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CREDIT OR DEBIT?
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PLUS THE TOP ELECTION ISSUES WHAT OLDER AMERICANS ARE FOCUSED ON MOST FOR THIS NOVEMBER'S VOTE IN THE NEWS / PAGE 6
The Jitterbug® Flip2, from the makers of the original easy-to-use cell phone, has big buttons and an exclusive Urgent Response button on the keypad.

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*50% off regular price of $99.99 is only valid for new lines of service. Offer valid through 5/28/22 at Rite Aid and Walgreens. Offer valid through 5/29/22 at Best Buy. ‘Monthly fees do not include government taxes or fees and are subject to change. Plans and services may require purchase of Lively device and one-time setup fee of $35. Urgent Response or 911 calls can be made only when cellular service is available. Urgent Response tracks an approx. location of device when device is turned on and connected to the network. Lively does not guarantee an exact location. Urgent Response is only available with the purchase of a Lively Health & Safety Package. Consistently rated the most reliable network and best overall network performance in the country by IHS Markit’s RootScore Reports. By enabling Alexa on the Jitterbug Flip2, you acknowledge that Lively is not responsible for Amazon Alexa’s functionality or services. Amazon, Alexa and all related logos are trademarks of Amazon.com, Inc. or its affiliates. Screen images simulated. Appearance of device may vary. LIVELY and JITTERBUG are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.*
COURT UPHOLDS PATIENT RIGHTS
Nursing home resident ‘dumping’ ruled illegal

A California court has ruled that a nursing home owned by a national chain violated state and federal laws when it refused to readmit a resident after a brief hospital stay.

The Sacramento County Superior Court sided with Gloria Single, represented by AARP Foundation and others, who sued a nursing facility in Sacramento called Pioneer House when she was blocked from returning after a hospital visit that lasted only a few hours.

Pioneer House is owned by the national chain Retirement Housing Foundation.

The practice, called "dumping" by critics, has been targeted by AARP as a violation of nursing facility residents’ rights.

“Resident dumping is elder abuse,” says William Alvarado Rivera, senior vice president for litigation at AARP Foundation. “This ruling recognizes that such abuse is not only immoral but also illegal under both federal and state civil rights laws.”

The lawsuit, brought on behalf of Single, who was 82 and had dementia when the facility refused her readmission in 2017, cited violations of laws that set strict standards for how nursing facilities can discharge residents in their care.

Single’s son Aubrey Jones said in an interview with aarp.org last year that refusing to allow his mother’s return was particularly agonizing because her husband, Bill, also lived at the facility.

The suit said Single was sent to the hospital after Pioneer House staff claimed she had gotten upset and thrown utensils in the dining room. Within hours the hospital determined she was fine to return home, but management refused to receive her, forcing her back to the hospital, where she stayed for three months before her son could get her into another nursing facility.

Single died in 2019, without ever reuniting with her husband.

New Anti-Fraud Law Signed

A new federal law aimed at protecting older Americans from scams, strongly supported by AARP and other anti-fraud advocates, is now on the books. The bipartisan Fraud and Scam Reduction Act was signed into law by President Joe Biden in late March after passing the House and Senate with strong support from both parties.

“AARP is at the forefront of laws that prevent financial exploitation of seniors,” says AARP Chief Advocacy and Engagement Officer Nancy Mau. “This law benefits all Americans.”

The law is designed to bring together federal agencies, financial institutions and consumer advocates like AARP to create a guide to prevent scams targeting seniors.

And it requires the Federal Trade Commission to devise a better system for reporting fraud against older people, while making anti-fraud education more widespread.

Learn how to spot scams at aarp.org/fraudwatchnetwork.

Medical Debt Is Hurting Credit Scores

A recent report from the Consumer Financial Protection Bureau (CFPB) found Americans had a whopping $88 billion in medical debt that appeared on credit reports, comprising 58 cents of every dollar of debt that hampers efforts to keep a high credit score.

“It’s a huge problem, especially with the pandemic,” says Beverly Harzog, author of The Debt Escape Plan. “Many people have had hospital bills the last couple of years [that] end up on their credit report.”

The three major credit agencies—Experian, Equifax and TransUnion—announced shortly after the CFPB report was released that paid-off medical collection debt will no longer appear on consumer credit reports after July 1.

They also announced that the period before unpaid medical debts can be reported to credit agencies will increase from six months to one year, and amounts of medical debt below $500 won’t appear on credit reports at all beginning early in 2023. But medical debt will still haunt many older Americans, experts say. “Mortgages, auto loans and credit cards become more expensive,” says credit expert Gerri Detweiler.

Miranda Yaver, who is writing a book on the issue, discovered over $11,000 in wrongly denied medical claims on her credit report, sent to collections by hospitals while the issue was still being appealed. “This is my area of expertise, and even I am getting the run-around,” she says.
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THE ISSUES THAT WILL SWAY THE ELECTION

For many older Americans, winning their vote still comes down to how candidates intend to address real problems

BY DENA BUNIS

C

onventional wisdom says voters will cast their ballots in the all-important midterm elections this November based on their party affiliation or the latest political buzz on the national scene. But older voters have a message for candidates: Ignore our issues at your peril. We vote in big numbers. And we care about the issues that shape our lives.

“We know that people 50 and older vote more than any other age group,” says Bill Sweeney, AARP senior vice president for government affairs. Sweeney points out that overall turnout tends to be lower in a non-presidential year, and that will make the 50-plus vote even more important.

Take the last midterm elections, in 2018: Turnout among Americans ages 45 to 59 was 56 percent; among voters 60 and over, the rate was 66 percent. The turnout among voters ages 18 to 29 that year? Just 33 percent.

“We also know that voters 50 and older take time to find out where candidates stand on the issues,” Sweeney says. “They want to make sure that the people they are voting for are really going to represent them.”

This election, voters across all age groups report being worried about pocketbook items like the price of housing, medicine, food and gas. Continuing concerns over COVID-19 and voting rights, as well as local education issues, also rank high in preliminary surveys.

But older Americans have specific issues of concern. They want to know candidates’ views on them and will be evaluating how much progress incumbent lawmakers in Washington and in their state have made. Here are four that surveys show are top of mind among older voters.

PRESCRIPTION DRUGS

At issue: Americans continue to pay among the highest prices in the world for prescription drugs, and the problem’s not going away:

List prices of pharmaceuticals increased by an average of 5.2 percent in 2021 for many of the medications that Medicare spends the most on. Medicare beneficiaries, who have a median annual income of just under $30,000, take an average of four to five prescription drugs every month, and public opinion surveys consistently have found that many beneficiaries skip doses or don’t refill their prescriptions because of the cost.

Status: In December, the U.S. House of Representatives passed the Build Back Better Act of 2021, which included prescription drug reforms. The U.S. Senate has not acted on this bill even though lawmakers on both sides of the aisle say they want to lower the cost of prescription drugs.

In individual states, about 90 Rx-related bills were enacted in 2020 and 2021, according to the National Academy for State Health Policy. AARP’s state offices helped get 53 bills or regulations passed during that time, including measures requiring transparency in drug pricing, allowing lower-cost medications to be safely imported from Canada, creating state-based drug assistance programs, preventing midyear changes to the lists of drugs that plans cover, and capping out-of-pocket costs on insulin.

What older voters want: AARP’s Fair Rx Prices Now campaign has called on Congress to pass a range of measures to help lower prescription drug prices, among them: Allow Medicare to negotiate prices with drugmakers, impose tax penalties on manufacturers that raise prices higher than the rate of general inflation and put a cap on out-of-pocket costs for those enrolled in Medicare Part D prescription drug plans.
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“Millions of Americans are looking to their elected leaders from both parties to put their differences aside and work together to lower drug prices,” said Nancy LeaMond, AARP executive vice president and chief advocacy and engagement officer.

**SOCIAL SECURITY**

► At issue: Roughly 1 in 5 Americans (47 million retired workers, 2.8 million of their dependents, 5.9 million survivors of deceased workers and 9.5 million people with disabilities and their dependents) receive Social Security benefits. According to the Social Security trustees, unless Congress takes action, the program’s trust funds are projected to be depleted by 2034, meaning Social Security will not have the funds needed to pay full benefits to the retired workers who paid into the plan for all their working lives. “The next two years are going to be very important for Social Security, because we need to begin planning well ahead of 2034,” Sweeney says.

► Status: Although dozens of lawmakers have introduced bills that would do everything from tweaking Social Security to making substantial long-term changes to the program, there is scant agreement on Capitol Hill on how to proceed. Suggested fixes include everything from raising the cap on how much wage income is subject to the Social Security payroll tax, to increasing the tax rate, to increasing the eligibility age, to modifying benefits that retirees would receive.

► What older voters want: Americans want certainty that the benefits they have earned will be there when they retire. AARP has called on Congress to ensure the long-term solvency of the program and protect the benefits of current beneficiaries and generations of workers to come.

**MEDICARE**

► At issue: Medicare covers more than 64 million older Americans and people with disabilities, and that number is projected to reach 80 million by 2030. Workers and their employers pay into the program through a payroll tax. Within four years, Medicare’s Part A Hospital Insurance Trust Fund is projected to run short of funds as a result of rising enrollment, increasing health care costs and advances in medical technologies. Parts B and D will remain fully funded. Of more immediate concern to many Medicare enrollees are the range of coverage gaps; many must cover the costs of their dental, hearing and vision care on their own, for example.

► Status: The Build Back Better Act the House passed included some coverage for hearing aids and other hearing services for people enrolled in original Medicare. Already, many Medicare Advantage private insurance plans provide some dental, vision and hearing benefits. So far, Congress has not begun any significant debate on how to shore up the Medicare hospital trust fund.

► What older voters want: “We are going to keep fighting” to maintain and expand Medicare coverage, Sweeney says. During the COVID-19 pandemic, Medicare expanded its coverage of telehealth, something older voters want to be made permanent. To protect the program for the future, older voters also want Medicare to crack down on waste, fraud and abuse.

**CAREGIVING/LONG-TERM CARE**

► At issue: Roughly 53 million family caregivers form the backbone of America’s long-term care system, and AARP research has found that these caregivers spend more than $7,000 on average to help care for their loved ones. (For a full report on the state of caregiving in America and possible solutions, turn to page 32.) Meanwhile the COVID-19 pandemic highlighted existing problems in the nation’s nursing homes, where more than 200,000 residents and staff have succumbed to the virus. Among the issues are chronic staff shortages and inadequate regulatory oversight.

► Status: In his State of the Union address, President Joe Biden called for a series of nursing home reforms, including minimum staff requirements, increased financial penalties for poor quality, and greater oversight of long-term care facilities.

In 2021, states across the country enacted laws to support caregivers and other long-term care services, including caregiver reimbursement programs in four jurisdictions (Arizona, the District of Columbia, Maine and Utah); funding for respite care services in three states (California, Maine, Nebraska, Nevada, New Mexico, New York and North Carolina). And in 28 states, funding and eligibility for home- and community-based services was either maintained or increased.

► What older voters want: Medicaid doesn’t cover home- and community-based services to the same extent as it covers nursing home care. An estimated 800,000 Americans are on state waiting lists for at-home care covered by Medicaid. An AARP survey in 2021 found that three-quarters of adults 50 and older want to remain in their homes and communities for as long as possible. Also, AARP strongly supports the Credit for Caring Act, which would provide tax credits to help family caregivers with their out-of-pocket expenses.

“When we think about providers of health care, most of us don’t think about our family members,” Sweeney says. “But in many families, many of the primary caregivers are our family members, our loved ones—not doctors and nurses. Recognizing and elevating the important work of family caregivers is really core to what AARP is all about.”

**Voter Resources**

These websites provide useful information about elections and candidates.

► Ballotpedia.org
► LWV.org (League of Women Voters)
► Factcheck.org
► Vote.gov

Dena Bunis, a senior writer at AARP who covers public policy, has been a news reporter for more than 30 years. She also writes the Medicare Made Easy column for the AARP Bulletin.
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In the News: War in Ukraine

“UKRAINE REFUGEES ARE RESILIENT. THEY MAKE THE JOURNEY WITH STRENGTH AND DETERMINED HEARTS.”

—Jenelle Eli, Red Cross spokeswoman, gives an eyewitness account from Poland and Romania of older refugees forced to flee the fighting

Refugees from Ukraine at the Polish-Ukrainian border checkpoint in Przemyśl. Left, Jenelle Eli in Poland.

From what you see, what percentage of those Ukrainians fleeing their country due to the Russian invasion are older? Even before this most recent conflict, the United Nations declared the crisis in the eastern part of Ukraine the “oldest” in the world, since 30 percent of people in need of humanitarian assistance and protection were older adults. But so far, the people who have been able to escape the war and reach help have been generally younger. Even though older people are disproportionately affected by conflict, it’s typically more difficult for them to flee for a variety of reasons. Many older adults lack the mobility, health, resources or the will to leave the only home they’ve ever known.

Tell us what you’ve learned about the older refugees who have chosen to leave.

Many people have been displaced multiple times. Some moved to towns within Ukraine considered “safer” and then had to leave again when bombing began. Fleeing your home once is devastating. Imagine finding safety and then having to leave again. It’s crushing on so many levels.

What are some of the unique issues facing older Ukrainians who are now refugees?

Depending on health conditions, they can be more vulnerable to abuse and neglect during crises and disasters. People on the move have trouble accessing routine care and prescription medications, which can exacerbate illnesses and chronic conditions. On the migration route, it can even be hard to find simple things like a chair or bed that’s easy to get in and out of.

Have there been any small things that surprised you about the needs of the refugees?

I guess this shouldn’t have surprised me, but it did: One of the most common items people request from the Red Cross when they cross into safety is lip balm. Temperatures have been bitterly cold, and people fleeing have had days or weeks on the move.

Refugee crises typically have unique challenges. What’s the biggest need where you are now?

As this conflict continues, we’re seeing more and more families arrive with less and less. Red Cross teams have been working 24-7 at border crossings to provide diapers, hygiene items, wheelchairs, strollers, warm gloves and other necessities. Many who have crossed the border simply ask for a cup of coffee or tea—a hot drink and a warm welcome is what many of those fleeing appreciate most. Our teams are offering SIM cards and mobile charging stations, to help people who have been separated from their loved ones in Ukraine to reconnect. Simple aid like this offers families peace of mind during some of the worst days of their lives.

How about the next phase?

As we continue to ramp up support for people impacted by the conflict in Ukraine, the distribution of cash will become a major component of the Red Cross/Red Crescent response. Cash is a critical part of a person’s ability to cope, since it empowers them to make decisions about items to purchase that best meet their individual needs.

Are most families arriving together?

Few older adults are traveling on their own. Most I’ve seen have been accompanied by younger family members—daughters, grandkids, nieces, cousins. So many people fleeing Ukraine take only what they can carry. Those with reduced strength just can’t bring anything except the clothes on their backs and food and water to sustain them. Of course, older adults are resilient, and many make the journey with strength and determined hearts. We’ve seen older adults traveling with their young grandchildren in search of safety. These grandmothers, grandfathers, aunts and uncles have engaged every cell in their body to get their loved ones to safety.

What are you hearing of those left behind?

We met one woman whose mother stayed in her village despite pleas to flee. After weeks of bombardment, her home was destroyed—though luckily, she survived. Her daughter was traveling back into Ukraine to rescue her and bring her to safety. The daughter couldn’t eat, couldn’t sleep, couldn’t find any peace of mind until her mother was at her side. We saw her cross back into Ukraine, and I can only hope she will be able to get her mother out and to safety.

Are you seeing older people helping out in the crisis?

Here (at the border), many volunteers are over age 60, and they’re using their experience to ensure families fleeing Ukraine get the welcome and the aid they need. These older volunteers are working overnight shifts, leading trucks, leading teams and standing in the freezing cold to carry out this critical humanitarian mission.

Eli, 39, is the spokeswoman for the International Federation of Red Cross and Red Crescent Societies. She is from Hubbard, Ohio.

Interview by Michael Hodges, executive editor of the AARP Bulletin and a former war correspondent for several national newspapers.
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Back in September, the AARP Bulletin published a series of articles called “Beat the System” that detailed how to get the best possible customer service. Readers told us they found the advice hugely helpful. So in that spirit, we’re back with a new edition of “Beat the System,” this time on how to find the experts you need in these unique economic times. Our reporters interviewed dozens of insiders about how to separate the best professionals from the rest, and their advice follows. But certain truths apply to all important decision-making: Take your time; research thoroughly; involve people you trust; exercise a healthy skepticism. Bring those skills, and use these tips, and you’ll greatly increase your chances of a terrific outcome.
**Health**

**FINDING THE BEST PRIMARY CARE PHYSICIAN**

A surge in Americans retiring or changing jobs—and often changing locations and insurance in the process—means more people looking for new primary care physicians. But finding the right one can be a challenge; there’s a growing shortage of primary physicians, and the “not accepting new patients” line is all too common with online listings. Here’s what to do.

**Start with your insurance card.** Use the “find a doctor” feature on your insurance provider’s website—for obvious reasons. Look for “generalist” or “internist” to find primary care physician candidates. To avoid wasting time, check the website or call the office to verify the doctors are accepting new patients.

**Match your history.** Did one or both of your parents have a heart condition? Does autoimmune disease run in your family? Many internists will have a second specialty, like cardiology or rheumatology. Zero in on those whose specialty aligns with your health history.

**Then check their education and affiliation.** Insurance sites will often list doctors’ undergraduate and graduate schools, as well as the hospital where they completed their residency. Keep an eye out for prestigious medical schools or residencies at top hospitals: Great schools or residencies at top hospitals: Great

**It’s OK to shop.** Consider your first appointment a first date. “If you walked out of a room feeling heard and understood, then I think there’s a good match,” says Arif Kamal, M.D., chief patient officer with the American Cancer Society. Connect best with older doctors? It’s not inappropriate to ask if they are planning to retire anytime soon and to consider that in your decision.

**FINDING THE BEST FITNESS CENTER**

The U.S. has more gyms—over 32,270—than it has McDonald’s, Dunkin’ Donuts and Taco Bells combined. And their size, personality and offerings vary widely. What’s the best one for you? The one you’ll actually use.

**Observe the under-4-mile rule.** “Research shows if you live farther from your gym, you’re less likely to go,” says Chris Sciamanna, M.D., professor of medicine at the Penn State College of Medicine. In one survey, people who lived 3.7 miles from their gyms went five times or more a month. Those who drove 5.1 miles went just once.

**Check their safety protocols.** You want a gym that has upgraded its ventilation systems and cleaning services in response to the pandemic. (Good news: Many have.)

**Pick the right preview time.** That is, visit the gym around the time you’ll be using it to assess the crowds and equipment availability. Note that 91 percent of gymgoers are between 18 and 54, so gyms are most crowded in the hours right before and right after work. That leaves a lot of room for retirees to exercise with relatively sparse crowds.

**Buddy up.** Sometimes the best gym is simply the one your friend uses. Having a fitness partner can help you stay more dedicated to exercising and can even help improve your fitness results, numerous studies show.

**Rightsize your needs.** Why pay for a huge gym with pools, spin classes, saunas, drink bars and high-tech gear if you have little intention of using them? Sometimes a small yoga studio, the local Y or even an online fitness app may be just the right match. Different gyms have different vibes and clienteles. Women’s-only gyms are also increasing in popularity. Be honest about your must-haves.

**FINDING THE BEST HOSPITAL**

Many U.S. hospitals responded to the COVID crisis by upgrading their systems to reduce the risk of airborne illnesses. But that can’t overcome the human cost hospitals have paid these past two years: 87 percent of nurses surveyed recently reported they were burned out. We don’t always get to choose which hospital we’re treated in, but when we do, it’s best to match our needs to the right facility.

**Read the right rankings.** Numerous organizations rank hospitals, but a 2019 report in *The New England Journal of Medicine* rated the raters—and deemed U.S. News & World Report its top choice (health.usnews.com/best-hospitals). Next in line was the Centers for Medicare & Medicaid Services (CMS) star ratings (medicare.gov/care-compare). Apply the insurance filter. Once you know your preferred hospitals, check with your insurer to see if it covers services at them, or make sure they take your Medicare coverage.

**Match the hospital to your needs.** Just like doctors, hospitals often specialize. Some excel at psychiatric services; others have specialties in bone health, oncology, drug abuse treatment, and so on. “Going online and seeing what they have available is really helpful in terms of the subspecialty services,” says Marianne Gausche-Hill, M.D., president of the American Board of Emergency Medicine.

**Check for a GEDA.** That stands for geriatric emergency department accreditation, and it means the hospital has an ER that meets a higher standard of care for older Americans, according to criteria established by the American College of Emergency Physicians.

**And check the H-caps.** Each year, more than 3 million patients from more than 4,000 hospitals complete an HCAHPS (pronounced “H-caps”) hospital survey on everything from cleanliness to staff responsiveness. Go to medicare.gov/care-compare and conduct a search to see how hospitals scored.

**Check accreditation status.** Make sure your hospital is accredited by a CMS-approved accrediting agency. The largest is the Joint Commission, a nonprofit that accredits more than 22,000 U.S. health care organizations and programs that meet its quality and care standards. Visit qualitycheck.org to see if your hospital has met the standards.

**FINDING THE BEST SURGEON**

We like to think of surgeons as calm, infallible experts, but in a recent poll, 69 percent said there have been times they felt overwhelmed. So choosing a surgeon who’s experienced and cool under pressure is paramount.

**Get hard numbers.** Go to the American College of Surgeons NSQIP Surgical Risk Calculator (riskcalculator.facs.org). You’ll be able to plug in your age, sex, weight, chronic and acute health issues, and other prevailing factors, and get a no-nonsense statistical assessment of the surgery’s possible downsides and chances of success for someone who fits your physical profile. This is great information to have as you start your research journey.

**Research your condition.** You can’t easily assess a surgeon, or ask the right questions, if you don’t have a grasp of the ailment or injury that he or she is trying to remedy, notes Mark Glover, M.D., a general surgeon with...
2022 Consumer Guide Expert Edition

Austin Surgeons in Texas. Focus mostly on websites of accredited medical institutions or government agencies, not just individual doctors or media companies.

Assemble candidates. Your primary care physician is the best source for a referral, but also search your insurer’s website for a list of surgeons it covers and consider them candidates as well.

Find the right letters. Doctors often have multiple abbreviations after their names, but look for “FACS” (Fellow of the American College of Surgeons). That means surgeons are not only board-certified but have also passed a thorough professional and ethical evaluation, says Patricia Turner, M.D., executive director of the ACS. Also check your state’s medical board for any previous judgments, complaints or license restrictions. (You can find info on your local medical board at fsmb.org.)

Ask tough questions. Glover recommends queries such as: How often do you perform this procedure? What complications have you experienced? What are the risks? The alternatives? Look for answers that are not only useful but also that are given eagerly and openly.

And then get a second opinion, just in case. Many medical systems refer to the surgeon within their organization, who may or may not be the best surgeon for your condition,” Glover says. “A different surgeon may offer a different procedure or different opinion.”

FINDING THE BEST REAL ESTATE AGENT

True fact: As of February, there were far more Realtors in America than homes for sale. This imbalance means you have your pick of agents. What you’re looking for, whether buying or selling; a great track record, intimate knowledge of your market and an ability to listen to you carefully, says Clare Trapasso, deputy news editor for Realtor.com.

Start with word of mouth. Ask nearby friends and neighbors whom they used when they bought or sold a house. Did the agent work as a true partner? Then check online lists and ratings. If you’re moving to an area where you don’t know anyone to ask, several websites list agents by neighborhood; consider Realtor.com, HomeLight.com or Zillow.com.

Count recent transactions. Type the names of possible agents into the Agent Finder tool at Zillow.com to find out how many sales he or she has made in the past year and how far above or below the asking price.

And count years in business. “This is a very
Darwinian business—only the fittest survive. People with 10 or more years of experience are your best bet,” says Ken H. Johnson, a real estate economist at Florida Atlantic University’s College of Business. An experienced agent can handle surprises that might crop up after you’ve reached an agreement to sell your home, he says. “A seasoned agent knows how to deal with contract issues.”

**Finding the Best Landscaper**

Labor shortages are just the start of the challenges for landscapers these days; there’s also a low supply of some trees, garden plants, landscaping materials, fertilizers and even lawn equipment. This pushes up lead time and costs. There are even too few truck drivers to deliver it all, notes Britt Wood, CEO of the National Association of Landscape Professionals. Here’s how to find a great landscaper in these unusual times.

**Get honest about budget.** Being well-informed about the challenges and costs landscapers are facing makes you an attractive customer. “Contractors … want to work with clients who understand the value and are willing to pay the market rate for quality landscape projects,” Wood says.

**Ask about substitutes.** Sixty-five percent of landscape professionals said in a recent survey that they expect plant shortages to continue into 2023. A savvy landscaper can recommend smart substitutes with a similar look that will thrive in the conditions in your yard.

**Decide how much work you can do.** If you’re an avid gardener, see if your landscaper candidate would handle just the heavy lifting, like installing boulders and irrigation and doing the more challenging plantings. Then you can dig in to do the detail work. That could shorten the project’s time span, which might be a factor for the landscaper.

**Walk the neighborhood.** If you see homeowners with a landscape you admire, it’s likely they’ll love talking about the landscaper they used and what the project entailed.

**Credentials matter.** A reminder: There’s a big difference between a gardening service that mostly just mows, edges and weeds, and a landscaper who is trained, certified and expert at creating beautiful spaces. The best landscapers belong to a national or state association, and their crew members have certifications. Their top employees also should have several years of experience.

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**FINDING THE BEST PAINTER**

A good paint job has always taken time. But now add the time spent waiting to start. “I’d say the work backlog is the longest I’ve seen since I started in this industry in 2008,” says Emily Howard, editor in chief of *American Painting Contractor* magazine. These days many painters are scheduling months in advance, she says. Here’s how to get a jump on the work.

**Get paint-store referrals.** Ask store employees and managers whom they recommend, says Jason Paris, owner of Paris Painting in Brooklyn Center, Minnesota. This also gives you a name to drop when contacting a painter; referrals can help move you to the top of the list for getting a quote.

**Look for a standard operating procedure.** The best painters have set routines that result in repeatable quality, says Mike Mundwiller,
end-user product experience manager for Benjamin Moore & Co. Top-notch painters will proudly detail how they prepare surfaces, be it power-washing, scraping or even replacing wood. Look for those details in the proposal or estimate.

**Check their online presence.** Serious paint businesses often have websites that feature photos of their finished jobs. And check their social media presence. Painters who are active on social media aren’t afraid of comments, Mundwiller says.

**Be flexible.** A painter may be able to fit you in sooner if you can make your home available on short notice, should another job fall through, or on weekends, Paris says.

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**FINDING THE BEST AUTO REPAIR SHOP**

Car repair and collision businesses need nearly five times more new technicians than are currently getting trained, experts say. At the same time, consumer demand for their skills is rising as owners hold on to their wheels longer, says Bob Redding, Washington, D.C., representative for the Automotive Service Association. To find a shop you can rely on:

**Do real-life tests.** Prescreen different shops by bringing your car in for basic service like an oil change or tire rotation, says David Bennett, repair systems manager for AAA. Then keep going back to your top choice and work to build a good professional relationship.

**Look for the three C’s, Bennett says.** *(1) Confidence.* Do they seem properly trained, organized and consistent in the way they do business? Do they clearly describe what they’ll do? *(2) Cost.* Do they seem reasonable compared with other shops? Make sure they offer estimates in writing. *(3) Convenience.* Are they near your home or office?

**Neatness counts.** Look for a shop that’s clean and organized each morning. This indicates a culture of high expectations, says John Firm, owner of Firm Automotive in Fort Worth, Texas.

**Look for active training.** The shop should be certified by a trade group like the National Institute for Automotive Service Excellence (Blue Seal Approval), Firm says. If they participate in the Motorist Assurance Program of the Automotive Maintenance and Repair Association, they are likely in the top 20 percent of shops.

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**FINDING THE BEST LAWYER**

If you need legal help, you likely want to move fast. But don’t hire too fast, because it pays to slow down and do some digging.

**Ask other lawyers.** Online directories or “Top Lawyer” supplements in local publications can be gamied, and attorneys may have paid to be profiled. Instead, ask around for recommendations from friends, family and business professionals (real estate agents and accountants, for example). If you trust an attorney you’ve used for a different matter, ask for a recommendation. “Lawyers think twice before they suggest anyone, because it puts their practice on the line,” says Jeremy Rovinsky, dean at National Paralegal College.

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**FINDING THE BEST BANK**

“If you are paying any fees, you should look at other banks,” says Bankrate analyst Matthew Goldberg. Banks are eliminating many charges (see page 24 for more on this). Here’s how to search if you’ve been dinged lately.

**Be honest about what you need.** What specific financial services and transactions do you really want and use in a bank? Focus on that, Goldberg says. A tool at FindABetterBank.com allows you to search for a bank based on features you classify as “must have,” “nice to have” or “don’t need.”

**Focus on convenience.** The measure of a great bank is that it makes your life easier. And that can be different for each of us. If you like to bank in person, is there a branch near you that matches your hours? If you travel a lot, must you pay ATM fees?

**Branch out, if necessary.** Often, having two banks makes sense—say, a local bank for checking and an online bank for a high-yield savings account, says Paul McAdam, senior director of banking intelligence for J.D. Power. Just be sure to meet minimum-balance requirements at both institutions to avoid fees.

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**THE REPORTERS**

Laura Petrecca was formerly Money section editor at USA Today.

Karen Cheney has written for Money, Real Simple and other publications.

Nicole Pajer writes about health for The New York Times, Woman’s Day and others.

David Schiff has written several books on consumer and home topics.

Sari Harrar is a contributing editor who focuses on health and consumer issues.
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Your Health

TO LIVE LONGER, GET STRONGER

In just one hour a week, you can change your health—and your life

BY STEPHEN PERRINE
WITH HEIDI SKOLNIK

Everyone knows that cardio exercise is crucial for overall health. But the secret to staying strong and vital for life isn’t just in walking, running, biking, swimming and other forms of aerobic fitness. It’s in your muscles. In a 2021 review of 16 studies from around the globe, researchers found that just 30 to 60 minutes a week of muscle-strengthening, or “resistance,” exercise increased life expectancy by 10 to 17 percent. What counts as muscle-strengthening exercise? Lifting weights, of course, but also yoga, Pilates, calisthenics and even carrying the groceries (or a grandchild).

Eating protein in the proper amounts, at the proper time, is also crucial for preserving muscle. As we outline in AARP’s New York Times best-selling book The Whole Body Reset, science shows that women 50 and older need at least 25 grams of protein at every meal (30 grams for men) to stimulate protein synthesis, the process for building and maintaining muscle. Studies show that when people in their 60s combined this style of eating, known as “protein timing,” with resistance exercise, their bodies respond as if they were in their 20s. Here’s why combining resistance exercise and protein timing is so important for your health.

You’ll keep your brain healthy.
One study looked at 970 people living in senior communities who had no evidence of cognitive decline. Researchers put the subjects through a series of strength tests, measuring their upper and lower extremities. Over the next 3.6 years, 15 percent of the subjects developed Alzheimer’s disease. But their risk was strongly determined by where they fell on the strength scale: For every 1 point increase in muscle strength, a subject’s risk of Alzheimer’s dropped by 43 percent.

You’ll reduce your risk of future weight gain.
A low level of muscular fitness was associated with higher odds of gaining at least 22 pounds over the ensuing 20 years, one study found.

You’ll keep your blood pressure under control.
In another study, higher levels of muscular strength were associated with a reduced risk of developing high blood pressure among men with prehypertension.

You’ll slash your risk of heart disease.
Several studies have shown that the greater your muscular strength, the lower your chance of developing metabolic syndrome—a constellation of health issues including excess abdominal fat, high blood pressure, high blood sugar and high cholesterol, all of which are tied to heart disease. And the greater your muscular strength, the lower your levels of inflammatory compounds, which may also help to lower your risk of heart disease.

You’ll beat back diabetes.
Higher muscle mass has been associated with better insulin sensitivity and lower risk of developing diabetes or prediabetes; in a study of 13,644 subjects, those with the lowest percentage of muscle were 63 percent more likely to have diabetes than those with the highest percentage.

You’ll be better poised to battle cancer.
Breast cancer patients with high muscle mass have a greater chance of surviving the disease than those who have lower muscle mass, according to a study of 3,241 women (median age: 54) with stage 2 or 3 invasive breast cancer. And, in a study of men who had undergone a radical prostatectomy to treat prostate cancer, those with the lowest levels of muscle were more likely to see a recurrence of the cancer and more likely to die of the disease.

You’ll stay happier.
A study of 3,000 adults ages 54 to 89 found that having a strong grip was inversely associated with symptoms of depression.

Strong, healthy and happy: If that sounds like the future you imagine for yourself, it’s time to make your muscles a top priority. Make sure you’re getting 25 to 30 grams of protein at every meal, and talk to your doctor about starting a muscle-building fitness program.

Adapted with permission from The Whole Body Reset: Your Weight-Loss Plan for a Flat Belly, Optimum Health, and a Body You’ll Love—at Midlife and Beyond, by Stephen Perrine with Heidi Skolnik, published by Simon & Schuster. Copyright 2022 by AARP.
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Medicare Made Easy

Some Medigap plans say they cover so-called excess charges. What are they?

Excess charges refer to what a doctor bills over and above what original Medicare Part B will pay for a medical service. These charges are rare because 98 percent of physicians accept what is called Medicare assignment, the amount Medicare has announced it will pay for a specific service or procedure. Doctors who don’t agree to the assignment cap can charge up to 15 percent more than the Medicare-approved amount. The best way to avoid these charges is to ask if your health care provider accepts Medicare assignment. Also, some states either fully or partially prohibit excess charges; check with your local State Health Insurance Program (SHIP) to find out.

I heard that Medicare has Medicare Medical Savings Accounts. What are they?

Medicare medical savings accounts—or MSAs—are patterned after the health savings accounts (HSAs) that an increasing number of private companies offer their employees. To get one, you need to select an MSA plan as your Medicare coverage; it’s a type of Medicare Advantage plan, run by a private company, that has two parts to it. The first is a high-deductible health plan that will only begin to cover your costs once you meet a high yearly deductible. The second part is the MSA account itself; the plan deposits money in a special savings account for you to spend on health care needs, including paying medical costs until you meet your deductible. Unlike other MA plans, if you join an MSA, you usually won’t have to use a network of doctors, hospitals and other medical providers. Other key points: Even if you select an MSA plan, you’ll still be responsible for your Part B premium ($170.10 per month for most enrollees in 2022). And these plans don’t include prescription drug coverage, so you’ll have to buy a Part D plan to get coverage for medications.

Dena Bunis is a senior editor and writer for aarp.org and a veteran health policy journalist. Send her your questions about Medicare to medicare@aarp.org. Due to the volume of inquiries, we can’t answer every question.
THE COST OF WIDOWHOOD

Prepare for the monetary shock of losing your spouse

You lose so much when your spouse dies: your best friend, your equilibrium, your future together. And just when you’re at your lowest, it hits you: You could lose a lot of money, too.

If your spouse was still working, you may lose much or all of your household income. You may go from two Social Security benefits down to one. Your tax rate may rise. You may lose access to credit cards you thought were yours but were established under your spouse’s name. And if you’re widowed from a second marriage, your spouse’s assets may go to first-marriage children, not you.

The best time to deal with all this is before he dies. (It’s usually a “he” who goes first, leaving a “she.” I’ll use those genders, though my advice is for all.) But after he’s gone, the situation isn’t hopeless, and these financial strategies can help protect you.

▸ Get the right kind of help. It can be useful to have a professional look at your new financial life. Which accounts should be moved or renamed? Can you still afford your home? An adviser who has worked with other widows can review your situation once and then step away. Just be cautious about offers to help, says Karen Altfest, a New York City financial adviser who works with older female clients: “Some of these widows can be a target.”

▸ Strategize Social Security. If you both were already drawing benefits, you can elect the higher benefit going forward. If you yourself haven’t claimed yet, you have a choice: You can take either your survivor’s benefit based on your spouse’s work history, or the retirement benefit based on your own record. You then can switch to the other benefit, if it ends up being higher, later on.

▸ Keep the 401(k). Are you in your 50s? Although you can roll your husband’s 401(k) or IRA money over to your own account, don’t rush to transfer the 401(k), warns Ken Weingarten, a Lawrenceville, New Jersey, financial adviser. You can make a withdrawal from your late husband’s 401(k) without penalty, though it will still be taxable as ordinary income. If, instead, you move the 401(k) to a rollover IRA, you’ll have to pay taxes plus a 10 percent penalty on any withdrawals you take from that IRA before you’re 59½.

▸ Use an IRS break. Take advantage of your tax treatment in the year of your spouse’s death, when the IRS still lets you file as a married couple—and tax rates are more generous than they are for single filers—suggests Carolyn McClanahan, a Jacksonville, Florida, financial planner. Make taxable withdrawals from 401(k)s or IRAs to take full advantage of your non-IRA savings account.

▸ Don’t rush the big stuff. You have heard it before, but don’t be in a hurry to move, sell a house or write big checks for your kids in the immediate aftermath of a death, warns McClanahan. You may regret choices made in haste and grief.

Linda Stern, former Wall Street editor for Reuters, has been covering personal finance since the 1980s.
SUBSCRIBE AND SAVE?

The pros and cons of signing up for regular product deliveries

Subscription shopping programs are popular for a good reason: They make it easy to get deals on the products you want without the hassle of shopping around and paying shipping fees. Just agree to automatic billing of your credit card, and you can get nice discounts, a steady supply of household goods and other benefits, depending on the merchant.

These programs fall into three main categories. The subscribe-and-save model gives you a discount on automatic shipments of frequently used products, such as pet food or razors. Membership programs like Amazon Prime, Walmart+ and the one from Thrive Market offer free shipping, discounts and other perks. Goody-box subscriptions deliver curated assortments of clothing, meals, makeup or other items on a regular basis.

On the one hand, these services can make shopping easier and more fun. “There are lots of great products you can buy this way, especially from small and start-up businesses,” says Kevin Brasler, executive editor at Consumers’ Checkbook, a nonprofit consumer group. On the other hand, subscription plans can be a drain on your finances. Once companies get you to sign up, they have the green light to bill your credit card indefinitely, and to raise prices, too. “Companies are 100 percent preying on our laziness,” Brasler adds.

A Chase Bank survey found that 71 percent of consumers were paying more than $50 a month on recurring purchases (both products and digital services). That’s over $600 per year! The problem’s so widespread that people are now subscribing to services, such as Trim and Truebill, to manage their subscriptions.

Another sign of what can go wrong: The Federal Trade Commission recently announced a crackdown on some subscription services, citing complaints about deceptive tactics such as unauthorized charges and ongoing billing that’s impossible to cancel. So before you sign up for a subscription service, ask yourself these four questions.

1. Will it make my life better? Having cat litter regularly shipped to you saves you the hassle of lugging heavy containers home from the store. And if you love coffee or trying new beauty products or recipes, for example, then a subscription plan can be a nice gift to buy yourself.

2. Can I trust these people with my credit card? Beware of introductory offers that are hard to cancel. On the Better Business Bureau’s website (BBB.org), pore over any complaints about the service. Read the company’s fine print for all of the costs, along with how and when to cancel. My husband had a terrible time trying to stop a meal-kit subscription service he bought for his mom, after what he thought was a $20 new-customer offer ended up costing him $180. Once he realized his mistake, he had trouble finding a phone number or an easy way to cancel.

3. What if I want to skip a month? Look for flexible terms, though you might have to dig around to find them. Cleaning and personal care company Grove Collaborative lets you pause deliveries and schedule items in your standing order to be replenished at different intervals. Misfits Market, which delivers organic produce on a weekly basis, lets you edit your cart each week or pause it altogether.

4. Is it a good deal? Subscribe-and-save plans make sense when they offer discounts on things you would otherwise buy at full price. Auto-shipments from Chewy, for example, net you 5 percent savings on your pet products. Amazon auto-delivery comes with discounts of up to 15 percent (you have to order five items to get the savings). It can be tricky, however, to figure out whether subscription boxes like HelloFresh or Birchbox are a good value. Apples-to-apples comparisons are almost impossible because of variations in models, sizes and other factors.

Even determining if fixed-item automatic shipment programs are cost-effective can be difficult. For a few years, I had an HP Instant Ink subscription plan, which automatically sends ink when you run low. It was convenient, and HP claims its plan saves subscribers plenty. But there was no practical way for me to verify I was getting a good deal. I kept the plan anyway because it was super convenient. The bottom line is that you generally do pay for convenience in one way or another.

Lisa Lee Freeman, a consumer and shopping expert, was founder and editor in chief of ShopSmart magazine from Consumer Reports.
A Help Button Should Go Where You Go!

To be truly independent, your personal emergency device needs to work on the go.

MobileHelp® allows you to summon emergency help 24 hours a day, 7 days a week by simply pressing your personal help button. Unlike traditional systems that only work inside your home, a MobileHelp medical alert system extends help beyond the home. Now you can participate in all your favorite activities such as gardening, taking walks, shopping and traveling all with the peace of mind of having a personal medical alert system with you. MobileHelp, the “on-the-go” help button, is powered by one of the nation’s largest cellular networks, so there’s virtually no limit to your help button’s range.* With our GPS feature activated, we can send help to you, even when you can’t talk or tell us where you are.

No landline? No problem! While traditional medical alert systems require a landline, with the MobileHelp system, a landline is not necessary. Whether you are home or away from home, a simple press of your help button activates your system, providing the central station with your information and location. Our trained emergency operators will know who you are and where you are located.

If you’re one of the millions of people that have waited for a medical alert service because it didn’t fit your lifestyle, or settled for a traditional system even though it only worked in the home, then we welcome you to try MobileHelp. Experience peace of mind in the home or on the go.

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<th>Places where your Help Button will work</th>
<th>MobileHelp</th>
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The automatic fall detect pendant that works WHERE YOU GO!

MobileHelp Features:
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- Affordable service
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- 24/7 access to U.S. based emergency operators
- GPS location detection
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MHPN-00441 Rev. 3
BANKS RETREAT ON OVERDRAFT FEES
Changes may benefit low-income customers

BY KIMBERLY LANKFORD

O

verdraft fees hit people just when they can afford them the least. But here's a welcome trend: Many of the country's largest banks are cutting back on these fees and related charges.

Fees can kick in when there isn't enough money in an account to cover a transaction, whether it's a debit card payment, automatic bill payment, or ATM withdrawal or personal check. Rather than refusing to pay, banks may hand over the money, then charge an overdraft fee for what is essentially a short-term loan.

That can be a lifesaver ... or a millstone. Often unexpected, overdraft fees can quickly spiral past the hundred-dollar mark for people who don't realize they're mounting up as a result of, say, a deposited check not clearing in time or an auto-paid utility bill. "A single negative balance can trigger many overdraft fees," says Alex Horowitz, a principal officer with the Pew Charitable Trusts who covers consumer finance. "Most often it's a flat $35 fee per overdraft, regardless of whether the purchase was for $5 or $500."

Overdraft fees can hit older Americans hard, says Jasmine Vasquez, AARP's director of government affairs for financial security. "For those most vulnerable, these fees may hurt their ability to pay their rent, their utility fees and their medical bills," she says.

Confusion and a cash cow
The rules around fees that kick in when accounts run low can be confusing. Banks can impose overdraft charges on checks and bill payments at their discretion. They may let you cover a checking account overdraft with an automatic transfer from your savings account; they may charge for that, or maybe not. In other cases, a bank might deny your transaction and hit you with a not-sufficient-funds fee, also known as an NSF or bounced-check fee. ATM withdrawals and debit card payments can't incur overdraft fees unless you opt in for that coverage; if you don't opt in, your purchase will be denied or an ATM won't dispense the cash you've requested.

That's news to many bank customers. "In our survey research, many consumers don't recall opting in," Horowitz says. "And they don't realize they can have debit card payments declined for no fee."

In 2019, banks collected $15.5 billion in overdraft and NSF fees and just $1 billion in monthly maintenance fees. "Overdraft was at first intended to help consumers cover their expenses. But it has ballooned into a cash cow for financial institutions," says Rachel Gittleman, financial services manager for the nonprofit Consumer Federation of America.

Changes and advice
Starting last year, several large banks eliminated or reduced overdraft and related charges, or announced plans to do so. Among them: Ally, Bank of America, Citibank, Truist, U.S. Bank and Wells Fargo. These moves are "very positive," Vasquez says. "It's a huge shift." Not all banks are joining in, though, so take these steps to avoid unwanted charges.

Be curious. Ask your bank what happens if you make a transaction and the money isn't there, and see if there's a detailed explanation on the bank's website. Some banks provide a grace period to add money to the account. "Ask what-if scenarios," says Thom Dellwo, a financial counselor with the Syracuse Financial Empowerment Center.

Switch, don't fight. If your account's fees are high, find out whether the bank offers another account with different fees, or consider switching to another bank. The Bank On coalition (joinbankon.org/accounts) certifies bank accounts that meet certain standards, such as low and transparent monthly maintenance fees, no overdraft or low-balance fees, and free online banking. "You can't overdraft these certified accounts — either you have the money or you don't," says Constance Alberts, director of Bank On Greater Milwaukee.

Reschedule payments. If your account balance regularly gets low because all your monthly bills are due at once, ask your utility company, card issuer or other creditors if they can move their due dates. "A lot of people don't realize that they can usually change the date of their bills to fit their schedule," says Keri Garnett, manager of the Roanoke Financial Empowerment Center.

Don't wait for statements. Download your bank's mobile app so you can get real-time updates before you make transactions. "It gives you that instant feedback, and it lets you know when payments are coming up and alerts you if it's a low balance," says Delma Madrigal, Bank On Burque outreach project manager for the city of Albuquerque, New Mexico.

Find a better backup. "Some consumers see overdraft as a way to borrow small amounts of money, but it's a very expensive one," Horowitz says. A growing number of banks, including Bank of America and U.S. Bank, are providing small, short-term loans intended to be less costly alternatives to incurring overdraft fees or taking out a payday loan. U.S. Bank, for example, offers customers loans of up to $1,000, with a $6 fee for every $100 borrowed, to be repaid in three monthly installments.

Kimberly Lankford, a longtime columnist at Kiplinger's Personal Finance, is the author of Rescue Your Financial Life.
Wow! A Simple to Use Computer
Designed Especially for Seniors!

Easy to read. Easy to see. Easy to use. Just plug it in!

Have you ever said to yourself “I’d love to get a computer, if only I could figure out how to use it.” Well, you’re not alone. Computers were supposed to make our lives simpler, but they’ve gotten so complicated that they are not worth the trouble. With all of the “pointing and clicking” and “dragging and dropping” you’re lucky if you can figure out where you are. Plus, you are constantly worrying about viruses and freeze-ups. If this sounds familiar, we have great news for you. There is finally a computer that’s designed for simplicity and ease of use. It’s the WOW Computer, and it was designed with you in mind. This computer is easy-to-use, worry-free and literally puts the world at your fingertips.

From the moment you open the box, you’ll realize how different the WOW Computer is. The components are all connected; all you do is plug it into an outlet and your high-speed Internet connection. Then you’ll see the screen – it’s now 22 inches. This is a completely new touch screen system, without the cluttered look of the normal computer screen. The “buttons” on the screen are easy to see and easy to understand. All you do is touch one of them, from the Web, Email, Calendar to Games – you name it . . . and a new screen opens up. It’s so easy to use you won’t have to ask your children or grandchildren for help. Until now, the very people who could benefit most from Email and the Internet are the ones that have had the hardest time accessing it. Now, thanks to the WOW Computer, countless older Americans are discovering the wonderful world of the Internet every day. Isn’t it time you took part? Call now, and you’ll find out why tens of thousands of satisfied seniors are now enjoying their WOW Computers, emailing their grandchildren, and experiencing everything the Internet has to offer. Call today!

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ENJOY HOBBIES?
WATCH FOR FRAUD!

Fun pastimes can make you a target. But you can stay safe

BY SARI HARRAR

In 2021, con artists contacted at least 15 photographers for an easy yet lucrative gig to shoot a 50th-birthday party in Fort Worth, Texas. Among them was Natalie Luna-Ruhn. She realized the job was a scam when she received a check for too much money and then her contact asked her to forward the extra amount to an event planner via a peer-to-peer payment app. Her bank confirmed the check was a fake. It was a twist on a classic con—and just one way scammers are using Americans’ passions and pastimes to perpetrate fraud. Here’s how to avoid five hobby-related scams that are hot right now.

1. Fictitious Classic-Car Parts
Lots of classic-car aficionados in America means a constantly high demand for original parts or accessories. Scammers know this, and so they try to sting car enthusiasts with fake or fictitious car-part frauds, says Steve Moskowitz, CEO and executive director of the Antique Automobile Club of America. Scammers keep an eye on ads posted by collectors who are searching for a specific old part. “Some guy will respond, ‘Yeah, I’ve got that exact part.’ Of course, he’s looking to scam you out of your money,” Moskowitz says. Pay but never get the item.

To prevent: Don’t let your eagerness override warning signs like too-low prices or untraceable payment methods. “This hobby elicits so much passion,” Moskowitz notes. “But collectors get in trouble when we think with our hearts, not with our heads.”

2. Rock-Bottom Sewing Machine Fakes
Home stitchers, beware. Bargain-priced sewing machines advertised online and on social media sound like a great deal, with brand-name models for less than $100. The comeback is often a factory closeout. You pay, but the machine never arrives. The crook may use fake contact info, claim the item was sent or offer a partial refund that never arrives.

To prevent: E-commerce “closeout” scams have soared since the pandemic. Be wary of inappropriately low prices, customer-service email addresses that are not corporate addresses, and websites that lack security features or a refund policy.

3. Craft Fair Hoodwink
Fake craft shows that advertise online and via social media are bilking people out of table-rental fees and stealing from those who order items from virtual fairs that don’t exist. The ads look convincing, according to an alert from the Hunterdon County, New Jersey, sheriff’s office, and can feature seasonal graphics, real locations and practical vendor details.

To prevent: Craft fair con artists often want payment via personal PayPal or peer-to-peer apps like Venmo, Zelle and Cash App. That’s a warning sign. Never use P2P apps to send money to strangers, says Sandra Guile, spokesperson for the International Association of Better Business Bureaus.

4. Fan Club Fraud
You loved Angelina Jolie in Mr. and Mrs. Smith ... and now your favorite actress is reaching out to you via social media with a little request: Wire some money, and the two of you can meet. A similar celebrity-impostor scam cost one fan nearly $150,000 after she sent money to a fake rock star with a made-up sob story about music contracts stuck in storage, says AARP’s Fraud Watch Network.

To prevent: Impostor scams topped fraud reports to the Federal Trade Commission in 2021. Stick with fan sites that are verified with a blue check mark; that means they have been confirmed by the social media channel.

5. Fake Sports Cards and Memorabilia
From fake “game-used” Super Bowl jerseys to a bogus 1952 Stan Musial baseball card that reportedly sold for over $28,000, the selling of phony sports memorabilia is so rampant that it was the subject of a recent FBI inquiry. After NBA star Kobe Bryant died in 2020, about 90 percent of the autographed Bryant items that Professional Sports Authenticator examined were fakes, says company spokesperson Terry Melia.

To prevent: Buy sports memorabilia from reputable hobby shops, auction houses and sellers who have been in business for at least five years, offer a 30-day money-back guarantee and can provide an item’s history. Beware of pushy sellers who ask for payment in untraceable gift cards or cryptocurrency.

ASK THE FRAUD TEAM

My wife was having her taxes done, and the tax preparer informed her that someone had already filed taxes under her name. What do we do?

Sounds like she is a victim of tax-related identity theft. The IRS recommends you file your tax return, even if you must file a paper return. You’ll also want to fill out the IRS Form 14039, “Identity Theft Affidavit.” More information can be found at irs.gov.

Sari Harrar is a fraud and financial writer whose work appears frequently in the AARP Bulletin.

Have questions related to scams? Call the AARP Fraud Watch Network helpline toll-free at 877-908-3360. For the latest fraud news and advice, go to aarp.org/fraudwatchnetwork.
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6 CREDIT CARD TRICKS
TO MASTER

BY BETH BRAVERMAN
ILLUSTRATIONS BY KYLE HILTON

New technology, fierce competition and a fast-changing retail world have pushed card issuers to add all kinds of innovations and incentives to their offerings. Here are several slick moves you have the power to pull off, either with your current card or with a new one.

1. Pay with just a wave of your hand!

The magic You’re at the checkout counter. Without handing your credit card to the cashier, and without inserting it into a credit card reader, you can still use your credit card to pay.

The secret behind the trick Most new credit cards come embedded with radio-frequency identification (RFID) technology. (Look for the little © symbol on your card.) That means that if you’re making an in-person purchase at a retailer that accepts contactless payments—and more than two-thirds of merchants with storefronts do—you can simply tap your card on the card reader to pay. Almost 20 percent of face-to-face transactions in the U.S. are tap-to-pay, reports Visa, on behalf of the U.S. Payments forum.

Pro tip Perhaps you’ve seen ads for “RFID blocker” wallets to prevent criminals from reading your card. Security experts, however, say such a risk is vanishingly small.

2. Use your card at the store ... even though you left it back home!

The magic When it’s time to pay at the register, instead of pulling your card out of your pocket, you pull out your phone, tap it on a card reader ... and you’ve paid!

The secret behind the trick Both Apple and Android smartphones typically come standard with what are known as mobile wallets, which let you store information about your credit cards and other payment methods for later use. To get started, click on Wallet if you have an iPhone; if you have an Android phone, download Google Pay from the Play Store or try Samsung Pay on a Samsung phone. Each app will guide you through the process of adding a credit card to your mobile wallet, then activating that stored card to pay at checkout.

3. Pull the old switcheroo!

The magic You make an online purchase with your credit card, but it’s not your actual credit card. Instead, it’s a completely different number, but it still works.

The secret behind the trick If you’re worried about someone stealing your number when you shop online, some credit cards will issue you a “virtual card,” a different number you can use for specific purchases. If a criminal obtains that number later, it will be useless. To activate this feature, you may have to log on to your card’s app or website and request a number. If you have a Capital One card, you can download a web browser extension that will automatically generate a number.
4. Pull money out of thin air!

The magic  About a month after you spend money with your card, some of that money reappears in your possession.

The secret behind the trick  Credit card issuers are offering rich rewards to attract users. So unless you carry a balance on your credit card—in which case you should focus on paying it off—you can easily earn cash back or points toward travel credits as you spend. “Travel rewards cards and cash-back cards are really generous right now,” says U.S. News & World Report’s credit card specialist Beverly Harzog.

Pro tip  Three cards to check out: the Citi Double Cash card and the Wells Fargo Active Cash card, both of which pay 2 percent on all purchases; and the AARP Essential Rewards Mastercard from Barclays,* which gives 3 percent back on gas and drug store purchases (excluding Target and Walmart), 2 percent on eligible medical expenses, and 1 percent on everything else.

* AARP receives a royalty for licensing its brand.

5. Wriggle out of foreign transaction fees on vacation!

The magic  If you’re traveling internationally and using plastic to pay in another country, you avoid a transaction fee of as much as 3 percent that most credit cards tack on.

The secret behind the trick  Use a card that doesn’t charge currency exchange fees, such as the Bank of America Travel Rewards card, the Capital One Quicksilver Cash Rewards card or the Chase Sapphire Preferred Rewards card. “At around 3 percent, those foreign transaction fees are a sneaky way of increasing the cost of your entire trip,” says Sara Rathner, a credit card specialist at the personal finance website NerdWallet.

Pro tip  When you’re using your no-fee card internationally, decline the option to pay in dollars instead of the local currency. You’ll get a much better exchange rate from your credit card issuer than you will from whoever’s making the offer at the restaurant or souvenir shop.

6. Make interest charges disappear!

The magic  You go from paying 15 percent or more on a credit card balance to paying zero percent for more than a year, giving you some breathing room as you pay down that debt that you’ve run up.

The secret behind the trick  If you’re paying interest on a credit card balance, you may be able to move it to a card with a zero-percent-interest balance-transfer offer. Currently, the most generous—such as those for the Citi Diamond Preferred card and the Wells Fargo Reflect card—promise zero percent interest on transfers for more than 18 months. Many balance-transfer cards charge an upfront fee of 3 to 5 percent of the amount transferred, so run the numbers on the cost of moving before you make the switch.

Pro tip  Once you’ve transferred your balance from your old card to a new one, your best strategy is not to put any additional charges on the card that now carries the balance, advises Rathner. Typically, issuers will apply your minimum payment to the part of your balance with the lowest rate—in other words, they won’t apply it toward the new charge costing you 15 percent or more in interest.

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Your Money

**CREDIT VS. DEBIT: THE FACE-OFF**
See when each card is the winning choice

**BY BETH BRAVERMAN**

Debit cards and credit cards look similar, and you can typically use them for the same thing. But they have crucial differences. Here’s a range of situations in which you might use either, along with the card that comes out on top.

**Round 1: You’re making a big purchase.**

Paying with a credit card, whether in person or online, provides an extra layer of consumer protection that debit cards do not. If your purchase is defective or you never received it, and you can’t fix the problem with the merchant, you can appeal to the card issuer to intervene. Credit cards also are more likely to automatically extend warranties on purchases and give you limited protection against loss or theft.

A credit card will delay the moment you have to pay, while debit cards will take the money out of your account immediately. “You could get at least 21 days before you have to pay for the purchase,” says Curtis Arnold, founder of BestPrepaidDebitCards.com.

The winner: CREDIT

**Round 2: You’re traveling overseas.**

Many credit and debit cards charge a 3 percent transaction fee. For every $100 worth of foreign currency you spend at a retailer or withdraw from an ATM, you get charged $3. (See “6 Credit Card Tricks to Master” on page 28.) In addition, many debit cards charge a transaction fee for using a foreign ATM. But not all: Debit cards from Capital One 360 and Charles Schwab are among those that don’t charge transaction or ATM fees, though you may have to pay the local bank’s ATM fee.

Your best strategy: Use a credit card with no foreign transaction fee for your purchases—since credit cards offer greater consumer protection—and a similarly fee-free debit card for ATM withdrawals.

The winner: A DRAW

**Round 3: You want rewards.**

While some debit cards—including Discover Cash Back Debit, Neon PointCard and Axos Debit Card—offer cash back, the rewards programs on credit cards tend to be far richer. “And with a credit card, you can pick the type of rewards that you want,” says Howard Dvorkin, chairman of Debt.com. That can mean cash, travel points or discounts at a favorite retailer. Credit cards also offer extra perks, including airport lounge access, shopping discounts and rental car insurance.

The winner: CREDIT

**Round 4: You need cash.**

When you have to scrounge up cash on short notice but you’re far from your bank or one of its ATMs, using a debit card at another bank’s machine will cost you an average of $4.59 in total fees, according to Bankrate’s latest estimate. But a cash advance on your credit card—either in person at another bank, or at an ATM, should you have a PIN—will cost you far more. You’ll pay a cash-advance fee—typically 5 percent of the advanced amount or $10, whichever is more. You’ll likely pay a higher interest rate than you would for a purchase, and you’ll get no grace period before that interest starts accruing. Bottom line: A $250 advance could easily cost you at least $17.50.

The winner: DEBIT

**Round 5: You’re trying to raise your credit score.**

Since credit card companies report your payments to credit bureaus, making on-time credit card payments and lowering the amount of overall credit you’re using can help build your score. So, if you’re carrying a balance on a credit card, switch to debit for everyday transactions and pay that balance down. (Asking your card company to lower your rate might make the task easier.) If you don’t have a credit card at all, open a card, use it each month for a few small purchases and pay it off each month. Your regular, on-time payments will help raise your credit score over time, says Jasmine McCall, founder of The 20-Minute Credit Fix, a credit repair service. Debit card issuers, on the other hand, don’t report to the credit agencies.

The winner: DEBIT

**Round 6: You’re at a gas station.**

Service stations often charge a higher price per gallon to customers who pay with credit instead of cash—a good reason not to use a credit card. But even though a debit card pulls cash from your bank account, if you use a debit card at the pump, you may be charged that higher credit card price anyway. Rules vary by state. Also, if you pay with debit, a gas station might put a hold on your bank account for more money than what you actually spent. The hold will expire in a few days, but if you make other purchases while it’s still in effect and your account balance is low, you could get hit with an overdraft fee, says Sara Rothern, a credit card specialist at the personal finance website NerdWallet.

The winner: A DRAW

**Round 7: You have trouble sticking to a budget.**

With a debit card, unless you’ve opted into an expensive service, you can’t spend more than what’s in your account. (See “Big Banks Retreat on Overdraft Fees” on page 24.) A credit card, however, makes it easier to live above your means. “The debit card is more like the old cash envelope system,” Arnold says. “Some people just don’t do well with credit cards.”

The winner: DEBIT

Beth Braverman is an award-winning personal finance writer who has written for Consumer Reports, Money and CNBC.com.
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THE CRISIS EVERYONE MUST FACE

THE SYSTEM FOR HELPING PEOPLE WHO CAN NO LONGER CARE FOR THEMSELVES IS BROKEN AND COSTLY. WHY THIS CAME TO BE AND HOW WE CAN IMPROVE IT.
Nearly 70 percent of Americans who reach age 65 will someday require help from others to get through their day. On average women will need help for 3.7 years, and men for 2.2 years. These are truths we don’t like to think about. And that’s perfectly understandable: None of us wants to think of ourselves—or the people we love—as being incapable of living independently or functioning fully; nor do we want to contemplate becoming a burden on those we love or, in their absence, reliant on charity, government or hired help for being fed and cared for.

But we do need to consider it, for a very important reason: The way America provides long-term care to those who can no longer care for themselves—be it due to illness, injury, dementia or simply the cumulative effects of a long life—is deeply flawed.

The reality is this: Only a modest percentage of Americans have sufficient wealth to afford whatever long-term care needs emerge in their later years. Medicaid is charged with making sure that Americans on the opposite end of the economic spectrum have basic daily care and the level of support required to live with at least some amount of dignity and comfort.

The challenge is for what Nancy LeaMond, AARP’s chief advocacy officer, astutely describes as “the gigantic middle”—the majority of Americans whose income and resources make them ineligible for Medicaid or most other safety-net assistance, yet are not nearly wealthy enough to sustain the ongoing cost of aides coming to their home, or for a room in an assisted living facility or nursing home.

We all know who is filling the gap: unpaid family caregivers. Some 53 million Americans of all ages devote a portion of their day to feeding, driving, cleaning, paying bills and making sure the medicine gets taken by loved ones not able to do these tasks on their own. You can say this is as it should be: Family is almost always best for taking the lead on caring for a spouse, parent or child in need. And that care should be given in the home whenever possible, rather than in an institutional setting. We at AARP completely agree.

But as you will read in the pages ahead, the toll on America’s caregivers is often great—too great. The support systems needed to assist them—whether from employers, the health care industry or government—often come up far short. And while long-term care insurance policies are available for precisely this need, they are often expensive, complicated and beyond the reach of those who could benefit from them. So very few people buy them.

In this report, the editors of the AARP Bulletin set out to accurately describe the state of long-term care in America, with a particular focus on family caregiving. (Dealing with nursing home challenges and shortcomings is a whole other discussion, one that we’ve had in these pages and that continues at aarp.org/nursinghomes.) They spoke to a wide range of experts on why flaws exist in the system and how they can be fixed. And they deliver useful, proven advice and resources not only to help you think about this vital issue but also to be the best caregiver you can be when the time comes.

Improving America’s long-term care system is one of AARP’s top goals. As you will see on page 44, we are working hard on many fronts to adjust attitudes about caregiving, as well as to change laws, influence employers and provide family caregivers with the resources, information and support they so desperately need. And they deserve it: If you are looking for heroes in America, you need only look at the legions of unpaid caregivers who sacrifice so much, most every day. To you, we offer our deepest thanks and our determined commitment for positive change.

― Janet Lenius, 57, who provides ongoing care for her mother, Germaine Bruins, 89. Photo taken in her mother’s bedroom in Minneapolis.
Special Report: Long-Term Care

FAMILY CAREGIVING

A VIEW FROM THE INSIDE

An oral history of toil, toll—and loving devotion

BY DAVID HOCHMAN

This very morning, in tens of millions of homes across the land, a spouse, child, friend or parent will offer a steady hand to an older or infirm loved one, getting her dressed and fed, organizing pills, taking medical readings, setting him up for the day ahead. Later on, these family caregivers might pay their loved one’s bills, deal with insurance claims, even do their shopping. Only when all that is handled can they focus on their own lives.

To reveal the full span of their devotion, challenge and frustration, AARP interviewed dozens of caregivers. Here’s a glimpse of life from some of them.

FIRST SIGNS

Bryan Kramer (52; he has been caring full-time for his now 54-year-old wife at home in Hemet, California, since May 2016): It was Friday the 13th, and I got a call at work from my sister-in-law saying she couldn’t get into our house. I knew my wife was home, so I rushed over. The door would only open about 2 inches because my wife was on the floor. Norma was alive, but mor would only open about 2 inches because I had a massive stroke—at the age of 48.

Janet Lenius (57; she has gradually taken on more caregiving responsibilities at home in Minneapolis as her 89-year-old mom’s health has declined): It wasn’t one thing; it was lots of things. Pneumonia, a heart condition, hospitalizations, mild cognitive impairment that kept getting worse. I had to step in.

Laura Crews (64; a hired aide helps by day, but she takes over caregiving after work for her husband, 67, who has frontotemporal dementia, at their home in the Seattle area): For a while Don didn’t need care every minute. But then I’d come home and find bizarre things. He broke a plate and tried to glue it with Gorilla Glue and got glue everywhere. Then he took it on himself to repair the deck by drilling in random screws. I was horrified. Don was a Boeing engineer, but now he didn’t have any idea what he was doing. Somebody had to watch him.

In 2020, 26% of U.S. caregivers were tending to someone with dementia or Alzheimer’s disease, up from 22% in 2015.

Amy Goyer (61; AARP’s national family and caregiving expert, has been a caregiver since age 20 for various family members): I’m the youngest of four girls, I wasn’t married, I didn’t have children. I worked in aging. It was only natural that when my grandparents needed help, I set up services, monitored care, even put up the Christmas tree and fixed their old Victrola.

Carol McCarrick (64; she works full-time while also caring for her husband, 70, at home in Kerrville, Texas, since 2013): Steve worked full-time, and on the side rode horses, took 150-mile bike rides, taught classes. One day he came in and just dropped from an aneurysm. We live in rural Texas. He had to be airlifted. If I wasn’t there, he would have died.

Karen Mason (62; she cares for her disabled adult daughter at home in Forrest City, Arkansas): Tasha, my daughter, was born with cerebral palsy. Taking care of her wasn’t a choice. It’s been my reality every day for 37 years.

Jeanie Olinger (61; she has overseen care full-time for her 38-year-old son in Oklahoma City since his 2008 car accident. She also cared for her aunt at home and in a nursing home until her aunt’s death last September): I remember going for a walk as they bathed Chris at the hospital. He was 24 and had suffered brain injuries they said would be permanent. I realized this was going to be a long journey, but I committed to it. In that instant, I let go of whatever I thought the future looked like.

THE CONFUSION OF CARE OPTIONS

Laura Crews: I didn’t know what to do, honestly. I just started searching online for “caregiver.” You see all these choices: adult day care, in-home care, nursing facilities, assisted living, continuing care. You call places and everybody says, “Yes, yes, we can help.” But I never really felt good about these conversations. Everything felt like a sales pitch. Then my neighbor said, “Hey, I know this
older lady who might help.” She’s been with us ever since.

**Karen Mason:** You piece it together. Family, hired help, respite care. No way was I putting my daughter in a nursing home. When I was younger, I worked as a visiting nurse in some of the finest facilities money can buy. Chandeliers, baby grand pianos. But the care was deplorable.

**Zander Keig** (55; he is a trans man and Coast Guard veteran caring for his Marine Corps veteran father, who’s 81, in Daytona Beach, Florida): I got Dad enrolled in the geriatric clinic at the local VA and a VA-sponsored adult day care program. He moved in with my wife and me, but at a certain point, we noticed things—like Dad no longer understood how to operate the microwave. He couldn’t be left alone all day. We found a residential facility nearby with six bedrooms that looked great but was $3,000 a month, and my dad was only getting $1,740 a month from Social Security. We ended up having to put him in a much larger independent-plus program at an assisted living facility about two and a half hours away.
Special Report

More than one-quarter of American family caregivers in 2020 said they had difficulty coordinating care.

Rachel Hiles (35; she lives in Kansas City, Missouri, and cared for her grandmother until she died in January at age 85): I wish we’d had a conversation before any of this. My mom passed away. I’m an only child, and my grandma’s an only child, so her care fell to me. Right before COVID, she got pneumonia and went into the hospital. I had a choice: Take her home or send her to rehab. Neither was an option for an expensive hospital bed, a lift chair. I pay had to buy everything working Social Security, I’m still on my pension from Boeing, he’s getting retirement at his state job and I begged them for full benefits, for his pension and all that. But they wouldn’t go for it. So, now, instead of thinking about retirement in a year, I’m working 10 hours a day as a social worker so I can pay for caretakers.

Steve Cogburn (69; he cared for his wife, who had heart disease and dementia, for eight years at home and in hospitals and nursing homes around Holyoke, Colorado, until her death in 2020): In our rural area, there was no home health care. Zero. The closest was about 50 miles away. They would send an aide out twice a week for one hour a day and that served no useful purpose whatsoever. It was all on me.

Carol McCarrick: You wouldn’t believe how many people asked me in the beginning if I was going to stay with Steve. And I was, like, well, why wouldn’t I? You think you know about love, but you really don’t until you have to take care of somebody.

THE FINANCIAL MANEUVERING

Laura Crews: Right now we’re OK, but who knows? Don has a pension from Boeing, he’s getting Social Security, I’m still working. But all of my salary goes to the lady who watches him during the day. I’ve had to buy a hospital bed, a lift chair. I pay an extraordinary amount for an expensive medication he needs. I wish we had gotten long-term care insurance.

Carol McCarrick: That little helicopter ride was $25,000. While Steve was in the ICU, I had to have the house completely redone. Doors enlarged, bathrooms overhauled, carpets up. It took all our savings, about $80,000. Steve was eight months from full retirement at his state job and I begged them for full benefits, for his pension and all that. But they wouldn’t go for it. So, now, instead of thinking about retirement in a year, I’m working 10 hours a day as a social worker so I can pay for caretakers.

Bryan Kramer: I do get paid, through IHSS, which is California’s In-Home Supportive Services. Well, Norma gets paid to pay someone—that someone happens to be me.

Amy Goyer: People don’t understand the true cost. Daddy got veterans’ benefits, which was game-changing as far as helping with medical equipment, incontinence supplies, medications, ramps, a few hours of home health aides. But with Alzheimer’s, the costs keep escalating as the condition worsens. As I cared for both my parents, initially, I had to use my credit card to help cover whatever their budget couldn’t. While I eventually stopped doing that, the interest accrued. By the time Dad died, I had to declare bankruptcy.

45% of U.S. caregivers today say they have suffered at least one financial impact.

Elois Wiggins (70; she is caring for her oldest sister, who has advanced Alzheimer’s, 10 days each month on a rotation with other family members in Suffolk, Virginia): The family pulled together to share in this experience, and we have witnessed God meeting every need. We get by. I retired in 2008 but still work part-time. I honestly can’t think of anything better I can be doing with my salary.

About half of African American caregivers feel they had no choice in taking on their role, but the majority say they find a sense of purpose or meaning as caregivers.

WHAT IT’S LIKE

Jeanie Olinger: You know how the pandemic shut everything down and everybody stayed inside, ordering things off Amazon and watching TV, and mostly seeing the people you’re living with and taking a thousand precautions and only going out in true emergencies? That’s caregiving, COVID or no COVID!

Bryan Kramer: It’s nonstop: Physical therapy twice a week, what I call depression therapy every Friday. Norma has a neurologist, an eye doctor, a dentist, a podiatrist, an occupational therapist. I set an alarm for her 7 a.m. pills and her 7 p.m. pills and her 10 p.m. pills. It’s hard to take good care of yourself. I’ve gained about 50 pounds.

Janet Lenius: I bought Mom expensive hearing aids a couple months ago, but they were
stressful and confusing for her, and she kept losing them. One day I spent about eight hours searching, and they were hiding in plain sight on a ring holder. I ended up returning them because I couldn’t take the anxiety of worrying about something worth two diamond rings that Mom wasn’t using.

**Karen Mason:** Every day it’s the same routine: Get her up, wash, diaper, medicate, breakfast, lunch, dinner, laundry, in and out of the wheelchair. My daughter is 230 pounds. I’m on disability. I’ve had two failed back surgeries. Every joint in my body hurts, but you push that aside.

**Sharon Childs (57; she is caring for her mother, 80, who lives nearby in Baltimore):** You need to become an advocate for everything. My mother’s jaw got dislocated, and the ER told me there was a no-visitors policy due to COVID. I filed complaints with the patient advocacy department, the state health department and the health commissioner. Finally, the ball started rolling. The patient-support person said, “Well, you got what you wanted!” I corrected her: “No, my mother got what she had a right to!”

**Laura Crews:** I feel robbed. Don was going to retire, and we were going to travel. We were saving for a trip to Bora Bora. We were going to go out to dinner and take our grandchildren on trips. It’s not supposed to be this way, especially at our age. I’m angry.

**Amy Goyer:** You’re always thinking about falls. I slept outside my mother’s bedroom on a couch near the door. I gave her a bell to ring if she needed to go to the bathroom. One night she didn’t ring the bell and I didn’t hear her, and she fell and fractured her spine. That led to 40 days in the hospital, and I was there 24-7 for all but five of those days.

**Rachel Hiles:** It can be challenging. I felt like I was constantly lying to Grandma. She’d tell me she’s late for work or school or church or some big party I know happened 50 years ago. I’d say, “Oh, Barbara Lynn, that party’s next Friday.”

**Laura Crews:** A lot of friends have dropped away, and that’s OK. I totally understand. Nobody wants to hang around with a person...
who drools or claps all the time. People don’t know how to react. I get that. But caregiving can be the loneliest job in the world.

**COPING STRATEGIES**

Carol McCarrick: I think caretakers really need therapy. It helps so much. You get a lot of guilty thoughts, there’s resentment, there’s frustration.

Jeanie Olinger: Prayer is a large part of it. There’s a line in Psalms that goes: “When my heart is overwhelmed, lead me to the rock that is higher than I.” Faith helps. So does coffee. Lots of coffee.

Sharon Chils: I always force myself to remember that at one time my mother was able-bodied and she walked and danced and was a seamstress and an amazing cook.

34% of American caregivers in 2020 were boomers.

Laura Crews: You figure it out as you go. I’d never mowed the lawn before. I never understood cars or handiwork. A friend helped me change the car battery. I fix things around the house now. Toilet’s broken? Don’t certainly not gonna fix it. Come on, Google!

Zander Keig: As a trans man, there are some unique situations with my father. As his memory fades, he may not remember that I transitioned 17 years ago and he might ask, “Where’s my daughter?” I’ve been advised by a dementia care specialist not to challenge—but rather to ask questions like, “Where does your daughter live? Tell me about her.”

Janet Lenius: I try not to get resentful. I tell myself Mom’s just generous. But it’s incredibly frustrating when I bring her Meals on Wheels and find later that she’s given her lunch to the cat at her feet.

Bryan Kramer: I went to a chiropractor one time and she said, “Can I ask something personal? How do you do it?” I kinda broke down with a tear. I said, “I just do.” The truth is, I was in the Navy in the days before they took out the hazing. If I could become a shellback, I can take care of someone I love.

Carol McCarrick: A few months ago I went to my school reunion. That was the first time I’ve really been away from him. The reunion was fine—but just staying in a hotel by myself, being in the car, driving down the highway, blasting the Eagles, it was pure freedom.

**GLIMMERS OF JOY**

Carol McCarrick: Believe it or not, we still laugh. We get snakes here in Texas. I’m terrified, but I have to deal. I was picking one up with a stick when my husband rolled into the yard and fell out of his wheelchair. I’m out there, flinging the snake over the fence and standing there thinking, _Oh, thank God that’s gone!_ My husband’s flat on the ground going, “Hey, wait, what about me over here?” We both cracked up.

Bryan Kramer: If the temperature’s right, we go kite flying. I tie the line to Norma’s wheelchair, and she just giggles when she sees the kites soaring above.

**ENDINGS AND BEYOND**

Steve Cogburn: It wears on you emotionally, financially and every other way. Toward the end, I prayed to God to not make Marcia suffer anymore. He answered my prayers on a Friday night. I was doing what I always did. At 8:30, I put her pajamas on, turned down the bed and brought her into the living room so we could watch a half hour of the news. As I lifted her into her wheelchair, she said my name, and then she passed. To be there for her in that moment meant everything.

Amy Goyer: When my father died, some people immediately said, “You must be so relieved.” I was deeply offended by that. The truth is, I missed him. I still do. It wasn’t until he died that I realized how important taking care of him had been. It gave me purpose. Some people think caregiving is putting your life on hold. I disagree. Caregiving is putting the fullest part of yourself to work.

Bryan Kramer: I had a cast made of our hands. My hand is intertwined with Norma’s and we’re holding a rose. It gets me emotional looking at it. No matter how tough things get, Norma and I are still in this together.

Laura Crews: We’ll never see Bora Bora. I’ve made peace with that. We should have done it when we were younger. Don’t put things off. You don’t know what’s going to happen tomorrow.

Rachel Hiles: It comes down to the golden rule, you know? I hope in the future when I’m my grandma’s age, I’ll have somebody like myself to take care of me.

Amy Goyer: When my parents went into a nursing facility, I began to play the piano during dinner. And it would bring so much joy, not only to my mom and dad but to all the residents and to me. Singing those old songs, like “In the Good Old Summer Time,” really lit the place up. Even until the very end for my dad, at 94, music was how we connected.
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Special Report: Long-Term Care

REAL PROBLEMS, REAL SOLUTIONS

Making at-home care work for America starts with tackling these 6 challenges  BY ANN OLDENBURG

Challenge No. 1  NAVIGATING THE CAREGIVING WORLD IS COMPLEX AND CONFUSING

Think of the giant industries built around marriage, child-rearing or setting up a home. Each has a wealth of books, magazines, celebrity experts, websites, dedicated brands, even retail stores. Then try to think of the equivalent for in-home caregiving. Right.

Unlike other major life transitions, there is precious little infrastructure to guide someone who must make long-term adjustments to their home, career, schedule and finances to care for an aging parent or another loved one. Compounding the issue is that caregiving situations often emerge without much time for advance planning.

“What do you do when your parents’ health is literally falling apart and somebody has to take care of them?” asks Kitty Eisele, a longtime NPR journalist and host of Twenty-Four Seven: A Podcast About Caregiving. After her father’s health declined, Eisele moved into his suburban Washington, D.C., home to care for him. “I was starting to feel really overwhelmed. Like, where’s the road map for this? Isn’t there someone who’s supposed to be in charge?”

Looking to the federal government will lead a caregiver into a labyrinth. The Department of Health and Human Services, a logical place to start, lists Resources for Caregivers, with links to Alzheimers.gov, Medicare.gov, the National Institute on Aging and the Administration for Community Living (ACL).

Few would know that the ACL, and its subsidiary operation, the Administration on Aging, are the primary parts of the federal government dedicated to caregiving services. The ACL has an annual budget of just over $2 billion; the Biden administration announced an additional $150 million last year to expand the public health workforce for those who serve older adults and people with disabilities. The largest chunk of that recent funding—$49.8 million—is going to state units on aging and area agencies on aging (AAA). Those are the closest thing to a one-stop shop for caregiving guidance.

These area agencies on aging, which can be found by searching the Eldercare Locator at Eldercare.acl.gov, offer myriad services: assisting in creating caregiving plans; identifying other services; and offering guidance with transportation, respite care, counseling and support groups, caregiver education classes, and emergency needs. There are more than 600 area agencies on aging nationwide. Their patchwork nature—with various names and services—can be a help but can also feed into the confusion.

Sandy Markwood, CEO of USAging, the association representing and supporting the network of AAAs, points to the RAISE (Recognize, Assist, Include, Support and Engage) Family Caregiving Advisory Council that last year sent a report to Congress with 26 recommendations for better caregiver support. The RAISE Family Caregivers Act, signed into law in 2018, tasked the Department of Health and Human Services with establishing a national family caregiving strategy.

Next up is implementation—“using that as a road map to build out,” Markwood says. Overall, she says the system needs to recognize, support and reward caregivers. “It needs to be a movement,” she adds. “And it needs to move pretty quickly.”

Challenge No. 2  THE LACK OF WORKPLACE SUPPORT

Caregivers spend on average about 24 hours per week tending to a loved one in need, according to a 2020 study by the National Alliance for Caregiving and AARP. Try juggling that time commitment with a full-time job.

The easiest answers to the balance, advocates say, are flexible work arrangements that include paid leave. But selling that concept to businesses and lawmakers has been slow to catch on. Unlike many other industrialized countries, the U.S. does not have a nationalized standard for paid family and sick leave.

The Family and Medical Leave Act (FMLA) is the federal law covering a right to time off in such circumstances, providing job protection for caregivers and 12 weeks of unpaid leave, but not paid time off. And only 56 percent of the workforce is even eligible; others are not covered because the size of the company they work for exempts it from the law or they don’t work enough hours.

The FMLA also has a narrow definition of who qualifies: minor children, parents and spouses. If you’re caring for another loved one, you’re out of luck.

But even without a government mandate, some large companies are taking it upon themselves to offer paid time off for caregiving, especially as the pandemic forced a reassessment of work-life balance and many workers demanded more flexibility. A Kaiser Family Foundation survey in 2021 found that nearly 4 in 10 workers were employed at a firm that began to offer or expanded paid leave benefits during the COVID pandemic.

Cisco, a tech company that ranked number 1 on Fortune’s 100 Best Companies to Work For in 2021, allows up to 20 paid days per year of critical time off, and expanded that benefit to offer paid time away for caregiving. “In a recent employee survey, we found 63 percent of our people consider themselves caregivers,” says Ted Rezios, vice president of global benefits at Cisco, adding that the company wanted to be diligent “in supporting our employees and leading with empathy, compassion and understanding.” The company also introduced a U.S. caregiving concierge service during the pandemic to offer one-on-one help to caregivers.

Still, in 2021, only about a quarter of U.S. workers had access to employer-provided paid family leave, according to the Bureau
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Some of the conversation shift. "We have to make sure Congress is aware of these issues and that Congress should pass a paid family leave policy," says Jesse Slome, director of the American Association for Long-Term Care Insurance. It allows them to compete with the nursing home industry that focuses on care and family work instead of a solution, but insurers found they had underestimated how much they would have to pay in claims and had miscalculated returns on investments because of low interest rates. This prompted many companies to stop selling the policies. Today, policies are still available, but they aren’t very popular. Only some 49,000 new policies were sold in 2020, according to the American Association for Long-Term Care Insurance. Cost might be one reason. A single 55-year-old male will pay $950 annually for a premium with an initial benefit amount of $165,000. A single 55-year-old female will pay $1,500 for the same policy.

"It’s a product that is not inexpensive," says Jesse Slome, director of the American Association for Long-Term Care Insurance. "And there’s no sense of immediacy that you have to purchase it—unlike other insurance. You can’t buy a house and have a mortgage without homeowner’s insurance." He adds: "There’s a certain type of person that buys it. They can afford it and they plan. Not everybody is a planner. And most importantly, you have to be in good health when you apply for this coverage. We have a nation that’s not in particularly good health.”

Some financial help may be on the horizon: the Credit for Caring Act, introduced in Congress in May 2021. The bipartisan, AARP-sponsored bill would provide up to $5,000 in federal tax credits for eligible working family caregivers. Qualified expenses include respite care, home modifications and hiring home care aides, as well as assistive technologies and transportation.

Another option can be found in certain Medicare Advantage plans that offer coverage for more services, including home health aides to help with caregiving. In 2018, the Centers for Medicare & Medicaid Services (CMS) expanded the scope of “primarily health related” supplemental benefits for those private plans. Now some plans may offer gym memberships, transportation to doctor’s appointments, healthier food options and grab bars in bathrooms, and may even cover the cost for a person with chronic asthma to have their carpets deep-cleaned to help control the condition.

**Challenge No. 4**

**A SHORTAGE OF WELL-TRAINED, RELIABLE CAREGIVERS FOR HIRE**

Paul McCartney famously wondered if someone would feed him when he turned 64. That question, for many older Americans, has become a very legitimate concern. As the number of older adults increases, the demand for home health and personal care aides is projected to grow by 33 percent from 2020 to 2030, according to the U.S. Bureau of Labor Statistics. That rate of increase is much higher than the average for all occupations.

“We’ve been warning of a workforce shortage for years,” Espinoza says. According to the Bureau of Labor Statistics, in 2021 the mean hourly wage for home health and personal care aides was $14.07, and the mean annual wage was $29,260. In every state and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations that have similar entry-level requirements, according to a 2020 PHI report. That includes janitors, retail clerks and customer service representatives. “In many states, McDonald’s and Macy’s will swoop these candidates up with easier entry points and training,” Espinoza says. “We need to figure out the compensation piece.”

Some states are finding creative ways to boost recruitment and retention in the paid caregiver workforce.
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The Jitterbug Smart3 is powered by the nation’s most reliable wireless network. Friendly customer service representatives will help figure out which phone plan is best for you, and with no long-term contracts or cancellation fees, you can switch plans at any time. You can even keep your current landline or cell phone number.

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<th>No long-term contracts</th>
<th>Keep your current phone number</th>
<th>100% U.S.-based live customer service and technical support</th>
<th>No hidden monthly fees</th>
<th>Affordable, flexible plans</th>
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$19.99 month
Unlimited Talk & Text
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1 50% off regular price of $149.99 is only valid for new lines of service. Offer valid through 5/28/22 at Rite Aid and Walgreens. Offer valid through 5/29/22 at Best Buy. *Monthly fees do not include government taxes or assessment surcharges and are subject to change. A data plan is required for the Jitterbug Smart3. Plans and services may require purchase of a Lively device and a one-time setup fee of $35. Up to $350 savings calculation based on market leaders’ lowest available monthly published fees for a single line of service. Date of last calculation January 2022. Urgent Response or 9-1-1 calls can be made only when cellular service is available. Urgent Response service tracks an approximate location of the device when the device is turned on and connected to the network. Lively does not guarantee an exact location. Urgent Response is only available with the purchase of a Health & Safety Package. Consistently rated the most reliable network and best overall network performance in the country by IHS Markit’s RootScore Reports. LIVELY and JITTERBUG are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.
Special Report: Long-Term Care

In Wisconsin, the WisCaregiver Careers program was launched in 2018 as a public-private partnership between the state Department of Health and nursing home provider associations, generating interest from family caregivers need. Here are some of the ways.

**Building a “long-term care workforce”** AARP urges federal and state lawmakers to support efforts to increase pay and benefits for direct care workers and to back improved training programs.

**More care options** AARP is urging an expansion of care at home to be covered through Medicare, including a new option for care after some hospital stays.

**State-level help** Through its state offices, AARP is seeking to reduce home care waiting lists, increase access to adult day services, enhance home care provider funding and increase individual states’ capacity to provide help for family caregivers.

**What AARP Is Doing to Help**
AARP is working hard to bring about the changes in Washington and at the state level that family caregivers need. Here are some of the ways.

**Connecting with others** AARP has created a group on Facebook where family caregivers can share practical tips, offer support and discuss experiences. facebook.com/groups/aarpfamilycaregivers

**Caregiving guides** AARP’s Family Caregiving Guides can help you develop a plan for a loved one or friend. Get tips on assessing your loved one’s needs, organizing important documents, and caring for yourself. aarp.org/preporecare

**State resources** State guides help family caregivers discover programs and services in their communities. Find help on topics from legal and financial assistance to respite care. aarp.org/caregiverresources

**Financial workbook** AARP has created a booklet to help family caregivers manage complex responsibilities. Registration required. aarp.org/caregivermoney

**Help with Alzheimer’s** The Community Resource Finder is a database of dementia- and aging-related resources powered by HealthLink Dimensions. aarp.org/crf
transporting loved ones to a destination—to the store, to medical appointments, to treatment centers, to visit with friends. According to a 2018 National Aging and Disability Transportation Center survey, about 40 percent of caregivers spend at least five hours a week providing or arranging transportation. And if a ride can’t be arranged? One older study published in the Transportation Research Record: Journal of the Transportation Research Board found that about 3.6 million people in the United States in a given year did not get medical care because of transportation issues. Not being able to get out also adds to a sense of isolation, which has been associated with increased risk of serious health conditions.

Community transportation programs are available; one such program is Dial-A-Ride, usually funded by a local government and made available for passengers 65 and older or for those who qualify under the Americans With Disabilities Act. Volunteer transportation programs, such as Shepherd’s Centers of America, are available; Shepherd’s dispatches volunteer drivers from more than 55 affiliate centers across the country each day.

Medicare will typically cover only emergency medical trips, such as those requiring an ambulance, except in certain chronic and debilitating cases, so relying on Medicare isn’t the solution. But because of changes that took effect a few years ago, more Medicare Advantage plans began offering transportation benefits; 2020 saw an increase of 25 percent from the previous year, according to the Medical Transportation Access Coalition.

Denver Health was one of the first hospitals to partner with a ride-booking company. In 2017, after an elderly patient had been waiting for several hours for transportation that never came, hospital administrators knew that something needed to be done. A partnership with Lyft made a difference, says Amy Friedman, Denver Health’s chief experience officer.

“We utilize them every day,” says Friedman, adding that the hospital provided 5,800 rides—“almost 16 a day”—in 2021. She notes that the program is funded by the Denver Health Foundation, a separate philanthropic organization, and that it is only for patients who have no other option. “It needs to be a last resort.”

San Antonio-based SafeRide Health has a partnership with Lyft. SafeRide makes software that will make arranging such rides even easier. “We want to make sure we can make transportation as accessible as possible in one click,” says Andy Auerbach, chief revenue officer at SafeRide Health, saying that when a patient makes an appointment, the next question should be, “Do you need a ride? Great. One button.”

Challenge No. 6
INEQUALITIES EXIST WITHIN THE SYSTEM, CAUSING DISPARITIES IN THE CAREGIVING WORLD

Think family caregiving is hard? It’s particularly difficult in communities of color, where there’s less access to health care, more people hold hourly wage jobs, people often do not trust government officials who may try to provide help, and housing may be substandard. “These issues are really baked into the system,” says Edem Hado, policy and research manager for the AARP Public Policy Institute.

A 2021 analysis by the Commonwealth Fund, a private foundation dedicated to health care issues, found that health care systems in every state are “failing” many people of color. Even in states that were found to be “high-performing,” many people of color received “much worse” health care than white people.

The National Institute on Aging has laid out a “Strategic Directions for Research, 2020–2025” plan; one of its goals is to “understand health disparities related to aging and develop strategies to improve the health status of older adults in diverse populations.”

“Politicians will say, ‘Show me the data,’” Hado says. “If we’re not collecting it in a way that reflects different groups, where’s the support there?”

But Jan Mutchler, director of the Gerontology Institute at the University of Massachusetts Boston, says the issue needs to be addressed through an even broader lens: Building up vulnerable communities in general will also improve caregiving. “Policies going all the way back in the life course to maternal care, day care, preschool—everything that shapes accumulation of health and human capital are relevant in thinking about what has to happen to establish a more equitable old age.”

“ We’re way behind as a country, but we’re starting to see some of the conversation shift.”
—Jared Make, vice president of A Better Balance

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Psoriasis Care+ is also available at Walgreens stores or at www.PsoriasisCareGel.com
For those inclined to look for silver linings, one particularly powerful one has emerged for caregivers as a result of the coronavirus pandemic: a huge acceleration in both innovation and receptiveness to in-home medical care.

“We’re seeing just a wonderful explosion, a huge number of innovations and devices that can treat conditions or take vitals in new ways,” says Todd Haedrich, CEO of Optimize Health, a Seattle-based company that bills itself as being devoted to simplifying remote care. “A lot of those devices that required a stand in a hospital and had to be plugged in a certain way are all moving into the home.”

This can have a big impact on family caregivers. Transportation is their most common duty, with 80 percent of caregivers taking on this task, according to a 2020 report from AARP and the National Alliance of Caregiving. Many of these trips can include doctor appointments and other health care needs.

The shift toward allowing doctors and patients to meet via teleconference rather than in person is well underway as a result of the pandemic. The number of U.S. telehealth visits in 2020 was 63 times higher than in 2019, according to a study by the Department of Health and Human Services. But the changes that Haedrich and others talk about go far beyond just communications. Medical technology placed in the home can allow patients and caregivers to run tests, such as blood pressure and glucose-level readings, and even perform kidney dialysis and take X-rays.

Health care delivery further shifted in late 2020, when the Centers for Medicare & Medicaid Services (CMS) issued a statement that “more than 60 different acute conditions, such as asthma, congestive heart failure, pneumonia and chronic obstructive pulmonary disease (COPD), can be treated appropriately and safely in home settings with proper monitoring and treatment protocols.” Now,
more than 200 hospitals in 34 states offer CMS-approved Acute Hospital Care at Home programs that allow patients to go from the ER to home for recovery, although funding would need to be extended beyond the current COVID-19 emergency.

CONSTANT WATCH

One booming area is remote patient monitoring (RPM), in which devices connected to health professionals and electronic health records make care more cost-efficient and easier to manage. Globally, RPM is expected to become a $3.4 billion market by 2030, with products that can track blood pressure, oxygen, glucose, weight, dehydration, abnormal heart rhythm, shortness of breath and more already making their way into patients’ homes. At Mass General Brigham Home Care, for example, the Connected Cardiac Care Program allows for a physician to remotely monitor and manage a patient who is being treated after heart failure.

Other ways RPM is being used or tested: wearable devices that also measure vitals; bio-ingestible sensor capsules that measure patient data; “smart” pill bottles with sensors to audit intake; and electronic “tattoos” that track pneumonia progression. All these high-tech innovations help not only the patient, but also family caregivers.

RPM also allows doctors to have a depth of knowledge about their patients they just can’t get in a teleconference. In Lexington, Kentucky, before implementing RPM, patients at Kentucky Cardiology were writing down their blood pressure and bringing pieces of paper to the office to discuss with the doctor during appointments. After switching to RPM, Optimize Health expanded the number of hypertensive patients being treated through Kentucky Cardiology by 500 percent in the first three months. Monitoring, Haedrich says, means patients have “an ongoing conversation with a doctor.”

PROCEDURES AT HOME

To see how more intensive medical care can happen at home, a great place to start is kidney dialysis. Nielitje Gedney, executive director of Home Dialyze United, says the move from clinic to home care is all “back to the future.” In 1930, 40 percent of health care was delivered in the home. Over time, it moved to hospitals, clinics, physicians’ offices and emergency departments.

Hemodialysis and peritoneal dialysis began as a form of treatment for kidney disease in the 1940s. “At first, treatment in the
home [by doctors] was the only method that was permitted,” Gedney says. Clinics started popping up in the ’80s, and dialysis moved to those settings. In 2005, a consumer home-dialysis machine, made by NxStage, was cleared for the market by the FDA. But, Gedney says, “it was slow to take off.” Today, despite widespread home-dialysis capability, more than 85 percent of Medicare-covered patients in the U.S. with end-stage renal disease travel to a dialysis center for treatment three times a week, according to CMS.

Gedney says she is tracking “eight new devices” in the pipeline that will provide even better home dialysis, but adds that one problem is a lack of infrastructure—trained personnel, transportation and willing patients.

THE HUMAN TOUCH

While special devices, remote monitoring and telehealth are becoming a routine part of care, many patients still don’t think talking to a screen (or a voice assistant) is a satisfying experience. According to one October 2021 study—spearheaded by NPR, the Harvard T.H. Chan School of Public Health and the Robert Wood Johnson Foundation—64 percent of households using telehealth said they would have preferred an in-person visit.

They may be in luck. Part of the trend in at-home care includes medical professionals on your doorstep. Since 2013, Landmark Health, based in Huntington Beach, California, has been sending medical teams to make house calls. Landmark contracts with health insurance plans—mostly Medicare Advantage plans, says Carissa Foley, a nurse practitioner and advanced practice clinician supervisor.

“For most people, it is a free program; we’re an adjunct to primary care with seven-day-a-week urgent visits, if a person needs it. There’s nothing like seeing patients at home.”

With all these efforts, a key goal is to keep people out of the hospital. “With our aging baby boomers, we’re going to run out of space, so this has to happen. And people want it to happen,” says Michael Maniaci, M.D., physician leader for Mayo Clinic’s Advanced Care at Home program. “If we can do it safely, and with high quality to provide the best experience, it’s how the medical community and the future of health care survives in this country.”

Ann Oldenburg, a former USA Today reporter, is assistant director of Georgetown University’s journalism program. She has a master’s degree from Georgetown's Aging & Health program.
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* Based on customer experience reviews shared online at www.thehartford.com/aarp as of March 2022.
NORTH CAROLINA
Older and growing According to the 2020 “American Community Survey” (conducted by the Census Bureau), North Carolina’s population grew by 12 percent from 2010 to 2020, 75 percent of which came from a rise in the number of residents age 50-plus.

As part of its commitment to building Livable Communities, AARP North Carolina is asking residents to weigh in on what amenities they think are most important for livability: housing, transportation, health and wellness, open space, walkability or something else.

The “Age My Way North Carolina Survey” is based on surveys that states and communities across the country have used to help inform local and state decision-makers for the past 10 years.

The survey results will be shared at a statewide conference in September. Access the survey at aarp.org/nc.

VIRGINIA
Listen up AARP Virginia and the Northern Virginia Resource Center for Deaf & Hard of Hearing Persons are teaming up to raise awareness about hearing loss and to encourage people to get their hearing checked.

In three free online sessions, the effort will address hearing aids, new technology for hearing loss and how to cope if you do experience it. The sessions are being held in May and will be available for viewing at aarp.org/HearBetter.

- May 25: Stop Mumbling—I Can’t Hear You! deals with the emotional and psychological impact of hearing loss and how to navigate it.
- The events are open to the public. Register at aarp.event.com/HearBetter.
- Election assistance: The District of Columbia has primary elections Tuesday, June 21. For information on how to register and how to vote, go to aarp.org/vavotes or elections.virginia.gov.

DISTRICT OF COLUMBIA
Be a friend The pandemic has led to isolation and loneliness for many people. AARP District of Columbia wants people to know there is a way to help and be helped. AARP’s Friendly Voice program has trained, caring volunteers who are ready to chat, listen or just say hello.

English speakers can request a call by dialing AARP at 888-281-0145 between 9 a.m. and 5 p.m.; Spanish speakers should call 888-497-4108. Just leave your information and an AARP volunteer will call back.

- Election assistance: The District of Columbia has primary elections Tuesday, June 21. For information on how to register and how to vote, go to aarp.org/vavotes or dcbVotes.org.

DELAWARE
Take a ride Cycling improves fitness and is a great way to get to a destination for those who don’t want to drive. AARP Delaware is teaming up with Bike Delaware to encourage First Staters to get on their bikes by offering a series of cycling events this summer.

For those who have not ridden in some time, check out Get Back on a Bike virtual workshops, starting on Wednesday, July 13, from 12 to 12:30 p.m. Visit aarp.de and search Events to sign up.

AARP is also sponsoring Bike Delaware’s Amish Country Bike Tour on Saturday, Sept. 10, from 7 a.m. to 5 p.m.; register at BikeDelaware.org. Learn more at aarp.org/de.

PENNSYLVANIA
Out and proud AARP Pennsylvania invites Keystone Staters to celebrate the LGBTQ community by viewing the Dandy Andy Tour, a virtual look at works in Pittsburgh’s Andy Warhol Museum, in the artist’s hometown.

The online tour, on Wednesday, June 8, from 5 to 6 p.m., takes participants through the museum’s permanent collection, focusing on LGBTQ issues. The event traces Warhol’s romantic relationships and identity against the backdrop of the gay rights movement in the United States.

The event is free, but registration is required. Visit aarp.org/pa, under Events, for registration details.

—Susan Milligan

**DATABANK USA**

**THE DIGITAL DIVIDE**

November’s bipartisan infrastructure deal allocated $65 billion to improve broadband access in rural, low-income and tribal areas. While the urban-rural digital divide has narrowed in recent years, about 17 percent of rural households still lacked broadband access at the end of 2019.

**AMERICANS WHO DID NOT USE THE INTERNET, BY AGE (2021 DATA)**

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<thead>
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<th>Age</th>
<th>Not using the internet</th>
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<td>18–29</td>
<td>1%</td>
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<tr>
<td>30–49</td>
<td>2%</td>
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<tr>
<td>50–64</td>
<td>4%</td>
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<tr>
<td>65+</td>
<td>25%</td>
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SOURCES: FEDERAL COMMUNICATIONS COMMISSION, PEW RESEARCH CENTER
Readers Respond

SOCIAL SECURITY REFORM

Thank you for the article “The Future of Social Security” [Cover Story, March]. It suggests several possible approaches to fix the system, but an important one is missing: Allow more legal immigration. People are having fewer children, so fewer people are paying into the system to support older people. The United States is fortunate because we have a vast pool of people who want to come here and would be only too happy to pay into Social Security. We need to rationalize our immigration policies. Legalize their status and let them pay into Social Security.

MARS BURNSIDE
RANCHO CORDOVA, CALIFORNIA

A huge part of the problem is that Social Security’s offices remained closed two years after the advent of the pandemic. A recorded message said they were available for limited emergencies. I’ve battled with them over a Medicare issue and have received at least five different answers from six different agents in the past four months.

LINDA WYLIE
LYNDEN, WASHINGTON

One thing that wasn’t addressed that seriously affects the fund: Social Security disability. It’s available to anyone at any age. Certainly there are many who have a legitimate need for such support, but there’s also a lot of abuse. It would help the future solvency of the fund if there was more investigation into fraudulent claims of disability.

MICHAEL GRATTAN
COTTONWOOD, ARIZONA

TRUE CHARACTER

I was so touched by the Q&A with Robin Roberts [Your Life]! She passed along the words I needed to explain the changes in me since my cancer and treatment last year: “Something like this doesn’t change who you are. It just amplifies it.” Since my diagnosis, surgery and chemotherapy I’ve discovered the strong person inside of me. Thank you, Robin, from a fellow survivor.

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**John:** What’s your preference—scrambled or fried?

**Ron:** Whatever you like. I’m eggnostic.

**Cindy:** Did you hear about the guy who fell onto the airport baggage carousel?

**Mindy:** No. Did he get knocked out?

**Cindy:** Yes, but he came around slowly.

**Mark:** Is it crazy to be afraid of cats?

**Meg:** Depends. Are you a man or a mouse?

**Cindy:** Did you hear the rumor about butter?

**Kristen:** Yes, and I’m not going to spread it.

**Crystal:** Did you hear about the guy who changed his name to Authorized Personnel? It opened a lot of doors for him.

**Mandy:** People laugh at my jokes at the office, but never on Zoom.

**Randy:** That’s because you’re not remotely funny.

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**Quotables**

“I admit I’ve made some terrible movies. But for the first 30 years, that was just because the movie wasn’t as good as the script. And in the last 20 years, it’s just because of money.”

—Richard Dreyfuss, 74

“Everybody would say, ‘Oh, we love your mother.’ And I would say, ‘Yeah, try living with her for 18 years.’”

—David Letterman, 75

“I’m dyslexic, and that wasn’t diagnosed until I was about 18, 19. Before that, I was just told I was stupid and lazy.”

—Film director Joe Wright, 49 (Cyrano)

“I dated Sir Anthony Hopkins but broke up with him because I couldn’t stop thinking of him as Hannibal Lecter.”

—Martha Stewart, 80

“I create out of chaos. Or I cause chaos when I’m creating.”

—Singer Patti Smith, 75

“I tell them all the time: We ain’t rich. I’m rich.”

—Shaquille O’Neal, 50, about his kids

“As you get older, you get to a place where you see yourself as you saw your parents when you were a child. And that’s a really beautiful perspective.”

—Jake Gyllenhaal, 41

“I got tired of explaining that I did it before the Rolling Stones.”

—Singer Irma Thomas, 81, on why she rarely performs “Time Is on My Side”

“I hear all these older songwriters go, like, ‘I can’t write love songs anymore.’ And I’m, like, ‘Well, that’s just stupid.’ Go open your memory library and check in there.”

—Stevie Nicks, 73

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2Commercial skip feature is available at varying times, starting the day after airing, for select primetime shows on ABC, CBS, FOX and NBC recorded with PrimeTime Anytime.

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