September is National Senior Center Month—your opportunity to promote a positive image of aging, highlight how your center improves the lives of older adults, show your center’s importance in the community, and create interest in prospective new participants and collaborative partners. NCOA is committed to bringing more senior centers into the conversation to enable us to learn from one another, tell our stories, and raise our voices in advocacy efforts that frequently overlook us.

Senior centers provide countless hours of support and encouragement to older adults and have become integral to health care delivery in our communities by providing COVID-19 guidance, vaccine education, and vaccinations to their participants. And they've played a role in addressing an issue that we all knew was important even before the pandemic: social isolation.

The 10,000 senior centers in communities and neighborhoods across the country provide access to information, opportunities, and support to improve the lives of people in their communities as they age.

Senior centers have evolved since their beginning in the 1940s, through their inclusion in the Older American's Act in 1973, and up to today. But the mission has remained: to be the local, trusted place in the community that connects people to the programs, services, and opportunities they need to age well. Senior centers work with community partners to provide access to health, economic security, social engagement, purpose, creativity, mobility, nutrition—all in a social and fun environment.

For more information, visit: https://www.ncoa.org/page/national-senior-center-month
Elections Guide for Older Adults: How to Stay Safe While Voting

The 2022 elections are fast approaching. Although it’s not a presidential election year, it’s still important that you make your voice heard. All seats in the U.S. House of Representatives are up for election this November. Voters will also choose 34 U.S. senators, 36 governors, and many other elected officials in 2022.

Luckily, we are in a different place with COVID than we were during the 2020 elections; but it’s still important to consider how you can vote safely this year.

The website HealthyVoting.org includes state-by-state guides created by public health and elections experts. The guides will keep you updated through Election Day as deadlines come and go for mail, early, and Election Day voting. The site also is available in Spanish.

Here are some things to think about as you make your voting plans.

**Voting by mail**

The majority of Americans can request a ballot to vote by mail for any reason. From a public health perspective, voting absentee or by mail is a straightforward way to avoid contracting or spreading COVID-19. While you still might need to visit a ballot drop box or voting center to deliver your ballot, mail voting minimizes contact with other people and helps election administrators reduce crowding at voting sites. Visit Can I Vote to find the rules for requesting a ballot by mail in your state.

**Voting in-person at the polls**

Many voters still prefer to cast their ballots in person, rely on language assistance, or need in-person voting assistance because of a disability. Early in-person voting and voting in-person on Election Day will remain popular options this year. Early voting is usually less crowded. As with mail voting, if more people vote early, we can help reduce crowds on Election Day, which can protect other voters and election workers.

COVID-19 precautions for in-person voting

Voters should follow instructions from their local health departments when heading out to drop off their ballot or check in at a polling location. Also, remember to follow the best practices public health officials have identified as ways to help reduce the spread of COVID-19: practice physical distancing, wash hands with soap or use hand sanitizer; and wear a mask, if recommended.

For more information visit: https://www.ncoa.org/article/elections-guide-for-older-adults-how-to-stay-safe-while-voting

The Inflation Reduction Act – How it Helps You!

President Joe Biden signed the Inflation Reduction Act of 2022 into law on Aug. 16.

The bill is a major accomplishment for Democrats who have been struggling for months to pass Biden’s ambitious social and climate policies, as well as his vision to raise taxes on the rich. The legislation includes large investments in making health care and prescription drugs more affordable, fighting climate change and taxing wealthy corporations.

After the bill is signed into law, Americans can expect to see the continuation of Affordable Care Act premium subsidies that lower the cost of health insurance from now until 2024 (they were due to expire at the end of 2022). But savings from other provisions in the bill won’t kick in until the future. For example, efforts to lower drug prices, including caps on their costs for seniors, won’t take effect until 2025.

While its name claims it will tame soaring inflation, estimates show that the bill likely won’t do much to pull down the inflation rate. But it remains a significant piece of legislation that accomplishes some initiatives that have been mired in congressional debate for decades.
**What’s in the Inflation Reduction Act**

The Inflation Reduction Act is a slimmed-down version of the Build Back Better bill, which aimed to make historic investments in the nation’s social safety net. The new bill makes the largest investment in combating climate change in U.S. history, lowers the cost of prescription drugs and raises taxes on corporations.

**Here are the big provisions:**

- Creation of a 15% corporate minimum tax rate: Corporations with at least $1 billion in income will have a new tax rate of 15%. Taxes on individuals and households won’t be increased. Stock buybacks by corporations will face a 1% excise tax.

- Prescription drug price reform: One of the most significant provisions of the Inflation Reduction Act will allow Medicare to negotiate the price of certain prescription drugs, bringing down the price beneficiaries will pay for their medications. Medicare recipients will have a $2,000 cap on annual out-of-pocket prescription drug costs, starting in 2025.

- IRS tax enforcement: The IRS has been sounding the alarm for years about being underfunded and being unable to deliver on its duties. The bill invests $80 billion in the nation’s tax agency over the next 10 years.

- Affordable Care Act (ACA) subsidy extension: Currently, medical insurance premiums under the ACA are subsidized by the federal government to lower premiums. These subsidies, which were scheduled to expire at the end of this year, will be extended through 2025. Approximately 3 million Americans could lose their health insurance if these subsidies weren’t extended, according to the U.S. Department of Health and Human Services.

- Energy security and climate change investments: The bill includes numerous investments in climate protection, including tax credits for households to offset energy costs, investments in clean energy production and tax credits aimed at reducing carbon emissions.

The bill passed with all 50 Democratic votes in the Senate on Aug. 7. Democrats were able to secure two key votes, from Senators Joe Manchin (D-W.Va) and Kyrsten Sinema (D-AZ), after the pair opposed earlier versions of the bill. Sinema, the last party holdout, expressed support for the bill after the carried-interest loophole provision was dropped.

The bill was passed in the Senate without Republican support under the reconciliation process. The House passed the bill 220-207 on Aug. 12.

**Study Shows Bill Will Likely Have No Impact on Inflation**

In a statement released after the Senate’s passage of the bill, Biden asserted that the legislation would bring inflation relief to Americans. But one early study shows that in reality, the Inflation Reduction Act likely won’t reduce prices at all. According to the Penn Wharton Budget Model (PWBM), there’s low confidence the legislation will have any impact on inflation. PWBM is a nonpartisan, research-based organization at the University of Pennsylvania that creates economic analysis of public policy’s fiscal impact.

According to the Congressional Budget Office (CBO), a federal agency that provides budget and economic information to Congress, the bill will barely make a dent on inflation in the near term—and could even nudge it upward. The CBO estimates it will have a “negligible effect on inflation” in 2022, and in 2023 it will change inflation somewhere between 0.1 percentage point lower and 0.1 percentage point higher than it is currently.

Even if it won’t move the needle on inflation, the CBO also estimates the bill will decrease the deficit by more than $100 billion over the next decade. The federal government ran a deficit of $2.8 trillion in 2021, according to the Bipartisan Policy Center; the bill’s estimated deficit reduction will wipe out about 4% of that.

Though the bill may fall short of bringing immediate price relief to consumers, it’s monumental in other ways. According to The Wilderness Society, a nonprofit land conservation organization established in 1935, the Inflation Reduction Act is described as a "breakthrough" on climate policy.

**Contributing Author: Kelly Anne Smith, Forbes Advisor Staff**
Lowering Health Insurance Premiums and Expanding Coverage: Almost 3.9 million Black people were uninsured in 2019 before President Biden took office and over 570,000 Black people fell into the Medicaid “coverage gap” and were locked out of coverage because their state refused to expand Medicaid. Since President Biden took office, the uninsured rate has reached a new historic law: 8% and 5.2 million of Americans have gained health insurance coverage.

The Inflation Reduction Act continues the American Rescue Plan’s more generous Affordable Care Act premium tax credits.

- The Inflation Reduction Act locks in lower monthly premiums — more than three quarters of uninsured Black Americans had access to a plan with a monthly premium of $50 or less and about two thirds could find a plan for $0-premium plan in 2021.

- By continuing the improvements made through ARP, the Inflation Reduction Act will help keep free or low-cost health insurance available. Over half a million more Black Americans will have health insurance coverage next year, compared to without the IRA.

COMBAT CLIMATE CHANGE AND LOWER ENERGY COSTS

The Inflation Reduction Act takes the most aggressive action on climate and clean energy in American history. The legislation will bring down energy costs for Black families and create thousands of good jobs, all while reducing climate pollution and ensuring that we have a clean, secure future energy supply.

It will:

Make Home Efficiency Upgrades More Affordable: The Inflation Reduction Act will make it more affordable for families to purchase energy efficient and electric appliances when they need to replace everyday home appliances and equipment. And, these appliances will save families money on their utility bills in the long run.

- When families need to replace air conditioners, water heaters, or furnaces, they can save up to 30% with tax credits for efficient heating and cooling equipment that will save them hundreds of dollars on utility bills.

- Households can save up to 30% with tax credits for home construction projects on windows, doors, insulation, or other weatherization measures that prevent energy from escaping homes.
• If families need to replace or upgrade stoves, ovens, or other home appliances, they can receive direct rebates when buying more energy efficient and electric appliances that can lower future utility bill by at least $350 per year.

• Families in affordable housing units will benefit from resources to support projects that boost efficiency, improve indoor air quality, make clean energy or electrification upgrades, or strengthen their climate resilience.

• Overall, families that take advantage of clean energy tax credits can save more than $1,000 per year.

**Create Economic Opportunities and Jobs**: The Inflation Reduction Act creates economic opportunities and jobs that will reach all Americans as it:

• Spurs solar project development in environmental justice communities by providing a 20% bonus credit for solar projects on federally subsidized affordable housing projects and a 10% bonus credit for solar projects in low-income communities.

• Creates a new Clean Energy and Sustainability Accelerator that will seed state and local clean energy financing institutions, support the deployment of distributed zero-emission technologies like heat-pumps, community solar and EV charging, while prioritizing over 50% of its investments in disadvantaged communities.

• Expands clean energy tax credits for wind, solar, nuclear, clean hydrogen, clean fuels and carbon capture include bonus credit for businesses that pay workers a prevailing wage and hire using registered apprenticeship programs – so that the clean energy we use create good paying jobs.

**Protect Public Health**: The Inflation Reduction Act recognizes that climate change disproportionately impacts low-income communities and communities of color. The law:

• Creates Environmental Justice Block Grants, a dedicated program to tackle pollution in port communities – where air pollution is especially dense and deadly.

• Funds a range of programs to reduce air pollution, including for fenceline monitoring and screening near industrial facilities, air quality sensors in disadvantaged communities, new and upgraded multipollutant monitoring sites, and monitoring and mitigation of methane and wood heater emissions.
**Strengthen Resilience to Climate Change:** The Inflation Reduction Act bolsters climate resilience and strengthens the Nation’s infrastructure and economy against natural disaster and extreme weather events by:

- Upgrading affordable housing to reinforce homes against climate impacts and increase water and energy efficiency.
- Expanding USDA’s Urban and Community Forestry Program with tree-planting projects that help cool neighborhoods, with a priority for projects that benefit underserved communities.
- Advancing transportation equity and resilience with a new Neighborhood Access and Equity Grant program to improve walkability, safety, and affordability, including projects to protect against extreme heat, flooding, and other impacts.

**Lower Costs for Small Businesses:** The Inflation Reduction Act includes a number of provisions that will save small business owners money.

- Small businesses can receive a tax credit that covers 30% of the cost of switching over to low-cost solar power – lowering operating costs and protecting against the volatile energy prices that are currently squeezing small businesses.
- Small businesses can deduct up to $1.00 per square foot of their business for making high energy efficiency upgrades. The per square foot deduction is boosted if the efficiency upgrades are completed by workers who are paid a prevailing wage – helping businesses save money and provide good paying jobs.

**MAKE THE TAX CODE FAIRER**

President Trump and Congressional Republicans’ 2017 tax law only made an unfair tax system worse. The Inflation Reduction Act of 2022 is a critical step forward in making our tax code fairer. It will raise revenue by:

- Ensuring that high-income people and large corporations pay the taxes they already owe.
- Cracking down on large, profitable corporations that currently get away with paying no federal income tax.
- Imposing a 1% surcharge on corporate stock buybacks that will encourage businesses to invest.

The legislation’s tax reforms won’t just raise revenue to finance critically needed investments to lower costs and combat climate change, they are also an important component of building an economy that rewards work rather than wealth and doesn’t let the rich and powerful get away with playing by a separate set of rules.

Millions of working families will have better access to the benefits they are entitled to under the tax code and be able to get their questions answered quickly and efficiently, thanks to the Act’s transformational investments in the Internal Revenue Service.

And no family making less than $400,000 per year will see their taxes go up by a single cent.

For more information, visit: https://www.whitehouse.gov/briefing-room/statements-releases/2022/08/16/fact-sheet-how-the-inflation-reduction-act-helps-black-communities/

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**Big Changes Coming to Medicare Part D Plans**

For the first time in Medicare’s history, the amount of money that beneficiaries in drug plans will have to pay for their prescriptions each year will be capped, thanks to provisions of the Inflation Reduction Act of 2022. The new law makes other changes to the program’s Part D drug benefits, including putting a limit on out-of-pocket payments for insulin and making vital vaccines free.

“There was previously no limit on how much a person on Part D could have to pay in a given year,” says Nancy LeaMond, AARP’s executive vice president and chief advocacy and engagement officer. “And 1.3 million enrollees spent more than $2,000 in 2020.” As with many of the other provisions in the new law, the changes to Part D out-of-pocket spending will roll out over the next several years.
Here’s a look at how the new cost-sharing rules will work and when the savings will start.

**Out-of-pocket costs capped**

The big news for beneficiaries is that beginning in 2025, the maximum amount they will have to pay out of pocket for prescription drugs each year will be $2,000. Here are a few important details.

- This out-of-pocket limit applies if you get your prescription drugs through a stand-alone Part D plan that people enrolled in original Medicare sign up for, or if you access your Medicare through a private Medicare Advantage plan. Most of those MA plans also cover prescription drugs.

- The amount of the cap could change over time. If what Medicare Part D spends on prescription drugs per enrollee increases, that $2,000-a-year cap could also rise.

- If your Part D or MA plan has a prescription drug deductible, that will count toward the cap. So if your deductible is $100, once you've met that, your out-of-pocket costs will be capped once you've spent another $1,900 that year. In 2022 the maximum deductible Medicare allows a Part D plan to charge is $480 a year. Many plans have lower deductibles or even no deductible.

In 2024, the year before the out-of-pocket cap takes effect, Medicare beneficiaries will no longer have any out-of-pocket costs once they enter what Medicare calls catastrophic coverage. The way catastrophic coverage works in 2022 is that once an enrollee’s out-of-pocket costs reach $7,050, they have to pay 5 percent of their prescription drug costs, with no limit. But beginning in 2024, that 5 percent coinsurance requirement will be gone and enrollees won’t have to pay anything for their prescription drugs for the rest of the year.

Another change to the Medicare drug benefit that begins in 2025 is the requirement that Part D plans offer enrollees the option of what is called smoothed cost-sharing. This means you can opt to have your out-of-pocket costs spread out over the year. This is designed to protect people from being hit with such a big drug bill at one time that it may discourage them from filling their prescriptions.

**Premium Increases Limited**

According to the new law, beginning in 2024 and continuing through 2029, Part D premiums cannot increase by more than 6 percent a year. In 2022 the national average Part D premium is $33.37 a month. The amount of these premiums varies widely, depending on where you live and what plan you select.

**Insulin Charges Curbed**

Beginning in 2023, copays for a 30-day supply of any insulin that a Medicare drug plan covers will be capped at $35. Note that Part D plans will be required to adhere to the $35 copay limit even if an enrollee has not met their annual deductible.

The price could be lower if insulin becomes subject to negotiation with drugmakers. Given that, although the monthly maximum copay will be $35 from 2023 to 2025, beginning in 2026 (the first year negotiated prices would take effect), insulin copays will be $35 or 25 percent of the drug’s negotiated price (whichever is less).

**Many vaccines free**

Starting on Jan. 1, 2023, Medicare enrollees won’t have any out-of-pocket costs for vaccines that the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommends for adults.

Medicare Part B, which applies to doctor visits, diagnostic tests and other outpatient services, already fully covers some vaccines, including flu shots, pneumonia vaccines, hepatitis B inoculations and coronavirus vaccines (initial shots as well as boosters).

But other vaccines, most notably the expensive vaccine for shingles, are covered under the Part D prescription drug plans, and many of those plans currently require enrollees to share the cost of those shots. The new law eliminates that cost-sharing.

**Contributing Author: Dena Bunis, AARP Bulletin.**

The U.S. Department of Education (Department) announced a final extension of the pause on student loan repayment, interest, and collections through December 31, 2022.
Borrowers should plan to resume payments in January 2023. While the economy continues to improve, COVID cases remain at an elevated level, and the President has made clear that pandemic-related relief should be phased out responsibly so that people do not suffer unnecessary financial harm.

To address the financial harms of the pandemic by smoothing the transition back to repayment and helping borrowers at highest risk of delinquencies or default once payments resume, the Department will provide targeted student debt cancellation to borrowers with loans held by the Department of Education. Borrowers with annual income during the pandemic of under $125,000 (for individuals) or under $250,000 (for married couples or heads of households) who received a Pell Grant in college will be eligible for up to $20,000 in debt cancellation. Borrowers who met those income standards but did not receive a Pell Grant will be eligible for up to $10,000 in relief.

The Department will be announcing further details on how borrowers can claim this relief in the weeks ahead. The application will be available no later than when the pause on federal student loan repayments terminates at the end of the year. Nearly 8 million borrowers may be eligible to receive relief automatically because relevant income data is already available to the Department. The Department is also making available a legal memorandum regarding its authority for these discharges.

The Department is also proposing a rule to create a new income-driven repayment plan that will substantially reduce future monthly payments for lower- and middle-income borrowers. The proposed rule would protect more income from loan payments. It would cut in half—from 10% to 5% of discretionary income—the amount that borrowers have to pay each month on their undergraduate loans, while borrowers with both undergraduate and graduate loans will pay a weighted average rate. It would also raise the amount of income that is considered nondiscretionary income and therefore protected from repayment.

The rule would also forgive loan balances after 10 years of payments, instead of the current 20 years under many income-driven repayment plans, for borrowers with original loan balances of $12,000 or less. Additionally, the proposed rule would fully cover the borrower’s unpaid monthly interest, so that—unlike with current income-driven repayment plans—a borrower’s loan balance will not grow so long as they are making their required monthly payments. The plan would also simplify borrowers’ choices among loan repayment plans.

The proposed regulations will be published in the coming days on the Federal Register and the public is invited to comment on the draft rule for 30 days. "Earning a college degree or certificate should give every person in America a leg up in securing a bright future. But for too many people, student loan debt has hindered their ability to achieve their dreams—including buying a home, starting a business, or providing for their family. Getting an education should set us free; not strap us down!"

That’s why, since Day One, the Biden-Harris administration has worked to fix broken federal student aid programs and deliver unprecedented relief to borrowers," said U.S. Secretary of Education Miguel Cardona. "Today, we’re delivering targeted relief that will help ensure borrowers are not placed in a worse position financially because of the pandemic and restore trust in a system that should be creating opportunity, not a debt trap."

Additionally, the Department is proposing long-term changes to the Public Service Loan Forgiveness (PSLF) program that will make it easier for borrowers working in public service to gain loan forgiveness. Specifically, the Department proposed allowing more payments to qualify for PSLF including partial, lump sum, and late payments, and allowing certain kinds of deferments and forbearances—such as those for Peace Corps and AmeriCorps service, National Guard duty, and military service—to count toward PSLF. These proposed regulatory changes build on the progress made with the temporary changes announced last year by the Department that expire on October 31, 2022.

Since the start of the temporary changes, the Department has approved more than $10 billion in loan discharges for 175,000 public servants. To apply for forgiveness or payments to count toward forgiveness under the temporary changes, visit the PSLF Help Tool.

The Department is also taking steps to reduce the cost of college for students and their families and hold colleges accountable for raising costs, especially when failing to deliver good outcomes to students. The Department has already re-established the enforcement unit in the Office of Federal Student Aid and recently withdrew authorization for the accreditor that oversaw schools responsible for some of the worst for-profit scandals.

The agency will also propose to reinstate and improve a rule to hold career programs accountable for leaving their graduates with unaffordable debt. And the Department is announcing new steps to take action against colleges that have contributed to the student debt crisis.
These include publishing an annual watch list of the programs with the worst debt levels in the country and requesting institutional improvement plans from colleges with the most concerning debt outcomes that outline how the college intends to bring down debt levels.

The Biden-Harris Administration will keep fighting to reduce the cost of higher education by working to make community college free and doubling the maximum size of the Pell Grant.


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**Women Are Building More Momentum in the Construction Field**

General contractor Sandy DeWeese knows what it’s like to operate in the male-dominated construction sector of what’s known as the "skilled trades." Because of her gender-neutral name, some unsuspecting prospective clients would open the door when she arrived on site and say, ‘Oh, you’re a woman.’

“There was only one time in my career that somebody didn’t give me the job because I was a woman,” recalled DeWeese, who works in the Durham and Orange County area of North Carolina. The prospective client — a woman — “did not feel a woman would actually do what she wanted, which was a bathroom renovation.” So, DeWeese, who’s now in her late 50s and has been a general contractor since 2007, did not get that job.

Fortunately for DeWeese, who’s long had a passion for home improvement, her mother and grandmother always supported her construction-related pursuits. In fact, DeWeese’s grandmother-built furniture for the Bassett furniture company in Virginia.

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**A Shortage of Workers in the Skilled Trades**

The definition of "skilled trades" is fluid, but jobs typically fall into five categories: agriculture, construction, manufacturing/industrial, service (chefs, hairdressers, nursing assistants and others) and transportation.

“There was only one time in my career that somebody didn’t give me the job because I was a woman.” Even before the pandemic and the subsequent labor issues it produced, there’s been a focus on the longstanding shortage of workers in the construction and manufacturing/industrial sectors. According to a 2021 report by the U.S. Chamber of Commerce, “A majority (62%) of contractors report high difficulty finding skilled workers, up from 55% who said the same last quarter (and up 20 points year-over-year).”

For decades, men’s representation in the construction industry has dwarfed that of women because blue-collar work typically isn’t considered something women can do. Without equitable access to the industry, many women never enter the market, even if they are interested in doing so.

In 2021, according to the Bureau of Labor Statistics, women accounted for 8.6% of construction managers. Of those, 16.3% were Hispanic or Latino, 5% were Black and 1.7% were Asian. Just 3.8% of women were first-line supervisors and 4.5% were laborers.

To address the labor shortage, companies across the U.S. have ramped up workforce development programs (some new, others preexisting) to increase the number of workers — including women — in construction and other fields.

And nonprofits, such as Dykes With Drills (DWD) in California, are “focused on teaching, unlike the construction industry, which is focused on doing the job quickly, doing it well, minimizing costs and making a profit,” said founder Julie Peri.
Who can get a Medicare Annual Wellness Visit?

You can get an Annual Wellness Visit if you’ve been receiving Medicare Part B benefits for at least one year (12 months). Also, you must not have had an initial preventive physical exam (“Welcome to Medicare” exam) or a previous Wellness Visit within the past year.

When you call your provider’s office for an appointment, be sure to ask to schedule an “Annual Wellness Visit” by name. This will help ensure that Medicare covers the appointment as a preventive service.

Are Medicare Annual Wellness Visits free?

Medicare Annual Wellness Visits are 100% covered under Medicare Part B. This means that if you have Part B, you pay nothing if you go to a health care professional who accepts Medicare assignment.

Assignment is an agreement by your doctor, provider, or supplier to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance. You won’t have to worry about out-of-pocket costs such as coinsurance and copayments, and the Part B deductible does not apply to this visit.

The Medicare Annual Wellness Visit: What Older Adults Should Know

Key Takeaways

- Introduced in 2011, the Medicare Annual Wellness Visit is a free benefit focused on health promotion and preventive care.

- During your visit, you and your provider will create a personalized prevention plan that can help you avoid injury, illness, and disease.

- The Medicare Annual Wellness Visit is 100% covered by Medicare Part B and can be scheduled once every 12 months.

Making the most of your Medicare coverage means understanding all the benefits and services available to you. One important benefit that many older adults don’t know about is the Medicare Annual Wellness Visit.

What is a Medicare Annual Wellness Visit?

Introduced in 2011 as part of the Affordable Care Act, the Medicare Annual Wellness Visit focuses on health promotion and preventive care. It allows you and your provider to create a personalized prevention plan that can help you stay healthy and avoid injury, illness, and disease. This visit is also an opportunity to address a range of issues that may be affecting your quality of life—such as depression, memory loss, and dementia.
Additionally, if you’re currently taking any prescription opioid medications, your provider will talk to you about the risks involved with taking opioids (including substance use disorder). They’ll evaluate the severity of pain you’re experiencing, review your existing treatment plan, and explain your non-opioid treatment options.

**What is the difference between a Medicare Wellness Visit and a physical?**

The Annual Wellness Visit may be like a routine physical in some ways, but it is not a comprehensive physical exam. This visit does not typically include:

- Physical examination
- Diagnosis of illness
- Lab tests (such as bloodwork and x-rays)
- Treatments for current conditions

While the goal of a physical exam is to identify any health issues, the goal of a Medicare Annual Wellness Visit is to help you maintain your current health and prevent problems down the road. In many cases, this visit doesn’t need to be completed in an exam room.

**Who can perform the Medicare Annual Wellness Visit?**

This visit can be performed by different types of health care professionals who are recognized by Medicare, including:

- Doctor
- Nurse practitioner (NP)
- Physician assistant (PA)
- Clinical nurse specialist
- Registered dietitian
- Health educator

You may want to do your Medicare Wellness Visit with your primary care doctor or other provider in your doctor’s office. They know you best and will be able to monitor any changes in your health over time.

During your Annual Wellness Visit, you’ll also receive a cognitive assessment to check for dementia, memory loss, depression, anxiety, and other conditions. If your provider spots any issues, they will likely recommend a separate visit to perform a more thorough review of your cognitive function.
The rule is expected to lower the cost of hearings aids, furthering the Biden-Harris Administration’s goal of expanding access to high-quality health care and lowering health care costs for the American public. It is designed to assure the safety and effectiveness of OTC hearing aids, while fostering innovation and competition in the hearing aid technology marketplace.

This action follows President Biden’s Executive Order on Promoting Competition in the American Economy, which called for the FDA to take steps to allow hearing aids to be sold over the counter and set a swift 120-day deadline for action, which the FDA met. In 2017, Congress passed bipartisan legislation requiring the FDA to create a category of OTC hearing aids, but it was not fully implemented until now. Consumers could see OTC hearing aids available in traditional retail and drug stores as soon as mid-October when the rule takes effect.

“Reducing health care costs in America has been a priority of mine since Day One and this rule is expected to help us achieve quality, affordable health care access for millions of Americans in need,” said Health and Human Services Secretary Xavier Becerra. “Today’s action by the FDA represents a significant milestone in making hearing aids more cost-effective and accessible.”

Close to 30 million adults in the U.S. could benefit from hearing aid use. Individuals with permanent hearing impairment can use hearing aids to help make speech and sounds louder, improving the ability to communicate effectively with others. Many hearing aids can be expensive. The final rule aims to stimulate competition and facilitate the sale of safe and effective OTC hearing aids in traditional retail stores or online nationwide, providing consumers with perceived mild to moderate hearing loss with improved access to devices that meet their needs and are less expensive than current options.

“Hearing loss is a critical public health issue that affects the ability of millions of Americans to effectively communicate in their daily social interactions,” said FDA Commissioner Robert M. Califf, M.D. “Establishing this new regulatory category will allow people with perceived mild to moderate hearing loss to have convenient access to an array of safe, effective and affordable hearing aids from their neighborhood store or online.”

The OTC category established in this final rule applies to certain air-conduction hearing aids intended for people 18 years of age and older who have perceived mild to moderate hearing impairment. Hearing aids that do not meet the requirements for the OTC category (for example, because they are intended for severe hearing impairment or users younger than age 18) are prescription devices.

**What should I bring to my Medicare Annual Wellness Visit appointment?**

Bring your completed Health Risk Assessment to your visit along with a list of any medications, vitamins, and/or supplements you’re taking (both prescription and over the counter). It’s a good idea to have your immunization records handy if the provider does not already have this information. You should also write down any questions or concerns you have about your medications or your health in general. This visit is a great opportunity to get all your questions answered.

**Does Medicare require a Wellness Visit every year?**

Medicare does not require that you have a Medicare Wellness Visit every year. But it’s important to take advantage of all the Medicare benefits available to you. This free yearly visit is an extra tool in your health care toolbox. It can help you prevent disability, illness, and chronic disease, so you can stay well and live your best life possible. You may want to set a reminder for yourself every year to schedule your Annual Wellness Visit.

Contribution Author: Kathleen Cameron, Senior Director of NCOA’s Center for Healthy Aging AND Ann Kayrish, Senior Program Manager, for Medicare
HealthyWomen and the National Caucus and Center on Black Aging, Inc. (NCBA) are exploring what people know about HIV and aging, including diagnosis, treatment, testing, stigma, and barriers to care. Changes in treatment options are increasing life expectancy for those with HIV. In 2018, over half (51%) of people in the United States with diagnosed HIV were ages 50 and older.

We’ve built this survey to identify any gaps in knowledge to build education resources that help others learn about HIV and the most up-to-date information. Names, email addresses and survey responses will all be kept confidential and not shared publicly.

Take the survey by visiting: https://www.surveymonkey.com/r/hw-ncba-newsletter
How Older Adults Can Get Help Paying for Housing

Key Takeaways

- Housing costs represent the greatest expense and share of household budgets among those age 55+.

- Rental assistance and housing voucher programs are available at the state and local level to help older adults afford rent.

- If you're an older homeowner, you might want to explore tapping your home equity or home sharing as a way to bring in extra income.

Housing costs are the greatest expense and share of household budgets for adults age 55+, according to the Consumer Expenditure Survey. Prior to the COVID-19 pandemic, nearly 10 million older adults were having trouble paying for housing. Today, skyrocketing inflation and rents mean those numbers are likely much higher. Whether you're a homeowner or a renter struggling to afford your housing, there are resources that may help.

The HOPE™ Hotline: 1-888-995-HOPE (4673)

995HOPE offers free renter counseling and education to support people in addressing their housing concerns. Professional, caring counselors will work with you to assess your situation, explain the options or solutions available, and help you create a detailed action plan. You will get referrals to local, statewide, and national resources.

The HOPE Hotline does not directly administer rental assistance programs or offer financial support to renters. The HOPE Hotline is administered by the Homeownership Preservation Foundation and its affiliate, GreenPath, which are trusted, national nonprofits dedicated to guiding consumers onto the path of sustainable homeownership and improving their overall financial health.

Learn more at https://995hope.org/ or call 1-888-995-4673.

Can older adults get public housing and housing vouchers?

Public housing provides eligible low-income families, including older adults and adults with disabilities, a place to call home and ranges from scattered single-family houses to high rise apartments. Housing vouchers (sometimes referred to as Section 8) can help you afford a rental that is not limited to specific housing units.

Find your local housing authority to see if you qualify for public housing or a housing voucher. The U.S. Department of Housing and Urban Development (HUD) also has a search tool you can use to find an apartment or home with reduced rent in your area and landlords who accept Section 8 housing vouchers.

Should you tap into your home equity?

If you're an older homeowner, you may be able to tap into your home equity to afford to keep living in your home. Home equity is the difference between what your home's value is and what you may still owe on a mortgage, if you have one.

A home equity line of credit works like a credit card. You can borrow up to a certain limit for a set period of time, such as 10 to 15 years. During that time, you can withdraw money as needed, and may be able to pay only the interest on the balance. Once the time is up, you must pay back both principal and interest within a repayment period, such as 10 years, making the monthly payments much higher. Costs to set up these loans may be relatively low.

Similarly, a home equity loan lets you take out the money in a lump sum. Then you must pay it back over a set amount of time, with fixed monthly payments that include both principal and interest. Our publication, Use Your Home to Stay At Home, lists some of the pros and cons of taking out a home equity line of credit or home equity loan.

Is a reverse mortgage good for older adults?

If you own your home outright, or have only a small mortgage left, you might consider a reverse mortgage. This is a unique type of loan for homeowners age 62 and older. A reverse mortgage lets you convert a portion of the equity in your home into cash without having to sell your home or make additional monthly payments. But unlike a home equity loan, you don’t have to repay the reverse mortgage loan until you either no longer use the home as your primary residence—or you fail to meet the loan obligations.
A reverse mortgage is not right for everyone. You may want to consider a reverse mortgage if your home is steadily increasing in value, and you plan to live there for many more years. It’s important to note that reverse mortgages are not the best way to get cash in an emergency. You should not consider a reverse mortgage if you:

- Need immediate financial help
- Cannot afford your property taxes or upkeep on your home
- Wish to leave your home to a spouse or heirs

**How can home sharing help older adults afford housing?**

- Home sharing is a way for older adults who own a home to bring in some extra money and for those looking for an affordable place to live to find a roommate.

- If you own a residence with a spare bedroom or unit (such as a basement apartment), you might consider renting it through a home share arrangement.

- If you’re interested in home sharing, you may want to work with a reputable company to make it easier to find a roommate. Companies such as Silvernest and Senior Homeshares provide help with background screening, creating a lease, and matching roommates.

**Find other resources to ease your housing budget**

If you struggle to find affordable housing, you may want to explore other benefits that can free up income that you can put toward rent or mortgage payments. Thousands of public and private programs are available to help low-income older adults pay for home heating and cooling, health care, prescriptions, food, and other expenses.

NCOA’s BenefitsCheckup is a confidential benefits screening tool that can help you see if you qualify for these programs. Just visit BenefitsCheckup.org and enter your ZIP code to get started.

Brandy Bauer, Director, MIPPA Resource Center, National Council on Aging

The Black Male Caregiver Study

The Black Male Caregiver Study, is a research study at George Washington University in Washington, DC is 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. To get involved, see the program flyer on page, 20.

Often times leaning on his best friends Scottie who Mama D mentored and took in as one of her own when he became homeless after his father died. Scottie was able to overcome his troubled past to get his life together under the guidance of Mama D, but will she get to see the man that she always knew he could become or will Alzheimer’s strip that moment away?

From the creators of the award-winning stage play Forget Me Not comes Unforgettable, a story about one family’s journey and how they deal with a disease they know nothing about and are unprepared for the effects of caring for a loved one who seems to be fading in front of their eyes.

After coming to grips with the journey that they must face. Life has a new meaning of truly understanding the importance of paying closer attention to what could have been warning signs and the importance of taking part in clinical trials in an attempt to find cure for a disease that has forced the Davenport’s to live in the moment and make unforgettable moments that they can cherish forever.

Briefing: Key Findings and Opportunities from the Center to Advance Palliative Care (CAPC’s) National Scan on Improving Care for Black Patients

Black people living with a serious illness suffer disproportionately compared to their white counterparts. Literature shows that Black patients experience worse pain and symptom management, less effective communication from providers, and an outsized burden on family caregivers.

Over the last year as part of Project Equity, CAPC conducted a literature review and national scan to answer two questions:

- What goes wrong for Black patients with serious illness, and their families?
- What interventions have successfully addressed disparities, and how can they be replicated?

Join Brynn Bowman, MPA, Brittany Chambers, MPH, Kimberly Johnson, MD, and Diane Meier, MD, for this national briefing as they release the key findings from this initiative and reveal:

- An overview of the existing literature
- An exploration of successful equity-focused models and interventions
- Insights on policies that can reduce racial disparities and improve health outcomes
- Implications for policymakers, health care organizations, palliative care professionals

To register for this event, visit: https://www.capc.org/events/webinars/briefing-key-findings-and-opportunities-from-capcs-national-scan-on-improving-care-for-black-patients/
A virtual education series for Caregivers. For more information, see the program flyer on page 21.

Person-Centered Independent Living Survey

PLEASE PARTICIPATE! This survey on the expectations of nursing home care is a unique opportunity to gain perspective from a wide and diverse group of potential future users of long-term care services (nursing home or assisted living). Please take the survey and let the University of Maine researchers know your thoughts on this important topic so that many voices can be heard. The survey is open to anyone 60 years or over currently living independently.

The Designation of Excellence (DoE) in Person-Centered Long-Term Care project team is looking for your input. The University of Maine Center on Aging and its research partner, The Cedars of Portland, Maine are looking for older persons aged 60 or over currently living independently (not in a nursing home or assisted living community) to complete a brief survey. If you or someone you know fits that description, please take this survey about your expectations and preferences about person-centered care should you or a loved one ever need to live in a long-term care setting.

A better understanding of your concerns and integrating your preferences and priorities into the DoE will ensure its relevance for future users and for long-term care providers engaged in strategic planning. The survey is entirely anonymous and should take you about 15-20 minutes. When you click on the link below, you will first review a project flier and an Informed Consent document that outlines how the project team will use the data it collects from survey respondents. Thank you for your participation!

To complete the survey, visit: https://redcap.umaine.edu/surveys/?s=FK7NMW7E88

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
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 (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA. To learn more about the Senior Employment Environment Program (SEE), visit: https://www.ncba-aged.org/environmental-employment-program-resources

Health & 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/
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.

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.

NCBA social media

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!
BLACK MALES NEEDED FOR RESEARCH STUDY

Dr. Robert W. Turner II is looking for Black men in the DMV area to participate in a study concerning cognitive and physiological health.

YOU MAY BE ELIGIBLE TO PARTICIPATE IF:
- You are caring for a family member or loved one (spouse, sibling, parents, or family friend) struggling with memory loss or Alzheimer’s Disease/Dementia
- You are an adult Black male between the ages of 30-85 from the DC/MD/VA area
- You are a non-caregiver or caregiver
- You agree to participate in the study

ABOUT THE STUDY:
- Consists of questionnaires and surveys about health, sleep, and stress
- Participation takes about 4-6 hours

For more information, call (202) 994-1728 or email rwturnerlab@gwu.edu or visit rwturnerlab.com
As members of your dementia caregiver community, we want you to know that you are not alone. The Alzheimer’s Association, in partnership with the MedStar Montgomery Center for Successful Aging, is offering this series for anyone who is a current caregiver, a family member of someone living with dementia, or those aging solo.

This five-session series will discuss the basics of aging and dementia, offer caregiver tips and techniques, and cover various resources available to caregivers and how to access them. We will also examine the essentials of legal and financial planning and the latest research updates on Alzheimer’s and dementia.

TO REGISTER, PLEASE CLICK ON THE WORD REGISTER BENEATH EACH PROGRAM OR CALL 800.272.3900. COURSE DESCRIPTIONS ARE ON PAGE 2.

WHAT IS NORMAL AGING?
Wednesday, September 14 | 6-7:30 p.m. REGISTER

TRANSFORMATIVE CONVERSATIONS: Compassionate Tips on Challenging Topics
Wednesday, September 21 | 6-7:30 p.m. REGISTER

ESSENTIALS FOR THE FUTURE
Wednesday, September 28 | 6-7:30 p.m. REGISTER

COMMUNICATION STRATEGIES AND RESPONDING TO CHALLENGING BEHAVIORS
Part 1 | Wednesday, October 5 | 6-6:45 p.m. REGISTER
Part 2 | Wednesday, October 5 | 6:45-7:30 p.m. REGISTER

PULLING IT ALL TOGETHER
Wednesday, October 12 | 6-7:30 p.m. REGISTER
Do you care for someone with memory loss?

A free workshop may help you!

The Rural Dementia Caregiver Project seeks to help caregivers of people with memory loss learn new skills and improve their health. It is a research study of the University of California, San Francisco.

If you join the study, you will receive:
- Access to an 6-week online workshop—any time, day or night
- Workbook to keep—on skills and resources for caregivers
- Support from trained staff and other caregivers
- Up to $80 in cash for completing 4 surveys

Am I eligible?
You may be eligible if you:
- Are 18 years of age or older
- Able to access the internet
- Provide care for at least 10 hours per week

By “care” we mean assistance with dressing, meals, transportation, medications, appointments, or similar support.

Check if you are eligible! caregiverproject.ucsf.edu
For other questions call toll free at 1-833-634-0603