work is already underway. Some recent examples of accomplishments in the diversity arena include:

► In September, AARP was awarded a Bronze Effie Award for its Spanish-language COVID-19 campaign. As Americans have navigated the pandemic, AARP has ensured that the Latino population was offered clear information in Spanish via social media, webinars, satellite media tours, tele-town halls, and TV and radio outreach.

► AARP and StoryCorps, an oral history nonprofit, are now in the third year of producing Listening OutLoud, an initiative dedicated to preserving stories from older members of local LGBTQ communities nationwide. Since October, AARP has hosted virtual events in Oregon, Missouri, North Dakota and North Carolina.

► In August, we hosted the AARP panel #StopAsianHate, which focused attention on the spike in anti-Asian violence in America. Daphne Kwok, AARP’s director of audience strategy for the Asian and Pacific Islander community, and three panelists discussed the unsettling rise of attacks on AAPI women over 50 and the long-term mental health consequences of COVID-19 on older Asians.

► The AARP Black Community’s Real Conversations With AARP series on Facebook Live features revealing interviews with notable figures, celebrities and experts across the Black community. Host Harriette Cole and interviewees like singer Chaka Khan and journalist Sunny Hostin discuss an array of topics encompassing everything from culture and creativity to health, wealth and aging.

And the work goes on.

Jean Accius, senior vice president of global thought leadership at AARP, is leading the organization’s Disparities Enterprise Initiative to improve quality of life and life expectancy. One way to do that is by closing the health and wealth gaps among older Americans of color and groups like the urban and rural poor. “The fact that people are not able to live a longer and more dignified life as they age because of health disparities and wealth disparities hurts all of us collectively as a society,” Accius says. “Those lost years are lost opportunities.”
With the United Nations declared the years 2021 to 2030 the “Decade of Healthy Aging,” it noted that there is a growing gap between how long someone will live and how many healthy years of life he or she can expect. The COVID-19 pandemic exposed major shortcomings in the ability of health care systems to serve older adults and opened our eyes to the need to redefine how we care for the most vulnerable older people.

With those challenges in mind, AARP recently convened international experts and executives for the Global Conference on Redefining Global Health: New Approaches for How We Live and Age. And we have released the “Aging Readiness and Competitiveness Report (ARC) 3.0.” This report, developed along with the London-based think tank Economist Impact, focuses on key challenges in healthy aging. But it also highlights innovations in some surprising places in four key areas: ensuring access to health care services for all older adults, strengthening the availability of long-term care, supporting aging in place and caring for older people in crisis situations.

For example, here in the U.S., the hospital-at-home program works to reduce the strain on health care systems by offering quality care for older Americans in their homes. In addition, it supports many older adults’ desire to age in place. The program has been adopted in Australia, Europe and Asia.

Some other innovative examples from around the world include:

- In Vietnam, Intergenerational Self-Help Clubs respond to the health care needs of older adults, especially in rural areas. Typical activities include home health visits and care, microfinance and technical assistance, music, dance and art.
- The government in Taiwan has established a program that promotes age-friendly institutions and covers four areas of health care: administration policy, communication and service, care procedures and physical environment.
- In Uganda, Kaaro Health has repurposed used shipping containers to build a sophisticated “clinic in a box” system. The approach uses solar-powered telehealth clinics in rural areas to provide diagnoses and prescriptions.
- Thailand has partnered with Japan to create a community-based care program to improve care coordination after an older adult is discharged from a hospital. Selected volunteers and nurses travel to Japan to receive training in care coordination for older adults. Then, when they return to Thailand, they train other volunteers and nurses.

At AARP, we believe that fresh approaches such as these are the key to closing the gap between longevity and healthy aging.

That’s why we recently launched the AgeTech Collaborative.

This is how it works: We’re bringing together the leading minds in creating new technology for aging all in one place to foster solutions to the problems that come with getting older. We’re connecting the leading technology start-ups with investors, business services, and industry experts and enterprises, giving creative minds the resources to generate big new ideas and products to better the lives of older people.

The COVID-19 pandemic has been a tragedy for older people. But we are determined to learn from the experience and turn it into a unique opportunity to improve lives. As the “ARC Report 3.0” shows, we can capitalize on this moment by adapting new approaches so we can live and age well.
IN YOUR STATE
Get tax help Ease the stress of tax season this year by letting AARP Foundation Tax-Aide prepare your returns for free.

Tax-Aide, in its 54th year, is the nation’s largest volunteer-run tax-preparation service. The program is open to all but focuses on low- to moderate-income people who are 50 or older or who cannot afford to pay for professional preparation.

In 2021, IRS-certified Tax-Aide volunteers helped more than 1 million Americans navigate tax codes, ensure proper credits and deductions, and file federal and state returns. Those filings resulted in nearly $685 million in refunds.

The service, which begins in February, will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. Get more information and find a Tax-Aide location near you at aarp.org/findtaxhelp.

KANSAS
Prepare for the future As the state legislature reconvenes this month, AARP Kansas plans to work with lawmakers to help ensure that more workers are financially able to retire.

Nearly 40 percent of the state’s 1.1 million private-sector employees don’t have access to a retirement savings plan at work, according to an analysis by EconSult Solutions.

That’s why AARP Kansas wants lawmakers to adopt a state-facilitated retirement savings program that would let workers have money automatically deducted from their paychecks. The retirement account would be portable if they changed jobs. AARP encourages members to contact their state legislators and ask them to vote in favor of the proposal.

Interested in becoming a volunteer advocate? Contact Andrea Bozarth at abozarth@aarp.org.

NEW MEXICO
Advocate for support AARP volunteers and staff in New Mexico are making their voices heard during the state’s 2022 legislative session, pushing for measures that would improve the lives of older residents.

Reducing or eliminating the income tax on Social Security benefits is a top focus, though it may be a heavy lift for a short session, says Joseph P. Sanchez, AARP New Mexico’s state director. The 30-day legislative session begins this month and runs through Thursday, Feb. 17.

“It’s a short time frame and goes very quickly,” Sanchez says. “Still, a significant amount of legislation is usually passed.”

Other advocacy priorities this year include lowering prescription drug costs, improving access to affordable high-speed internet and protecting funding for services for older adults.

Learn more at aarp.org/nm.

OKLAHOMA
Push for internet access A recent survey commissioned by AARP shows widespread support from Oklahoma voters age 50 and older for increasing access to affordable high-speed internet statewide.

Some 86 percent of older Oklahomans use the internet, according to the poll. And nearly 9 in 10 of those surveyed believe investing in high-speed internet is important to improving access to education and online health care, to preventing social isolation among older adults and to helping businesses be competitive.

Overall, 48 percent of Oklahoma voters age 50 and older say that access to high-speed internet is a problem in their community, particularly in rural areas. To help expand access, nearly 80 percent of respondents support allowing rural electric cooperatives to offer internet service, and 74 percent approve of state incentives to providers.

In coming months, AARP Oklahoma will use the survey results to advocate with lawmakers for policies that improve internet access. Learn more at aarp.org/okhighspeedinternet.

SOUTH DAKOTA
Get important updates When the legislature convenes this month for its nine-week session, AARP South Dakota and its volunteer advocates will be promoting policies that benefit older adults.

Priorities include access to health care, policies to support aging in place, and allocation of American Rescue Plan funds.

To join AARP’s advocates list for weekly legislative updates, email sdaarp@aarp.org. Find more news at aarp.org/sd, the AARP South Dakota Facebook page and twitter.com/aarpsd.

—David Lewellen
REFORMS AIM TO IMPROVE CARE

Nursing homes face increased penalties

California nursing homes will contend with greater scrutiny this year under a new set of reforms aimed at increased transparency and oversight of the state’s more than 1,200 facilities.

The changes come as they continue to grapple with the devastation wreaked by the coronavirus pandemic. More than 9,500 nursing home residents and staff have died of COVID-19-related illnesses, California Department of Public Health data shows.

Advocates for residents say the pandemic has underscored long-standing problems in the industry, including inadequate oversight, lax licensing requirements and a corporate structure that allows owners to reap financial windfalls despite providing substandard care.

“Many changes were needed to improve oversight and quality in California’s nursing homes,” says Nina Weiler-Harwell, associate state director for AARP California.

In October, Gov. Gavin Newsom (D) signed into law five bills to improve nursing home care. The legislation will:

- Require nursing home medical directors to be certified by the American Board of Post-Acute and Long-Term Care Medicine within five years of being hired.
- Transfers still allowed

In a move that disappointed advocates, Newsom vetoed another nursing home measure that would have put a partial or temporary halt on resident evictions during the COVID-19 state of emergency by stopping involuntary transfers to other facilities.

“The governor’s actions came after four hours of testimony at a California State Assembly Health Committee hearing in Sacramento last October,” Weiler-Harwell says.

Kim Valentine, a member of the California Association of Consumer Attorneys, testified that nursing home owners “cry poverty” but then use related companies to shield assets and pay themselves hefty management and administrative fees.

Deborah Pacyna, director of public affairs at the California Association of Health Facilities, a nursing home trade group, says the new laws are “seeking to punish all providers because of the failings of a few.”

The changes, such as increased fines, could be a particular burden on smaller mom-and-pop operations, Pacyna notes.

But advocates for residents plan to continue pushing for change. Requiring facilities to file complete financial reports is a good start, but more needs to be done, Valentine says.

“Capitalism is a good thing,” she said at the hearing. “But we shouldn’t be breeding billionaires in a system that is predominantly funded by our state and federal dollars.”

Learn more at aarp.org/ca.

—Barbara Kingsley-Wilson

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DATABANK USA

WHAT WE BRING IN

The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

<table>
<thead>
<tr>
<th>LOWEST</th>
<th>YOUR STATE</th>
<th>HIGHEST</th>
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<td>MISSISSIPPI $44,966</td>
<td>CALIFORNIA $77,358</td>
<td>MARYLAND $94,384</td>
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U.S. MEDIAN HOUSEHOLD INCOME*

<table>
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<th>2020</th>
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<td>$70,000</td>
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* ADJUSTED FOR INFLATION

SOURCE: U.S. CENSUS BUREAU

That’s the approximate amount in refunds that AARP Foundation Tax-Aide volunteers secured for 64,351 California residents who used its services in 2021. Learn more at aarp.org/taxaide.

40 AARP BULLETIN JANUARY/FEBRUARY 2022
Denver, cater specifically to Spanish speakers.

“Now we have people who can explain everything in Spanish,” Martz says. “We also can talk about why it is important to file tax returns, especially for people who are looking for the ability to establish themselves in the United States as a taxpayer, which is part of the requirement for becoming a U.S. citizen.”

Tax-Aide’s return preparation and electronic filing service runs from Tuesday, Feb. 1, through Friday, April 15. Some sites will be open in May to file amended returns, Hutchison says.

Last year more than 1 million Americans sought assistance from Tax-Aide counselors.

In Colorado, 498 volunteers served 18,941 taxpayers at 43 sites in 2021, helping them collect $12.9 million in refunds.

Hutchison says the COVID-19 pandemic affected last year’s Tax-Aide filing season, reducing both the number of sites open and people served.

He expects that this year will be more like those before the pandemic erupted.

“In a normal year we have about 63 sites open, and I’d expect a similar number to be available this year,” he says.

To schedule an appointment or find a location near you, visit aarp.org/findtaxhelp, call 888-AARP NOW (888-227-7669) or email taxaide@aarp.org.

—Cynthia Pasquale

GOT TAXES? FREE HELP IS AVAILABLE

Tax-Aide offers safe options amid pandemic

Tax time often causes anxiety, but AARP Foundation Tax-Aide, the nation’s largest free tax preparation program, can ease the stress and ensure that filers claim all of their deductions and receive any refunds owed to them.

“Preparing a tax return is difficult for some people, especially older adults, but bringing it to one of our sites can give them peace of mind,” says David Hutchison, 67, of Evergreen, the volunteer Tax-Aide state coordinator for Colorado.

The program has helped Americans file their returns for more than 50 years. While it is aimed at people age 50 and older and those with low to moderate incomes, tax preparation services are available to anyone, including veterans and students. And you don’t have to be an AARP member to get assistance.

Tax-Aide volunteers receive special training on tax laws and are certified through Internal Revenue Service testing to work directly with clients to prepare and electronically file individual tax returns. Volunteers can prepare about 90 percent of the forms the IRS requires, according to Hutchison. Tax-Aide counselors cannot, however, prepare special or complicated returns, such as those involving businesses with employees.

ONLINE OR IN PERSON

Appointments are required at all Colorado Tax-Aide sites, and taxpayers have several options to receive assistance, including virtually. In-person consultations usually last about an hour. Appropriate distancing and other health-related protocols will be followed.

Clients can also make appointments to drop off their tax materials, Hutchison says, or have them scanned at a Tax-Aide site. A tax counselor will prepare the return, and the client can pick it up about a week later.

In addition, people who buy software to prepare their own returns may receive coaching from a Tax-Aide volunteer by phone or by sharing their forms via computer screen.

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$44,966

COLORADO

$82,611

MARYLAND

$94,384

HIGHEST

U.S. MEDIAN HOUSEHOLD INCOME

* ADJUSTED FOR INFLATION

MARTIN RAPP

SOURCE: U.S. CENSUS BUREAU

Most of Colorado’s Tax-Aide sites are in libraries, community centers and schools. Some, such as Centro San Juan Diego in downtown Denver, cater specifically to Spanish speakers.

“We found that the Hispanic community is underserved. And some people may be apprehensive about a free tax service,” says Dave Martz, 73, of Highlands Ranch, a volunteer district coordinator who oversees five sites in downtown Denver.

“Now we have people who can explain everything in Spanish,” Martz says. “We also can talk about why it is important to file tax returns, especially for people who are looking for the ability to establish themselves in the United States as a taxpayer, which is part of the requirement for becoming a U.S. citizen.”

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—Cynthia Pasquale

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GET HELP TO BUILD SAVINGS NEST EGG
New IRA program launches this year

Tim Ryan, 68, retired from his job as finance director of a Fortune 500 company more than a decade ago, living comfortably thanks to a good pension and his contributions to an employer-sponsored 401(k) plan.

For the past several years he’s worked as a volunteer for AARP Connecticut to make saving easier for others.

“It seems like so many people nowadays, especially if they’re working for a smaller company, just don’t have that same opportunity,” the Trumbull resident says. Most big companies have replaced pensions with 401(k)s, he notes, and many smaller ones can’t afford to offer any retirement savings benefit.

But workers can get help from a new state-facilitated retirement savings option that will go into effect this year. Ryan has fought for and promoted the program, called MyCTSavings.

Connecticut’s program aims to help about 600,000 private-sector employees who have no access to a retirement savings plan at work. More than a dozen states have passed laws creating similar programs.

Employees can have automatic payroll deductions into a Roth individual retirement account (IRA) that’s managed by Sunday, a subsidiary of BNY Mellon.

While the program is voluntary for employees, businesses with five or more workers must offer access to it if they don’t have a qualified retirement savings plan.

PROGRAM PHASES IN
The Connecticut Retirement Security Authority (CRSA), the quasi-public agency overseeing the program, will roll it out in phases starting this year, although there is no firm timetable, says CRSA Chair and State Comptroller Kevin Lembo (D). Larger companies will go first.

Lembo says that taxpayers will also benefit in the long run, since people who are unprepared for retirement are more likely to need government aid to pay for basic needs as they age.

Half of all households in the state risk not being able to pay for their everyday expenses in retirement, says John Erlingheuser, AARP Connecticut’s advocacy director.

The average Social Security household benefit for those over 65 in the state is about $21,000 a year, according to AARP’s Public Policy Institute, yet Connecticut households with older residents spend about $26,000 annually on food, utilities and health care.

“What we do know is, if people can save for retirement through payroll, they’re 15 times more likely to save,” Erlingheuser says.

Employees will automatically have 3 percent of their paychecks directed to the Roth IRA unless they opt out. They can raise or lower their contribution at any time, pick investment options and take the savings with them if they move to another job.

Those 19 and older with earned income who have been working for at least 120 days are eligible.

Employers will only be responsible for distributing informational material to workers and adding a line-item deduction to their paychecks.

Companies will not be charged fees or have to contribute to plans. The program will be funded by a small administrative fee paid by participating workers.

“We’ve tried to make this as easy as possible,” Lembo says.

For more information visit myctsavings.com, or contact Erlingheuser at jerlingheuser@ aarp.org, or 860-545-3165.

—Natalie Missakian

DATABANK USA

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MISSISSIPPI $44,966
YOUR STATE CONNECTICUT $79,043
HIGHEST MARYLAND $94,384

U.S. MEDIAN HOUSEHOLD INCOME*

- $70,000
- $65,000
- $60,000
- $55,000
- $50,000

2011 2016 2020

* ADJUSTED FOR INFLATION

SOURCE: U.S. CENSUS BUREAU

$14 MILLION
That’s the approximate amount in refunds that AARP Foundation Tax-Aide volunteers secured for 16,634 Nutmeggers who used its services in 2021. Learn more at aarp.org/taxaide.
HELP FOR NURSE PRACTITIONERS

Bill would improve access to health care

Kay Argroves, a nurse anesthetist from Madison, holds a doctorate in nursing. In many other states, her advanced education and training would come with a license as an advanced practice registered nurse, or APRN. Not in Georgia.

It is one of the few states that do not offer a separate license for nurses with an education at the master’s level or beyond.

“I want to practice in a state that recognizes my skill set and education,” says Argroves, who volunteers on AARP Georgia’s Executive Council. “With the status of a separate license, we can show nurses that we appreciate the sacrifices they have made to care for patients.”

The Georgia General Assembly, which convenes Jan. 10, is considering legislation to grant a separate license to APRNs.

The more than 17,800 professionals statewide who would be covered under the bill are licensed as registered nurses (RNs) and practice as certified nurse midwives, nurse practitioners, nurse anesthetists or clinical nurse specialists, including those for psychiatric/mental health.

AARP Georgia supports the legislation because it would give APRNs broader authority to care directly for patients and could entice more of them to practice in the state, especially in areas where there is a shortage of health care providers.

In other states, APRNs can prescribe common medications, such as for blood pressure or diabetes, alleviating the need for people to wait for a doctor.

“We have practitioner shortages that lead to health care issues, especially in rural areas,” says Nancy Pitra, advocacy director for AARP Georgia.

The bill also has a provision that would allow APRNs and physician assistants to order parking permits for people with disabilities. Currently, they can fill out the forms but not officially sign off on them.

CARE ACT ON THE AGENDA

With the help of other advocacy groups, AARP Georgia also plans to push state lawmakers to pass the Caregiver Advise, Record, Enable (CARE) Act, to support caregivers after their loved ones come home from the hospital.

Georgia’s nearly 1.3 million family caregivers increasingly are expected to perform complex medical and nursing tasks that they may not feel prepared to do.

The CARE Act would require hospitals to include these caregivers in discharge planning and to instruct them on the kinds of medical care they will be providing.

Efforts to pass similar legislation six years ago failed, but Pitra thinks the odds are better this year because of the demands that the coronavirus pandemic has put on family caregivers.

The CARE Act has been signed into law and is either in effect or will be soon in at least 40 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

“In other states the CARE Act has helped people remain in their homes and helped family caregivers give better care,” Pitra says.

A recent AARP Public Policy Institute report shows that in states that have passed the CARE Act, many benefits have been identified for patients, family caregivers and the hospitals themselves. These include greater satisfaction and confidence with care transitions, reduced unnecessary rehospitalizations and improved quality outcomes.

—Ann Hardie

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DISPARITIES IN LONG-TERM CARE

Campaign will draw attention to problems

A
fter Julia E. Preston’s brother had open-heart surgery in 2012, she had no other option but to place him in a nursing home.

Once he was moved to a facility on Chicago’s South Side, Preston, who is African American, noted deficiencies in his daily care. “The service was so inadequate. It was horrible,” says Preston, 71, of Evergreen Park. “Family members want their loved ones taken care of, and nursing homes want to see a profit.”

Preston joined the facility’s family council to spur change. When that didn’t work, she formed the Regional Family Council Consortium Network, which tries to eliminate abuse and neglect in nursing homes and long-term treatment centers through education and public awareness. Her brother, Curtis Spears, died at 72, in 2017.

A new study shows that Preston isn’t alone in dealing with care-quality challenges.

The Sept. 30 Illinois Department of Healthcare and Family Services report to the General Assembly documents disparities in the treatment of Black and Brown nursing home residents compared with white residents.

“Black and Brown customers were disproportionately impacted by disease and death because they were more likely to reside in poorly staffed facilities and in ‘ward’ rooms containing three or four beds per room,” according to the report. “[A]t least 40 percent more Black and Brown Medicaid customers in nursing facilities perished than would be expected based on COVID-19 mortality rates among White nursing facility residents.”

SPOTLIGHT ON CARE OPTIONS

AARP Illinois wants the state to be more accountable on nursing home issues and to shift its priorities to having older adults age in their own homes, says Lori Hendren, the organization’s associate advocacy and outreach director. “It’s unfortunate that so many people have suffered,” Hendren says. “Their bodies have suffered, their emotions have suffered, and their loved ones have suffered.”

A new effort by AARP Illinois seeks to shift the emphasis to providing services that help keep older and vulnerable adults in their homes. It favors:

► Changing the way nursing homes are reimbursed so that they’re rewarded for meeting minimum staffing levels and quality-of-care indicators.
► Enhancing funding for home- and community-based services.
► Ensuring that facilities have access to vaccines and strong COVID-19 protocols.
► Ending the practice of having three to four residents in a room.

AARP Illinois will soon publish research focused on state residents 50-plus highlighting inequities in nursing homes, barriers to quality of care for residents and policy solutions to transform how Illinoisans age.

It is working with aging and disability advocacy groups such as the Alzheimer’s Association, Chicago’s Access Living and SEIU Healthcare to press lawmakers for improvements.

“AARP Illinois has long been an advocate and champion in the statehouse and the community to improve how we age and the options older adults have,” Hendren says.

“We’ve long advocated for home services, affordable housing and making sure Illinois is a place where you can age with independence,” she says.

Get involved by visiting aarp.org/Il or calling 866-448-3613.

—Kelly Ganski
IN YOUR STATE
Get tax help Ease the stress of tax season this year by letting AARP Foundation Tax-Aide prepare your returns for free.

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The service, which begins in February, will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. Get more information and find a Tax-Aide location near you at aarp.org/findtaxhelp.

DELAWARE
Almost a million strong The 2020 census shows Delaware has 989,948 residents—a more than 10 percent increase since 2010.

Southernmost Sussex County saw the biggest hike, with more than 20 percent population growth, while northernmost New Castle County grew by 6 percent, and central Kent County by 12 percent.

The new numbers, an important metric, affect redistricting for state legislative seats.

Delaware’s growth rate was higher than the national average of 7.4 percent but not enough to give the state—which currently has a single congressional seat—another representative in Congress.

Census data shows a jump in the population that is 65 and older. That age group was 14.4 percent of Delaware’s population in 2010 and 19.4 percent in 2019.

Stay apprised at aarp.org/de.

NEW JERSEY
Working after 70 Nearly 8 in 10 people 40 and older have seen or experienced age discrimination in the workplace, according to AARP research.

Thanks to a new law championed by AARP, New Jersey employers can no longer refuse to hire or promote people 70 and older because of their age. The state’s anti-age-discrimination laws previously had a carve-out for people over 70. Now that exception has been eliminated.

Also, colleges and universities cannot require tenured employees to retire at 70, and government employers must adhere to a higher standard for forcing workers over 70 into retirement, allowing it only if the employees cannot carry out their duties.

Participation of older people in the workforce is growing; by 2030, 32 percent of people 65 to 74 and 12 percent of those 75 and older are projected to be working, according to the Bureau of Labor Statistics. Stay up to date at aarp.org/nj.

PENNNSYLVANIA
Cads and cons The pandemic took a fiscal toll on many older Americans, who lost $139 million to online romance scammers in 2020, according to a Federal Trade Commission (FTC) report.

Con artists persuaded romance seekers to send money or gift cards. The losses were 66 percent higher for people 60 and older, compared with the previous year, and represent the single biggest financial loss to fraud for that age group.

Pennsylvania ranked 10th in the nation in per capita cases of fraud in 2020, with $74.7 million in total losses. AARP Pennsylvania encourages Keystone Staters to sign up for the AARP Fraud Watch Network alerts. Learn about new scams and how to avoid them at aarp.org/fraud.

DISTRICT OF COLUMBIA
Leading the way Looking to get involved locally? AARP is recruiting volunteer ward liaisons.

These advocates raise awareness about issues that matter to older adults, such as nutrition access, housing affordability and the cost of prescription drugs.

Ward liaisons represent the city ward they live in and share the concerns of older adults in their community with the AARP District of Columbia office.

Ward liaisons may also be asked to testify before the D.C. Council, attend community meetings and disseminate AARP resources. Training is provided to all volunteers.

To learn more, email dcaarp@aarp.org or call 202-434-7703.

Stay up to date at aarp.org/dc.

—Susan Milligan

DATABANK USA

WHAT WE BRING IN
The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

LOWEST MISSISSIPPI $44,996
HIGHEST MARYLAND $94,384

U.S. MEDIAN HOUSEHOLD INCOME*

$70,000 $65,000 $60,000 $55,000 $50,000 $65,000 $70,000 $75,000 $80,000 $85,000 $90,000 $95,000

2011 2016 2020

MEDIAN HOUSEHOLD INCOME, 2020
CALIFORNIA $77,358 UTAH $83,670 MINNESOTA $78,461 PENNSYLVANIA $70,117 NEW YORK $68,304

TENNESSEE $68,093 HAWAII $80,729 ARKANSAS $60,540 ILLINOIS $73,753 FLORIDA $57,435

SOURCE: U.S. CENSUS BUREAU

* ADJUSTED FOR INFLATION
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**New Hampshire**

**Become a leader** The New Hampshire Senior Leadership program is accepting applications for its 2022 class.

The program is designed for those who want to advocate for older adults in New Hampshire and is a collaboration among AARP New Hampshire, Center on Aging and Community Living at UNH, and Dartmouth Centers for Health and Aging.

Twenty-five participants will be selected and will meet five times over eight months: Thursday, April 21, to Friday, April 22; Thursday, May 12; Thursday, June 9; Thursday, Sept. 22; and Thursday, Nov. 17.

Participants will receive intensive training on a variety of topics, including aging and society, community engagement and livable communities, the legislative process and aging well.

To be eligible, applicants must be available for all session dates.

**Maine**

**Share your story** Rising prescription drug costs make it difficult for many to afford the medications they need to stay healthy. AARP believes that no one should have to skip a dose of discontinue a medication because of cost.

If you or someone you know in the state is having trouble paying for prescription drugs, consider sharing your story to help AARP Maine bring awareness of this important issue to legislators.

By relating your personal experience, you’ll be reminding elected leaders that people are making difficult choices every day to afford the medications they need.

Share your prescription drug cost story by emailing me@aarp.org or calling 866-554-5380.

**New York**

**Welcome aboard** James O’Neal is AARP New York’s new president and chair of the Executive Council. The state president is the lead volunteer role that helps AARP’s vision and mission on the local level.

O’Neal brings a wealth of knowledge and skills as an ally working on members’ behalf. He is a past president and board member of the State Society on Aging of New York and a former member of the New York governor’s Advisory Committee for the Aging.

He will continue to promote health care education and community social services in ethnic and immigrant neighborhoods in New York City.

O’Neal succeeds Leo Asen, who had served as AARP New York president since 2015.

To learn more about the Executive Council, visit aarp.org/ny or email NYAarp@aarp.org.

—Michelle Cerulli McAdams

**AARP in Your Community: Manchester**

**Catch a Broadway Show at Historic Palace Theatre**

The curtain is rising once again on live performances at Manchester’s storied Palace Theatre, and that means AARP’s popular ticket discounts are back, too.

Members and their guests can enjoy $10 off adult tickets for select shows during the 2022 season, where Broadway musicals take center stage.

Nostalgic for ‘50s rock ‘n’ roll? From Friday, March 11, to Sunday, April 3, see Bye Bye Birdie, the show inspired by Elvis Presley’s conscription into the Army, which paved the way for the 1963 hit film.

Or laugh with The Producers, the Tony Award-winning stage adaptation of Mel Brooks’ 1967 acclaimed film. Running from Friday, April 22, to Sunday, May 15, it highlights the antics of a has-been theater producer and his accountant, famously portrayed by Nathan Lane and Matthew Broderick, respectively, in the 2001 Broadway smash.

From Friday, June 3, to Sunday, June 26, catch Elle Woods, a bubbly sorority queen with a penchant for pink, as she takes Harvard by storm in Legally Blonde, based on the 2001 Hollywood blockbuster starring Reese Witherspoon.

Get tickets at the box office at 80 Hanover St., online at palacetheatre.org or by calling 603-668-5588. Use the promo code ACTIVE. —Natalie Missakian

**Rhode Island**

**Be a change maker** The General Assembly returns on Jan. 4 and AARP Rhode Island is in search of State House advocacy volunteers to promote legislation supporting caregivers, lowering prescription drug costs and fighting for issues critical to the 50-plus population.

Join AARP Rhode Island’s outreach volunteers making phone calls from home to connect caregivers with resources. Also welcome are tech-savvy volunteers to help run our virtual programming.

Training is provided for all. Explore available opportunities at aarp.org/RIVolunteers.

**Get More Stories** Scan this code with your smartphone camera to link to your state page for more stories and resources, or go to aarp.org/states.
As a longtime AARP Foundation Tax-Aide volunteer, Don Reynolds handles a few cases every year that make his efforts especially worthwhile.

For instance, he helped a man who was facing $40,000 in state and federal taxes after withdrawing money from an individual retirement account without understanding the financial impact.

Reynolds, who retired from a career in banking, dug into the tax code and found a way for his client to avert the hefty bill. In stead of paying $40,000, the man ended up with a small refund.

“That makes a difference for the rest of that man’s life,” says Reynolds, 70, of Mashpee, who is Tax-Aide district coordinator for Cape Cod and the Islands. “Cases like that keep me coming back.”

In its 54th year, Tax-Aide is the nation’s largest free volunteer-run tax-preparation service. It’s open to everyone but focuses on low- to moderate-income people who are 50 or older or who cannot afford to pay for professional preparation.

In Massachusetts, more than 600 volunteers staff the program, filling a variety of roles, from scheduling appointments and preparing taxes to acting as translators, says Tax-Aide volunteer state coordinator Joan Gong, 70, of Chelmsford.

Last year, volunteers helped about 25,000 Massachusetts residents navigate tax codes, ensure proper credits and deductions, and file federal and state returns. Those filings resulted in $19 million in refunds. Nationally, the program aided more than 1 million taxpayers, securing nearly $685 million in refunds for them.

**VOLUNTEERS ARE KEY**

There are more than 100 Tax-Aide sites throughout Massachusetts, at places such as senior centers, libraries and churches.

Volunteers will begin preparing returns Tuesday, Feb. 1, and continue until the Friday, April 15, filing deadline.

Tax preparers undergo training, are IRS-certified and stay up to date on the latest tax code changes. To ensure accuracy, another volunteer reviews each completed return. There are limits on the types of issues volunteers can handle. Complex cases, such as those involving investments, trusts, cryptocurrency and rental income, are beyond the scope of what they can do, Gong says.

Reynolds says volunteers help taxpayers find the credits and refunds they are eligible for, such as the state’s Senior Circuit Breaker Tax Credit for homeowners and renters 65 and older who meet specific income requirements. The maximum Circuit Breaker credit for tax year 2021 was $1,170.

“The Circuit Breaker is so important for some people,” he says, noting that those who qualify can get retroactive refunds for up to three years.

Again this year, taxpayers have to report any COVID-19-related stimulus payments they received from the federal government.

While the money is not taxable, it is “reconcilable,” so if people did not receive the full amount they were entitled to, it could boost their refund, Reynolds says.

On Cape Cod, many of the clients who use the Tax-Aide program are low- to moderate-income residents who work in the service industry, supporting the sizable population of older people living in the region. Reynolds says. It is satisfying for volunteers to know that their efforts help those workers, he adds.

“Big picture, if you look at the Cape, we probably saved our taxpayers over $1 million in tax-prep fees last year,” he says.

This year, Tax-Aide will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. The availability of these alternatives may vary by site, so it’s best to check in advance. Find a nearby location at aarp.org/findtaxhelp or call 888-227-7669. —Jill Gambon

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**DATABANK USA**

**WHAT WE BRING IN**

The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

**LOWEST**

Mississippi $44,966

**YOUR STATE**

Massachusetts $86,725

**HIGHEST**

Maryland $94,384

**U.S. MEDIAN HOUSEHOLD INCOME**

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*ADJUSTED FOR INFLATION

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**AARP BULLETIN JANUARY/FEBRUARY 2022**
BRIDGING THE HEALTH CARE GAP

Forum to focus on underserved groups

A few weeks into the coronavirus pandemic lockdown, the four-person staff of Detroit’s Latin Americans for Social and Economic Development Senior Wellness Center decided to go back to work. They didn’t take another day off for more than a year. Their clients, residents of an older Latino community in a low-income area of the city, needed help with basics like safely obtaining food and getting COVID-19 advisories translated into Spanish.

“The pandemic shone even more light on the many gaps in our systems,” says Guadalupe Lara, a social worker who served as the center’s director during the public health crisis. She and colleagues helped isolated residents get prescriptions filled, talk with medical professionals, read nutrition labels and, eventually, get vaccinated.

“To keep people healthy, you have to provide content that is culturally congruent,” Lara says. That’s the idea behind AARP Michigan’s Multicultural Health Forum, a one-day information blitz, planned for late spring/early summer, at the Kellogg Hotel & Conference Center, in East Lansing. Attendees will hear from public health experts skilled at reaching out to underserved communities, from older LGBTQ adults to people with disabilities to those with language barriers. The forum will include health screenings, an “Ask the Doctor” session and information on community resources. The sessions will be simultaneously translated into Spanish and Chinese.

“Everyone who attends will go home with a tool kit of resources,” says Paula Cunningham, AARP Michigan’s state director.

OVERCOMING BARRIERS

The forum was inspired in part by the 2020 “Disrupt Disparities 2.0” study that AARP Michigan commissioned from the research firm Public Sector Consultants (PSC). The report notes that shortfalls in areas that AARP perennially addresses with elected officials—such as uneven high-speed internet access, public transportation scarcity and poor pay for care workers—contributed to worse COVID-19 hardships for older residents, people of color and low-income households.

In some cases existing resources are going untapped. For example, the report points out that in 2017, more than 270,000 older Michiganders who qualified for the federal Supplemental Nutrition Assistance Program (SNAP) hadn’t applied for the benefit, forgoing an estimated $335 million a year in aid.

Food insecurity contributes to poorer health care outcomes, notes Justin Fast of PSC. Low-income older adults who participate in SNAP are 23 percent less likely to require nursing home care and 46 percent less likely to be hospitalized, according to the report.

Such information may help overcome cultural resistance to food assistance, Fast says. “For many older adults there remains a stigma to accepting SNAP, but this is something they’ve paid for already with their tax dollars.”

People with disabilities also face barriers to health care and nutrition, such as lack of transportation, that can be overlooked by public health efforts, says Alice Frame, a program coordinator at the state Department of Health and Human Services.

“My goal for this forum is to ensure that accessibility is taken into account,” Frame says.

For more information, visit Events at aarp.org/mi.

—Melissa Preddy

GET MORE STORIES

Scan this code with your smartphone camera to link to the AARP Michigan page for more stories and resources, or go to aarp.org/mi.

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- Mississippi: $44,966
- Michigan: $63,829
- Maryland: $94,384

**HIGHEST**
- California: $77,358
- Utah: $33,670
- Minnesota: $78,461

**U.S. MEDIAN HOUSEHOLD INCOME**

- $70,000
- $65,000
- $60,000
- $55,000
- $50,000

* ADJUSTED FOR INFLATION

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**MEDIAN HOUSEHOLD INCOME, 2020**

- California: $77,358
- Utah: $83,670
- Minnesota: $78,461
- Pennsylvania: $68,304
- Michigan: $63,629
- New York: $68,304
- D.C.: $88,311
- Hawaii: $80,729
- Florida: $57,435
- Arkansas: $50,540
- Illionois: $73,753

SOURCE: U.S. CENSUS BUREAU

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**$15 MILLION**

That’s the approximate amount in refunds that AARP Foundation Tax-Aide volunteers secured for 24,883 Michiganders who used its services in 2021. Learn more at aarp.org/taxaide.

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40 AARP BULLETIN JANUARY/FEBRUARY 2022
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Indiana
Give back AARP Indiana is encouraging its members to try something different in the new year and explore the organization’s volunteer opportunities.

Many roles can be done entirely from home, such as telephone volunteers who connect with AARP members throughout the state about important initiatives including vaccine outreach, local advocacy and voter engagement. Other volunteers advocate at the federal level on behalf of older Americans, talking with members of Congress, their staff and other officials.

Locally, AARP community advocates in Evansville, Fort Wayne, Gary and Indianapolis help out their cities through community service and urge local elected officials to make changes that improve the quality of life for older adults.

To learn more, email aarpin@aarp.org or call 866-448-3618.

Kentucky
Cast your ballot The state General Assembly made changes to voting rules last year, and AARP wants voters to know what to expect when they prepare to cast ballots in the primary election on Tuesday, May 17.

The new election laws make permanent some of the procedures developed in 2020 to help Kentuckians more easily vote during the COVID-19 pandemic. There are now three days of early-in-person voting, including the Saturday before the election.

Counties can continue offering ballot drop boxes and have voting centers where any registered voter in the county can cast a ballot. And a new online Voter Services Portal allows individuals to fill out a form to confirm their identity when requesting an absentee ballot.

The voter registration deadline is Monday, Oct. 10. Check your registration status and find your polling location by visiting kentuckylects.org. For more information, contact Anthony Carroll at ia@aarp.org or call 502-573-7100 or by going to elect.ky.gov.

Iowa
Push for change AARP Iowa will be advocating on issues important to older adults when the state Legislature reconvenes in Des Moines on Monday, Jan. 10.

Priorities include urging lawmakers to expand access to home- and community-based services and to improve conditions in nursing homes by using federal American Rescue Plan funds.

AARP is also supporting legislation that would address Iowa’s long-term-care workforce crisis and another bill that would make it a crime to assault, financially exploit or otherwise abuse Iowans 60 or older. Interested in becoming a volunteer advocate? Contact Anthony Carroll at ia@aarp.org or call 866-554-5378.

Missouri
Get active Older Missourians can stay fit and have fun with AARP Missouri’s Moving It! online fitness classes.

Virtual offerings include Forever Fit, Movement for Life and more. Online classes allow participants to stay physically active from the safety of their homes.

Sessions are led by instructors with the St. Louis Jewish Community Center and Caliente Studios. They take place on select mornings each week on Zoom.

Register at aarp.org/movingit. Previous classes may be viewed at youtube.com/aarpmo.

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U.S. median household income*

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*Adjusted for inflation

Source: U.S. Census Bureau

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To be eligible, applicants must be available for all session dates.

All expenses—including hotel, meals and materials—are covered except for a $45 contribution at the time of acceptance. Applications are due Friday, Feb. 11, and those selected will be notified by Friday, March 11. Apply online at bit.ly/3jlMrKl.

**RHODE ISLAND**

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He will continue to promote health care education and community social services in ethnic and immigrant neighborhoods in New York City.

O’Neal succeeds Leo Asen, who had served as AARP New York president since 2015.

To learn more about the Executive Council, visit aarp.org/ny or email NYaarp@aarp.org.

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**HIGHEST**

MARYLAND

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—Michelle Cerulli McAdams
Small Grants Make Big Impact

Wildflower garden, farmers market, more

In a few months, a once-underused expanse of grass in Amesville will spring to life with wildflowers, attracting not only people but also bees, butterflies and other pollinators.

An AARP Community Challenge grant helped the southeastern Ohio village build the garden, with benches and a bulletin board educating the public about pollinator-friendly habitats.

Volunteers planted thousands of native perennials in the garden. The project supports Amesville’s efforts to mitigate the worldwide decline in pollinators, Mayor Gary Goosman says. The garden, in Gifford Park, is in an area destroyed by a flood in 1998. “Our basketball court, playground and walking paths get used a lot, but this area was seldom used for anything,” says Goosman, 66. “But after it was planted last year, we frequently saw people down there strolling and looking at things in the garden. It now has a wide appeal.”

Amesville’s Community Challenge grant was one of 10 awarded in Ohio in 2021. Part of AARP’s national Livable Communities initiative, the program supports quick-action projects that improve the lives of people of all ages. The application window for this year’s grants will open in February.

AARP prioritizes requests that focus on public spaces, civic engagement, diversity and inclusion, volunteerism, housing, transportation and coronavirus pandemic recovery.

Projects Improve Livability

Since the program began in 2017, AARP has awarded more than $285,000 in grants in Ohio.

A 2021 award to Asian Services in Action (ASIA) will pay for a farmers-market pavilion in Akron’s North Hill, a low-income neighborhood known for its immigrant and large Nepali-Bhutanese refugee community.

From July to September, ASIA and Akron Cooperative Farms host weekly markets featuring fresh foods that are popular with older residents.

The market grew from a small community plot behind an apartment building into a 4.5-acre operation. About 100 gardeners of all ages grow crops such as bitter melon, pumpkin shoots, long beans and mustard greens on former baseball fields.

Some also make money selling at the market, says Doug Wurtz, 67, of Akron, the cooperative’s founder and executive director.

The 24-by-48-foot wooden pavilion will offer protection from rain for vendors and shoppers. It also will provide an outdoor meeting place for events or just informal gatherings.

Other 2021 Ohio Community Challenge grants included:

► A shelter and ramp for the first of four planned mobility hubs in Dublin. The shelter will be located outside the community’s recreation and senior centers and include a stop for the Columbus suburb’s free shuttle service, along with interactive displays, handrails, senior-friendly seating and bike sharing.

► An accessible community garden in Delaware with raised beds and benches at a federally subsidized apartment building for older adults and people with disabilities.

► A small park in Bellefontaine dedicated to a Logan County sheriff who was killed on the job.

► An outdoor art gallery in a formerly blighted alley in downtown New Philadelphia.

For more on AARP Community Challenge grants, go to aarp.org/communitychallenge.

—Sarah Hollander

$30 million

That’s the approximate amount in refunds that AARP Foundation Tax-Aide volunteers secured for 40,161 Ohioans who used its services in 2021. Learn more at aarp.org/taxaide.
YOUR STATE

Get tax help Ease the stress of tax season this year by letting AARP Foundation Tax-Aide prepare your returns for free.

In its 54th year, Tax-Aide is the nation’s largest volunteer-run tax-preparation service. The program is open to everyone but focuses on low- to moderate-income people who are 50 or older or who cannot afford to pay for professional preparation.

In 2021, IRS-certified Tax-Aide volunteers helped more than 1 million Americans navigate tax codes, ensure proper credits and deductions, and file federal and state returns. Those filings resulted in nearly $685 million in refunds.

The service, which begins in February, will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. Get more information and find a Tax-Aide location near you at aarp.org/findtaxhelp.

LOUISIANA

Home sweet home Nine out of 10 Louisianans 45 and older want to age at home, AARP research found. Are you one of them?

More than 10,000 residents are on a waiting list for the Community Choices Waiver, which helps people remain in their homes and avoid institutional care.

AARP estimates that the state has 680,000 unpaid family caregivers. Their loved ones may be eligible for assistance, such as respite care, under the Community Choices Waivers program.

When the Legislature reconvenes in March, AARP Louisiana will be advocating for funding to reduce the waiting list for people seeking home- and community-based services.

Want to share your story or become an AARP volunteer? Contact Andrew Muhl at amuhl@aarp.org.

Follow Live at Home LA on Facebook and Twitter.

MISSISSIPPI

Advocating for health care Older residents remain worried about health care access and costs, according to a survey by AARP Mississippi.

Mississippi is one of 12 states that did not expand Medicaid under the Affordable Care Act. It ranked 50 out of 51 in health care access and affordability in a study by the Commonwealth Fund, a private foundation that focuses on health care.

Learn more by emailing msaarp@aarp.org.

SOUTH CAROLINA

Vet benefits AARP wants to ensure the state’s 354,669 veterans and their families are aware of all the resources that are available to them.

Nearly three-fourths of South Carolina veterans are 50 or older, but just 30 percent have used Veterans Administration health care, according to AARP research.

Former military members in the state are eligible for benefits such as zero-down payment home loans.

Vets who are low-income or have disabilities also may receive tax breaks, basic legal services and other help.

Vets account for 8.87 percent of South Carolina residents, making the state 10th nationally in veterans per capita.

For information on free resources for veterans, visit aarp.org/veterans and aarp.org/veteransnavigator.

Contact scsarp@aarp.org or call 866-389-5655 to learn how you can serve the veteran community in South Carolina.

ARKANSAS

Report card What has AARP Arkansas done for you lately? Despite the pandemic, AARP Arkansas racked up important state legislative accomplishments in 2021 to help people 50 and older.

The gains include expanded high-speed internet and telemedicine access and protections for older victims of fraud. More than 1,300 Arkansans participated in Driver Safety classes taught by AARP volunteers.

AARP held 31 virtual community events in 2021, more than a third of them led by volunteers.

To learn more about what AARP Arkansas has done, read the full scorecard by visiting aarp.org/ar. —Susan Milligan

DATABANK USA

WHAT WE BRING IN

The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

LOWEST MISSISSIPPI $44,966

HIGHEST MARYLAND $94,384

U.S. MEDIAN HOUSEHOLD INCOME

$70,000 $65,000 $60,000 $55,000 $50,000 $45,000 $50,000 $65,000 $70,000 $75,000 $80,000 $85,000 $90,000 $95,000

2011 2016 2020

* ADJUSTED FOR INFLATION

SOURCE: U.S. CENSUS BUREAU
Tell Local Elected Leaders
What’s on Your Mind

In February, state residents can make their voices heard at three AARP South Dakota-sponsored legislative coffee events in Sioux Falls.

Participants will have a chance to submit written comments and questions to state lawmakers from their districts, who will participate on moderated panels. The sessions are just one of the many ways AARP is working to ensure that South Dakotans age 50-plus are well represented in Pierre.

The coffees are free and open to the public. They will take place at the HUB at Southeast Technical College, 2001 N. Career Ave., from 10 to 11:30 a.m., on three Saturdays:

- Feb. 5: Districts 6, 11 and 15
- Feb. 12: Districts 9, 13 and 14
- Feb. 26: Districts 10, 12 and 25

The sessions can be watched live or on demand at facebook.com/siouxfallschamber.

AARP South Dakota is always working to empower local volunteer advocates to help push for positive change at all levels of government on issues such as health care, support for family caregivers, fraud prevention and livable communities.

To receive its weekly legislative newsletter or to learn more about how to become a volunteer advocate, email sdaarp@aarp.org, call 866-542-8172 or sign up at aarp.org/getinvolved.

—MARY VAN BEUSEKOM

AARP Foundation Tax-Aide volunteers helped more than 1 million Americans navigate tax codes, ensure proper credits and deductions, and file federal and state returns. Those filings resulted in nearly $685 million in refunds.

The service, which begins in February, will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. Get more information and find a Tax-Aide location near you at aarp.org/f_indtaxhelp.

Prepared for the future As the state legislature reconvenes this month, AARP Kansas plans to work with lawmakers to help ensure that more workers are financially able to retire.

Nearly 40 percent of the state’s 1.1 million private-sector employees don’t have access to a retirement savings plan at work, according to an analysis by Consult Solutions.

That’s why AARP Kansas wants lawmakers to adopt a state-facilitated retirement savings program that would let workers have money automatically deducted from their paychecks. The retirement account would be portable if they changed jobs.

AARP encourages members to contact their state legislators and ask them to vote in favor of the proposal.

Interested in becoming a volunteer advocate? Contact Andrea Bozarth at abozarth@aarp.org.

AARP Kansas

Advocate for support AARP volunteers and staff in New Mexico are making their voices heard during the state’s 2022 legislative session, pushing for measures that would improve the lives of older residents.

Reducing or eliminating the income tax on Social Security benefits is a top focus, though it may be a heavy lift for a short session, says Joseph P. Sanchez, AARP New Mexico’s state director.

The 30-day legislative session begins this month and runs through Thursday, Feb. 17.

“It’s a short time frame and goes very quickly,” Sanchez says. “Still, a significant amount of legislation is usually passed.”

Other advocacy priorities this year include lowering prescription drug costs, improving access to affordable high-speed internet and protecting funding for services for older adults.

Learn more at aarp.org/nm.

AARP New Mexico

Push for internet access A recent survey commissioned by AARP shows widespread support from Oklahomans age 50 and older for increasing access to affordable high-speed internet statewide.

Some 86 percent of older Oklahomans use the internet, according to the poll. And nearly 9 in 10 of those surveyed believe investing in high-speed internet is important to improving access to education and online health care, to preventing social isolation among older adults and to helping businesses be competitive.

Overall, 48 percent of Oklahomans voters age 50 and older say that access to high-speed internet is a problem in their community, particularly in rural areas.

To help expand access, nearly 80 percent of respondents support allowing rural electric cooperatives to offer internet service, and 74 percent approve of state incentives to providers.

In coming months, AARP Oklahoma will use the survey results to advocate with lawmakers for policies that improve internet access. Learn more at aarp.org/okhighspeedinternet.

AARP Oklahoma

Get important updates When the legislature convenes this month for its nine-week session, AARP South Dakota and its volunteer advocates will be promoting policies that benefit older adults.

Priorities include access to health care, policies to support aging in place, and allocation of American Rescue Plan funds.

To join AARP’s advocates list for weekly legislative updates, email sdaarp@aarp.org. Find more news at aarp.org/sd, the AARP South Dakota Facebook page and twitter.com/aarpsd.

AARP South Dakota

Get important updates

JAMES OLSTEIN
IN YOUR STATE

Get tax help Ease the stress of tax season this year by letting AARP Foundation Tax-Aide prepare your returns for free.

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The service, which begins in February, will offer virtual, drop-off and in-person options amid the ongoing COVID-19 pandemic. Get more information and find a Tax-Aide location near you at aarp.org/findtaxhelp.

IN YOUR COMMUNITY: ST. LOUIS

Celebrate Black History on the Silver Screen

In February, AARP in St. Louis will recognize African Americans who have made significant contributions to the motion picture industry.

In its seventh year, the Soul Cinema film series features free movies available online during Black History Month. AARP is partnering with the nonprofit Cinema St. Louis, which also presents the annual St. Louis International Film Festival.

Soul Cinema is open to AARP members and the public, who can stream movies Fridays through Sundays during the month.

INDIANA

Give back AARP Indiana is encouraging its members to try something different in the new year and explore the organization’s volunteer opportunities.

Many roles can be done entirely from home, such as telephone volunteers who connect with AARP members throughout the state about important initiatives including vaccine outreach, local advocacy and voter engagement. Other volunteers advocate at the federal level on behalf of older Americans, talking with members of Congress, their staff and other officials.

Locally, AARP community advocates in Evansville, Fort Wayne, Gary and Indianapolis help out their cities through community service and urge local elected officials to make changes that improve the quality of life for older adults.

To learn more, email aarpin@ aarp.org or call 866-448-3618.

KENTUCKY

Cast your ballot The state General Assembly made changes to voting rules last year, and AARP wants voters to know what to expect when they prepare to cast ballots in the primary election on Tuesday, May 17.

The new election laws make permanent some of the procedures developed in 2020 to help Kentuckians more easily vote during the COVID-19 pandemic. There are now three days of early-in-person voting, including the Saturday before the election.

Counties can continue offering ballot drop boxes and have voting centers where any registered voter in the county can cast a ballot. And a new online Voter Services Portal allows individuals to fill out a form to confirm their identity when requesting an absentee ballot.

The voter registration deadline for the primary is Monday, April 18. For the general election on Tuesday, Nov. 8, the registration deadline is Monday, Oct. 10. Races include one U.S. Senate seat, all U.S. House seats, all Kentucky House seats and even-numbered state Senate seats.

Check your registration status and find your polling location by calling 502-573-7100 or by going to elect.ky.gov.

IOWA

Push for change AARP Iowa will be advocating on issues important to older adults when the state Legislature reconvenes in Des Moines on Monday, Jan. 10.

Priorities include urging lawmakers to expand access to home- and community-based services and to improve conditions in nursing homes by using federal American Rescue Plan funds.

AARP is also supporting legislation that would address Iowa’s long-term-care workforce crisis and another bill that would make it a crime to assault, financially exploit or otherwise abuse Iowans 60 or older. Interested in becoming a volunteer advocate? Contact Anthony Carroll at ia@ aarp.org or call 866-554-5378.

MISSOURI

Get active Older Missourians can stay fit and have fun with AARP Missouri’s Moving It! online fitness classes.

Virtual offerings include Forever Fit, Movement for Life and more. Online classes allow participants to stay physically active from the safety of their homes.

Sessions are led by instructors with the St. Louis Jewish Community Center and Caliente Studios. They take place on select mornings each week on Zoom.

Register at aarp.org/movingit. Previous classes may be viewed at youtube.com/aarpmo.

—David Lewellen
GOT TAXES? FREE HELP IS AVAILABLE

Tax-Aide offers safe options amid pandemic

H arold “Bing” Billingsley thought for sure that the COVID-19 crisis would prevent him from getting free tax help from AARP Foundation Tax-Aide last year.

But the 86-year-old retired aeronautical engineer was surprised to find volunteers still assisting people safely during the pandemic. He dropped off his paperwork, then came back a few days later to review and sign the completed forms.

“It was a two-time operation, but both times were painless,” says Billingsley, of Madisonville.

“I even got a small refund, which is always a good thing.”

Similar safety protocols, with low- and no-contact options, will be in place when the program begins in February.

In its 54th year, Tax-Aide is the nation’s largest free volunteer-run tax-preparation service. It’s open to everyone but focuses on low- to moderate-income people who are 50 or older who cannot afford to pay for professional preparation.

Last year, IRS-certified Tax-Aide volunteers helped roughly 15,000 Tennesseans navigate tax codes, ensure proper credits and deductions, and file federal and state returns. Those filings resulted in about $11.3 million in refunds. Nationally, the program aided more than 1 million taxpayers, securing nearly $685 million in refunds.

How the program operates this year will depend on pandemic conditions at the local level. It’s possible that some or all sites will be open for normal in-person service, says Pam Holcombe, 64, of Greeneville, who is volunteer central region coordinator for Tax-Aide.

Computer-savvy taxpayers also have virtual options, Holcombe says. They can scan and upload their documents and have a video session with a Tax-Aide volunteer. Coaching is also available for those who want to use software to file for themselves, she says.

Volunteers are key

Tax-Aide isn’t just for AARP members, emphasizes Emily Paul, 62, of Athens, who is the program’s volunteer coordinator for Tennessee. “We’ll have college students come in and 90-year-olds.”

Regardless of age, people were so grateful that the service continued through the pandemic, Paul says.

“I heard a lot of, ‘I’m so glad y’all are able to do this,’” she recalls. “And I think that was true all across the state.”

But the program can’t run without volunteers. More than 330 helped out at 50 Tax-Aide sites in the state last year.

“People really value this program,” Holcombe says. “We can only continue so long as we have volunteers to do the work. We need volunteers.”

She notes that volunteers don’t have to have a background in accounting or tax preparation. They receive training on current tax laws and are IRS-certified. Preparers can handle most returns but not more complex cases, such as those involving a small business with employees, rental income or alternative minimum taxes.

Anyone who doesn’t want to do tax preparation can still help with administrative tasks, such as greeting people, providing tech support, helping organize, translating and more.

Volunteers can opt to work for as little as two hours a week during tax season, which is generally 10 weeks. Many, however, like working longer hours, Holcombe says.

Tax-Aide return preparation and electronic filing will begin on Tuesday, Feb. 1, and run through Friday, April 15. Some sites may be available in May to file amended returns.

Find a location near you at aarp.org/findtaxhelp, or call 888-227-7669. To volunteer, visit aarp.org/taxaide or email taxaide@aarp.org. —Sheila Burke

DATABANK USA

The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

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<td>MISSISSIPPI $44,966</td>
<td>TENNESSEE $54,665</td>
<td>MARYLAND $94,384</td>
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U.S. MEDIAN HOUSEHOLD INCOME*<br>$70,000<br>$65,000<br>$60,000<br>$55,000<br>$50,000<br>2011 2016 2020<br>$67,521

* ADJUSTED FOR INFLATION

SOURCE: U.S. CENSUS BUREAU

* U.S. MEDIAN HOUSEHOLD INCOME, 2020

CALIFORNIA $77,358<br>UTAH $83,670<br>MINNESOTA $78,461<br>PENNSYLVANIA $70,117<br>NEW YORK $68,304

HAWAI $80,729<br>ARKANSAS $50,540<br>ILLINOIS $73,753<br>FLORIDA $57,435

TENN. $54,665

nicolas rapp
**Election Special**

**IMPORTANT:** As of press time, some election rules were still being contested. AARP strongly recommends confirming your voting details by going to votetexas.gov before submitting your ballot. You can also get updates at aarp.org/txvotes.

**Q&A**

**WHAT’S NEW**
- Drive-through and 24-hour early voting are no longer permitted.
- Election officials are no longer allowed to send unsolicited vote-by-mail application forms to voters.
- Mail-in-ballot voters must now provide either their Texas driver’s license, personal ID or election ID certificate number, or the last four digits of their Social Security number on both the application and the return envelope for their completed ballot.
- Those who assist someone else in filling out their ballot at the polls must sign a form disclosing their relationship to the voter. They also must recite an oath stating that they did not pressure or coerce the voter into choosing them as their assistant.

**WHAT YOU NEED TO KNOW**

**How do I register to vote?**
Texans can register to vote in person or by mail. ID is required. You can download an application at the secretary of state’s online voter registration portal: vrapp.sos.state.tx.us. To register in person, visit your county registrar’s office. To register by mail, request a printed application at webservices.sos.state.tx.us/vrrequest/index.asp, or contact your county registrar to be sent one.

The last day to register to be eligible to vote in the primary is Monday, Jan. 31.

Check your registration status via the Am I Registered portal at votetexas.gov/register.

**How can I request a mail-in ballot? Are there important deadlines?**
Mail-in ballots (formerly called absentee ballots) are available only to voters who are 65 or older, are sick or have a disability, or will be out of their home county on Election Day and during the early-voting period. Request a mail-in ballot application at sos.texas.gov/elections/voter/reqabbm.shtml. It must be mailed to your county elections official; a list is at sos.texas.gov/elections/voter/county.shtml. Applications can be submitted starting Saturday, Jan. 1, and must be received by Friday, Feb. 18.

First-class postage is required.

**How do I submit a mail-in ballot? Are there important deadlines?**
Ballots must be returned (postage may be required) to your county elections office by 7 p.m. on Election Day, Tuesday, March 1, if the carrier envelope is not postmarked, or received by 5 p.m. on Thursday, March 3, if postmarked by 7 p.m. on Election Day.

**Which primary do I vote in?**
Texas primaries are open. Voters do not have to be registered as a member of a party to participate in its primary. You must, however, sign a pledge that declares you will not vote in another party’s primary in the same year.

**Where do I find my polling place?**
In-person Election Day voting sites will be listed on the secretary of state’s web portal, at teamrv-mvp.sos.texas.gov, on Sunday, Feb. 27, two days before the primary election. As of press time, there is pending litigation about redistricting.

**Can I vote in person before primary Election Day?**
Yes, you can vote at early-voting sites in your county from Monday, Feb. 14, to Friday, Feb. 25. Locations and hours will be posted two days before early voting begins at teamrv-mvp.sos.texas.gov. Registered and eligible voters may vote at any early-voting location in their county of residence.

**Do I need identification to vote?**
Yes. A list of acceptable IDs is at votetexas.gov/register-to-vote/need-id.html.

If you don’t have a photo ID, you can fill out a declaration at your polling place, where you will also have to present either a certified copy of a domestic birth certificate; or a utility bill, bank statement, paycheck, government check or other official document containing your name and address.

**What if no candidate receives a majority of the vote?**
If no candidate receives more than 50 percent of votes cast, the top two will proceed to a runoff election, which is scheduled for Tuesday, May 24.

**Also of interest:**
See AARP’s coverage at aarp.org/elections. Keep up with local events and AARP Texas’ advocacy efforts at aarp.org/tx.

**RACES TO WATCH**

- Governor
- Lieutenant Governor
- Attorney General
- U.S. House: All 38 seats
- Texas Senate: All 31 seats
- Texas House: All 150 seats

Scan this code with your smartphone camera to link to the votetexas.gov page.
BOOSTING BRAINS TO COMBAT AGING

AARP increasing its online seminars

During the COVID-19 pandemic lockdown in 2020, Rebekah Dailey worried about the mental well-being of her mother, a woman in her 60s who lives alone. Dailey traveled from Virginia to Lexington, Kentucky, to leave her dog with her mother for companionship.

Since then, Dailey, 31, of Springfield, in Fairfax County, has followed in her mother’s tradition of service to others and become an AARP volunteer, giving presentations on brain health. A patient safety consultant with Inova Health System, she is one of the new volunteers who will enable AARP Virginia to increase the number of seminars it offers on the topic this year.

Dailey believes social interaction is the most important thing for keeping the brain healthy. “It can be hard, especially for people living by themselves,” she says. “But there are ways to be social even when you can’t be around people,” such as video and phone time with loved ones.

Dailey’s mother kept the dog, a Yorkie, but ended up spending the lockdown with her other daughter and grandchildren.

Social activity is included in the Six Pillars of Brain Health, a presentation that Dailey and other volunteers give based on AARP’s Staying Sharp program. It follows guidance from the Global Council on Brain Health, an independent group of researchers affiliated with AARP.

The other elements are engage your brain, manage stress, exercise, get restorative sleep and eat a healthy diet.

TIPS FOR STAYING SHARP

“We can do a lot to take charge of our brain health and improve our quality of life,” says David DeBiasi, AARP Virginia’s advocacy and outreach director and a registered nurse. “Experts say that only about 25 percent of physical aging can be traced to our genes. The rest is up to us.”

DeBiasi launched AARP’s brain health program in Virginia in 2015, and it has since spread nationwide. He credits some of its success to audience members talking about how they use the six pillars to improve their lives.

At an online seminar Dailey presented last fall, participants offered tips such as cooling down the bedroom for better sleep and using tai chi to manage stress.

Attendees later are asked to take a survey to assess whether they have changed any behavior since the seminar.

Preliminary results have shown improvements in habits, according to Laura Mehegan, a senior research adviser at AARP.

Kenneth Beals, of Staunton, an AARP volunteer presenter, says he knew he needed to keep his brain stimulated when he retired as a professor at Mary Baldwin University about four years ago. He took up the ukulele and has maintained his walking routine.

“With the shutdown by COVID, I kept the exercise regime going,” says Beals, 75.

Paul Singh, 62, of Woodbridge, a workshop presenter, is a stand-up comedian who includes jokes and mnemonic devices to help people remember the presentation. He says a positive outlook is key to managing stress.

For now the seminars are all online, allowing them to reach more people. For a schedule of presentations, go to the Events page at aarp.org/va.

AARP’s increased number of seminars is well timed, DeBiasi says. “I think there’s been more attention placed on health and mental health because of the pandemic.” —Sue Lindsey

DATABANK USA

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LOWEST MISSISSIPPI $44,966
YOUR STATE VIRGINIA $81,947
HIGHEST MARYLAND $94,384

U.S. MEDIAN HOUSEHOLD INCOME

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<th>Amount</th>
<th>2011</th>
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SOURCE: U.S. CENSUS BUREAU

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MONTANA
For those who served A one-stop resource from AARP Montana offers free tools and information to connect veterans and military families with health care, financial planning, job opportunities and more.

About 1 in 10 residents are veterans, with 73 percent of them over age 50. Many are unaware of resources designed for them. Just 37 percent, for instance, have used U.S. Department of Veterans Affairs health care. Information, including a guide to health care choices, is at aarp.org/MTVets.

Family caregivers for veterans can also find a guide that addresses their challenges. They are “unsung heroes,” says AARP Montana President Al Ward, “many of whom have made immeasurable sacrifices to care for their loved ones as they return from service.”

The website also links people to food resources and other help.

NEVADA
Wholesome cooking With holiday indulgences over, it’s time to kick off the year with healthy eating. Chef Suzy McClain will focus on nutrition in free cooking demonstrations on Zoom.

Sponsored by AARP Nevada and the University of Nevada Cooperative Extension, her sessions will provide nutrition tips on the second Wednesday of each month: Jan. 12, Feb. 9, March 9, April 13 and May 11.

McClain is known for promoting garden-fresh ingredients and healthy recipes.

Good nutrition enhances physical and mental health and biological processes that promote healthy skin. Research shows that eating relatively high amounts of vegetables, fruit, whole grains, poultry, fish and low-fat dairy is linked to both more healthy skin. Research shows that eating relatively high amounts of vegetables, fruit, whole grains, poultry, fish and low-fat dairy is linked to both more healthy skin. Research shows that eating relatively high amounts of vegetables, fruit, whole grains, poultry, fish and low-fat dairy is linked to both more healthy skin. Research shows that eating relatively high amounts of vegetables, fruit, whole grains, poultry, fish and low-fat dairy is linked to both more healthy skin. Research shows that eating relatively high amounts of vegetables, fruit, whole grains, poultry, fish and low-fat dairy is linked to both more healthy skin.

Databank Usa
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<td>$77,358</td>
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<td>Utah</td>
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* ADJUSTED FOR INFLATION

Tips on taxes
As the tax-filing deadline nears, AARP is offering a series of virtual presentations on how to fill out your forms.

AARP Alaska encourages people to register and ask questions during the free one-hour webinars that AARP Foundation Tax-Aide volunteers will lead on Wednesdays at 5:30 p.m.

The following topics will be covered over four sessions: general information, such as who qualifies as a dependent (Jan. 19); recent tax-law changes (Feb. 16); how retirement affects your taxes (March 16); how and when to file extensions; and planning for next year (April 13).

To register for the live sessions or to view them later, go to states.aarp.org/alaska/tax-aide-series-2022. The presentations also will be livestreamed on facebook.com/AARPARK. —Rita Beamish
CUTTING COSTS FOR OLDER ADULTS
Lower Rx prices, more in-home-care aid

For AARP Washington, this year’s legislative priorities are all about helping older residents stay in their homes as they age and preserve as much of their income as possible.

Longtime AARP volunteer John Barnett, 91, of Kirkland, hopes that includes lowering his $6,000 annual cost for blood-thinning medications to treat an irregular heart rhythm.

“I was shocked when I picked them up because a month’s supply was over $500. I’d never paid anything like that for a prescription before,” Barnett recalls.

Curbing escalating prescription drug prices is a top priority for AARP as the state Legislature reconvenes this month. It is backing a measure that would create a Prescription Drug Affordability Board to evaluate prices and set limits on what managed care plans and state agencies must pay.

Lawmakers passed a similar proposal in 2020. But Gov. Jay Inslee (D) vetoed the bill because he was unsure whether the state could fund the board amid uncertainty about how the coronavirus pandemic could affect the state budget. The setback gave advocates time to draft even stronger legislation, examining the fines drugmakers should face for pricing medications too high, says Cathy MacCaul, AARP Washington’s advocacy director.

“We want to make sure this board has some teeth and regulatory strength,” she says.

IN-HOME CARE ALSO ON AGENDA
Another AARP advocacy goal for the 2022 legislative session is helping the almost 50,000 Washingtonians who receive in-home-care services, such as help with bathing, through Medicaid.

Many of them have to contribute a copay for the services. The amount is calculated by taking their income and subtracting what’s known as a personal needs allowance (PNA) to cover household costs, such as rent and utilities. The rest of their income goes toward the home-care services.

However, advocates say the PNA—currently $1,074 a month—isn’t adequate to live on. The average monthly cost of living for older Washingtonians in 2020 was roughly $2,900, according to the Elder Index developed by the University of Massachusetts Boston. That discrepancy means some people are forced to choose between basic needs, like buying food or receiving home services.

Mark Bernstein, a case manager with the Seattle Human Services Department’s Aging and Disability Services division, sees many older adults turn down services rather than pay up to 20 percent of their fixed income for them.

One of his clients, a veteran on Social Security, is faced with paying nearly $90 a month for someone to come to his home and help. “He’s a 90-year-old man who wants to stay independent and has to juggle to do that,” Bernstein says.

AARP is urging lawmakers to raise the PNA amount to $2,382, similar to what other states provide, at an estimated cost to the state of $25.6 million a year.

Though there is a price tag, raising the PNA could ultimately be less expensive than moving people out of their homes and into higher-priced long-term care institutions at the state’s expense, MacCaul says.

“It makes financial sense, and home is where people want to be as they age,” she says.

Learn more about AARP Washington’s legislative advocacy efforts at aarp.org/wa.

—Chris Thomas

GET MORE STORIES Scan this code with your smartphone camera to link to the AARP Washington page for more stories and resources, or go to aarp.org/wa.

DATABANK USA

WHAT WE BRING IN
The median annual income of a U.S. household fell in the pandemic’s first year after a decade of growth. The map shows how widely median income varies by state (as does the cost of living).

LOWEST MISSISSIPPI $44,966
YOUR STATE WASHINGTON $81,083
HIGHEST MARYLAND $94,384

U.S. MEDIAN HOUSEHOLD INCOME *

$70,000
$65,000
$60,000
$55,000
$50,000
$45,000
$50,000
$55,000
$60,000
$65,000
$70,000
$75,000
$80,000
$85,000
$90,000
$95,000

2011 2016 2020

MEDIAN HOUSEHOLD INCOME, 2020

CALIFORNIA $77,358
UTAH $83,670
MINNESOTA $78,461
PENNSYLVANIA $70,117
NEW YORK $68,304

WASHINGTON $81,083

HAWAII $80,729
ARKANSAS $50,540
ILLINOIS $73,753
FLORIDA $57,435

D.C. $88,311

SOURCE: U.S. CENSUS BUREAU

$21.2 MILLION

That’s the approximate amount in refunds that AARP Foundation Tax-Aide volunteers secured for 32,467 Washington residents who used its services in 2021. Learn more at aarp.org/taxaide.

NICOLAS RAPP

40 AARP BULLETIN JANUARY/FEBRUARY 2022
LOOKING AT NEW WAYS TO CONNECT

Coalition combats social isolation

A lone but not lonely: That’s Pauline Sneath’s goal for her father, who is 92 and living by himself in Indiana. With Sneath’s mother in a memory care facility, the Columbus resident, 66, applies her past experience as a hospice nurse to help her dad stay socially connected.

She calls regularly and asks him who has visited and how his neighbors are doing. And she applies her strategies to herself, committing to a regular schedule of volunteering to make sure she sees valued friends, even in the depths of winter.

Many older Americans struggle with loneliness, with the coronavirus pandemic making it even harder for them to maintain meaningful relationships.

Some of the permanent changes brought about by the crisis, such as home delivery of daily necessities, may also have the unintended effect of increasing isolation.

AARP Wisconsin is helping lead a new coalition of government and social service agencies—the Coalition to End Social Isolation and Loneliness. The group will identify root causes of these conditions among older adults and people with disabilities and advocate for solutions.

GOOD FRIENDS, GOOD HEALTH

One of the coalition’s goals is to help people understand how chronic loneliness can affect physical and cognitive health, says Sam Wilson, state director for AARP Wisconsin.

It’s easy to mistake busyness for genuine connection, and activity for friendship, says Wilson. Loneliness stems less from the amount of social interaction and more from the “quality and depth of interaction,” he says.

People who are bereaved often fall into a tailspin. Those with disabilities might mistakenly trade independence for meaningful time with others. The very definition of loneliness differs by ethnic tradition and community, which is why AARP is exploring ways to design programs to suit Black, Latino, Asian, Native American and LGBTQ communities, and others.

In a 2020 study, University of Wisconsin-Madison researchers found that community outreach to older adults, even those with limited access to or capacity to use technology, was beneficial. Having an appointment to look forward to and socializing online appeared to be key factors in preventing deep loneliness from intensifying.

Miriam Oliensis-Torres, 68, a Milwaukee resident who has spent her career as a social worker specializing in geriatric issues, says that loneliness can result in a cascade of deterioration in physical health and cognitive ability.

“If people are alone, nobody knows if they’re taking their medication correctly or not,” she says. “People tend to be more sedentary when they are alone, so they become more prone to falls. They may not be eating well.”

Family and friends can detect escalating loneliness by continuing conversations about daily habits well beyond superficial greetings, says Oliensis-Torres.

“Don’t just ask someone how they’re doing,” she says. “Ask about what they had for breakfast. Look for changes since the last time you saw them in person. People should be talking with someone at least once a day.”

“All those little interactions help you maintain social skills,” says Sneath. “Mental, physical and financial wellness are all connected to social wellness.”

—Joanne Cleaver

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SOURCE: U.S. CENSUS BUREAU

GET MORE STORIES Scan this code with your smartphone camera to link to the AARP Wisconsin page for more stories and resources, or go to aarp.org/wi.
CANCER CARE
Thanks for the superb cover story, “The War on Cancer” [November]. An excellent and well-researched article. It covered most major cancers but missed pediatric cancer. Our age group is touched by this cancer through our children and grandchildren. My granddaughter Alison was diagnosed, at age 3, with leukemia. She had two and a half years of treatments. She’s doing well, thanks to the advancements made in the last 50 years.

GOLDA RADERFELD
VENICE, FLORIDA

Informative article, but I’m disturbed that in 50 years of research, a cure hasn’t been found. We’re still using chemo (a poison) and radiation (burning the tissue). Billions of dollars are spent on research, but treatment costs are prohibitive. The U.S. has a vaccine for polio and COVID-19, which came out in less than a year. I believe it boils down to money. Why should the drug companies and researchers find a cure when cancer is padding their bottom line?

JEFF MOSHEA
HIGHLANDS RANCH, COLORADO

HOLD THE PHONE
I can’t be the only reader who recognized that carriers are the very businesses that sell their services to the bad guys (“Finally, Extra Phone Protection,” Your Money). Carriers then sell services to users to stop the bad guys from calling. Carriers could easily track, report and stop this robo nonsense.

TIM HANEY
EAGLE, IDAHO

We appreciate hearing from you. Write to: Bulletin Editor, Dept. RF, 601 E St. NW, Washington, DC 20049, or email bulletin@aarp.org. Please include your address and phone number.

Readers Respond

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IF BEN FRANKLIN WERE ALIVE TODAY
A BIRTHDAY TRIBUTE
(BORN JANUARY 17, 1706)

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Witty & Wise

Skips money-printing business, mines cryptocurrency instead

Gives kite away, tests atmospheric science theories with a drone

Adapts bifocals into new generation of virtual reality glasses

Signs the Declaration of Independence digitally from retirement condo

Dispenses advice through Poor Richard’s Podcast

Uses TikTok to advocate for exercise and healthy eating

Gets hired by French designers to show men’s fashions in Paris

IN THIS WORLD, NOTHING CAN BE CERTAIN EXCEPT DEATH, TAXES AND INTERNET TROLLS

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