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Older Adults and Gun Violence Trauma: Tips for the Aging Network

Gun-related violence has been on the rise in the United States. Almost 60% of American adults have directly experienced or know someone who has been affected by gun violence. Our aging population makes it increasingly likely that more older people will be affected by some type of gun violence in the coming years. Advanced age can be a protective factor against the negative consequences of gun violence because of the acquisition and use of adaptive coping strategies over a lifetime.

Many older adults are resilient because they have experience overcoming stressors and obstacles. However, guns violence disrupts our sense of safety and order that may make it more difficult to bounce back after a traumatic event. In particular, older adults who have experienced some type of gun violence or other traumas earlier in their lives may find they are triggered or retraumatized by stories of or encounters with gun-related deaths and mass shootings. Moreover, gun violence harms more than just the victims; it alters and damages the lives of their families, friends, neighbors, and communities.

Survivors of gun violence, especially from a mass shooting, are at a greater risk of developing posttraumatic stress disorder (PTSD) than survivors of other collective traumatic events, such as natural disasters. Intentional, human-caused traumatic events typically arouse strong, disturbing feelings. This response may or may not resolve on its own over time as people can vary in how they recover from a significant traumatic stressor.
Some may ask for help from crisis counselors, licensed mental health professionals, or religious leaders. Survivors who would benefit from mental health care, but who do not obtain assistance may become extra vigilant and avoid places and situations that remind them of the shooting. In turn, this type of response will most likely limit their interactions with others and their engagement in social activities, potentially leading to further negative consequence such as depression and isolation.

Although high profile mass shootings can elicit widespread empathy and community support, the continued media coverage and the routine calls for political action in response to each of these events can result in people feeling overwhelmed, desensitized, hopeless, and fatigued. Compassion fatigue can affect both those who were directly affected by the gun violence and those who repeatedly witnessed the shootings on TV or the internet. It is not unusual for feelings of secondary trauma and burnout to increase as people are exposed to more and more traumatic events that they feel they can’t change or control. Those who wish to help often do nothing because they do not have a clear idea of what they can do and how they can start to support those who have been traumatized. A good place to start is to learn more about older adults, trauma, resilience, and gun violence.

**Providing Support and Comfort to Gun Violence Survivors**

For most older adults crisis counseling, like Psychological First Aid (PFA) provided by a first responder or counselor, will be sufficient after a shooting. Others may need more than PFA and benefit from formal psychological evaluation and treatment from a mental health clinician. In all instances, it is best not to assume that the physical appearance of advanced age equates with disability or incapacity to respond or recover from a mass shooting. Moreover, chronological age is also not a good indicator of future adverse outcomes.

In general, older adults who depend on others for assistance with their activities of daily living are at greater risk for poor outcomes. Rather than guessing about how you should offer help and what type might be most beneficial, your best option is to simply ask the older adult about their current health status, quality of life, and the type of help they might desire. Most older people experience numerous losses and stressors as they age. Common issues include fixed income and increasing expenses; deaths or relocation of relatives, neighbors, and friends; decreasing social network; changes in social position and housing; death of spousal or partner, and; new and evolving caregiving responsibilities. Although some older adults may have poorer health and fewer social and economic resources compared to their younger counterparts, they have a lifetime of experience in coping with stressful events.

Being able to think back to an earlier time and identify an event where they were able to successfully deal with a major stressor often provides confidence and perspective about their ability to recover from a traumatic violent event.

Gun violence is often physically, emotionally and economically taxing on survivors and their communities. Older adult survivors, especially those with severe or lasting physical injuries, are at increased risk of physical and mental health complications. It may feel intimidating to initiate a discussion with a person who has been adversely affected by gun violence, but here are some ways to start:

**Connect**

It is important for survivors to feel supported by and connected to their communities.

Being a survivor can be stigmatizing and lonely. Organized support groups for survivors after a gun violence event can provide safe spaces for survivors to connect with one another and share coping strategies.

- **Check in.** It is good to check in regularly, but not intrusively. Telephone wellness checks or in-person visits are excellent ways to check in. Accepting that survivors may not want to discuss their experience, one can instead inquire about how other older adults in their community are feeling and functioning. Making check-ins routine can decrease stigmatization of gun violence victimization and increase the potential for healing.

- **Ask.** Each survivor is different. If you are unsure how to support an older adult, just ask. Physicians, psychologists, and other healthcare providers can inquire about gun-related traumas and their patients’ response during appointments.

- **Access to Care.** One of the greatest challenges for many survivors to receiving mental and physical health care is access to services. For example, you can offer to provide rides to appointments or pick up prescriptions. Encouraging other older adults in your community to attend community or small group events may be helpful, especially for those who have a tendency to isolate at home. Aging network providers can help to connect older adults to important services and supports needed during a difficult time.
**How to Build a Self-Care Action Plan**

Taking care of oneself is an important way to support the healing process after any trauma but is especially critical after a traumatic event involving gun violence. Self-care is defined as: “Activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health.” (World Health Organization, 1983). Simply put, by self-care activist and psychologist Agnes Wainman, self-care is any activity that “refuels us, rather than takes from us.”

Practicing self-care promotes a sense of normalcy and can improve the emotional, mental, and physical well-being of survivors and people in their support systems. Below are simple steps to consider when helping someone to develop a self-care plan or when developing one for yourself. To get started, you can ask the survivor to consider the questions and suggestions listed in each of the four components listed below:

- **History**: What has worked in the past? What is (or is not) working right now? Identifying coping skills and self-care practices that you use on a daily basis and recognizing their degree of helpfulness establishes the foundation for a self-care action plan.

- **Needs**: What do you need? People are dynamic, and subsequently so are their needs. Some needs such as food, water, and rest are essential for all people. However, emotional, psychological, spiritual, and existential needs can change within the day. Especially following an act of gun violence, survivors may feel different than usual. Identifying what you need allows you to modify your coping strategies and practices accordingly.

- **Practices**: Which self-care practices will help fill my needs? Maybe there is something that has worked in the past that has fulfilled your current needs. Maybe you need to try something new. Pairing practices with their respective needs create a game plan to address challenges as they come up in the future. After a traumatic, violent event it may be effortful to identify pleasant events to engage in as part of a self-care plan. A free, evidence-based instrument, the California Older Person’s Pleasant Events Schedule, can be useful in helping older adults identify activities they might be willing to try that could improve their mood and speed their recovery process. Older adults who routinely include pleasant activities in their day-to-day life are less likely to experience major depression and functional dependance.

Several examples of self-care practices are listed below:

- Journaling
- Deep Breathing
- Spending Time with Others
- Gardening
- Spending Time Outdoors in Nature
- Taking a Bath
- Doing Arts and Crafts
- Walking
- Taking a Class
- Having Coffee or Lunch with a Friend
- Talking to Someone Supportive
- Playing a Game (e.g. cards, Scrabble)
- Praying m Meditating
- Cooking m Hobbies

**Barriers.** What will get in the way of your self-care activities? There are often challenges that may prevent practicing self-care regularly. Identifying and preparing for obstacles may help to prevent feelings of discouragement and frustration, should they arise. Many people find it helpful to write down their self-care plan. Several self-care plans templates are available online. The University of Buffalo has developed a number of different plan templates, including one for

**Emergency Self-Care.** Consider sharing your plan with friends and family members as it could spark new ideas for self-care and practices, as well as enlist support and engagement from others. Healthcare providers, crisis counselors, and religious leaders should consider suggesting self-care action plans a part of their follow-up routine with older adults.

**When to Seek Extra Support**

Following exposure to gun violence, it can be difficult to return to day-to-day routines and feel a sense of normalcy. Difficulty sleeping, nightmares, mental fog, and difficulty concentrating are among many of the common effects that linger after a traumatic event. People who currently drink alcohol, may drink more than normal. It is also common for some people to have a change in their appetite and eat more or less than typical in the months after a traumatic event. Although common, these are indicators that one should seek out mental health care.

Mental health care refers to a variety of services including individual, family, support, group and medication therapies. Many health insurances, including Medicare Part B, offer coverage for both outpatient and inpatient mental health care. For assistance finding the right program or resource, the National Alliance on Mental Illness offers a free Helpline in which peer-support volunteers help callers to find the right information and community support services.
If you are experiencing any of the following, it may be helpful to seek out and use mental health care:

- Increase in substance use (including alcohol, marijuana, tobacco, etc.) Gambling more money and/or more frequently
- Lack of interest in activities that once brought joy
- Difficulty getting out of bed Increase in memory difficulties
- Feeling hopeless Staying inside, avoiding friends and family, or losing interest in socializing
- Changes in appetite or weight
- Feeling fearful, on edge, or as if something bad is going to happen

**When to Make a Referral to Mental Health Services**

Some older adults may begin to exhibit trauma symptoms very soon after a shooting event occurs. Those who receive crisis counseling may find that it is sufficient in addressing their distress. Others may initially have no symptoms, but first begin to have reactions, such as those described above, months after the shooting. When symptoms begin long after the event, older adults may have trouble understanding that what they are experiencing is related to the violent shooting. They may even be somewhat confused about why they are suddenly experiencing these difficulties. For older adults with a sudden onset of symptoms post-shooting, it is important to have them evaluated by a physician to rule out any possible medical conditions that may better explain their change in physical or mental status.

Different people can also experience their symptoms for different lengths of time, with or without crisis counseling and psychological treatment. Overall, individual differences in onset and types of symptoms expressed indicate that each person's experience of the event is unique. Variation in symptom presentation may make it difficult to discern when the right time is to make a referral to a mental health professional for formal psychological assessment and treatment. Indicators that it might be time to obtain professional assistance is when an older adult has:

- Unpleasant symptoms that last for more than four to six weeks
- Difficulty functioning at home, volunteering, or in social settings
- A feeling that something is not right and is perhaps distressed about the changes in their behaviors or emotions
- Started or increased their use of alcohol or drugs
- Withdrawal from pleasant activities or from others in their social network
- Expressed suicidal ideation, reported self-harm, or engaged in risky behaviors
- Lost control or is not in touch with reality

If you suspect that a person poses a danger to him/herself or others, a formal referral to a mental health professional should be made immediately. If the danger seems imminent, call 9-1-1 or otherwise contact law enforcement. Some older adults may state that they want to go to sleep and never wake up. If this occurs, ask the person immediately, "Are you thinking about harming yourself or committing suicide?"

Directly asking about their intentions will not increase their potential for death by suicide. Additionally, if you feel that the symptoms of someone you are supporting are beyond your skill level, do not hesitate to make a referral to a mental health clinician for further evaluation.

**How to Make a Referral to Mental Health Services**

If you feel that a referral should be made to a mental health clinician for formal evaluation and treatment, it is good practice to do so in a transparent and collaborative manner with the older adult. Stigma about using mental health services is common, so steps should be taken to provide support and normalize the referral as much as possible.

To do so consider:

- letting them know that you are making a referral to a mental health professional because you care about their well-being
- explaining why you are making the referral
- describing how you will remain in touch with them once the referral has been made and they are in treatment
- asking about their preferences for treatment that is based on availability of services and providers
- proposing to call and make the appointment, if the older adult would find it helpful and supportive
offering to go with them to their first appointment if your schedule and work environment allow for this level of support. The best rule of thumb is when in doubt, make a referral. It is far better to obtain care when none is needed than to not act when the situation is unclear.

**Vulnerability and Sense of Safety**

Sometimes, just the presence of firearms can make people feel nervous, threatened and fearful for their lives. Nearly half of older adults live in a household where someone owns a firearm. The majority of those who are firearm owners acquired their guns long before becoming older adults. Of these gun-owning older adults, about 30% do not safely store their firearms by keeping them locked up and unloaded. Overall, the most cited purpose of gun ownership is self-protection. As individuals age and physical ability and health change, fear regarding personal safety can increase.

This fear is further exacerbated by worsening health and lower economic status. In these instances, owning a firearm often provides a sense of safety and peace of mind to older adults who are concerned about being victimized. Understanding motivations for firearm ownership is critical in maintaining safety. It is important for family members, friends and medical providers to inquire about older adults’ firearm ownership, as well as their compliance with safe practices.

**Safe firearm ownership includes:**

- Locking guns in a secure place (e.g., gun safe or cabinet)
- Storing guns unloaded and separate from ammunition
- Using safety devices (e.g., trigger or cable locks)
- Pointing the gun in a safe direction with finger off the trigger
- Periodically attending firearm use and maintenance classes
- Practicing using firearm in a safe environment

**Additional Resources**

- The National Center for Victims of Crime provides a telephone and online hotline.
- Victim Connect Resource Center is for survivors of gun violence, and other crimes. The Center offers options to talk anonymously with a Victim Assistant Specialist via phone at 855-4-VICTIM (or 1-855-484-2846) or an online chat system: https://victimscentre.org/
- Survivors Empowered provides support and referrals for services to survivors of violence including the option to connect with a support network of other survivors in your area: https://www.survivorsempowered.org/
- Everytown for Gun Safety is a non-profit organization, which offers resources for gun violence survivors. They offer specific resources to survivors including Finding Help and a Survivor Network.
- The NAMI Helpline can be reached Monday through Friday, 10 am–6 pm, ET. 1-800-950-NAMI (6264) or email info@nami.org

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**Omicron’s Highly Contagious Subvariants Circulate Throughout the United States**

**How can you catch COVID-19?**

COVID-19 is the name of the disease caused by a virus, SARS-CoV-2 (the new coronavirus). It’s spread in three main ways, according to the CDC. You can catch COVID-19
by breathing in air if you are close to an infected person who is exhaling small droplets and particles that contain the virus. You can also get it if those small droplets and particles land in your eyes, nose or mouth (likely through coughs or sneezes), or if you have virus particles on your hands and then touch your eyes, nose or mouth.

**Who is at risk for COVID-19?**

Anyone can get COVID-19, but some people are more at risk for what experts call “severe disease,” at which time hospitalization or intensive care may be required. Older adults are more likely than younger, healthier people to experience serious illness from COVID-19. In fact, the vast majority of COVID-19 deaths in the U.S. have occurred among people 50 or older — and the risk increases with age.

Adults of any age with an underlying medical condition are also at increased risk for complications from a coronavirus infection, including people with:

- Cancer
- Chronic kidney disease
- Chronic lung diseases, including COPD (chronic obstructive pulmonary disease), asthma (moderate to severe), interstitial lung disease, cystic fibrosis and pulmonary hypertension
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Down syndrome
- Heart conditions (such as heart failure, coronary artery disease, cardiomyopathies or hypertension)
- HIV infection
- Immunocompromised state (weakened immune system)
- Liver disease
- Mental health conditions, including depression and schizophrenia spectrum disorders
- Overweight and obesity (defined as a body mass index of 25 or greater)
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant (includes bone marrow transplants)
- Stroke or cerebrovascular disease, which affects blood flow to the brain
- Substance use disorders (such as alcohol, opioid or cocaine use disorder)
- Tuberculosis

**What can you do to reduce your risk?**

Get vaccinated and boosted. The FDA has officially approved two vaccines — a two-shot series from Pfizer-BioNTech and another two-shot series from Moderna. It has also issued an emergency use authorization (called an EUA) for a COVID-19 vaccine developed by Johnson & Johnson (J&J). However, the CDC now recommends the use of the Pfizer and Moderna vaccines over J&J’s product.

All three vaccines are effective at preventing hospitalization and death from COVID-19. Health officials are encouraging everyone 5 and older to get vaccinated (shots for younger populations are still being evaluated), including people who have had COVID-19 in the past. Adults 18 and older are also eligible for booster shots to ramp up their protection against COVID, especially in the wake of the highly transmissible omicron variant; individuals 50 and older are eligible for two, as are younger people with certain immune-compromising conditions. People 5 and older who were vaccinated with Pfizer can also get a booster shot.

Other ways to lower the likelihood of getting sick from COVID-19: Wear a face mask in public indoor settings settings (see the CDC’s new guidance on when one might be needed in your community); avoid crowds and poorly ventilated spaces; put at least 6 feet between yourself and others not in your household; and wash your hands often.

**Do the vaccines have side effects?**

It’s common to experience mild to moderate side effects after getting vaccinated, such as soreness in the arm, headache, fatigue, muscle and joint pain, nausea, fever or chills — but these are temporary “and normal signs that your body is building protection,” the CDC says. To date, no long-term side effects have been detected.

A small number of vaccine recipients have experienced adverse reactions to the shots. These serious events after COVID-19 vaccination “are rare but may occur,” the CDC says. Anaphylaxis, an allergic reaction, has occurred in approximately 2 to 5 people per million vaccinated in the U.S. This is why you may be asked to wait about 15 minutes after your shot or booster to monitor for symptoms. Vaccine providers are equipped with medicines to quickly treat the reaction. Health officials are also monitoring reports of myocarditis or pericarditis in some adolescents and younger adults after vaccination with the Pfizer and Moderna vaccines. Most of these patients who received care responded well to medicine and felt better quickly, the CDC says.
Another uncommon event that has been linked to J&J’s vaccine is a rare but serious clotting disorder, called thrombosis with thrombocytopenia syndrome. There have been 60 cases as of March 2022 out of about 14 million doses administered; nine people have died from it. Young women in their 30s and 40s are most at risk. After reviewing evidence of the adverse event, the CDC decided on Dec. 16, 2021, to recommend the Pfizer and Moderna’s vaccines over J&J’s product; the FDA has since limited its authorization. J&J’s vaccine, however, is still available to those who are “unable or unwilling” to get vaccinated with Pfizer or Moderna.

Can you get COVID-19 even if you’re fully vaccinated?

The COVID-19 vaccines can help prevent a coronavirus infection, but importantly, they are highly effective at preventing serious illness from COVID-19. In fact, unvaccinated individuals are about 5 times more likely to be hospitalized from a coronavirus infection than vaccinated people, federal data shows. Despite these protections, the vaccines are not 100 percent effective at stopping the virus — and preliminary data show that omicron is better at sneaking around the vaccines than previous variants — so it is still possible for fully vaccinated individuals to get COVID-19. This is called a “breakthrough infection.”

While fully vaccinated people with breakthrough infections are less likely to develop serious illness from COVID-19 than unvaccinated people, they can still be contagious and spread the virus to others. Wearing a mask in indoor public settings can help prevent people with asymptomatic or mild illness from unknowingly spreading the virus to others.

What are the symptoms of COVID-19?

People with COVID-19 have reported a wide range of symptoms that typically appear two to 14 days after exposure to the virus, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list is not exhaustive, and some more unusual symptoms have been noted throughout the pandemic — from cognitive complications to skin rashes.

A COVID-19 test can help you determine if you have an infection. You can also check the CDC’s interactive guide for advice on appropriate medical care. Most people with COVID-19 can recover at home. However, if you develop emergency warning signs — pain or pressure in the chest; new disorientation or confusion; pale, gray or blue-colored skin, lips or nail beds; difficulty breathing; or an inability to wake or stay awake — get medical attention immediately.

What should I know about testing?

Testing can help keep you and others around you safe. The CDC says you should get tested for COVID-19 if:

- You have symptoms of COVID-19.
- You have had close contact with someone with confirmed COVID-19.
- You have been asked to get tested by a health care provider or state or local health department.

Many places, like schools and workplaces, also require COVID-19 tests as part of routine screening.

Your health care provider should be able to administer a COVID-19 test. You can also contact your local health department to find out about testing locations.

Another option: The FDA has authorized a handful of over the counter COVID-19 tests for at-home use. These so-called rapid antigen tests require a nasal swab and can deliver results in about 15 minutes. Many major retailers sell these tests; the federal government is also sending them to Americans for free. Learn more about them here.

What should you do if you get sick?

It’s important to stay home and separate yourself from others for at least five days if you test positive for COVID-19, even if you don’t develop symptoms and don’t feel sick — and you should wear a mask when around others for at least 10 days. If your symptoms persist after five days, you may need to isolate for longer.

The CDC has isolation guidelines for specific scenarios, including for people who are immunocompromised. Stay hydrated, keep track of your symptoms, and keep in touch with your health care provider. You may qualify for a treatment that can help reduce your risk of developing complications.
If you notice any of the following, seek immediate medical attention: trouble breathing; persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; pale, gray or blue-colored skin, lips or nail beds, depending on skin tone.

**Are there treatments?**

So far, the FDA has approved just one treatment for COVID-19 — the antiviral drug remdesivir, which is for people hospitalized with COVID-19 and those at risk for being hospitalized. A few other therapies have EUAs from the FDA, including monoclonal antibody treatments, which help to mimic the body’s immune system and fight off a viral infection. A newly authorized monoclonal antibody, called bebtelovimab, works against both omicron and its subvariant, BA.2, health officials say. The FDA, however, has halted the use of two previously authorized monoclonal antibodies after discovering they were not effective against omicron, despite working well when up against the delta variant.

And on Dec. 22, the FDA authorized a first-of-its-kind treatment for COVID: A prescription pill from Pfizer that can help keep a coronavirus infection from causing serious illness in people who are most at risk for COVID complications. A similar pill from drugmaker Merck received the OK from regulators soon after. Unlike other COVID treatments, which are administered in health care facilities by way of an injection or infusion, these oral medications are dispensed at pharmacies and taken at home.

**What is long COVID?**

Many COVID-19 survivors battle lingering symptoms for weeks or months after infection, even if the initial infection was mild or asymptomatic. Sometimes called “long-haulers,” they suffer from dizziness, insomnia, confusion, a racing heart or a host of other lasting effects that keep them from getting back to their normal lives. A report published by the CDC found that as many as one-third of people with COVID-19 had lingering symptoms two months after a positive test result.

Experts encourage COVID-19 patients experiencing long COVID to seek care from a medical provider. Several U.S. hospitals and research centers have set up special clinics and rehabilitation services for survivors.

**For more information, visit:**


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Get Free at-Home Covid-19 Tests

Every home in the U.S. is eligible to order a 3rd round of free at-home tests. Order yours today by visiting [https://special.usps.com/testkits](https://special.usps.com/testkits). If you need help placing an order for your at-home tests, call **1-800-232-0233 (TTY 1-888-720-7489)**.
Millions of older Americans with low incomes are in a crisis fueled by climbing inflation rates and high unemployment, despite a tight labor market. The double squeeze is forcing many seniors to choose between paying for essentials like food, medicines and rent.

These are impossible choices that no one should have to make. Older adults, especially those living with low or fixed incomes, have limited defenses against economic upheaval. They need a stronger social safety net.

We've known for some time that even modest additional resources can make a real difference in older adults’ lives. In response to the pandemic, the federal government made several policy changes that have benefited older adults at the lower end of the economic scale, including a one-time expansion of the Earned Income Tax Credit (EITC) and temporary increases in Supplemental Nutrition Assistance Program (SNAP) benefits.

These supports are great poverty fighters. The EITC, for example, lifts nearly 6 million people a year out of poverty and helps offset low wages for 1.5 million older workers. For the 2021 tax year, Congress expanded EITC eligibility to anyone over 19 who earned income from a job — making 2.8 million adults over 64, including workers without dependents, newly eligible for this benefit, which provides up to $1,500 in federal income tax credits.

Increased SNAP benefits have also served as a critical lifeline for older adults. Over 9 million Americans 50 and older were food insecure in 2020, a number that did not change substantially from 2019, despite widespread job loss that hit older workers particularly hard. This suggests that congressional actions to boost SNAP helped millions of vulnerable older adults put food on the table during a time of great need. Older adults interviewed for a February report commissioned by AARP Foundation reported that the increased benefit payments made an enormous difference in their lives, expanding their purchasing power to buy more and healthier foods while improving their ability to pay bills, juggle other expenses, and weather the pandemic.

But these additional supports are temporary while prices continue to rise and older adults with low income continue to hurt economically. As things stand, unless Congress acts, the EITC won’t be available to older workers next year. And once the federal government declares an end to the COVID-19 public health emergency, older adults will lose the supplemental SNAP payments that they have come to rely on to afford groceries.

As these problems persist, we must ensure that older adults are aware of the benefits for which they are eligible and know how to apply for them. Unfortunately, many older adults do not know they qualify for these benefits. Every year, about 20 percent of eligible adults do not file for the EITC, including an estimated 5 million in high-need communities. As a result, more than $7 billion goes unclaimed, which hurts not only families but also communities and local businesses. SNAP participation rates for seniors lag far behind the rate of other age groups — only about 48 percent of eligible seniors are enrolled, compared with 83 percent of adults ages 18 to 59.

This year, the federal government did an excellent job of making EITC access “people-centric” by providing a micro-site with links and resources to support easy filing. At AARP Foundation, we helped 136,896 older adults file for EITC this year, compared to 53,161 in 2021. And in 2019, we helped nearly 50,000 eligible seniors sign up for SNAP benefits simply by giving them access to an easier application process.

But older adults struggling to make ends meet must have something to fall back on beyond the pandemic. Social Security’s cost-of-living adjustment — projected to hit a record high of 8.6 percent next year — is a mainstay, but it’s not enough. More needs to be done. Strengthening SNAP benefits, extending the EITC for older adults, and exploring ways to make both housing and health care more affordable would benefit millions of older adults — and our nation as a whole.

The cost-of-living crisis for older adults is not going away soon. At times like this, it’s vital that we equip older adults with supports that can help them maintain their financial security — and their health.

Contributing Author: Lisa Marsh Ryerson, President of AARP
Preparing for a Hurricane or Tropical Storm

You can’t stop a tropical storm or hurricane, but you can take steps now to protect yourself and your family. If you live in areas at risk, the Centers for Disease Control and Prevention (CDC) encourages you to be prepared for hurricane season. The Atlantic hurricane season is June 1 through November 30 each year. It’s always important to be prepared for a hurricane. Planning for hurricane season and other potential disasters can be stressful, and with COVID-19 to consider as well, it may be especially so.

Preparing for a Hurricane

- Stay up to date on your COVID-19 vaccines. COVID-19 vaccines help protect you from getting sick or severely ill with COVID-19. Staying up to date on vaccines makes it less likely that you will be sick with COVID-19 while sheltering or evacuating from a hurricane, and less likely to need medical services while hospitals are under strain from the natural disaster.

- Pay attention to the COVID-19 Community Level in your area and follow recommendations to stay safe. Take steps to protect yours and others’ health while preparing for the hurricane.

- Pay attention to local guidance about updated plans for evacuations and shelters, including shelters for your pets.

- When you check on neighbors and friends, be sure to follow CDC recommendations to protect yourself and others.

Prepare to Evacuate

- If you may need to evacuate, prepare a “go kit” with personal items you cannot do without during an emergency. Include items that can help protect you and others from COVID-19, such as hand sanitizer with at least 60% alcohol, bar or liquid soap, disinfectant wipes (if available) and multiple, clean masks for everyone age 2 or older.

- Have several ways to receive weather alerts, such as National Weather Service cell phone alerts, NOAA Weather Radio, or (@NWS) Twitter alerts.

- Find out if your local public shelter is open, in case you need to evacuate your home and go there.

- If you need to go to a disaster shelter, follow CDC recommendations for staying safe and healthy in a public disaster shelter during the COVID-19 pandemic.

- Follow guidance from your local public health or emergency management officials on when and where to shelter.

- Make a plan and prepare a disaster kit for your pets. Find out if your disaster shelter will accept pets. Typically, when shelters accommodate pets, the pets are housed in a separate area from people.

- If you have to travel away from your community to evacuate, follow safety precautions for travelers to protect yourself and others from COVID-19.

Staying with Friends or Family

If you plan to stay with friends or family outside your household when you evacuate from a storm, talk to them about how to protect yourselves and those you are staying with from COVID-19:

- Does either household have someone at high risk of getting very sick from COVID-19, including older adults or people of any age who have certain medical conditions? Make sure everyone knows what they can do to keep them safe from COVID-19. Consider taking rapid COVID-19 tests if possible before sharing living spaces. This is especially important before gathering with individuals with certain medical conditions, older adults, those who are immunocompromised, or people who are not up to date on their COVID-19 vaccines, including children who cannot get vaccinated yet.
• Ventilate the home to the extent you can. If you have power, you can use fans and portable HEPA air cleaners, and run your HVAC fan continuously. After the storm passes, if it is safe to do so, you can open windows and doors.

• Follow everyday preventive actions, including covering coughs and sneezes, washing your hands often, and avoiding touching your eyes, nose, and mouth with unwashed hands.

• Know what to do if someone in your family or in the household you are staying with becomes sick with COVID-19.

• Take steps to keep your pets safe.

Staying Safe After a Hurricane

In addition to following guidance for staying safe and healthy after a hurricane, note that:

• The COVID-19 Community Level may change after a hurricane as people move around. Pay attention to your local health department so that you can take the right actions to stay safe and healthy.

• Take steps to prevent carbon monoxide poisoning if you use a generator.

• If you are injured or ill, contact your medical provider for treatment recommendations. Keep wounds clean to prevent infection. Remember, accessing medical care may be more difficult than usual during medium or high COVID-19 Community Levels.

• Dealing with disasters can cause stress and strong emotions, particularly during the COVID-19 pandemic. It is natural to feel anxiety, grief, and worry. Coping with these feelings and getting help when you need it will help you, your family, and your community recover.

For more information, visit:
https://www.cdc.gov/ncelh/features/hurricanepreparedness/index.html

Am I Responsible for My Spouse’s Debts After They Die?

When someone dies with an unpaid debt, it’s generally paid with the money or property left in the estate. If your spouse dies, you’re generally not responsible for their debt, unless it’s a shared debt, or you are responsible under state law.

Don’t assume you have to pay

You are not responsible for someone else’s debt. When someone dies with an unpaid debt, if the debt needs to be paid, it should be paid from any money or property they left behind according to state law. This is often called their estate.

When there is no estate

If there is no money or property left in an estate, or the estate can’t pay, then the debt generally will not be paid. For example, when state law requires the estate to pay survivors first, there may not be any money left over to pay debts.

When you may be responsible for debts after a spouse’s death

If the debt is shared, you may be responsible, including if:

• You were a joint account owner

• You borrowed money as a co-signer on a loan

• You live in a community property state where spouses share responsibility for certain martial debts

• You live in a state with necessaries statutes where parents and spouses are responsible for certain necessary costs such as healthcare
If you’re the executor, administrator, or personal representative for your spouse’s estate, this does not make you responsible for paying the debt with your own money, unless the debt is also yours. Being a personal representative means you can use estate assets to settle your loved one’s debts, after making payments to survivors according to state law. If you were an authorized user on a credit card account belonging to the person who died, that does not make you responsible for paying their credit card debt.

**When a debt collector can contact you about a spouse’s debt**

There are generally certain rules for when a debt collector can contact you about a debt. For example, if you are the spouse, debt collectors can mention the debt to you, and you have the right to learn more about it. But this doesn’t mean that you’re responsible for paying it. And if you’re not responsible for the debt, debt collectors are also not allowed to say that you are.

**Here’s what you can do:**

- **Talk with a lawyer.** A lawyer can help you figure out if you are responsible for paying a debt. If you are responsible, a lawyer can help you understand your protections, including exemptions you may have under federal and state laws. A lawyer can also help you determine how best to deal with debt collectors.

- **Get the details of the debt in writing.** In most circumstances, the collector must give you details about the debt during your first conversation or within 5 days of when they first contacted you. If the information is provided in writing, it’s known as a written validation notice. If the debt collector knows that you’re the surviving spouse, parent of a minor who died, or a personal representative but they still refuse to give you details about the debt, then you could be dealing with a scam.

- **You can dispute the debt.** If you believe you don’t owe the debt or it’s not yours to pay, you should dispute it. If you receive a validation notice and dispute the debt in writing within 30 days, the debt collector must stop contacting you until they validate the debt in writing. The written validation notice will include a deadline for when you must submit your written dispute letter.

- **You can set boundaries for how debt collectors contact you.** You can tell debt collectors how to contact you. You can also tell debt collectors not to contact you at certain times or places or by phone, email, text message, or mail. If you don’t want to hear from the debt collector again, you can also send the collector a written request to stop contacting you.

**Understand how the CFPB’s Debt Collection Rule impacts you**

These rules can be hard to navigate, especially when you’ve recently lost a loved one, but help is available.

- **Get legal help.** Lawyers can help you understand your rights and make a plan. You may qualify for free legal aid, based on your income. Contact your local bar association or find a legal aid office in your area.

- **Find local services and supports.** The Eldercare Locator connects older Americans and their caregivers with trustworthy local support resources, including free legal aid for many older adults.

For more information, visit: [https://www.consumerfinance.gov/ask-cfpb/am-i-responsible-for-my-spouses-debts-after-they-die-en-1467/](https://www.consumerfinance.gov/ask-cfpb/am-i-responsible-for-my-spouses-debts-after-they-die-en-1467/)

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**3 Good Reasons to Hire a Career Coach**

Recovering from a career setback? Looking to pivot to a second-act career? If your game plan is to send out resumés and hope for the best, you’ll quickly find that the old ways of approaching this kind of challenge aren’t working today. That’s why a good career coach can empower you to get back to doing the kind of job you want (and love) to do.
Here are three reasons hiring a career coach is a good idea:

1. A career coach can accelerate your job search. Hiring a career professional often can reduce the time it takes to get back to work. These days, people over 50 frequently spend twice as long as younger ones to get hired. The career coach can get you to: stay on track creating a solid job-search plan (more on this shortly), prioritize action steps, learn how to network effectively, prepare for a job interview, and understand the best ways to follow up. Her or she will offer perspective, expertise, and empathy. Most of all, your coach will make sure you hold yourself accountable to the goals you set and the outcomes you want to achieve.

2. A career coach can help you develop a solid job-search plan. Do you know what your value is to a prospective employer or client? Do you know how to best describe and pitch yourself? Do you know who the most important contacts are in your database? A career coach will assist you with the answers to come up with a strategic plan of attack to get hired. Your coach will ensure that you are telling the right story through your bio, résumé and LinkedIn profile. This adviser will also help you sort through various possible opportunities (open positions, networking events, conferences, existing contacts, new contacts and the like) and prioritize the ones that could generate the most results.

Having a plan will aid you in blowing past the inevitable discouragement of knocking on doors day after day. And if your plan gets fuzzy, your coach will encourage you, helping you face the next day.

3. A career coach can show you how to invest in yourself. Putting your money on the line as an investment in your career coach will be an expression of your commitment to yourself. Even (and especially) if you’re on a tight budget, spending the money can light a fire under you. It will make you more focused and more directed, because the clock is ticking and the coach’s meter is running. Then, your commitment will be palpable to everyone from networking allies to recruiters and hiring managers.

The Right Way to Hire a Career Coach

Many small-group career coaching programs, and even some one-on-one coaching plans cost roughly one- or two-weeks’ salary. When you see it in those terms, hiring a coach looks like a no-brainer for the potential value you’ll receive. But it has to be the right coach.

When you’re looking for a coach, talk to a handful of candidates and ask yourself three questions about each:

- Does this coach have a system? You’re not looking for a shoulder to cry on. You’re looking for an accountability program with clear milestones.

- Do you respect the coach? You’re more likely to if he or she has a proven track record, a relevant degree or certification, a professional website with testimonials from clients, a compelling and professional LinkedIn profile and a public or social media profile. Most of all, you’ll want to determine if what the coach says makes sense to you and if you feel confident the approach can work for you.

- Does the coach understand and empathize with you? You need to feel a simpatico with your coach to get results. You want to feel safe, appreciated, supported — and believed in.

Your coach should be able to identify and acknowledge all of your amazing and valuable qualities while holding your feet to the fire and encouraging you to overcome any inner blocks that may be holding you back from connecting to a new job.

But remember this: your coach is your partner in success, not a magician. At the end of the day, you’re the one who will have to do the work. Working with a trained and compassionate professional, while leveraging his or her methodology, is a proven way to get you off the sidelines and into your new job.

Contributing Author: John Tarnoff, Executive and Career Transition Coach

Overview

Scientists at the Centers for Disease Control and Prevention (CDC) are tracking multiple cases of monkeypox that have been reported in several countries that don’t normally report monkeypox, including the United States. It’s not clear how the people were exposed to monkeypox, but early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk.
To learn more about recommendations for those who may have had contact with monkeypox virus, visit Exposure Risk Assessment and Public Health Recommendations at www.cdc.gov.

The Centers for Disease Control and Prevention (CDC) is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses consistent with monkeypox, regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation.

CDC is working with state and local health officials to identify people who may have been in contact with individuals who have tested positive for monkeypox, so they can monitor their health.

**What You Should Do**

Anyone with a rash that looks like monkeypox should talk to their healthcare provider, even if they don’t think they had contact with someone who has monkeypox. People who may be at higher risk might include but are not limited to those who:

- Had contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox

- Had skin-to-skin contact with someone in a social network experiencing monkeypox activity, this includes men who have sex with men who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party)

- Traveled outside the US to a country with confirmed cases of monkeypox or where monkeypox activity has been ongoing

- Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, powders, etc.)
Monlopx: Get the Facts

- Monkeypox is a rare disease caused by the monkeypox virus
- Monkeypox can make you sick including a rash or sores (pox), often with an earlier flu-like illness
- Monkeypox can spread to anyone through close, personal, often skin-to-skin contact including:
  - Direct contact with monkeypox rash, sores or scabs
  - Contact with objects, fabrics (clothing, bedding, or towels), and surfaces that have been used by someone with monkeypox
  - Through respiratory droplets or oral fluids from a person with monkeypox
- This contact can happen during intimate sexual contact including:
  - Oral, anal, and vaginal sex or touching the genitals or anus of a person with monkeypox
  - Hugging, massage, or kissing and talking closely
  - Touching fabrics and objects during sex that were used by a person with monkeypox, such as bedding, towels and sex toys
- We know the virus can be spread in fluid or pus from monkeypox sores, and are trying to better understand if the virus could be present in semen, vaginal fluids or other body fluids

What Are the Symptoms?

- Early flu-like symptoms of monkeypox can include:
  - Fever
  - Headache
  - Muscle aches and backache
  - Swollen lymph nodes
  - Chills
  - Exhaustion
- A rash or sores, sometimes located on or near the genitals or anus, but sometimes in other areas like the hands, feet, chest or face – sores will go through several stages before healing
- Sores may be inside the body, including the mouth, vagina, or anus
- Some people experience a rash or sores first, followed by other symptoms and some only experience a rash or sores
- Monkeypox can be spread from the time symptoms start until all sores have healed and a fresh layer of skin has formed – this can take several weeks

If You Have a New or Unexplained Rash, Sores, or Other Symptoms...

- See your healthcare provider – if you don’t have a provider or health insurance, visit a public health clinic near you
- When you see a healthcare provider for possible monkeypox, remind them that this virus is circulating in the community
- Avoid sex or being intimate with anyone until you have been checked out

If You or Your Partner Have Monkeypox...

- Follow the treatment and prevention recommendations of your healthcare provider
- Avoid sex or being intimate with anyone until all your sores have healed and you have a fresh layer of skin formed.

For more Information, please visit www.cdc.gov/monkeypox
Sickle cell disease (SCD) affects about 100,000 Americans. It is a genetic condition that is present at birth and inherited when a child receives two sickle cell genes—one from each parent. SCD affects the red blood cells, whose job it is to carry oxygen around the body. Irregular sickle-shaped red blood cells can block blood flow, preventing oxygen from getting around the body. The poor blood flow results in inflammation and pain, infections, and sometimes damage to organs or strokes.

SCD disproportionally impacts Black children at a higher rate. About 1 out of every 365 Black babies are diagnosed with SCD at birth. We also know that health disparities are present in the accessibility to medical care and the experiences of bias for black patients living with SCD.

The physical symptoms of SCD can be particularly challenging. Pain is the most common complication of SCD and the biggest reason for emergency room visits. Pain can occur in joints like knees, elbows and hips, or organs. The pain ranges from a few hours, or sometimes weeks. People with SCD should speak with their doctors or nurses about an ongoing pain management plan.

The good news is asking for palliative care and being connected to a palliative care team can help you or your love one live a higher quality of life with this serious illness.

Palliative care is specialized medical treatment for people living with serious illness like sickle cell disease. It treats the pain, symptoms and stress of the illness, with a focus on quality of life. Palliative care is typically provided by a team of doctors, nurses, social workers, spiritual care providers and other health care professionals.

Palliative care teams work closely with your other doctors to give you an added layer of support. You don’t have to choose between treatments or palliative care. Palliative care can be provided at the same time as all other treatments, to help you or your loved one with SCD, live as well as possible. If your doctor or nurse does not mention it, it is still your right to ask for a palliative care consultation. The earlier the better.

Your palliative care team can help with pain medicines and techniques to relieve suffering cause by pain or the stress of the illness. The right pain management plan could keep you or your child out of the hospital and safely at home. This can make a big difference both physically and emotionally, allowing you or your child to stay engaged in activities that you love.

The palliative care team can also assist long term. They are there to help you understand complex medical information and share what you can expect as the disease progresses. The team will also partner with you to learn from you what is important to your family. They will help you come up with a plan for treatment that will work for your needs.

For more information, please visit https://getpalliativecare.org/

Contributing Authors: Sherika Newman, DO and Brittany Chambers, MPH, MCHES

Six Things People Living with Alzheimer’s Disease and Other Dementia Want You to Know

-- June is Alzheimer’s & Brain Awareness Month --

CHICAGO, June 1, 2022 – This June, during Alzheimer’s & Brain Awareness Month, the Alzheimer’s Association is revealing insights from people living with early-stage dementia and what they wish others knew about living with Alzheimer’s and other dementia.

Many Americans struggle with what to say and do when a family member, friend, co-worker or neighbor is diagnosed with Alzheimer's disease or another dementia. The shock of someone revealing a dementia diagnosis can leave many at a loss for how to engage. Efforts to be supportive can be dampened by concerns of saying or doing the wrong thing. Worse, not knowing what to say or do, some individuals distance themselves from diagnosed individuals, further deepening the sadness, stigma and isolation people living with Alzheimer’s and dementia can experience in the wake of a diagnosis.

The Alzheimer’s Association recently asked those living with early-stage Alzheimer’s and other dementia what they want others to know about living with disease.
Here are six things they shared:

**My Alzheimer’s diagnosis does not define me.** Although an Alzheimer’s diagnosis is life changing, many living with the disease say their diagnosis does not change who they are. “I love the same people and doing the same things I did before my diagnosis,” said Dale Rivard, 64, East Grand Forks, Minn. “I understand Alzheimer’s is a progressive disease and I may not be able to do all the things I once did, but I want to continue doing the things I enjoy for as long as I can.”

**If you want to know how I am doing, just ask me.** The sudden change in how others communicate with someone recently diagnosed with Alzheimer’s or another dementia is a frustrating experience for many living with the disease. “It’s upsetting to have others ask my wife how I am doing when I am sitting right there or nearby,” said Jerry Smith, 78, Middleton, Wis. “I want to be open and honest about my diagnosis. Talking around me only makes me feel more isolated and alone.”

**Yes, younger people can have dementia.** While the vast majority of Americans affected by Alzheimer’s and other dementia are age 65 and older, the disease can affect younger individuals. While disease-related symptoms are similar, the challenges associated with an earlier diagnosis can be different. “I was diagnosed with dementia at age 53,” said Deborah Jobe, 55, St. Louis, Mo. “I was at the peak of my career and had to step away from a job I loved. Suddenly, the plans I had for retirement with my husband looked very different. Most people just assume that Alzheimer’s and dementia is only a diagnosis for old people, but I tell people if you have concerns about your cognition, get it checked regardless of your age.”

**Please don’t debate my diagnosis or tell me I don’t look like I have Alzheimer’s.** While family members and friends may be well-intentioned in attempting to dismiss an Alzheimer’s diagnosis, many living with the disease say such responses can be offensive. “It’s hard enough to tell someone you have Alzheimer’s, let alone have to defend it,” said Laurie Waters, 57, Clover, S.C. “It drives me crazy when someone tells me I am too young or that I don’t look like I have Alzheimer’s. People living with Alzheimer’s all look different. You may not see my illness, but I live it every day.”

**Understand sometimes my words and actions are not me, it’s my disease.** As Alzheimer’s disease and other dementia progresses, individuals can experience a wide range of disease-related behaviors, including anxiety, aggression and confusion. “I want people to understand that even though I may look myself, my disease sometimes causes me to not act myself,” said Clint Kershaw, 61, North Turo, Mass. “So, if I ask for help doing something I once did easily or respond to a question in an unexpected way, be patient with me. I have good days and bad days, and on the bad days, I just need a little more help.”

**An Alzheimer’s diagnosis does not mean my life is over.** Earlier detection and diagnosis of Alzheimer’s disease and other dementia is enabling diagnosed individuals more time to plan their futures and prioritize doing the things most important to them. “My diagnosis has been devastating, but my life is not over,” said Nia Mostacero, 47, Meridian, Idaho. “I am still living a fulfilling life. I’ve put together my bucket list and intend to keep making memories for as long as I can.”

During Alzheimer’s & Brain Awareness Month in June, the Alzheimer’s Association encourages everyone to learn more about disease-related challenges facing those living with Alzheimer’s and other dementia. Educating yourself and others about the disease is one of the best ways to reduce stigma and misperceptions. The Alzheimer’s Association offers guidance for navigating every stage of the disease. The Association’s Live Well series provides tips to help early-stage individuals live their best lives. For other disease-related information and resources, visit alz.org.

**Fight the Darkness of Alzheimer’s on the Day with the Most Light, The Longest Day – June 21** During June, the Alzheimer’s Association is also inviting people across the world to participate in The Longest Day® on June 21. Held annually on the summer solstice, The Longest Day invites participants to fight the darkness of Alzheimer’s through a fundraising activity of their choice.

Throughout the month and culminating on June 21, Longest Day participants will bake, bike, hike, golf, knit, play bridge and participate in other favorite activities to raise funds and awareness for the care, support and research efforts of the Alzheimer’s Association. For more information and to register: visit alz.org.
Researchers are working to determine what may be the optimal lifestyle interventions to reduce cognitive decline, but there are steps we can take now to possibly help reduce the risk of cognitive decline as we age.

During June, the Alzheimer’s Association offers five tips that may help reduce the risk of cognitive decline:

- **Keep your heart healthy** – Studies have consistently produced strong evidence that a healthier heart is connected to a healthier brain. One recent study shows that aggressively treating high blood pressure can help reduce the development of mild cognitive impairment (MCI).

- **Exercise regularly** – Regular cardiovascular exercise helps increase blood flow to the body and brain, and there is strong evidence that regular physical activity is linked to better memory and thinking.

- **Maintain a heart-healthy diet** – Evidence suggests a healthful diet is linked to better cognitive functioning and may reduce the risk of heart disease as well. Stick to a meal schedule full of fruits and vegetables and low in saturated fats. The MIND diet – a hybrid of the DASH diet (Dietary Approaches to Stop Hypertension) and the Mediterranean diet – is a brain healthy diet that emphasizes whole grains, green leafy vegetables, poultry, fish and berries.

- **Get proper sleep** – Maintaining a regular, uninterrupted sleep pattern benefits physical and psychological health, and helps clear waste from the brain. Adults should get at least seven hours of sleep each night and try to keep a routine bedtime.

- **Stay socially and mentally active** – Meaningful social engagement may support cognitive health, so stay connected with friends and family. Engage your mind by doing activities that are challenging to you such as learning a new language or musical instrument.

“Incorporating these strategies becomes especially important as we age,” Snyder said. “Research suggests that these lifestyle interventions in combination may have the greatest benefit and are good to consider at any age, but even if you begin with one or two you’re moving in the right direction.”

To learn more about Alzheimer’s and other dementia, visit alz.org.
Key Takeaways

- It’s important to weigh your physical and financial needs when considering where to live as you age.

- Ask yourself several questions about taxes and preferred community to decide what housing may be best for you.

When weighing your housing choices as you age, it is important to consider your community as well as your dwelling. By selling and moving, you could live in a community that offers greater benefits and freedom.

Ask yourself the following questions to see if some of today’s new residential options are a good fit for your personal situation.

**What taxes will I pay in retirement?**

Tax rates vary by state, county, and city. Learn about local property tax, state sales tax, and any other assessments to help you calculate your relocation costs. The Retirement Living Information Center lists sales taxes, personal income taxes, and property taxes by state. RV owners rent their lot and do not pay property taxes. However, they need to pay licensing costs, which can be a flat fee or may be proportional to the value of the RV in states where RVs are taxed as property.

**Are there low-cost housing options?**

If you are over age 62 and your income is limited, you may qualify for an apartment in an affordable senior housing community. These housing communities are funded through the HUD Section 202 program. Under this program, rent is based on the participant’s adjusted gross income, which is
calculated by subtracting approved medical expenses from income. The resident pays 30% of their adjusted gross income for rent. Use the BenefitsCheckUp® screening tool at https://benefitscheckup.org/ to see if you may qualify for affordable housing, and other programs that can help pay for your household and personal costs in retirement.

What is a continuing care retirement community (CCRC)?

A CCRC offers all levels of care at one location so residents can continue to live as independently as possible as their need for help grows. Active residents live in an apartment or single-family home. Those who need help with daily activities might move to the assisted living unit. Residents with serious medical conditions can get skilled nursing care or rehabilitation on the CCRC campus.

What is a Village and how can it help me to age in place?

Villages are membership-driven, grassroots organizations that coordinate and deliver programs and services that make it easier for their members to stay at home as they grow older. These neighborhood organizations can be an alternative to a retirement community or assisted living facility. To find a Village or learn how your community can organize one in your neighborhood, visit the Village to Village Network at https://www.vtvnetwork.org/.

What are the benefits of cohousing?

Cohousing is a type of collaborative housing where residents participate in designing the community so that it meets their needs. Private residences are clustered together and face each other across a pedestrian street or courtyard. These communities usually have shared amenities such as a playground, pool, clubhouse, garden, kitchen, and dining facility. Residents manage the community and maintain the property. They often share common meals, meet to solve problems, and help each other with daily tasks such as shopping, which can help older residents to stay at home. The Cohousing Association of the United States can help you learn more about this housing option and find a community.

I want to stay in my own home. What are my options for using my home equity?

NCOA's booklet Use Your Home to Stay at Home© https://www.ncoa.org/article/use-your-home-to-stay-at-home can help you to explore options such as reverse mortgages and home equity loans and lines of credit so that you can remain living in the home you have now.

For more information, visit:
https://www.ncoa.org/article/senior-housing-option

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](https://ncba-aging.org/employment-program-resources)

NCBA administers the Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection 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](https://www.ncba-aged.org/environmental-employment-program-resources)

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](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/](https://www.ncba-aged.org/affordable-housing/)

Samuel J. Simmons NCBA Estates located in Washington, DC

**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.
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.

Upcoming Events

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.

July 13, 2022
1:00 - 2:00 pm (EST) - on Zoom

Join the NCBA Health Wellness Program to learn about palliative care and how it can help you or your love one when dealing with a serious illness.

Register Here: https://us02web.zoom.us/webinar/register/WN_AHjl6eHiQTaVki4YRcw
The Black Male Caregiver Study is a research study at George Washington University in Washington, DC investigating the cognitive and physiological effects of Black American caregivers. Specifically, the study is designed to examine the cognitive, physical and physiological effects of stress derived from providing care for a family member or loved one diagnosed with Alzheimer’s disease or Dementia.

This study is focused on the impact of stress on Black American males caring for loved ones. The aim of the study is to highlight any key areas that are affected by this form of caring with a hope of addressing any needs or issues that are currently under met by paid care.

The Black Male Caregiver Study is looking to recruit participants from communities in the District of Columbia, Maryland and Virginia (DMV) area who are:

- Black males
- Between ages 30yrs and 85yrs old
- Both unpaid caregivers (for persons with dementia or Alzheimer’s Disease) and
- non-caregivers (Black males in the community that do not provide care)

**How is the study conducted?**

George Washington University is administering cognitive tests and questionnaires as well as taking biological samples from study participants. The information gleaned will be analyzed and added to a growing body of knowledge regarding brain health. The study involves:

- Questionnaires and surveys about health, sleep, and stress
- Saliva samples
- Memory and thinking tests
- Compensation of up to $125 and travel reimbursement
- Majority of the study can be completed over the telephone

**How to get involved:**

We are recruiting black men between the ages of 30-85 that are the primary caregivers for a family member or close friend with Alzheimer’s or dementia. See the flyer on page 24 for more information on the study and how to get involved.

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!
A research study at George Washington University investigating the cognitive and physiological effects of Black American caregivers.

YOU MAY BE ELIGIBLE TO PARTICIPATE IF:
- You are an adult Black male between the ages of 30-85
- You are a non-caregiver or caregiver
- If you are a caregiver, you are caring for a family member or loved one (spouse, sibling, parents, or family friend) diagnosed with Alzheimer’s or dementia
- You agree to participate in the study

THE STUDY INVOLVES
- Questionnaires and surveys about health, sleep, and stress (~2 hours)
- Saliva samples
- Memory and thinking tests
- Compensation of up to $125 and travel reimbursement
- Majority of the study can be completed over the telephone

FOR MORE INFORMATION, CALL (202) 994-1728 OR EMAIL RWTURNERLAB@GWU.EDU

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