Omicron Variant: What You Need to Know

CDC has been collaborating with global public health and industry partners to learn about Omicron, as we continue to monitor its course. We don’t yet know how easily it spreads, the severity of illness it causes, or how well available vaccines and medications work against it.

SPREAD
The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.

SEVERE ILLNESS
More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.

VACCINES
Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, breakthrough infections in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness,
hospitalizations, and death. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.

**TREATMENTS**

Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

**VACCINES**

Vaccines remain the best public health measure to protect people from COVID-19, slow transmission, and reduce the likelihood of new variants emerging.

- COVID-19 vaccines are highly effective at preventing severe illness, hospitalizations, and death.
- Scientists are currently investigating Omicron, including how protected fully vaccinated people will be against infection, hospitalization, and death.
- CDC recommends that everyone 5 years and older protect themselves from COVID-19 by getting fully vaccinated.
- CDC recommends that everyone ages 16 years and older get a booster shot after completing their primary COVID-19 vaccination series. You are eligible for a booster at 5 months after completing Pfizer-BioNTech primary series, 6 months after completing Moderna primary series, and 2 months after the initial J&J/Janssen vaccine. Individuals ages 16-17 are only eligible for the Pfizer-BioNTech COVID-19 vaccine.

**MASKS**

Masks offer protection against all variants.

- CDC continues to recommend wearing a mask in public indoor settings in areas of substantial or high community transmission, regardless of vaccination status.
- CDC provides advice about masks for people who want to learn more about what type of mask is right for them depending on their circumstances.

**TESTING**

Tests can tell you if you are currently infected with COVID-19.

- Two types of tests are used to test for current infection: nucleic acid amplification tests (NAATs) and antigen tests. NAAT and antigen tests can only tell you if you have a current infection.
- Individuals can use the COVID-19 Viral Testing Tool to help determine what kind of test to seek.
  - Additional tests would be needed to determine if your infection was caused by Omicron.
  - Visit your state, tribal, local, or territorial health department’s website to look for the latest local information on testing.
- Self-tests can be used at home or anywhere, are easy to use, and produce rapid results.
  - If your self-test has a positive result, stay home or isolate for 10 days, wear a mask if you have contact with others, and call your healthcare provider.
  - If you have any questions about your self-test result, call your healthcare provider or public health department.

For more information, visit [www.cdc.gov](http://www.cdc.gov)
What to Know About Breakthrough COVID-19 Cases?

Plus, what role delta and omicron play — and why you need your booster

Breakthrough cases of COVID-19 seem to be more prevalent than ever. But just how common — and how dangerous — are breakthrough cases? And can they be prevented?

To get the facts about COVID-19 breakthrough cases, we talked to infectious disease expert Steven Gordon, MD. He explains what they are, why they happen and whether vaccines are still effective (spoiler: They really, really are).

What is a breakthrough COVID-19 case?

According to the CDC, a "breakthrough" case is when a person tests positive for COVID-19 at least two weeks after becoming fully vaccinated (which includes receiving a booster or third dose if you’re eligible).

Breakthrough cases are, as the CDC also notes, expected. While the COVID-19 vaccines are highly effective at delivering immunity, no vaccine is 100% effective.

But another goal of vaccination is preventing serious illness. And in that regard, the COVID-19 vaccines are successful.

"Throughout the pandemic, we’ve talked about flattening the curve,” Dr. Gordon says. “And the vaccine has effectively done that. These spikes in severe cases of COVID-19 are primarily among the unvaccinated, not among people who are fully vaccinated.”

What are the symptoms of a breakthrough case?

The symptoms of a breakthrough case are the same as with typical COVID-19 cases. But people who are fully vaccinated/boosted with cases of COVID-19 are less likely to develop serious illness than those who are unvaccinated.

“Many breakthrough cases are either asymptomatic or have symptoms that are far less severe than cases in unvaccinated patients,” Dr. Gordon says. “The vaccine and booster are absolutely key here.”

How common are breakthrough cases?

The CDC is collecting data on vaccine breakthrough infections, but because many breakthrough cases are asymptomatic or mild and aren’t reported by people, the total number of reported breakthrough cases likely represents an undercount.

The CDC is, however, keeping track of one important metric regarding breakthrough cases. “They’re primarily focusing on those breakthrough cases that result in hospitalization or death,” Dr. Gordon says, “and that number is still small.”

The CDC, which has created a database to track these cases, reports that a person who is unvaccinated is 10 times more likely to test positive for COVID-19 and 20 times more likely to die of COVID-19 than people who are vaccinated.

In short, people who are fully vaccinated and boosted can experience breakthrough cases and exhibit symptoms of the illness. But the chances of contracting a serious illness remain far lower compared to people who are unvaccinated.

Why are breakthrough cases happening?

Again, no vaccine is 100% effective, so breakthrough cases were always expected. Breakthrough cases can come from all COVID-19 variants, but right now, most seem to be from the delta and omicron variants.

“The delta variant is more transmissible than previous variants of the COVID-19 virus, and the omicron variant seems to be, too,” Dr. Gordon says. “At this point, though, cases from these two variants haven’t proven to cause more serious illness than other variants.”

Still, the data showing that people who are fully vaccinated are less likely to become seriously ill demonstrates that the vaccine is indeed doing its job. Dr. Gordon reiterates: “Right now, the definition of ‘fully vaccinated’ includes getting your third dose or booster, which is the absolute best protection against breakthrough cases from variants of concern.”
**Omicron Variant**

First reaching the United States in December 2021, the omicron variant has since spread quickly and contributed to a rise in breakthrough cases. The CDC says it believes that anyone with an omicron infection can spread the virus to others — even if they’re vaccinated or asymptomatic.

Research is ongoing about how easily omicron spreads, what treatments are effective against it and more.

**Delta Variant**

The CDC reports that the delta variant, which accounted for over 83% of U.S. cases in July 2021, is more transmissible than previous variants of the COVID-19 virus. “The delta variant is at least twice as contagious as previous variants,” says Dr. Gordon.

**What to do if you get a breakthrough COVID-case?**

If you or someone in your home gets sick with a breakthrough COVID-19 case, the best course of action is to isolate as much as possible. This is especially true if anyone in your home is unvaccinated. If isolation isn’t possible, try to keep air circulating as much as possible and wear masks indoors.

The CDC currently says that patients who self-isolate are OK to end that isolation 10 days after the onset of symptoms and, if you have a fever, 24 hours after it breaks.

The good news, Dr. Gordon says, is that breakthrough cases for vaccinated individuals are rarely serious and usually relatively mild — underscoring why it’s so essential that every eligible person gets vaccinated and boosted.

**The importance of getting vaccinated including the booster**

The highly transmissible nature of the delta and omicron variants proves how critical it is to get fully vaccinated against COVID-19. “The vaccines available in the United States are effective against COVID-19,” Dr. Gordon says, “and the two-shot mRNA vaccines are effective against all variants of concern to date.”

That means making sure you get both doses of the two-shot mRNA vaccines (Pfizer and Moderna) and then getting your booster or third dose as soon as you’re eligible.

“The term ‘fully vaccinated,’ in the omicron era, means being boosted,” Dr. Gordon says. “Even with variants of concern, the most important tool we have for prevention of getting an infection is getting vaccinated.”

**How to protect yourself against the Delta and Omicron variants**

Even after you’ve received the vaccine, Dr. Gordon says the best course of action is to keep wearing masks and taking other precautions.

“You can cut down on risk factors by wearing masks, especially indoors with other people around,” he says. “You can cut down on risk factors by wearing masks, especially indoors with other people around,” he says.

“But the bottom line is to make sure, first and foremost, that you get fully vaccinated, including getting boosted. That’s the best protection, moving forward, for breakthroughs from variants of concern.”

For more information, visit: [https://health.clevelandclinic.org/breakthrough-covid-cases/](https://health.clevelandclinic.org/breakthrough-covid-cases/)
Help Protect Yourself and Others | COVID-19 |

Get a COVID-19 Vaccine

Stay 6 feet from others

Avoid crowds and poorly ventilated spaces

Test to prevent spread to others

Wash your hands often

Wear a mask indoors
In areas of substantial or high transmission

cdc.gov/coronavirus
The program accepts people of all ages and Crutchfield has the full support of Amazon to keep working while learning new skills. When it's over, Crutchfield will earn an industry-recognized credential and Generation USA will introduce her to its employer partners.

Crutchfield considers herself a lifelong learner and is excited about being in a program that can lead to a good career and more financial security. "I'll have the income that I need to support myself at this stage in my life and to be able to support myself when I no longer am able to work," she says. "I was taught never to give up, no matter what it is, and that's exactly what I'm doing."

Contributing Author: Ramona Schindelheim is the editor-in-chief for WorkingNation, the nonprofit media company reporting on solutions to the employment and career challenges now facing American workers.

3 Ways to Have Better Work/Life Balance in 2022

Are you ready to take control of your work/life balance in 2022? I ask because, despite the dramatic rise in working from home during the pandemic, many employees and self-employed people report feeling more stressed than ever.

Workplace consultant Lindsay Pollak writes that she's "hearing from employees and leaders at all levels across all industries about how they're experiencing higher burnout, anxiety and depression, as well as how employers are receiving more and more requests from employees for mental health breaks." Pollak thinks mental health in the workplace will be the HR headline for 2022.

And in a recent McKinsey & Co. look at trends for 2022, one CEO said "Prioritizing work-life balance across all industries including those that have typically been hostile or predatory to their workforce will impact the economy in fundamental ways."

Yet for some, the pandemic has improved their work/life balance. A recent survey of 1,010 U.S. employees from the invoicing company Skynova found that a whopping 83% of people believe they currently have a positive work/life balance.

"We were surprised to learn that this percentage is as high as it is," said Jennifer Graham, a web developer at Skynova. "But many companies have implemented new policies to help combat resignations and employee turnover. These new incentives have contributed to the work-life balance we see in our study."

Reason for Optimism

Clearly, work/life balance during the pandemic has varied widely, depending upon the job, personal circumstances and a host of other factors. To quote Charles Dickens, "It was the best of times, it was the worst of times."

Yet despite the ongoing challenges, as a coach who specializes in helping people with second-act careers and reinvention, I think there's reason for optimism moving forward.

More companies have embraced flexibility due to the pandemic. And with employers desperate to fill job vacancies and retain workers — a record 4.4 million Americans quit their jobs in September — you'll likely have stronger negotiating power for better work/life balance than you've had in quite some time.

3 Steps to Improve Work/Life Balance in 2022

So, whether you're looking to switch jobs or make your current position or entrepreneurial endeavor less stressful, here are three steps to help improve your work/life balance next year:

1. Define your work/life priorities. While you'll never achieve the perfect balance, the first 1. Define your work/life priorities. While you'll never achieve the perfect balance, the first step is to get clear about your list of wants and needs. This list will differ for everyone, so make sure it reflects your priorities.

Typically, there's a range of components that influence work/life balance. Among the factors referenced in the Skynova study: securing a flexible schedule, having more time for family and hobbies, not having to work overtime, being able to take breaks during the workday and having the ability to take sufficient vacation time without being made to feel guilty for taking it.

For Some, Work/Life Balance Is a Fantasy

Of course, for many low-level and essential workers who labor
One recent afternoon, Kelly Rohan, a professor at the University of Vermont, looked out her office window and spotted a tree half full of brilliant orange-colored leaves. To Rohan, the tree was lovely, but she knew some people might see it differently — as a harbinger of "gloom and gloom."

Before moving on, explore ways to improve your current situation. Given the hot job market, it's understandable if you're ready to go find a new job or launch a business. But first, you might want to try improving your current situation.

And here, you may be in the driver's seat. Right now, many employers are looking for ways to retain their staff. A recent LinkedIn study found that the U.S. job promotion rate is on the rise, trending 9% higher than the same period last year. You also might be surprised by other benefits your employer might offer if you ask about better work/life balance. One new study from the human resources trade group SHRM found that 42% of organizations it surveyed have implemented new or additional remote work or flexibility options to reduce turnover.

So, think about which components of your job you'd like to see changed and go have a talk with your manager. Then, if your employer refuses to budge, 2022 just might be your moment to jump on the Great Resignation bandwagon. 

Contributing Author: Nancy Collamer, M.S., is a semi-retirement coach, speaker and author of Second-Act Careers: 50+ Ways to Profit from Your Passions During Semi-Retirement.
Rohan, a psychologist, treats and studies people with seasonal affective disorder, or SAD, a form of depression that returns year after year at the same time. The most common type peaks in winter, but it often starts in the fall as days get noticeably darker and shorter. People who are full of energy and high spirits during the summer start to feel sleepy and sluggish. Many crave sweets and starches. They gain weight. Some become deeply sad and withdrawn and don’t recover until spring.

But right now — before the symptoms of SAD and milder forms of “winter blues” reach their peak — is the best time for susceptible people to take steps to head off a more serious slump, experts say.

"As the days get shorter, and all you want to do is to pull the covers over your head, don’t," says Norman Rosenthal, M.D., a clinical professor of psychiatry at Georgetown University School of Medicine. He speaks from experience: Rosenthal suffers from winter blues himself.

Staying engaged in the world, even when it means putting on snow boots, can help ward off winter sadness, Rosenthal, Rohan and other experts agree. Treatment also can include medication, talk therapy and the very thing in decline right now — bright light.

Left untreated, SAD can be as serious as any other form of depression, Rosenthal says: “People can feel suicidal, people can lose jobs, and they can lose relationships.”

Understanding SAD

Morgana Rae, a life and business coach who lives in Los Angeles, says she does not have the most severe form of SAD, but has a milder version: “I get droopy as the light goes down. During winter, my thinking is not as sharp as it is in the summer. I don’t have as much energy.” And when clouds cover the California sun for too many days, she says, “I literally feel sad.”

While Rae, 54, says she’s never sought medical help for her symptoms, she is looking for answers.

So are many others. Overall rates of SAD in the United States range from about 1 to 5 percent, depending on study methods, Rohan says. But, she notes, the problem is not evenly distributed: Residents in northern areas like Alaska and New England, where winter days are particularly short, appear more likely to report symptoms of SAD (Fairbanks, Alaska, sees just three hours and 42 minutes of daylight on the winter solstice.) Women, especially those in reproductive years, are most likely to experience SAD, but anyone can be affected, says Dan Oren, M.D., an associate professor of psychiatry at Yale University. It’s possible, he says, that fewer older adults report SAD symptoms because the most vulnerable have learned to cope — sometimes by moving to sunnier locales during winter or year-round.

A lack of light exposure is the biggest risk factor, Rohan says. A leading theory is that on darker mornings, some people’s brains don’t get the signal that day has begun, which throws their biological clocks out of sync. These people wake up groggy and stay that way, partly because their bodies are still producing the sleep hormone melatonin, Rohan says. Weak daytime sunlight and early sunsets just make things worse. Lethargy and, eventually, depression, can deepen as the dark days persist.

SAD may partly result from a mismatch between our natural tendency to slow down in winter — just like other animals — and the modern expectation that we stay productive year-round, Oren says. Both biological and psychological factors are clearly at work, he adds.

Treatments

Rosenthal, who grew up closer to the equator, in South Africa, says he first experienced winter gloom when he moved to New York in the mid-1970s. Now 71, he says he’s used what he’s learned since then to keep his symptoms in check. For him, that includes plenty of exercise and light — indoors and outdoors — and to stay as engaged in the world as possible. He also meditates to relieve stress.

Treatments for SAD can include:

• Light therapy. Rosenthal led a team of researchers who first identified SAD in the 1980s. One early discovery was that the out-of-sync body clocks could be reset by daily exposure to bright, artificial light. Light therapy remains a mainstay of treatment today.

Patients with SAD typically are asked to sit in front of a light-emitting box for at least 30 minutes first thing in the morning. Some people also benefit from a session around sunset, Rohan says. There’s no “one-size-fits-all” regimen, she says.
**Medication.** SAD also can be treated with antidepressant medications. In some studies, they work better than placebos to combat symptoms. Some people work with their doctors to taper on and off the pills, rather than take them year-round, Rohan says.

**Talk therapy.** Rohan is studying a different approach, a form of talk therapy called cognitive behavioral therapy, or CBT, that addresses unproductive thoughts and behaviors. Rohan has compared light therapy and CBT, and she found that each treatment works in about half of sufferers — but that CBT seems better at preventing relapses from year to year.

In CBT sessions, patients talk about winter “in very bleak terms,” Rohan says. Therapists urge patients to question those views and to stay social and active during the season. “Usually, these folks will admit that they disengage and stop answering the phone,” she adds.

**Lifestyle Changes**

Rae, the California woman with seasonal blues, says she bought a light box last year but hasn’t tried it yet. She says she does plan to get out more this winter for early-morning walks in the sun and for evening swing dancing classes with her husband. If pandemic restrictions ease, she may take a trip to Uruguay, where it will be summer.

Rosenthal says sunny travel can be a great mood booster. “People can come back from the sunny spot feeling exuberant,” he says. But that boost may not last. Once you put away your swimsuit, he says, “you really have to get back to your regimen and do everything that you do to keep well.”

**What to Know About Light Therapy and SAD?**

Doctors say it’s best to get medical advice before self-treatment with light therapy, especially if you have severe symptoms such as suicidal thoughts. And no one with past or current eye disease or a history of mania should use light devices without medical supervision.

While prices of boxes sold online can range from less than $50 to more than $1,000, those that meet the standards used in studies can be found for “about $200 or less,” says Yale SAD researcher Dan Oren. Oren is an unpaid board member at the nonprofit Center for Environmental Therapeutics, which sells and recommends some light boxes.

Here are some guidelines when considering a purchase:

- Use a device that provides 10,000 lux of light at a comfortable sitting distance. Some boxes sold as 10,000 lux deliver that much illumination only if your face is within a few inches of the screen.

- The device should filter out ultraviolet rays. You don’t want a tanning lamp.

- Don’t stare directly at the light. A light that can be positioned downward will minimize glare.

The Center for Environmental Therapeutics offers more information at www.cet.org.

*Kim Painter is a contributing writer who specializes in health and psychology. She frequently writes for AARP’s Staying Sharp and previously worked as a health reporter and columnist at USA Today.*
Local agencies can provide in-home safety assessments, Markwood says. But she acknowledges the accommodations are often not easy.

"The first thing people think of is, *This is going to look like a hospital, and I don't want my house to look bad,*" she says. "There are things you can do that blend in with that decor and make house a home."

**Simple Steps to Prevent Falls**

Falls are a major health hazard for older Americans, causing millions of injuries and 32,000 deaths a year, according to the U.S. Centers for Disease Control and Prevention. Some simple, inexpensive adjustments can go a long way toward reducing risk, says Bryan Oden, a longtime physical therapist and the cofounder of BubbleCare, a Texas-based company that helps families find caregiver assistance.

For example, Oden says that when he would do home safety evaluations for his company, about half the homes he visited had a pet. To prevent tripping, he recommends having a secure area for the pet as the older resident moves around.

"It's a huge fall risk," he says. "At no point in time have I ever said, 'You need to get rid of your animal.' But at the same time, you need to keep them away."

Another area of concern is a change in floor surfaces from tile to wood or carpet, which creates potential dangers at doorways.

"A great recommendation is putting orange tape to help alert you," Oden says.

Additionally, throw rugs are a hazard, especially for people on walkers, as equipment can clear the front but get caught up in the back. Electrical cords are another danger, he says.

For additional lighting, he recommends plug-in sensor lights. With age come increased chances of cataracts and increased problems seeing well under low light levels.

Keep in mind that what might look to you like minor steps to age-proof a home may strike your parents "as something bigger, like losing independence," Oden says. "It could be very upsetting and a major obstacle for change. Have empathy, understanding and compassion."

**Older Houses Present Challenges**

For an online glimpse at assorted modifications, visit The Lifetime Home, an interactive resource created by the Fall Prevention Center of Excellence at the University of Southern California Leonard Davis School of Gerontology. It provides a room-by-room set of potential hazards as well as fixes. Those who aim for more extensive and expensive remodeling can seek out a contractor designated by the National Association of Home Builders as a certified aging-in-place specialist (CAPS).

The industry group created the CAPS program to give homeowners some assurance that they are hiring a builder with knowledge about the challenges older clients can face. The aim is to reduce the risk that someone inexperienced with the needs of an older adult could create a harmful situation — grab bars improperly installed, for example.

More than 9,000 people have been certified as CAPS, and training is offered at 30 to 40 locations each year around the country and in Canada. But Dan Bawden, who helped found the program and trains peers for the certification, says that number represents a tiny fraction of the country’s contractors and remodelers.

"Having homes that are unfriendly to seniors as they get older is nothing new," says Bawden, the owner and president of Legal Eagle Contractors, a custom building and remodeling firm based in Bellaire, Texas. "In really older houses, doors are almost always too skinny." Modification costs range from basics, such as $500 for adding grab bars, to $2,800 to widen a doorway. To truly modify a 2,000-square-foot house not built for accessibility can be a $100,000 to $150,000 project if it includes installing additional lighting, building ramps to get inside from outdoors, widening doorways, remodeling floors without bumps and threshold changes, and redoing at least one bathroom and the kitchen, Bawden says.
Some Financial Assistance Available

Local or state programs can provide financial assistance for retrofits such as grab bars, Bawden says. In some cases, funds may be available for a change a doctor prescribes as medically necessary.

As a general rule, traditional Medicare doesn’t cover most retrofits. But your loved ones may fare better financially if they’re enrolled in some types of Medicare Advantage plans. Medicare allows these plans to pay for shower grips and other safety devices designed to prevent falls and for accessibility improvements to a member’s home, such as permanent ramps or wider hallways and doors to accommodate wheelchairs.

Low-interest loans for home improvements are options. If your family’s income is low, you live in a rural area and the home being modified belongs to someone age 62 or older, the renovations may qualify for the federal Rural Housing Repair Loans and Grants program from the U.S. Department of Agriculture.

Your state or local government also might have a loan or grant program to help seniors stay in their homes. Habitat for Humanity offers a Home Preservation program for low-income families. The national program targets exterior repairs, but some affiliates also will help with accessibility.

Also check with social service agencies that lend equipment such as wheelchairs or ramps.

Editor’s note: This article, originally published Nov. 28, 2019, has been updated with more recent information on the 65-plus population, fall risks, the CAPS program and home-modification costs.

How to Get the COVID Vaccine and Booster to Homebound Older Adults

Key Takeaways

- The COVID vaccine and booster shot is recommended for older adults to provide maximum protection against the virus.
- People with Medicare Part B pay nothing for the COVID-19 vaccine and booster shot.
- Homebound seniors can arrange with Medicare to receive the COVID vaccine and booster shot in their homes.

The COVID-19 vaccine has proven to be highly effective in reducing the risk of severe disease, hospitalization, and death, and health officials have recommended older adults receive a booster shot to provide additional protection, especially as new variants emerge.

Medicare covers many preventive services, often at no cost to beneficiaries. This includes several vaccines and immunizations for the flu, pneumonia, hepatitis B, and COVID-19.

Keep reading to get answers to common questions you and your older clients may have about this recommendation, and where to find a COVID booster appointment in your community.

Does Medicare cover the COVID-19 booster shot?
Yes, Original Medicare Part B covers COVID-19 vaccines, including the booster shot, regardless of whether someone has Original Medicare or a Medicare Advantage plan.

How much does the COVID booster cost?
People with Medicare should owe nothing for the shot(s). The Medicare Part B deductible does not apply, and there is no copayment, and the provider cannot charge an administration fee for the booster.

Which booster shot should older adults get?
The CDC has said that it is fine for people to “mix and match” the specific vaccine type they first received with the booster. So someone who received the Pfizer series for their first two shots can get the Moderna or Johnson & Johnson as their booster.

Or they may prefer to stay with the same vaccine manufacturer for all shots. If you or your client are unsure which vaccine to get as a booster, check with their primary care physician or pharmacist.
How can I help clients set up an appointment for a booster shot?

Many health providers, pharmacies, and local health departments have COVID-19 boosters available. Visit www.vaccines.gov to search for a specific vaccine and location near you; appointments are typically available up to two weeks in advance. Be sure to remind your clients to bring their COVID-19 vaccination card and Medicare card to the appointment.

How can I help older adults get transportation to their appointment?

NCOA has teamed up with Lyft again to provide a ride redemption code (the code to use is NCOABOOSTER) for older adults to get a ride to and from their COVID-19 vaccine (and now booster) appointment. There’s still time until the end of 2021 to take advantage of this offer.

For more information, visit: https://www.ncoa.org/article/how-to-get-the-covid-vaccine-and-booster-to-homebound-older-adults

NCBA Supportive Services

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 covided@ncba-aging.org.
If the COVID-19 crisis has already had an impact on your finances, and you are worried about covering your bills or monthly payments, one of the best things to do now is to reach out and ask for help.

**COVID-19 Financial Resources**

*Do you have questions? Do you need help or advice? These nonprofit and government organizations offer answers and help.*

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### UNEMPLOYMENT

**National Employment Law Project (NELP)** [help.org](http://help.org)

**US Department of Labor Employment Rights** [DOL.gov/coronavirus/unemployment-insurance](http://DOL.gov/coronavirus/unemployment-insurance)

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### RENTERS & HOMEOWNERS

**Consumer Financial Protection Bureau (CFPB)** [cfpb.gov](http://cfpb.gov)

**National Community Reinvestment Coalition (NCRC)** [202-628-8866 ncrc.org](http://202-628-8866 ncrc.org)

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### OLDER AMERICANS

**Administration on Aging** [ACL.gov](http://ACL.gov)

**National Center on Law and Elder Rights** [ncler acl.gov](http://ncler acl.gov)

**National Resource Center on Women and Retirement** [wisewomen.org/national-resource-center-on-women-and-retirement](http://wisewomen.org/national-resource-center-on-women-and-retirement)

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### RETIREMENT PLANS

**Retirement Clearinghouse Cashout Calculator**

Provides a better understanding of how much cashing out your retirement savings can cost you. [rch1.com/individuals/cash-out-calculator](http://rch1.com/individuals/cash-out-calculator)

**Alliance for Lifetime Income**

The RISE Score™ is a calculator that gives a retirement credit-like score. [allianceforlifetimeincome.org](http://allianceforlifetimeincome.org)

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**FINANCIAL & DEBT COUNSELING**

**Operation Hope**

1-888-388 HOPE (4673) or register for virtual financial recovery coaching at [operationhope.org](http://operationhope.org)

**Consumer Financial Protection Bureau (CFPB)**

1-855-411-2372 [cfpb.gov](http://cfpb.gov)

**Society for Financial Education & Professional Development, Inc.**

703-920-3807 [sfepd.org](http://sfepd.org)

**UNIDOS – US** (formerly La Raza)

202-785-1670 [unidosus.org](http://unidosus.org)

**National Foundation for Credit Counseling**

1-800-388-2227 [nfcc.org](http://nfcc.org)
HOW TO STAY SAFE DURING A PANDEMIC

HOW TO PROTECT YOURSELF AND OTHERS

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

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

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

TRAVELING THIS YEAR?
- Get tested with a viral test 1-3 days before you travel.
- Get vaccinated before you travel. Wait at least 2 weeks after getting your second vaccine dose to travel.
- Wear a face mask in indoor and outdoor public spaces.
- Limit contact with frequently touched surfaces, such as handrails, elevator buttons and kiosks.
- Instead of handing boarding passes to TSA officers, you should place them on scanner and then show them for inspection.
- Items such as keys, wallets and phones should be placed in your carry-on bag instead of used bins. (This reduces the handling of items)
- When getting gas, disinfectant the gas handles and buttons before you touch them.

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

ACTIVITIES BY RISK

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

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

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

DID YOU KNOW?
- Cold weather can not kill Covid-19.
- Did you know? Fully vaccinated persons are less likely than unvaccinated persons to acquire the Delta variant.
- None of the authorized COVID-19 vaccines in the United States contain the live virus that causes COVID-19.
- Covid-19 can survive on human skin for up to 9 hours. (Regularly washing your hands can help stop the spread of the virus.)
- Vaccines (Pfizer-BioNTech and Moderna) reduce your risk of severe illness, hospitalization, and death from COVID-19.
- No drink, hot or cold, will protect you from COVID-19/Delta variant or cure the illness.

This project was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $217,759 with 75 percentage funded by ACL/HHS and $72,915 amount and 25 percentage funded by non-governmental source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor are an endorsement by ACL/HHS, or the U.S. Government.
Dear NCBA staff:

As 2021 draws to a close, I want to take the opportunity to look back on a year that turned out much differently than anyone could have imagined. While this year was certainly challenging, it also showed how strong we are as an organization – even in the toughest of times.

2021 showed me how fortunate I am to work with a team that refuses to give anything less than 110%. You can take pride in the fact that when the pandemic brought the world to a halt almost three years ago, your efforts continue to help older adults nationwide to stay connected to the programs and services they depend on to live and thrive.

This year, we had to close a few of our regional offices because of COVID-19, but overall, and thankfully, no one required long-term hospitalization or worse. With the Delta and Omicron variants looming and cases on the rise again, please continue to practice all safety measures in and outside the office.

As you know, the COVID-19 vaccine has proven to be highly effective in reducing the risk of severe disease, hospitalization, and death. Health officials have recommended everyone whose eligible receive a booster shot to provide additional protection. To get your COVID-19 booster, schedule an appointment with your healthcare provider, neighborhood pharmacy, or local health department.

Remember, EVERYONE in the United States is eligible to receive a COVID-19 vaccine and booster.

Finally, I would like to wish you and loved ones, good health, peace, and prosperity.

Happy Holidays,

Karyne Jones
Karyne Jones
NCBA, President and Chief Executive Officer

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!