

The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)
 Monthly Newsletter
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WHAT WE KNOW NOW

COVID-19 BOOSTER VACCINES

Booster Shots: Who's Eligible for Another COVID-19 Vaccine Dose and When

[White House Announces Plan for Boosters to start as early as Sept. 20](#)

The Biden administration's key health and medical experts are recommending that Americans get a third COVID-19 vaccine "booster" shot beginning as early as Sept. 20 in the face of data that shows the effectiveness of the two-dose vaccines decreases over time.

Under the administration's plan, people would be advised to get a booster shot eight months from the date they received the second dose of either the Pfizer-BioNTech or Moderna vaccine. The first COVID vaccinations outside of clinical trials began to be administered in the U.S. in December, with second doses coming three to four weeks later, making the earliest vaccine recipients eligible for the boosters starting in September.

Officials said that they expect those Americans who received the one-dose Johnson & Johnson vaccine will also need boosters, but the data on the extended effectiveness of that vaccine is not yet available. People did not begin to receive J&J vaccine doses until March.

The administration's plan needs sign-off from the U.S. Food and Drug Administration (FDA), which would have to expand the emergency use authorization (EUA) that authorizes Americans to get the vaccines. In addition, the Centers for Disease Control and Prevention (CDC) would have to concur with the FDA's action and recommend how these third shots should be administered and to whom. Last week, these two agencies recommended third shots for people with compromised immune systems. Meanwhile, the administration continues to encourage unvaccinated people to get their first doses.

Because health care workers, residents of nursing homes and other long-term care facilities and older Americans were among the first to receive COVID-19 vaccinations, they will likely be the first to qualify for the booster shots. AARP has urged throughout the pandemic that these groups, which are most vulnerable for infection, illness and death, get priority in being vaccinated.

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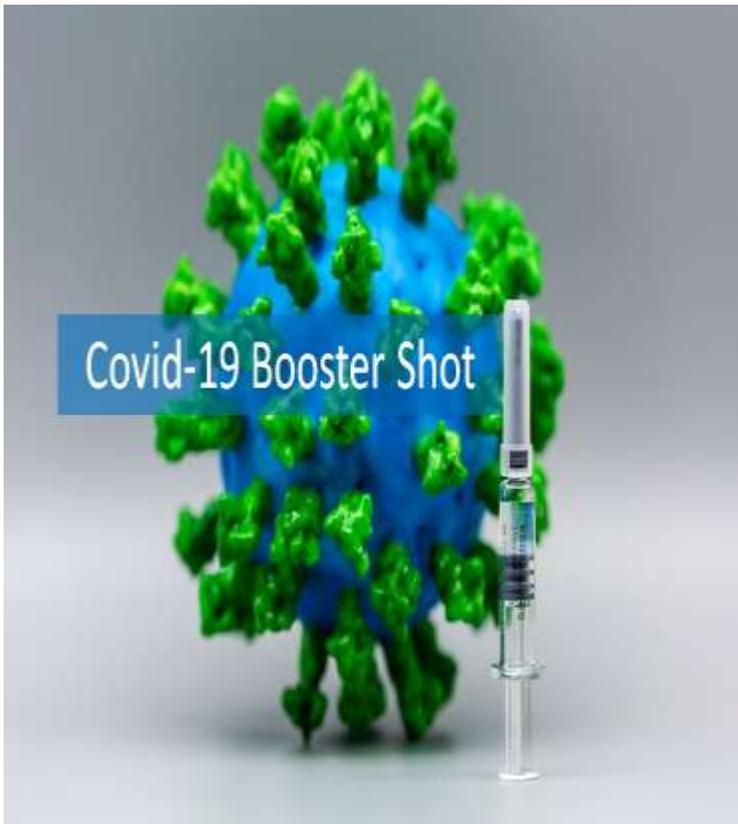
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In an Aug. 18 letter to Health and Human Services Secretary Xavier Becerra, AARP calls on the federal government to make sure that older Americans get priority and that access to third shots be simple and clear.

"It is absolutely critical that older Americans know where and how they can get a booster shot," Nancy LeaMond, AARP executive vice president and chief advocacy and engagement officer, says in the letter. "During the initial rollout of the vaccines, there was significant confusion and anxiety among older Americans as they struggled to make appointments." LeaMond also urged the secretary "to develop a centralized, user-friendly website to help people find out when they are eligible for a booster shot, where booster shots are available in their communities, and how to book their appointments." And she called on federal officials to give priority to people who are homebound or who live in nursing homes and other congregate settings.

Why Are Boosters Needed?

Even while explaining the plan to get a third shot in many Americans' arms, the White House COVID-19 response team stressed that those who are fully vaccinated continue to be largely protected from severe illness, hospitalization, and death. And officials urged people not to immediately go out and try and obtain another shot — except for people with compromised immune systems for whom the CDC has already recommended a third dose.

CDC Director Rochelle Walensky and President Biden's chief medical adviser, Anthony Fauci, pointed to a number of studies that show both the effectiveness of the vaccine and the fact that production of antibodies begins to wane at about the six-month mark. Some scientific findings:

- One Mayo Clinic study from five states through July found that the Pfizer-BioNTech vaccine's effectiveness against the delta variant dropped from 76 percent to 42 percent, while the Moderna vaccine's effectiveness went from 86 percent to 76 percent.
- Another CDC analysis of both vaccines found that among nursing home residents, the effectiveness against infection dropped from about 75 percent to 53 percent between March 1 and Aug. 1.
- Other research looked at patients at 21 hospitals in 18 states and found the ability of the two vaccines to protect against hospitalization remained steady at 86 percent.

Fauci said the science also shows that the level of antibodies — which the body uses to fight off an infection like the coronavirus — declined over time. A third dose, he said, would increase the production of antibodies by about 10 percent.

"This is a plan for the future," U.S. Surgeon General Vivek Murthy said at the White House briefing. Murthy said if the current trajectory continues there will likely be an increase in breakthrough hospitalizations and deaths.

Medical experts say that ever since the news broke that the administration was going to recommend booster shots, there have been questions about the timing of a third dose and whether such an announcement is premature.

"I must admit before hearing this today I was more of a booster skeptic than I am now," said William Moss, executive director of the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health. "But I think they presented a fairly convincing argument for booster doses at this time."

Moss said that though there is no way to be certain that getting a booster at the eight-month mark is crucial, "the truth is we are seeing a surge in cases and I'm sure that's

the urgency they are feeling.” According to CDC data, the seven-day daily average of cases had dropped to nearly 12,000 by June 18, but as of Aug. 17 the seven-day average had swelled to nearly 140,000.

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What to Know About the Coronavirus Vaccines

- **Experts urge adults to get vaccinated to shield young children from illness.** New COVID-19 cases and hospitalizations continue to climb in the U.S., including among children, Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky confirmed on Aug. 27, “which is likely the result of overall increases in community transmission, generally, and more specifically, the delta variant’s increased transmissibility,” she explained. Walensky encouraged adults who are around young children not yet eligible for the vaccines to get vaccinated “to effectively shield them from COVID harm.”

Vaccination rates have been creeping up in recent weeks after a summer lull, CDC data show. As of August 26, the seven-day moving average for the number of administered vaccine doses per day rose 6.61 percent from the previous week. So far just over half of the U.S. population is fully vaccinated. When it comes to older adults, nearly 92 percent of people ages 65 years or older have received at least one vaccine dose and 81.4 percent are fully vaccinated.

- **Pfizer-BioNTech vaccine fully approved.** The U.S. Food and Drug Administration (FDA) has approved the Pfizer-BioNTech COVID-19 vaccine, the first of three products to get full approval of the agency. With full approval comes a permanent name for the vaccine. According to the FDA it will be marketed as Comirnaty — pronounced koh-MEER-nah-tee. The full approval applies to people aged 16 and older. Youngsters between ages 12 and 15 and those who are immunocompromised and getting a third dose will still be able to receive their shots under the emergency use authorization (EUA) that has governed administration of the two-dose Pfizer vaccine since late last year. The Moderna and Johnson & Johnson vaccines are also still available to Americans under their EUAs.

According to Acting FDA Commissioner Janet Woodcock, being fully approved means “the public can be very confident that this vaccine meets the high standards for safety, effectiveness and manufacturing quality the FDA requires of an approved product.” Woodcock also says that the agency realizes that the full FDA stamp of approval for the vaccine might “instill additional confidence to get vaccinated.”

- **Long-term care workers must be vaccinated.** Nursing homes that receive funding from either Medicare or Medicaid will have to require all of their workers to get a [COVID-19 vaccine](#) to be allowed to continue in those federal programs, President Biden announced on Aug. 18. Virtually all nursing homes participate in these programs, which help pay for long-term care services for Medicare beneficiaries who need rehabilitation after a hospital stay and Medicaid recipients whose incomes qualify them for government financial assistance.

The new regulations will apply to more than 15,000 nursing home facilities, which the White House says employ about 1.3 million workers who provide care for 1.6 million nursing home residents. These are among the most vulnerable populations when it comes to becoming infected with the coronavirus. The CDC and the Centers for Medicare & Medicaid Services (CMS) both say that since the spread of the delta variant, COVID-19 cases have risen, and the agencies have confirmed a “strong relationship” between the increase in cases among nursing home residents and the rate of vaccination among those who care for them.

- **Vaccine boosters for all could begin Sept. 20.** Americans who have received both doses of the Pfizer-BioNTech or Moderna COVID-19 vaccines should plan to get a third “booster” dose eight months after their second shot, Biden administration officials said at an Aug. 18 briefing. Based on the late December 2020 start of the vaccinations, that means some people would become eligible for these extra shots about Sept. 20. Because health care workers, residents of nursing homes and other long-term care facilities and older Americans were the first groups authorized to get a COVID-19 vaccine, these people will likely be the first to get the booster shots. And because people did not start getting the one-dose Johnson & Johnson vaccine until March 2021, the data isn’t yet available to determine whether a booster is warranted for that product, officials said, although they anticipate a booster will be recommended for that vaccine.

The administration’s plan is dependent on the FDA and the CDC signing off. Leaders of both those agencies signed a statement supporting this plan. The two agencies have recommended that people with compromised immune systems should now get a third shot. Officials stressed that only those people should get the booster shot now. Administration officials said that there will be an ample supply of both vaccines for the third shots and that they will be administered free of charge.

- **Third COVID vaccine dose gets green light for some immunocompromised individuals.** People whose immune systems are moderately or severely compromised are now encouraged to get a third dose of the Pfizer-BioNTech or Moderna coronavirus vaccine. There isn't yet enough data to evaluate whether an additional dose of the one-shot Johnson & Johnson vaccine is warranted for this limited population, health officials say. The news impacts the less than 3 percent of American adults whose immune systems are weakened from such conditions as a solid organ transplant or other maladies that have an equally crippling effect on the immune system. These individuals may not have had an adequate immune response from two vaccine doses, and additional doses could help boost protection.
- **Breakthrough infections that cause serious illness are rare.** Even though vaccinated people can transmit the virus to others, breakthrough infections that result in serious illness and death are still rare, data show. As of July 26, more than 163 million people in the U.S. have been fully vaccinated against COVID-19; 6,587 with COVID-19 vaccine breakthrough infections have been hospitalized or have died — about 0.004 percent, the CDC reports. However, about 75 percent of these serious breakthrough infections have occurred in adults 65 and older.



- **New data shows vaccinated Americans can transmit COVID.** The risk that the COVID-19 delta variant is transmissible can be high among vaccinated as well as unvaccinated people, according to new data released by the CDC. A new study conducted by the Massachusetts Department of Public Health and the CDC found that in one county — Barnstable — 469 COVID-19 cases were identified between July 3 and July 17 and 74 percent of those cases occurred in people who had been fully vaccinated.

Most of the cases in vaccinated individuals resulted in mild illness; no deaths were reported. Testing also showed that the delta variant was present in 90 percent of specimens from 133 patients. "Findings from this investigation suggest that even jurisdictions without substantial or high COVID-19 transmission might consider expanding prevention strategies, including masking in indoor public settings

regardless of vaccination status," the authors of the study said. CDC Director Walensky said the study's finding "is concerning and was a pivotal discovery leading to CDC's updated mask recommendation." The CDC this week updated its mask guidance, recommending that vaccinated individuals who live in or visit areas where COVID-19 cases are surging wear a mask in indoor public settings. Teachers, students, staff and visitors at schools are also advised to wear masks, regardless of vaccination status.

Researchers around the world have been working at record speed to develop vaccines to combat COVID-19. Less than a year after the start of the pandemic, that goal became a reality. One vaccine (from Pfizer-BioNTech) has received full approval from the U.S. Food and Drug Administration (FDA) and two others (one from Moderna and another from Johnson & Johnson) are being administered under emergency use authorization (EUA). This FDA designation allows access to treatments and other medical tools during a public health emergency when no other options exist.

The EUA process is faster than standard FDA approval, which can take six to 10 months. However, data proving safety and effectiveness is still required for authorization, and the FDA and an advisory committee of experts use this data to weigh the risks and benefits of the product in question.

What, Exactly is a Vaccine?

A vaccine is something that helps a person build up immunity to an infectious disease. It works by intentionally introducing the body to an inactive form of a disease-causing germ, or something similar to it. This then stimulates the immune system's production of antibodies, the proteins that help to protect the person from a future infection if he ever comes across the real germ.

Think of it like a workout for your immune system: You're "sending it to the gym and preparing it to be able to do something when it encounters the real thing in the future," says Tony Moody, associate professor of pediatrics and immunology at Duke University School of Medicine and a principal investigator at the Duke Human Vaccine Institute. "Essentially, what a vaccine is doing is teaching the immune system how to handle something before you actually encounter the real thing — so that, hopefully, when you do encounter the real thing, you're able to deal with it quickly and get rid of it."

In the case of the new coronavirus, a vaccine makes a person resistant to an infection from the virus and the illness it causes — COVID-19 — or, at least, enables a person who becomes infected to have "a shorter course [of disease] or not as many complications," Moody adds.

Health officials determined this is an “extremely rare side effect” and are still encouraging anyone eligible for a vaccine to get one.

After a vaccine is authorized, many vaccine safety monitoring systems watch for adverse events. If one is discovered, “experts quickly study it further to assess whether it is a true safety concern” and then adjust vaccine recommendations as needed, the CDC explains. Safety monitoring also continues after vaccine approval.

How Much Does the Vaccine Cost?

The federal government pre-purchased hundreds of millions of vaccine doses with taxpayer money, and Americans will not have to pay to receive them.

Vaccine providers can charge an administration fee for giving the shot, but this fee should be covered by public or private insurance, or by a government relief fund for the uninsured.

Can I Still Get COVID-19 After Getting the Vaccine?

Cases of infection post-vaccine, called breakthrough cases, are being reported, but experts stress they are still relatively uncommon. What’s more, it’s rare to get an infection that results in hospitalization or death once you are fully vaccinated.

According to data collected by the CDC, less than 1 percent of fully vaccinated Americans have been hospitalized or have died from COVID-19. Most serious illness and death is occurring in unvaccinated individuals.

Breakthrough infections, however, can contribute to the spread of COVID-19. New data show that fully vaccinated people who become infected with the delta variant can pass the virus on to others, which is why health officials now recommend that vaccinated individuals in areas of high community transmission wear a face mask in indoor public settings.

“The masking recommendation was updated to ensure the vaccinated public would not unknowingly transmit virus to others, including their unvaccinated or immunocompromised loved ones,” CDC Director Rochelle Walensky said.

Are Both Doses Really Necessary?

Both the Pfizer-BioNTech and Moderna vaccines require two doses and following through with both doses is necessary to ensure effectiveness. The J&J vaccine only requires one dose.

According to the CDC, the first shot starts building protection, while the second shot “is needed to get the most protection the vaccine has to offer.” Getting the full-dose regimen is also key to mounting protection against the coronavirus variants of concern, including the highly contagious delta variant.

Studies show one dose is much less effective at fighting off the virus, compared to the complete series.

Experts predict all the vaccines will need booster doses, which could be available as soon as mid-September. A third dose has already been recommended for some immunocompromised individuals who received the Pfizer and Moderna vaccines.

Do I Need the Vaccine If I Have Had COVID-19?

Even if you had COVID-19, the CDC still recommends getting vaccinated. “That’s because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible — although rare — that you could be infected with the virus that causes COVID-19 again,” the agency explains.

Have questions? Talk to your doctor.

“Essentially, what a vaccine is doing is teaching the immune system how to handle something before you actually encounter the real thing — so that, hopefully, when you do encounter the real thing, you’re able to deal with it quickly and get rid of it.”

Tony Moody, M.D., associate professor of pediatrics and immunology at Duke University School of Medicine and a principal investigator at the Duke Human Vaccine Institute.

Is It Good to Have More Than One Vaccine Available?

Absolutely. “In fact, it’s highly desirable,” says William Schaffner, an infectious disease expert and professor at Vanderbilt University School of Medicine, because that would mean “there would be more vaccine manufacturers working to actually produce the vaccine, and so we could more expeditiously try to vaccinate the population in the United States and beyond.”

Kathleen Neuzil, M.D., professor in vaccinology and director of the Center for Vaccine Development and Global Health at the University of Maryland School of Medicine, echoes Schaffner’s sentiment and points to the flu vaccine for comparison: There are multiple formulations on the market, including the injectable high-dose vaccine and the nasal spray vaccine, for example, which are recommended for different populations.

“We really need every person on Earth, theoretically, to be able to receive this vaccine. So, to me, [having more than one option] is a positive, because we need so much,” she adds.

Don't Buy Fake COVID-19 Vaccine Cards or Negative Test Results. Here's Why...



Can Your Employer Require You to Get a COVID-19 Vaccine?

Workers have rights, but the answer is more complicated than you think

More and more places are requiring proof that you've had a COVID-19 vaccine or have recently tested negative before giving you access. Scammers see this as an opportunity to profit by selling fake verification tools or products, like fake vaccination cards, certificates, and test results.

Our advice:

- Know that buying fake vaccine cards, making your own, or filling in blank cards with false information is illegal and could get you fined, or even land you in jail.
- Don't share personal information with people you don't know. Scammers will turn the tables and sell your data or use it to commit identity theft.
- The only legitimate way to get proof that you're vaccinated — or that you test negative — is to GET vaccinated or to TEST negative. If you lose that proof, check with your state health department or the place you got vaccinated to find out how you might be able to get a replacement.

If you spot a fake vaccine card, report it to the Office of the Inspector General of the Department of Health and Human Services at 1-800-HHS-TIPS or oig.hhs.gov, or file a complaint with the FBI's Internet Crime Complaint Center.

You can also file a report with the FTC at ReportFraud.ftc.gov. Your report can make a difference. We use reports like yours to investigate, bring law enforcement cases, and alert people about what frauds to be on the lookout for so they can protect themselves, their friends, and family.

To learn more about COVID-related scams, visit ftc.gov/coronavirus/scams and subscribe to consumer alerts from the FTC to get updates delivered right to your email inbox.

With millions of people out of work and millions of others forced to work from home, the pandemic has reshaped the nation's labor force. And it's not done yet. As the unemployed look ahead to getting hired and remote employees prepare for a return to the workplace, many are contemplating the same question: Can they be required to get a COVID-19 vaccination if they want to keep their jobs?

The question has become more urgent since the U.S. Food and Drug Administration (FDA) granted Pfizer-BioNTech vaccine full approval on August 23. The short answer: Yes. An employer can make a vaccination a requirement if you want to continue working there. But there are significant exceptions for potential concerns related to any disability you may have and for religious beliefs that prohibit vaccinations. But now, with many Americans still hesitant to get vaccinated even as the delta variant spreads, more employers are telling workers they either need to be vaccinated or comply with a rigorous regiment of testing, wearing masks and practicing physical distancing if they want to return to work. Refusal to be vaccinated could lead to job loss and also make a person ineligible for unemployment benefits.

On Dec. 16, the Equal Employment Opportunity Commission (EEOC) confirmed that a COVID-19 vaccination requirement by itself would not violate Americans with Disabilities Act (ADA). That law prohibits employers from conducting some types of medical examinations. On May 28, the EEOC reaffirmed that employers can require workers who are returning to offices to be vaccinated for COVID-19.

"If a vaccine is administered to an employee by an employer for protection against contracting COVID-19, the employer is not seeking information about an individual's impairments or current health status and, therefore, it is not a medical examination," the EEOC says. The U.S. Department of Justice also has determined that it considers employer vaccine mandates to be legally permissible.



Vaccine Recommendations vs. Requirements

The potential medical and religious accommodations are just two of the factors' employers will have to consider when deciding whether to put a vaccination requirement in place.

Experts say that given all the different concerns employers will need to balance with a potential COVID-19 vaccine, some might choose to simply recommend their workers get immunized rather than make vaccination a condition of employment. Other employers, including the federal government, are giving workers the option to either get vaccinated or undergo regular testing for COVID-19 infection. Employers also need to weigh any liability issues a vaccination requirement might raise. Some federal lawmakers already have raised concerns that employers are vulnerable to lawsuits from workers and customers who might have contracted COVID-19 at the business. A mandate that all their employees get inoculated could complicate the risks for companies.

But some employees may be exempted from mandatory vaccinations based on potential concerns related to any disability you may have and for religious beliefs that prohibit vaccinations. And experts say that employers are more likely to simply encourage their workers to get immunized rather than issue a company-wide mandate.

"Employment in the United States is generally 'at will,' which means that your employer can set working conditions," says Dorit Reiss, a law professor at the University of California, Hastings, who specializes in legal and policy issues related to vaccines. "Certainly, employers can set health and safety work conditions, with a few limits."

Those restrictions generally are tied to the federal Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964. If employees have medical reasons or sincerely held religious beliefs that prevent them from taking a potential coronavirus vaccine, employers could be legally required to give the workers some reasonable alternative to continue to work, Reiss says.

The EEOC guidance notes that even if an employer finds that a worker who cannot be vaccinated due to disability poses a risk to the workplace, the employer cannot exclude the employee from the job — or take any other action — unless there is no way to provide a reasonable accommodation that would reduce this risk to others.

"That might be a [wearing a] mask, a working from home, or a working separately from other people alternative. As long as it's not too significant a barrier for the employer," Reiss says. "If you can achieve the same level of safety as the vaccine via mask, or remote working, you can't fire the employee. You need to give them an accommodation."

"It's a treacherous area for employers," says Jay Rosenlieb, an employment law attorney at the Klein DeNatale Goldner law group in California. "The reason it's treacherous for employers is liability that arises from requiring a vaccine where the vaccine goes sideways and creates harm to the employee. That's going to probably be a workers compensation claim against the employer. And, of course, claim against the vaccine manufacturer. There's a lot of weighing that goes on here."

L.J. Tan, chief strategy officer for the Immunization Action Coalition — an advocacy group that supports vaccinations — says that because potential COVID-19 vaccines are largely being developed in the same manner as earlier vaccines, researchers have the benefit of past scientific experience to better ensure that a vaccine for this coronavirus will be safe. But he noted that the speed of the development of a COVID-19 vaccine — compressed into months rather than the usual years — and the politics that have accompanied it add to the reasons employers may be unwilling to make vaccination a requirement.

"One of the challenges we're going to be dealing with, obviously, especially now is that there is a shadow of politics over the vaccine," Tan says. "As a result, there's some fear about whether the vaccine can be safe, whether it can be approved appropriately. Because of that shadow, I think it's going to be extremely difficult for an employer to make COVID-19 vaccination a condition of employment."

Vaccine Requirements More Likely in Health Care, Other High-Risk Jobs

The industry most likely to require COVID-19 vaccinations for workers is health care, where most employers already require workers to get a flu shot annually. In fact, interim guidance from the Centers for Disease Control and Prevention (CDC) on which groups might be among the first to have access to a coronavirus vaccine placed "healthcare personnel likely to be exposed to or treat people with COVID-19" at the top of the list.

But once enough doses of a vaccine have been produced for distribution to the broader public, some employers might start to consider a mandate.

"For example, essential workers in retail stores or in food production plants, such as a meat-packing plant, seem to be at high risk," Reiss says. "Those employers could reasonably require [a COVID vaccination], because remember, if an employee doesn't vaccinate, it's not just a risk to them. It's a risk to other employees, and — if it's a customer-facing business — a risk to the customers. So, in high-risk places, I think it's reasonable."

Some companies may make inoculation voluntary but make it as easy as possible for workers to get the shot. For instance, Ford already has purchased twelve of the ultracold freezers required to store doses of Pfizer's vaccine so it can provide the shot to employees who want it.

For those workers who might be told to get a vaccination, remember to raise any concerns you might have with your employer.

"Ask for reasonable accommodation and have a discussion with the employer as to whether there might be reasonable alternatives such as work from home or such as continued use" of personal protective equipment, Rosenlieb says.

If vaccination requirements do become more common, both workers and their employers will have to find ways to balance personal concerns with public safety.

"On one hand, [vaccine requirements] do limit the autonomy of workers that have reservations," Reiss says. "On the other hand, they also protect workers by making the workplace safer from the disease. So, it's not just a mandate to limit your rights. A mandate can also protect your right to a safe work environment."

Contributing Author: y Kenneth Terrell, AARP, Updated August 23, 2021, <https://www.aarp.org/work/working-at-50-plus/info-2020/employer-require-covid-vaccine.html>



Healthy at Home – Physical Activity

The COVID-19 pandemic means that many of us are staying at home and sitting down more than we usually do. It's hard for a lot of us to do the sort of exercise we normally do. It's even harder for people who don't usually do a lot of physical exercise.

But at a time like this, it's very important for people of all ages and abilities to be as active as possible. WHO's Be Active campaign aims to help you do just that - and to have some fun at the same time.

Remember - Just taking a short break from sitting, by doing 3-4 minutes of light intensity physical movement, such as walking or stretching, will help ease your muscles and improve blood circulation and muscle activity.



Regular physical activity benefits both the body and mind. It can reduce high blood pressure, help manage weight and reduce the risk of heart disease, stroke, type 2 diabetes, and various cancers - all conditions that can increase susceptibility to COVID-19.

It also improves bone and muscle strength and increases balance, flexibility and fitness. For older people, activities that improve balance help to prevent falls and injuries.

Regular physical activity can help give our days a routine and be a way to stay in contact with family and friends. It's also good for our mental health - reducing the risk of depression, cognitive decline and delay the onset of dementia - and improve overall feelings.

How much physical activity is recommended for your age group?

WHO has recommendations on the amount of physical activity people of all ages should do to benefit their health and well-being.

Infants under 1 year of age

- All infants should be physically active several times a day.
- For those not yet mobile, this includes at least 30 minutes in prone position (tummy time), as floor-based play, spread throughout the day while awake.

Children under 5 years of age

- All young children should spend at least 180 minutes a day in a variety of types of physical activities at any intensity
- 3–4-year-old children should spend at least 60 minutes of this time in moderate- to vigorous-intensity physical activity

Children and adolescents aged 5-17 years

- All children and adolescents should do at least 60 minutes a day of moderate to vigorous-intensity physical activity
- This should include activities that strengthen muscle and bone, at least 3 days per week
- Doing more than 60 minutes of physical activity daily will provide additional health benefits

Adults aged over 18 years

- All adults should do at least 150 minutes of moderate-intensity physical activity throughout the week, or at least 75 minutes of vigorous-intensity physical activity throughout the week.
- For additional health benefits, adults should increase their moderate-intensity physical activity to 300 minutes per week, or equivalent.
- For developing and maintaining musculoskeletal health, muscle-strengthening activities involving major muscle groups should be done on 2 or more days a week
- In addition, older adults with poor mobility should do physical activity to enhance balance and prevent falls on 3 or more days per week.

For more information, visit <https://www.who.int/news-room/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---physical-activity>

When you talk to your doctor, do you ever feel confused by what they are saying to you? Sometimes this break in communication can happen between a doctor and her patient due to medical terminology that can be confusing for the average person.

It can be intimidating when a medical professional comes in wearing a lab coat and carrying a clipboard in hand that you might feel uncomfortable to ask the questions you need to, and this is the barrier between receiving satisfactory care. Just like other relationships, there is an emphasis on the importance of trust building, being heard and understood, especially representation of similar demographics. That is what people want when they go to their doctor, to have someone that relates to them and is sensitive to explain medical information on a level they can understand. This is most important when your doctor describes a new diagnosis to you, informs you of treatment options and explains the risk factors you have.

By promoting health literacy between patients and healthcare providers along with community outreach programs for the at-risk populations, specifically the Black American community, osteoporosis care can be improved.

Black Americans suffering from osteoporotic fractures in 2016 had substandard outcomes, including higher mortality, and were less likely to receive any follow up care. These disparities are proportionately harming the Black community, and we can do better for them. The key to unraveling these barriers is to close the gaps between early screening diagnostics with education of patient risk factors, meeting patients for follow up, and stop cutting Medicare payment rates.

Osteoporosis is a condition that happens when your bones have low bone density and are weakened, leading to bone fragility and an increased risk of fracture. Osteoporotic fractures are bone fractures associated with weak bones caused by osteoporosis and not caused by high-trauma events. Low bone density is a number that you measure, it is a lab result that is used to confirm a diagnosis of osteoporosis. There are other symptoms people can have and some may not have any symptoms until they fracture a bone. Another symptom for osteoporosis could be height loss greater than one inch that has been lost in one year, which could mean it is a spine fracture that has gone unnoticed. In addition to complaints of back pain, these are common presenting signs for fractures caused by osteoporosis.

Your providers already know diseases more common in African American women, such as sickle cell anemia and lupus, can lead to osteoporosis. They also know that having other conditions such as type II diabetes, rheumatoid arthritis, chronic obstructive pulmonary disease, and chronic kidney disease all can put a person at higher risk for osteoporosis. Therefore, it is so important to have a detailed medical and family history record of you on file, so that your providers are aware of some of the other risk factors you may already have for osteoporosis.

Medicare already pays for state-of-the-art bone density testing to identify those at risk for bone fractures, allowing for early detection, preventative steps, and effective interventions. If you have Black beneficiaries for Medicare as your patients, it is your healthcare provider's responsibility to make sure this population is receiving bone density testing. It is also important for provider's patients to understand why they need this testing and when they need to do it.

In late March of this year, the National Osteoporosis Foundation commissioned the independent actuarial firm Milliman to conduct a large study that analyzed state-level and national data on the economic and health impact of osteoporotic fractures on Medicare Fee-For-Service beneficiaries and the Medicare program. This report also gave us insight on the racial/ethnic disparities within the Black American population at-risk for osteoporotic fractures. There are substantial racial/ethnic disparities in screening rates, hospitalization rates, and deaths. We know that Black Medicare FFS beneficiaries have lower screening rates, higher hospitalization rates, and higher death rates following fractures. For Black beneficiaries on Medicare:

- Only 5% of Black Americans covered by Medicare received bone density screening within six months of suffering from osteoporotic fractures. Out of the general population, there was merely 8% of people who received bone density screening after an osteoporotic fracture within a six-month period.
- Of those who suffered an osteoporotic fracture in 2016, 45% were hospitalized within 7 days of the fracture, compared to a national average of 42%.
- Within 12 months after their first fracture, 11% of Black beneficiaries had a second fracture.

Americans are affected with in our healthcare system is necessary in order to call for action to change how the system helps the minorities in our community both on a local state-level and on a national front. For too many older Black Americans, our failure to address this problem, and the health disparities associated with it, leads to broken hips, loss of independence and even death.



It is through the improvement of health literacy relationships between doctors and patients; as well for community outreach programs that provide nutritional and educational information to at-risk populations as a way to promote osteoporosis care outcomes for future generations.

The good news is that we know exactly which lifestyle modifications can help prevent osteoporosis and which ones can help maintain your quality of life after being diagnosed with osteoporosis. Two things people have control over are their nutritional intake and exercise output. From a nutritional perspective, calcium and vitamin d are essential to having health bones. According to the National Osteoporosis Foundation, the recommended dietary allowance (RDA) of calcium for women 51 years and older and men 71 years and older are recommended to consume 1,200 milligrams of calcium. The racial/ethnic disadvantage for African Americans is that they are more likely to be lactose intolerant than Caucasians, making it difficult to get enough calcium from foods.

Being aware of the various disparities that Black Americans are affected with in our healthcare system is necessary in order to call for action to change how the system helps the minorities in our community both on a local state-level and on a national front. For too many older Black Americans, our failure to address this problem, and the health disparities associated with it, leads to broken hips, loss of independence and even death.

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To learn more about the National Osteoporosis Foundation, visit www.nof.org.

The CDC Eviction Moratorium Has Ended: Learn Your Options



On August 26, 2021, the U.S. Supreme Court issued a decision ending the CDC eviction moratorium. If you're unable to make your rent payments, you're not alone -- here are options and resources to help you get back on your feet.

See if you're protected under a state or local eviction moratorium

Even though federal protections have ended, some state or local moratoriums are still preventing evictions.

Financial help is available for renters and landlords

Federal rental assistance is currently being rolled out to communities across the country. State and local programs are taking applications now from both renters and landlords for emergency rental assistance, which may help cover back rent and utilities, as well as future rent and other housing costs.

If you are facing eviction now, we have resources to help

Whether you are facing an eviction lawsuit or worried about getting evicted in the future, it's important to understand your rights and [what next steps you need to take](#).

- **Talk with your landlord about making a repayment plan.** Find out if your landlord is willing to work with you or if they plan to file an eviction lawsuit.
- **Talk with a lawyer, don't delay.** [You may qualify for free legal help](#). If you're a servicemember, talk with your local [Legal Assistance Office](#).
- **Housing counselors** can help you plan based on your situation and needs. Again,

For more information, visit
<https://www.consumerfinance.gov/about-us/blog/the-cdc-eviction-moratorium-has-ended-learn-your-options/>

2021 National Preparedness Month

National Preparedness Month (NPM) is an observance each September to raise awareness about the importance of preparing for disasters and emergencies that could happen at any time. The 2021 theme is **"Prepare to Protect. Preparing for disasters is protecting everyone you love."**



For more information, visit:
<https://www.ready.gov/sites/default/files/2021-08/npm-schedule.jpg>

Natural Disasters in the U.S. – Statistics & Facts

The sheer size and geographic diversity of the United States means that the country experiences a variety of different natural disasters on a frequent basis. Rather than just an extreme natural event such as a hurricane, a flood or an earthquake, a natural disaster is characterized by a great deal of damage and/or loss of life.

The most destructive natural disaster in economic terms in the United States was a storm on August 29, 2005. Known as Hurricane Katrina, the storm sent shockwaves around the nation and the world. Outsiders watched the devastation unfold before their eyes through their screens. While the damage done on the day was catastrophic, a slow governmental response resulted in a lingering financial burden for many of those who lost most of what they had to Katrina.

Material property and economic damage can cripple a city such as New Orleans. However, if given the choice, many people would trade their possessions to revive their loved ones lost to natural disasters. Sadly, many such deaths often occur in a more mundane, but equally lethal, set of natural disasters.

Heat and cold waves can exacerbate conditions among children, the elderly, or the ill. Such events can also prove deadlier to those from lower socio-economic backgrounds as some lack the means to afford air-conditioning or heating in their homes. The deadliest of these events was a heat wave that stuck Kansas City, Missouri and St Louis in 1980.



Other disasters are less deadly but claim their disaster tag through the sheer number of people they affect. Flooding across the Midwest in June 2008 affected more than 11 million people, the most people affected by a natural disaster in U.S. history.

While it is often the horrors of death that gather the widest media attention, government support and intervention is often just as necessary in less lethal cases.

Although many natural disasters are impossible to contain, the battle against wildfires in the United States frequently rages on. As the area of acres burnt due to wildfires from 2000 to 2018 shows, millions of hectares are lost to fire each year.

The most significant natural disasters in the United States since 1900 include storms and floods (hurricanes), earthquakes, extreme weather and droughts, and wildfires.

Plan for Disasters: Talk with Your Family

Hurricanes

Hurricanes are massive storm systems that form over warm ocean waters and move toward land. Potential threats from hurricanes include powerful winds, heavy rainfall, storm surges, coastal and inland flooding, rip currents, tornadoes, and landslides.

The Atlantic hurricane season runs from June 1 to November 30. The Pacific hurricane season runs May 15 to November 30.

Hurricanes:

- Can happen along any U.S. coast or in any territory in the Atlantic or Pacific oceans.
- Can affect areas more than 100 miles inland.

If You Are Under a Hurricane Warning, Find Safe Shelter Right Away

- Determine how best to protect yourself from high winds and flooding.
 - Evacuate if told to do so.
 - Take refuge in a designated storm shelter, or an interior room for high winds.
- Listen for emergency information and alerts.
- Only use generators outdoors and away from windows.
- Turn Around, Don't Drown! Do not walk, swim, or drive through flood waters.

Prepare Now

- Know your area's risk of hurricanes.
- Sign up for your community's warning system. The Emergency Alert System (EAS) and National Oceanic and Atmospheric Administration (NOAA) Weather Radio also provide emergency alerts.
- If you are at risk for flash flooding, watch for warning signs such as heavy rain.
- Practice going to a safe shelter for high winds, such as a FEMA safe room or ICC 500 storm shelter. The next best protection is a small, interior, windowless room in a sturdy building on the lowest level that is not subject to flooding.
- Based on your location and community plans, make your own plans for evacuation or sheltering in place.
- Become familiar with your evacuation zone, the evacuation route, and shelter locations.
- Gather needed supplies for at least three days. Keep in mind each person's specific needs, including medication. Don't forget the needs of pets.
- Keep important documents in a safe place or create password-protected digital copies.
- Protect your property. Declutter drains and gutters. Install check valves in plumbing to prevent backups. Consider hurricane shutters. Review insurance policies.

When a Hurricane is 36 Hours from Arriving

- Turn on your TV or radio in order to get the latest weather updates and emergency instructions.
- Restock your emergency preparedness kit.
- Include food and enough water for at least three days, medications, a flashlight, batteries,

Plan how to communicate with family members if you lose power. For example, you can call, text, email or use social media.



Earthquake

An earthquake is the sudden, rapid shaking of the earth, caused by the breaking and shifting of underground rock. Earthquakes can cause buildings to collapse and cause heavy items to fall, resulting in injuries and property damage.

Earthquakes Can:

- Happen anywhere. Higher risk areas include California, Oregon, Washington, Alaska, Hawaii, Puerto Rico and the Mississippi Valley.
- Happen without warning.
- Cause fires and damage roads.
- Cause tsunamis, landslides and avalanches.

When a Hurricane is 18-36 Hours from Arriving

- Bookmark your city or county website for quick access to storm updates and emergency instructions.
- Bring loose, lightweight objects inside that could become projectiles in high winds (e.g., patio furniture, garbage cans); anchor objects that would be unsafe to bring inside (e.g., propane tanks); and trim or remove trees close enough to fall on the building.
- Cover all of your home's windows. Permanent storm shutters offer the best protection for windows. A second option is to board up windows with 5/8" exterior grade or marine plywood, cut to fit and ready to install.

When a Hurricane is 6-18 Hours from Arriving

- Turn on your TV/radio or check your city/county website every 30 minutes to get the latest weather updates and emergency instructions.
- Charge your cell phone now so you will have a full battery in case you lose power.

When a Hurricane is 6 Hours from Arriving

- If you're not in an area that is recommended for evacuation, plan to stay at home or where you are and let friends and family know
- Close storm shutters and stay away from windows. Flying glass from broken windows could injure you.
- Turn your refrigerator or freezer to the coldest setting and open only when necessary. If you lose power, food will last longer. Keep a thermometer in the refrigerator to be able to check the food temperature when the power is restored.
- Turn on your TV/radio or check your city/county website every 30 minutes to get the latest weather updates and emergency instructions.

If an Earthquake Happens, Protect Yourself Right Away. Drop, Cover and Hold On!

- If you are in a vehicle, pull over and stop. Set your parking brake.
- If you are in bed, turn face down and cover your head and neck with a pillow.
- If you are outdoors, stay outdoors away from buildings.
- Do not get in a doorway.
- Do not run outside.
- Visit EarthquakeCountry.org/step5 for tips and videos on what to do in a variety of other situations.

Stay Safe During an Earthquake: Drop, Cover and Hold On!

- **Drop:** Drop where you are, onto your hands and knees.
- **Cover:** Cover your head and neck with your arms. If a sturdy table or desk is nearby, crawl underneath it for shelter. If no shelter is nearby, crawl next to an interior wall (away from windows). Crawl only if you can reach better cover without going through an area with more debris. Stay on your knees; bend over to protect vital organs.
- **Hold On.** If you are under a table or desk, hold onto with one hand and be ready to move with it if it moves. If you can't find a table or desk: hold on to your head and neck with both arms and hands. If seated and unable to drop to the floor: bend forward, cover your head with your arms and hold on to your neck with both hands.

If Using a Wheelchair or a Walker with a Seat:

- **Lock:** Make sure your wheels are locked. Remain seated until the shaking stops.
- **Cover:** Protect your head and neck with your arms, a pillow, a book, or whatever is available.
- **Hold on:** maintain your position with head and neck covered until shaking stops.



Prepare Before an Earthquake

The best time to prepare for any disaster is before it happens.

- Practice **Drop, Cover, then Hold On** with family and coworkers. Drop to your hands and knees. Cover your head and neck with your arms. Crawl under a sturdy table or desk if nearby. Hold on to any sturdy furniture until the shaking stops. If a table or desk is not close, crawl next to an interior wall.
- Secure items, such as bookcases, refrigerators, televisions, and objects that hang on walls. Store heavy and breakable objects on low shelves.
- Create a family emergency communications plan that has an out-of-state contact. Plan where to meet if you get separated.
- Make a supply kit that includes enough food and water for at least three days, a flashlight, a fire extinguisher, and a whistle. Consider each person's specific needs, including medication. Have extra batteries and charging devices for phones and other critical equipment. Do not forget the needs of pets and service animals.
- Consider obtaining an earthquake insurance policy. A standard homeowner's insurance policy does not cover earthquake damage.
- Consider making improvements to your building to fix structural issues that could cause your building to collapse during an earthquake.

Keep Yourself Safe After an Earthquake

If an earthquake has just happened, there can be serious hazards such as damage to the building, leaking gas and water lines, or downed power lines.

- Expect aftershocks to follow the main shock of an earthquake.
- Check yourself to see if you are hurt and help others if you have training. Learn how to be the Help Until Help Arrives (Link to: <https://community.fema.gov/until-help-arrives>)
- If you are in a damaged building, go outside and quickly move away from the building.
- Do not enter damaged buildings.
- If you are trapped, protect your mouth, nose and eyes from dust. Send a text, bang on a pipe or wall, or use a whistle instead of shouting so that rescuers can locate you.

- If you are in an area that may experience tsunamis, go inland or to higher ground immediately after the shaking stops.
- Text messages may be more reliable than phone calls.
- Save phone calls for emergencies.
- Once you are safe, listen to local news reports via battery operated radio, TV, social media, and cell phone text alerts for emergency information and instructions.
- Be very careful during post-disaster clean-up of buildings and around debris.
- Do not attempt to remove heavy debris by yourself.
- Wear protective clothing, including a long-sleeved shirt, long pants, work gloves, and sturdy, thick-soled shoes.

Extreme Heat

Extreme Heat often results in the highest number of annual deaths among all weather-related hazards. In most of the United States, extreme heat is defined as a long period (2 to 3 days) of high heat and humidity with temperatures above 90 degrees. In extreme heat, evaporation is slow and the body must work extra hard to maintain a normal temperature. This can lead to death by overworking the human body.

Remember:

- Extreme heat can occur quickly and without warning.
- Older adults, children, and sick or overweight individuals are at greater risk from extreme heat.
- Humidity increases the feeling of heat as measured by a heat index.

If You Are Under an Extreme Heat Warning:

- Find air conditioning.
- Avoid strenuous activities.
- Watch for heat illness.
- Wear light clothing.
- Check on family members and neighbors.
- Drink plenty of fluids.
- Watch for heat cramps, heat exhaustion, and heat stroke.
- Never leave people or pets in a closed car.

How to Stay safe When Extreme Heat Threatens Prepare NOW

- Find places in your community where you can go to get cool.
- Keep your home cool by doing the following:
 - Cover windows with drapes or shades.
 - Weather-strip doors and windows.
 - Use window reflectors, such as aluminum foil-covered cardboard, to reflect heat back outside.
 - Add insulation to keep the heat out.
 - Use attic fans to clear hot air.
 - Install window air conditioners and insulate around them.
- Learn to recognize the signs of heat-related illness.

Be Safe DURING Extreme Heat

- Never leave a child, adult, or animal alone inside a vehicle on a warm day.
- Find places with air conditioning. Libraries, shopping malls, and community centers can provide a cool place to take a break from the heat.
- If you're outside, find shade. Wear a hat wide enough to protect your face.
- Wear loose, lightweight, light-colored clothing.
- Drink plenty of fluids to stay hydrated. If you or someone you care for is on a special diet, ask a doctor how best to accommodate temperature outside is more than 95 degrees, as this could increase the risk of heat-related illness. Fans create air flow and a false sense of comfort, but do not reduce body temperature.
- Avoid high-energy activities.
- Check yourself, family members, and neighbors for signs of heat-related illness.

Recognize and Respond

Know the signs of heat-related illness and the ways to respond to it:

- **Heat Cramps**
 - **Signs:** Muscle pains or spasms in the stomach, arms, or legs
 - **Actions:** Go to a cooler location. Remove excess clothing. Take sips of cool sports drinks with salt and sugar. Get medical help if cramps last more than an hour.

Heat Exhaustion

- **Signs:** Heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea or vomiting, or fainting
- **Actions:** Go to an air-conditioned place and lie down. Loosen or remove clothing. Take a cool bath. Take sips of cool sports drinks with salt and sugar. Get medical help if symptoms get worse or last more than an hour.

Heat Stroke

- **Signs:** Extremely high body temperature (above 103 degrees) taken orally; red, hot, and dry skin with no sweat; rapid, strong pulse; dizziness; confusion; or unconsciousness
- **Actions:** Call 911 or get the person to a hospital immediately. Cool down with whatever methods are available until medical help arrives.

Wildfires

- Wildfires can ruin homes and cause injuries or death to people and animals. A wildfire is an unplanned fire that burn in a natural area such as a forest, grassland, or prairie.
- Often be caused by humans or lightning.
- Cause flooding or disrupt transportation, gas, power, and communications.
- Happen anywhere, anytime. Risk increases with in periods of little rain and high winds.
- Cost the Federal Government billions of dollars each year.

If You Are Under a Wildfire Warning, Get to Safety Right Away

- Leave if told to do so.
- If trapped, call 9-1-1.
- Listen for emergency information and alerts.
- Use N95 masks to keep particles out of the air you breathe.

How to Stay Safe When a Wildfire Threatens

Prepare NOW

- Sign up for your community's warning system. The Emergency Alert System (EAS) and National Oceanic and Atmospheric Administration (NOAA) Weather Radio also provide emergency alerts.

- Know your community's evacuation plans and find several ways to leave the area. Drive the evacuation routes and find shelter locations. Have a plan for pets and livestock.
- Gather emergency supplies, including N95 respirator masks that filter out particles in the air you breathe. Keep in mind each person's specific needs, including and updated asthma action plan and medication. Don't forget the needs of pets.
- Designate a room that can be closed off from outside air. Close all doors and windows. Set up a portable air cleaner to keep indoor pollution levels low when smoky conditions exist.
- Keep important documents in a fireproof, safe place. Create password-protected digital copies.
- Use fire-resistant materials to build, renovate, or make repairs.
- Find an outdoor water source with a hose that can reach any area of your property.
- Create a fire-resistant zone that is free of leaves, debris, or flammable materials for at least 30 feet from your home.
- Review insurance coverage to make sure it is enough to replace your property.
- Pay attention to air quality alerts.



Survive DURING

- Evacuate immediately if authorities tell you to do so.
- If trapped, then call 911 and give your location, but be aware that emergency response could be delayed or impossible. Turn on lights to help rescuers find you.
- Listen to EAS, NOAA Weather Radio, or local alerting systems for current emergency information and instructions.



- Use an N95 masks to keep harmful particles out of the air you breathe.
- If you are not ordered to evacuate but smoky conditions exist, stay inside in a safe location or go to a community building where smoke levels are lower.

Be Safe AFTER

- Listen to authorities to find out when it is safe to return, and whether water is safe to drink.
- Avoid hot ash, charred trees, smoldering debris, and live embers. The ground may contain heat pockets that can burn you or spark another fire. Consider the danger to pets and livestock.
- Send text messages or use social media to reach out to family and friends. Phone systems are often busy following a disaster. Make calls only in emergencies.
- Wear a NIOSH certified respirator [dust mask](#) and wet debris down to minimize breathing dust particles.
- Document property damage with photographs. Conduct an inventory and contact your insurance company for assistance.
- Wildfires dramatically change landscape and ground conditions, which can lead to increased risk of flooding due to heavy rains, flash flooding and mudflows. Flood risk remains significantly higher until vegetation is restored up to 5 years after a wildfire. Consider purchasing flood insurance to protect the life you've built and to assure financial protection from future flooding.

For more information, visit <https://www.ready.gov/make-a-plan>

Founded in 1970, The National Caucus and Center on Black Aging, Inc. (NCBA) is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment

NCBA administers Senior Community Service Employment Program (SCSEP) with funding from the U.S. Department of Labor (DOL) to over 3,500 older adults, age 60+ in North Carolina, Arkansas, Washington, DC, Illinois, Missouri, Michigan, Ohio, Florida, and Mississippi. SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.



priority is given to Veterans and their ualified spouses, then to individuals 'ho: are over age 65; have a disability; ave low literacy skills or limited nglish proficiency; reside in a rural rea; may be homeless or at risk for omelessness; have low employment respects; failed to find employment fter using services through the merican Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

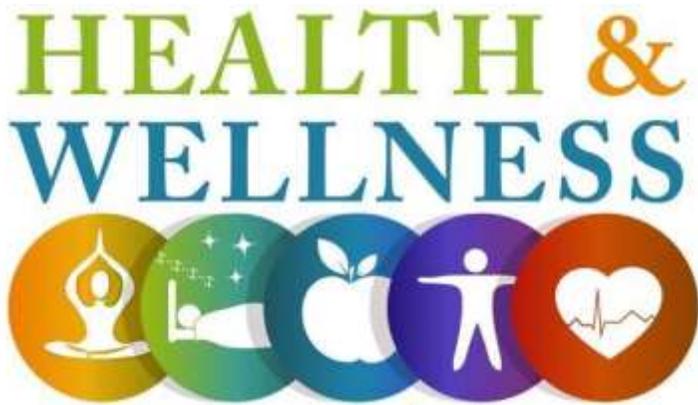
To learn more about the Senior Community Service Employment Program (SCSEP), visit: <https://ncba-aging.org/employment-program-resources>

NCBA administers the Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.



Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: <https://www.ncba-aged.org/environmental-employment-program-resources>



Health and Wellness

NCBA administers a health and wellness program with funding from the U.S. Department of Health and Human Services, Administration for Community Living to advance the principles of activity and vitality at a mature age; works to decrease access barriers to healthcare; and reduce or eliminate health disparities among racial, ethnic minority, and LGBT older adults.

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities.

The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit <https://ncba-aging.org/health-and-wellness>

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC.

To learn more about NCBA Housing Program, visit <https://www.ncba-aged.org/affordable-housing/>



Samuel J. Simmons NCBA Estates located in Washington, DC

*There's
NO PLACE
like home*

Rather than a live webinar, we have linked a **recorded webinar** for you to view at your convenience to help in your outreach to older African Americans in your community who are still wary about the Covid-19 vaccines or have trouble accessing services. The webinar runs less than 20 minutes.



Not only does this video include practical suggestions and "lessons learned" about organizations seeking to educate their members and facilitate vaccinations, it also includes a **Tool Kit** with an infographic, tip sheet, a brief informational video that addresses myths and facts about the vaccines, and appointment cards to help recipients keep track.

[Here is the link to the Recorded Webinar and the Tool Kit.](#)

We strongly encourage you to download the **informational video in the Tool Kit** for public showings, to email it to members, or to share with other organizations and individuals who are engaged in Covid-19 education. There is no copyright on the video, so feel free to distribute it far and wide.

We would very much appreciate your feedback about this webinar, the Tool Kit and your distribution numbers.

Please let us hear from you at covided@ncba-aging.org.

The NCBA Health and Wellness Program invites you to join our webinar series to learn about and discuss a wide range of topics on issues, challenges, and/or opportunities that may arise throughout your life or your loved one.

Our webinars are designed to increase knowledge, and to also improve the provision of information and resources available to you, your loved ones, and community. All webinars are held on Zoom. If you don't have access to a computer or have the Internet, we've got you covered. You can still join the webinar by phone to listen to discussion as well as questions.

To learn more about the NCBA Health and Wellness Program and our upcoming webinars, visit www.ncba-aging.org



SEPTEMBER 2021

- **Social Security** – On September 15, 2021, from 1:00 pm to 2:30 pm the Women's Institute for a Secured Retirement will educate current and upcoming Social Security recipients (both women and men) about the program, and how it supports you, your legal dependents, including a spouse and/or children as well as persons living with disabilities.

- **Emergency Preparedness** – On September 23, 2021, from 1:00 pm to 2:00 pm, to celebrate "National Preparedness Month", The Red Cross, National Capital Area Region will raise awareness about the importance of preparing for disasters and emergencies that may happen during the COVID-19 pandemic or at any subsequent time.

OCTOBER 2021

- **Financial Fraud and Financial Exploitation** – On October 14, 2021, 1:00 pm to 2:30 pm the Consumer Financial Protection Bureau, Office for Older Americans (CFPB/OOA) will educate attendees how to prevent, recognize, and report financial fraud and financial exploitation.

