

The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)
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President Biden Proclaims November 2021 as National Family Caregivers Month

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Every day, millions of Americans provide essential care and medical assistance to their loved ones. These acts of love, commitment, and compassion enable their family members to receive the support they need to live a life with dignity. This has been especially true throughout the COVID-19 pandemic, during which Americans of all ages have made substantial sacrifices to keep family members safe and healthy. During National Family Caregivers Month, we recognize the important role of our Nation’s family caregivers and thank them for the invaluable and instrumental care they provide.

While the opportunity to provide care to a loved one can be a blessing and a source of connection, it often requires sacrifice. Millions of Americans have sacrificed jobs and altered careers to perform caregiving duties. Workers, their families, and our economy suffer when workers are forced to choose between their jobs and their caregiving responsibilities or between putting food on the table and caring for a relative. Too many Americans who need caregiving support struggle with the high costs of caring for a family member in need or providing long-term care for people with disabilities or older adults.

My Administration is committed to strengthening American families and easing the burdens of caregiving. That is why my American Rescue Plan provided an additional \$145 million in funding for the National Family Caregiver Support Program, which continues to help State and community organizations support family and informal caregivers through in-home programs including counseling, respite care, and training. The American Rescue Plan also provided States with additional Medicaid funding to strengthen and enhance their home- and community-based services (HCBS) program. My Administration’s Build Back Better agenda will build on this down payment by continuing to invest in the caregiving infrastructure for HCBS and increasing pay and benefits to address the direct care workforce crisis. I will also fight to expand paid family and medical leave nationwide.

Each of these elements is critical to better supporting family caregivers. We want to see our Nation’s paid caregivers, including the majority of home health care workers and over 90 percent of childcare workers who are women — disproportionately women of color — have jobs that provide dignity, safety, and decent pay.

Earlier this year, the RAISE (Recognize, Assist, Include, Support, and Engage) Family Caregiving Advisory Council, with support from the Department of Health and Human Services, delivered an initial report on how the Federal, State, Tribal, and local governments can work with our partners in the private sector to better support our Nation's family caregivers, and we will continue working to provide that support.

As my own family members have been caregivers, I understand the struggles family caregivers face and the importance of the care they provide. This month, as we continue our fight to expand access to caregiving, we recognize our caregivers who wake up every single day to do this physically and emotionally demanding yet vitally important work.

NOW, THEREFORE, I, JOSEPH R. BIDEN JR., President of the United States of America, by virtue of the authority vested in me by the Constitution and the laws of the United States, do hereby proclaim November 2021 as National Family Caregivers Month. I encourage all Americans to reach out to those who provide care for their family members, friends, and neighbors in need, to honor and to thank them.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-ninth day of October, in the year of our Lord two thousand twenty-one, and of the Independence of the United States of America the two hundred and forty-sixth.

--JOSEPH R. BIDEN JR.

The Average Caregiver is Younger Than Ever – Are They Prepared?

As couples choose to become parents later in life, caregivers for their parents are now younger than before

This past June, despite ongoing strife within the royal family, Prince Harry and Meghan Markle welcomed their second child into the world. Undoubtedly, the Prince and the Duchess are excited to spend the rest of their lives smiling, laughing, and aging alongside their precious children, living as normal of a life as possible.

Of course, while there will never be much about their royal lives that is normal, there is at least one thing that Meghan has in common with millions of women around the globe: she just had what is considered a "geriatric pregnancy." Meghan Markle turned 40 this past August, just 2 months after the birth of her daughter.

Later-aged pregnancies are a growing trend across the globe and some quick math will tell you that a mother such as Meghan will reach her 70th birthday when her children are barely 30 years old.

But is a 30-year-old prepared to be a caregiver when their aging parents begin to need help? Is a 50-year-old prepared? Are *any* of us ever prepared? Overwhelmingly, that answer is "no."

As the average age of a caregiver continues to edge younger, it is especially critical that we find guidance upon the caregiving journey. WayWiser is trying to help us navigate that odyssey with both their upcoming app and their recently launched Caregiving Guide that tailors your loved one's support needs based on a series of research based questions and answers.

Are We Prepared to Be Caregivers?

Likely not.

According to a new study by AARP, 46% of caregivers are between the ages of 18 and 49. That same study suggests that the average age of a person receiving care is roughly 69. By these measures, it could be concluded that a mother who gives birth at 29, which is just above the average age in the United States, would likely need some sort of care by the time their child turns 40.

This is one of the many reasons why WayWiser developed its Caregiving Guide. As generations move forward, caregivers will be even less prepared than they are today, so it will be important to have tools to help light a pathway towards success.

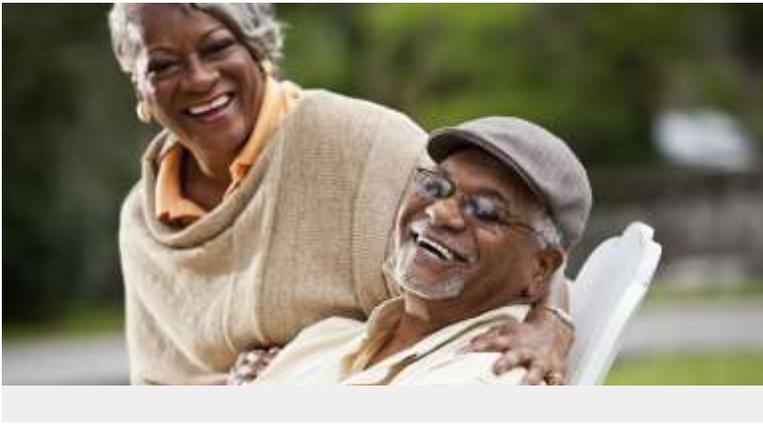
No matter your age, becoming a caregiver to an older adult can be jarring. We don't train to care for an older adult in school and the breadth of obstacles and tasks involved can be daunting, even if it isn't your first time taking on such responsibility.

There are classes, books, and advice to no end when it comes to raising a child, but not so much when it comes to caring for a parent. What are the questions that need to be asked? What situations can be solved at home to allow an aging parent to remain independent? How do you solve them? At what point should assisted living be considered?

How do you choose an assisted living facility? The questions go on and on.

Prepare To Be a Caregiver

There is a Malaysian proverb that says, "prepare an umbrella before the rain." It's a simple concept, but one that is too often neglected.



Our parents are often incredibly strong and smart. They have held the answers to all our questions since we were kids. The notion that roles would reverse, and we'd need to care for them as they become older is one, we typically push from our minds whenever it arises, never discussed until it's too late. For those under 40, in that rising arena of young caregivers, the thought might not have even occurred yet. But we need to prepare the umbrella before it rains. And these days, the rain is coming early.

Normalizing the conversation about cognitive and physical decline as we age and preparing young adults to care for older adults is going to be an important part of our community education as generations pass. Having caregiving direction at your fingertips needs to become the norm. WayWiser's guide is a good place to start.

For more information, visit:
<https://www.nextavenue.org/young-caregivers-prepare/>

Why the Cost of Long-Term Care Is Out of Reach for the Middle Class

More policy options may help alleviate the financial burden, though many are a long way off

The cost of aging in America, specifically for middle-income earners, has been spiraling out of control for years. But as the first boomers reach 75 this year, the financial reality of long-term care needs is moving front and center.

Seven out of 10 people will need long-term care during their lifetime — whether that's someone in the home to help with activities like bathing and dressing, a skilled nursing facility to recover after a hip replacement or assisted living or nursing home care when living at home is no longer viable, according to a recent Genworth financial survey.

The problem: affordability.

There will be a substantial increase in middle-income people age 75 and older by 2029, according to Caroline F. Pearson, an aging researcher at NORC, a nonpartisan research organization based at the University of Chicago.

Compared with today's older adults, they'll generally have lower retirement savings and fewer pensions to help mitigate future care costs. Ultimately, it's likely Medicaid, the federal/state program for low-income older Americans needing long-term care, that will eventually bear a higher share of the costs.

Currently, about eight million middle-income people aged 75 and older are caught in the gap between those who qualify for Medicaid and one's wealthy enough to comfortably pay for in-home care or a quality assisted living or continuing care retirement community (CCRC).



CCRCs provide different levels of care based on medical need. Many older people have complex care needs which require some additional assistance but are not sick enough to need nursing-home level care. And that's the conundrum.

A recent Genworth financial survey found the national monthly median cost of homemaker services or a home health aide can easily top \$4,160 (based on a 40-hour work week); assisted living, \$4,300. And care in a nursing home exceeded \$7,750 for a semi-private room in 2020.

Who are the Middle-Income Earners?

Most people in the \$25,000 to \$95,000 income bracket are considered middle-income; they usually cannot afford to pay privately for long-term care. Instead, they must rely on a network of family, friends, community-based services, and luck. A majority don't have long-term care insurance, which could offset some of the cost of non-medical care.

Although the cost of her policy ratcheted up in recent years, Bernstein intends to keep it. Her parents relied heavily on their coverage in their later years, so she has a good idea of what may lie ahead.

"My parents were smart enough to buy long-term care insurance when they had the chance, and at least in my mom's case, we used up all of the benefits. They didn't want to be a burden on us, and I don't want to be a burden on my kids," Bernstein said.

Her parents' policy paid for home health aides and eventually, assisted living and memory care. Without insurance, the out-of-pocket costs could have topped \$4,500 per month for home care and \$6,600 per month for assisted living, based on current Genworth data.

"I've seen the benefits of it, and I think even a small policy that covers just a limited amount is better than nothing, if you could afford it," Bernstein said.

Not everyone is so prescient.

Only 7.5 million Americans had some type of long-term care insurance in 2020, according to the American Association for Long-Term Care Insurance. Yet the federal Administration for Community Living estimates that someone turning 65 today has a 70% chance of needing some type of long-term care in the future.

What Can Middle-Income Older Adults Do?

"There aren't a whole lot of options once you get to a certain age," said Jenny Chin Hansen, chair of the SCAN Foundation and former CEO of the American Geriatrics Society. Only a handful of insurance companies still sell long-term care insurance policies, and many no longer guarantee lifetime benefits.

The best time to get one is when you're healthy, in your 40s or 50s, with no underlying conditions.

But like Bernstein, you can get hit with higher premiums as you age, and must make the choice — do you keep the policy or not?

"So many middle-income people end up becoming financially fragile due to medical bills and give up the policy just when they might need it most," Hansen said.

While some states offer services like free or low-cost transportation, home-delivered meals or in-home care visits through programs like CAPABLE and PACE, there are often income limits to qualify and waiting lists can be excruciatingly long.

The growth of continuing care retirement communities that offer supportive housing and care "on demand" has skyrocketed in the past several decades. Most are aimed at healthy middle- to upper-income individuals, a report from the International Council on Active Aging found.

But of the projected 14.4 million middle-income older adults in 2029, "60 percent will have mobility limitations and 20 percent will have high-health care and functional needs," policy researchers predict. Many of these elders will need some sort of regular assistance, yet 54% won't be able to afford it, the report estimated.

A Lack of Family Caregivers Is Concerning

Another huge challenge: the dwindling supply of family caregivers.

By the end of the decade, 24 million Americans will need long-term care, nearly double the current need, but there won't be enough caregivers to meet the demand, the American Action Forum, a conservative think tank, projects.

A shortage of family caregivers means costs must either be borne by those needing care — who may be unable to afford it — or the expenses will fall to social safety net programs, said Susan Reinhard, director of the AARP Public Policy Institute.

Her advice? "Think about what you're going to need and try to be proactive. Learn about the different resources that are out there," Reinhard said. "Be prepared, plan for what you might happen and what you could do now, because you never know."

AARP estimates that 48 million Americans currently provide unpaid care for a family or friend, incurring an average of \$7,200 in annual expenses. If caregivers spend their savings on their loved ones now, there may not be enough left when they may need long-term care themselves.

"Families do just amazing things to support their elders and leave themselves in very bad shape financially. There's a certain amount of altruism in that, and a certain amount of honor, and personal reward. But it doesn't add up to much when you're there yourself and you don't have anything left to rely on," said Dr. Joanne Lynn, a geriatrician and a Congressional Health and Aging Policy Fellow.

How the Government Can Help

Several policy options are in the works to help alleviate the financial burden on middle-income older adults and their families. The pending \$3.5 trillion federal budget reconciliation bill allocates money for caregivers, long term services and affordable housing, though it's not yet clear which provisions will make the final cut.

However, that's little solace to older adults and their families who need help now.

Washington state's long-term care insurance program for eligible workers is slated to take effect in 2025. It will pay up to \$36,500 over a person's lifetime for long term care expenses. It will be financed through a payroll deduction, like way Medicare and Social Security work. Recipients will be able to choose benefits such as in-home professional care, assisted living, adaptive technology, dementia or memory care and respite for family caregivers.

Other states are considering similar approaches.

That's not a lot of money for the long-term, but it's a start, said Lynn. She works with Rep. Thomas Suozzi (D, N.Y.) who introduced the WISH Act in June. That bill would create a public-private partnership and establish a new federal Long-Term Care Insurance Trust Fund that would pay for the "catastrophic" period of long-term care for those who need many years of it.

The program would pay for itself through a mandatory payroll deduction, like current Medicare and Social Security contributions.

It will also allow older people to age at home if they wish, instead of needing to spend down their life savings to qualify to enter Medicaid-funded nursing homes.



"We have a storm coming, with the number of disabled elders expected to double in the coming years," Suozzi said in a statement. "The WISH Act would save the Medicaid program and millions of Americans from financial ruin, would allow people to age at home with dignity and would create millions of good-paying, middle-class jobs in the home health care industry."

But even that possible solution is a way off. Should the legislation pass, it would likely take a decade to get the program up and running, Lynn noted. Many people still don't realize that Medicare does not pay for most in-home care

services for people 65+ unless they're medically necessary. Some alternative Medicare Advantage (MA) plans from private insurers offer limited benefits, like a home care aide for few hours a month, but that's not enough to really help anyone for the long term, according to Lynn.

Aging at Home

To age at home, it's imperative to do everything possible so you can stay healthy for as long as possible, Reinhard said. The most crucial strategy is regular exercise, to avoid muscle weakness.

"Once you can't get in and out of a chair or bed, you're going to need help. And things can go downhill quickly from there," Reinhard said.

Also take a good look at your surroundings. You may have to budget for home modifications. For example, what happens if you couldn't get up or down the stairs? Is your bathroom doorway wide enough for a wheelchair or walker?

Even inexpensive changes like installing grab bars in the shower can make a huge difference.

"You need to put together your own plan. but it takes work, and you can't wait until you absolutely need it," Reinhard said. AARP's Prepare to Care caregiving planning guide is a good starting point.

If you do have long-term care insurance, read the policy carefully and be sure you understand what the benefits are, when they might kick in and how much help they provide.

Bernstein is grateful her mother insisted that she plan ahead. "I want to know that I could live comfortably if I do end up getting dementia like my parents, that I'll be able to maintain my dignity. It's peace of mind," she said.





To Reinvent Yourself After 50, Learn How to Tell Your Story

Advice for job hunting or switching careers, from 'Thriving at 50+'

(Wendy Marx has had five careers: social worker, newspaper reporter, marketer, PR entrepreneur and now career coach and reinvention expert. In this excerpt from her new book, "Thriving at 50+", Marx explains why knowing how to tell your story can help you find work in midlife or find your next act.)

Imagine this scenario: You're fired from a job you loved after 30 years. What do you tell yourself and others? How do you handle the pain, the upset and blow to your ego?

Herminia Ibarra and Kent Lineback, in a Harvard Business Review article, wrote that in the beginning of a transition when the future isn't clear, you will need to "craft different stories for different possible selves (and the various audiences that relate to those selves)."

"You've been a banker, human resource specialist, salesperson, electrician, lawyer, whatever for a long time," Marci Alboher, career and workplace trends expert and Encore.org vice president, wrote in her book *The Encore Career*. "So, expect to feel strange when you leave an identity behind and no longer have an easy way to describe yourself."

Creating a story — or revising the one you've told — can help you accept your reinvention transition and see its best features. In a transition, your story is your road map. It needs to define both who you are and where you're headed.



What is a Story?

In their Harvard Business Review article, Ibarra and Lineback wrote about a networking event of senior managers who were downsized from lucrative jobs. Unfortunately, most of the managers, in sharing what they had done, simply recounted a laundry list of credentials and jobs. As a result, the audience didn't care, because they weren't clear on how to help.

The senior managers failed to distinguish between facts and a story.

"All good stories have a characteristic so basic and necessary it's often assumed," said Ibarra and Lineback. "That quality is coherence, and it's crucial to life stories of transition." If a story is meaningful, the past is related to the present and the present provides a window to the future.

Connecting Your Dots

But some people don't connect the dots between their past, present and future. They will say: "I used to do this, and now I do that."

Instead, they could explain how their skills will transfer, so they'll be able to add value in the new job.

After losing her marketing job, a woman I know named Grace took some time off for self-analysis. That paid off in an aha moment. Coaching, mentoring, and teaching had always been a part of her career and were things she enjoyed. But they were minor notes, not the dominant soundtrack of her career.

She asked herself: "Why don't I figure out how to make that a more major part of my job?" Learning. Adult education. I had been toying with that in my mind in prior years, but now the pieces fit. The story fit. And I was like, 'Wow.' I felt good about it. This does make sense. The pieces do hang together."

Having her bearings, she could then ask herself what classes or certificates to take to compensate for any knowledge gaps and which people to talk with to pinpoint opportunities. Suddenly, what had seemed to be a closed world opened up.

Grace's story has evolved. Where originally, she had offered up a buffet of her skills and asked for feedback from people she networked with, she now talks about how her social science background, her understanding of people, her communications skills, and her joy in turning "lightbulbs on in people" make her a good business educator.

While Grace's story was becoming clearer, it wasn't yet complete. She wanted to flesh it out so people would understand her desire to head in a new direction.

So, she revisited her resumé, thinking about how she could enhance her story. "Instead of just looking for work, why don't I just *do* some work?" she told herself. Grace volunteered as the director of educational development for a nonprofit, advocating for women 50+ in the workplace. "It's a project that I could put in my portfolio and say, 'I did this from soup to nuts. I made this plan. I created these educational opportunities.'"

Practice Makes Perfect

Like any performance, a story gets better in the retelling. Don't expect to have a great story off the bat. Wrote Ibarra and Lineback: "Tell and retell your story; rework it like a draft of an epic novel until the right version emerges."

"I tell people to practice their story in phone calls," said Sree Sreenivasan, Marshall R. Loeb visiting professor of digital innovation at Stony Brook University School of Journalism and a social media guru. "Why should people listen to you? If you can't tell your own story, how can I believe you would be good at telling my story and my company's story?"

A career story's power is reinforced with examples and proof points. Grace planned to create a resource kit to showcase her volunteer work. She recognized that she had to sing her own song louder.

Don't be afraid to tell your own story assertively and with gusto. Otherwise, you risk others misinterpreting, and even misunderstanding, your story.

Storytelling Cheat Sheet

Here are the five keys to good storytelling:

- Initially, when what you want to do is not clear, craft different stories for different audiences.
- Connect the dots linking your past to your future aspirations.
- Create a story that's logical yet engaging. Show some passion.
- Enhance your story through volunteering and creating a resource kit.
- Practice. Practice. Practice your story.

Contributing Author: Wendy Marx is a career coach for people 50+, a public speaker and author of Thriving at 50+: The 7 Principles to Reinvent and Brand Yourself. You can download her free tips for creating a personal brand at 50+ on her website, Thrivingat50Plus.com



The Truth About Those Medicare Advantage TV Commercials

Why the 'Friends Talk Money' podcast hosts say the 'free' policy come-ons can be misleading

Odds are, you've seen those Medicare Advantage TV commercials featuring the likes of William Shatner, George Foreman, Jimmie Walker and Joe Namath touting the "free" health insurance plans offering enticing benefits not available from so-called "Original Medicare" (also called "traditional Medicare"). But are they for real?

Now that it's Medicare Open Enrollment season through Dec. 7, if you're 65 or older and eligible for Medicare, or a loved one is, you'll want to know the answer.

My "Friends Talk Money" podcast co-hosts and I just looked into the popular Medicare Advantage plans (also called Medicare Part C plans) for our latest episode, speaking with Medicare maven Diane Omdahl, of the 65Incorporated.com site.

These plans, now chosen by 42% of Medicare beneficiaries, are sold by private health insurers, as opposed to the alternative Original Medicare program offered by the federal government. The commercials, said "Friends Talk Money" co-host Terry Savage, a syndicated personal finance columnist and author and Medicare expert, promote their one-stop shopping and potential money savings.

What the Medicare Advantage Commercials Say

Savage noted the ads often say: "Let us do everything! And we're going to give you hearing [coverage] and we're going to give you dental and we're going to pick you up and drive you to your doctor's appointments. We're going to give you a turkey on Thanksgiving! They promise so much."

Omdahl told listeners: "Based on the commercials that are on television every day, people see something they think is going to be more cost effective and then they opt for that [Medicare Advantage] coverage without really knowing what they're getting into."

She's right. A recent survey by the Kaiser Family Foundation found that seven in 10 Medicare beneficiaries didn't compare coverage options during the most recent Open Enrollment period. And in a MedicareAdvantage.com survey of over 1,000 beneficiaries, three out of four called Medicare "confusing and difficult to understand."

According to the Kaiser Family Foundation, the average Medicare beneficiary has a choice of 54 Medicare plans, there are 766 Medicare Part D prescription drug plans and a record 3,834 Medicare Advantage plans will be available in 2022 (up 8% from 2021).

Here's the bottom line from Omdahl and the "Friends Talk Money" hosts: Some of what you hear on those Medicare Advantage TV ads is true, but the fine print shows that "free" isn't really "free." When the commercials say, "zero premium, zero deductible and zero co-pay," that's not the whole story.

Before I explain the truth about Medicare Advantage's costs and coverage, it may help to provide a little context about Open Enrollment and Medicare Advantage plans. (Buckle up: Medicare Open Enrollment rules are complicated.)

During annual Open Enrollment, Medicare enrollees can switch from Original Medicare to Medicare Advantage or the other way around; switch from one Medicare Advantage plan to another and enroll in a Medicare Part D prescription drug plan in certain instances.

There's also a Medicare Advantage Open Enrollment period, from Jan. 1 through March 31, when you can switch your Advantage plan to a different one or switch back to Original Medicare and sign up for a Part D plan.

The Fine Print of Medicare Advantage Plans

Medicare Advantage plans, usually bundled with prescription drug coverage, typically require you to use health care providers in their network. The policies limit your annual out-of-pocket costs for covered services.

"People need to go beyond the commercials" to understand the fine print of Medicare Advantage plans, Omdahl said. "There are indeed zero-premium Advantage plans and many of the plans do not have any [annual out-of-pocket] deductibles. But the zero co-pay is misleading. Zero co-pay is for your primary doctor; depending on where you live, co-pays may apply in other situations."

Savage said that due to the Medicare program's rules, Medicare Advantage enrollees could wind up paying out of pocket as much as \$7,500 a year; more than \$11,000 a year if you use out-of-network health care providers.

"These plans work best if you don't get sick," she said. "Once you need to see a lot of specialists, then you start paying."

Omdahl said that before signing up for a Medicare Advantage plan, understand that anytime you want care other than an emergency, the plan must approve it.

"If you need physical therapy, for instance, the plan has to approve the request for the service and then they'll usually say the person gets three visits or five visits or whatever. So, they are controlling the utilization of services of the members," she explained.

Savage said if you're in a Medicare Advantage plan and want to switch back to traditional Medicare for 2022, you could run into a problem. "If you have become ill, there's a medical underwriting [a health care provider must check you out before you're granted coverage] and in most states they can turn you down for the most comprehensive Medicare supplement [Medigap] plan."

Think Before You Switch

So, Savage advised, "think very carefully before you switch out of traditional Medicare, which lets you see just about any doctor or go to any hospital."

I noted a recent study by the nonprofit health care research group The Commonwealth Fund that looked at Medicare Advantage plans and traditional Medicare. Overwhelming majorities of Medicare beneficiaries in both traditional Medicare and Medicare Advantage were satisfied with their care.

The researchers discovered that the Advantage plans didn't substantially improve beneficiaries' health care experiences compared to traditional Medicare but did offer somewhat more care management.

That means the Medicare Advantage enrollees were more likely to have a treatment plan where someone would review their prescriptions for them and handle medical concerns relatively quickly. "By providing this additional help, Medicare Advantage plans are making it easier for enrollees to get the help they need to manage their health care conditions," the study said. Of those with a health condition, a larger share of Medicare Advantage enrollees in the study said that a health care professional had given them clear instructions about symptoms to monitor and had discussed their priorities in caring for the condition.

Where to Get Medicare Help

"Friends Talk Money" co-host Pam Krueger, founder of the financial adviser vetting program Wealthramp, said "an excellent, fiduciary, fee-only financial planner can make sure you get the comparisons you need" during Medicare Open Enrollment.

Three other useful resources for Medicare Open Enrollment shopping (in addition to 65Incorporated): the Medicare.gov site, the eHealth Medicare site and the site for the State Health Insurance Assistance Programs known as SHIP.

"There's no right or wrong" when it comes to choosing between traditional Medicare and Medicare Advantage plans, Savage said. "As long as you're well-informed about these Medicare decisions you'll be in great shape for 2022."

Contributing Author: Richard Eisenberg is the Senior Web Editor of the Money & Security and Work & Purpose channels of Next Avenue and Managing Editor for the site. He is the author of How to Avoid a Mid-Life Financial Crisis and has been a personal finance editor at Money, Yahoo, Good Housekeeping, and CBS MoneyWatch.



Shirlitta Settles, Vocalist and Entertainer

In addition to listening to the sweet sounds of Ms. Settles and her band, attendees received door prizes, snacks, box lunches, autographs galore, and the opportunity to dance the night away.

By popular demand, Shirlitta Settles and her band will return to Samuel J. Simmons NCBA Estates on Saturday, December 11, 2021, for a "Holiday Ex, Extravaganza!"



Samuel J. Simmons NCBA Estates Residents Find a Way

On October 23, 2021, residents, resident aides, and staff at Samuel J. Simmons NCBA Estates in Washington, DC maintained their distance while still socializing with their friends and neighbors to listen to Washington, DC based, R&B and blues singer and entertainer, Shirlitta Settles.

Shirlitta Settles is a vocalist, but she is known more for being an entertainer and loves to involve the audience in her shows. Ms. Settles has performed all over the world. If you haven't seen her perform, please go! You're in for a treat.





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 qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American 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>

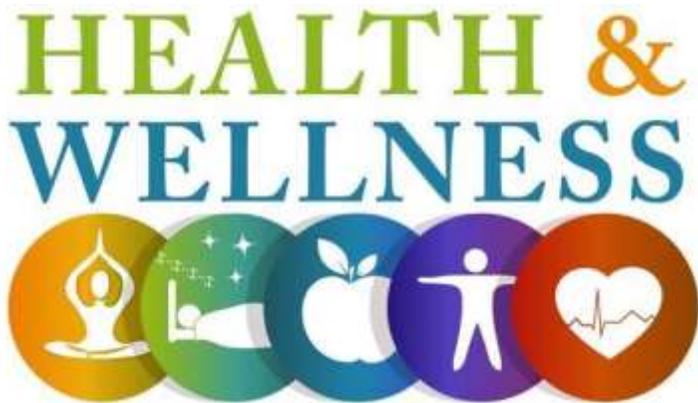


NCBA administers the Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.



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*

HOW TO STAY SAFE DURING A PANDEMIC

(Holiday Edition)

HOW TO PROTECT YOURSELF AND OTHERS



SELF:

- Get vaccinated.
- Wash or use hand sanitizer after everything you touch.
- Wear a mask.
- Social distance at least 6 feet apart no (handshakes, hugs, kisses on the cheek, etc.)

SAFETY MEASURES:

- Disinfect shared items between uses.
- Avoid singing, chanting or shouting.
- Do not share food or drinks.
- Avoid high- risk activities such as door-to-door activities.

GATHERING:

- Limit the number of people attending your gathering.
- Enforce mask wearing and good hygiene practices.
- Avoid self-serve food.
- Have someone clean and disinfect commonly touched surfaces,

TRAVELING THIS YEAR ?



- Get tested with a viral test 1-3 days before you travel.



- Get vaccinated before you travel. Wait at least 2 weeks after getting your second vaccine dose to travel.



- Wear a face mask in indoors and in outdoor public spaces .



- Limit contact with frequently touched surfaces, such as handrails, elevator buttons and kiosks.



- Instead of handing boarding passes to TSA officers, you should place them on scanner and then show them for inspection.
- Items such as keys, wallets and phones should be placed in your carry-on bag instead of used bins. (This reduces the handling of items)
- When getting gas, disinfectant the gas handles and buttons before you touch them.

HOLIDAY SHOPPING TIPS

- Shop early if possible to avoid crowds. Off- seasonal hours are the best possible way to avoid contact with potentially sick people.
- Try using credit cards, that let you tap the payment terminal for payment. This will help maintain minimal contact with sales person (Many hands touch these terminals daily).
- Shop online to avoid indoor stores if possible.
- Sanitize and disinfect new items whether store bought or delivered to your home. (This helps avoid exposure to covid-19)
- Try curbside (limiting person-to-person exposure and wait times.)



BE CAUTIOUS WITH ALL MEDIUM-RISK ACTIVITIES. TRY TO AVOID ALL HIGH-RISK ACTIVITIES AND TO HELP PREVENT THE SPREAD OF COVID-19.

ACTIVITIES BY RISK

Low-Risk

- Celebrating the holiday season at home.
- Decorating your home with your household.
- Hosting a virtual gathering with friends and family members.

Medium-Risk

- Attending an outdoor gathering.
- Participating in traditional door-to-door activities.
- Preparing meals and delivering them in a no-contact manner.

High-Risk

- Participating in traditional door-to-door activities.
- Traveling outside your community for gatherings and events.
- Not wearing mask when attending crowded gatherings and events.
- Attending crowded shopping areas.

DID YOU KNOW?



- Cold weather can not kill Covid-19.

- Did you know? Fully vaccinated persons are less likely than unvaccinated persons to acquire the Delta variant .

- None of the authorized COVID-19 vaccines in the United States contain the live virus that causes COVID-19..



- Covid-19 can survive on human skin for up to 9 hours. (Regularly washing your hands can help stop the spread of the virus.)
- Vaccines (Pfizer-BioNTech and Moderna) reduce your risk of severe illness, hospitalization, and death from COVID-19.

- No drink, hot or cold, will protect you from COVID-19/Delta variant or cure the illness



NKBA
National Caucus and Center on Black Aging, Inc.

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