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Medicare Rights Center Asks Congress to Prioritize People with Medicare in Upcoming Legislation

MEDICARE RIGHTS CENTER
Getting Medicare right

Last month, Congress passed sweeping legislation that funds the federal government for six weeks and paves the way for a longer-term spending agreement. While the bill also makes significant changes to Medicare and other health care programs, both good and bad, it excludes several important reforms the Medicare Rights Center supports. Today, we asked Congress to include these policies in essential spending legislation they are expected to consider later this month.

This anticipated bill is a top priority for Congress because it will finally set funding levels for federal programs for fiscal year 2018 (FY18), which began six months ago on October 1. Congress is expected to consider the bill later this month, as the current stopgap measure expires on March 23.

In the **letter**, we ask lawmakers to prioritize people with Medicare by including the following in the final FY18 spending bill:

- The **Beneficiary Enrollment Notification and Eligibility Simplification(BENES) Act (S. 1909; H.R. 2575),** which includes important Part B reforms.
- The **Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources and (EMPOWER) Care Act (S. 2227)**, which extends the Money Follows the Person (MFP) program.
- Adequate investments in the Medicare **State Health Insurance Assistance Program (SHIP)** and other non-defense discretionary programs serving older adults and people with disabilities.

The **BENES Act's** improvements are long overdue. Currently, far too many people with Medicare make honest mistakes about how and when to enroll, due to the cumbersome and confusing Part B rules. The consequences of these missteps can be significant—often leading to a lifetime of higher premiums, substantial out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services. The bicameral, bipartisan BENES Act aims to prevent these mistakes by empowering beneficiaries to make timely, well-informed enrollment decisions, and by streamlining the outdated Medicare Part B enrollment process.

We also support the **EMPOWER Care Act**, bipartisan legislation extending and improving the lapsed MFP Program. Since it launched in 2007, MFP has helped over **75,000 people with Medicaid**—many of whom also rely on Medicare—transition from nursing facilities back to the community. According to **independent, national evaluations**, MFP participants who have transitioned to community-based settings experience significant and lasting improvements in quality of life, and decrease their overall Medicare and Medicaid expenditures by roughly 23%, generating significant cost savings for the programs.

partners at the beginning of FY18. In particular, we ask lawmakers to prioritize the **SHIP**, which has been a target for cuts in recent years. We urge appropriators to reject additional cuts, and to instead—at a minimum—maintain current funding levels….**Read More**

The Numbers Are In: Undermining the ACA Will Hurt Health Coverage and Increase Costs

MEDICARE RIGHTS CENTER
Getting Medicare right
Blog

Last week, Medicare Rights **explored** some of the looming risks to health coverage and affordability created by recent administrative efforts to undercut the Affordable Care Act (ACA). As we noted then, the Trump administration has proposed several new rules that would allow insurers to offer coverage that does not meet the standards set by the ACA. In addition, Congress has taken steps to undermine the ACA's coverage by repealing the individual mandate in last year's tax bill, despite **evidence** that doing so would cause millions to lose coverage. Together, these changes threaten to undermine the design and achievements of the ACA. Now the Urban Institute, a nonpartisan research organization, and Avalere, a nonpartisan health consulting firm, have released studies that add concrete numbers to these risks.

The first risk is the proposal to expand the availability of Association Health Plans (AHPs), groups of businesses and self-employed individuals that pool together to buy health insurance. Under the new rule, AHPs would be exempt from many of the ACA's insurance protections, including those that require all health policies to cover a comprehensive set of benefits. AHPs would be able to provide fewer benefits to those they cover. For example, policies might exclude cancer treatments so those with an AHP might find they have no real insurance to cover their chemotherapy...**Read More**

Trump's Social Security budget offers more work, less staff, longer waits

For the elderly and disabled who complain about poor Social Security assistance now, these might be the good old days.

President Trump's proposed fiscal 2019 Social Security Administration (SSA) budget would cut staffing, a recipe for long waits in agency offices and on the telephone for those trying to navigate the often-difficult world of old-age, disability, survivor and Medicare benefits. Retirement and survivor benefits would not be hit.

Declining service is nothing new, but under Trump, there would be fewer federal employees to deal with an increasing number of people of retirement age. His budget request calls for almost 1,000 fewer full-time-equivalent work years in 2019 than this year. A full-time-equivalent work year is the amount of work a person toiling full time would do in one year. The amount of overtime allowed staffers to keep up with demand would be less than a third of that in 2017 and just over half the 2018 estimate.

The advocacy group, National Committee to Preserve Social Security and Medicare, provides these stats to illustrate the problem: About 10,000 baby boomers hit retirement age every day. The increase in workloads coupled with a decrease in staffing led to a 627-day wait for disability applicants' hearings in 2017. The three-minute telephone wait that callers had for SSA's 800 number in 2010 was six times longer last year. Despite SSA attempts to direct traffic to its website, there were 2 million more field office visits in 2016 than 2015. "More than 16,000 visitors were forced to wait more than hour for service each day in August 2017," the committee said.

Promising to become "more efficient and effective" for the 71 million people who receive monthly benefits, Social Security Administration statements say Trump's budget "will allow us to support our front line operations, such as our field offices, processing centers, and National 800 Number, by providing some critical hires and expanding our additional service delivery channels and online service options."

Sure, there will be support, but at what level? The support was too low even before Trump's proposed 2019 cuts.

At a Senate briefing last month, Julian Blair, a 70-year-old Silver Spring resident, spoke about the hardships that service cuts cause.

"I accompany a 92-year-old neighbor to the Social Security," Blair said. "He's not computer literate … so I'm going with him. We had to go three times before he could get the service he needs because the lines were so long, and he's disabled he can't stand there all day. There was no seats for him."

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Opinion: The three stooges are running the US economy now, so buckle up

- Treasury Secretary Steve Mnuchin is a sycophant.
- Commerce Secretary Wilbur Ross is a sycophant.
- White House trade adviser Peter Navarro is a sycophant.

And now, in an effort to please the President of the United States, they will put on a show in the White House. It will be billed as a show about the US economy, of which they are all now in charge. But it will really be a show about victimization, revenge, and some really good sound bytes — that's the kind of show Donald Trump likes.

They'll tell the American people that trade wars "are easy to win" and have no consequences. They'll tell the American people debt and deficits don't matter. They'll tell the American people whatever Trump, who thinks that people still get milk from the **"local milk people,"** tells them to say.

The healthy debate Trump claims to foster in his White House is part of the joke. The debates will all end in agreement with him, and that means we're in danger of starting a trade war that could spike prices at a time when the economy is already inflating.

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The Real Reason the Investor Class Hates Pensions

No issue in America today better illustrates the divergent interests of working Americans and the 1 percent than pension reform. Substantial empirical evidence shows that America's favored retirement vehicle — the 401(k), recently renounced by its own inventors — is grossly inadequate and will leave tens of millions of Americans with insufficient retirement assets. And yet states and cities are busy converting traditional pensions into these failing 401(k)s or equivalents, to the great benefit of money managers and the finance class.

Advocates of pension "reform" — which really means cutting or eliminating traditional pension funds — will tell you that such funds are a big drain on state and local budgets, since, as defined-benefit programs, they are obligated to pay workers a defined amount in their retirement. But that's largely a question of political priorities; underfunded pensions are the result of, well, decades of underfunding pensions. The real reason for the attack on pensions goes deeper, and exposes the great and growing rift between America's economic elite and everyone else.

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Consider how we 401(k) holders behave as investors. How many of us thought to sue Wells Fargo after the Consumer Financial Protection Bureau revealed that the bank had created millions of fake credit card and bank accounts? Or to push our fund managers to do so for us? How many of us call up our fund managers after a quarter, a year or a decade in which we underperformed the Standard & Poor's 500-stock index to renegotiate our fees? Or even to switch managers? How many of us even know how our funds performed relative to the S.&P. 500?

The answer to all of these questions is a number very close to zero. We 401(k) holders are the world's ideal source of capital. We let ourselves be charged high fees that we do not understand, we accept poor returns quarter after quarter, we never sue to enforce our rights, we never vote as shareholders and we never tell our investment managers how we think they ought to vote. We are beyond passive; we are supine.

At bottom, the problem is structural. We are to our investees and investment managers what nonunionized, "right to work" workers are to their employers: alone and devoid of leverage to negotiate. That stands in sharp contrast to traditional pensions, which, like unions, are collective and centrally managed.

For example, the nation's largest traditional pension, the California Public Employees' Retirement System, known as Calpers, has 1.9 million members and over $300 billion in assets. When it calls up an investment manager to complain about performance, or to dump that manager, or when it calls a lawyer to sue for fraud, that catches the attention of corporate managers, of hedge funds, of private equity funds. That's why they succeed where we fail. All of us benefit from their successes, which raise the value of companies we own.

Our mutual funds could do the same for us, if they wanted to, but they don't. Despite important recent gestures towards activism, they have trailed far behind pension fund activists, and will continue to do so. They don't want to challenge the compensation, reelection or legal judgment of the same corporate managers from whom they hope to win the right to manage our 401(k) money in the first place. Not true for public pension funds….**Read More**

The Financial Burden of Health Care Spending: Larger for Medicare Households

KHN KAISER HEALTH NEWS

Medicare offers health and financial protection to nearly 60 million adults ages 65 and over and younger people with disabilities. However, the high cost of premiums, cost-sharing requirements, and gaps in the Medicare benefit package, combined with relatively low incomes among the Medicare population, can result in beneficiaries devoting a substantial share of their total household spending to health care costs.

This analysis compares health-related expenses as a share of total household spending for Medicare and non-Medicare households, using the 2016 **Consumer Expenditure Survey** (CE). We estimate how much Medicare and non-Medicare households spent on health care, including premiums, compared to other household spending (e.g., housing, transportation, and food). We also show how health expenses as a share of Medicare household spending varies by age (based on the oldest household member) and poverty level, and changes over time. Because the CE is a survey of the non-institutional population, it excludes out-of-pocket spending on nursing homes and other long-term care facilities, which is a **significant share** of average out-of-pocket costs for people with Medicare; thus this analysis understates the spending burden for households that incur long-term care facility costs, which may fall disproportionately on Medicare households.

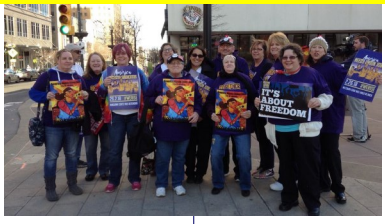
Key Findings

Health expenses accounted for 14 percent of Medicare household spending in 2016, on average—more than double that of non-Medicare households (6%). ..**Read More view chart**

Day of Action Brings Union Members Together in More than 25 Cities

Working people and retirees gathered in more than 25 cities across the country last Saturday to stand up against attacks on unions. Rallies and marches took place from coast to coast as tens of thousands came together to revive Dr. Martin Luther King, Jr.'s call for freedom and dignity at work.

The events came two days before the Supreme Court heard oral arguments in the case of Janus v. AFSCME. The justices could reverse a long-held ruling from 1977 that gave public employee unions the right to collect dues from non-members who derive benefits from negotiations on their behalf.



Members of the AFL-CIO and the Alliance stood with allies to defend the freedom of working people to join together in strong unions. equitable pay for their work, affordable health care, quality schools, vibrant communities and a secure retirement.

Gathering in the nation's capital, Detroit, Miami, Philadelphia and dozens of other cities as part of the national day of action, they vowed to make this the first day in a struggle against corporations and the wealthiest 1 percent. They carried signs with messages such as "Unrig the rigged economy."

"Thank you to everyone who participated in the Working People's Day of Action," said Robert Roach, Jr., President of the Alliance. "Thank you to those of you who attended the events, who committed to showing solidarity from afar, who spread the word, and who made the events so powerful. Together, we'll continue to stand up for the freedom of working people to come together and fight for their communities and their futures."

Other speakers emphasized that regardless of what the justices decide, the movement will continue as a combination of politics and organizing. "We'll tell the truth about this case," AFL-CIO Secretary-Treasurer **Liz Shuler** declared.

Senators **Sheldon Whitehouse** (D-RI) and **Richard Blumenthal** (D-CT) warned the Supreme Court in a brief that if it were to overturn a case "simply because a differently composed court emerges," it would upend the American tradition of respecting precedent.

Allowing DACA Immigrants to Stay Would Strengthen Social Security

The Supreme Court on Monday decided to stay out of the legal fight surrounding the Deferred Action for Childhood Arrivals (DACA) program, all but nullifying a March 5 deadline for congressional action set by President Trump.

The court's decision means an injunction preventing the administration from unwinding the program will remain in place as the 9th Circuit Court of Appeals continues its review.

Immigrants covered by the DACA program whose work permits are set to expire after March 5 are now able to apply for renewals.

While many consider the administration's policies surrounding "Dreamers" to be cruel and callous, the linkage between Social Security and immigration are less well known. Lower immigration rates weaken our Social Security system. Immigration helps Social Security's finances because immigrants are generally younger and pay into the system now and do not draw benefits until far into the future.

If President Trump is successful in reaching his goal of cutting immigration in half, Social Security will lose $2.4 trillion over the next 75 years. In contrast, if immigration were doubled, Social Security would gain around $5 trillion over the next 75 years.

SUPREME COURT OF THE UNITED STATES

Undocumented workers (who are in another category from the DACA recipients) are prohibited from receiving Social Security even if they can prove that they have contributed to the program. The Social Security Administration (SSA) estimates that undocumented workers pay

7 Ways to Maximize Medicare Benefits

Medicare is vital to the health of nearly 60 million Americans. Yet many of its benefits are overlooked, underused or misunderstood.

Consider the annual "wellness" visit, during which a doctor will assess your health risks, take your blood pressure and other routine measurements, check for cognitive impairment, and offer personalized health advice. It's free. Yet less than 11% of Medicare beneficiaries took advantage of the benefit in 2012, according to the Dartmouth Institute for Health Policy and Clinical Practice. Recent research suggests that number hasn't budged much since then.

That's not the only Medicare benefit left lying on the examining table. Many healthy seniors pass up a host of free preventive services, ranging from bone mass measurement to cancer screening–"the kinds of things that people don't generally think of if they're not sick," says Bonnie Burns, a consultant at California Health Advocates. Other benefits, such as home health care, often go unused because they have complex eligibility requirements.

If you need incentives to maximize the bang for your Medicare buck, here are about 6,000 of them: The average traditional Medicare beneficiary enrolled in both Part A and Part B spent $6,150 out-of-pocket on Medicare and Medigap premiums, doctor visits, drugs and other health care needs in 2013, according to the Kaiser Family Foundation. That number looks even larger when you consider that half of Medicare beneficiaries have annual income below $26,200.

Click her to read the 7 ways below

1. **Take the Medicare Freebies**
2. **Choose the Right Medicare Provider**
3. **Save on Drugs**
4. **Understand Medicare Home Health Benefits**
5. **Fight for Your Rights**
6. **Explore Money-Saving Programs**
7. **Medicare Hospice Benefit**

As Surgery Centers Boom, Patients Are Paying With Their Lives

The surgery went fine. Her doctors left for the day. Four hours later, Paulina Tam started gasping for air.

Internal bleeding was cutting off her windpipe, a well-known complication of the spine surgery she had undergone.

But a Medicare inspection report describing the event says that nobody who remained on duty that evening at the Northern California surgery center knew what to do.

In desperation, a nurse did something that would not happen in a hospital.

She dialed 911.

By the time an ambulance delivered Tam to the emergency room, the 58-year-old mother of three was lifeless, according to the report.

If Tam had been operated on at a hospital, a few simple steps could have saved her life.

But like hundreds of thousands of other patients each year, Tam went to one of the nation's 5,600-plus surgery centers.

Such centers started nearly 50 years ago as low-cost alternatives for minor surgeries. They now outnumber hospitals as federal regulators have signed off on an ever-widening array of outpatient procedures in an effort to cut federal health care costs.

Thousands of times each year, these centers call 911 as patients experience complications ranging from minor to fatal. Yet no one knows how many people die as a result, because no national authority tracks the tragic outcomes. An investigation by Kaiser Health News and the USA TODAY Network has discovered that more than 260 patients have died since 2013 after in-and-out procedures at surgery centers across the country. Dozens — some as young as 2 — have perished after routine operations, such as colonoscopies and tonsillectomies.

Reporters examined autopsy records, legal filings and more than 12,000 state and Medicare inspection records, and interviewed dozens of doctors, health policy experts and patients throughout the industry, in the most extensive examination of these records to date.

The investigation revealed:

Surgery centers have steadily expanded their business by taking on increasingly risky surgeries. At least 14 patients have died after complex spinal surgeries like those that federal regulators at Medicare recently approved for surgery centers. Even as the risks of doing such surgeries off a hospital campus can be great, so is the reward. Doctors who own a share of the center can earn their own fee and a cut of the facility's fee, a meaningful sum for operations that can cost $100,000 or more.

To protect patients, Medicare requires surgery centers to line up a local hospital to take their patients when emergencies arise. In rural areas, centers can be 15 or more miles away. Even when the hospital is close, 20 to 30 minutes can pass between a 911 call and arrival at an ER.

Some surgery centers are accused of overlooking high-risk health problems and treat patients who experts say should be operated on only in hospitals, if at all. At least 25 people with underlying medical conditions have left surgery centers and died within minutes or days. They include an Ohio woman with out-of-control blood pressure, a 49-year-old West Virginia man awaiting a heart transplant and several children with sleep apnea.

Some surgery centers risk patient lives by skimping on training or lifesaving equipment. Others have sent patients home before they were fully recovered. On their drives home, shocked family members in Arkansas, Oklahoma and Georgia discovered their loved ones were not asleep but on the verge of death. Surgery centers have been criticized in cases where staff didn't have the tools to open a difficult airway or skills to save a patient from bleeding to death.….**Read More**

Fraud Prevention Checklist

New technology & communication, while opening the door for many positive avenues of progress, also makes us more susceptible as targets for scammers. These individuals reach out to as many people as possible under some guise until they find someone who falls for their tricks. The range of tricks being used by such scammers is always growing and evolving. While you cannot know the details of each one of them, you can get a sense of the general types of scams out there.

Today's seniors came from a generation raised to accumulate savings, to trust others, and to feel ashamed if they make any mistakes that feel "foolish". Because of their advanced age, it may take awhile for seniors to remember the events associated with the fraud and, when they finally do, the memories are somewhat faded.

Additionally, because advanced age can cause increased reliance on caregivers, family, and friends, abuse and fraud can happen with those individuals as well, breaking trust and taking advantage of need. The answer is absolutely not to resist asking for help, but to educate yourself so that you can recognize the signs of any problems and intervene appropriately.

Based on the National Council on Aging's "Top 10 Scams Targeting Seniors," we've assembled a checklist of steps you can take to prevent falling prey to fraud. Review this list with your loved ones, checking off items as you complete them and making notes for future steps. It might be a good idea to print out this list and keep it by the phone/mail spot in the house. ..

Click Here To Read Each Scam Below

"Hi Grandma, it's me…" –
The Grandparent Scam "I'd like to help you deal with your loss…" – Death scams
"Let's reassess your home" – Real estate scams
"Hi, I'm a Medicare Representative…" – Medicare fraud
"Affordable prescriptions available here…" – Drug scams
"With modern science, who needs wrinkles?" Fake anti-aging products
"Update! Click here…" – Internet fraud (including email/phishing)
"I am a Nigerian prince…" – Financial schemes
"You've won the lottery!" Contest scams
"Hello there, we need your help!" – Bogus Telemarketers

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RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Poor hearing could lead to poor memory

New research has uncovered an increased risk of mild cognitive impairment among individuals with a form of hearing impairment called central hearing loss. The findings suggest that this form of hearing loss may have a neurodegeneration-related mechanism at its root.

The National Institutes of Health (NIH) estimate that **15 percent** of the adult population of the United States have a form of **hearing loss**.

Age is a significant risk factor for hearing loss. In fact, a quarter of U.S. seniors aged between 65 and 74, as well as half of those aged over 75, have a disabling form of hearing loss.

Worldwide, a third of seniors have a disabling form of hearing loss.

A new study — led by Rodolfo Sardone, of the NIH and University of Bari in Italy — examines the link between a form of age-related hearing loss and the risk of developing mild cognitive impairment (MCI).

MCI is a type of cognitive decline that although noticeable is not significant enough to interfere with daily activities.

Research shows that between 15 and 20 percent of those aged 65 and above are likely to have MCI, which is also a risk factor for **Alzheimer's disease**.

The new study looked at both peripheral and central hearing loss. The former is due to problems in the inner ear and hearing nerves, while the latter affects the brain's sound processing abilities.

Sardone and his colleagues examined more than 1,600 people who participated in the Great Age Study, and the researchers' findings will be presented at the **American Academy of Neurology's 70th annual meeting**, due to be held in Los Angeles, CA, in April.

Hearing loss may double the risk of MCI

Sardone and colleagues had access to data on 1,604 participants in the Great Age Study, who were 75 years old, on average.

The participants were asked to undertake a series of hearing tests and have both their memory and reasoning tested.

Almost 26 percent of the study participants had peripheral hearing loss, and 12 percent had central hearing loss. Around 33 percent of the participants received a diagnosis of MCI, which was given using the well established **Petersen criteria**. Overall, people with central hearing loss were two times more likely to develop MCI compared with people whose hearing was intact.

More specifically, of the 192 people who had central hearing loss, 144 also had MCI. This amounts to 75 percent. By comparison, of the 609 people whose hearing was intact, 365 people had MCI, which amounts to 60 percent….Read More

Why do our brains age? These genes may hold the answer

Why do our brains age? And is there anything we can do about it? New research delves into these questions by investigating the genetic cogs at play in the complex mechanism of age-related cognitive decline.

Researchers working at the Babraham Institute in Cambridge, United Kingdom, in collaboration with colleagues at Sapienza University in Rome, Italy, have just got a lot closer to unraveling the mystery of brain aging.

Of course, scientists already knew some things about what occurs in the brain as we age. For instance, it is known that neurons and other brain cells deteriorate and die, only to be replaced by new ones.

This process is facilitated by a type of **stem cell**called neural stem/progenitor cells (NSPCs).

However, with the passage of time, these cells become less and less functional, which causes our brain to produce fewer and fewer neurons.

But what causes NSPCs to age, and what exactly are the molecular changes that are responsible for impairment in these stem cells?

This is the question that the researchers — jointly led by Giuseppe Lupo, Emanuele Cacci, and Peter Rugg-Gunn — asked themselves.

They set out to answer it by looking at the entire genome of mice, and their **findings** have now been published in the journal *Aging Cell*.

Dbx2 gene activity may explain brain aging

Lupo and colleagues compared the genetic changes in the NSPCs of old mice (aged 18 months) and young mice (aged 3 months).

By doing so, they identified more than 250 genes that changed their behavior over time, which means that these genes are likely to cause NSPCs to malfunction….**Read More**

Using a Geriatric Care Manager

A geriatric care manager (GCM) can help you and family members manage senior care and make daily life easier, the U.S. National Institute on Aging says. A GCM typically is a licensed nurse or social worker who specializes in geriatric care.

Many insurance plans will not pay for this service and Medicare typically won't cover it.

But it can be a worthwhile expense, the agency says, particularly if an aging loved one and you don't live near each other.

The agency says a GCM typically offers services including:

- Making home visits and suggesting needed services.
- Addressing emotional needs and concerns.
- Assisting with short- and long-term care plans.
- Evaluating in-home care needs.
- Selecting home health aides.
- Coordinating medical services.
- Evaluating other living arrangements.

Providing caregiver stress relief.

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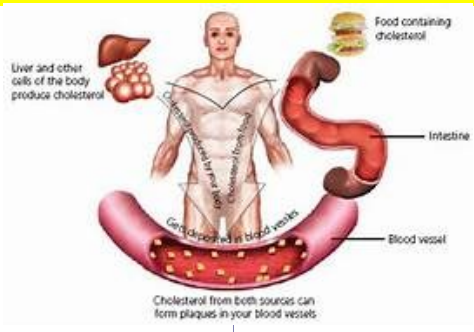
High Cholesterol Tied to *Better* Brain Health in Those Over 85

In a seemingly counterintuitive finding, new research suggests that high cholesterol is associated with a reduced risk of mental decline in the elderly.

People aged 85 to 94 with good brain function whose cholesterol was above normal had a 32 percent lower risk for mental decline over the next 10 years compared with people aged 75 to 84, who had a 50 percent higher risk of developing dementia, researchers found.

"It's not so much that cholesterol suddenly becomes good for you if you can make it to 85," said lead researcher Jeremy Silverman. He's a professor of psychiatry at the Icahn School of Medicine at Mount Sinai in New York City.

"It's such that people who are making it who remain alive and who have high cholesterol are more likely to carry other factors that protect them against the bad effects of cholesterol," he explained.



Silverman cautioned that these findings don't mean that if you're 85 you should increase your cholesterol in hope of warding off dementia or Alzheimer's disease. Plus, the study did not find a cause-and-effect relationship.

"Overall, high cholesterol was associated with a bad cognitive [mental] decline, but when we look only at people who were in good cognitive health at 85, a rising cholesterol was associated with a better outcome," Silverman said.

For young and middle-aged people, it's important to keep your cholesterol low, he noted. "There are many studies that show it is a risk factor for cognitive decline in people through their mid-70s," he said.

The researchers also found that using statins was associated with protection against mental decline overall. But as people got older and older, the protective effects of statins were reduced, Silverman said.

"We don't think that having a high cholesterol becomes a good thing -- it's just that you're likely to be the kind of person for whom cholesterol doesn't matter," he explained.

Silverman doesn't think that cholesterol itself is protective against mental decline, but that other factors protect against the bad effects of cholesterol.

This study adds a trait that can be looked at in the quest to find factors that promote successful mental aging, Silverman suggested. "We can focus specifically on those old people with high cholesterol and look for factors that protect them from cognitive decline," he said.

One specialist thinks the study shows the link between heart health and brain health.

According to Keith Fargo, director of scientific programs and outreach at the Alzheimer's Association, "Heart health factors are powerful influencers of a person's cognition as they age."

Fargo stressed that keeping cholesterol low as one ages is important in protecting against mental decline.

"But once people start getting to a certain age, things get a little trickier," he said. "There is very likely a group of people who have some unknown protective factor that allows them to live to a ripe old age without cognitive decline," Fargo said.

"These people are different in some way from your average individual," he pointed out.

The 15 Most Common Health Concerns for Seniors

Getting older can bring senior health challenges. By being aware of these common chronic conditions, you can take steps to stave off disease as you age.

People in America today can expect to live longer than ever before. Once you make it to 65, the data suggest that you can live another 19.3 years, on average, according to the **Centers for Disease Control and Prevention (CDC).** For many, then, **senior living** includes carefully managing chronic conditions in order to stay healthy.

Making healthy lifestyle choices, like quitting smoking and losing weight, can help you avoid senior health risks, though "you also need to be physically active and eat a healthy diet," explains **Jeanne Wei, MD, PhD,** executive director of the Reynolds Institute on Aging at the University of Arkansas for Medical Sciences in Little Rock. Including a geriatrician, a doctor who specializes in the health concerns of aging, on your senior healthcare team can help you learn how to live better with any chronic diseases.

Then you too can be among the 41 percent of people over 65 who say their health is very good or excellent, according to the **CDC.**

Click here to read more each of these 15 most common concerns.

1. **Arthritis**
2. **2. Heart Disease**
3. **3. Cancer**
4. **4. Respiratory Diseases**
5. **5. Alzheimer's Disease**
6. **6. Osteoporosis**
7. **Diabetes**
8. **Influenza and Pneumonia**
9. **Falls**
10. **Substance Abuse**
11. **Obesity**
12. **Depression**
13. **Oral Health**
14. **Poverty**
15. **Shingles**

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6 Ways Your Body Gets Better With Age.

1. **Your Skin Gets Better — In Some Ways**
2. **You're Still Building Lifelong Brain Skills**
3. **You Could Kiss Those Migraines Goodbye With Age**
4. **You'll Yawn Less During the Day as You Age**
5. **Your Self-Confidence Is Booming**
6. **You Can Expect More Sex…and More Satisfaction**

Click here to read more on each of the six ways.