Sorry to be the bearer of bad news but filing your 2021 tax return may be one frustrating experience – especially if you’re expecting to get a refund.

Recently, U.S. Treasury Department officials conceded in a phone call with reporters that the Internal Revenue Service (IRS) will face “enormous challenges” this filing season; the agency will start accepting federal income tax returns Monday, January 24.

The problems? The IRS is backlogged, many centers that process paper returns have been closed due to COVID-19 and the agency is understaffed (its customer service workforce is down 40% since 2010). What's more, last year's stimulus payments and the expanded child-care tax credit have added filing complexity.

That means 2021 tax refunds are likely to be delayed; usually electronic refunds come three weeks after filing, a week faster than ones for paper returns.

Based on last years’ experience, getting answers from the IRS will be even harder than usual, too. According to The Washington Post, the National Taxpayer Advocate watchdog group said that in 2021, just 3% of calls were answered by the IRS’ 1040 support line for individual income tax returns.
But in the new episode of the "Friends Talk Money" podcast I host with personal finance mavens Terry Savage and Pam Krueger, the three of us — along with IRS spokesman Eric Smith offered advice to help taxpayers file their returns.

I'll share tax tips from the podcast here. (You can listen to the entire "Friends Talk Money" episode wherever you get your podcasts or at the end of this article.)

One important date to know: For most people, the tax-filing deadline this year is April 18th, not April 15th, due to Washington, D.C.'s Emancipation Day. Residents of Maine and Massachusetts have until April 19th because of Patriots' Day in their state; victims of tornados and wildfires in Colorado, Illinois, Kentucky and Tennessee have a May 16th deadline.

**Consider Filing Electronically This Year**

The top tip for your 2021 taxes from the "Friends Talk Money" podcast hosts and Smith: file your return electronically, rather than on paper, if you can. It's likely to be processed faster that way and if you'll be due a refund, it'll come sooner.

One tip I offered on the podcast: If you donated to charity last year, you'll be able to claim a deduction on your 2021 tax return whether you'll itemize deductions or not. The maximum write-off is $300 for single people and $600 for married couples filing jointly.

Savage advised all taxpayers to see if they had enough taxes withheld in 2021. "If you didn't withhold at least ninety percent of your tax liability or a hundred percent of what you paid in [taxes in 2020], you're going to want to make a quarterly estimated payment in January to avoid penalties," she said.

Fourth quarter estimated taxes are normally due January 15th, but this year the date is January 18th due to Martin Luther King Jr. Day, Savage noted.

Krueger offered this tip for people who filed estimated taxes last year because they were self-employed, freelanced or had income as an Airbnb host: "If you feel you overestimated your income, to file for a refund you’re going to use the 1040-ES form and that refund can be applied to your future quarterly estimated taxes."

One more piece of bad news — if your 2021 income was $73,000 or less and you planned to save money by using the IRS’ Free File program to file a return electronically through one of its partners, know this: TurboTax and H&R Block aren’t participating.

Looking towards 2022 taxes, Savage said, people 72 and older should pull together their 2021 statements from their traditional Individual Retirement Accounts and their 401(k)s to see how much they'll need to withdraw as their Required Minimum Distributions (RMDs) this year to avoid penalties. There are no RMDs for Roth IRAs.

I mentioned on the podcast that a new study by the Hearts & Wallets financial services research firm found that the biggest money management topic pre-retirees said they needed advice on was developing a strategy for withdrawing income from their different accounts.

So, if you're nearing retirement, you might want to meet with a tax pro or financial adviser to help make the right withdrawal moves — but maybe wait till after April 18th, when things have cooled down.

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Tax Tips for Family Caregivers

Caring for a loved one could make you eligible for deductions and tax credits

As a family caregiver, you went into the job knowing it would take much of your time.

You may not have expected it to take quite so much of your money. The average family caregiver spends about $7,200 a year on household, medical and other costs related to caring for a loved one.

Fortunately, there is some light at the end of the tax year: federal tax credits and deductions that apply directly or indirectly to caregiving costs. Here are some ways family caregivers potentially can reduce their tax burden.

Tax Credit for ‘Other Dependents’

Taxpayers have long been able to claim a tax credit for children up to age 16. Unlike a deduction, which lowers your taxable income, a tax credit directly reduces your tax bill. The 2017 federal tax law expanded the Child Tax Credit (CTC) to allow taxpayers to claim up to $500 as a nonrefundable “Credit for Other Dependents,” including elderly parents.

Under this provision, in effect through the 2025 tax year, the Internal Revenue Service allows family caregivers to claim some individuals related by adoption, blood or marriage — and even some friends — as “other dependents” on their federal tax return as long as both parties meet these IRS requirements:

- Legal residency. Your loved one is a U.S. citizen, U.S. national or legal U.S. resident and has a valid identification number — a Social Security number, Individual Taxpayer Identification Number or Adoption Taxpayer Identification Number.

- Income. Your loved one’s gross income is not greater than that tax year’s cutoff amount, which in 2021 is $4,300.

- Dependence on you. Your loved one lives with you, and you pay more than 50 percent of that person’s living expenses, including clothing, food, lodging, medical and dental care, recreation, transportation and other necessities. Two or more people can split these expenses, but only one can claim the person as a dependent, and that person must pay at least 10 percent of the support costs. This is called a “multiple support agreement.”

- Living arrangements. You may claim a friend, honorary auntie or other unrelated loved one as a dependent, but he or she just have lived with you the entire year.

- Married dependent consideration. You can claim a dependent who is married only if he or she does not file a joint return with their spouse or files a joint return only to get a refund of income tax withheld and does not claim any other credits or deductions.

- Non-dependence. You can claim a dependent only if you are not a dependent of another taxpayer.

The IRS has an interactive tool to help you determine if a dependent qualifies you for a tax credit.

Tips for filing

- Keep detailed records. For example, create a log to show the dependent lived with you for at least half the year.

- Keep receipts and keep a written log of all related expenses. This record will ensure you don’t miss any allowable deductions, and it can serve as part of your documentation if you are audited.

- Be aware that adding a dependent makes them part of your household, which could have implications in areas such as Medicaid eligibility or the cost of health insurance purchased.

Bonus: Head of household status

If you are a single taxpayer, or married but living apart from your spouse, adding a dependent relative who lives with you could bump you up to head of household. The change in status raises your standard deduction for the 2021 tax year to $18,800, up from $12,550 if you are single or married but filing separately. Remember that taking the standard deduction means you can’t claim any personal exemptions.

A parent does not need to live with you for you to claim head of household status. Any other relative must have lived with you for at least half of the tax year.

If you use a multiple support agreement to claim your dependent, you cannot use the dependent to file as a head of household.
Oddly, given the name, this tax credit does not require that your loved one qualify as your dependent in certain circumstances. But there are rules for when you can claim it.

Among them:

- **Cohabitation.** The person you are claiming the credit for must have lived with you for at least six months during the tax year.

- **Dependency.** The person is your dependent or could be except for having gross income higher than the allowed maximum, which is $4,300 in 2021, or filing a joint tax return with a spouse that year.

- **Incapacity.** The person is physically or mentally unable to care for himself or herself.

- **Necessity for employment.** You pay an adult day care program, childcare program or a home health worker to assist your loved one so you can go to work or look for work.

- **Spousal qualifications.** If you are married, your spouse also must work, be a student or be disabled for you to qualify for this credit.

If you plan to claim any of these credits or deductions, be sure to outline all of your costs and get someone to help you with your taxes, says Lynnette Lee-Villanueva, vice president of AARP Foundation Tax-Aide, a free tax-preparation service staffed by AARP volunteers. Tax-Aide has more than 5,000 sites nationwide that are open annually during tax season and provides an online site locator to find one near you.

This article, originally published December 15, 2017, has been updated to reflect tax laws and policies for the 2021 tax year.
With the new tax season starting this week, the IRS reminds taxpayers to be aware that criminals continue to make aggressive calls posing as IRS agents in hopes of stealing taxpayer money or personal information.

Here are some telltale signs of a tax scam along with actions taxpayers can take if they receive a scam call.

The IRS will never:

- Call to demand immediate payment using a specific payment method such as a prepaid debit card, gift card or wire transfer. Generally, the IRS will first mail a bill to any taxpayer who owes taxes.
- Threaten to immediately bring in local police or other law enforcement groups to have the taxpayer arrested for not paying.
- Demand that taxes be paid without giving taxpayers the opportunity to question or appeal the amount owed.
- Call unexpectedly about a tax refund.

Taxpayers who receive these phone calls should:

- Record the number and then hang up the phone immediately.
- Report the call to TIGTA using their IRS Impersonation Scam Reporting form or by calling 800-366-4484.
- Report the number to phishing@irs.gov and be sure to put “IRS Phone Scam” in the subject line.

For more information, visit:

Even with the arrival of omicron, science has shown the smart path forward

If there’s one thing we can safely say after two years of living under COVID-19, it’s this: Science isn’t perfect, but it works.

Public health experts made some mistakes before the true nature of the virus was known, from the initial guidance to forgo wearing masks in public to the advice on wiping down groceries and mail. Indeed, at the start of the pandemic, few experts believed it would be as bad as it’s been, says Cameron Wolfe, M.D., an infectious disease specialist and associate professor at the Duke University School of Medicine.

In February 2020, U.S. doctors who deal with “high-consequence pathogens” and disaster medicine were predicting a worst-case scenario of 500,000 U.S. deaths. But they were wrong. As of this writing, the death toll from COVID has surpassed 834,000 Americans, with more than 59 million infected. Roughly 93 percent of those who have died were 50 or older.

But after two years of both triumphs and missteps, a lot of us have grown frustrated with science. Vaccines are miracles — or they’re not. "Long COVID" is a thing — or it’s not. Omicron, delta and other variants have thrown our best planning and predictions into chaos time and again. And across the country, public health practices are more and more driven by politics, media and culture rather than by science.
Get Your Vaccine. Wear Your Mask. Live Your Life

It’s confusing. And depressing. And as a result, COVID fatigue has become a real danger to our collective health.

“People are tired of the public health interventions,” says Andrew Badley, M.D., chair of the Mayo Clinic’s COVID-19 Research Task Force. “Masking and social distancing and handwashing and not going to crowded settings. Some people are doing that less and less, and I think that contributes to the spread.” Because we’re letting our guard down, “I think we will be seeing patients with severe COVID disease for years to come,” he says.

So as the two-year anniversary of COVID rolls around, let’s take a step back, get a solid look at just where we are, and answer some serious questions about the future of COVID and how to make 2022 as healthy, safe and productive as it can be.

1. If vaccines are “90 percent effective,” how come so many vaccinated people get sick?

Until the omicron variant emerged, “breakthrough” infections in immunized individuals were rare, according to the Centers for Disease Control and Prevention (CDC), and they happened primarily in those who were immunocompromised. It appears that omicron has a greater ability to circumnavigate the initial vaccine series than other variants. Omicron makes it even more urgent not just to get vaccinated but to add a booster if you have not already done so, and to take extra precautions, especially if you’re over 65 or dealing with any chronic health conditions.

Here are the CDC statistics to keep in mind: Compared to people who are fully vaccinated with a booster, unvaccinated people are 10 times more likely to catch COVID and 20 times more likely to die from it. And for those 50 and older, the risk of forgoing vaccination is even greater.

The fact is, all vaccines — measles, shingles, influenza, pneumonia, what have you — vary in their effectiveness, says Paul Duprex, director of the Center for Vaccine Research at the University of Pittsburgh.

“The goal set for COVID-19 vaccines to be considered effective was 50 percent; they surprised us by hitting over 90 percent.” By comparison, our annual flu shots come in at around 40 to 60 percent each year. So the range of effectiveness of the COVID vaccines really is remarkable. “Your immune system is like a football team,” says Panagis Galiatsatos, M.D., a pulmonologist and critical care specialist at the Johns Hopkins University School of Medicine. “You practice all week, but you have no idea what exactly you’ll be up against on Sunday. Even with the strongest players, you don’t know how well you’ll play against a team you’ve never seen before. A vaccine gives your football team the opponent’s playbook. So, you’re gonna go out there and be more effective.”

That doesn’t mean the other team can’t occasionally win or that you can’t still get sick. But getting vaccinated dramatically stacks the odds in your favor and makes any illness you do experience much less severe.

2. Why do we need boosters? Is this proof that the vaccines don’t work?

It’s entirely normal for antibodies generated by vaccines to wane over time and require a boost, as anyone who’s gotten a tetanus shot after a puncture wound can attest. “What we know is that even after two COVID immunizations, our antibody levels drop; that’s why we need boosters,” Duprex says. “Likewise, when variants like omicron come along, these antibodies don’t seem to be as effective. That’s a double hit which leads to drops in vaccine effectiveness. This virus isn’t going away ... boosters are very likely here to stay.” The booster restores the vaccine to about 80 percent effectiveness against omicron.

Even natural immunity fades with time, as in the case of chicken pox: After a childhood bout of chicken pox, our immune system keeps the virus in check for decades. But after age 50, the immune system begins to fatigue, which is why we vaccinate for shingles — the disease caused by a reemergence of the chicken pox virus.

The fact is that the virus is changing, and our approach to it has to change as well. Omicron has shown itself to be more capable of evading vaccine-granted immunity given by the first two jabs, but boosters appear to be effective against it.
that’s why getting a booster — and protecting yourself if your health is compromised — is so critical. The CDC now recommends the Pfizer-BioNTech booster five months after your last dose, rather than the original six months.

3. **Do new COVID pills “cure” the disease?**

“Do drugs work as effectively as vaccination? Heck no,” says Duke’s Wolfe. But they’re still a potentially important development.

Two strong antiviral drugs developed to fight COVID have received emergency use authorization from the FDA. Merck’s molnupiravir has been shown to lower the risk of severe symptoms and death by 30 percent. Meanwhile, Pfizer revealed study results in November showing its drug Paxlovid reduced hospitalizations and deaths by 89 percent. Even better news: Both come in easy-to-take pill form, although supplies at present are limited.

The drugs are designed to be taken by people experiencing mild to moderate symptoms within the first few days of the disease cycle. The pills work in a different way than monoclonal antibodies, until now the go-to COVID treatment, but the outcome is the same: They prevent the virus from replicating in the human body and thus keep symptoms of the disease from escalating.

These drugs are serious medical advances, not just because of their effectiveness, but because of their convenience. Other inexpensive and plentiful treatments are beginning to show promise as well. Preliminary research, for example, has shown that the cholesterol drug fenofibrate may help prevent the COVID spike protein from binding with human cells, reducing infection. Meanwhile, the antidepressant fluvoxamine has also shown promise in preventing an immune system overreaction — out-of-control inflammation — and could lower the risk of hospitalization and death.

These drugs are cheap, plentiful and established — though neither is widely used for COVID just yet. But the better bet is to follow safety precautions and avoid infection in the first place, Wolfe says.

4. **Why aren’t we at herd immunity yet?**

“Herd immunity” occurs when a large enough portion of a community becomes immune to a disease that its spread from person to person becomes unlikely. How high that portion needs to be is based largely on how contagious the disease is; the more easily it spreads, the more people you need to be immune to contain it. Measles is highly contagious, so roughly 94 percent of a population needs to be immune to shut off the chain of transmission.

As to COVID, science hasn’t yet determined the threshold, but estimates put it at north of 90 percent of the population. For the older population, vaccination hasn’t been an issue — though you’d think it was, based on public debate. As of early January, 88 percent of those 65-plus were fully vaccinated, and nearly 60 percent had gotten a booster. But the fully vaccinated population over age 18 is only about 73 percent. That’s helpful, but not enough for herd immunity. Plus, rates vary from state to state or even county to county. So even if we reach herd immunity in some parts of the country, that immunity won’t hold. As long as we have areas of lower vaccination rates, we will still have COVID spread.

So, what keeps people from getting a shot? A 2021 study by the Ad Council found a combination of distrust of institutions like government and the pharma industry; doubts about vaccines’ effectiveness; safety concerns, particularly around future pregnancies; and the feeling among younger people that they simply weren’t at real risk.

“Some parts of the country have had high vaccination rates and reasonable cooperation with masks and risk-reduction strategies and have benefited by a decline in COVID,” says Sten Vermund, M.D., dean of Yale University’s School of Public Health. “Places that don’t are experiencing continued transmission.”
In some cases, vaccine mandates have helped people who need a nudge. Doctors speak of two categories of unvaccinated people: the vaccine resistant (“No way I’m getting a shot!”) and vaccine hesitant. The hesitant can be convinced, Vermund says. “Principles can be very strongly held or mildly held. Some will never agree regardless of the consequences and are willing to lose a job. Other people don’t have as deeply held a view. That’s where we’re making progress.”

The numbers bear this out — and that’s why vaccine mandates, as unpopular as they may be, have been so effective. When United Airlines issued a mandate for all employees, fewer than 1 percent faced dismissal for noncompliance. Novant Health, a hospital system in North Carolina with 35,000 employees, had to dismiss only 175 for noncompliance. In Washington state, less than 3 percent of the 63,000-person state workforce chose to quit or be fired rather than get the vaccine.

“It’s like car insurance,” Wolfe says. “If we didn’t make it mandatory, a lot of people wouldn’t get it because it costs money and we all think we’re great drivers who will never have a car crash.” The vaccine resistant may never get that shot, even though 50 million people have gotten COVID. But vaccine mandates so far have helped “insure” millions against future infection. That’s good progress.

5. What is long COVID — and how do I know if I’m at risk?

We’ve learned much about this novel virus over the past two years, but one aspect that continues to confound doctors is “long COVID,” in which certain patients suffer from symptoms for months after the infection has run its course. Many other viral diseases — from chicken pox to polio to influenza — have been shown to have “long haul” effects, as do bacterial diseases like Lyme. But long COVID may be far more common than anyone thought.

A large study in PLOS Medicine of more than 273,000 COVID survivors found that 37 percent had one or more symptoms of long COVID three to six months after infection. And the risk of long COVID symptoms rose with age, with 61 percent of the 65-plus group having symptoms like breathing difficulty from lung damage, cognitive issues (brain fog and memory), muscle pain and fatigue. The risk was higher in people who’d had a more severe bout of the illness. Other common long-term symptoms include headache, anxiety/depression and pain in the chest or throat that people may not even attribute to COVID.

The overall cause remains a mystery, but researchers are making inroads. A new study of deceased COVID patients by the National Institutes of Health found the COVID virus can infect specific organs — such as the heart, lungs or brain — and persist there for months. But there is still much to learn.

“We don’t yet have a great understanding of what this is, how it occurs and what the treatment should be,” Badley says. “I think in 2022, we’ll begin to get a handle on those.” What makes it especially challenging is identifying which symptoms are actually long COVID and which aren’t. “It’s very nebulous,” Wolfe says. “I can predict with some accuracy who’s going to get sick enough with COVID to wind up in the hospital. It’s proportional to your age, your weight, to how bad your heart or lungs are at the beginning, how bad your diabetic control is. I have yet to find a good way of predicting who gets long COVID. I have no idea how that pans out.”

If you have had COVID and have ongoing symptoms, Badley suggests talking to your doctor immediately. Everyone presents differently, and the long-term effects of COVID remain a mystery. But there’s another reason to talk to your doctor: Your symptoms might not be COVID-related.

“Many people deferred routine health care maintenance during the COVID era,” Badley says. “Some of these symptoms we’re seeing after recovery could be unrelated health issues.” Lung and neurological issues are particularly worrisome, as they may require a specialist’s care. Vaccines may play a part here, as well. A U.K. study in The Lancet found that long COVID
risk was reduced by half in vaccinated folks who developed breakthrough infections. Also, though anecdotal, a Yale research team found that receiving the vaccine reduced long COVID symptoms in 40 percent of people surveyed — possibly because the inoculation took out some remaining viral factors.

Bottom line: Ask yourself, “Am I worse off health-wise than I was before COVID?” If yes, call the doctor.

6. Is omicron really a game changer?

The delta variant was responsible for the massive outbreak in the summer of 2021, and omicron has caused a much greater spike. But while these variants seem to be more communicable than the original virus, those who are fully vaccinated and had a booster are still far less likely to experience a severe infection.

“The more viral replication you have in the community or in an individual, the more likely you are to see mutations occur. So absolutely, I believe we will see new variants moving forward,” Badley says.

But even if a vaccine-resistant variant does emerge, “the vaccine manufacturers can develop new vaccines to these new strains very, very quickly because they know exactly how to do it,” Yale’s Vermund says. An omicron-specific vaccine has not been necessary, but if the situation changes in the months or years to come, experts suggest a new mRNA vaccine could be created within a few months.

7. I’m vaccinated. But is there anything else I can do?

First off, get your flu vaccine (it’s not too late) and a COVID booster if it’s been five months since your second Pfizer shot (six months if you got the Moderna series; two months if you got the Johnson & Johnson vaccine). The two vaccines can be given simultaneously (you might want to get one in each arm) and function so peacefully together that drugmakers are working on a single flu-COVID combo vaccine that could be available in autumn 2022. The goal is to stay healthy and out of the hospital — and prevention is your best weapon, Badley says the first “flurona” case of someone having the flu and COVID at the same time has been confirmed in Israel.

"Last year, we were pretty good at distancing and masking and handwashing," he adds. "Now in many places, that’s relaxed and the opportunity for influenza spread will be back to where it was pre-pandemic.” So while you’re probably tired of wearing a mask, experts say you should wear one in indoor public spaces.

And continue to follow the advice of your health care provider. Just as vaccines against other diseases need periodic boosting, COVID boosters may become a regular part of your health plan.

A Mask Hater’s Guide to Masking

Two years later, masks remain a critical weapon for keeping COVID in check. “We know how these spreads,” says Johns Hopkins’ Panagis Galiatsatos, M.D. “You have to breathe it in after someone actively breathes it out. The vaccines work even better if you inherit a small viral load. And if you should breathe in the virus, you’ll get a smaller viral load if both you and the other person are masked.”

Mask rules for early 2022 are:

**Vaccinated**

If you’ve had a booster in the past two months, have no chronic health issues, and are under age 65, you could consider going without a mask:

1. When attending an outdoor event
2. When gathering indoors with others who have been fully vaccinated or had negative COVID tests in the past two days
3. But mask up when indoors with the general public. The transmissibility of the omicron variant means overall risk is elevated. AND ... if you feel unsafe in any situation, make the smart move, and don a mask.

**Unvaccinated**

If you’re over 50 and have not been fully vaccinated, consider yourself at high risk — even if you’ve had COVID in the past. You still need to wear a mask:

1. Anywhere indoors in public, or outdoors when in crowds
2. Particularly in hospitals, nursing homes or other facilities housing vulnerable populations
3. When entering areas where mask mandates are in place.

Just think of masks this way: “I look at wearing masks no differently than wearing a helmet to enjoy a motorcycle ride,” Galiatsatos says. “You are just being safe.”

8. What will 2022 bring?

One way to analyze what might happen later this year is to look at what the people who have the most skin in this game is planning. In this case, that’s health insurance companies. Insurers offering health plans via the Affordable Care Act marketplaces must file plan offerings for 2022 to justify their premiums.

**Most ACA marketplace insurers are predicting COVID-19 will have no effect on their 2022 costs.**
That’s a bold and optimistic statement about the future of this pandemic. But the virus is still out there. COVID is still most dangerous for people 50 and older, and real safety has remained elusive.

"I think we’re going to get there [in 2022] in certain parts of the country," Vermund says. "I think you’re going to have a very favorable circumstance because you have very high vaccine rates. In places where we’re only getting 40 or 50 percent of adults vaccinated, that’s a long way from herd immunity. And if people similarly resist vaccination for their children, you’re going to have a big chunk of the population in whom the virus is going to continue to circulate."

Wolfe, a native Australian, has faith in Americans. "I'd be wrong to say I'm not optimistic. We know so much more than we knew a year ago. We have far better treatments. We understand distancing and masking. People can do it. We’re absolutely better than we were a year ago."

For more information, visit: [https://www.aarp.org/health/conditions-treatments/info-2022/covid-2-years.html](https://www.aarp.org/health/conditions-treatments/info-2022/covid-2-years.html)

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**The Secret to Happiness at Work**

But there’s more to it. "A secret to success, and ultimately happiness at work, is often being comfortable with your own discomfort," Jones says. "I’m a naturally cautious person, and I’ve learned to ask myself: 'Am I afraid because this is foolish and dangerous or am I afraid because it’s an opportunity and I've got to push forward through the discomfort?'"

In "Find Your Happy at Work," whose subtitle is "50 Ways to Get Unstuck, Move Past Boredom and Discover Fulfillment," Jones has tapped into a subject that many workers, me included, have been grappling with since the pandemic began. We’re stressed, a little nervous about the future of our work and perhaps a little burned out.

I recently visited with Jones to learn about her refreshing and timely happiness insights in a free-ranging conversation that hit on some of the major themes of her latest book.

"Some of the people who have had the biggest struggles [lately] seem to me to be rising to the occasion and finding meaning in their work," Jones says. "You can have a kind of joy and meaning even in a difficult job, like working in a hospital emergency room or struggling to help people who are going through a mental or health crisis. It's not a fun, giggly, kind of happy. It's a sense that life matters and time is going fast, and it feels good."

Jones discovered through researching her book, as well as from her bi-weekly "Jazzed About Work" podcast on NPR.org and sessions with clients during COVID-19 "that there is a shared sense that work should be meaningful, and lifestyles should be healthy," she says. "There’s is a new sense that we deserve to have a rewarding work life which meshes nicely with the rest of our lives — especially for people in their fifties and beyond."

**One Way to Get Unstuck at Work**

One essential way to get unstuck in your work, Jones notes: building new relationships with interesting people — whether they’re connected to your job. "These human connections can bring energy into your life, but they also can make you aware of opportunities and inspire you by learning from others," she says.

That people power is "important for happy aging. It is important for anybody that has interest in continuing to work later in life. And it’s important for people who really want to retire and are looking to find other paths, even unpaid work in a different field," Jones says.
What's Your Personal Mission Statement?

She also firmly believes that you can find more happiness at work by having a strong, internalized personal mission statement.

"It's easier to love your job if you're working for something that matters more than just a paycheck," Jones says. "Even a tedious job can feel rewarding if you have a good reason for doing the work, like saving to put your kids through college."

Your own mission statement "can be the mission of the organization you’re working for and how it aligns with your values or it can be a very personal mission," Jones notes.

CMS officials stressed that while the 14.5 percent Part B premium increase is a stiff one, the Social Security cost-of-living adjustment (COLA) — at 5.9 percent, the largest in 30 years - is estimated to average $92 per recipient. So even after the increase in the Medicare Part B premium, most Social Security recipients, whose Part B premiums are typically deducted from their Social Security benefits, will still see a net increase in their monthly check. The COLA goes into effect in January.

"Once again, American seniors and taxpayers will pay the price for the outrageous pricing behavior of big drug companies,” said Bill Sweeney, AARP senior vice president for government affairs. “When Big Pharma sets a high drug price, everyone pays for it — not just those who need the medications. That’s why Congress must act swiftly to pass prescription drug reforms in the Build Back Better Act, which would bring meaningful, much-needed relief to seniors and all Americans.”

Premiums for some Medicare enrollees will be higher than the standard because these monthly payments are based on income. Part B beneficiaries with annual incomes greater than $91,000 will pay more — how much more will depend upon income. For example, someone filing an individual tax return whose income is between $91,000 and $114,000 will pay $238.10 a month for Part B.

CMS says about 7 percent of Medicare beneficiaries will have to pay more than the standard monthly premium.

Most Medicare enrollees must pay the Part B premium whether they have original Medicare or a Medicare Advantage plan. Some Advantage plans offer a so-called "give back" benefit where the plan covers part or all of a member's Part B monthly premium.

Consumers can find those plans on the Medicare plan finder. Deductibles in MA vary by plan.
Or maybe you weigh yourself on the scale at home to help keep track of weight-related changes in your 50s and 60s. This can provide some insight, as can knowing a few additional numbers that may also impact your health.

**Other Medicare Charges Also Rising**

The annual Part B deductible will rise $30 next year to $233, up from this year’s $203.

For Medicare Part A, which covers hospitalization and some nursing home and home health care services, the inpatient deductible that patients must pay for each hospital admission will increase by $72 in 2022 to $1,556, up from $1,484 this year. Almost all Medicare beneficiaries (99 percent) pay no Part A premium. Only people who have not worked long enough to pay their share of Medicare taxes are liable for Part A premiums.

Open enrollment for Medicare began Oct. 15 and continues through Dec. 7. During this period, beneficiaries can review their coverage and decide whether to make changes.

**Contributing Author: Dena Bunis covers Medicare, health care, health policy and Congress.**

**How to Lose Weight in Your 50s and 60s**

Have you noticed that your body has started to change now that you’ve hit middle age? It’s common to see changes on the scale and how your clothes fit as you get older, but this doesn’t have to impact your health.

While you can’t necessarily stop or reverse all the changes that come with getting older, engaging in physical activity, following a balanced diet, and living a healthy lifestyle can help you stay fit as you age. Here are a few things you can do to achieve all of these:

**Know Your Numbers**

One number often associated with health is body mass index (BMI). But this isn’t the best indicator of health for older adults because the recommended BMIs for this age group are different—specifically, they are higher than for younger adults.

**Waist Circumference**

Your waistline may get bigger as you get older, even if you aren’t gaining weight. Aging expert Florence Comite, MD, says that hormonal changes don’t necessarily cause weight gain but they can change the way you carry weight on your body.

Comite is a New York City endocrinologist who helps people maintain vitality as they age. “Women tend to see weight gain in their middle,” she says, “and men—especially those who don’t go to the gym—wear their belt a little lower to accommodate a bigger belly.”

Research indicates that holding a higher level of fat around the waistline is associated with a lower quality of life in older adults. One study found that those with bigger waist circumferences had lower scores in independent living and relationships while also reporting being in more pain.

**Waist to Hip Ratio**

Another number that can help monitor your level of health is your waist to hip ratio. This ratio is calculated by dividing your waist size by your hip size. This particular number is important because it can help identify your risk of disease and even
For instance, a higher waist to hip ratio has been linked with an increased risk of cardiovascular disease, and even an increased risk of death. Other studies have connected an increasing waist to hip ratio with increased hip fractures, in women especially.

**Body Fat Percentage**

Your body composition is likely to change as you get older because muscle mass peaks when you’re in your 30s and decreases roughly 1% to 2% every year thereafter. This is due to several factors, such as lower testosterone levels and decreased sex hormones.

Higher body fat is correlated with reduced strength and joint function. Paying attention to your body fat percentage over time can help you identify decreases in muscle and increases in body fat, potentially resulting in these effects.

Evaluate Your Family History

In her practice, Dr. Comite conducts tests to help her patients target and treat issues that affect their health and vitality as they age. But simply knowing your family health history is the next best thing. "If you know that there is a history of diabetes in your family," Dr. Comite says, "then you know to ask your doctor to screen for that condition."

If possible, talk to your family members to get a better understanding of health issues that may run through your bloodline. For family members who are deceased, obtaining their death certificates can provide some additional insight as to whether they died from a specific disease.

Medical issues that can have a genetic or family-related lifestyle component include:

- Heart disease
- High blood pressure
- Stroke
- Cancer
- Type 2 diabetes

Be an Expert in Your Own Health

Once you know your health history, connect with your doctor to get personalized advice to improve your health as you get older. For example, if you find out that you have a family history of high blood pressure, find out how changes to your lifestyle can help you avoid medication in the future. In many cases, maintaining a healthy weight can reduce or prevent disease. Understanding the specific benefits of a healthy weight can serve as motivation to slim down.

Manage Your Diet

Adopting dietary changes that are sustainable can help you manage your weight. Changes should be slow, but reasonable and attainable. For example, you may want to reduce sweets as opposed to stop eating sweets altogether. Here are a few tips to get started.

Reduce Your Calorie Intake

If you want to lose weight at any age, using more calories than you take in is important. This is referred to as creating a calorie deficit. Cutting down on how much you eat is one way to achieve this type of deficit. Keeping a food journal can help. Record what you eat during the day and the calories in each item to make sure you stay within your desired range. Or a simpler method is to just cut down your portion sizes. This reduces your calorie intake without having to write everything down.
Boost Your Activity Level

Even though hormones play a role in the aging process, lifestyle comes into play as well. Have you stopped doing daily chores like carrying groceries, shoveling snow, or mowing the lawn? If so, this probably means that you burn fewer calories every day.

If you have no limiting health conditions and are generally fit, the Centers for Disease Control and Prevention (CDC) recommends getting at 150 minutes of moderate-intensity aerobic activity per week for healthy aging, plus two days per week of strength training.  

Talk to your doctor to learn whether these guidelines are safe for you. If they aren't possible due to your health or level of fitness, the CDC suggests being as physically active as your abilities and conditions allow.

With this in mind, you can burn more calories without exercise by increasing your non-exercise activity thermogenesis or NEAT. Simple daily chores and other non-exercise activities like walking the dog can boost your NEAT and contribute to a healthier metabolism.

Balance Your Workouts

It's great if you do any exercise daily. But as you age, a balanced workout program becomes more important. A varied program can help offset hormonal changes that happen with aging while improving balance and flexibility.  

- **Strength training**: Resistance or strength training has specific benefits as you age. Among them are improving your functional movement, healthier body composition, and preventing bone fractures.  

- **Aerobic training**: Doing cardiovascular activity regularly, such as taking brisk walks or swimming, can help you maintain a healthy body (and weight) while also boosting your stamina.  

- **Flexibility training**: Stretching exercises can increase the range of motion in your joints. This helps your body stay limber and comfortable through activities of daily living.  

- **Stability training**: Keep a strong, stable body by adding stability exercises to your routine. They take just minutes to perform but help improve your balance while reducing your risk of falls.

Consume Nutrient-Dense Foods

Not all calories are the same. Some are what we call "empty calories" or calories that are essentially void of any real nutrition. Then there are nutrient-dense foods that supply a lot of vitamins and minerals per volume, making them better for our health and wellness.

The 2020-2025 Dietary Guidelines for Americans stress that older adults have increased nutrient needs due to a reduced calorie intake, nutrient absorption issues, medications, chronic health conditions, and more.

Consuming nutrient-dense foods can help meet these expanded needs.

Foods that contain a lot of nutrients for the calories they provide include lean meats, whole grains, and a variety of fruits and vegetables. Nuts, seeds, and legumes are also nutrient-dense foods, making them great additions to your diet.

Eat Enough Protein

In her book *Keep It Up*, Dr. Comite lists the benefits of eating the right amount of protein. For instance, it can help you to feel full longer while also assisting with building and repairing your body's tissues. Plus, the process of eating protein burns more calories.

Research supports protein's role in long-term health. Some health experts even suggest that consuming high-quality protein at each meal may delay or reduce the progression and/or consequences of sarcopenia, another term for age-related muscle loss.

How much protein do you need as an older adult? Dr. Comite recommends consuming 1.2 to 1.4 grams of protein per kilogram of body weight. For example, a 150-pound person weighs roughly 68 kilograms, which equates to 81.6 to 95.2 grams of protein daily.

If following the other health experts' advice, this would mean consuming approximately 25 to 30 grams of protein per meal (assuming a 3-meal per day eating pattern). Lean meat, seafood, eggs, and dairy products are all foods that are higher in protein.

Monitor Your Alcohol Intake

If you drink regularly, cutting back can help you lose weight by lowering your calorie intake. You might also switch what you drink to take in fewer calories. Light alcoholic beverages are one option as is adding lower-calorie ingredients to your mixed drinks—like sparkling water over fruit juice.
Millions of older adults in the U.S. suffer from hearing loss and the heavy social, emotional, and health tolls that come with it. Yet many are unable to afford the hearing care they need. But that could soon change, thanks to a pair of developments.

First, for those whose hearing loss is mild to moderate, hearing aids will soon be available over-the-counter at retail stores and online, putting them within reach and bringing down costs to consumers. And for people with more severe hearing loss, relief may come through the Build Back Better Act that recently passed the U.S. House of Representatives and is under consideration by the U.S. Senate. If it becomes law, traditional Medicare will start covering hearing benefits for people with more severe hearing impairment for the first time in the program's history.

Here's a look at why access to hearing care is critical for older adults and their families, some of the upcoming changes and what remains to be done.

**Hearing Loss: A Significant Burden Among Older Adults**

An estimated 44 million people 20 years and older in the U.S. have hearing loss. Although hearing loss can occur at all ages, the risk increases significantly as people grow older, doubling with every decade of life. In fact, roughly nine out of ten people with hearing loss are adults ages 50 and older. That's 40 million older adults. The highest prevalence of hearing loss is among those 80 years and older. Eighty percent of people in this age group have hearing loss, compared to 10 percent among those in their 50s.

Other demographic factors can also influence hearing loss risk. For instance, the likelihood of hearing loss is greater among men than women and lower among non-Hispanic Black individuals than people from other racial and ethnic groups.

For more information, visit: [https://www.verywellfit.com/ways-to-lose-weight-in-your-50s-and-60s-3495425](https://www.verywellfit.com/ways-to-lose-weight-in-your-50s-and-60s-3495425)
For older adults, hearing loss is usually permanent and progressive. Typically, it starts with difficulty hearing soft spoken people (mild hearing loss) and gradually worsens to not being able to perceive regular speech without hearing aids (severe hearing loss) or even hear very loud sounds (profound hearing loss).

When left untreated, hearing loss can have significant impacts on people’s lives. For many who experience it, hearing impairment can bring a sense of insecurity, lead to social isolation, and reduce overall quality of life. It can also lead to serious health issues. Compared to people with normal hearing, older adults with hearing loss have a higher risk of developing dementia, depression, or functional disabilities. Falls, a serious health risk among older adults, are also strongly associated with untreated hearing loss.

**Costs Are a Significant Barrier to Accessing Hearing Care**

Yet despite the negative impact on health, many older adults who have lost the ability to hear well do not get the care they need. For instance, only 13 percent of Medicare beneficiaries who report having hearing troubles have a hearing aid. Use of hearing devices is especially low among women, racial and ethnic minorities, and low-income individuals.

While there are many reasons why older adults with hearing loss do not access the care they need, the high cost of hearing technologies and services is a leading cause. Because hearing aids must be customized to the severity of the hearing loss, people often face these high costs more than once, as hearing loss increases. With the average cost of one hearing aid ranging from $1,000 to $4,000, and some premium models costing as much as $6,000, hearing care is a heavy financial burden for many older adults.

In general, insurance coverage of hearing care for older adults is limited. Many commercial health insurance plans do not cover hearing services or aids. Traditional Medicare does not cover hearing exams, except in limited circumstances. Nor does the program pay for hearing aids or fitting services. People with Medicare who opt for Medicare Advantage plans have some coverage for hearing care but that too is often limited and enrollees can face large out-of-pocket costs.

**A Step in The Right Direction, And More Possibly on the Way**

This reality is exactly why the Food and Drug Administration’s (FDA) proposed rule to allow the sale of over-the-counter hearing aids is so significant for older adults with mild to moderate hearing loss. Once the rule is finalized, consumers will be able to directly purchase hearing aids in retail stores and online, an option that was never previously available. Call it a one-two punch, two halves making a whole, or filling the gap. While the impending availability of over-the-counter hearing aids is a significant step forward, it does not address some crucial needs. Passing the Build Back Better Act will ensure those with severe hearing loss get the care they need. The ability to hear well is critical to each person and their family’s well-being, regardless of the extent of their hearing loss. Older adults deserve nothing less.

*For more information, visit: https://blog.aarp.org/thinking-policy/changes-on-the-horizon-can-bring-more-affordable-hearing-care-for-millions-of-older-adults*

**AFFORDABLE HOUSING**

**Homesharing Can Lower Housing Costs, Increase Companionship**

**Taking on a roommate may provide financial, social, and practical benefits**

Sue Ronnenkamp, 64, worked in health care and aging services for over 40 years. Her last job was with a start-up company focused on the Medicare Plus market in Pennsylvania, but she lost that position in a lay-off. Ronnenkamp made the decision to shift to homesharing when she decided to leave Pennsylvania and move to Colorado in 2018.

Ronnenkamp knew about Silvernest, a homesharing service, and posted a profile before leaving Pennsylvania, ultimately finding an opportunity in Littleton, a suburb of Denver. “This has turned out so perfectly living here with my housemate Sue Larsen, her dog Tyndall, and her cat Emily. I love and cherish my personal living space, feel so comfortable here in Sue’s home, love the neighborhood, have become a part of her family, have connected with great people and services here in Littleton, and so much more,” Ronnenkamp added.
Increased Interest in Homesharing

There has been a significant spike in demand for homesharing that is being triggered by a perfect storm of events.

Covid-19 made loneliness and social isolation very real for older adults, rents are skyrocketing and forcing many to look for alternatives, and rising costs of living are especially affecting older homeowners, particularly since many are on fixed incomes, according to Riley Gibson, president of Silvernest.

In 2018, the Harvard Joint Center for Housing Studies pointed to homesharing as a growing phenomenon, noting that 879,000 Americans over 65 were living with unrelated roommates. The center also presented data showing a dramatic increase in homesharing between 2006 and 2016, with an 88% rise in the number of adults in these arrangements.

A 2018 AARP survey found significant interest in homesharing, with 32% of Americans over 50 at least willing to consider it. In a recent study by Silvernest, 66% of respondents said they’d consider homesharing, even though only 25% had lived with a non-relative in the past five years.

Who is Homesharing?

Silvernest usually sees arrangements that involve two people, who are often mixed genders, and who almost always didn’t know each other before. Demographic-wise, homeowners tend to be in their 60s on average, and renters tend to be in their 40s.

“Studies show for some states, if someone makes less than twenty-five dollars per hour, it is not feasible to find an apartment. Simultaneously, one in three homeowners are mortgage burdened,” said Tess Fields, executive director with Home Share Oregon. "Additionally, most seniors are unable to afford expensive assisted living facilities and need to age in place; however, they need help around the house to be able to accomplish this."

On Home Share Oregon, homeowners and renters are matched to one another based on compatibility, said Fields. "Many people will offer lower rent for help with chores around the house. Some people are looking for long-term leasing and others are more interested in a six-month lease."

According to Gibson, companionship is listed as the “No. 2 most important benefit of homesharing among Silvernest users,” second to extra income. "As we get older, our circle of friends tends to shrink or our adult children move away with their families," said Gibson. "It’s nice to have someone around the house for the social aspect, or even just to look out for each other." Most commonly, Silvernest sees empty nesters or recently widowed or divorced older adults with extra space turning to homesharing.

The Financial Benefits of Homesharing

Rising rents and costs of living can make it extremely difficult for teachers or other service organization members to live close to where they work. Gibson said homesharing is a way for homeowners to provide housing at a reduced rate for those doing good in the community.

And on a macro level, homesharing can provide an immediate inventory of affordable housing. "Affordable housing for the aging is one of our country’s most pressing problems, and here’s a means to provide a solution at a fraction of the cost of other approaches," said Gibson.

There are several resources available to find someone to share a home. It can be as easy as asking friends or posting a room for rent at a local community hub. Additionally, nonprofits are popping up to facilitate homesharing, and local governments are beginning to sponsor programs to offer homesharing platforms in specific areas. In addition, Gibson said health care companies and member-based communities such as veterans’ organizations are piloting homesharing programs for their members.

Sharing Housing is an example of a nonprofit solely focused on homesharing. On the government side, the Montgomery County Housing Initiative Program in Maryland recently launched a homesharing program. The National Shared Housing Resource Center also lists local programs.

Establishing Homesharing Boundaries

Setting clear and mutually agreed upon structure and boundaries is the most important aspect of homesharing. Silvernest recommends documenting house rules and formalizing boundaries in a lease and/or a homeshare agreement. "This means having conversations about guests, quiet hours, expectations around cleanliness and tidiness, rules for TV use or shared spaces like the kitchen. Also, have an empathetic conversation around social distancing practices, cleaning, and other Covid-19 precautions," said Gibson.

It’s critical for both parties to have a meeting of the minds on all these issues before they decide to move in together, so there are no surprises, and then to communicate along the way. Gibson recommends agreeing on a time frame, while keeping things flexible with a month-to-month agreement. This provides stability and predictability, but also gives either party an "out" if the arrangement is just not working.
The space that Ronnenkamp currently occupies in the 70-year-old Larsen's home was previously used as a guest suite. As a (semi-retired) teacher, Larsen was working with an AmeriCorps volunteer which led her to become aware of the need for cheaper housing.

Larsen's significant other, Jim, is also a retired teacher. Jim has his own house in another part of town - an arrangement that suits them both. "We come and go independently, and each have our own lives, but we also share some parts," said Larsen. "We have brought neighborhood friends into our relationship and have done many activities together. It has added so much to our lives."

Ronnenkamp said she and Larsen often go on outings in the area, frequently accompanied by Jim. Ronnenkamp helps out with their house pets when needed - walking, feeding and taking care of them when Larsen travels.

Another benefit? Ronnenkamp was grateful to have live-in support after she had hip replacement surgery last winter.

For more information, visit: https://www.forbes.com/sites/nextavenue/2022/02/04/home-sharing-can-lower-housing-costs-increase-companionship/?sh=69e133ed2c7a

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.

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.
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/

NCBA Presents Free Tool Kit and Recorded Webinar for Dispelling Fears and Myths about COVID-19 Vaccines

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, but 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 covid@ncba-aging.org.
The annual awareness day on February 22 aims to increase recognition of the specific risks and symptoms of heart valve disease, improve detection and treatment, and ultimately save lives. While heart valve disease can be disabling and deadly, available treatments can save lives, making education and awareness particularly important.

On this day and throughout the year, the campaign partners—100+ non-profits, advocacy organizations, professional societies, foundations, and hospitals and heart centers—are helping to spread the word about valve disease.
THE BIDEN-HARRIS ADMINISTRATION is committed to advancing health equity and improving health outcomes of Black communities. The following is a snapshot of various efforts made by the U.S. Department of Health and Human Services:

Making Health Care Accessible and Affordable

- Millions of uninsured Americans gained coverage during the Administration’s 2021 Special Enrollment Period (SEP). More than 2.8 million Americans signed up for new health insurance coverage, and among those who reported their race, 15 percent of the enrollees were Black, up from 9 percent in 2019. [Centers for Medicare and Medicaid Services (CMS)]

- Millions of lower- and middle-income Black families enrolled in health insurance marketplaces saw their premiums lowered or eliminated as a result of the American Rescue Plan: Existing consumers saved an average of $67 per person per month on their premiums. Four out of five consumers were able to access a plan for $10 or less per month with this newly expanded financial assistance. [CMS]

- Thanks in part to the Administration’s policies, including the Special Enrollment Period and the American Rescue Plan, the overall uninsured rate decreased from 10.3 percent at the end of 2020 to 8.9 percent in the fall of 2021. [Assistant Secretary for Planning and Evaluation (ASPE)]

- Among more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP), 73.4 percent are from racial and ethnic minority groups, with 46.6 percent of people identifying as Black/African American. [Health Resources and Services Administration (HRSA)]

Ensuring an Equitable Pandemic Response

Nationwide, Black people have died from COVID-19 at 1.4 times the rate of White people. The Biden-Harris Administration’s American Rescue Plan (ARP) provided $160 billion for the vaccines, tests, personal protective equipment, and public health workforce needed to address the spread of COVID-19, an investment that is helping to drive down racial disparities in prevention and care.

- Health centers have administered nearly 19 million COVID-19 vaccine doses, including more than 8 million doses administered through HHS’s Health Center COVID-19 Vaccine Program. Overall, 68 percent has gone to racial and/or ethnic minority patients as of January 14, 2022. [HRSA]

- Awarded $23 million to 150 national, regional and local community-based organizations for COVID-19 vaccine outreach and education initiatives to reach medically underserved communities in all 50 states. [HRSA]

- Awarded $250 million to 73 local governments to implement evidence-based health literacy strategies that are culturally appropriate to enhance COVID-19 testing, contact tracing, and/or other mitigation
Announced plans to create a new “Birth Friendly” hospital designation, which would be the first-ever hospital quality designation by HHS specifically focused on maternity care. [CMS]

Diversifying the Health Workforce

- Distributed $73 million to minority-serving institutions (MSIs), including Historically Black Colleges and Universities (HBCUs) and other and other institutions of higher education to strengthen public health information technology (IT) efforts, improve COVID-19 data collection, and grow the public health IT workforce, by increasing minority representation in the public health IT workforce. [Office of the National Coordinator for Health Information Technology (ONC)]

- Provided $1 billion to support the National Health Service Corps and Nurse Corps to improve the nation’s health equity by connecting skilled, committed providers with communities in need of care, including Black communities. Through these Loan Repayment and scholarship programs, more than 22,700 clinicians are treating more than 23.6 million patients in underserved communities. [HRSA]

- Funded the Teaching Health Center Graduate Medical Education Program to expand training and residency programs in health centers and other community-based settings focused on producing physicians and dentists who will practice in underserved communities after completing their residencies. [HRSA]

Supporting Voting Rights

- Launching a new voting access hub to connect older adults and people with disabilities to information, tools and resources to help them understand and exercise their right to vote. [Administration for Community Living (ACL)]

- Offering its patients assistance with voter registration. [Indian Health Service (IHS)]

- Making it easier for consumers using HealthCare.gov to connect to voter registration services and receive assistance. CMS will also work with states on improving access to voter registration. [CMS]

Advancing Health Equity and Diversity

- Chiquita Brooks-LaSure is the first Black woman to lead the Centers for Medicare and Medicaid Services (CMS) and pledged to advance health equity for all Americans through Medicare, Medicaid, and the health insurance Marketplace.

- HHS Operating Divisions have renewed focus on health equity across the entire Department, including improving data collection and examining policy solutions to address structural barriers within health care and health care systems, including government programs.

- HHS is committed to engaging and including communities in our work to understand how to best meet the needs of diverse populations through grants, initiatives, and funding.

- Almost 21% of the permanent workforce (80,000) at HHS are Black, contributing to the Department’s mission to enhance the health and well-being of all Americans. [HHS]
In 2022, NCBA will host a series of webinars that will cover a wide range of topics on issues, challenges and/or opportunities that may arise throughout YOUR lifetime.

**February 22, 2022**
1:00-2:00 pm (EST)

**Breast Cancer: Know Your Risk Factors:** You will learn about the risk of breast cancer in older women and men, particularly among people of color. You will also learn about the importance of healthy lifestyle practices including nutrition, exercise, and mammograms.

**Register Here:**
https://us02web.zoom.us/webinar/register/WN__7qKYgNcQ3ae-Pz_gM_KLA

**March 10, 2022**
1:00-2:00 pm (EST)

**Preparing for Tornadoes, Floods and Hurricanes:** You will learn how to prepare before and after a disaster, including fires, earthquakes, and more.

**Registration Here:**
https://us02web.zoom.us/webinar/register/WN_KFlYk4qlRwyRoI57Bdjqgg

**March 31, 2022**
3:30-5:00 pm (EST)

**COVID & Beyond: Aging and Disability Services for Diverse Communities:** You will learn how to access services and resources as we navigate the ongoing pandemic and look towards recovery. **Closed Captioning provided in English and Spanish.**

**Registration Here:**
https://bit.ly/COVIDandBeyond

To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

**Facebook @NCBA1970**
**Twitter@NCBA1970**
**Instagram@NCBA_1970**

You’re also welcome to learn more about NCBA by visiting aging.org. We look forward to hearing from you!