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A new approach

Researchers have spent decades and billions of dollars looking for safe and effective medications to fight Alzheimer’s disease — so far, totally in vain.

The few drugs we do have come with some symptoms of the disease for some patients, but they do not slow its progression, much less reverse or cure it.

The good news is, the costly research has identified potential causes and contributors to the disease, at least giving us targets at which to aim new drugs. Still, it’s been disappointing that treatments that seem to attack these targets have produced no breakthroughs to date.

Enter aducanumab — a monoclonal antibody (the same type of drug as the new Pfizer coronavirus vaccine) that targets the amyloid beta protein that forms plaques in the brains of Alzheimer’s patients and is believed to be a cause of the disease.

FROM THE PUBLISHER
By Stuart F. Rosenthal

Starting in 2017, two nationwide Phase 3 clinical trials were begun by the biotech company Biogen to evaluate aducanumab’s effectiveness. At an 18-month review, the drug seemed so ineffective that both studies were halted. But a later, closer look at the data from one study suggested the highest dose did have a substantial effect, so the FDA allowed Biogen to resume the study with changes.

This fall, Biogen determined that new data showed the drug brought about statistically significant improvement and sought FDA approval for its sale to the public. The FDA frequently seeks input from an advisory committee to obtain independent expert advice when there are questions about a drug application. It usually, though not always, follows the committee’s recommendations.

Last month, most members of the committee evaluating aducanumab were not persuaded the drug should be approved. Typically, the FDA requires two solid studies to justify approving a new drug, or one large trial and some smaller ones. The evidence seems thinner in this case. One of the FDA’s own internal reviewers recommended a third study be conducted to confirm effectiveness.

But the FDA’s official position is that the data is “extraordinarily persuasive.”

In fact, there is significant pressure on the FDA from families of patients and advocates like the Alzheimer’s Association to approve aducanumab. After all, it’s the first drug to show any evidence of cognitive benefits in Alzheimer’s patients, and there are millions of Americans with the disease whose families are clamoring for effective treatments.

On the other hand, the drug must be administered intravenously once a month and is expected to be costly. If it benefits only a small proportion of patients, but requires great expense on the part of many who will want to give it a try (or, rather, on their insurance companies and Medicare), is the FDA doing its job by approving it now on the limited evidence?

In writing about this, the Washington Post quoted Walid Gellad, director of the University of Pittsburgh’s Center for Pharmaceutical Policy and Prescribing, as saying, “If this were a cheap drug, people would be a lot less worried about it...But there is no mechanism in the United States for drugs to be priced conditionally based on uncertainty about their value.”

That got me to thinking...Why not?

It seems there are currently several possible outcomes to this case. If the FDA unconditionally approves the drug, we’ll have another billion-dollar blockbuster medication on the market, no doubt to be widely prescribed. As a result, we’ll find out over the coming years whether the drug really does work as well as Biogen claims, or is an expensive bust.

Alternatively, if the FDA refuses approval now and requires positive results from another full Phase 3 study, it is likely (from what I’ve read) that Biogen will not throw good money after bad. In fact, turning down aducanumab now might even lead other companies studying treatments against amyloid plaques to give up this line of research.

A 2018 paper by researchers from the Cleveland Clinic and University of Nevada, published in Alzheimer’s & Dementia, pointed out that “the failure rate of AD drug development is 99%; the failure rate of the development of disease-modifying therapies for AD is 100%.”

Furthermore, they found that the total costs of an Alzheimer’s drug development program (including U.S. government support, as in this case) “are estimated at $5.6 billion, and the process takes 13 years from preclinical studies to approval by the FDA.”

In a world with a huge need for new drugs even to help only a fraction of patients, and such high barriers to success, can’t we think creatively about how to make this process work better?

Is our choice really only between approval on the one hand (with huge costs to the public and huge benefits to one drug company) and quashing the whole research process on the other?

What about allowing Biogen to offer the drug for sale conditionally for a few years, at some fixed price deemed to be reasonable, with the requirement that all patients on the drug participate in gathering data on effectiveness? It would resemble a clinical trial, but one where people cannot be refused participation as long as they (or their insurance companies) are willing to help defray the cost.

There would be real-world gathering of evidence (as we always find with new drugs, even after FDA approval), the demand of patients and families would be addressed, and the drug developer wouldn’t have to foot the total bill.

If the results are good, the company could eventually “earn” full FDA approval and the drug could rise to market price. If the results are poor, the evidence would be widely known and the drug pulled from pharmacies.

I, for one, would like to see us split the difference in such a case and see if we can’t find a more affordable and fair way to resolve an impasse over a potentially helpful, much-needed treatment for Alzheimer’s.

Letters to the editor

Readers are encouraged to share their opinion on any matter addressed in Fifty Plus as well as on political and social issues of the day.

Mail your Letter to the Editor to Fifty Plus, P.O. Box 2227, Silver Spring, MD 20915, or email to info@fiftyplusrichmond.com. Please include your name, address and telephone number for verification.

Dear Editor:

What fun to find an article titled "Tart cherry juice may improve your sleep" in the December issue of Fifty Plus. Housing, finances, the raising of children — great! But does a little tart cherry deserve its print?

My daughter, Heidi, introduced me to bottles of cherry juice concentrate with strict orders of “twice daily doses.”

We now share in this ritual and sleep like babies at night! Bon nuit!

Frances Nunnally
Richmond
GET TO KNOW Avery Point

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Local author draws on her own childhood

By Glenda C. Booth

In Richmond author Meg Medina’s latest children’s book, Evelyn del Rey Is Moving Away, two best friends face the sadness of separation but vow an enduring friendship. Daniela is a light-skinned Cuban American; Evelyn is a darker Cuban African.

Their story, their ethnicity and their skin color are at the core of Medina’s mission: to bring to life the experiences of under-represented youngsters in children’s books. Medina wants to give young readers “full representation,” she said.

Medina, 57, is a New York Times bestselling author and winner of several awards, including a Newbery Medal. Most of her stories are rooted in her own childhood growing up in Queens, New York, as a bilingual Cuban American.

In Medina’s young-adult fiction, the main character is usually a Latina, and the story weaves together the girl, her family and her culture.

One of her eight books, Mango, Abuela and Me, explores how a girl and her grandmother bond, though they speak different native languages.

In Meri Suárez Changes Gears, sixth grader Meri and her family face the reality of grandfather’s debilitating Alzheimer’s disease. The book won the Newbery Medal in 2019.

While Medina’s books are built around growing up Latino, she does not see this focus as a narrow niche. These are universal stories told through the lens of Latinx families, but they are about the longings, obstacles, loneliness and fun of growing up that all youngsters face.

“The idea is to increase literature for kids from all different vantage points,” she said. “It’s the literature of all of us.”

Medina compares the underpinning of her books to a clave — a repeated rhythmic pattern, sometimes likened to a heartbeat, used in Cuban music. The same underlying themes resonate from book to book, she said.

Started writing at age 40

Medina’s parents emigrated to the United States from Cuba in the 1960s, and she was born in Alexandria, Virginia.

The trauma of adjusting to a new country strained the marriage, and when her parents divorced, she and her sister and mother moved to New York City, where a cousin helped them settle.

Medina spoke both Spanish and English at home, went to elementary and middle school in Queens, and in high school lived with her father in Seekonk, Massachusetts.

After high school, she earned a degree from Queens College, the City University of New York. She worked as an English teacher and then a freelance journalist, all ways enjoying writing. “Writing was a dream in my pocket,” she said. But eventually she decided to try writing books.

“It felt scary at age 40, worrying about three children, the mortgage and meals,” Medina said. But with her husband’s support, she quit her job to write her first novel.

She wrote for a year and half and searched for an agent for six months. Once allied with an agent, she sold her manuscript in just a few weeks. Her first book was Milagros: Girl from Away, published by Henry Holt Books for Young Readers.

In 1998, her husband’s employer, Walgreens, transferred the family to Richmond. They have two daughters and one son, now in their 20s.

Inspired by childhood memories

Medina’s experiences as a youngster come to life in her books. Barn Baby Barn is about a young woman facing her fears during the “Son of Sam” serial killer attacks in New York City in 1976 and 1977.

In ‘Tia Isa Wants a Car, the family savings go into two piles, one “for here” and one for family members living far away — to help them move to the U.S. someday.

“My life is all over the books,” she said. “Three people become one [character], but they are fictionalized. They are based on people I’ve really known. I can still remember so acutely situations that would come up — painful things.”

“The job [of a children’s author] is not to teach a lesson. The job is to lay it out for them realistically so they can think about themselves and what’s happening.”

Her best-selling books have had an impact on many students. “From novels for middle grade and high school readers, all the way to brilliant picture books for the younger ones, Meg’s writing is warm, real, and unforgettable,” said Lucinda Whitehurst, librarian at St. Christopher’s School.

“Meg is a huge star in the children’s literature world and deservedly so.”

One of her most exciting projects is a children’s picture book about U.S. Supreme Court Associate Justice Sonia Sotomayor, the country’s first Latina Supreme Court justice.

The book is part of Penguin Random House’s She Persisted series, started by Chelsea Clinton, presenting 13 pioneering women in history.

Medina interviewed Justice Sotomayor, of Puerto Rican descent, when they both spoke at a Texas Library Association meeting. The book will come out in June of this year.

She just signed a contract with Candlewick Press to publish the third in her Meri Suárez trilogy about a seventh grade Cuban-American girl navigating through changes in her life.

Influence beyond her books

Locally, Medina works on community projects that support Latino youth and literacy.

For 10 years, she ran a summer reading program with the Richmond public libraries.

“Meg Medina has had a huge influence on my life and on my work. Her writing touches people of all ages,” said Barbara Haas, T.C. Boushall Middle School librarian. “And she’s a wonderful human being.”

She also devotes time to programs around the country. For Minnesota’s Hamline University, Medina teaches graduate students who want to become writers. She volunteers for the Library of Congress’s literacy awards committee.

She is a founding member of We Need Diverse Books, a nonprofit that is pushing the publishing industry to “produce and promote stories about people of all cultures.”

See MEDINA, page 23
Medicare to cover hospital care at home

By Linda A. Johnson

Hospitals will be allowed to care for Medicare patients in their own homes during the pandemic under a government program called Acute Hospital Care at Home, announced in November. It is designed to help hospitals deal with the latest surge.

Some hospitals already offer patients with private insurance the choice of getting care at home instead of in the hospital. The pandemic dramatically boosted use of such programs.

The Centers for Medicare and Medicaid Services (CMS) said it will let hospitals quickly launch home programs, which will offer around-the-clock electronic monitoring for Medicare and Medicare Advantage patients who are sick enough to be hospitalized, but don’t need intensive care.

“We’re at a new level of crisis response with COVID-19,” and this option will help hospitals increase their capacity to help more patients, CMS Administrator Seema Verma said in a statement. Medicare would pay hospitals the same rate as for in-hospital care.

Six health systems already offering “hospital-at-home” care were approved to participate in the Medicare program immediately.

Hospitals need to meet certain standards to participate. Those include providing twice-daily visits by medical workers, and equipment such as blood pressure and oxygen-level monitors, and keeping patients connected via an iPad or other device to a command center should they need help.

Participating hospitals will also be required to investigate patients’ home environment in advance to assess both medical and non-medical factors, including the presence of working utilities, possible physical barriers and screening for domestic violence concerns.

What patients are eligible?
COVID-19 patients are eligible. But so are patients with more than 60 acute conditions, including asthma, congestive heart failure, pneumonia and chronic obstructive pulmonary disease (COPD).

Beneficiaries will only be admitted from emergency departments and inpatient hospital beds, and an in-person physician evaluation is required prior to starting care at home.

CMS said it anticipates patients may value the ability to spend time with family and caregivers at home without the visitation restrictions that exist in traditional hospital settings.

Additionally, CMS noted that patients and their families not diagnosed with COVID-19 may prefer to receive care in their homes if local hospitals are seeing a larger number of patients with COVID-19.

It is the patient’s choice to receive these services in their home or in a traditional hospital setting, and patients who do not wish to receive them in their home will not be required to.

The latest in several new programs
Earlier in the pandemic, CMS expanded
See HOSPITAL AT HOME, page 8

Blood test for Alzheimer’s now available

By Marilyn Marchione

A company has started selling the first blood test to help diagnose Alzheimer’s disease — a leap for the field that could make it much easier for people to learn whether they have dementia. It also raises concern about the accuracy and impact of such life-altering news.

Independent experts are leery because key test results have not been published, and the test has not been approved by the U.S. Food and Drug Administration. It’s being sold under more general rules for commercial labs.

But they agree that a simple test that can be done in a doctor’s office has long been needed.

It might have spared Tammy Maida a decade of futile trips to doctors who chalked up her symptoms to depression, anxiety or menopause before a $5,000 brain scan last year finally showed she had Alzheimer’s.

“I now have an answer,” said the 63-year-old former nurse from San Jose, California. If a test had been available, “I might have been afraid of the results” but would have “jumped on that” to find out, she said.

Typically diagnosed by scan
More than 5 million people in the United States and millions more around the world have Alzheimer’s, the most common form of dementia. To be diagnosed with it, people must have symptoms such as memory loss plus evidence of a buildup of a protein called beta-amyloid in the brain.

The best way now to measure the protein is a costly PET brain scan that usually is not covered by insurance. That means most people don’t get one and are left wondering if their problems are due to normal aging, Alzheimer’s or something else.

The blood test from C2N Diagnostics of St. Louis aims to fill that gap. The company’s founders include Drs. David Holtzman and Randall Bateman of Washington University School of Medicine, who headed research that led to the test and are included on a patent that the St. Louis university licensed to C2N.

The test is not intended for general screening or for people without symptoms — it’s aimed at people 60 and older who are having cognitive problems and are being evaluated for Alzheimer’s.

It’s not covered by insurance or Medicare; the company charges $1,250 and offers discounts based on income. Only doctors can order the test and results come within 10 days. It’s sold in all but a few states in the U.S. and just was cleared for sale in Europe.

The test measures two types of amyloid particles plus various forms of a protein that reveal whether someone has a gene that raises risk for the disease. These factors are combined in a formula that includes age, and patients are given a score suggesting low, medium or high likelihood of having amyloid buildup in the brain.

If the test puts them in the low category, “it’s a strong reason to look for other things” besides Alzheimer’s, Bateman said.

“There are a thousand things that can cause someone to be cognitively impaired,” from vitamin deficiencies to medications, Holtzman said.

“I don’t think this is any different than the testing we do now,” except it’s from a blood test rather than a brain scan, he said.

“And those are not 100% accurate either.”

Accuracy claims, doubts
C2N Diagnostics has not published any data on the test’s accuracy, although the doctors have published on the amyloid research leading to the test.

Company promotional materials cite results comparing the test to PET brain scans — the current gold standard — in 686 people, ages 60 to 91, with cognitive impairment or dementia:
— If a PET scan showed amyloid buildup, the blood test also gave a high probability of that in 92% of cases and missed 8% of them, said the company’s chief executive, Dr. Joel Braunstein.
— If the PET scan was negative, the blood test ruled out amyloid buildup 77% of the time. The other 23% got a positive result, but that doesn’t necessarily mean the blood test was incorrect, Braunstein said. The published research suggests it may detect amyloid buildup before it’s evident on scans.

Braunstein said the company will seek FDA approval, and the agency has given it a designation that can speed review. He said study results would be published, and he defended the decision to start selling the test now.

“Should we be holding that technology back when it could have a big impact on patient care?” he asked.

Dr. Eliezer Masliah, neuroscience chief at the U.S. National Institute on Aging, said the government funded some of the work leading to the test as well as other kinds of blood tests.

“I would be cautious about interpreting any of these things,” he said of the company’s claims. “We’re encouraged, we’re interested, we’re funding this work, but we want to see results.”

Heather Snyder of the Alzheimer’s Association said it won’t endorse a test without FDA approval. The test also needs to be studied in larger and diverse populations.

“It’s not quite clear how accurate or generalizable the results are,” she said.

—AP
Overview of video chat services, devices

By Ann Marie Maloney

What’s the key to staying in touch with others this winter? The ability to enjoy all the face time you want with people outside your household while still practicing social distancing. And that means more virtual visits.

By now, most people are accustomed to using technology for face-to-face conversations. “It became a part of my life, seeing people in two dimensions instead of three,” said Charles Heller of Annapolis, Maryland. The 84-year-old author has three grandchildren and serves on several boards. To stay connected, he uses his desktop computer and the video chat app GoToMeeting.

Video chat apps have become household names as Americans turned to them for virtual gatherings throughout 2020.

Most of these apps are free with some restrictions, either limiting the number of people who can attend or slapping on a time limit for your free session.

Of the four video chat apps whose restrictions we describe here, only FaceTime works exclusively on Apple products. The other three apps can be used on any device.

FaceTime: FaceTime is free for anyone with an Apple device (it’s pre-installed on iPhones and iPads).

GoToMeeting: It’s free for a two-week trial (credit card not required for trial). Outside of that, professional use is $12 a month, and businesses are charged $16 a month.

Skype: Skype offers a free link to host a gathering for up to 50 people. International chats cost $2.99 to $7.99 a month, depending on the country.

Zoom: Zoom offers unlimited time for two users. For three or more users, there’s a 40-minute time limit or $14.99 a month for unlimited time.

Gadgets and gizmos

In addition, there are plenty of age-friendly gadgets and accessories to help you stay in touch.

For older users, finding the right device often involves accommodating physical difficulties such as hearing loss, reduced vision or digital dexterity.

Small text is not the only challenge. It’s “behaviors, like swiping and tapping — or knowing the difference between a tap and a long press,” said Sara Silver, founder of Computer Companion in Northbrook, Ill., which helps older adults master technology.

Still, “clients are doing so much more with their iPhones,” Silver noted. According to an AARP survey, 86% of Americans age 50 to 59 own one, dropping to 81% for 60-somethings and 62% for those 70 and older.

If you want a simpler alternative to Apple’s iPhone with larger fonts, GreatCall specializes in tech devices for older adults and sells the Prepaid Jitterbug Smartphone 2 for $75. Its ease of use and well-spaced keypad drew praise from PCMag, but the phone received low marks for the camera, speaker volume and overall speed.

But don’t snub Apple products, as you may be surprised by some of their age-friendly features. For better visibility, you can adjust font, cursor size and screen contrast. The VoiceOver feature translates the content on the screen into audio, and under Apple’s newest operating system, iOS 14, even describes images.

Accessories like strong speakers and quality headphones can also help. Heller says his wife, who is hard of hearing, struggled at first with virtual get-togethers, so he bought her a pair of Bose headphones — problem solved. If you or your loved one could use an upgrade of some of the basics, consider these products:

— Noise-cancelling headphones. Bose tops Consumer Reports ratings with its Quiet Comfort 35 Series II and 700 models ($350-$400). The magazine’s cheaper recommendations include Bose Quiet Comfort ($200), JBL 650BTNC ($150-$200) and Monoprice BT-300ANC ($50).

— Mouse. Arthritis or carpal tunnel syn-
Stay connected and informed from home

The people behind a new website called Amava note that “experiences that connect us to others and produce authentic social ties are more important than ever.”

So, they bring older adults together virtually for engaging conversations (called “circles”) around topics of mutual interest. For example, 10 people or so can “meet” to discuss pets, travel or even play charades online. Other circles might address topics such as caregiving, volunteering or

something called “Designing Your Next,” a popular program that helps retirees and pre-retirees figure out their next meaningful experiences.

Not surprisingly, the site is attracting interest from hundreds of thousands of retirees and empty nesters throughout the country, especially during the pandemic.

Membership in Amava is free, and includes numerous highly varied opportunities for virtual volunteer “gigs,” ranging from being a Soldier’s angel (“adopting” family members of soldiers), organizing donations for fire victims, knitting for Warm Up America, becoming a citizen scientist, and more.

There are also opportunities for flexible jobs, many of which can be done from home.

Amava members also are eligible for discounts on multi-week classes offered by educational organizations. Free newsletters keep members up to date on new offerings of all types.

For more information, visit http://bit.ly/AmavaCircles and explore the attractive website.

—Beacon Staff

Hospital at home

From page 6

coverage for telemedicine appointments and launched a program paying for care in field hospitals and hotels.

“This will help health systems create capacity to care for patients during the surge,” said Dr. Bruce Leff, a geriatrics professor at Johns Hopkins School of Medicine and a home hospital pioneer.

He said hospital-at-home programs have proven benefits for patients and can prevent complications they might experience in a hospital.

Leff helped CMS plan the program, along with experts at major hospitals already running such programs and three companies that contract with hospitals to run programs for them: Medically Home, Contessa Health and Dispatch Health.

Since the pandemic began, all three companies have reported a surge of new, privately insured patients choosing to stay at home, where they can be more comfortable and have family around.

Medically Home Chief Executive Rami Karjian said he hopes elderly patients who might have been deferring care during the pandemic “will now get the care they need.”

CMS stressed that the new program was based on models of at-home hospital care throughout the country that have seen prior success in several leading hospital institutions and networks, and reported in academic journals, including a major study funded by a Healthcare Innovation Award from the Center for Medicare and Medicaid Innovation.

In a statement, CMS said, “The development of this program was informed by extensive consultation with both academic and private sector industry leaders to ensure appropriate safeguards are in place to protect patients, and at no point will patient safety be compromised.”

Ed. Note: Many area hospitals offer home care to Medicare patients, but this program is different. Check with your hospital to find out when or if it may offer acute hospital care to patients at home.

—AP, with additional information from CMS

MARK YOUR CALENDAR

Jan. 24

GRANDPARENT CLASSES

Bon Secours presents a virtual class for grandparents-to-be about the care and safety of babies and how to support new parents. The class costs $10 per couple and takes place Sun., Jan. 24 from 1 to 4 p.m. Scholarships are available. For more information and to register, visit bit.ly/GrandparentsToBe.
Why would you want an oxygen meter?

By Zawnn Villines

Pulse oximetry is a measure of how much oxygen is in the blood. People with respiratory or cardiovascular conditions, very young infants, and individuals with some infections may benefit from pulse oximetry.

Every system and organ in the body needs oxygen to survive. Without oxygen, cells begin to malfunction and eventually die.

The body transports oxygen to the organs by filtering it through the lungs. The lungs then distribute oxygen into the blood via hemoglobin proteins in red blood cells. These proteins provide oxygen to the rest of the body.

Pulse oximetry measures the percentage of oxygen in hemoglobin proteins, called oxygen saturation. Oxygen saturation usually indicates how much oxygen is getting to the organs.

Normal oxygen saturation levels are between 95 and 100%. Oxygen saturation levels below 90% are considered abnormally low and can be a clinical emergency.

How it works

Pulse oximeters (also called oxygen meters) are clip-on devices that measure oxygen saturation. The device may be attached to a finger, wrist, foot, or any other area where the device can read blood flow.

Oxygen saturation can drop for many reasons, including infections such as pneumonia [or COVID], diseases such as emphysema, lung cancer and lung infections, heart failure or a history of heart attacks, allergic reactions and sleep apnea.

Pulse oximeters work by shining a light through a relatively transparent area of the skin to a detector positioned on the other side of the skin.

For example, when a pulse oximeter is clipped onto a finger, one side of the clip shines the light, and the other detects it. The amount of light absorbed by the blood indicates the oxygen saturation.

A pulse oximeter does not directly measure oxygen saturation, but instead uses a complex equation and other data to estimate the exact level.

Benefits of oxygen meters

Pulse oximeters are useful for people who have conditions that affect oxygen saturation. For example, a sleep specialist might recommend a pulse oximeter to monitor the nighttime oxygen saturation level of someone with suspected sleep apnea or severe snoring.

Pulse oximetry can also provide feedback about the effectiveness of breathing interventions, such as oxygen therapy and ventilators.

Some doctors use pulse oximetry to assess the safety of physical activity in people with cardiovascular or respiratory problems, or may recommend that a person wear a pulse oximeter while exercising. A doctor may also use pulse oximetry as part of a stress test.

Some benefits of pulse oximetry include alerting to dangerously low oxygen levels, offering peace of mind to people with chronic respiratory or cardiovascular conditions, assessing the need for supplemental oxygen, and indicating dangerous side effects in people taking drugs that affect breathing or oxygen saturation.

Pulse oximeters are now widely available to buy online (no prescription required), so some people without specific risk factors may use them.

No serious risks

Oxygen meters are noninvasive and carry no serious risks.

The main risk of pulse oximetry is a false reading. The accuracy of pulse oximeters depends on a correct fit, and minor changes in their positioning can produce an inaccurate reading.

Oxygen saturation may also dip for brief periods due to other factors, such as a change in sleeping position or momentary breath-holding. A pulse oximeter gives an alert even when the drop is temporary and harmless.

For people with health anxiety, or whose doctors have not helped them understand the role of a pulse oximeter, this can cause unnecessary worry.

Some factors can reduce the accuracy of a pulse oximeter reading, including changes in the pulse, interference from external light or color (including nail polish), and having cold hands or poor circulation.

Conversely, pulse oximeters can give some people a false sense of security. They do not provide alerts for all possible oxygen issues and cannot serve as a substitute for other forms of monitoring.

People using pulse oximeters should discuss the risks with a doctor and should maintain a record of the readings over time. Changes in readings, particularly in response to environmental changes, sometimes signal a health problem.

People interested in using consumer-grade oxygen meters should discuss their plans with a doctor before investing in a device.

People who use pulse oximeters to monitor oxygen saturation should not rely on the oximeter as a substitute for subjective experience. People experiencing difficulty breathing, shortness of breath, dizziness or other signs of possible oxygen deprivation should seek medical attention.

—Excerpted with permission from Medical News Today, medicalnewstoday.com.

Video chat

From page 7

drome can make scrolling painful. Scott Grant, founder of Graying with Grace, recommends buying a mouse that does not need a tight grip. A mouse with a trackball may be a good bet, he says, if it does not require curling a finger. His suggestions: Kensington Expert Wireless Trackball ($85), Sanwa Bluetooth Vertical ($25) or Adesso Easy Cat 2 Button Touchpad ($50)

—Speakers. Look for portability, range and sound quality. Among lower-priced options, Denon HEOS 5 HS2 ($350) and Sonos One SL ($180) offer good sound and WiFi connection, finds Consumer Reports.

—Webcam. If your onscreen image makes you look like someone in witness protection, you probably need a better webcam. One with high marks is Logitech 920S, which sells for under $100. © 2020 The Kiplinger Washington Editors, Inc. Distributed by Tribune Content Agency, LLC.

MARK YOUR CALENDAR

Feb. 4

RACE AND FOREIGN AID

The Georgetown Global Political Economy Project hosts a virtual conversation about race and foreign aid on Thurs., Feb. 4 from 12 to 1 p.m. The talk will stream live and then will be available on the GPEP website. For more information, visit bit.ly/GPEPTalk.

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Vaccines won’t end COVID-19 right away

By Candice Choi

Don’t even think of putting the mask away anytime soon.

Despite the arrival of COVID-19 vaccines in December, it could take several months — probably well into 2021 — before things get back to something close to normal in the U.S. and Americans can once again go to the movies, cheer at an NBA game or give Grandma a hug.

“If you’re fighting a battle and the cavalry is on the way, you don’t stop shooting; you keep going until the cavalry gets here, and then you might even want to continue fighting,” Dr. Anthony Fauci, the nation’s top infectious-disease expert, said in November.

Most people will probably have to wait months for shots to become widely available. The Pfizer and Moderna vaccines each require two doses, meaning people will have to go back for a second shot after three and four weeks, respectively, to get the full protection.

Moncef Slaoui, head of the U.S. vaccine development effort, said on CNN in November that early data on the Pfizer and Moderna shots suggest about 70% of the population would need to be vaccinated to achieve herd immunity — a milestone he said is likely to happen in May.

But along the way, experts say the logistical challenges of the biggest vaccination campaign in U.S. history and public fear and misinformation could hinder the effort and kick the end of the pandemic further down the road.

“It’s going to be a slow process, and it’s going to be a process with ups and downs, like we’ve seen already,” said Dr. Bill Moss, an infectious-disease expert at Johns Hopkins University.

Older adults are a priority

Federal and state officials are still figuring out exactly how to prioritize those most at risk, including the elderly, prison inmates and homeless people. By the end of January, HHS officials say, all senior citizens should be able to get shots.

For everyone else, they expect widespread availability of vaccines would start a couple of months later.

To make shots easily accessible, state and federal officials are enlisting a vast network of providers, such as pharmacies and doctor’s offices.

But some worry long lines won’t be the problem. “One of the things that may be a factor that hasn’t been discussed that much is: ‘How many will be willing to be vaccinated?’” said Christine Finley, director of Vermont’s immunization program.

She noted the accelerated development of the vaccine and the politics around it have fueled worries about safety.

Even if the first vaccines prove as effective as suggested by early data, they won’t have much impact if enough people don’t take them.

No magic bullet

Vaccines aren’t always effective in everyone: Over the past decade, for example, seasonal flu vaccines have been effective in about 20% to 60% of people who get them.

AstraZeneca, Pfizer and Moderna say early trial data suggests their vaccine candidates are about 90% or more effective. But those rates could change by the time the studies end.

Also, the definition of “effective” can vary. Rather than prevent infection entirely, the first COVID-19 vaccines might only prevent illness.

Vaccinated people might still be able to transmit the virus — another reason experts say masks will remain crucial for some time.

Another important aspect of vaccines: They can take a while to work. The first shot of a COVID-19 vaccine might bring about a degree of protection within a couple of weeks, meaning people who get infected might not get as sick as they otherwise would.

But full protection could take up to two weeks after the second shot — or about six weeks after the first shot, said Deborah Fuller, a vaccine expert at the University of Washington.

People who don’t understand that lag could mistakenly think the vaccine made them sick if they happen to come down with COVID-19 soon after a shot. People might also blame the vaccine for unrelated health problems and amplify those fears online.

“All you need is a few people getting on social media,” Moss said.

There’s also the possibility of real side effects. COVID-19 vaccine trials have to include at least 30,000 people, but the chances of a rare side effect turning up are more likely as growing numbers of people are vaccinated.

Depending on whether the virus mutates in coming years and how long the vaccine’s protection lasts, booster shots later on may also be necessary, said Dr. Edward Belongia, a vaccine researcher with the Marshfield Clinic Research Institute in Wisconsin.

Belongia and many others say the coronavirus won’t ever be stamped out and will become one of the many seasonal viruses that sicken people.

How quickly will vaccines help reduce the threat of the virus to that level? “At this point, we just need to wait and see,” Belongia said. —AP
Assisted living: What you need to know

By Christopher J. Gearon

Assisted living is geared to those who are healthy enough to live on their own but may need some help to live independently, perhaps with bathing, dressing or managing medicines.

There is a lot to consider when it comes to choosing to move to an assisted living community. First is figuring out when the time is right.

Most of us want to stay in our homes as long as possible. But if assisted living may be in your future, do some preliminary shopping both locally and in an area to which you may move, to be near your children, for example.

Of the one million seniors living in some 30,000 assisted-living centers across the U.S., more than half are age 85 or older, according to the National Center for Assisted Living (NCAL), and nearly 40% require assistance with three or more activities of daily living.

Seeking assisted living

When you start your search, consider only state-licensed facilities. Your Area Agency on Aging is a good place to get a list of options in your area, said Catherine Seal, an elder law attorney.

“You really have to physically visit,” Seal advised. Have a meal at the facilities on your list, and talk with residents about their experiences. “Walk around, see if the residents look clean and attended to,” she said.

Another consideration: the type of facility. Assisted-living arrangements vary widely — from a handful of residents in a home-like setting, to a high-rise building with hundreds of neighbors, to a campus-like atmosphere with high-end services.

In some locales, assisted living is called an adult home, retirement residence or residential care facility. Residents typically lease apartments — which can range from studio-like digs to two-bedroom spreads — on a monthly basis and eat in a common dining area. [Of course, during the pandemic, meals are brought directly to residents in their apartments.]

Care services and amenities also vary widely. For example, some facilities may provide a resident doctor, skilled-nursing care and physical therapy, whereas others provide little care.

Some communities have concierge services, in-apartment dining, happy hours and top-notch fitness centers. Others don’t offer much more than transport to doctors’ appointments.

Argentum, a national association representing assisted-living facility operators, has developed a set of voluntary standards on a range of issues from resident rights, care, staff training and qualifications, medication delivery and memory care.

According to Argentum, “typical” services include access to healthcare and medical services customized to specific needs, 24-hour emergency call systems for residents, three daily meals served in the dining area, housekeeping and laundry services, assistance with eating, bathing, dressing, toileting and walking as needed, as well as shuttle buses and exercise and wellness programs. Some assisted-living communities have specialized assistance for residents with dementia.

Read the fine print

It’s important to read the fine print of the contract, which outlines services, pricing, extra charges and staffing. Inquire about how much and what time help is needed.

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Tweaks that can make recipes healthier

When cooking this winter, use these recipe tweaks to make everything healthier. These ideas are designed to improve immune function. Don’t be afraid to experiment in the kitchen with different healing herbs and spices.

**Slivers of Swiss chard**
Dark leafy greens are dense in nutrients. Add one large green leaf of Swiss chard to a big salad — just make sure to cut it into thin pieces or slivers, so that it combines well into the other lettuce.

This superfood offers important antioxidant compounds to your salad, which help boost immunity and improve DNA methylation — a complex biological process that controls gene expression and suppression.

**Turmeric**
One half teaspoon of (dried) turmeric in a casserole will go virtually unnoticed, even by kids! You can also grate and add about a teaspoon of fresh turmeric. Either way, it adds strong anti-cancer and anti-inflammatory benefits.

**Add herbs to water**
If you’re boiling pasta, vegetables or potatoes, add immune-boosting herbs to the pot of simmering water. Enhance the water of any soup with a bay leaf or two-inch piece of astragalus root, or both. Remember to pull them out before serving.

**Shiitake mushrooms**
Using these mushrooms instead of plain ones adds biologically active compounds that fight cancer and inflammation. A 2015 study in the *American Journal of Clinical Nutrition* concluded that shiitakes reduce prostate-specific antigen, a marker of which your liver sends into your bloodstream in response to inflammation.

**Cauliflower**
Most people know about mashing cauliflower as a substitute for high-carb regular mashed potatoes. But what about “Cauliflower Mac and Cheese?” I have this recipe posted on my website.

**Fresh sage, rosemary or thyme**
Everyone is used to using dried spices from a jar, but if you ever try the fresh sprigs, you’ll never go back! If you are cooking gravy, scissor in some fresh rosemary, and put some thyme in, too.

**Pumpkin seed oil**
Adding 2 teaspoons to your pumpkin pie filling before cooking it for a profoundly richer flavor and powerful medicinal benefits. Or try it in a stir-fry. It’s rich in vitamin E, zinc, omega fatty acids, and is well known to support prostate and breast health.

**Garlic**
Anywhere you can add garlic, do so! You can even roast a whole head of garlic if you wrap it in foil and cook it inside the oven. Then spread it onto crackers or add a dollop to mashed potatoes. Garlic contains allicin, a very strong anti-viral and antibacterial compound.

**Dried tart cherries**
Instead of cranberries, add dried tart cherries into your stuffing or salad. These contain natural melatonin, which is deeply relaxing; plus, there’s research to show cherries prevent gout.

Tart cherries reduce muscle breakdown and speed up recovery, too. They have virtually no fat or sodium and taste delicious, not too sweet. [See also “Tart cherry juice may improve your sleep,” in our last issue.]

**Substitutes for wine**
If you don’t want to drink red wine (or alcohol), make a 50/50 mix of tonic water with pomegranate juice.

Or try kombucha, a fermented tea that comes in all kinds of flavors. Or you can sip warm apple cider.

If you’re interested in more recipe tweaks, I have a longer version of this article posted at my website.

**MARK YOUR CALENDAR**

### MARK YOUR CALENDAR

**ADVANCE CARE PLANNING**
Feb. 2
Honoring Choices Virginia leads a free presentation on how to start conversations about advance care planning and how to create an advance medical directive. This event takes place Tues., Feb. 2 at 11 a.m. Register by contacting Sara Morris at mor141@henrico.us or calling (804) 291-6284.

**MARK YOUR CALENDAR**

**Jan. 13**

**MEDITATION WEDNESDAYS**
U of R staff member Roger Mancastroppa teaches KORU mindfulness skills in this virtual weekly meditation class every Wednesday in January from 1 to 2 p.m. Register at bit.ly/URMidweekMeditation.

**Jan. 27**

**VETS CAREER FAIR**
MilitaryX hosts a free virtual career fair to connect veterans with employers. This event takes places Wed., Jan. 27 from 11 a.m. to 2 p.m. To register, visit bit.ly/RVAVeteransCareerFair.

**Jan. 28**

**VIRTUAL COCKTAILS AND CONNECTIONS**
Join Network After Work for a free virtual networking session. Hosted by a moderator, this online event provides an opportunity for people to connect and takes place Thurs., Jan. 28 from 6 to 8 p.m. For more information, visit bit.ly/CocktailsandConnect.
Editing genes may end sickle cell disease

By Marion Renault

Scientists are seeing promising early results from the first studies testing gene editing for painful, inherited blood disorders that plague millions worldwide, especially Black people.

Doctors hope the one-time treatment, which involves permanently altering DNA in blood cells with a tool called CRISPR, may treat and possibly cure sickle cell disease and beta thalassemia.

Partial results were presented last month at an American Society of Hematology conference, and some were published in the New England Journal of Medicine.

10 patients appear cured

Doctors described 10 patients who are at least several months removed from their treatment. All no longer need regular blood transfusions and are free from pain crises that plagued their lives before.

Victoria Gray, the first patient in the sickle cell study, had long suffered severe pain crises that plagued their lives before. Since her treatment a year ago, Gray has weaned herself from the pain medications she depended on to manage her symptoms.

“It’s something I prayed for my whole life,” she said. “I pray everyone has the same results I did.”

Sickle cell affects millions, mostly Black people. Beta thalassemia strikes about one in 100,000 people. The only cure now is a bone marrow transplant from a closely matched donor without the disease, like a sibling, which most people don’t have.

Both diseases involve mutations in a gene for hemoglobin, the substance in red blood cells that carries oxygen throughout the body.

In sickle cell, defective hemoglobin leads to deformed, crescent-shaped blood cells that don’t carry oxygen well. They can stick together and clog small vessels, causing pain, organ damage and strokes.

Those with beta thalassemia don’t have enough normal hemoglobin, and suffer anemia, fatigue, shortness of breath and other symptoms. Severe cases require transfusions every two to five weeks.

Method tricks cells

The treatment studied attacks the problem at its genetic roots.

In the womb, fetuses make a special type of hemoglobin. After birth, when babies breathe on their own, a gene is activated that instructs cells to switch and make an adult form of hemoglobin instead.

The adult hemoglobin is what’s defective in people with either of these diseases. The CRISPR editing aims to cut out the switching gene.

“What we are doing is turning that switch back on and making the cells think they are back in utero, basically,” so they make fetal hemoglobin again, said one study leader, Dr. Haydar Frangoul of the Sarah Cannon Research Institute in Nashville.

The treatment involves removing stem cells from the patient’s blood, then using CRISPR in a lab to knock out the switching gene. Patients are given strong medicines to kill off their other, flawed blood-producing cells. Then they are given back their own lab-altered stem cells.

December’s results were on the first 10 patients, seven with beta thalassemia and three with sickle cell. The two studies in Europe and the United States are ongoing and will enroll 45 patients each.

Chief medical writer Marilyn Marchione contributed from Milwaukee.

—AP

Mark Your Calendar

Jan. 20
AVOID INVESTING MISTAKES
The Henrico County Public Library hosts a free Webex discussion on investing with advice from a local CPA and CFP professional. The event is intended for both experienced and novice investors and takes place Wed., Jan. 20 from 12 to 1 p.m. For the Webex link, visit bit.ly/HCPINvesting. Join by phone by calling (415) 655-0001, access code 126 480 8753.

Jan. 27+
INVESTMENT GROUP
The Virginia Market Traders and Investors group holds monthly meetings to discuss investing and trading. Membership is required to attend. Learn more at bit.ly/VaTradersandInvestors.
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Executive Director's Message
Dr. Thelma Bland Watson
Executive Director, Senior Connections, The Capital Area Agency on Aging

Dear Readers:

We appreciate the tremendous support received this year for our most successful Empty Plate Campaign. Thanks to the generosity of our community, we are able to fill many additional "empty plates" with critical services. We are especially grateful for this support in light of COVID-19 challenges. We are grateful for the opportunity to serve so many individuals in our communities. Thanks to the overwhelming support we receive, we are able to touch the lives of more than 24,000 individuals each year in important ways and provide critical services to approximately 3,600 older adults and caregivers annually. As 2020 comes to a close and we welcome 2021, we are also looking forward to the 50th Anniversary of Senior Connections in 2023 as we support the needs of older adults and collaborate with many community partners.

Every year, we celebrate Older Americans Month in May. Leading up to the celebration, we use the theme to call attention to the significant resources that older adults provide to their families and communities as well as their priority needs. As we reflect on the theme for 2021, "Communities of Strength," we recognize that housing continues to be a priority concern for older adults and their families. Many older adults must balance housing related costs with their ability to manage other essential needs such as health care, food, medications and transportation. Many older adults are challenged by housing instability.

During 2021, we will give considerable attention to identifying housing related resources to assist older adults, caregivers and families. Our goal is to empower older adults and caregivers to more fully use available resources. In this issue of Engage at Any Age, the major focus is on housing and important resources that support older adults. During 2021, we plan to have a major focus on housing and how to increase older stability for older adults.

We continue to recognize the significant need to address housing concerns experienced by older adults. We are implementing a pilot program that fits our mission to help older adults remain in their homes for as long as possible while empowering individuals to live with dignity and choice. We recognize that many community partners are working toward this goal as well. Therefore, we want to expand opportunities to fill gaps in current services, prevent crisis and support long term housing stability.

Please join us as we address important issues that impact older adults and caregivers. Also, please recognize the important contributions that older adults and caregivers make every day to our communities and families.

Senior Connections extends best wishes to all for gratitude, peace and well-being in 2021. Thank you.

Thelma Bland Watson, Executive Director

Resources to Help Older Adults Prevent Homelessness

Homelessness among older adults is on the rise. Some parts of the country have seen a 60% increase in the number of homeless adults, 55 and older, in shelters. In the Greater Richmond area, homelessness has remained relatively stable since 2015, except for older adults. The local housing crisis line has seen a 30% increase in older adults calling for help. Nearly half of those have never experienced homelessness before. The rise in homelessness among older adults is cause for alarm, especially with Richmond having the second highest eviction rate in the United States, behind only Richmond.

There are programs and resources available to help older adults remain in their homes. For homeowners, every locality in the Greater Richmond area has a Real Property Tax Relief program for residents who own their homes and are 65 and older or permanently physically disabled. Applicants can apply for exemption, reduction, or deferral of real estate taxes on their homes. There are income limits and other conditions that must be met to qualify. The requirements vary depending on the locality. To learn about the Real Estate Abatement program in your locality, contact your local Commissioner of Revenue's office.

For renters, new laws aid tenants to protect them from losing housing. Some examples of how the laws protect tenants are:

1. Your landlord gives you a written notice letting you know how much you owe. The notice must:
   1. Give you 14 days to pay rent owed; and
   2. Have information about the Virginia Rent and Mortgage Relief Program (RMRP) for residents who have lost income or had increased expenses due to the COVID-19 crisis, and how to reach 211 Virginia for other rental assistance programs.

2. Your landlord applies for RMRP on your behalf within 14 days of sending you the notice. Your landlord should be able to get you RMRP assistance faster than you can on your own. If you tell your landlord you are applying for the RMRP yourself, they are not required to apply for you.

3. Rent relief is denied for one of the following reasons:

   1. You refused to apply for the RMRP and refused to cooperate with your landlord in applying for the RMRP;
   2. The RMRP application is not approved by the agency within 45 days after it was submitted;
   3. The application was denied because you are ineligible for rent relief; or
   4. The RMRP has run out of money.

Landlords who own 5 or more rental units must take an extra step before evicting you for non-payment:

1. The landlord must offer you a payment plan without late fees. The landlord cannot evict you unless you refuse to enter into the payment plan or miss a payment. But the landlord only has to enter you into a payment plan one time per lease period. You can enter the payment plan AND apply for the RMRP. To get on a payment plan you must:
   1. Agree to the payment plan in writing; and
   2. Give your landlord a signed statement that you have lost income and/or had increased expenses due to the COVID-19 crisis.

   You cannot be evicted from your home without a written court order. The landlord may not lock you out or remove your belongings due to non-payment or for any other reason except if you have questions or need representation in court, contact the Central Virginia Legal Aid Society at (804) 648-1012 to see if they may be able to assist.

Residents who are within 72 hours of losing their homes or are already experiencing homelessness should call the Homeless Crisis Line at (804) 972-0813.

Residents who need assistance with finding housing or assistance with securing housing should call the Housing Resource Line at (804)422-5061. The Housing Resource Line may be able to help with: financial assistance, emergency assistance, foreclosure prevention, and other resources.

If you are having trouble paying your utility bills, contact your local Department of Social Services office to see what options may be available to you. Residents over 60 can often qualify for up to $1,200.00 a year in assistance with heating and cooling bills.
Colonial Downs Group Donates $100,000 to Help Pay Off Delinquent Sewer & Water Bills for Richmond Seniors

Donation Made to Senior Connections: The Capital Area Agency on Aging

Richmond, VA – December 21, 2020 – Colonial Downs Group, which operates Rosie’s Gaming Emporiums in Richmond, Hampton, New Kent County, Vinton, and opening soon in Dumfries, and the Colonial Downs Racetrack also in New Kent County, announced today a $100,000 donation to Senior Connections, The Capital Area Agency on Aging to help pay off delinquent sewer & water bills currently owed by Richmond city senior citizens.

Speaking about the contribution, Aaron Gomes, Chief Operating Officer at the Colonial Downs Group, remarked, “We know this has been an incredibly tough year for so many in the Commonwealth. In particular many Virginians, especially the elderly, have been struggling to keep up with some of the most basic and important everyday costs of living, chief among those their utility bills. As we celebrate this holiday season we wanted to give back to the people of the City of Richmond, where we are so fortunate to conduct business. With this contribution we hope we will make the holidays a little bit easier and brighter for families trying to get through a tough year. We know Senior Connections is absolutely the right partner in this effort. They will get these funds to the individuals who need them the most, and we could not be prouder of this partnership in service of our fellow Virginians.”

Dr. Thelma Watson, Executive Director of Senior Connections, the Capital Area Agency on Aging, remarked, “This generous contribution, made right in the heart of the holiday season, will do so much good for so many Richmond residents. When you are living on a fixed income it can be devastating to face the prospect of being unable to afford your most basic needs. With this donation, there are hundreds of individuals who will breathe a little easier tonight, knowing the help they so desperately needed has arrived. And this contribution doesn’t stop there. With these new funds now dedicated to helping seniors with their water and sewer bills, it frees up more of our existing resources to help with other matters facing our clients, including their home heating bills. We want to thank Colonial Downs, and their entire team, for being a conscientious and committed member of our community. Because of this gesture, Christmas will be a little ‘merrier’ this year in a whole lot of homes.”

Through the charitable giving program, ‘Rosie’s Gives Back’, the Colonial Downs Group has made monetary donations of more than $630,000 (not including today’s gift); in-kind donations of more than $160,000; and has logged over 1,100 service hours in Virginia communities. Among these initiatives are the Community Heroes Meal in which Colonial Downs Group turned over kitchens at Rosie’s properties to provide 30,000 free “grab and go” meals this spring for Virginia’s community heroes serving on the front lines of the state’s ongoing response to the coronavirus pandemic; pledging $500,000 over (5) years to Richmond’s Miles Jones Elementary School; and supporting over 100 other groups and causes in the Commonwealth.

About Colonial Downs:
Colonial Downs Group has made a $300 million investment in the Commonwealth of Virginia. Colonial Downs Group pays more than $32,000,000 in annual state and local taxes, plus an additional $12,000,000 in racing industry payments annually.
Innovations in Housing for Older Adults

Housing instability and homelessness have been a critical topic during the pandemic. Senior Connections, however, has long recognized that older adults (ages 55 years and older) are the fastest-growing cohort of homeless people in the Greater Richmond area, with nearly half experiencing homelessness for the first time.

Broader systemic issues exacerbate this crisis. Richmond has the second-highest rate of evictions in the country and there is a profound lack of accessible housing. Accessible housing means housing that is low-cost, located in the community near transportation and other needed services, is immediately available without waiting lists and is accessible to those with differing abilities. Additionally, when older adults and individuals with disabilities experience homelessness, shelters and other safety net providers are often unprepared to meet their needs.

Breaking Down Silos and Creating Bridges: Innovative Partnerships to Reach Vulnerable Populations

In 2019, The Longevity Project, formerly Richmond Age Wave, launched the Older Adult Housing Stability Project. The project was designed to build bridges between aging and housing services. The Longevity Project for a Greater Richmond is a university-community collective impact initiative comprised of public and private organizations, businesses, and community members working together to make the Richmond region a great place for all people to grow old. More than 150 regional stakeholders have come together to support this mission. The Longevity Project is co-managed by VCU Gerontology and Senior Connections, the Capital Area Agency on Aging.

The Older Adult Housing Stability Project is funded by the Department of Aging and Rehabilitative Services, Richmond Memorial Health Foundation, The Community Foundation, and United Way of Greater Richmond and Petersburg. Project team members are working to identify and implement systems-level change with partners at the state and local levels. The project’s goal is to reduce homelessness among older adults in the Greater Richmond area.

Housing Stability Learning Labs, a vital component of the project, provided cross-sector education between Homeward (the Richmond area homeless services coordinating agency), Dominion Place (a senior housing community), and The Longevity Project. The partnerships allow for continuous, wrap-around services to assist older adults in need of stable housing. The program is expected to begin after the New Year.

The Rural Housing Instability Pilot Project, while still in development, will work to assist older adults experiencing housing instability due to a traumatic life experience, like the death of a partner or spouse. In partnership with the Virginia Credit Union, the program will provide financial education, assistance with settling estates, help with determining assets/liabilities and other advice to prevent a crisis.

The Eviction Diversion Program was established to assist older adults who are being evicted from their homes. The program is a collaboration between Senior Connections and the Central Virginia Legal Aid

Outcomes - Learning Lab Participants: 95% percent of participants surveyed said the Learning Lab successfully connected them to new concepts they can use in their professional role. A majority reported the Learning Lab successfully connected them to professionals outside of their traditional network.

From Conversations to Change: Addressing Housing Instability

Senior Connections has always been a leader for information and referral around housing. With these new trends in the homeless population, Senior Connections has now launched various housing stability interventions aimed at the heart of the problem. One such intervention is the Homeless Housing Preference Program. Senior Connections is working with community partners to address the need of individuals experiencing homelessness or at risk for homelessness. Those partners include Richmond Health and Wellness (a community-based healthcare program in partnership with Virginia Commonwealth University), Homeward (the Richmond area homeless services coordinating agency), Dominion Place (a senior housing community), and The Longevity Project. The partnerships allow for continuous, wrap-around services to assist older adults in need of stable housing. The program provides five dedicated units at Dominion Place (requires a HUD waiver) to “fast track” the process for those currently experiencing homelessness. The program is expected to begin after the New Year.

The Eviction Diversion Program was established to assist older adults who are being evicted from their homes. The program is a collaboration between Senior Connections and the Central Virginia Legal Aid

Do you need help finding rental options, financial assistance, or getting legal aid?

Call the NEW RVA HOUSING RESOURCE LINE AT 804-422-5061 to get connected to the right resources for free!

Are you unsure who to contact?
Senior Connections, CAAA

Housing
From page B-3

Society. The Central Virginia Legal Aid Society provides pro bono legal assistance to tenants who have received a notice to vacate. The Eviction Diversion Program helps individuals facing eviction from their homes for various reasons such as failure to pay rent, improper maintenance, and fire hazards.

The Chore Services and Residential Repair & Rehab Program works with individuals at risk for homelessness because of needed home repairs.

The Chore Services and Residential Repair & Rehab program provides services such as home modifications that make homes safe. Senior Connections works with partners such as Abundance Organizing to provide a respectful and considered approach to handling sensitive situations.

Multi-agency collaborative efforts have also been created. For example, The Homeless Crisis Line, managed by Homeward, now has additional support through a dedicated staff member from Senior Connections. The Homeless Crisis Line, along with The Housing Resource Line, provides critical information to those individuals at risk of homelessness.

Senior Connections Care Coordination Manager, Mr. Matthew Jones, MSW, recently presented information about the housing stability projects to participants of the Home and Community-Based Services (HCBS) Conference. The national conference, held annually by Advancing States, brings together state, federal, and local policymakers and other members of leading agencies who administer, manage, and deliver waiver and other HCBS programs. This year the conference was held virtually in early December. The HCBS Conference's purpose is to share practices and policies that improve state systems delivering long-term services and supports (LTSS) for all ages and abilities.

Emergency Shelter:
If you do not have shelter or are in danger of losing your housing within 3 days, contact the Housing Crisis Line at 804-972-0813.

Find Housing:
If you are having difficulty finding housing that you can afford, contact the Virginia Housing Development Authority:
http://www.virginiahousingsearch.com/

Foreclosure:
If your home is in foreclosure, Housing Opportunities Made Equal (HOME) may be able to help:
Phone: 804-354-0641
Virginia Relay: 711
Email: help@HOMEofVA.org

Financial Assistance:
If you are having difficulty paying your rent or mortgage, contact Virginia 211 for services in your area by calling 2-1-1 on your phone.

Home Repairs:
If you earn less than $50,000 per year, own your home in Richmond, Chesterfield, Henrico or the Tri-Cities area, and have repairs that need to be done to keep your home safe or to help reduce monthly energy costs, contact your local Department of Social Services and ask about services through Project Homes.

If you live in a rural area, you may qualify for grants or loans through the USDA. For more information or applications, contact: Elizabeth Walker Green, State Director Voice: (804) 287-1615 Fax: (804) 287-1718 www.rd.usda.gov/va

Eviction:
If you are being evicted, contact the Eviction Legal Helpline through VPLC at: 833-NOEVICT (833-663-8428)

Property Tax Relief:
Many older adults who own their homes qualify for property tax relief. You may be eligible to pay nothing in property taxes for your home. Contact your local tax office to see if you qualify.

Housing Resources

Help Support Older Adults in Your Community!

Did you know Senior Connections is a non-profit 501(c)3 organization? Essential services such as food, in-home care, emergency services, transportation and social engagement programs are provided through donated funds

YES! I want to help support Senior Connections.
Enclosed is my tax-deductible contribution of:

$100 □ $50 □ $25 □ Other $________

Contributions will support the Empty Plate Campaign.

Name:________________________
Address:________________________
City, State, Zip:________________________

Mail to Senior Connections,
24 E. Cary St. Richmond, VA 23219.

To make a donation with a credit card, please visit our website at
seniorconnections-va.org
Law & Money

Fund your IRA by April to cut your taxes

By Sandra Block

Make sure you haven’t overlooked one of the best ways to cut your 2020 tax bill (even in the new year) and secure your future: funding a traditional IRA. (Note: There is no upfront tax break for funding a Roth IRA.)

You can make an IRA contribution for the 2020 tax year up until the time you file your tax return, which is due April 15, 2021, and still be able to deduct your IRA contribution on your 2020 return.

To contribute to a traditional IRA, you or your spouse must have earned income from a job. And you may be able to deduct contributions to an IRA even if you or your spouse are covered by another retirement plan at work. Plus, starting in 2020, seniors age 70½ and older with earned income can plan at work. Plus, starting in 2020, seniors contributions to an IRA even if you or your spouse must have earned income on your 2020 return.

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Here’s some more good news: The IRA deduction is an “above the line” adjustment to income, meaning you don’t have to itemize your deductions to claim it. It will lower your adjusted gross income (AGI) dollar-for-dollar, lowering your tax bill. And your lower AGI could make you eligible for other tax breaks that are tied to income limits.

Who qualifies?

If you’re single and don’t participate in a retirement plan at work, you can make a tax-deductible IRA contribution for 2020 of up to $6,000 ($7,000 if you’re 50 or older) regardless of your income.

If you’re married and your spouse is covered by a workplace-based retirement plan but you’re not, you can deduct your full IRA contribution as long as your joint AGI doesn’t top $196,000 for 2020. You can take a partial tax deduction if your combined income is between $196,000 and $206,000.

But even if you do participate in a retirement plan at work, you can still deduct up to the maximum $6,000 IRA contribution ($7,000 if you’re 50 or older) if you’re single and your income is $65,000 or less ($104,000 if married filing jointly). And you can deduct some of your IRA contribution if you’re single and your income is between $65,000 and $75,000, or if you’re married and your income is between $104,000 and $124,000.

Spouses with little or no earned income for 2020 can also make an IRA contribution of up to $6,000 ($7,000 if 50 or older) as long as their spouse has sufficient earned income to cover both contributions. The contribution is tax-deductible as long as your household income doesn’t exceed the limits for married couples filing jointly.

Double tax break

Some low- and moderate-income taxpayers get an extra break for contributing to an IRA or other retirement account. In addition to the usual IRA deduction, you may qualify for a Retirement Savers tax credit of up to $1,000 for contributions to an IRA or other retirement tax plan. (A tax credit, which reduces your tax bill dollar-for-dollar, is more valuable than a deduction, which merely reduces the amount of income that is taxed.)

The actual amount of the credit depends on your income. It ranges from 10% to 50% of the first $2,000 contributed to an IRA or other retirement account.

To be eligible, your 2020 income can’t exceed $32,500 if you’re single; $48,750 if you’re the head of a household with dependents; or $65,000 if you’re married filing jointly. The lower your income, the higher the credit. But you can’t claim the Retirement Savers credit if you’re under 18, a student, or can be claimed as a dependent on someone else’s tax return.

Ways to pay for long-term care if needed

Many retirees and prospective retirees don’t realize that Medicare does not cover expenses associated with long-term care, which is unfortunate because statistics show that approximately 70% of them will eventually need it in some form.

Long-term care (LTC) is the care, both medical and non-medical, required by people for an extended period of time because of medical, physical and cognitive conditions caused by an accident, illness or frailty.

LTC typically involves assistance or supervision of activities of daily living when these tasks can no longer be performed independently.

Because of the high cost of nursing homes and assisted-living facilities, a significant percentage of retirees will have a difficult time handling the cost of LTC if these facilities are required for an extended period.

Traditional LTC policies are not cheap. Individuals who did not obtain such a policy when they were young and in good health will likely find that they cannot afford to initiate a policy near retirement. In addition, if their health has deteriorated, they might find they are not eligible to purchase such policies.

Many, if not most, individuals who did purchase traditional LTC policies have found that their premiums have increased dramatically because insurance companies underestimated the costs, and state insurance departments have granted the right to many insurance companies to increase their LTC rates, sometimes to two or three times the original premium.

Accordingly, policymakers have been faced with the unattractive options of paying much higher premiums, accepting lower coverage or allowing their policies to lapse.

An alternative to insurance

Annuity expert Stan Haithcock (www.theannuityman.com) points out that a limited number of healthcare providers offer a “simplified issue” annuity that provides LTC benefits without such a rigid underwriting process. You can obtain coverage without a medical exam by answering a detailed set of healthcare questions by phone.

A significant lump-sum deposit is required, say $100,000. However, depending on the policy, you may be entitled to a benefit that is a multiple of the deposit amount, for example up to $300,000 to cover your LTC expenses.

And if you do not use the LTC option, you earn interest at a nominal rate on the initial deposit. All of the lump-sum payment would eventually be paid out either as LTC expenses or returned to you or your heir with the nominal interest payments.

Other advantages:

— No premium increase: Once you purchase the annuity, there will be no increase in premium. Individuals who have purchased traditional long-term insurance policies do not have the protection of a fixed premium.

— 1055 exchange option: If you have already purchased a policy which has value, you may be able to switch policies to a LTC annuity.

— Possible tax-free withdrawals: If you purchase the policy with after-tax funds, most of your withdrawals would be tax-free.

— Return of premiums: If you do not use the long-term healthcare option, you or your heirs would be entitled to receive the principal back with interest. With a traditional LTC policy, you will not receive any repayment of premiums.

Some disadvantages:

— LTC benefits are more limited than those associated with traditional LTC policies.

— You will have to make a large up-front payment.

— Withdrawals you make for health expenses will reduce the value of the annuity.

— Some withdrawals can be taxable. For example, if the annuity was purchased inside a traditional IRA, the withdrawals would be taxable. Benefits from a traditional long-term health care are not taxable.

Where to get

The following healthcare companies offer simplified issue annuities: Securian Financial Group, the MassMutual Group and Legal & General Group. And if you’re in a larger company, you may be able to purchase through your employer’s retirement plan.

Did you know you can donate unused points and gift cards to charity? See story on page 16.
Why would you donate points to charity?

By Erin Hurst

If you’re looking to give to charity this year but don’t want to dip into your bank account, donating unused credit card rewards, hotel points and airline miles can be a helpful alternative. In some cases, the charity can use the rewards for travel needs, and in other cases, the issuer can convert them to cash for the charity.

And nonprofits’ needs are skyrocketing amid the COVID-19 pandemic. A July 2020 analysis by Candid, a group that provides information about nonprofits, found that more than one-third of them may be forced to shutter as a result of the twin crises of the pandemic and recession.

We’ve outlined the circumstances when it does and doesn’t make sense to donate from credit card rewards.

When donating points works well

1. When you (and the charity) will get good value for the points

Sometimes point values are diminished if you donate them. Other times, it’s a fair or even superior value.

Citi lets eligible cardholders donate ThankYou points to a handful of charities at a value of 1 cent each. That’s the baseline value you’d want for travel redemption, and it’s a better value than redeeming for cash back.

Those who hold eligible Chase credit cards can redeem their points for statement credits to cover donations to about a dozen charities, again at a rate that’s higher than the penny-per-point value for cash back.

There are third-party options, too. Miles4Migrants, a charity that uses donated miles to help people affected by disasters, works to get full value for gifted rewards. “We have a team of expert award bookers search for flights and give that information to the donor, who books the flight directly for the person in need,” marketing manager Cat Cooke said.

2. When the charity gets a kicker

In December, American Express offered a 10-times match when you donate points to Feeding America. Discover let cardholders donate rewards to several nonprofits and contributes an extra $25,000 to one that receives the most donations annually.

United Airlines’ Miles on a Mission platform runs periodic campaigns to support nonprofits. The company rolled out a new initiative last month with a match limit of 125,000 miles per charity.

3. When your supply outpaces your demand

Points and miles don’t earn interest and can’t be redeemed for cash. If you’re sitting on more points than you’ll use in the next two years, donating them may make sense.

Derrick Dye, an attorney and blogger at 16 Law & Money, writes: “My wife and I feel strongly about supporting our nation’s veterans, and donating our Southwest Airlines points to the Honor Flight Network is an easy way for us to give back,” Dye said.

When donating points isn’t ideal

1. When your points lose significant value

Many loyalty programs don’t disclose how many dollars a charity will receive for your points or miles donation. But often it won’t be the same value you could expect if you used them for travel.

Marriott, for instance, offers a robust list of charities to which you can donate Bonvoy points — from as few as 2,500 points for a $10 donation, up to 125,000 points for a $500 donation. That’s a value of 0.4 cent per point, but you can more than double that if you use them for travel.

2. If you can donate cash rewards instead

Some cards may give you an option to earn rewards as points or cash back. And while points can sometimes offer a fair or excellent value when donated, cash back remains the most flexible reward of all.

You can give that money to any number of charities, not just ones that partner with the card issuer. Plus, you might reap tax benefits this way.

Because the IRS generally views credit card rewards as rebates and not income, they don’t count as gifts. Donations of points and miles aren’t eligible for write-offs — but monetary donations could be. If you redeem rewards for cash back and then donate that directly to a charity, you’re giving money, not points.

3. If you have alternative ‘found funds’

Another way to avoid tapping into your bank account or your rewards stash is to donate “cash equivalents.” One example: unused gift card balances that may be floating around your desk.

Charity Choice, a nonprofit that lets users send gift cards to more than 1,000 different charities, also accepts unused balances on existing retail and restaurant gift cards.

“There’s been an avalanche of interest in people donating gift cards, and buying charitable gift cards for their friends and clients,” Charity Choice co-founder Daniel Goodman said. You’ll receive a receipt for the full value of the gift card you donate.

—AP/NerdWallet

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Introducing Quingo® – the powerful, take-anywhere and go-anywhere mobility scooter that you never have to lift.

It’s a sad fact. Many people who have mobility issues and could benefit from a scooter aren’t able to use them away from home. Struggling to get it into a car or loading it onto a bumper-mounted lift just isn’t worth the effort. Even travel scooters can be hard to pick up and load into a car... and many are prone to tipping over. Now, there’s a better scooter, Quingo®. It’s easy to use, even for one person, and requires no more effort than opening a car’s tailgate and pressing a remote. Now anyone with a SUV, cross-over or mini van can go anywhere they want any time they want.

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For the first time in years I’ve been able to go with my granddaughters to the mall. A crowd gathers every time I unload my scooter from my car!”

– Judi K, Exeter, CA

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Tap into a home’s value with refi or loan

By Patricia Mertz Esswein

A debt-free retirement has been the ideal scenario for so long that older adults often overlook a valuable financial resource: their home.

Collectively, homeowners age 62 and older have a record $6.5 trillion of “tappable” equity, according to data analytics firm Black Knight. Individually, home equity accounts for more than a quarter to almost half of the median net worth of retirees, depending on age, according to the Federal Reserve Bank of Philadelphia.

Many financial planners believe tapping that wealth in retirement or just before makes sense if done wisely. For instance, the money can be used for some laudable goals: to pay off higher-priced credit card debt, remodel a home with features to help you age in place, delay taking Social Security or a pension, payment stubs, recent savings or investment account statements, and tax returns for the past two tax years.

First, prove you qualify

Lenders can’t discriminate against you based on your age, but you must prove you have the income and assets to repay a loan. A lender will ask for documentation including copies of award letters (for Social Security or a pension), payment stubs, recent savings or investment account statements, and tax returns for the past two tax years.

Lenders generally want to see a “two-year history and three-year future” for most income sources, according to LendingTree.

Generally, borrowers with higher credit scores and lower loan-to-home-value ratios get the best rates. Reverse mortgages work a bit differently, requiring underwriting but no credit score.

No matter how you tap your home’s equity, you’ll pay closing costs including the lender’s origination fee plus fees for third-party services, such as the appraisal, title work and recording the lien with the county.

The fees can be paid out of pocket or rolled into the loan. You’ll have a three-day cooling-off period after closing in case you change your mind.

Cash-out refinancing

Most seniors with home equity are candidates for refinancing because the rate on their first mortgage is significantly above the market average, according to Black Knight. By refinancing, they can improve their rate and take cash out.

A cash-out refinance, the existing mortgage is replaced with a new, larger one that reflects the home’s current appraised value. You can take cash out of the difference up to a limit.

In late November, the national average fixed rate hit an all-time low of 2.72% for 30-year mortgages and 2.28% for 15-year mortgages, according to Freddie Mac. The rate on a cash-out refinance will be about an eighth to a quarter of a percentage point higher than for a no-cash-out refinancing, said Adam Smith, a mortgage broker in Denver.

Lenders will let you borrow up to 80% of your home’s value, including the new mortgage and the cash you take (75% for a second home or investment property).

With a loan-to-value ratio of 80% or less, you’ll avoid the cost of private mortgage insurance. If you have any other home equity debt, you must pay it off or roll it into the new mortgage up to the limit.

Your monthly mortgage payment, including the principal, interest, property taxes, hazard insurance and any homeowners’ association fees, should consume no more than 28% of your monthly gross income.

Closing costs are typically 2% to 6% of the new loan amount. Use the Tri-Refi calculator (hsb.com/refinance-calculator) to deter-

Long-term care

From page 15


Income rider option: You should NOT consider an income rider associated with a deferred annuity as a substitute for a traditional LTC policy or simplified issue annuity. They don’t have the same benefits or tax advantages.

You should consider them as alternative coverage only if you are unable to obtain either conventional LTC coverage or a simplified issue annuity.

Elliot Raphaelson welcomes your questions and comments at raphelliot@gmail.com. © 2020 Elliot Raphaelson. Distributed by Tribune Content Agency, LLC.
Home equity
From page 17

mine whether it’s better to pay out of pocket or roll the cost into the loan or interest rate.

Home equity loan options
A home equity loan, also called a second mortgage, provides a lump sum payout that may work well for a one-time expense, such as a specific home project or car purchase. It offers the predictability of a fixed rate of interest and repayment in equal monthly payments over a term of five to 20 years.

A home equity line of credit (HELOC) is a revolving line of credit that you can tap whenever you like by using a check, a credit card or debit card connected to the account, or an electronic transfer. You’ll incur a variable rate of interest on any outstanding balance.

You could use the HELOC to pay for completed phases of a remodeling project, or ongoing or variable expenses, such as medical bills, or just keep funds available for an emergency.

Be aware that lenders may reduce, freeze or cancel lines of credit if they anticipate or experience a rising number of defaults, as they did during the Great Recession. Despite the pandemic, lenders haven’t yet curtailed borrowing for existing lines of credit, said Keith Gumbinger, vice president at HSH.com. However, JPMorgan Chase and Wells Fargo stopped taking applications for new HELOCs this past spring and had not resumed by early December.

Don’t wait to apply until your home is under construction, unoccupied or for sale, or has lots of deferred maintenance or damage because it will no longer qualify as collateral, Garcia said.

HELOCs provide an initial withdrawal period, usually 10 years, when you can borrow up to your limit. During that time, you may choose to make a minimum payment — typically 1% to 2% of the loan balance — or an interest-only payment if you qualify. You can usually prepay more without penalty. As you repay principal, your available credit is replenished.

Many lenders offer a “loan within a line” type of HELOC. During the draw period, you can convert all or part of your outstanding balance from a variable to a fixed rate, usually a limited number of times, and repay that portion over a term of up to 20 years.

After the draw period ends, you must begin making principal and interest payments, typically over 10 to 20 years. Look for a fully amortized repayment plan that will completely pay off your balance by the end of the term, without requiring a balloon payment.

If you pay only interest throughout the draw period, you could get hit with a substantially larger payment. To avoid that, pay off the balance in full or refinance into a new HELOC before the repayment period begins.

How to get the best rate
In early December, the average fixed rate for a home-equity loan with a 10- or 15-year term was 5.6%, and the average variable rate for a HELOC was 4.5% (with a loan or line amount of $30,000, a FICO score of 700 and a combined loan-to-value ratio of 80%), according to Bankrate.com. Some lenders will offer a lower, introductory HELOC rate to qualified borrowers. Make sure you know how long it lasts and what your new rate will be when the introductory period ends.

You may qualify for a discount of 0.25% or 0.5% on the rate if you already have or open a deposit account with the lender, sign up for automatic payments, or agree to pay an annual fee of, say, $50. Look for a rate cap to keep borrowing costs manageable.

Closing costs for a home equity loan or line of credit can run about 2% to 5% of the loan amount. In exchange for a “no-cost” offer, you’ll either pay a higher interest rate, or the lender will impose a penalty if you close the loan or line prematurely. Pay special attention to miscellaneous fees for such things as inactivity or a minimum balance.

Begin shopping wherever you currently have a bank account, but check other lenders for current rates and offers or request personalized quotes. Then use calculators at bankrate.com, hsh.com or lendingtree.com to run what-if scenarios.

The cost of tapping your equity may be reduced on your federal tax return. If you itemize, interest on up to $750,000 of mortgage or home equity debt ($375,000 if you’re married and file separately) is deductible to the extent that the money was used to buy, build or improve your home. (Higher limits of $1 million and $500,000 apply if you acquired the debt before Dec. 16, 2017.)

If you refinance, take cash out and pay for a car or vacation, the interest on that amount can’t be deducted.

The interest accrued on a reverse mortgage won’t be deductible until you repay the loan, typically when you leave the house and it’s sold. To qualify for the deduction, the money must have been used to “buy, build or substantially improve” the home.

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Share your thoughts.
Send a letter to the editor.
Being bold in Boulder during a pandemic

By Tony Glaros

Practically speaking, no one in their right mind would dare drive to Colorado during a life-altering pandemic. Or stay in motels in the nation’s heartland while it’s in the grip of a deadly virus. So, what does that make me and my wife?

We will not soon forget the 1,600-mile road trip we took this fall to help our son move to Denver. We spent five weeks out West, returning in time for the holidays. Best of all, we avoided the virus and continue to enjoy good health.

Of course, more orchestration than usual went into planning our trip. We packed well and wore masks. While pumping gas, we would slip on our disposable plastic gloves.

We booked the same three motels on the way to Colorado and coming home. At every one, we requested a first-floor room. When we arrived, masks on, we would find a parking spot closest to our room, thereby limiting time spent in the lobby, corridors and elevators.

We also waived maid service for the duration of our stay. For breakfast, our motels offered lunch bags with fruit and a granola bar, not a continental buffet (although self-serve coffee and tea were still available in the lobby).

Warm welcome

A few minutes after clocking the third and final leg of our trek to the Centennial State, we were treated to a warm greeting at Trader Joe’s in Boulder, 25 miles northwest of Denver.

“Where you guys from?” asked the cashier in a sweet singsong.

“We’re from D.C.,” my wife replied, stacking the counter with frozen Indian curry dinners. “We drove. We had no faith that the airline wouldn’t suddenly begin selling the middle seat again.”

Then and there, another worker stepped into the conversation, clutching a bouquet of flowers.

“For you!” she announced cheerily, as if we were visiting, jet-lagged royalty. “Welcome to Boulder!”

Rocky Mountain high

At sunrise on the first day at our rustic, ski-lodge-like Airbnb, in the early stages of recovering from our road trip, I was roused from a peaceful sleep by my wife. She was eager to share the joy she felt upon opening the living room shades.

Stumbling from the bed, I zig-zagged down the hall. Together, we stood, mesmerized, by the towering mountain across the street.

Grabbing a map, we learned it was one of the famed Flatirons. These five exquisite chestnut-colored rock formations line the eastern slope of Green Mountain.

The Flatirons are part of the 45,000 protected acres of Boulder’s Open Space and Mountain Parks. The area is replete with trails from easy to difficult, and provides a sanctuary for animals — yes, bears and mountain lions, too. Many of the trails start at the Chautauqua Trailhead.

No trip to the Front Range would be complete without a trip to Rocky Mountain National Park. Located in Estes Park, an hour north of Boulder, the wilderness contains 415 square miles of subalpine and alpine forests.

Based on my unscientific analysis, in Boulder there are as many four-wheel drive Subarus navigating the craggy, snow-capped foothills of the Front Range as there are mountain bikes piloted by many of the 30,000-plus college students in town. The University of Colorado’s flagship campus spreads out at the base of the peaks like the antlers on a Shiras moose.

Art scene, redefined

In a pineapple upside-down cake of a world punctuated by confusion over what’s open and what’s not, Boulder’s artistic and cultural stewards are doubling down to keep things rolling.

The doors at the Museum of Boulder have reopened, albeit with limited hours. The archive brims with thousands of vintage documents and photographs. You can also stumble on parking meters, protest signs, weather balloons and Olympic gear.

During the fall, the list of activities soared to new heights as socially distanced fitness and yoga classes were offered on the museum’s rooftop patio.

“We are very proud to be open fully, but we are no doubt hemorrhaging [money] right now,” said Lori Preston, executive director of the museum.

A museum director from the Smithsonian Institution, Brent Glass, helped the Boulder museum revamp its strategic plan. His exhibit, “Drawing Parallels: Community Art and Artifacts From 2020,” focuses on how Boulder dealt with simultaneous historic events in the past, such as world wars, civil rights and pandemics. The exhibit runs through March 1.

Boulder’s art scene also attracted Jean Inaba, who since 2013 has worked for Colorado Public Radio’s classical music platform as a producer and on-air host.

On the air, Inaba richly describes the outdoorsy rhythm of life in northern Colorado. Her sweet spot: the exquisite latticework of trails in around Denver and Boulder.

“I’ve been on all the main ones, and it’s great fun!” Inaba enthused in a phone interview. “My favorite is the Clear Creek Trail, a 30-mile ride from where I live to the town of Golden.”

Shops still open

If you’re not up for hiking, a stroll on downtown Boulder’s Pearl Street Mall can...
Boulder

From page 19
unfurl a surfeit of still-open coffee shops, winter apparel retailers and souvenir outlets.

As we strolled the streets of the four-block outdoor mall, most people of all ages donned masks. The only exception were street performers, whose work called for activation of their vocal skills for outdoor audiences.

In a heady, mile-high whirlwind we stumbled upon the iconic ZIP Code Man, aka David Rosdeitcher. He claims to have memorized 50,000 Zip codes, a feat that earned him a spot in the Guinness Book of World Records. Simply call out your Zip code, and he will reveal where you live, plus toss in the name of a well-known eatery there.

“It’s showtime!” bellowed the unmasked ringmaster from his sidewalk stage by the Visitors Center kiosk. Outfitted in faded trousers and yellow hoodie, he had a brick-layer-after-sweating-all-day-under-a-blazing-sun look.

“11201,” one spectator called out. You could almost see the wheels in Rosdeitcher’s head spinning. Two seconds passed.

“New York!” he screamed, competing with the rising chorus from scores of UC students gleefully marching on the corner to celebrate Joe Biden’s win.

“That’s awesome!” the guy blurted out. “How did you do that?”

“There’s a great pizza place there. It’s called Grimaldi’s. It’s one of my favorites.”

Reinvented restaurants

We found a number of favorite eateries in 80302, downtown Boulder. Our nearly long pandemic has sparked an avalanche of reinvention. Restaurant owners have slashed hours, limited occupancy, and retrofitted their operations in myriad other ways.

Holding steady are stand-out spots such as Arabesque. Ordering is limited to the walk-up variety. Signature favorites, like the Middle Eastern combination platter laden with shawarma and homemade grape leaves, taste delicious, even at home. For dessert, we went with the baklava and the mouth-watering Arabic chai.

The pandemic has forced owner Manal Jarrar to lay off her staff and reemerge as a one-person band. These days, all the prepping, cooking, serving and cleaning is in her hands. Yet, she somehow finds time to mix it up with admiring customers.

Jarrar grew up poor in her native Palestine, but she had dreams. Catching the bus every week to Haifa, Israel, she studied ballet at a private school. Later, she taught and performed. For effect, she launched into a ballet number, arms extended gracefully.

Bring the natural benefits of sunlight indoors.

Ever since the first human went into a dark cave and built a fire, people have realized the importance of proper indoor lighting. Unfortunately, since Edison invented the light bulb, lighting technology has remained relatively prehistoric. Modern light fixtures do little to combat many symptoms of improper lighting, such as eyestrain, dryness or burning. As more and more of us spend longer hours in front of a computer monitor, the results are compounded...and the effects of indoor lighting are not necessarily limited to physical well-being. Many people believe that the quantity and quality of light can play a part in one’s mood and work performance. Now there’s a better way to bring the positive benefits associated with natural sunlight indoors.

A floor lamp that spreads sunshine all over a room

The Balanced Spectrum® floor lamp will change the way you see and feel about your living or work spaces. Studies show that sunshine can lift your mood and your energy levels. But as we all know, the sun, unfortunately, does not always shine. So, to bring the benefits of natural daylight indoors, use the floor lamp that simulates the full spectrum of daylight. You will see with more clarity and enjoyment as this lamp provides sharp visibility for close tasks and reduces eyestrain. Its 27-watt compact bulb is the equivalent to a 150-watt ordinary light bulb. This makes it perfect for activities such as reading, writing, sewing, needlepoint, and especially for aging eyes.

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1-888-741-5014
By Rick Steves

As we’ve had to postpone our travels because of the pandemic, I believe a weekly dose of travel dreaming can be good medicine. These thoughts about communicating on the road in Britain are a reminder of the fun that awaits us at the other end of this crisis.

Oscar Wilde famously said that the English “have really everything in common with America nowadays — except, of course, language.” It’s still true. A trip to Britain comes with plenty of linguistic surprises.

I’ll never forget checking into a small-town B&B as a teenager on my first solo European adventure. The landlady cheerfully asked me, “And what time would you like to be knocked up in the morning?”

I looked over at her husband, who winked and asked, “Would a fy at half-eight be suitable?” The next morning, I got a rap on the door at 8 a.m. and a huge British breakfast a half-hour later.

Britain can be an adventure in accents and idioms. Every day you’ll see babies in prams and pushchairs, sucking dummies as mothers change wet nappies. Soon the kids can trade in their nappies for smalls and spend a penny on their own.

“Spend a penny” is British for a visit to the loo (bathroom). Older British kids enjoy candy floss (cotton candy), naughts and crosses (tic-tac-toe), big dippers (roller coasters) and iced lollies (popsicles). Kids are constantly in need of an Elastoplast or sticking plaster (Band-Aid), which their parents buy at the chemist’s (pharmacy).

In a stationery store, you can get sticky tape or Sellotape (adhesive tape), rubber (erasers) and scribbling blocks (scratch pads). At garden shops, those with green fingers (a green thumb) might pick up some courgette (zucchini), swede (rutabaga) or aubergine (eggplant) seeds. If you need a torch (flashlight), visit the ironmonger’s (hardware store).

In Britain, fries are chips, and potato chips are crisps. A beef burger, made with mince (hamburger meat), comes on a toasted bun (fun). For pudding (dessert), have some sponge (cake).

**Exploring brilliant towns**

The British have a great way with names. You’ll find towns with names like Upper and Lower Slaughter, Once Brewed and Itching Field.

This cute coziness comes through in their language as well. You’ll visit “brilliant” (wonderful) sights that’ll give you “goose pimpls” (goose bumps). Your car will have a bonnet and a boot rather than a hood and trunk. You’ll drive on motorways, and when the freeway divides, it becomes a dual carriageway.

Never go anticlockwise (counterclockwise) in a roundabout. Gas is petrol, a truck is a lorry, and when you hit a tailback (traffic jam), don’t get your knickers in a twist (make a fuss) — just be patient and queue up (line up).

The British never say they have a two-week vacation, but many locals holiday for a fortnight, often in a homely (homey) rural cottage or possibly on the Continent (continental Europe).

They might pack a face flannel (washcloth) and hair grips (bobby pins) in their bum bag (never a “fanny” pack — which refers to the most private part of a woman’s anatomy). If it’s rainy, wear a mackintosh (raincoat) or an anorak (parka) with press studs (snaps).

If you get settled into a flat (apartment), you can post letters in the pillar box or give your mum a trunk (long-distance) call. If that’s too dear (expensive), she’ll say you’re tight as a fish’s bum. If she witters on (gabs and gabs), tell her you’re knackered (exhausted) and it’s been donkey’s years (ages) since you’ve slept.

After washing up (doing the dishes) and hoovering (vacuuming), you can have a plate of biscuits (cookies) and, if you’re so inclined, a neat (straight) whisky. Too much of that whisky will get you sloshed, paralytic, bevvied, wellied, ratted, popped up or even pissed as a newt.

My Zoomer is a delight to ride! It has increased my mobility in my apartment, my opportunities to enjoy the-out-of-doors, and enabled me to visit the homes of my friends. The various speeds of it match my need for safety, it is easy to turn, and I am most pleased with the freedom of movement it gives me.

Sincerely, A. Macon, Williamsburg, VA

After just one trip around your home in the Zoomer, you’ll marvel at how easy it is to navigate. It is designed to maneuver in tight spaces like doorways, between furniture, and around corners. It can go over thresholds and works great on any kind of floor or carpet. It’s not bulky or cumbersome, so it can roll right up to a table or desk — there’s no need to transfer to a chair. Its sturdy yet lightweight aluminum frame makes it durable and comfortable. It’s dual motors power it at up to 3.7 miles per hour and its automatic electromagnetic brakes stop on a dime.

The rechargeable battery powers it for up to 8 miles on a single charge. Plus, it’s foldable design enables you to transport it easily and even store it in a closet or under a bed when it’s not in use.

Why spend another day letting mobility issues hamper your lifestyle? Call now and find out how you can have your very own Zoomer.

Listen and learn

There’s the question of accents. These days, accents are trendy in Britain. Politicians, newscasters and movie stars have been favoring deep accents over the Queen’s English.

It’s hard for American ears to pick out all of the variations — and some accents are so thick they sound like a foreign language — but most Brits can determine what region a person is from based on their regional accent.

All across the British Isles, you’ll encounter new words, crazy humor and colorful accents. Pubs are colloquial treasure chests. Church services, sporting events and local comedy shows are linguistic classrooms. The streets of Liverpool, the docks of London and children’s parks throughout the UK are playgrounds for the American ear.

One of the beauties of touring Great Britain is the illusion of hearing a foreign language and actually understanding it... most of the time.

Rick Steves (ricksteves.com) writes European guidebooks, hosts travel shows on public TV and radio, and organizes European tours. This article was adapted from his new book, For the Love of Europe. You can email him at rick@ricksteves.com and follow his blog on Facebook. © 2020 Rick Steves
Laughter yoga boosts health, connection

By Catherine Brown

For decades, two women have been

Laughter yoga was first developed in

The technique is said to offer numerous

The effects were immediate. “Within the

Most importantly, laughter yoga leads
delicacy. After becoming certified as a laughter

The technique is said to offer numerous

The technique is said to offer numerous

Laughter yoga engages different parts
promote literature that reflects and honors the lives of all young people,” according to its website.

Medina serves on the Equity and Inclusion Committee of the National Board of Advisors for the Society of Children’s Book Writers and Illustrators, where she’s working to “change the statistics,” to generate more books by and about people of color.

A University of Wisconsin survey of 2018 children’s books found that half of all 3,134 children’s books reviewed featured white children. Five percent of children’s books depicted Latinx characters, 10% African or African American and 7% Asian-Pacific Islander. A 2020 Lee and Low survey found that 76% of publishing industry staff and literary agents are white.

“We have a long way to go,” Medina said.

Medina has advice for anyone who aspires to write children’s literature.

“You must work on the craft,” she said. “You have to work at getting your voice, how to write for children, how to hear the voice of children, and how to tell stories that resonate with them.”

Medina sees today as an exciting golden age of literature for young readers, a time to push boundaries.

“We can offer classic stories, but we should also offer books to help them understand themselves,” she said.

Laughter yoga

While Coleman roughly follows Kataria’s model, he creates his own unique classes. He incorporates Brain Gym exercises and relies on his understanding of Howard Gardner’s theory of “multiple intelligences” to maximize laughter yoga’s benefits.

Coleman acknowledges that his classes aren’t for everyone; not all people feel comfortable being playful and vulnerable in a room full of strangers. Still, he said, “the people who do like it keep coming back.”

One of Coleman’s students, Billie Carroll, 53, participates in his classes to improve her breathing, she said. But she also enjoys the opportunity to be playful and silly while connecting with other participants.

“Slash has a unique way of bringing people together,” Carroll said. “He provides a nurturing innocence and sense of protection that allows you to play and experiment and be vulnerable.”

At the end of one of Coleman’s classes, a 6-year-old girl chose to lay down next to an 89-year-old participant.

“They were looking at each other the whole time,” Coleman said. “It was a really beautiful moment. That socialness isn’t science; it’s humanness.”

Find out more about Coleman and his classes at laughteryogarichmond.com.

One of Medina’s books, left, won the 2019 John Newbery Medal.
Appreciate tree bark during winter's bite

By Lela Martin

“Winter has beautiful stories left to tell.”
— Angie Weiland-Crosby

Each of us has a favorite season and a special reason for choosing it. Winter is not often named by gardeners, however. In November, a gardening friend of mine was already talking about what she would plant in spring — she just bypassed winter altogether.

This winter, I encourage you (and her) to take the time to enjoy the beauty of winter in your own yard, in a nearby park, in public gardens such as Maymont, or by visiting a special place such as Lewis Ginter Botanical Garden, Monticello, Williamsburg or Washington, D.C.

Trees are the largest presence in a yard. Winter is the time to appreciate trees and shrubs with interesting silhouettes and colorful berries; however, why not focus on the unusual bark of several deciduous trees and shrubs?

Exfoliating bark

Crape myrtles, known for their abundant blossoms in late summer and their spectacular leaf color in autumn, have dantant blossoms in late summer and their exfoliating bark in winter.

Another small tree, the paperbark maple (Acer griseum), has lovely cinnamon-colored bark that peels in long, curled strips. A large tree reaching to 120 feet high, the shagbark hickory (Carya ovata) peels in long, tough curls off the straight trunk.

Another tree with peeling bark is the native river birch (Betula nigra ‘Heritage’). Creamy salmon to brownish at first, it exfoliates to reveal creamy white inner bark.

The stark white flaky bark of European birches (Betula pendula) offers a striking contrast to a backdrop of evergreens.

For larger gardens, coral bark willow (Salix alba ‘Britzensis’) provides a similar bright spot in the winter landscape.

Coral bark maple (Acer palmatum ‘Sango Kaku’) has branches and twigs that gleam coral red in winter contrasting with the trunk’s green tones. Younger branches (one to two years old) are the brightest. As the tree ages, the branches develop a brownish green tinge.

Dogwoods of all types

Several species of shrublike dogwoods provide outstanding winter color of red or yellow. Multi-stemmed, these typically have a succulently short habit and turn the brightest color in cold weather on new growth.

Although pruning is not necessary, for the best display of color, many gardeners choose to remove 20 to 25% of the oldest stems in early spring to stimulate growth of new stems.

Another technique is to prune all the stems close to the ground in early spring every two to three years to renew the shrub. Although this will result in the blossoms to be lost that one year, the flowers are inconsequential in these dogwoods.

The red twig or red osier dogwood (Cornus sericea) looks gorgeous in the snow. Recommended cultivated varieties are ‘Bailey’, ‘Cardinal’ and ‘Arctic Fire’.

Another twiggy dogwood called Ivory Halo (Cornus alba ‘Baillalhu’) produces white-outlined leaves in summer and red stems in the winter. Tatarian dogwood (Cornus alba ‘Sibirica’) is another vibrant red selection. The bloodtwig dogwood (Cornus sanguinea ‘Midwinter Fire’) has yellow winter stems that are tipped with red twigs. Yellow twig dogwood (Cornus sericea ‘Flaviramea’) sports bright yellow stems on younger growth.

Most of the dogwood shrubs have gorgeous fall foliage color, can grow in full sun to part shade, and are tolerant of a wide range of soils. However, they prefer moist, well-drained soils. Although dogwoods are said to be deer-resistant, the deer in my neighborhood don’t know that!

Textured bark

Cork bark Japanese maple (Acer palmatum ‘Arakawa’) is prized for its cork-like bark that gains more interest with age. Its fiery red autumn leaves provide a colorful display. On mature specimens (three to five years old), the bark gets rough and corky with creases, cracks and fissures.

The bark of many cherry trees has what looks like small cuts (called horizontal lenticels) that are lighter or darker than the rest of the bark. In some cherries, the bark peels with a darker mahogany color underneath.

Camouflaged

Japanese Stewartia (Stewartia pseudo-camellia), with its mottled brown, gold and gray peeling bark, has the bonus of beautiful, camellia-like blooms in the summer and red to purple foliage in autumn. The smooth bark of this small tree flakes off to reveal a camouflage pattern underneath.

Read the story of trees this winter.

Lela Martin is a Master Gardener with the Chesterfield County office of the Virginia Cooperative Extension.
Women stitch love into blankets for kids

By William Hogate

They’re three feet wide and three feet tall. They’re colorful. Most importantly, they’re warm. They’re “love blankets,” made by the loving hands of Wilma Bowman, 87, and Shirley Wiest, 92.

The duo sews them for residents of Richmond Children’s Hospital, the Hunter Holmes McGuire VA Medical Center, several cancer centers, and some nursing homes in the Richmond area.

The project began more than 20 years ago, sponsored by Women on Mission, a group based at the Grove Avenue Baptist Church (now located on North Parham Road). Bowman and Wiest are the last two church volunteers involved in the project.

The “love blankets,” or “cozy lap blankets,” are so named because they are just the right size for patients in wheelchairs, hospital beds or chemo wards.

Bowman recalls delivering finished blankets to children. The unexpected gifts often brought tears to their eyes, she said.

Each blanket is made of three layers: a bright, checkered front, a solid-colored back, and insulation in between.

“Others are amazed” when they see the finished product, said Wiest, who has dementia and lives in a memory care facility.

Both women report that they enjoy the process of making blankets — and seeing the happy faces of people receiving their love blankets.

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It’s a cruel fact of life, as we age, gravity takes over. Our muscles droop, our bodies sag and the weight of the world seems to be planted squarely on our shoulders. We dread taking a fall, so we find ourselves walking less and less—and that only makes matters worse.

Well, cheer up! There’s finally a product designed to enable us all to walk properly and stay on the go. It’s called the Perfect Walker™, and it can truly change your life.

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Health


Miscellaneous

Do You Have a Good Friend who voted for The Other Guy in 2020? In my new project, “We Must Not Be Enemies” I am photographing and interviewing people who vote differently spending quality time together. Too many of us see the other side as crazy, stupid, or evil. I believe we can learn from those who don’t. If you’re interested in participating in my project, please call me (607) 622-1517 or email me (wemustnotbeenemies@gmail.com). Compensation provided. everettclarkephotography.com.

Personal

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Crossword Puzzle

Fight Entropy

By Stephen Sherr

Across
1. He played Klinger in AfterMASH
5. Its only private school is Vandy
8. Urge forward
13. Ingredient in Banana Boat After Sun Gel
15. Horizontal lines on a sentence diagram
19. __ _ _ _ to make the donuts"
27. Poems of praise
28. Mocked
32. Start of M.C. Escher quote about how life influences art influences life influences...
35. Acid in proteins
37. Clue murder weapon
39. Easy to lift
40. __ _ _ _ _ better to have loved and lost...
41. Holder of a learner’s permit, most likely
42. Parts hidden by turtleneck sweaters
43. Cheerleader's strong suit
44. Mork, but not Mindy
45. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _...
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