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JOHN GRISHAM
BEST-SELLING NOVELIST
ON REAL-LIFE INJUSTICE

AARP Bulletin

AARP.ORG/BULLETIN | VOL. 65 | NO. 8

ELECTION 2024



★
FORMER PRESIDENT
**DONALD
TRUMP**
★



★
VICE PRESIDENT
**KAMALA
HARRIS**
★

★ ★ ★ ★
**WHERE
THEY STAND**
ON SOCIAL SECURITY, MEDICARE,
INFLATION, CAREGIVING
AND JOBS—IN THEIR
OWN WORDS

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★
AARP'S
EXCLUSIVE
INTERVIEWS
WITH THE
CANDIDATES
★

AARP Bulletin OCTOBER 2024 | \$2.50



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CHAMPION CAREGIVING
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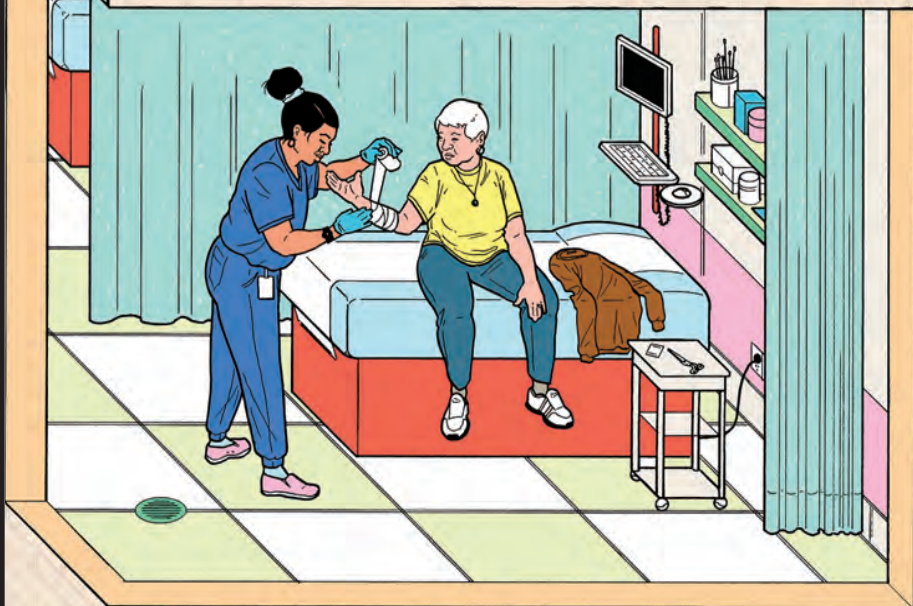
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**SCAN TO VISIT
OUR WEBSITE.**

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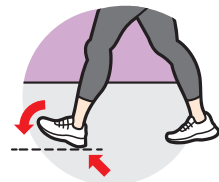


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71.9%

The share of Americans 65 and older who voted in the 2020 presidential election

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ANYONE CAN BE AN OPTICIAN

26 states require no licensing for that job.

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FIND THE PROBLEM SPOTS

Many utility companies offer energy audits of your home.

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Ask a chatbot.

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“I’m blessed with a hyperactive imagination.”

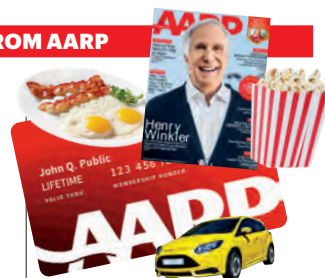
—Best-selling author John Grisham

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MORE FROM AARP

Renew and Save

For the first time in 15 years, AARP's membership price will go up, starting in 2025. This change will allow us to continue delivering the high-quality membership you expect, as well as supporting the needs of people 50-plus, including by working to strengthen Social Security and Medicare. Dues for the one-year term



will increase from \$16 to \$20; with auto-renewal, the cost will go from \$12 to \$15 for the first year. Save by renewing at current pricing at aarp.org/lastchance.

Editor's Note: A portion of the graphic accompanying the September Cover Story, "The Untold Impact of Long COVID," was incorrect. This is the correct version.

88%
THE SHARE OF COVID DEATHS FOR PEOPLE 65+ IN THE FIRST HALF OF 2023

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► **DISCONNECTED** Australian workers can unplug their phones and put another shrimp on the barbie under a new law that allows employees to ignore most after-hours calls and emails from a boss unless they're absolutely essential. Employers face fines up to \$63,000 for violating the law.

DRUG NEGOTIATIONS UPDATE

LOWER MEDICARE DRUG PRICES WILL SAVE BILLIONS

The first 10 drugs for which Medicare has negotiated prices will cost less for about 9 million older adults enrolled in the program who use one or more of the medications.

The lower prices agreed upon by the federal government and drug manufacturers in August take effect in 2026. The drugs included on the list are among the most expensive and frequently used pills and injections to treat diabetes, blood clots, heart failure, arthritis, kidney disease, cancer and more, and covered under Medicare Part D.

The Centers for Medicare & Medicaid Services (CMS) estimates that as much as \$1.5 billion in savings could go directly into the pocketbooks of older Americans, since Medicare Part D enrollees often pay part of a drug's cost. And the government program could save \$6 billion, based on what Medicare paid for the drugs last year.

"Americans pay way too much for their prescription drugs," said U.S. Department of Health and Human Services Secretary Xavier Becerra on a call with reporters. "For the first time ever, Medicare negotiated

directly with drug companies, and the American people are better off for it."

Some of the negotiated prices are steep discounts compared with the drugs' list prices. For example, a 30-day supply of Januvia, a diabetes drug, is 79 percent lower than the 2023 list price. The negotiated price for the NovoLog pen, also used for diabetes, is 76 percent lower than the list price. The other eight drugs with lower negotiated prices are Farxiga, Enbrel, Jardiance, Stelara, Xarelto, Eliquis, Entresto and Imbruvica.

AARP has long advocated for Medicare to negotiate drug prices.

"This announcement of the first round of Medicare-negotiated price cuts marks a giant step forward in our ongoing efforts to lower prescription drug prices," said AARP CEO Jo Ann Jenkins. "We will continue fighting to ensure that this is only the beginning, and not the end, of lowering prescription drug prices, bringing millions of older Americans the financial relief they need and deserve."

Federal officials picked the 10 drugs from a list of 50 medications that Medicare Part D spends the most on and are among the most used. That arrangement was part of a law passed in 2022 that took aim at high drug prices.

The 10 selected drugs accounted for more than \$56 billion in Part D spending in 2023, according to CMS. People with Medicare prescription drug coverage taking these 10 medications paid a total of \$3.4 billion in out-of-pocket costs in 2022.

New negotiated prices for 30-day supply



DRUG NAME	NEGOTIATED PRICE	LIST PRICE IN 2023	DISCOUNT OF NEGOTIATED PRICE
Januvia	\$113	\$527	79%
NovoLog/Fiasp (several pens)	\$119	\$495	76%
Farxiga	\$178.50	\$556	68%
Enbrel	\$2,355	\$7,106	67%
Jardiance	\$197	\$573	66%
Stelara	\$4,695	\$13,836	66%
Xarelto	\$197	\$517	62%
Eliquis	\$231	\$521	56%
Entresto	\$295	\$628	53%
Imbruvica	\$9,319	\$14,934	38%

BLOOD TEST FINDS MOST COLORECTAL CANCER

Older Americans may be closer to having an effective and easier alternative to dreaded colonoscopies. In July, the Food and Drug Administration approved a

blood test to screen for colorectal cancer in adults 45 and older who are at average risk for the disease.



A recent study in *The New England Journal of Medicine* found that the blood test developed by Guardant Health detected colorectal cancer in 83 percent of people who had the disease. That's similar to results from stool-based screening tests, William

M. Grady, M.D., a study coauthor and researcher at the Fred Hutchinson Cancer Center, told AARP earlier this year.

Blood screening tests were available through doctors. FDA approval makes it more likely insurers will cover the test, Grady says.

VA Offers Help to Military Scam Targets

Veterans, active-duty military and their families are often targets of scammers. Current and former service members reported \$477 million in losses from scams last year, the Federal Trade Commission (FTC) says.

In response, the U.S. Department of Veterans Affairs (VA) launched **VSAFE.gov** and **833-38V-SAFE (833-388-7233)**. The new website and call center will coordinate efforts across the federal government to protect veterans, service members and their families from fraud and scams.

The website includes resources on identity theft and the most common scams targeting veterans, including romance and other impostor scams, fake job offers and bogus investment schemes.

The call center provides a simple way to report scams. All federal agencies will be advised to route military members and veterans reporting scams to the correct place for assistance.

"This is a positive step," says Juanita Jiménez-Soto, AARP national veterans and military families manager, noting how crucial it is for veterans to understand the red flags for fraud. "They protected us. We should be protecting them."

Last year, military consumers lost a median of \$599 to scams reported to the FTC, which was 20 percent more than the \$500 median loss reported by nonmilitary consumers, according to the FTC's *Consumer Sentinel Network Data Book 2023*.



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Why is Gutter Maintenance Challenging for Adults Over 50?

We asked Chris, President of LeafFilter®, what some of the challenges are and how to avoid them

Q: Why is gutter maintenance challenging for adults over 50?

A: Gutter maintenance often involves physically demanding tasks like climbing ladders and lifting heavy buckets of debris while maintaining balance. As adults age, they may experience reduced muscle strength, joint pain, or arthritis, making these tasks more difficult and increasing the risk of injury.

Q: Are there other safety concerns to these homeowners?

A: Yes, as we get older, our balance and vision might not be as sharp, making climbing ladders even more hazardous. Being careful helps, but accidents can still happen especially if the ladder isn't stable or if the ground is uneven. Plus, things like slippery leaves or moss can make it even trickier. It's not just about caution—it's about recognizing that the risk is higher as we age.

Q: What alternatives exist for homeowners?

A: Homeowners should exercise caution when attempting gutter maintenance tasks that require climbing ladders. Many opt to hire professional gutter cleaning services to avoid these risks. Installing gutter protection systems, like gutter guards, can also reduce the need for frequent maintenance.

Q: How can gutter maintenance help protect my home?

A: Gutters are like exterior plumbing. Clog-free gutters help avoid water damage like rotten soffit, crumbling fascia, and basement or foundation damage.

Q: How do homeowners pick a reputable service?

A: When hiring trusted professionals, check their credentials. Installing long-term solutions like gutter protection systems can help ensure safety and deliver peace of mind.



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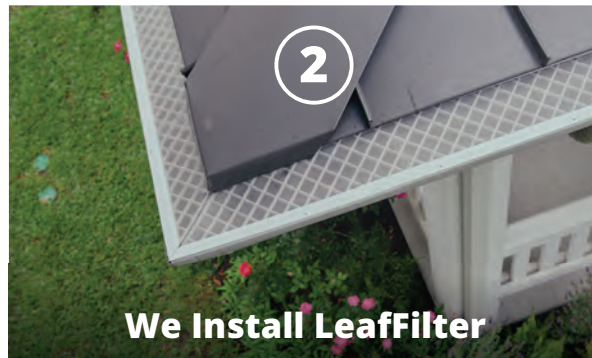


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FOR OLDER VOTERS, A GROWING VOICE

Surprisingly, that wasn't always the case

BY CHRIS ADAMS

When it comes to being heard at the ballot box, America's older voices are getting louder.

That older voters turn out in numbers well above other age groups is a truism in electoral politics—"almost like a law," says Michael McDonald, a professor of political science at the University of Florida.

But it hasn't always been that way: In decades past, younger cohorts voted at higher percentages than those 65 and older. It wasn't until the 1980s and '90s that turnout among people 65-plus eclipsed other age groups tracked by the U.S. Census Bureau. Since then, the gaps between older voters and younger ones have generally grown.

The reasons for the change are both simple—increasing voter-outreach efforts by groups focused on the needs of older Americans—and complex: a deeply felt sense of civic

involvement among those who became active in the 1960s and '70s. And over the years, voting has become easier, with mail ballots and expanded in-person options more prevalent.

What's more, older people know voting matters—a lot.

"There are two issues that absolutely dominate the interests of our constituency: Medicare and Social Security," says Nancy LeaMond, AARP executive vice president and chief advocacy and engagement officer. "It's also very clear that elected officials have a big role to play in those programs."

In the 2020 presidential election, 71.9 percent of Americans 65-plus said they voted, according to Census Bureau surveys. For those 45-64, it was 65.5 percent; for those 25-44, 55 percent; and for those 18-24, 48 percent. That figure for voters 65-plus was the highest it's been since the Census Bureau started tracking the numbers in 1964.

The pattern holds true in midterm elections

as well: Voting by those 65-plus has been increasing and outpacing other age groups.

Polls conducted in 2024 for AARP confirm that. Asked to rate themselves on a scale of 1 to 10 on their motivation to vote in November, 91 percent of older voters in Ohio gave themselves a 10; the numbers steadily dropped for younger age groups—to 69 percent for the youngest one. The pattern held in other states.

At the same time the older voter turnout percentage has increased, the number of people in that demographic has expanded. More people voting at higher rates means the size—and relative strength—of the 65-plus voting bloc is much bigger than it was.

A TALE OF TWO STATES

None of this surprises Steve Simon, the Democratic secretary of state in Minnesota, or David Scanlan, the Republican one in New Hampshire. Older voters in their states vote in higher percentages than peers in any other state.

The states have very different voting systems. The Cost of Voting Index, which tracks the availability of voting options such as no-excuse absentee ballots and expanded in-person voting hours, puts Minnesota in the top third and New Hampshire near the bottom.

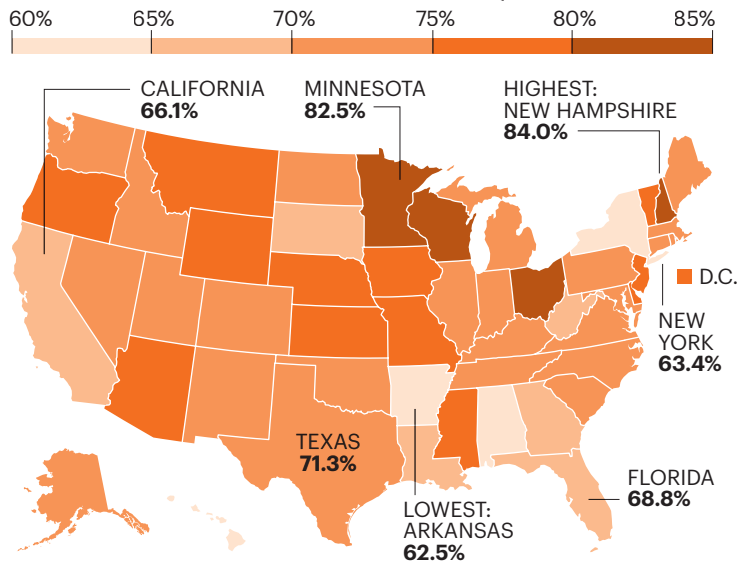
Both officials point to strong civic culture as vital to keeping turnout high. With its first-in-the-nation presidential primaries and midnight voting in some communities, New Hampshire has a history that prizes participation. "People know when the Election Day is, and they get charged up for it," Scanlan says.

Scanlan notes that many of the nation's oldest voters today came of age during the 1960s, when political activism—and turnout—rose. McDonald, the Florida professor, says that if you vote once, you're much more likely to vote again—both your sense of civic duty and your partisanship kick in. And campaigns are much more likely to pester you to get to the ballot box at the next—and every—election.

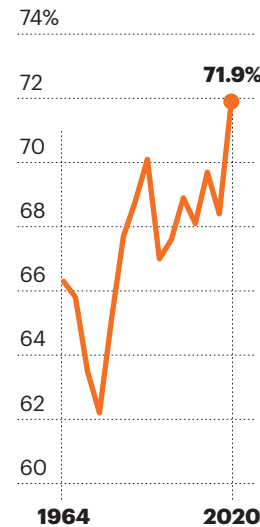
AARP won't suggest how you vote—but strongly encourages you to do so.

The reason is simple: That big bloc of older voters that plays a disproportionate share in deciding elections has a lot riding on the actions of who wins. It's not just Social Security and Medicare but also prescription drug prices, family caregiving costs, long-term care—all topics that are "front and center for older voters," says Khelan Bhatia, AARP voter engagement director. "It's very real for them." ■

SHARE OF 65+ POPULATION VOTING PER STATE, 2020



SHARE OF 65+ POPULATION WHO SAID THEY VOTED



SHARE OF TOTAL VOTE BY AMERICANS AGE 65+



SOURCE: U.S. CENSUS BUREAU, CURRENT POPULATION SURVEY. FIGURES ARE FOR TOTAL POPULATION.



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¹In Texas, the Auto Program is underwritten by Redpoint County Mutual Insurance Company through Hartford of the Southeast General Agency, Inc. Hartford Fire Insurance Company and its affiliates are not financially responsible for insurance products underwritten and issued by Redpoint County Mutual Insurance Company.

²Average annual savings are derived from 6-month policy terms and based on information reported by customers who switched to The Hartford's newest rate plan between 9/1/22 and 8/31/23. Your savings may vary. Rate differences for AARP members and non-members vary by state and AARP membership tenure. ³Terms and conditions may apply. **Accident Forgiveness is not available to CA policyholders.**

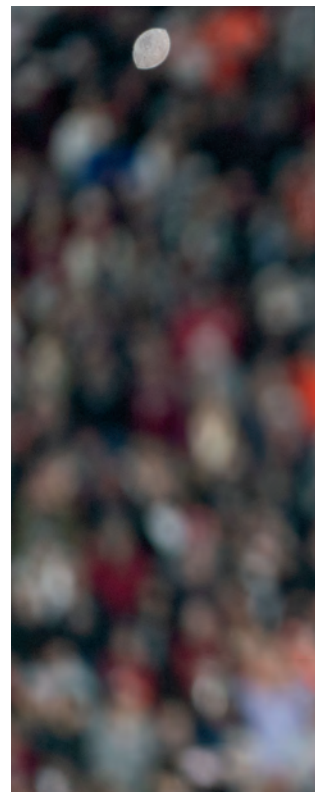
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WHERE THEY

MEDICARE | JOBS | SOCIAL SECURITY | DRUG PRICES



As we have during past presidential elections, the *AARP Bulletin* reached out to the candidates from the Republican and Democratic parties to talk with us about the issues important to you. Both Vice President Kamala Harris and former President Donald Trump graciously agreed to live phone interviews, which took place in late August. We asked the same questions of each candidate.

We allowed them to present their views and positions without commenting on the accuracy of their claims. The interviews were lightly edited for clarity and length.

Both candidates were eager and engaged in our conversations, which focused on issues critical to older Americans, such as Social Security, Medicare, caregiving and other complex but vital topics. For the record, the candidates' responses should not be interpreted as an AARP endorsement of any given candidate or policy position.

STAND

CAREGIVING | INFLATION



AARP is nonpartisan and neither supports nor opposes candidates for office. But what AARP strongly believes in is your right to vote and the importance of exercising that right.

To help, we've created voter education tools, including voter guides for all 53 U.S. states and territories. You can go to aarp.org/vote for full election coverage, including AARP's positions on key issues and links to digital versions of state how-to-vote guides. —**Robert Love**, vice president and editor in chief, AARP Publications



Millions of older Americans are struggling with higher prices on gasoline, rent and other essentials. If elected, what will you do to combat high prices?

VICE PRESIDENT HARRIS: It's my day one priority, which is to build up the middle class and build up our seniors. I know that one of the big issues, one of the greatest issues, that folks are facing is the need for us to lower costs.

My approach is very practical, and I think very commonsense. In terms of the price of groceries, one of the issues that we've seen is the price-gouging issue, where bad actors actually hike up the cost of everyday essentials, including groceries, and take advantage of people who are in desperate situations created by an emergency. I'm going to go after that.

FORMER PRESIDENT TRUMP: We're going to start by drilling and getting oil. I call it "drill, baby, drill." We're going to start by going in and getting oil because energy prices is what really led to the problem of inflation, which is a massive problem. It's much higher than they're actually saying. People are getting absolutely destroyed in so many different areas.

It was all started by two things: overspending by the government needlessly and also, and very importantly, the tremendous cost of energy because energy is such a big subject and such a big factor in life in terms of businesses, in terms of homes, air-conditioning, heating, cars, gasoline. The cost of energy has to be brought down, and I think that I'll be able to cut that better than in half within the first 12 to 16 or 17 months of my administration. If I do that, prices are going to be coming down very substantially.

CONTINUED ON PAGE 12

CONTINUED FROM PAGE 11

The Social Security trust fund is expected to see a shortfall in about 10 years. If Congress doesn't act, millions of Americans who are counting on Social Security may see cuts to the money they've earned. If elected, how will you protect Social Security for the future?

TRUMP: We'll protect it with growth. I don't want to do anything having to do with increasing age. I won't do that. As you know, I was there for four years and never even thought about doing it. I'm going to do nothing to Social Security.

We're going to protect it through strengthening our country. We're going to protect it through growth. We're going to have tremendous growth in our country with all of the things that we're doing from a business standpoint and from a common-sense standpoint, and we'll be protecting it through growth.

HARRIS: I believe Social Security is a sacred social contract that we have made with the seniors of America. I will always—as I always have in my career—fight to ensure that seniors have the dignity they deserve, have the protections they deserve, including the benefits that they've earned and paid for. The way that we're going to deal with it to make sure that the resources and therefore the benefits in the Social Security program are there for seniors is by making billionaires and big corporations pay their fair share in taxes and use that money to protect and strengthen Social Security for the long haul.

Our own AARP research shows that 48 million American family caregivers provide \$600 billion in unpaid care each year, helping loved ones

live independently in their homes rather than in costly nursing homes. If elected, how will you support family caregivers, many of whom are juggling work and family?

HARRIS: First of all, it's per-

We need to make sure that they receive the dignity in the workplace and in their wages that they deserve because this is essential, critical work.

I'm proud that our administration took action to support family

nized people that have done such a good job, and frankly, if you didn't have these people doing what they're doing, the government would be in worse shape than it is even now. We're going to recognize that. It's something that has long been on my mind. I started focusing on it very, very substantially, and we're going to do something. These people have been unbelievable. In many ways, they're angels. They're just extraordinary people. They give up so much, and they get so little other than they want to take care of their loved ones, which is a very powerful incentive. We're going to do something to help them out financially, and we have various plans coming in, and you're going to be the first to hear the plans. It's very unfair to people, very unfair.

Millions of American workers have no way to save for retirement through their employers. If elected, what steps will you take to help American workers save for retirement?

TRUMP: The sad part is with Biden, inflation has been so devastating that where people were saving with me because they had low interest rates and no inflation—don't forget, I had low interest rates, and I had essentially no inflation—they have high interest rates and the worst inflation we've ever had. That is a killer for people who have done it the right way. And the right way is to go out, save your money and you're going to have money and you're going to make interest on your money and make investments with your money. Those people have been absolutely destroyed by inflation and what's happened. The people that saved money, that was supposed to be the American dream except the American dream turned out to be

CONTINUED ON PAGE 14

★ ☆ ★ KAMALA HARRIS ★ ☆ ★

“I believe Social Security is a sacred social contract that we have made with the seniors of America. I will always fight to ensure seniors have the dignity they deserve.”



Harris and vice presidential candidate Tim Walz

sonal for me. I helped care for my mother when she was battling cancer. I have learned over many, many years of experience to deeply admire and respect the work that caregivers do. Their work is physical. It is mental. It is emotional. Frankly, I think caregivers really do God's work.

caregivers, including offering short-term help to give a primary family caregiver a break—again, I know what that means—and also providing a better hospital discharge process. As president, I will build on these efforts.

TRUMP: These are really unrecog-

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CONTINUED FROM PAGE 12

the American nightmare for the people that did it right. The people that saved—you're supposed to save in this country; it's always been that way—the people that saved got killed by inflation. They were actually taking money out of their accounts instead of putting money back into their accounts.

HARRIS: Well, it starts with making sure that we protect Social Security, knowing that for our seniors that is their only source of income.

The work that I've done over my career has also been to protect pensions. Both the president and I and in my long-standing work understand the need to make sure that people who have earned those benefits are secure and that they are guaranteed.

Americans pay some of the highest prescription drug prices. If elected, what will you do to bring prices down?

HARRIS: A big piece of it is allowing Medicare to negotiate the prices. A big piece of it is really just having the willingness and the courage, frankly, to take on Big Pharma, which I have done in my career, both when I was attorney general for two terms and now as vice president.

What we know is, my goodness, there have been a number of our seniors who, over the years, have had to get on a bus to go to Canada to get their prescription medication. Prescription drugs don't have to be as expensive as they are. The prices are based on a design that we've had in our country that protects Big Pharma and allows them to put profit over what is in people's best interest.

TRUMP: As a result of the aggressive actions I took during my first year in the White House,

drug prices declined more than they had in half a century in 2018 alone. I was also proud to institute rules giving seniors \$35 EpiPens and insulin, allowing prescription drugs to be imported from Canada for the first time,

increases resulting from the Biden-Harris Inflation Reduction Act. I will keep any drug savings in Medicare, and I will finish what we started in my first term.

Moving on to Medicare for a

★ ☆ ★ DONALD TRUMP ★ ☆ ★

“We'll protect [Social Security] with growth. I don't want anything to do with increasing age. I won't do that. I was there for four years and never thought about doing it.”



and took steps to ensure that Americans would not pay more than wealthy Europeans for the same drugs. When reelected as president, I will continue my efforts to protect Americans from unaffordable drug prices and ensure seniors are protected from the massive Medicare premium

moment, Medicare provides critical health coverage for older Americans. If elected, how will you protect Medicare from benefit cuts, and how might you improve the program?

TRUMP: What we have to do is make our country successful again. This has to do with Medi-

care and Social Security and other things. We have to let our country become successful, make our country successful again, and we'll be able to do that. We have tremendous opportunities like as an example, with what I call the “liquid gold” under our feet. We have more oil and gas than any other country in the world by far, and we don't use it. We use a very small portion of it. We will be bigger than Russia and Saudi Arabia combined, and we will be able to make our country so successful that these questions will not—they'll really just not come to the fore. Growth is a very big factor in everything I say. We can grow our country. Our country hasn't been growing. We can grow our country at the bottom line.

HARRIS: I will always fight to protect and strengthen Medicare for this and future generations. That includes securing the Medicare trust fund and making sure that big corporations and the wealthy pay their fair share in taxes, which, by the way, they can afford to pay. Also, if [my opponent] had succeeded in repealing the [Affordable Care Act], which he tried 60 times to do when in office, he would have brought back the Medicare doughnut hole gap. AARP was an incredible leader on the doughnut hole issue. That gap for prescription drugs would be put back in place without the protection of the ACA, not to mention taking away precancer and diabetes screenings, what we fought so successfully for; to get Medicare to make sure that every senior gets a free annual wellness checkup. I pledge to fight to protect it.

Americans over the age of 50 continue to pay the highest health care costs. If elected, how would you ensure that

CONTINUED ON PAGE 16



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CONTINUED FROM PAGE 14

older Americans have access to affordable health care?

HARRIS: A big part of access is affordability; so is bringing down the cost of prescription drugs for everyone, including seniors. We fought to do that but ran into some roadblocks in Congress. My plan in terms of helping seniors under the age of 65 includes what we would do to save on average as much as \$800 a year on premiums.

Also, medical debt has been a big area of focus for me and eliminating medical debt from credit scores, which can be all the difference whether a senior or anyone could get a lease on an apartment, much less all the other things that they need access to.

TRUMP: We're going to make sure that Americans are able to work [to access health care]. But we're going to make sure that they're not going to *have to* work. We're going to take care of them. But if they want [to work], that would be a great asset. You know, we lose some of the best people we have because they think they're going to retire at a certain age, and the fact is, they really don't want to retire. So we're going to incentivize people if they want to go out into the workforce. But [if not], we're going to take care of them. We're going to make all of our programs strong, and we're going to make our country strong.

We know older workers often face age discrimination when getting or keeping their jobs. If elected, how would you combat age discrimination and help older workers who need or want to continue working?

TRUMP: We're going to make sure that they're allowed to work. They're some of the best workers you can get, and we're going to make sure that there is no tax on

★ ☆ ★ KAMALA HARRIS ★ ☆ ★

“In terms of the price of groceries, one of the issues that we've seen is price gouging, where bad actors hike up the cost. I'm going to go after that.”



Social Security benefits, which is a big deal. People wait for years to get Social Security, and then they get there, and inflation has destroyed them, so we're going to have no tax on Social Security, which is a very, very big event and nobody else is talking about it. You know they pay tax on this small amount of money relatively that they're getting, and yet inflation has destroyed them. Very unfair, so we're going to have no tax on Social Security for seniors.

HARRIS: Maybe my experience as a prosecutor is kicking in, but it's really important to make sure that there are consequences and accountability for age discrimination. You will remember under my opponent's administration, they started to defund offices of civil rights. I'm going to make sure that those offices of civil rights are funded so that the investigations and the consequences for discrimination can occur.

From my days being the DA and then attorney general, I strengthened elder abuse work that included discrimination, going after nursing homes, collaborating with AARP throughout those years and dealing with issues of discrimination that happen around mortgages and reverse mortgages. I also should tell you that I've been doing some work on AI and making sure that

employers cannot use AI tools to discriminate against anyone, including older Americans on the job or looking for a job.

Many Americans, especially in rural areas, do not have access to high-speed internet. How would you ensure that Americans have access to affordable high-speed internet?

HARRIS: Access to high-speed internet is not a luxury, it's a necessity. I'm proud as vice president that we got \$90 billion to connect everyone in America to reliable, affordable high-speed internet. I have traveled the country as vice president to rural communities and various communities to make sure that not only is the policy sound and relevant to all communities, including our seniors, but to make sure that the implemen-

tation is speedy and happening. That includes also the work that I did in the leadership around the Affordable Connectivity Program, which has helped 23 million households across the country, including many seniors, save anywhere from \$30 to \$75 a month on their internet bill.

TRUMP: We'll build out our internet system. Biden has done nothing. He's done very little on that, but we're going to build out our internet system. It's moving. We had it really going along good, and then a lot of it was stopped, but we're going to be building out our internet system. They have to have access.

Criminals who perpetrate fraud through spam calls and texts target older Americans, resulting in the loss of billions of dol-

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“The cost of energy has to be brought down, and I think that I'll be able to cut that better than in half within the first 12 to 16 or 17 months of my administration.”

LEFT TO RIGHT: MICHAEL BROCHSTEIN/SIPA USA VIA AP IMAGES; MANUEL BALCE GENETA/AP PHOTO; GETTY IMAGES (2)

lars of their hard-earned nest eggs. If elected, how would you reduce fraud like this?

TRUMP: We're going to go through our departments, our law enforcement and we're going to be very tough on it. People are being scammed all the time in so many different ways. We're going to be very, very tough on protecting our senior citizens, and it will happen. Many things we're going to do, but we have to let law enforcement get involved. Right now, there is no retribution. They can do whatever they want. They can steal their money. There is no retribution. There will be retribution to people that hurt our senior citizens.

HARRIS: From my work over many years, going back to when I was elected DA of San Francisco in 2004, I strengthened the elder abuse work that we were doing. We did a lot of outreach. I have too often seen seniors, especially those who are isolated, who may not have family, become susceptible to scams and are reluctant to let anyone know for fear that they will be thought less of. When the bad guys, the fraudsters, know that we're watching and that there will be serious and severe accountability, they are less likely to engage in the behavior because they know that the consequences will be very real.

If elected, what is the most important thing that you could do to help improve the lives of older Americans?

HARRIS: There are many things, to be honest. My day one priority is to make sure that people are able to live with dignity and have the care that they deserve.

I think that over the last decade, and frankly since my opponent hit the scene in this way, there is a perverse notion that the measure of the strength of a leader is based on who you beat down instead of who [you] lift up. That means doing the work that I've done my whole career to stand up for the rights of older Americans, to deal with cases of elder abuse as well as lifting up their ability to have a good quality of life, including bringing down the cost of prescription drugs. I will be paying attention to affordable housing. Part of my plan is to build 3 million more housing units before the end of my term. I have many priorities on day one to help our seniors and their children and grandchildren.

TRUMP: The biggest thing I can tell you is we're going to let people know loud and clear that Social Security is not changing. But what I'm going to do is we're going to create energy like nobody has ever had in this country. With me, we were energy independent, but we are going to become energy dominant. We're going to make a tremendous amount of money. We're going to pay down debt. We're going to reduce taxes. I mean the taxes that we've been able to cut—it's the largest tax cut in the history of our country, and we still have a ways to go with that. That's going to be very helpful. We're going to make sure our seniors are taken care of 100 percent. Don't forget, I'm a senior. We're going to make our seniors happy, healthy and strong. ■

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They track key issues in the election, such as Social Security, family caregiving, Medicare and prescription drug prices, and also provide information on when, where and how to vote.

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Fraud Watch

HOW SCAMMERS TARGET YOUR EMOTIONS

Criminals exploit strong feelings. Here's how to help spot their manipulation

BY SARI HARRAR

Chris Hadnagy is an expert on how scammers use persuasion and manipulation to steal money and information. But after he wrote several books on the subject a few years ago, crooks nailed him with a fake Amazon package delivery scam that pushed all the right buttons.

"I was stressed about an upcoming conference in Las Vegas when I got this phishing email that my order wouldn't be shipped due to a declined credit card," says Hadnagy, CEO of the company Social-Engineer. "I was short on time. I felt even more stressed and anxious. I started entering my personal identification when I realized it was the perfect scam."

From fear and anxiety to the desire for security or connection, exploiting strong feelings is step one in the scammer playbook.

Stirring strong emotions shifts your decision-making away from "central processing"—when your brain carefully weighs pros and cons—to "peripheral processing"—when you react on feelings and impressions, says scam researcher Marti DeLiema, at the University of Minnesota School of Social Work.



"Criminals are adept at moving you from emotion to emotion," says Amy Nofziger, AARP's director of fraud victim support. "They take you on this journey." The destination? Your money and private information.

Here's how it unfolds with four common emotional scam triggers.

FEAR: Cindy H., 76, of Colorado gave scammers \$5,000 in cash after someone who "sounded like my grandson with a stuffy nose" called this year to say he'd been arrested and needed bail for a car accident that injured a pregnant woman. "I was so fearful," she says. "I'm thinking my grandson could be charged with manslaughter." That night, she called her grandson and discovered it was a scam.

Scammers' Playbook: Strike terror first, then demand money. "They know if we're afraid we'll make bad decisions," Hadnagy notes.

LONELINESS: Jerry Waxman, 71, received a "wrong number" text followed by a photo from someone claiming to be a young San Francisco woman. Waxman, who lives in Puerto Rico, fell into a routine of text conversations with her. "There was a friendship that developed," he says. He lost all of his savings when the "friendship" morphed into a gold and cryptocurrency scam.

Scammers' Playbook: Exploit the human need for connection. Scammers may get close through a fake friendship or romance, Nofziger says. Once the attachment develops, the scammer subtly introduces money.

AVARICE: Waxman's scammer shared screenshots off a fake website showing hundreds of thousands of dollars in profits she claimed to have made with quick gold trades. An initial \$2,000 investment earned 40 percent. Waxman went all in. Then his scammer disappeared—along with his \$26,000.

Scammers' Playbook: The slow buildup. Investment scams try to establish trust slowly, so victims believe the fabulous winnings are real. In Waxman's case, the scammer built up the friendship for weeks, dangling her winnings. When he finally invested, Waxman was at first able to withdraw some money, which made the "investment" look legit.

ANXIETY: Impostors claiming to represent the Social Security Administration threatened people with arrest. Victims of the scheme felt panic and "an overwhelming sense of dread," they reported in a 2021 University of Minnesota study. They lost an average of \$6,000.

Scammers' Playbook: Crooks told victims someone had stolen their Social Security number and they needed to send money fast to protect their account. "They get you afraid and then present a solution," DeLiema says. ■

Sari Harrar is a contributing editor to AARP The Magazine and the AARP Bulletin. She writes frequently about health issues and fraud.

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.

SPOT AND OUTSMART SCAMMERS' EMOTIONAL TRIGGERS

1. Take a break. If you notice you're feeling a strong emotion during an interaction with a stranger, recognize the danger and step away.

2. Tell someone. In DeLiema's study, people who shared what was happening with a friend or family member were told: *It's a scam.*

3. Do your own research. Don't click on links or use phone numbers, email addresses or account numbers provided by scammers.

4. Set up a crisis-only code word with family members. Agree on a word to use in an emergency that everyone can remember.

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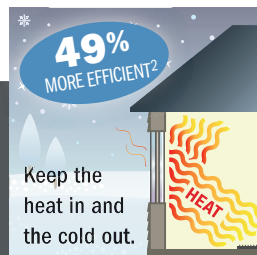
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Your Money Live Well for Less

BY LISA LEE FREEMAN

TRAVEL APPS THAT CAN SAVE YOU MONEY

Fly, drive and sleep on vacation for less

Travel industry consolidation is making bargain hunting trickier than ever. “There is an illusion of choice because there are so many brands,” says William McGee, a senior fellow for aviation and travel at the nonprofit American Economic Liberties Project. “But in the U.S., six hotel companies oversee most of the major hotel brands, and three companies oversee most of the rental car industry.”

The good news is that you may be able to save big by shopping around, in some cases with help from artificial intelligence (AI)—

computer systems that can draw on vast amounts of data to perform tasks that mimic human learning and language. After trying out some of the latest travel apps and talking to travel professionals about how they save, I came up with this bargain hunter’s tool kit.

► **Ask a chatbot.** AI-powered assistants have been added to apps such as Tripadvisor, Expedia and Booking.com, and they’re part of many new travel-planning sites, including Mindtrip (mindtrip.ai), Vacay (usevacay.com) and Layla (layla.ai). Along with general-purpose chatbots ChatGPT (chatgpt.com) and

Google Gemini (gemini.google.com), they can quickly build itineraries based on your budget, trip dates and interests. They might save you money, although that’s not always their strong suit. My advice for using chatbots: Try asking the same questions in different ways to get good answers. Double-check results to make sure they’re accurate. Most importantly, shop around to make sure you’re getting the best deals.

► **Fly for less.** Most experts I spoke with recommended Google Flights (flights.google.com). “There really is no better starting point,”



PORTRAIT ILLUSTRATION BY MICHAEL HOEWELER; ILLUSTRATION BY BEN MOUNSEYWOOD

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What can you do when hearing aids aren’t enough?

ASK THE EXPERT: DR. DAVID C. KELSALL, COCHLEAR MEDICAL ADVISOR



Dr. Kelsall, a cochlear implant surgeon and medical advisor to Cochlear, the world leader in cochlear implants, answers questions about cochlear implants and how they are different from hearing aids.

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Q: How do cochlear implants differ from hearing aids?

A: Hearing aids help many people. Unfortunately, as hearing loss progresses, some people may need help beyond hearing aids.

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Q: Are cochlear implants a proven solution?

A: Cochlear hearing implant

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Q: Is it major surgery?

A: No, not at all. The procedure is often done on an **outpatient basis** and typically takes just a couple of hours.

Q: Are cochlear implants covered by Medicare?

A: Yes, Medicare and most private insurance plans typically cover cochlear implants.*



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says Madison Blancaflor, a managing editor at the Points Guy website. Alternatives include Skyscanner, Hopper and Kayak. On Kayak, I love the “best time to travel” tool, which recommends particular months to visit cities. Clark Howard, founder of the consumer site Clark.com, says he likes the Kayak Explore tool to find flight deals. Also check out the free version of the Going app for deals on continental U.S. airfares.

► **Maximize your points.** The free new Points Path browser extension helps you compare the cost of flights in points vs. cash. If you have a lot of points, Blancaflor recommends Point.me, a paid service for booking award travel, and MaxMyPoint.com, which looks for points deals at major hotel chains. Go to ThePointsGuy.com for more great info about points travel.

► **Get hotel deals.** Hotwire, Priceline and HotelTonight are tough to beat. Sometimes the best deals are “opaque,” meaning you can’t see the hotel you’ve booked until after you’ve paid—all sales are final—but you can filter choices by star level, neighborhood and more. Even if you don’t book on these apps, they’re great for gauging prices, Howard says. If room type is important (say you’re traveling with children), Christopher Elliott, founder of the Elliott Report travel site (Elliott.org), advises booking directly on hotel websites, since third-party sites may not show all options.

Whatever tool you use, seek out the total price. Fees and taxes might not be included, or may be posted in tiny type. Check refund terms; even a “no prepayment” booking isn’t necessarily refundable.

► **Fill ‘er up on the cheap.** Gas price tools are one of my favorite features of Google Maps and Waze. On Google Maps, tap on the gas icon under the search bar. On Waze, tap on the search bar and then the gas icon to see nearby prices. ■

Lisa Lee Freeman, a journalist specializing in shopping and saving strategies, was editor in chief of ShopSmart magazine from Consumer Reports.

► **Find travel discounts for AARP members** at aarp.org/travel-discounts.



GREAT WAYS TO SAVE: ON STAYING WARM THIS WINTER

BY BETH BRAVERMAN

Focus on filters. Replace your heating, ventilation and air-conditioning filter every three months, ideally with one that has a minimum efficiency reporting value (MERV) rating of 13. That will filter out dust and other large particles but provide enough airflow for your HVAC system to run without overworking.

Ask for an audit. Many utility companies offer free home energy audits. They’ll send a professional out to identify any problem areas in energy efficiency and suggest improvements. This might include anything from small fixes such as sealing air leaks to larger projects such as upgrading the HVAC system.



It’s curtains.

Keeping window coverings drawn at night, and during the day on windows that don’t receive sunlight, can reduce heat loss from a

warm room up to 10 percent, according to the U.S. Department of Energy.

Eliminate leaks. This is a relatively easy do-it-yourself project that can make a big difference in keeping heat from escaping your home. Remove the old caulk from your windows with a putty knife and brush. Replace it with a polyurethane caulk made for exterior windows. Smooth it out with a wet finger and allow it to dry.

Embrace the IRA. The Inflation Reduction Act of 2022 provides tax credits and rebates to homeowners for energy efficiency projects. For example, the Energy Efficient Home Improvement Credit pays homeowners back 30 percent, up to \$1,200 per year, for qualifying projects such as adding insulation or switching to an electric system.

Get help with bills. Low-income families may be eligible for federal assistance with heating bills through the Low Income Home Energy Assistance Program (LIHEAP). Find out whether you qualify and how to apply by calling the National Energy Assistance Referral hotline at 866-674-6327.



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HOW YOUR MEDICARE COSTS COULD GROW

Age, inflation and medical spending all play a role



BY BRANDY BAUER

From 2023 to 2024, the standard Medicare Part B premium—paid monthly by most Americans 65 and older—grew 5.9 percent. Over the coming years, will you see similar increases for Part B and other components of Medicare? Very likely, yes. Here’s what you can expect, plus some hints for keeping your costs down.

 **Original Medicare (Parts A & B)**

Each year, the government determines what you’ll pay for Medicare Part A, primarily hospital insurance, and Part B, medical insurance. Part A is premium-free for most people, but over the past 20 years, the Part B monthly premium, now \$174.70, grew at an annualized rate of 4.9 percent, compared with inflation of about 2.6 percent. On top of premiums, people pay 20 percent of most outpatient costs, with no cap on out-of-pocket expenses.

There’s little sign that costs will grow more slowly. Medicare trustees estimate that Part B premiums will increase by 6.2 percent on an annualized basis through 2033, and overall Medicare spending will grow even faster. On an annualized basis over the same time period, the deductible for Part A is forecast to increase 3.6 percent; the Part B deductible, 6.4 percent.

 **Medicare Advantage (Part C)**

People enrolled in private Medicare Advantage (MA) health plans pay the same Part B premiums as do those on original Medicare (OM). The average premiums paid for MA on top of Part B have fallen in recent years, though cost-sharing and covered services vary by year and plan. In 2024, 75 percent of people enrolled in MA plans with drug coverage paid no MA premium on top of their Part B premium, according to nonprofit health policy research organization KFF; among those who pay for a plan with drug coverage, the average monthly cost is \$56. Most MA

plans cover some vision, hearing and dental care not available through OM. But the trade-off is often flexibility, since MA enrollees typically have a limited network of providers and regularly have to get prior authorization for specialist visits and higher-cost services.

Forecasting trends in MA out-of-pocket costs is difficult. Most MA plans don’t have deductibles, and unlike OM, MA plans set an out-of-pocket maximum for covered services—on average, \$4,882 for in-network services in 2024 and \$8,707 for both in-network and out-of-network services, according to KFF. Yet MA enrollees may pay more than people with OM for some services because MA plans are able to set how much people pay out of pocket in coinsurance. People with MA receiving out-of-network care usually face higher out-of-pocket costs. One study found that on average fewer than half of Medicare physicians in a county are in MA plan networks.

You can shop around and switch MA plans each year during certain enrollment periods, or return to OM if you wish.

 **Part D prescription drug plans**

Premiums for these stand-alone drug plans have risen about 2.8 percent annually since 2006, based on KFF data. The average base premium this year is \$34.70, although Part D plans’ premiums, covered drugs and out-of-pocket costs vary considerably.

In 2025, out-of-pocket costs for covered drugs will be limited to \$2,000 for the year; that cap will be updated annually. In 2026, prices will drop for 10 of Medicare enrollees’ costliest and most widely used drugs (see story on page 4). As with MA and OM, you can switch plans every year.

 **Medigap policies**

Monthly premiums for Medicare supplement insurance (Medigap), designed to cover costs that OM does not, range from \$40 for a high-deductible policy to several hundred

dollars for the most comprehensive coverage. Everyone first enrolling in Part B after age 65 gets a six-month Medigap open enrollment window during which companies must offer you a policy at the best available rate regardless of your health history.

Unlike changing MA or Part D, you can’t

SHORT ON FUNDS?

If you can’t afford Medicare coverage, you may qualify for financial help. Options include Medicare Savings Programs, Medicaid and, for Part D, the Extra Help program. To learn more, visit [medicare.gov/help](https://www.medicare.gov/help) or contact a State Health Insurance Assistance Program at [shiphelp.org](https://www.shiphelp.org).

easily switch Medigap plans in most states, so shop carefully; after your guaranteed issue period, companies can refuse to sell you a policy or charge higher premiums because of preexisting medical conditions. Only four states—Connecticut, Maine, Massachusetts and New York—prohibit denial of enrollment or coverage based on medical history.

Pricing for Medigap policies falls into one of three structures, which affect how their costs increase. Community-rated (or “no-age-rated”) policies charge the same premium to everyone in a particular geographical area and rise only with inflation. Issue-age-rated policies are priced based on how old you are when you enroll; after that, premiums may rise with inflation but not with age. Attained-age-rated policies increase premiums based on your age as well as inflation. If you have a choice of pricing methods—in many states, you don’t—be aware that, over the long run, community-rated policies tend to be the most affordable choice.

Average price increases for Medigap went from less than 4 percent in the early 2000s to 5 to 8 percent in recent years. ■

Brandy Bauer is joint center director of Senior Medicare Patrol and State Health Insurance Assistance Program (SHIP) resource centers.



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THIS IS YOUR WALLET ON MEDICARE

Your out-of-pocket spending on treatment depends on the insurance plan or plans you have. In these four common scenarios, see your possible costs under three coverage options: original Medicare, Medicare Advantage, and Medicare plus Medigap and a Part D drug plan. **BY BRANDY BAUER**

AN AARP NEED TO KNOW GUIDE



SCENARIO #1

ACCIDENT!

You trip on a rug at home and—ouch!—break your arm. A neighbor drives you to the emergency room, where a doctor sets the bone and prescribes painkillers. A few weeks later, a specialist removes the cast and prescribes occupational therapy to restore full function in the arm.

Monthly premium(s)	
ER treatment, X-ray	
Prescriptions	
Visit and cast removal	
Occupational therapy	
TOTAL OUT OF POCKET	

Original Medicare	Original + Part D + Medigap
\$174.70	\$364.40
\$191	\$0
\$26	\$13
\$20	\$0
\$39	\$0
\$450.70	\$377.40

You saved \$940 by not taking an ambulance. Medicare usually won't cover that unless traveling in another vehicle for care will endanger your health.

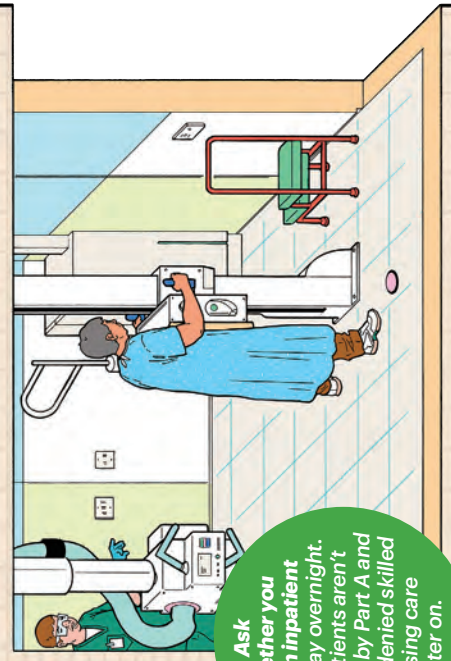
SCENARIO #2

SUDDENLY SICK ON VACATION

You wake up in your hotel three states away from home with a high fever, difficulty breathing and a general sense of feeling awful. You find an urgent care center nearby where they run tests, take a chest X-ray, diagnose you with pneumonia and send you to a hospital for a one-night stay just to be safe. You are released the next day with prescriptions for an antibiotic and cough suppressant.

Monthly premium(s)	
Urgent care treatment	
Hospital stay and tests	
Prescriptions	
TOTAL OUT OF POCKET	

Original Medicare	Original + Part D + Medigap
\$174.70	\$364.40
\$34	\$0
\$622.60	\$0
\$26.15	\$17
\$857.45	\$381.40



Ask whether you are an inpatient if you stay overnight. Outpatients aren't covered by Part A and can be denied skilled nursing care later on.

SCENARIO #3

EMOTIONAL SUPPORT

You're depressed and anxious, and your state of mind is affecting your work, home life, sleep, appetite and energy. Your doctor guides you through a three-month course of weekly psychotherapy and prescribes medication to help keep your brain chemistry steadier.

Three months of premiums	
Psychotherapy	
Prescriptions	
TOTAL OUT OF POCKET	

Original Medicare	Medicare Advantage	Original + Part D + Medigap
\$524.10	\$579.60	\$1,093.20
\$339.48	\$250	\$0
\$67.86	\$0	\$12
\$931.44	\$829.60	\$1,105.20

Meds for mental health can be very costly. Trying generics, especially those in lower tiers on your plan formulary, can save you plenty.



SCENARIO #4

CHRONIC PAIN

At your annual wellness visit, you tell your primary care physician that your knee is increasingly painful. She refers you to a joint specialist, who orders tests, then diagnoses you with osteoarthritis. The upshot: six months of daily pain and arthritis meds, two corticosteroid shots and short-term physical therapy.

Six months of premiums	
Specialist visit and tests	
Steroid injections	
Physical therapy	
Prescriptions	
TOTAL OUT OF POCKET	

Original Medicare	Medicare Advantage	Original + Part D + Medigap
\$1,048.20	\$1,159.20	\$2,186.40
\$51	\$190	\$0
\$38	\$38	\$0
\$130	\$200	\$0
\$211.62	\$282	\$52.86
\$1,478.82	\$1,869.20	\$2,239.26

NOTE: Each scenario assumes you already met your annual Part B deductible (\$240 in 2024) and are taking generic drugs when available. Scenarios include monthly plan premiums across the length of the treatment regimen. Premiums and prices are for 2024.

Original Medicare (Parts A and B only)

▲ Part B: \$174.70 *Except if your income is high or very low. **TOTAL: \$174.70**

Medicare Advantage (Drug coverage included)

▲ Part B: \$174.70 ▲ MA (average): \$18.50 *Monthly premiums range from \$0 to \$200. **TOTAL: \$193.20**

Original Medicare Plus Drug Coverage and Medigap

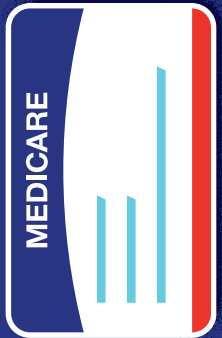
▲ Part B: \$174.70 ▲ Part D prescription drug coverage (average): \$34.70 ▲ Medicare supplement insurance "G" policy (average): \$155.00 **TOTAL: \$364.40**

MONTHLY PREMIUMS EXPLAINED



MA plans often have set copayments for each specialist visit and specific services, so multiple visits can cost you more than OM's coinsurance.

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THE HIDDEN DANGER OF PROGRESSIVE LENSES

Your glasses could put you at risk of serious falls

BY PETER PERL

I am a healthy and physically fit 73-year-old. I exercise four or more days a week for at least an hour, and I'm strong and spry enough to chase, capture and tickle my five grandchildren. Even in my 60s, my doctor joked that I could probably still pass the Marine Corps physical.

So I was stunned to suffer not one or two but *five* serious falls this past year—two on staircases and three tripping over unseen obstacles and drop-offs right at my feet—landing me in the emergency room three times. The combined injury toll was a badly

broken collarbone, a severely sprained ankle that put me in a boot for two months, a facial scar, two mild concussions and four staples to close a gash in my head.

The American Public Health Association (APHA) reports that a variety of health care organizations and governmental agencies recognize falls for adults 65 and over as an “urgent national public health crisis”; it’s the leading cause of injury-related deaths in people 65 and up, according to the Centers for Disease Control and Prevention. There’s a reason why some older adults take bad tumbles, and it’s not because we’re frail.

It’s because of our eyeglasses.

A PRESCRIPTION FOR FALLING DOWN

Last November, the APHA urged the nation’s health professionals to carefully screen for patients at highest risk of falling, and identified 10 major causes contributing to the 3 million emergency room visits and 38,000 fall-related deaths among older adults, including medications, physical inactivity, dementia, neurological and metabolic disorders such as diabetes, and “vision impairment.”

What’s not spelled out is that when it comes to impaired vision and falls, the glasses themselves could be the danger: Several scientific studies have found that older people like me who wear multifocal eyeglasses—progressives, bifocals or trifocals—to correct both near- and farsightedness were approximately twice as likely to suffer falls than those wearing single-vision lenses. A compilation of studies in the *Journal of Refractive Surgery* found that those with multifocal lenses are three times as likely to trip

CONTINUED ON PAGE 28

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61	\$30.50	\$22.35	\$60.00	\$43.70	\$89.50	\$65.05	\$148.50	\$107.75
62	\$31.45	\$22.90	\$61.90	\$44.80	\$92.35	\$66.70	\$153.25	\$110.50
63	\$32.50	\$23.70	\$64.00	\$46.40	\$95.50	\$69.10	\$158.50	\$114.50
64	\$33.50	\$24.55	\$66.00	\$48.10	\$98.50	\$71.65	\$163.50	\$118.75
65	\$34.75	\$25.50	\$68.50	\$50.00	\$102.25	\$74.50	\$169.75	\$123.50
66	\$35.90	\$26.35	\$70.80	\$51.70	\$105.70	\$77.05	\$175.50	\$127.75
67	\$37.05	\$27.25	\$73.10	\$53.50	\$109.15	\$79.75	\$181.25	\$132.25
68	\$38.70	\$28.95	\$76.40	\$56.90	\$114.10	\$84.85	\$189.50	\$140.75
69	\$39.75	\$30.60	\$78.50	\$60.20	\$117.25	\$89.80	\$194.75	\$149.00
70	\$43.85	\$32.45	\$86.70	\$63.90	\$129.55	\$95.35	\$215.25	\$158.25

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¹Ages 50 to 75 in NY. ²Once your application has been received with your first month's premium, we will review and accept it.

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CONTINUED FROM PAGE 26

and fall when walking outside the home.

“As optometrists and ophthalmologists, we don’t see falling as a problem,” says Daniel H. Chang, M.D., a California ophthalmologist who wrote the study. “Because if the patient trips and falls, they don’t come and complain to us. They usually go to the hospital—or a funeral home.”

The reason those of us with multifocal lenses are at increased risk of falls is that these types of glasses make it harder to see the ground below us. This is not a new finding. The newsletter *Harvard Women’s Health Watch* summarized the multifocal problem in 2010: “When we walk, we normally see the ground from a distance of five-to-six feet, but the focal length of the lower segment of multifocal lenses is only slightly more than one foot. Consequently, our view of the ground is ... impaired at precisely the distance you need to detect and avoid ground-level obstacles.”

In the largest randomized controlled scientific trial to date, Australian researchers in 2010 tracked 606 people 65 and up who wore multifocals over 13 months. Among



Author Peter Perl warns of an unseen fall risk.

active people who went outside at least three times a week, those who switched to single-vision lenses for distance when walking outdoors fell 40 percent less than those who wore their multifocals, says Stephen Lord, senior principal research fellow at Neuroscience Research Australia and professor at the University of New South Wales,

who conducted the study. He describes walking with multifocals instead of single-vision lenses as a form of “elective disability.”

A PROGRESSIVE PROBLEM

I had fallen repeatedly for these precise reasons, tripping over unseen obstacles and failing to see that what appeared to be the bottom step on the staircase was really not the bottom step. In some 25 years interacting with my optometrists and opticians about progressives, I can recall only generalized cautions that they might take some getting used to.

So why was I never more strongly warned?

Part of the reason is that adults who start wearing progressives in their 50s or thereabouts generally do not encounter problems at first. It’s not until we get older and may require stronger prescriptions for the reading portion of the lens that the problem can arise. The increase in prescription strength often coincides with health issues such as balance and reaction time, further increasing the danger. “A lot of patients don’t realize they’ve hit a new demographic where it’s more dangerous,” says



“Erika found a way to help me survive.”

At 70, Tom McSpedden found himself struggling to afford food on his limited disability benefits. A chance call connected him with Erika Murdoch, a specialist at Sacramento Food Bank & Family Services, an AARP Foundation grantee. Erika helped Tom secure an additional \$70 monthly in SNAP benefits, making a crucial difference in his life.



It takes community heroes like Erika to end senior poverty. Watch the story at aarpfoundation.org/tom

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Comparing Types of Lenses

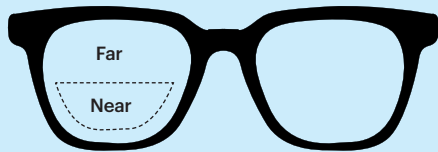
SINGLE-VISION LENSES

Distance lenses (for nearsightedness) pose no additional threat of falls. Reading glasses may, and should only be worn for close-up work, not when walking.



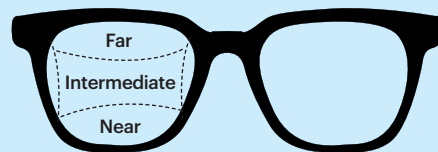
BIFOCAL LENSES

Bifocal lenses have a distinct line separating distance and close-up vision enhancement. They may pose an increased risk for falls.



PROGRESSIVE LENSES

Progressive lenses change (progressively) from distance viewing at the top to close-up reading at the bottom. They may pose an increased risk of falls.



Andrea Thau, a New York-based doctor of optometry and past president of the American Optometric Association.

Compounding the problems faced by older people is the fact that the U.S. has a patchwork of lax or nonexistent licensing and certification for opticians, says James M. Morris, CEO of the United Opticians Association and former executive director of the American Board of Opticianry & National Contact Lens Examiners (ABO & NCLE), the organization that certifies opticians. Among the 50 states, 26 require no licensing for people calling themselves opticians, Morris said, and three of the 24 licensing states have no requirement that licensed opticians keep up on their education and training.

“If you are in a nonlicensed state, your optician could have been flipping hamburgers yesterday and then hang a shingle and say, ‘I’m an optician,’” Morris explains. In most states, opticians are the only medical professionals who can fill a specialized prescription for a specially fitted product but are not required to have any training to do so, Morris says. Bottom line: If you wear progressives, you should take care to get your glasses prescribed by an optician licensed by the ABO & NCLE.

SMALL HASSLES, BIG PAYOFF

Of course, progressive lenses are tremendously valuable. But even the most well-crafted progressives may not be right

for every circumstance, Thau says.

“A lot of times I’ll say to the patient, ‘Well, you have this progressive pair, maybe it’s a good idea to get a single-vision. You’re less likely to fall,’” Thau says.

But, she adds, patients often don’t want the hassle of carrying two pairs. For those who insist on wearing just multifocals, she cautions older patients to “drop your chin” when walking on stairs or uneven surfaces, because that allows you to look through the upper part of the lens—the portion that allows you to focus better at a distance—so you can see clearly at your feet.

Since my falls, I have become an evangelist about the danger of progressives and the importance of bringing along a single-lens pair. When I’ve talked to older friends and family, I’ve been struck by how many have stories similar to mine but never made the connection to their multifocals.

So I have a strict new protocol: Whenever I leave the house, I put on my single-lens glasses and stow my progressives in a thin case in my pocket. The difference is stunning. Walking on an uneven sidewalk, I have clear vision at my feet instead of a grayish blur. My routine now is to put on my progressives once I get in the car, so I can read the GPS. Yes, switching is a hassle, but I’m confident it will help prevent fall no. 6, so I can keep chasing and tickling my grandchildren for years to come. ■

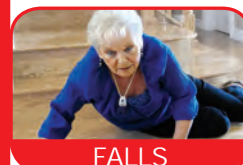
Retired journalist Peter Perl was a writer and editor at The Washington Post for 33 years.

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because you could get a doctor who turns around and says, “I’m doing the best I can.” That’s why, if you choose to use this approach, you want to be careful not to sound confrontational. As you probably know, often when people say, “Look at me when I’m talking,” it comes off in a negative way. You definitely want to avoid that.

If you feel uncomfortable being so direct, try writing down the questions you need answered, then make a copy of your list. When you’re together, hand one copy to

Dr. Adam: It wasn’t always like this. My dad, who was also a doctor, would say, “Ninety percent of what we do is to engage with our patient in the consultation room, 7 percent is the examination and 3 percent is the blood work or lab tests—and those tests are basically only to confirm what we already suspect from having listened to our patient.” He taught me to make eye contact so my patient knows I am invested and I care. “Eye contact builds trust,” he said.

But we no longer teach these things. Now doctors are looking at a computer while they’re talking to their patient.

There are ways to get around this. I think one approach is to treat the doctor like a human being. It melts me when a patient simply

says, “Adam, how are you?” “How’s the family?” “How’s your mom?” It instantly changes what’s going on between us from a strictly by-the-book health care dialogue to a much warmer exchange. This can be a wonderful moment to engage with your doctor. It can set a different tone for the rest of your visit.

I don’t think it’s rude for you to be more direct and say something like, “Doctor, I know you’ve had a busy day, so I’m trying to make this as easy and efficient for you as possible, but this is really important to me. I’m concerned about my health and need to feel a connection with you. I know the computer is important, but could you look at me so that I know that you hear me?”

You have to be delicate in how you say this,

your doctor, and while you’re doing it, make that critical eye contact. You might say something like, “This appointment is so important to me, and I know how busy you are, so I’ve brought a good list. I’ve laid out my questions, my concerns, and what my family and friends have noticed may be a problem. Can we go through it together one by one?”

Another option that is increasingly available is telemedicine. I often joke with my patients that telemedicine is the ultimate form of listening. Since doctors can’t give you an actual physical exam during remote appointments, they’re forced to put all their attention into looking directly at you through their computer screen—and listening.

Finally, I don’t think it’s inappropriate for me to say that if you’re not feeling like your doctor is listening to you, you’re probably not going to be comfortable or trust in the relationship—and it’s not going to be effective or do you any good. If this is the case, and you have the option, you may want to seek out another health care provider. But I know that’s not always possible.

The one thought I want to leave you with is this: Your doctors are probably listening, despite the fact that they’re staring at the screen. Try to open that dialogue between you. Once you have a dialogue, you have an interaction, and you have their attention. ■



Adam B. Rosenbluth, M.D., practices and teaches in New York City. Each Monday online, he weighs in on your questions about how to make your body work better for you.

For more advice columns, go to aarp.org/MembersEditionBUL

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WALK FARTHER, FASTER AND PAIN-FREE

These simple tweaks will add energy and power to your stride, so you can get where you're going with ease

BY MYATT MURPHY

You already know that walking burns calories, boosts stamina, improves heart health, reduces stress and lowers inflammation—and that the more you can do it, the better.

But sometimes walking is a pain in the butt ... and the legs, the back and the feet. But with a few tweaks to your posture and stride, you can walk stronger, longer and without pain.

“Maintaining the best posture possible allows your body to distribute its weight more evenly and move more efficiently. That keeps muscles pain-free by preventing them from becoming overstressed and overworked,” says Mike Mancias, longtime personal athletic trainer to LeBron James and author of *Game Plan*. “Better still, watching your form can also allow your lungs to expand further and take in more energy-rich oxygen, so you're less likely to fatigue as quickly.” Here's his head-to-toe (literally!) checklist on how to step up your game the next time you take a stroll.

Journalist *Myatt Murphy* has written nearly two dozen books on health and fitness.

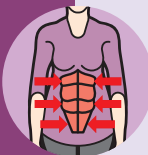
HEAD: Tilting your head down causes your shoulders to roll forward, preventing you from breathing as deeply as possible. “Remember, oxygen equals energy!” Mancias says. Instead, look straight ahead (about 10 feet or so in front of you) with your chin lifted. Try to keep your ears in line with your shoulders, which will prevent you from leaning too far backward or forward.



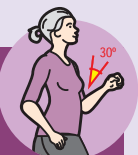
SHOULDERS: Gently roll your shoulders upward, then back, then down—and keep them there. You want your shoulder blades to nearly touch each other at the middle of your back. This prevents slouching and reduces tension on the upper back and neck.



CORE: To pull in your belly and support your spine, gently squeeze your abdominal muscles—and keep them that way when walking. “Think about using your stomach muscles to pull your belly button toward your spine,” Mancias says. “This trick removes stress from your lower back by keeping your body weight centered and provides more stability, so you're less likely to lose your balance.”



ARMS: “Keep your arms bent at 30- to 40-degree angles and close to your rib cage; swing them forward and backward in a motion that's in line with your body,” Mancias says. Moving them at an angle across your body not only wastes energy, but it can affect your steadiness, he explains.



FEET: Your heels are meant to absorb the shock of each step as you stride. With every step, land on your heel, roll forward onto the ball of your foot, then push off with your toes. “This three-part motion leaves your legs and feet feeling less tired and can help to minimize blisters,” Mancias says.



STOP THE WADDLE
Hip pain can make walking so uncomfortable that we start to alter our gait by waddling. To build strength and flexibility in the hips, try this.



1. Stand with a sturdy chair at your right. Rest your right hand on the chair for support.



2. Face forward and make sure your toes are pointed forward as well.



3. Shift your weight onto your right foot. Make sure you're steady and balanced.



4. Slowly lift your left leg out to the side as far as you can, hold a moment, and return.



5. Perform 10 lifts, then move to the other side of the chair and repeat with your right leg.

GETTY IMAGES; ILLUSTRATIONS BY RODRIGO DAMATI



Listen to music or podcasts

Stream music, podcasts or audiobooks through your TV's speakers. You'll need to subscribe to a streaming audio service—such as Spotify, Amazon Music or Apple Music—use an app on the TV, then use your TV's voice remote or the on-screen menus to select what you want to hear.

MY TV CAN DO THAT?

No longer the 'idiot box,' that big screen does so much

BY JASON R. RICH

By now, most viewers are accustomed to internet-connected TV, which lets you stream content from popular services including Netflix, Amazon Prime Video and Paramount+. But there are many other ways that modern televisions are technologicaly superior to the cathode ray tubes of yore. Here are some things a lot of the latest smart TVs can do:



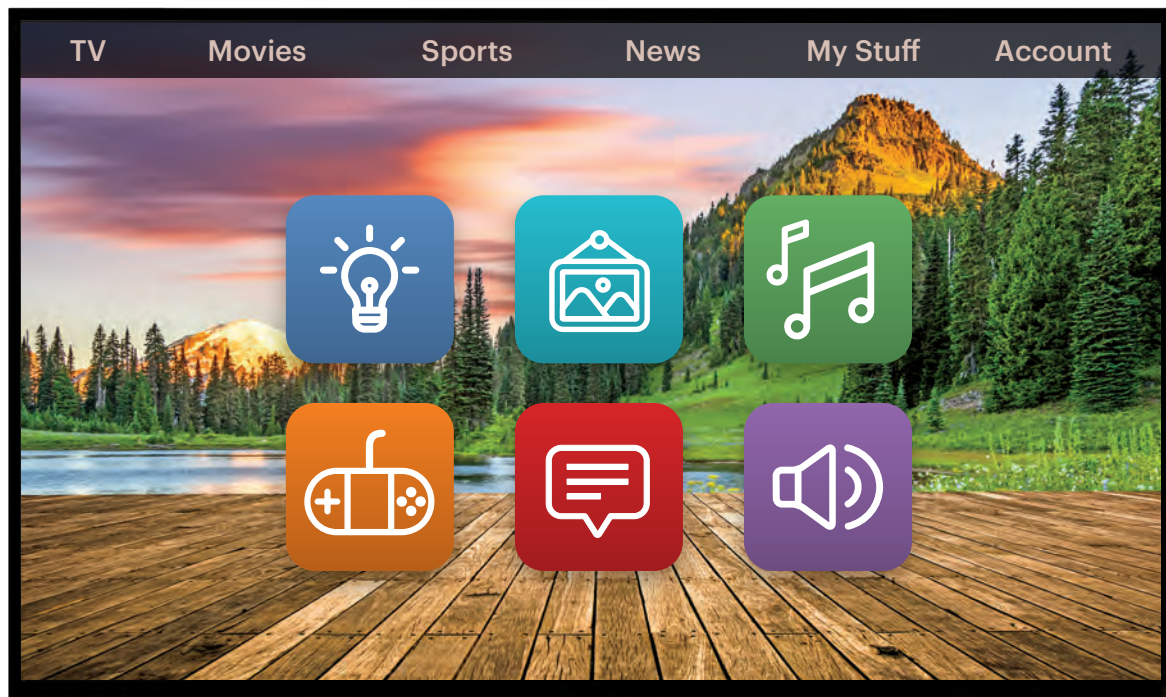
Play games

Use wireless game controller with the TV to play video games—including versions of classic board games, card games, puzzle games such as sudoku and crosswords, and casino games. No console needed. You can play solo or against other players, remotely, in real time. Some game services are free, while others require a monthly fee.



Display artwork or photos

TV brands have teamed up with world-renowned museums and galleries, so when you're not watching programming, the set can display high-resolution versions of famous paintings and photographs. (Some are free, others require a subscription.) There's so much detail that you can see brushstrokes and how colors blend. You can also set your TV to display your favorite digital photos, stored in the cloud.



Note: Features vary by TV brand and model. Check your owner's manual or conduct an online search of your TV model to learn how to use each feature.



Use your TV as a smart speaker

Your TV may be compatible with a digital assistant, such as Apple Siri, Amazon Alexa or Google Assistant. By pressing the microphone button on your voice remote, you can ask the digital assistant almost any type of question, such as "What is today's weather forecast?" or "Who won last night's game?" or "Where is the closest supermarket, and what time does it close?"



Make dialogue easier to understand

When sound effects and music are playing in the background, dialogue can be hard to hear. Most TVs have a dialogue enhancement feature you can adjust from the settings. This feature may be called "speech boost," "speech clarity," "dialogue enhancement" or something similar. Or you can turn on closed-captioning if reading the dialogue helps.



Control your home's other smart tech

Use your TV's voice remote control to issue commands to your smart lights (on, off, brighter, dimmer) or thermostat (warmer, cooler). When connected to a video doorbell, your TV can show people who approach your door, and you can communicate with them without getting up. ■

Jason R. Rich is a personal tech journalist who also writes for CBS Essentials and U.S. News 360 Reviews.

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Q&A John Grisham



“I JUST TAKE THE BEST IDEA I’VE GOT AND RUN WITH IT.”

—JOHN GRISHAM, 69, BEST-SELLING WRITER OF COURTROOM THRILLERS LIKE *THE FIRM* AND *THE PELICAN BRIEF*, TALKS ABOUT HOW THE AMERICAN LEGAL SYSTEM PROVIDES ENDLESS MATERIAL—AND WHY IT NEEDS TO CHANGE.

Your new book out this month, *Framed*, cowritten with Jim McCloskey, is a departure from your fiction—it looks at real-life cases of the wrongfully convicted. Why this book, at this time?

I’ve been infuriated for 18 years now, ever since I wrote *The Innocent Man* (2006), and I realized how many innocent people are in prison—and there are thousands of them. You study these cases, and they’re hard to believe, that the police and prosecutors can screw up so badly. These are not all innocent, honest mistakes. There is a lot of deliberate lawbreaking, deliberate malfeasance and deliberate bad behavior in every one of these cases.

What would it take to stop most wrongful convictions?

There are about four or five things that would prevent most wrongful convictions.

For example, in most of these cases, you have a jailhouse informant, who is nothing but a con man who’s been paid by the cops and prosecutors to give false testimony against the accused.... So I would eliminate snitch testimony. I would require the police to film all interrogations. That would probably eliminate almost all false confessions.... And I’m from Mississippi—we elect every judge down there, and most states do that. So you’ve got a bunch of politicians who are on the bench. It’s a bad system.

You were a lawyer yourself for a while. What was that like?

I only did it for 10 years, and I kind of wanted to get out of it the whole time. It was a small-town practice in Mississippi, and I quickly learned it’s really hard to make a living that way. We were [working with] people who needed help, not those who can pay fees.

But I never had a client who I thought was wrongly convicted, because I knew the policemen, the prosecutors, the judges, and we had a good system. Everybody kind of played by the rules.... And I assumed, wrongly, that that was pretty much the situation everywhere.

You've said fiction is easier to write than nonfiction because you can make stuff up. But writing fiction seems pretty hard to some of us nonfiction writers.

I'm blessed with a hyperactive imagination. And I'm blessed with a lot of material because even though I'm not a lawyer anymore, the law fascinates me, and that's what I read about: law firms, lawyers, cases, courts, appeals, trials, crimes. That's where I live, and there's a ton of material there that you can take and fictionalize and have a great story. And it honestly just comes easy for me. I'm very lucky.

You start writing a new book every Jan. 1 and finish it by July 1. Do you always have an idea by the first of the year?

Anytime there's a downtime, I'm thinking about the next book and so kind of gearing up for it with several ideas. And when it's time to start writing, I just take the best idea I've got and run with it. But my wife and I were talking about my next book after *Framed*, and she said, "I am so sick of death row. Please do not write any more books on death row."

What's your writing ritual like?

I get into the habit of getting up early and going to the computer around 7 or 7:30. In my little writing room, there are no phones, no fax, no internet, no music, no disturbances—nothing but the same brand of strong coffee, the same coffee cup. I sit there for several hours, just in another world. After 35 years, I still treasure those moments. But after four hours or five hours, I've got to have a break. My mind is kind of muck.

What do you do with your free time?

My wife and I are just about full-time grandparents. We live in Charlottesville, Virginia, and one grandchild is here in Charlottesville and two are in Raleigh, North Carolina, about three hours away. So we see them all the time, and we do a lot with them. I'm

babysitting them right now. We spend a lot of time on the farm—it's 1,000 acres of beautiful countryside—and we take hikes, and my wife has horses. We travel, play some golf. It's a pretty laid-back life, really.

What types of books do you like to read, besides legal dramas?

I like adventure nonfiction by authors like Hampton Sides, who just came out with *The Wide Wide Sea* [about the final, fatal adventure of Captain James Cook], and David Grann, who wrote *The Wager* and *Killers of the Flower Moon*.

Is there one book that you consider an all-time favorite?

A book that just thoroughly entertains me every five years is called *The Little Drummer Girl* by John le Carré, who really inspired me to write better suspense. It was published in 1983 and is so timely. It's about the Israeli-Palestinian conflict. It's a brilliant story of suspense and espionage and also about that very big troubled land that the author captured beautifully.

Sadly, we're still in a troubled time when it comes to the Middle East. But more generally, would you say that you're hopeful about the future?

I'm always cautiously optimistic. I'm not a complete optimist, because there are so many problems that we face on so many different fronts. I'll be 70 years old in February and have been thinking about what kind of world do we leave behind for these grandkids who are running around my feet right now? That's a very good question for all of us to address. What are we going to leave behind for them?

Are you at an age when you are thinking about your personal legacy?

I don't worry about that. I don't want anybody to write a biography of me after I'm gone. I told my wife and kids, do not do that. Don't worry about my legacy. I don't care. But if people remember me, I hope it's because they remember the books that they read, that were highly entertaining, and it got them through a difficult period. I helped some folks get through tough times. ■

Interview by Christina Ianzito

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- Norton™ 360
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- AARP Life Insurance Options from New York Life
- AARP Permanent Life Insurance from New York Life
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PET INSURANCE

- Fetch Pet Insurance

PROPERTY INSURANCE

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AARP TEAMS WITH CELEBRITIES TO AID CAREGIVERS

Telling personal stories to lawmakers



Television and entertainment stars and AARP volunteers and staff members joined to advocate for changes in laws that would benefit the 48 million Americans who are caregivers.

Caregiving received top billing on Capitol Hill this past June. During a round of meetings in congressional offices, AARP state officials and artists from the Creative Coalition, a non-profit that helps Hollywood stars advocate for issues, talked to lawmakers about the needs of the 48 million Americans who are caring for a loved one.

The discussions focused on the sacrifice and cost of fulfilling that role, and on what Congress can do to help caregivers.

"Family caregivers like me make

tough decisions all the time," said Yvette Nicole Brown, an Emmy-nominated actress who cares for her father with Alzheimer's disease. "We put an enormous effort into making sure our older loved ones can age comfortably."

Veteran actor David Alan Basche, whose mother was diagnosed with dementia, shared how he had to give up several acting opportunities to be there for her.

Mädchen Amick, known for her roles in the shows *Twin Peaks* and *Riverdale*, explained that she had to become an advocate for her son, who was diagnosed with

bipolar disorder. "It has been a really, really hard journey," she said about caring for her son. "It is hard finding mental health care."

More than a dozen actors joined AARP officials and volunteers in meetings with their local congressional offices to champion four bipartisan bills to support caregivers.

Those bills include the Credit for Caring Act, which would provide eligible working family caregivers with a federal tax credit of up to \$5,000.

The Lowering Costs for Caregivers Act would allow family caregivers to use their pretax health expense payment accounts for their parents' or parents-in-law's qualified medical expenses.

The Alleviating Barriers for Caregivers Act and Connecting Caregivers to Medicare Act would require federal agencies to help provide easier access to information for caregivers and help their loved ones enroll in Medicare, Medicaid and Social Security.

"The coalition members themselves had very striking stories," said Zayne Smith, with AARP's Florida delegation. She said it was critical to have people who could "share and articulate what caregiving meant to them.... People all over the country really want Congress to take action and do something about supporting family caregivers."

Backing changes to help caregivers is good politics.

A recent survey found that more than 70 percent of registered voters would be more likely to support a candidate who backed proposals to support family caregivers.

To learn more about what AARP does to improve caregivers' lives, go to aarp.org/careforcaregivers. ■

GETTING HELP WHERE YOU LIVE

Caregiving can be challenging, and resolving the issues it raises isn't always easy. What medications needed by a loved one don't mix? How can you make your home wheelchair-friendly?

AARP partnered with pharmacies in Baltimore and Herndon, Virginia, in a pilot program offering caregivers a place to find answers.

Along with Care Pharmacies, an independent, community-based chain, AARP organized several events in which health care professionals answered caregivers' questions about medication management, safety and accessibility. The gatherings also connected caregivers with peers so they could share concerns and information. "This is a growing area of need," says Michael Wysong, Care Pharmacies' CEO. Pharmacists are often asked by caregivers how to help their loved ones. "We're really trying to meet them where these problems reside, which is in the communities that they live in."

AARP is working with retailers to expand the program around the country, once the needs of caregivers are better understood. "We are excited to keep collaborating and developing programming we aim to scale nationwide and make accessible to all," says Reema Jweied-Guegel, enterprise strategic relationships director at AARP. She says retail chains know family caregiving is "growing exponentially," providing a ready market for products and services.



Your AARP Where We Stand

BY JO ANN JENKINS, CEO

WE WILL DECIDE

Older Americans will be the difference in November.

Make your vote count

The candidates have spoken. The conventions are over. Some states have started early voting. And on Nov. 5, the American people, including more than 100 million over the age of 50, will have the final word in the 2024 presidential campaign. That is the beauty of our democracy. Free and fair elections are at the heart of what Abraham Lincoln described as a “government of the people, by the people, for the people.” This year, the strength, resilience and values of our democracy face a historic test. For older Americans, the stakes couldn’t be higher. Your vote will make all the difference.

In our conversations across the country, AARP has heard a common cry—more must be done to ensure that older Americans can work, live and retire with the security and dignity they deserve. That means protecting and securing Social Security and Medicare, lowering prescription drug prices and the cost of living, and giving more people the ability to retire with dignity and financial security.

The announcement of lower prices negotiated by Medicare for 10 costly medications in its Part D program marks a significant step forward in AARP’s long-standing efforts to bring down prescription drug prices. AARP members overwhelmingly called lowering such costs a top concern. This first round of Medicare-negotiated prices will bring financial relief to millions. The election will determine whether the government builds on this success by taking additional steps to enhance the health and financial security of older Americans.

Our letter to Congress in support of the Retirement Savings for Americans Act (RSAA) points out that “nearly one of four Americans

has no retirement savings, and more than half of all Americans report they are concerned they will not achieve financial security in retirement.” The RSAA would help millions more families across the country save for retirement. The bill is stalled in Congress. Your vote could help secure its passage.

Post-election data showed 53 percent of voters were 50-plus in the last presidential election. Whether the issue is the economy, caregiving, health care or retirement savings, it is clear: This election is more than a contest between two candidates; it is a chance to vote for the policies that matter most to older Americans.

We know that voting regulations vary from state to state, and many have changed since 2022 and the last presidential election cycle in 2020. Some states tightened voting laws, and others expanded options to include mail voting, same-day registration or other alternatives.

That’s why AARP provides 53 state and U.S. territory voting guides to help you navigate rules and regulations as they evolve. These guides provide information on how to register to vote in your state, whether absentee voting is offered and if you should bring your ID to the polls. The guides also include state-specific deadlines and where to find resources. And our Cover Story in this issue gives you, in their own words, the views of former President Donald Trump and Vice President Kamala Harris on the issues most important to older Americans.

The outcome of this election will have a profound impact on the well-being of older Americans, their families and our nation. Your vote is your voice. I urge you to raise it loud and strong on Election Day. ■



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REGIONAL SPOTLIGHT

SMALL GRANTS MAKE BIG IMPACT

Funds to boost livability across the region

Last year, the Elk River Trail Foundation installed five benches along the 73-mile path that stretches from Clendenin to Gassaway in West Virginia. They were a huge hit, says Ken Tawney, the foundation's president.

"We had elderly folks who would be able to rest, we had people who simply wanted to sit and enjoy the peace and tranquility of the trail and watch the river, watch the wildlife," he says.

They were so popular, he adds, that the foundation sought—and received—a \$5,000 AARP Community Challenge grant to add more benches. The group's volunteers will install 13 additional benches near several trail communities.

The nonprofit is one of seven West Virginia groups that received 2024 AARP Community Challenge grants, totaling \$65,525. The grants fund quick-action projects designed to

make communities more livable for residents of all ages. Nationwide, AARP awarded 343 grants totaling \$3.8 million this year.

Across the Mid-Atlantic states, the grants will fund everything from improved access to a local recreation center in southwest Virginia to a temporary public art initiative in Washington, D.C., and gardening resources for a community in western Delaware. The projects must be completed by Dec. 15.

Here are a few key projects from across the region.

UPGRADES IN WEST VIRGINIA

A second grant in West Virginia for \$10,025 will help pay for repairs to a dangerous sidewalk in the New Deal community of Arthurdale, along with other improvements, such as benches and a bike rack, says Elizabeth Satterfield, curator and director of education at Arthurdale Heritage, a preservation group.

"It's really going to improve our campus and ... make it safer for all people of all ages," she says.

STAYING COOL IN THE DISTRICT

In Washington, a \$10,000 grant is preparing older residents and people with disabilities for heat emergencies. The city's Homeland Security and Emergency Management Agency is putting on workshops and distributing cool kits—with items such as a neck towel and electrolyte packets—along with flyers, magnets and a 2025 calendar with information about heat emergencies.

Extreme heat "disproportionately impacts people with disabilities [and] the older adult community," says Rosemary McDonnell, a program manager for the agency.

SLOWING TRAFFIC IN VIRGINIA

In Roanoke, Virginia, the nonprofit PedalSafe ROA is using a \$15,000 grant to test measures aimed at slowing traffic along busy Ferdinand Avenue, which connects a densely populated neighborhood with a community garden, a recreation center and access to the city's greenway.

It will help make the road safer for pedestrians and cyclists, says board member Tom Carr, a retired city planner. He consulted with residents, who liked the idea of

YOUR AARP: COMMUNITY LIVABILITY

The AARP Community Challenge grants fund local projects to help make areas more livable. Objectives include:

- ▶ Creating vibrant public spaces
- ▶ Boosting walkability and access to public transit
- ▶ Supporting housing options

Learn more and find a full list of the 2024 winners at aarp.org/communitychallenge.

narrowing the street with plastic posts and painting eye-catching murals on the asphalt to highlight crosswalks. The installations are temporary; if they prove effective, Carr says, they will ask the city to make them permanent.

OUTDOOR ART IN DELAWARE

In Delaware, the Delaware Art Museum is using \$15,000 to install eight giant vinyl murals from its Jazz Age Illustration exhibit at outdoor sites, including two at senior living complexes, says Executive Director Molly Giordano.

"It's fun imagery ... because it's lively, it's colorful," she says, adding that she hopes it will encourage more people to come to the museum. —Mary Dieter

EVENTS & ACTIVITIES AROUND THE REGION

For more information: local.aarp.org.



DISTRICT OF COLUMBIA

Learn how to avoid scams at a virtual AARP Fraud Watch Network session on Oct. 24 from 11 a.m. to noon. Register at events.aarp.org/Oct2024FWN.



DELAWARE

Join the Bear-Glasgow YMCA Family Festival, sponsored by AARP, for costume contests and other activities on Saturday, Oct. 26. Visit aarp.org/de for details.



ALL STATES

Gear up for car-safety technology workshops, including sessions taught by women for women, on Tuesday, Oct. 29, or Monday, Nov. 25. More at aarp.org/SDTEKVirtual.



VIRGINIA

Learn new job search strategies on Tuesday, Oct. 22, at 11:30 at the Cub Run Rec Center, 4630 Stonecroft Blvd. in Chantilly. Register at events.aarp.org/jobs1022.



WEST VIRGINIA

Request an absentee ballot by mail through Wednesday, Oct. 30, or vote early in person from Wednesday, Oct. 23, through Saturday, Nov. 2. More at govotewv.com.



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Medicare Made Easy

BY BRANDY BAUER AND ANN KAYRISH



People enrolled in MA have additional opportunities to switch plans outside the annual open enrollment period (Oct. 15 to Dec. 7). Each year, the Medicare Advantage open enrollment period runs from Jan. 1 to the last day of March. This is when you can switch plans or drop your MA plan and return to original Medicare. You must already be enrolled in an MA plan to take advantage of this period. If you leave MA and return to original Medicare, you'll have a chance to join a Part D drug plan at this time. Another opportunity is the five-star special enrollment period. (Five stars is the highest quality rating for Medicare health and drug plans.) You can use this opportunity once a year from Dec. 8 to the following Nov. 30 to switch to one of these top-rated MA plans. The Medicare Plan Finder ([medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)) can help you compare plans at any time of the year.

My mother gets help paying for Medicare through a Medicare Savings Program and Extra Help. Will these benefits automatically transfer if she moves in with me? I live in another state.

Because Medicare Savings Programs (MSPs) are run by state Medicaid agencies, eligibility can vary from state to state. Some states have higher income limits and don't look at assets when determining whether a person qualifies for an MSP. Your mother will need to reapply for an MSP in the new state. The Part D Low-Income Subsidy (Extra Help) is administered by Social Security and Medicare at the national level, and eligibility does not change based on where you live. In most cases, your mother's benefits should automatically transfer. She will need to inform Social Security about her new address. Your local State Health Insurance Assistance Program (SHIP) at [shiphelp.org](https://www.shiphelp.org) can offer help if you apply for these benefits.

I just signed up for Medicare in July. Do I really need to change my prescription drug plan during the Oct. 15 to Dec. 7 annual open enrollment period?

Every calendar year, Medicare prescription drug and Medicare Advantage plans can change, and options may be added or removed. This means that premiums, medicines covered and how much you pay out of pocket can all change. During open enrollment, you get to pick from the new plans available. Even if you don't choose a new plan, your current plan's costs and coverage may still change as of

Jan. 1. Many Medicare enrollees overlook their insurer's annual notice and do not realize a plan change has occurred until they open their January invoice. If you are in a Medicare Advantage plan, you have until March 31 to switch to another Medicare Advantage plan or return to original Medicare. Unfortunately, people with a stand-alone drug plan must remain in that plan for the remainder of the calendar year. You can get help comparing plans online by using the Medicare Plan Finder, by calling Medicare at 800-633-4227 or by talking to a trusted insurance adviser.

My doctor told me I need to have a colon cancer screening. Does Medicare cover virtual colonoscopies or things like Cologuard in lieu of a traditional colonoscopy?

Medicare covers a range of tests and procedures to screen for colon cancer. A fecal occult blood test is covered once a year. Medicare will also cover a blood-based biomarker screening test and a multitarget stool DNA test (such as Cologuard) once every three years for people ages 45 to 85 who have no signs of, and are at average risk for, colon cancer. Medicare covers conventional colonoscopies once every two to four years (depending on your risk factors) and as a follow-up if you receive a positive result from one of the tests noted above. Medicare covers virtual colonoscopies—which use computed tomography (CT) scanning or magnetic resonance imaging (MRI) to produce two- and three-dimensional images of the colon—only in limited situations, sometimes before an operation or if an obstruction or scarring prohibits use of a conventional colonoscopy.

Send your questions about Medicare to medicare@aarpp.org. Due to the volume of inquiries, we can't answer every question.

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[medicare.gov](https://www.medicare.gov)

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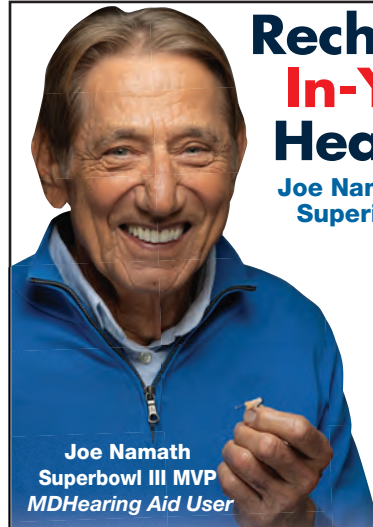
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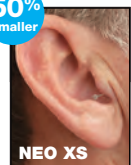
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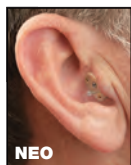
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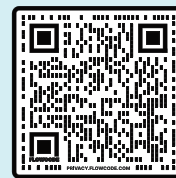


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