Your 2018 Taxes? Congress Now Deciding

Congress is trying to meld two complex plans for changing the nation’s tax code into a single piece of legislation. The overall impact of the bills passed by the Senate and House of Representatives on older Americans will be devastating, raising taxes on millions of them. In addition, the plans will also grow the nation’s deficit, which would prompt mandatory cuts to programs vital to seniors such as Medicare.

AARP Chief Executive Officer Jo Ann Jenkins urged Congress to work in a bipartisan fashion to enact tax legislation that will meet the needs of the older population and arrive at a tax code that is “more equitable and efficient, promotes growth, and produces sufficient revenue to pay for critical national programs, including Medicare and Medicaid.”

Both measures would add $1.5 trillion to the deficit. Absent congressional action, under a law known as “Pay-As-You-Go,” a projected deficit of that amount would trigger automatic spending reductions in many federal programs, including Medicare. According to the nonpartisan Congressional Budget Office (CBO), the legislation would result in a $25 billion cut in Medicare in 2018.

An analysis released last week by the nonpartisan Joint Committee on Taxation found that more than 60 percent of U.S. households would get tax cuts in 2019 under the Senate plan, but by 2027, after the individual tax cuts expire, roughly the same number would either have higher taxes or cuts below $100.

More than one million taxpayers 65 and older would pay higher taxes in 2019, and more than 5 million would see their taxes increase by 2027, according to an AARP Public Policy Institute analysis. More than 5 million seniors would not receive a tax break at all in 2019, and 5.6 million would not see their taxes decrease by 2027.

While the centerpiece of both proposals is a major cut to the top corporate tax rate — dropping it from 35 percent to 20 percent — there are significant differences between the measures. The Senate bill — unlike the House proposal — repeals the Affordable Care Act provision requiring most Americans to have health insurance. That change could ultimately result in 13 million more people without health insurance by 2027 and increase premiums in the individual health insurance market by 10 percent in most years over the next decade, according to the CBO. An AARP Public Policy Institute analysis found that people ages 50 to 64 in this market would face average premium increases of up to $1,500 in 2019.

The members of the House-Senate conference committee tasked with merging the two bills will also have to iron out the differing views on the medical expense deduction, vital to many older Americans. Under an AARP-supported initiative, the Senate plan allows taxpayers to deduct medical expenses exceeding 7.5 percent of their income — versus a current 10 percent — for the next two years. The House plan eliminates this valuable deduction, used by nearly 75 percent of filers age 50 and older. Some 70 percent of filers who use the deduction have incomes below $75,000.

The conference committee is working to reconcile the two proposals by mid-December in the hopes of sending the legislation to President Trump before Christmas.

Here’s a look at some of the other provisions that would also affect older taxpayers:

- **Tax rates.** The House plan sets four tax brackets at 12 percent, 25 percent, 35 percent and 39.6 percent. The Senate plan sets seven brackets at 10 percent, 12 percent, 22 percent, 24 percent, 32 percent and 35 percent, but lowers the top rate to 38.5 percent. The Senate changes expire in 2025; the House brackets would be permanent.
• **Standard deductions.** The House bill increases the standard deduction to $12,200 for individuals, $18,300 for heads of households and $24,400 for married couples filing jointly. The Senate bill ups the deduction for individuals to $12,000, and $18,000 for heads of households and $24,000 for couples filing jointly.

• **Deductions for taxpayers 65 and older.** The House bill eliminates the extra standard deduction for those 65 and up, while the Senate bill retains it. For 2017, that’s $1,250 for individuals, $1,550 for heads of households or $2,500 for couples who are both 65 or older.

• **State and local taxes.** Both the Senate and House versions abolish state and local tax deductions, except for up to $10,000 in property taxes. That would be harmful to residents in high-tax states such as California, Connecticut, New Jersey and New York.

• **Mortgage interest.** The Senate plan leaves interest deduction limits at $1 million, while the House bill lowers the mortgage interest deduction limit to $500,000 and no longer allows it to be used for second homes.

• **Sale of principal residence.** Individuals would continue to get up to $250,000 tax-free from the sale of a home (up to $500,000 for couples). Both bills require sellers to live in the property five of the eight years prior to a sale, up from the current requirement of two of the last five years.

• **Charitable deduction.** Both bills retain the deduction and increase the amount taxpayers may claim. However, the provision in the Senate bill expires in 2025.

• **Alternative Minimum Tax.** The House bill repeals the Alternative Minimum Tax for corporations and individual filers. The Senate bill keeps the AMT for both, but increases the current exemption of $54,300 for singles and $84,500 for married couples filing jointly to $70,300 for singles and $109,400 for couples. The increase would expire after 2025.

• **Estate tax.** Both House and Senate bills double the amount of inherited wealth exempt from tax to about $11 million, but the House bill repeals the tax entirely in 2025.

• **Family tax credit.** The House plan creates a new $300 per person credit for each adult and adult dependent, which expires in 2023.

**Under New Tax Plan, the Cost of Aging Could Rise**

According to the New York Times, in the coming days, a small group of Republicans will meet in Washington to try to settle a simple question: Should their revised tax bill eliminate a deduction for medical expenses and take away thousands of dollars each year from many people who are sick and, often, old?

The two competing tax bills that will form the basis of an attempt at compromise over the coming weeks, one from the House of Representatives and one from the Senate, answer the question differently. The Senate bill would keep a deduction for medical expenses intact. The House bill would kill it off entirely. The more money that people had to spend this year, the more they would lose next year if the House prevails and the deduction disappears.

Let’s meet those people.

Meet Medha Godbole, 58, whose 60-year-old husband, Sanjay, is paraplegic, nonverbal and incontinent. The Solon, Ohio, couple have about $130,000 in expenses for Mr. Godbole’s round-the-clock, in-home care. Loss of the tax break would cost them close to $30,000 annually.

Meet Conrad Wagner, 88, who spent his working years at the Veterans Administration and then teaching at Vanderbilt University. He expects to spend about $130,000 in expenses for Mr. Godbole’s round-the-clock, in-home care. Loss of the tax break would cost them close to $30,000 annually.

Meet Kae Yates, who had to spend over $75,000 this year. Her husband, Reggie, is 77 and lives in an assisted living home in the wake of a stroke. She’s 72 and still has all the usual expenses for her own home and daily life in Claremont, California.
How many more are out there like them? The AARP Public Policy Institute, relying on the latest Internal Revenue Service data from 2015, notes that 8.8 million people take the medical expense deduction each year. Not all of them are older. Many children with special needs, for instance, have so many expenses that their parents end up qualifying for the deduction. Ditto sick or disabled adults with all sorts of maladies.

Still, about 55 percent of the taxpayers who claimed the deduction in 2015 were 65 and older, according to AARP. Also, 69 percent have incomes under $75,000.

The average amount that people claimed was $9,904, which makes the couples we've met up above outliers. But it stands to reason that people who need long-term care will spend some of the highest amounts, given the high cost of nursing homes and similar care. And because 52 percent of people who live beyond 65 will need some kind of extended care before they die, according to federal health data, these outsize expenses are the ones that we ought to focus on when considering which tax breaks we want to persist.

In an ideal world, any big new tax bill makes things simpler. Cutting deductions for medical expenses does make the year-end chore easier. But is it fair?

Imagine two couples, both alike in incomes, in a state without income tax where we lay our scenario. They have $150,000 in income and $100,000 in medical expenses and take no other itemized deductions.

Now imagine that one gets a deduction for medical expenses and one does not. Using the 2017 tax brackets and a rule that would not allow medical deductions unless they exceed 10 percent of adjusted gross income, a couple that could access the deduction would end up with $15,547 more at the end of the tax season than one that could not deduct and thus paid more in taxes, according to calculations that Ruth A. Sattig Betz, an accountant in Farmingdale, N.Y., ran for me.

Take the income down to $75,000 (where the extra $25,000 for the medical costs to pay the $100,000 in bills would come from sources or savings that are not subject to income tax) and the household with the ability to take the deduction would end the year with $6,826 more.

So the medical expenses clearly matter, a lot. “Two households may have identical incomes, but they do not at all have identical capacity to pay taxes,” said Cristina Martin Firvida, AARP’s director of financial security. “And it’s not because of a choice that one of them made.”

Indeed, to critical observers, it looks like Republican leaders in Congress are using the tax code to punish states with high income taxes. They use the bill to accomplish this by limiting how much of those state income taxes are deductible. That effectively penalizes some of those residents, who did choose to live in those states, with a higher total tax bill.

Similarly, the proposal to lower the size of a mortgage that is eligible for interest deductions is akin to removing a subsidy for people who choose to buy bigger homes or live in more expensive areas.

Nobody chooses to be sick though, which makes the House’s move to strip out the medical expense deduction feel harsh to people who really, truly wish they had not qualified for it in the first place.

“This is completely out of our hands,” said Dr. Godbole, who is a pathologist. “It’s not like sending kids to private school,” she added, in a pointed reference to a new tax break that lawmakers hope to add for parents who do just that and could end up being able to do so with money they save in 529 plans, which are currently only for higher education.

Moreover, eliminating a deduction probably shouldn’t cause a chain reaction that will cost the federal government money. After all, the quicker that sick, older people run out of money because of higher tax bills, the sooner they will need Medicaid to pay for their long-term care. And who helps pay for Medicaid? The very same federal government that would no longer permit people to deduct high medical expenses.

If the changes comes to pass, Ms. Yates in California figures she and her husband could run out of savings in about five years. I contacted the House Ways and Means Committee to see what its chairman, Kevin Brady, Republican of Texas, thought about the specific impact of the House’s proposal on elderly people with high expenses. “Chairman Brady is committed to addressing this issue at the conference committee,” said Lauren Blair Aronson, the committee’s press secretary.

Dr. Godbole, who is still working, can make her household’s money last longer than the Yates’s savings. But her husband might live for decades, owing to his excellent heart, she said, and their money probably would not last that long.

She seeks no pity, she said. She knows many people in the stroke support club they belong to who will be in big financial trouble much sooner if the deduction disappears. But she sees the stories about Congress wanting to cut entitlement programs once they finish yanking the medical deduction, and worries. “It will be a double whammy for us,” she said.
Professor Wagner said that he understands the zeal to simplify the tax code. He expressed no ill will for his elected representatives, though he has written them to outline his situation and concerns.

Having worked until just a few years ago, he had hoped for financial certainty and the emotional peace it would have provided, even if he and his wife knew they could not predict their future health. But now, he said, he finds himself constantly checking the news for word on the tax plan’s progress.

“I worked that long to enable myself to prepare for and expect a comfortable retirement,” he said. “And it’s certainly not comfortable now.”

**Social Security Changes Coming in 2018**

Good news for 61.5 million Americans receiving Social Security benefits: your monthly checks are about to get larger.

Listed below are the positives and negatives of your Social Security increase:

**Positive:** Beginning in 2018, Social Security beneficiaries will receive a 2% boost to their monthly payouts. The increase, which is a cost-of-living adjustment, adds about $27 more a month or $329 a year for the average retired worker. This is the largest increase since 2012, and is largely due to the rising gas prices caused by hurricanes Harvey and Irma.

**Positive:** The 10 million Americans who qualify for Social Security disability payments will also receive a maximum monthly payout increase of $10 each month, and legally blind recipients will receive a $20 boost each month. Automatic cost-of-living Social Security increases were enacted by Congress in 1975, and while U.S. presidents are often held responsible for increases or lack thereof, President Donald Trump has no control over the payout.

**Negative:** Workers currently pay a Social Security tax of 12.4% on all earned income up to $127,200. Next year the taxable income cap will increase to $128,700. According to the Social Security Administration, about 12 million Americans will get a tax increase because of this change.

**Now for the really bad news:** the full retirement age will rise in 2018.

Americans become eligible for Social Security benefits at age 62, and benefits grow by 8% each year until age 70. Full retirement age for those born in 1955 is currently 66 and two months, which is when recipients receive the 100 percent payout. Claiming benefits before full retirement age permanently reduces payout, while those who claim their benefits after retirement age can earn more than 100 percent.

In 2018, retirement age will increase by two months, meaning those born in 1956 won’t be able to receive full payout until they’re 66 years and four months old. Social Security is the major source of income for most retired Americans. Nine out of 10 individuals age 65 or older receive Social Security benefits and it represents 33 percent of the income of the elderly.

**Social Security and Medicare Milestones**

The Women’s Institute for a Secured Retirement otherwise known as WISER is a nonprofit organization that works to help women (men), educators, and policymakers understand the important issues surrounding women’s retirement income.

WISER creates a variety of consumer publications including fact sheets, booklets and a quarterly newsletter that explain in easy-to-understand language the complex issues surrounding Social Security, pay equity, pensions, savings and investments, banking, home-ownership, divorce and widowhood, health and long-term care, and financial elder abuse.

As part of their national education campaign, “our Future Paycheck®: What Women Need to Know,” WISER has been able to reach thousands of women through workshops held across the nation. WISER has also been the driving force behind a series of state and local events on long-term financial security aimed at leveling the playing field for women.

WISER wants everyone to know it’s is never too early to start understanding Social Security and Medicare benefits. The more you learn now, the better prepared you will be in the future. To better understand your benefits and to learn the age when you are eligible to collect them, see in the infographic on the next page.

For more information about WISER, visit www.wiserwomen.org.
Social Security and Medicare Benefit Milestones

Age 50
- Reduced Social Security benefits: disabled widows/widowers

Age 60
- Reduced Social Security benefits: widows/widowers or widowed ex-spouses

Age 62
- Reduced Early Retirement Benefits

Age 65 – Medicare Sign Up
- Avoid a 10% penalty. Apply for Medicare three months before your 65th birthday by contacting the Social Security Administration.
- You are automatically enrolled in Medicare ONLY if you are already receiving a Social Security benefit.

Age 66
- Full Retirement Benefits

Age 70
- Social Security benefits can increase by 8%, if you wait to claim your benefit beyond your Full Retirement Benefit age. Each year you wait increases your benefit.

Did You Know?
- Full Retirement Benefit Age will increase for anyone born after 1954.

See “Social Security: What Every Woman Needs to Know” and “Medicare Basics” at wiserwomen.org.

For more information visit the Social Security Administration website at ssa.gov or call 1-800-772-1213.
REMINDER: New Medicare Cards Coming In 2018

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare number that’s unique to you, instead of your Social Security number. This will help to protect your identity. The new card won’t change your coverage or benefits.

You don’t need to take any action to get your new Medicare card. Medicare will never contact you for your Medicare number or other personal information. Do not share your Medicare number or other personal information with anyone who contacts you by phone, email, or by approaching you in person, unless you’ve given them permission in advance.

For more information about the new Medicare cards, visit www.cms.gov.

10 Ways to Become Financially Wiser In 2018

1. **Save More.** Most people do not think about financial matters from a long-term perspective so they do not estimate how much money they will need for retirement, or if they do, they vastly underestimate how much they will need.

2. **Accept that you will probably live longer than you expect.** Individuals are expected to manage their own retirement funds. Many will plan for the average life expectancy, not realizing that this means that half of the people will live longer. The big risk for women is that they will outlive savings.

3. **Learn about various sources of retirement income.** Workers misunderstand what their primary sources of income will be in retirement. Social Security is the most important source of income for many people, but before retirement, they tend to vastly underestimate its importance.

4. **Learn how to manage your retirement savings plan.** Due to the growth of retirement savings plans such as 401(k) and 403(b) plans, workers are now responsible for managing their investments. Most workers lack basic financial knowledge but need to become experts about work benefits.

5. **Look for good advice.** A significant portion of retirees and pre-retirees do not seek the help of a "qualified professional." Yet, while they indicate a strong desire to work with a professional, most ask friends and family for advice.

6. **Don’t count on working.** Plan early! Many workers will retire before they expect to, and before they are ready. Nearly four in ten people retire due to poor health, caring for a family member, or job loss.

7. **Deal with inflation.** Inflation is a fact of life that workers usually deal with through pay increases. After retirement, it is up to people to manage their own assets, or secure guaranteed income. Few people have the skills to manage income to keep up with inflation.

8. **Face facts about long-term care.** Many people underestimate their chances of needing long-term care. Relatively few people either own long-term care insurance or can afford to self-insure a long-term care situation.

9. **Provide for a surviving spouse.** Many married couples fail to plan for the eventual death of one spouse before the other and the resulting drop in income at the time of widowhood. Many more single women live in poverty in old age.

10. **Make your money last for a lifetime.** People often pass up opportunities to get a lifetime pension or annuity, failing to recognize the difficulty of making money last for a lifetime. People say guaranteed lifetime income is important, but in practice they usually choose a lump sum.


The Committee has identified the areas in which the public does not understand the realities of retirement planning and that serve as barriers to individuals creating a good solution in this era of individual responsibility.
Housing Options for Older Adults

America’s older population is amid unprecedented growth. As the baby boomer generation continues to experience increased longevity, the 50 and over population is projected to increase about 20 percent by 2030 or to about 132 million people. In just 15 years, one in five people will be at least age 65. Ensuring that this demographic continues to experience affordable and accessible housing that offers a sense of community as well as other services and supports that enables them to remain active and productive members of society has taken on a new urgency not only for individuals and their families, but also for the nation.

For some people, staying in their current homes works. For others, there may come a time when everyone agrees that a different housing option is needed. For those individuals living with chronic conditions and/or disabilities, the availability of housing with supports and services they need determines the quality and cost of long-term care—particularly the portion paid with public funds. Every day, seniors and their caregivers ask questions such as “What if mom or dad can’t go home?” or “What are my housing options?”

Thankfully, today society offers seniors a host of choices and options regarding alternative housing. Options include: Age-Restricted Communities; Active-Adult Communities; Senior Apartments; Cohousing; Home with Help (HWH); Assisted-Living Facilities (ALF); Continuing-Care Retirement Communities (CCRC); Board and Care Homes; and Skilled Nursing Facilities (SNF).

• **Age-Restricted Communities** also known as “active adult” or “[age] 55+” communities cater to older adults who have a common preference to live among their peers. Age-Restricted Communities usually offer a mix of this housing type—single-family homes, townhomes, or apartments that are often connected by sidewalks or paths. Age Restricted Communities tend to focus on an active lifestyle, and many communities have well-equipped clubhouses and other amenities, such as tennis courts, gardening, and other community-based activities.

• **Active-Adult Communities** tend to be more suitable for older adults who are healthy, independent, and interested in the social benefits of living among peers. It should be noted that many age-restricted communities don’t allow multigenerational living arrangements, including children and grandchildren.

• **Senior Apartments** are age-restricted apartments that are typically available to people age 55 and older. While senior apartments are luxury apartments with high price tags, a lot of senior apartments are priced at market rates or below. Some are even built specifically for low-income people.

Because the units are constructed for older adults, they are often designed to be accessible and include transportation services.

• **“Cohousing**” designates “a type of ‘intentional neighborhood’ in which residents actively participate in the design and operation of the community.” Residents privately own their homes and do not pool their incomes, but there are common facilities for daily use. Decisions are made cooperatively, rather than by top-down hierarchy or majority-rules voting. Cohousing communities are vibrant places where there are many opportunities for multigenerational interactions and social connections. In older or senior cohousing communities, the “intentional community” is only for older people. Homes and facilities are designed for aging in place, and residents often share the cost of health aides or an on-site health-care provider.

• **Home with Help** assistance is available to an individual when it has been deemed that it is unsafe for that person to live at home alone. HWH services are geared towards providing care in the home. This may include individuals continuing to live in their home environment with 24-hour care. It also may include in the form of family caregivers, private paid caregivers, transportation services, and meal options such as meals on wheels. Hiring private caregivers is an out of pocket expense; therefore, one must consider the financial aspect associated with in-home care.

• **Assisted-living Facilities** (ALFs) are housing communities for those individuals who may require minimal assistance with their activities of daily living such as bathing, dressing, eating, housekeeping, shopping, and medication management, but they want to live as independently as possible. Residents living in this facility keep the sense of “home”, by having their own apartment. Medicare does not cover the cost of assisted-living facilities, but in some states, Medicaid may assist with funding.

• **Continuing-Care Retirement Communities** are a combination of an assisted-living facility that relates to an independent living residence and a nursing. Residents in this setting can take advantage of a variety of services, including meals, transportation, housekeeping, laundry, health monitoring, and social activities. Another advantage about living in a CCRC is that residents will not have to relocate to a new community as their level of care may increase. Fees often increase as services increase. A CCRC offers many different contract options including, extensive, modified, and fee-for-service. The contracts differ in the amount according to the services offered. To determine which option is best for your loved ones, visit the Continuing Care Accreditation Commission.
• **Board and Care Homes** are also known as a residential care facility or group home for older adults. They are often very small and provide assistance with meals and basic Activities of Daily living (ADL's). A board and care home offers seniors a "home" atmosphere. Often board and care homes are in single-family homes. Government funding as well as SSI can sometimes cover the costs of such facilities.

• **Skilled Nursing Facilities** provide care to those who need 24-hour care after suffering from an illness, injury, or functional disability; some nursing homes offer specialty services geared towards specific medical conditions. Nursing homes provide many skilled services including occupational therapy, physical therapy, speech therapy, and respiratory therapy. Typically, individuals stay for a short period of time to receive services to increase independence to return home. Skilled nursing facilities are often covered by Medicare, Medicaid, and private insurance carriers.

Finding the appropriate senior housing can be a difficult and tedious process for everyone. Whenever possible, involving the whole family can help everyone maintain dignity and power of choice.

For additional information on senior housing, visit:

- The National Caucus and Center on Black Aging, Inc., Housing Management Corporation: [www.ncbahmc.com](http://www.ncbahmc.com)
- SeniorResource.com: [http://www.seniorresource.com/house.htm](http://www.seniorresource.com/house.htm)
- National Clearinghouse for Long-Term Care Information: [http://www.longtermcare.gov/LTC/main_Site/index.aspx](http://www.longtermcare.gov/LTC/main_Site/index.aspx)
- Housing and Urban Development: [http://www.hud.gov/groups/seniors.cfm](http://www.hud.gov/groups/seniors.cfm)
- AARP: [http://www.aarp.org/families/housing_choices](http://www.aarp.org/families/housing_choices)
- Continuing Care Accreditation Commission: [http://www.carf.org](http://www.carf.org)
- Medicare: [www.medicare.gov](http://www.medicare.gov)

### Minority Communities and Diabetes

Some communities are affected more severely (disparately impacted) by diabetes, and do not receive a commensurate share of diabetes research, treatment and education.

These communities include:

- **African Americans** aged 20 years or older (13.2% of the African American population) have been diagnosed with diabetes. African Americans are 70% more likely to have diagnosed diabetes compared to Non-Hispanic Caucasians.

- **American Indian/Alaskan Natives** are more than twice as likely to be told by a physician that they have diabetes as their non-Hispanic white counterparts. They also are almost twice as likely to die from diabetes as non-Hispanic whites. Data is limited for this population.

- **Asian Americans** aged 20 and older (9% of the Asian American population) have diagnosed diabetes. Asian Americans are 20% more likely to have type 2 diabetes than their non-Hispanic white counterparts.

- **Latinos/Hispanics** aged 20 and older (12.8% of the Latino population) have diagnosed diabetes. Latinos are 70% more likely to have diagnosed diabetes compared to non-Latino Caucasians.

- **Native Hawaiians and Pacific Islanders** aged 20 and older, (20% of the Native Hawaiian and Pacific Islander population) have diagnosed diabetes. Native Hawaiians and Pacific Islanders are 20% more likely to have type 2 diabetes than their non-Hispanic white counterparts.

### How Is the ADA Advocating for Health Equity?

Racial and ethnic minority populations have a higher risk of complications of diabetes, such as lower limb amputations, retinopathy, and kidney failure than non-Hispanic Whites. For these reasons, the American Diabetes Association has prioritized the elimination of disparities by making them their priority.

- Promoting Health Equity with increased diabetes research, treatment and education in minority populations.
- Access to Health Insurance that is affordable and provides access to the tools to prevent and manage diabetes and its complications. This includes the implementation of the Affordable Care Act, which includes many provisions designed to promote health equity.
- Funding for Diabetes Research and Programs including increasing the overall government commitment to stopping diabetes.
- State legislation to break down barriers such as healthcare access, affordability and diabetes discrimination issues.
- Ending Discrimination people with diabetes face at school, work and elsewhere in their lives.
First, take a deep breath.

You have type 2 diabetes. And yes, it’s a big deal. But you know what? It’s also something you can deal with. And the American Diabetes Association is here to help.

When people first find out that they have diabetes, they sometimes find it, or sad, or even hard to believe. After all, you probably don’t feel sick, or any different than you felt before you were told you have diabetes. And yet it is very important to take this disease seriously.

Some people who learn they have diabetes worry that it means their life is over, or that they won’t be able to do everything they used to do. Neither of those things is true. What is true is that you may need to change some things about your daily routine. It’s not your fault that you got diabetes, but it is your job to take care of yourself.

Luckily, there’s a lot that you can do to keep yourself healthy. This booklet will give you the first steps for taking control of your diabetes.

What Is Type 2 Diabetes?

When you eat, your food is broken down into a sugar called glucose. Glucose gives your body the energy it needs to work. But to use glucose as energy, your body needs insulin.

When you have type 2 diabetes, your body does not make enough insulin or use it well. Since your body’s cells can’t use the glucose from your food as energy, the glucose stays in your blood, where it can cause serious problems.

There is no cure for diabetes, but it can be managed. Balancing the food, you eat with exercise and medicine (if prescribed) can keep your blood glucose in a healthy range. Many people with diabetes live long and healthful lives.

TIP: You can ask your doctor for a referral to a diabetes education program recognized by the American Diabetes Association. Find a program near you at diabetes.org/ERP or call 1-800-DIABETES.

Taking Care of Your Diabetes

Your diabetes care team will help you, but day-to-day diabetes care is up to you. That care includes:

- Choosing what, how much, and when to eat
- Getting physically active
- Checking your blood glucose (if your doctor prescribes it)
- Taking medicine (if your doctor prescribes it)
- Going to your appointments

For more information about diabetes, call 1-800-DIABETES (342-2383) or visit diabetes.org/ling.

Who’s on My Diabetes Care Team?

Your diabetes care team may include your doctor, nurse, dietitian, pharmacist, diabetes educator and any other health care provider working to help you care for your diabetes. Other specialists, such as an endocrinologist, ophthalmologist or podiatrist, may become involved as needed, too.

And remember, you and your family and friends are the most important members of your diabetes care team.

Choosing What, How Much, and When to Eat

In the past, diets for people with diabetes were very restrictive. Things are different now. There isn’t a one-size-fits-all diabetes diet.

While you may need to make some changes in what and how much you eat, you have flexibility in deciding what’s on the menu. With a little planning, you can still include your favorite foods.
Create Your Plate

Trying to figure out how you’re supposed to eat now that you have diabetes? A good place to begin is the “Plate Method.” You don’t need any special tools and don’t need to do any counting. You just need to focus on filling your plate with more non-starchy vegetables and less starchy foods and meats. It’s simple and it works.

Seven Simple Steps to Create Your Plate

It’s simple and effective for both managing diabetes and losing weight. Creating your plate lets you still choose the foods you want, but changes the portion sizes so you are getting larger portions of non-starchy vegetables and a smaller portion of starchy foods. When you are ready, you can try new foods within each food category.

Try these seven steps to get started:

1. Using your dinner plate, put a line down the middle of the plate. Then on one side, cut it again so you will have three sections on your plate.
2. Fill the largest section with non-starchy vegetables.
3. Now in one of the small sections, put grains and starchy foods.
4. And then in the other small section, put your protein.
5. Add a serving of fruit, a serving of dairy or both as your meal plan allows.
6. Choose healthy fats in small amounts. For cooking, use oils. For salads, some healthy additions are nuts, seeds, avocado and vinaigrettes.
7. To complete your meal, add a low-calorie drink like water, unsweetened tea or coffee.

TIP: What does “healthy eating really mean?”

1. Eating a variety of foods, including vegetables, whole grains, fruits, nonfat dairy foods, healthy fats, and lean meats and meat substitutes.
2. Trying not to eat too much food
3. Trying not to eat too much of one type of food
4. Spacing your meals evenly throughout the day.

Weight Loss

If you are overweight or obese, your doctor or diabetes care team may suggest you try to lose some weight.

Losing weight can improve your blood glucose, blood pressure and cholesterol. You don’t have to lose a lot of weight to start seeing results. Just losing 10–15 pounds can make a difference. The key to losing weight in a healthy way is to do so gradually. Avoid crash diets, and above all, follow the guidance of your doctor or dietitian to create a diet that will work for you.

There are many types of weight loss plans to choose from. Even using the Plate Method for meal planning can help with weight loss. If you’re having trouble losing weight, talk with your doctor or a registered dietitian.

Grains and Starchy Vegetables

- Whole grain breads, such as whole wheat or rye
- Whole grain, high-fiber cereal
- cooked cereal such as oatmeal, grits, hominy, or cream of wheat
- Rice, pasta, barley, tortillas
- Cooked beans and peas, such as pinto beans or black-eyed peas
- Potatoes, green peas, corn, lima beans, sweet potatoes, winter squash, and
- Low-fat crackers and snack chips, pretzels, and fat-free popcorn
Protein

- Chicken or turkey (without the skin)
- Fish such as tuna, salmon, cod, or catfish
- Other seafood such as shrimp, clams, oysters, crab, or mussels
- Lean cuts of beef and pork such as sirloin or pork loin
- Tofu, eggs
- Low-fat cheese

Milk

- Skim, 1/2%, or 1% milk
- Low-fat or fat-free yogurt
- Plain soy milk

Fruit

- Fresh, frozen, or canned fruit in juice or light syrup
- Peach, pineapple, banana, apple, pear, mango, grapes, berries, melon, papaya, apricot, orange, and grapefruit

Non-Starchy Vegetables

- Fresh, frozen, or canned
- Spinach, carrots, lettuce, greens, cabbage, Bok choy, green beans, broccoli, cauliflower, tomatoes, vegetable juice, salsa, onion, cucumber, beets, okra, mushrooms, peppers, turnip

How Deep?

For the plate method, your food can be piled about the thickness of a deck of cards or the palm of your hand.

Getting Active

Being active is another part of living healthy and managing diabetes. Any type of physical activity you do helps lower your blood glucose.
Other benefits of physical activity include:

- Having more energy
- Relieving stress
- Keeping your joints flexible
- Lowering your risk for heart disease and stroke
- Feeling great

Talk to your doctor if you have questions about which activities are right for you.

Examples of different types of physical activity include:

- Aerobic activity (walking, biking, swimming)
- Being active throughout the day (taking the stairs instead of an elevator)
- Strength training (lifting weights or using resistance bands)
- Flexibility exercises (stretching and yoga)

**Aerobic Activity**

- Aerobic activity makes your heart and bones strong, relieves stress, helps your insulin work better and improves blood flow. For most people, it’s best to aim for a total of 30 minutes of exercise a day, at least 5 days a week.

- If you are trying to lose weight, you may want to exercise more than 30 minutes a day.

Here are some examples of aerobic activity:

- Take a brisk walk
- Go dancing
- Take an aerobics class
- Swim or do water aerobics
- Go for a bike ride or use a stationary bike indoors

If you haven’t been very active recently, you can start out with 5 or 10 minutes a day and work up to more time each week. You can also split up your activity for the day: For example, take a quick 10-minute walk before or after each meal instead of 30 minutes all at once.

**Being Active Throughout the Day**

- Walk instead of drive
- Get off the bus a stop early and walk the rest of the way
- Work in the garden, rake leaves or wash the car
- Play actively with kids
- Walk around while talking on the phone
- Park at the far end of the lot and walk
Checking Blood Glucose

Your doctor may want you to start checking your blood glucose at home. If this is the case, you will need to get a small machine called a blood glucose meter. Meters are available in drug stores. Ask your doctor or diabetes educator to help you select a meter that works best for you and is covered by your insurance.

How does a meter work?

Meters work by testing a small drop of your blood for glucose. Most people prick their fingertip to get the blood drop, but you can ask your diabetes educator or doctor about other methods.

Why is it important?

Before you had diabetes, no matter what you ate or how active you were, your blood glucose automatically stayed within a normal range. With diabetes, this is no longer true. Checking your blood glucose is one way you can know how food, activity and medicine affect your blood glucose. It can help you make sure your blood glucose isn’t going too high or too low.

Write the date, time and blood glucose number in a logbook so you can share it with your diabetes care team. Together with the team, you can use your logbook to make decisions about food, physical activity and medicine.

Talk with your doctor or your diabetes care team about how often and when you should check your blood glucose. Before a meal or two hours after a meal are common times to check blood glucose. Also talk with your doctor about what your target numbers should be.

Medicines

Your doctor may prescribe medicine to help get and keep your blood glucose in your target range. There are different types of diabetes medicines that work in different ways to lower blood glucose. Your doctor may prescribe more than one to help you get to your target range. Some people with type 2 diabetes take both pills and insulin or insulin by itself.

If you are starting new medicines, ask your doctor, pharmacist or diabetes educator the following questions:

- How many pills do I take?
- How often should I take them, and when?
- Should I take my medicine on an empty stomach or with food? What if I forget to take my medicine and remember later? What side effects could I have?
- What should I do if I have side effects?
- Will my diabetes medicine cause a problem with any of my other medicines?

If you think you are having side effects from your medicine, or have questions, call your doctor or pharmacist. Don’t stop taking it unless the doctor tells you to. Remember, your medicine will work best if you also make healthy changes to how you eat and if you are active.

How Do You Feel?

Different people have different feelings about getting type 2 diabetes. Some of the usual reactions are:

- A sense of loss
- Fear
- Stress
- Anger
- Shock
- Guilt
- Disbelief and not wanting to think about it
The thing to remember is that these feelings are completely normal. Finding out that you have diabetes is a big deal. And even if you’re doing great with it now, there may be moments where you feel bad about what has happened to you.

It’s a great idea to talk to family, friends, or your doctor about how you’re feeling. Sometimes just putting your thoughts into words makes dealing with them easier. Other people may be able to help you see the positive side of things, or figure out ways to reduce the stress.

**TIP:** Ask your diabetes care team to help you if your feelings are overwhelming you or affecting the way you take of yourself. Your health care provider can suggest ways to help you cope with difficult feelings.

**Getting Support**

Your family and friends can be a great source of support because they care about you. But they can’t help you with diabetes unless they understand it. You can help them by telling them what you need from them.

Try some of these ideas:

- Ask them to learn about how diabetes affects your body and emotions.
- Invite them to attend your appointments or diabetes classes. Include them in your new healthy lifestyle.
- Share this booklet with them.
- Ask for help when you need it.

You want the people around you to know how to help, but it’s also okay to tell them if you don’t want their help.

**Get to Know**

American Diabetes Association (ADA) – The ADA’s mission is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

**In Your Community**

Through programs like *Living with Type 2 Diabetes, Live Empowered and Por tu Familia,* we offer information, education and resources to people living with diabetes.

Through events such as EXPO, Step Out: Walk to Stop Diabetes and Tour de Cure, we raise funds and awareness about diabetes.

Find us in your community at diabetes.org/community or call 1-888-DIABETES (342-2383).

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**The Latest Information on Diabetes**

The American Diabetes Association offers free information and resources online at diabetes.org and through their Center for Information and Community Support. Trained representatives are available to help you find answers to your questions about diabetes. For more information about diabetes, call 1-800-DIABETES (342-2383) or email the association at AskADA@diabetes.org.

**Legal Advocacy**

Through the Americans with Disabilities Act, people with diabetes have rights that protect them against discrimination because of diabetes. If you have questions about discrimination, visit diabetes.org/discrimination or call 1-800-DIABETES (342-2383).

**Research**

The American Diabetes Association invest millions of dollars in research aimed at preventing, treating and curing diabetes. Learn more about current research in diabetes at diabetes.org/research.

**Preventing the Flu: Good Health Habits Can Help Stop Germs**

The Centers for Disease Control (CDC) wants you to know the single best way to prevent seasonal flu is to get vaccinated (https://www.cdc.gov/flu/protect/keyfacts.htm) each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs (https://www.cdc.gov/flu/antivirals/whatyoushould.htm) that can be used to treat and prevent flu.

1. **Avoid close contact** - Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

2. **Stay home when you are sick** - If possible, stay home from work, school, and errands when you are sick. This will help prevent spreading your illness to others.

3. **Cover your mouth and nose** - Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
4. **Clean your hands** - Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.

5. **Avoid touching your eyes, nose or mouth** - Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. **Practice other good health habits** - Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

### Adult Vaccine Update

1. **Why get vaccinated?**

   **Adults may be at risk for serious diseases that are still common in the U.S.**
   - Each year thousands of adults in the United States get sick from diseases that could be prevented by vaccines — some people are hospitalized, and some even die.
   - Even if you got all your vaccines as a child, the protection from some vaccines can wear off over time. You may also be at risk for other diseases due to your age, job, lifestyle, travel, or health conditions.

   **You can’t afford to risk getting sick.**
   - You can’t afford to risk getting sick. Even healthy people can get sick. If you’re sick, you may not be able to take care of your family or your other responsibilities.

   **You can protect your health and the health of those around you by getting your doctor recommended vaccines.**
   - Vaccines lower your chance of getting sick.
   - Vaccines work with your body’s natural defense to lower the chances of getting certain diseases as well as suffering complications from these diseases.

   **Vaccines lower your chance of spreading certain diseases.**
   - There are many things you want to pass on to your loved ones; a vaccine preventable disease is not one of them.

   **Vaccines are one of the safest ways to protect your health.**
   - Vaccine side effects are usually mild and go away on their own. Severe side effects are very rare.

2. **How can YOU get vaccinated?**

   Every year, NCBA partners with CVS Health pharmacists, community-based churches, universities, senior centers, and other organizations to offer their employees, seniors, caregivers, and the community the opportunity to get vaccinated.

3. **Does insurance cover my recommended vaccinations?**

   Most health insurance plans, including Medicare cover the cost of recommended vaccines. NCBA encourages individuals to check with their insurance provider for a list of vaccines they cover. Non-insured individuals should visit, [www.healthcare.gov](http://www.healthcare.gov) to learn more about their immunization options.

   **All Adults Should Get:**
   - Flu vaccine every year to protect against seasonal flu
   - Td/Tdap to protect against tetanus, diphtheria, and pertussis (whooping cough)

   Based on your age, health condition, the vaccines you received as a child may be needed during your adult years — such as:
   - Chickenpox
   - Hepatitis A
   - Hepatitis B
   - Human Papillomavirus (HPV)
   - Meningitis
   - Pneumococcal
   - Shingles

   Traveling Overseas? There may be additional vaccines you need. Find out at: [www.cdc.gov/travel.com](http://www.cdc.gov/travel.com)
The Health Benefits of Exercise for Men

Staying physically active throughout your life is the best way to keep healthy and live long. Here are 10 health benefits of exercise for men:

1. **Lower cholesterol** – Aging can upset the levels of good and bad cholesterol in the body, which becomes one of the major factors of heart disease in men. The best way to maintain a balance of good and bad cholesterol is have a diet low in saturated fat and increase your physical activity.

2. **Lower triglycerides** – Triglycerides are a type of fat that is found in the blood. High levels of triglycerides increase the risk of heart disease. Regular exercise can benefit men by reducing the level of triglycerides.

3. **Lower risk of high blood pressure** – Aging tends to increase the risk of high blood pressure in men, which in turn increases the risk of stroke and heart diseases. According to a recent study, physical activity has shown to lower the risk of developing high blood pressure.

4. **Better blood vessels** – Aging, smoking and high cholesterol tend to stiffen blood vessels in the body, thereby increasing the risk of heart attacks in men. Exercising helps maintain the flexibility of blood vessels.

5. **Lower risk of diabetes** – Adult onset diabetes is usually caused by too much body fat. Staying physically active not only helps you shed weight but reduces the risk of diabetes. Also, a balanced diet for diabetes can also help lower the chances of developing this disease.

6. **Reduce risk of colon cancer** – Colon cancer is one of the most common cancers in men, however, some risk factors within your control may reduce the risk of getting cancer. A healthy diet and exercise are two of those factors.

7. **Strong bones** – One of the effects of aging is thinning bones, which can increase the risk of fractures. Men who are engaged in strenuous physical activity are reported to have lowered their risk of hip fractures.

8. **Weight loss** – Men who indulge themselves in physical activity tend to have slimmer waistlines. Even simple activities like walking for half an hour everyday can keep weight under control. A healthy diet for weight loss also benefits.

9. **Enhances mood** – Committing to a regular physical activity can reduce the risk of developing depression. Exercise also lifts your mood even if you are bogged down by the daily pressures of life.

8. **Longer life** – According to a study, men who are engaged in regular physical activities like, swimming, jogging, gardening, skiing are less likely to have cardiovascular disease or to die of any cause. An active life also means a longer and a healthier life.

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10 Reasons to Read Books, Books and More Books in 2018

1. **Develop Your Verbal Abilities** - Although it doesn’t always make you a better communicator, those who read tend to have a more varied range of words to express how they feel and to get their point across.

2. **Improve Your Focus and Concentration** - Being fully engaged in a book involves closing off the outside world and immersing yourself into the text, which over time will strengthen your attention span.

3. **Enjoy the Arts and Improve the World** - Readers tend to be active participants in the world around them.

4. **Improve your imagination** - Reading a written description of an event or a place, your mind is responsible for creating that image in your head, instead of having the image placed in front of you when you watch television.

5. **Reading Makes You Smarter** - Books offer an outstanding wealth of learning and at a much cheaper price than taking a course. Reading gives you a chance to consume huge amount of research in a relatively short amount of time.
6. **Reading Makes You Interesting and Attractive** - You will be able to hold your own and add to the conversation instead of having to make your excuses and leave. You will be able to engage a wider variety of people in conversation and in turn improve your knowledge and conversation skills.


8. **Improve Your Memory** - Reading gives you a unique pause button for comprehension and insight. The benefits of this increased activity will keep your memory sharp and your learning capacity nimble.

9. **Discover and Create Yourself** - Books give us an opportunity to have experiences that we haven’t had the opportunity to, and still allow us to learn the life skills they entail. Books are a fast track to creating yourself.

10. **For Entertainment** - All the benefits of reading mentioned so far are a bonus result of the most important benefit of reading; Its entertainment value. Books have many benefits including keeping us amused while developing our life skills.

Dear NCBA Family,

As 2017 ends, I would like to extend my sincere thanks to each of you for your contribution to NCBA, and for your unwavering commitment to the seniors we serve.

I am proud to report that our colleagues in the private and public business sectors continue to recognize us for our aging industry expertise, our perspective on the status of older African Americans as well as rely on our business acumen, especially in the areas of offering affordable housing for the low-income, training and job opportunities for the unemployed, and health & wellness programs that promote vitality at a mature age.

As NCBA embarks upon its 48th birthday, I would be remiss if I did not recognize the millions of African American seniors around the country who face daily challenges including but limited to rising expenses, an evolving government, and an unsure future. Nevertheless, these individuals continue to contribute to their communities, to the African American experience, and to our nation.

It truly is a blessing to be part of an organization that impacts our nation’s most vulnerable. With your continued support, I know we will continue to make a difference in the lives of seniors today and generations to come.

Happy Holidays to you and your family.

With gratitude,

- Karyne