

The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)
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How to Stay Safe in Extreme Cold

Freezing temps and icy winds can pose unique risks for older adults

Winter can bring arctic blasts, snowstorms, ice and sleet. And more often these days, areas of the country unaccustomed to that type of severe weather are experiencing just that.

During cold-weather events, many may lose power, and therefore heat, which can lead to medical emergencies such as frostbite and hypothermia.

Older people are especially vulnerable when temperatures drop because they have less efficient circulation. They may have medical conditions (such as thyroid problems or diabetes) and take medications (such as beta-blockers) that can raise their risk of health problems, including injuries, in the cold, says Matthew Levy, D.O., associate professor of emergency medicine at the Johns Hopkins University School of Medicine. "Bone density decreases, which could put someone at risk for injuries from falls, and blood pressure medicine may not allow your heart rate to increase as needed" when shoveling snow.

Medical emergencies caused by cold

Hypothermia. This occurs when one's body temperature, normally around 98.6°F, sinks below 95°F — a medical emergency that can cause cardiac arrest and death, as the cold causes arteries and blood vessels to narrow, which limits the amount of oxygen flowing to the heart. The temperature doesn't need to be below freezing to cause this condition, but just cold enough to lower body heat by a few degrees. Warning signs include shivering, confusion, shallow breathing and drowsiness.

How to treat it: Call an ambulance immediately. While you wait, keep the person warm and dry, using blankets or anything you have on hand. If the person is able to drink, give him or her a warm beverage without alcohol.

Frostbite. As blood flow is focused away from fingers and toes to keep up core body temperature, the extremities suffer — fingers, toes, nose and ears. The skin starts to tingle (an early stage called frostnip), then feel numb, and may look grayish or white. In extreme cases, it can turn black as skin dies. Because frostbite begins with numbness, Factora says, it's a good idea to check your fingers and toes when you are able to do so safely. It can become excruciatingly painful.

How to treat it: Warm water immersion is a standard treatment. If the skin is waxy and pale, however, "you want to avoid partially rewarming and having it refreeze," Levy says. If possible, first get the person where he or she can stay warm. Another issue is a decrease in muscle mass, says Ronan Factora, M.D., a geriatric medicine specialist at the Cleveland Clinic in Ohio. Normal muscle "is what twitches and creates heat when we shiver." Because we have less muscle when we're older, we're less able to generate that vital heat, Factora says.

14 ways to protect yourself in frigid temperatures

1. Pile on the layers. If you have no heat in your home, gather all blankets, coats, sleeping bags — anything that will allow you to maintain your body temperature — and bundle up. If your car is in a garage and you can't open the garage door, don't run the vehicle's heater to get warm or charge devices.

2. Be careful with candles. If possible, use a flashlight as a light source if the power goes out, instead of candles, which are a fire hazard.

3. Keep the weather outside. Do anything you can to maintain the temperature indoors if you don't have a heat source (or even if you do). The National Institute on Aging suggests that you keep blinds and curtains closed and roll towels and place them under doors to keep out drafts. Close the doors to unused rooms and avoid opening doors to the outside unless absolutely necessary.

4. Prevent falls. You can get a range of injuries from falling on slick surfaces even if you have good balance, says Elizabeth Phelan, M.D., professor of gerontology and geriatric medicine and medical director of the Fall Prevention Clinic at Harborview Medical Center in Seattle. "Research out of Nordic countries and the UK shows that there's double to triple the number of emergency room visits and hospitalizations due to falls from ice and snow," Phelan says.

Her tips if you need to go outside when it's icy: Wear slip-resistant footwear; keep your hands free and out of your pockets in case you need to balance or brace yourself; limit the number of items you're carrying so you'll have better balance; and avoid looking at your phone while you're walking.

5. Take care with electric heaters and generators. When using a portable electric heater, follow safety tips from the Consumer Product Safety Commission to avoid fire. They include advice about making sure the device is not damaged in any way (is the cord hot when you plug it in?) and not leaving it unattended. Make sure the heater is at least 3 feet away from curtains or bedding. Never use a gas-powered generator indoors; you can be poisoned by carbon monoxide, a colorless, odorless by-product.

The American Red Cross has tips on [preventing carbon monoxide poisoning](#) by visiting: [redcross-carbon-monoxide-poisoning-factsheet.pdf](#).

6. Avoid alcohol. Alcohol can make you feel warmer, but it actually lowers the body's temperature because it dilates your blood vessels and causes blood to flow from your core to your extremities. Too much alcohol will impair your judgment — not something you want in a weather emergency.

7. Don't drink melted snow. If you don't have water, try to avoid drinking melted snow, which can be full of impurities. "I would advise against drinking it unless there's truly no other option," Levy says. (It's less risky if you boil it before drinking.)

8. Dress right. Multiple thin layers can insulate you better than one thick layer. The Centers for Disease Control and Prevention suggests wearing an inner layer of wool, silk or polypropylene, which will hold more body heat than cotton. If you start to get too warm, take off a layer before you begin to sweat. (Sweat lowers your body temperature.) Mittens are warmer than gloves.

9. Be careful while clearing snow. Extreme exertion, such as shoveling, can lead to a heart attack. "People who aren't normally used to doing such strenuous exercise should not shovel unless they literally have a clean bill of health from their doctor," Levy says. Note that every winter brings distressing snowblower injuries. You can't be too careful when using one.

10. Find a shelter. If you're unable to get warm at home or you're far from home, go to a shelter or warming center if there is one nearby and you can get there safely.

The New Go Bag: What You Need in Your Emergency Escape Kit

Masks and hand sanitizer, along with food, batteries and medications are essential to have on hand



11. Don't drive unless you must. If you do, drive slowly – even if you have four-wheel or all-wheel drive, says Lee DeBell, an AARP Driver Safety instructor in New Hampshire. “Sometimes people feel overconfident” when they have those features, DeBell says. “But one of the biggest things in icy conditions is doing everything more slowly – taking turns, braking – than you normally would do.” Consider taking back roads, if they are plowed, because they “can have much less traffic and fewer accidents.”

Before hitting the road, be sure to clear all the snow and ice off all the windows – not just the front windshield – so you have full visibility. Also clear the snow and ice from the top of the car to prevent it from blowing off on other vehicles and impeding their drivers' visibility. (Doing so is required by law in New Hampshire.)

If you have time to plan before bad weather hits, prepare a [winter survival kit](#) to keep in your vehicle, including a change of clothes, blanket, food and water.

12. Keep pets safe. [Animals should be inside](#), but remember that they too can get cold – and hypothermia and frostbite. Keep them dry and warm using blankets and hot-water bottles if they seem dangerously cold. If you walk your dog outdoors, try to avoid areas that have been salted; the Humane Society of the United States warns that canines are at risk for salt poisoning because they often lick their paws after a walk.

13. Keep an eye on the fridge and freezer. If you lose power, food can spoil – and eating spoiled food can [make you sick](#). If you've been away from home and return to a working freezer, you might not realize that you had lost power and that the food had refrozen. Levy suggests a “life hack”: Freeze a cup of water inside the freezer, then put a penny on top. If you check the cup later and the penny has sunk, you know the water melted and refroze.

14. Check on others. When temperatures are extremely cold, check on more vulnerable family members and neighbors. Even if they're indoors, they may be at risk. “You don't have to be in a cabin in Montana to get hypothermia,” Levy notes.

Editor's note: This article was originally published on February 17, 2021. It has been updated to reflect new information. For more information, visit: <https://www.aarp.org/home-family/your-home/info-2021/extreme-cold-weather-safety.html>

As hurricanes, tornadoes, wildfires, mudslides and floods become more common, people across the country are preparing by keeping a bag – or several – packed with what they'll need to grab if they must leave home in an emergency.

JoAnn Rash, 58, first realized the need for an emergency go bag after a California friend was forced to evacuate quickly during an earthquake. Rash consulted the American Red Cross for recommendations on a disaster preparedness kit in case she and her family ever have to flee their home in Vancouver, Washington. She then found an oversize backpack with lots of pockets and filled it with essentials, from flashlights and batteries to bottled water.

“I felt like we needed to be ready for whatever comes our way,” Rash explains.

Last year was replete with natural disasters, with more than 1,000 tornadoes; the deadliest wildfire in more than a century, in Maui, Hawaii; and seven hurricanes on the Atlantic side of the U.S., one of which made landfall in Florida, causing flooding throughout the southeast.

As part of his emergency preparedness, Dick Cooper, 77, has a generator at his home in Sarasota, Florida. The retired journalist says that if he needs to leave unexpectedly, he could pack a bag and be ready within an hour. All of his 300,000 photos and other important information are backed up on a few external hard drives the size of novels, he notes, so he'd just need to grab those, his computer, medication, clothes and a few other items and he'd be ready to go. “It's like packing three library books and I'm out the door with all my writing and my photography,” Cooper says.

A heightened awareness of natural disasters has led to better disaster preparedness planning, according to Jonathan Sury, project director for communications and field operations at the National Center for Disaster Preparedness, Columbia Climate School at Columbia University. "Investing time and energy into getting prepared will save a lot of stress and fear when a disaster hits," Sury says.

Packing a go bag is essential for disaster preparedness. Here are important items to include:

1. The bag. Your carryall must be large and sturdy enough to hold the essentials and small enough to grab on the run. A backpack is a great option. If you're not able to carry a heavy bag, Sury recommends a duffel bag on wheels.

2. Food and water. Add lightweight, nutrient-dense foods, such as protein bars, instant oatmeal, nuts and seeds, and at least one gallon of water per person, per day. Don't forget a manual can opener and utility knife. A go bag should have enough food and water for at least three days; remember to pack enough for [your pets](#) too.

3. Personal essentials. Purchase travel-size toiletries and a [first aid kit](#). Pack a change of clothing, including a warm, waterproof layer, as well as an extra pair of eyeglasses or contact lenses (and solution). Other items that should be in your go bag are an emergency blanket, scissors, duct tape, work gloves, towels and matches, according to the American Red Cross.

4. RSV, flu and COVID-19 needs. The lingering pandemic along with risks related to flu and RSV to older adults means that [masks](#) are an essential go bag item; they can also be used to filter out ash from fires. However, Sury cautions that only N95 masks will filter out fire particulates that could trigger asthma or allergic responses. Hand sanitizer that contains at least 60 percent alcohol, soap, antibacterial wipes and a thermometer are important too, Sury advises.

5. Medications. If there is a warning that you may be evacuated, call your pharmacy and request an extra medication refill. Pack a list of your medications and the phone numbers for your pharmacy and physicians. You'll also need portable versions of specialized medical equipment, like syringes, CPAP machines and oxygen tanks. If you have to evacuate without notice, the [Rx Open website](#), in partnership with the National Council for Prescription Drug Programs, maps the pharmacies that are open in disaster-stricken areas.

6. Electronics. Throw in extra [phone chargers](#), a flashlight and batteries. "We recommend hand-crank portable radios," Sury says. "When all of our lines of communication go down during a disaster, AM/FM radios have proven to be one of the most reliable sources of ... communication, and you don't need to worry about having fresh batteries."

7. Paperwork. Make photocopies of essential documents, including passports; birth certificates; driver's licenses; [Social Security and Medicare cards](#); marriage, adoption and naturalization certificates; title or lease documents; insurance paperwork; and credit and debit card information. Make sure to store these in a waterproof, zip-top bag.

8. Cash. If natural disasters cause power outages, you may not be able to use your debit or credit cards to make purchases, so add cash to your go bag. Sury suggests "a couple hundred dollars" for a two-member household, to cover gas, food and other last-minute essentials. A combination of small bills and rolls of quarters is ideal in case you need to buy food or water from vending machines.

Keep your go bag in an accessible location, such as a front hall closet or garage, where it's easy to grab on your way out the door.

"[Packing a go bag] does take an investment of time, energy and a little bit of money," Sury says, "but the payoff is worth it to have that peace of mind."

For more information, visit:

<https://www.aarp.org/home-family/friends-family/info-2020/emergency-go-bag.htm>

[If you use a space heater for warmth, simple steps can help you stay safe](#)

In the cold months, many people may need something extra to keep warm, whether that's because severe weather knocked out power or you just need some help to heat your home.

A space heater may seem like just the fix, but experts warn that they can pose safety risks.

On average, fires caused by portable heaters cause 65 deaths and 150 injuries a year, said Lori Moore-Merrell, administrator of the US Fire Administration. Here are six factors that fire experts say can make all the difference in keeping warm while staying safe with a space heater.

1. Keep it at least 3 feet from anything flammable

The leading cause of space heaters igniting fires is placing them too close to flammable objects, Moore-Merrell said. It is a heat source so placing a unit near something that will burn – like a couch, curtains, papers – risks fire, she added. It is also important to keep the space heater on a flat, stable surface, Houston Fire Department spokesperson Martee Boose said.

2. Don't leave it unattended

It only makes sense that you want the heat going as long as the cold blows, but with space heaters that is a big risk, experts said. When you can't pay attention to the space heater – whether you're sleeping or leaving the room – you need to turn the heater off, Moore-Merrell said. "That's not always a pleasant thing to hear, particularly when it's as cold as it is right now," Moore-Merrell said. "We could think of it like a candle. You don't leave a candle burning when you leave the room, and the same thing must apply to our space heaters as well."

3. Keep out of reach of children and pets

Just as you would not leave a candle within reach of children or curious pets, the same goes for space heaters, Moore-Merrell said. Boose recommended keeping your heater elevated where children or pets couldn't accidentally burn themselves. If you have ever had a cat, you know that there are few places where they can't get to. In home with feline acrobats, Boose suggested placing a barrier around the heater that can both keep them away and still allow ventilation.

4. Plug it directly into the outlet

Aside from contact with flammable objects, a big risk of fire is using surge protectors with a space heater, Boose said. "If you're plugged directly in the wall, you know that it's rated for the outlet," Boose said. A surge protector may not be equipped to handle the power needed for the space heater and can cause a fire if it becomes overwhelmed, Boose said.

5. Make sure to have a working smoke and carbon monoxide alarm

Even if you're as careful as possible, sometimes things can still go wrong. The first line of defense, Boose said, is maintaining working fire alarms. It is important to test both fire and carbon monoxide alarms every month to make sure they are working, Boose said. Also check and replace their batteries. Carbon monoxide is colorless and odorless but can be dangerous, meaning it may be hard to tell when it's harming those in the home. Carbon monoxide can be a big concern in the winter months. People who don't have central heating often try to stay warm using their oven, sitting in their running car or bringing their grills in – all of which Boose said you should not do because it's dangerous.



6. Look out for signs of malfunction

Fortunately, more modern space heaters often have safety functions that cause them to shut down when they aren't working properly, Moore-Merrell said, but older models don't work that way. "We have no way of knowing where those older devices are," she added. One big sign to look out for is the color of the flames on gas heaters. A blue flame is normal, but an orange flame means that it's not working properly and should be turned off immediately, Boose said.

Staying warm through the winter is important for safety as well as comfort, and for some people space heaters may be the best way to do that. Taking precautions and using them properly can add another layer of comfort, knowing that you are being as safe as possible.

For more information, visit:

<https://www.cnn.com/2022/01/11/health/space-heater-safety-tips-wellness/index.html>

Check Your Smoke and Carbon Monoxide (CO) Alarms

- Test smoke and CO alarms monthly and replace batteries in alarms at least once each year, unless the alarms have sealed 10-year batteries. Replace the smoke or CO alarm if it is more than 10 years old.
- Check that [smoke alarms \(NFPA\)](#) are installed inside each bedroom, outside each sleeping area, and on every level of the home, including the basement.
- [Check that CO alarms](#) are installed outside each sleeping area and on every level of the home to prevent CO poisoning.
 - Follow the manufacturer's instructions for placement and mounting height. Note that applicable laws, codes, or standards may require that CO alarms be installed in additional locations.
 - For best protection, interconnect all CO alarms throughout the home so that when one sounds, they all sound.
 - Choose an alarm with battery backup in case of a power outage. Look for one that has the label of a recognized testing laboratory (e.g., Underwriters Laboratory or UL). CO alarms should meet UL standard 2034 or the International Approval Services (IAS) standard 6-96. Smoke detectors should similarly meet requirements of the National Fire Protection Association (NFPA) Standard 72.

Prepare to Burn Wood Properly

Whether you heat your home with wood or enjoy an occasional fire, you can keep the air inside your home and your neighbor's home healthier with these best practices and tips:

- Save money and time. Burn only dry, seasoned wood to maintain a hot fire with less smoke.
- Have a certified technician inspect and service your wood-burning appliance, chimney, and vent annually.
- Protect your indoor air - upgrade to an efficient, EPA-approved wood-burning appliance.

Prevent Water Damage and Mold

Repair any roof leaks before winter weather arrives.

- Prevent pipes from freezing and bursting:
 - If you can, insulate water lines that run along exterior walls so your pipes will be less likely to freeze.
 - Shut off and drain outdoor spigots before freezing temperatures arrive.
- Learn how to shut off water valves in case a pipe bursts during severe winter weather.

Stay Safe During and After a Winter Storm

Protect your family from carbon monoxide poisoning and from being exposed to other harmful pollutants indoors.

Clear Snow and Ice

- Clear outside furnace, stove, fireplace, radon, and dryer vents of snow and ice to prevent the buildup of indoor pollutants, including carbon monoxide.
- **Never** warm up your car in a garage.

Experiencing a Power Outage?

Power outages that last longer than a few hours can have negative impacts on indoor air quality. If your power goes out, [safely provide power](#) for lighting, cooking, and heating:

- Try to conserve heat and [control indoor temperatures](#): open drapes and window shades during the day to help warm the indoor air and close them at night to help retain the heat.
- Use battery-powered flashlights or lanterns rather than candles, if possible. Candles can lead to house fires. If you do use candles, never leave lit candles unattended.
- **Do not** use fuel-powered portable generators indoors (e.g., inside your home, garage, shed, or similar enclosed areas.) Generator exhaust contains deadly carbon monoxide. If you use portable generators, use them outside and at least 20 feet away from buildings.
- **Do not** use a generator or appliances if they are wet or in locations that could become wet. This can cause shock or electrocution. Place generator or appliances away from standing water and wet areas, and elevate it, if necessary, to avoid electrical hazards.
- **Do not** try to heat your home by using combustion appliances including gas stoves or ovens, or barbeque grills.
- **Never** operate any gas-burning heater or other appliance in a poorly vented or closed room, or where you are sleeping.

Quickly get to fresh air if your CO alarm sounds or you recognize any of the symptoms of CO poisoning: headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion. Then call for help and stay in fresh air until emergency personnel arrive.

Safely Heat Your Home

If you plan to use a wood stove, fireplace, or space heater, be extremely careful. Follow the manufacturer's instructions and remember these safety tips:

General Precautions

- Never leave children unattended near a heater, stove or fireplace.
- Never use an electric or gas range (stovetop) or oven to heat your home.
- Use only the type of fuel your heater is designed to use—don't substitute.

Space Heaters

- Use electric space heaters with automatic shut-off switches and non-glowing elements.
- Place space heaters on a solid, flat surface. Keep them at least 3 feet from things that can burn, such as drapes, furniture, and bedding.
- Check your space heater for cracked or damaged cords and plugs. Plug space heaters directly into wall outlets and don't use an extension cord or power strips.
- Turn space heaters off when leaving the room or going to bed.

Fireplaces and Wood Stoves

- Ensure fireplaces and wood stoves are properly vented to the outside and do not leak into the indoor space. Repair any leaks promptly.
- Save money and time. Burn only dry, seasoned wood to maintain a hot fire with less smoke. Never burn plastic or household trash.
- Keep flammable items away from fireplaces and wood stoves.

Kerosene Heaters

- If you must use a kerosene heater, always follow the manufacturer's instructions, and make sure you [increase ventilation](#) to the space (i.e., ensuring a constant flow of indoor air exhausting to outdoors and fresh outdoor air moving indoors).
- Only use kerosene heaters tested and labeled from a recognized testing laboratory (UL).
- Make sure the heater has an automatic shut-off, so if it tips over, it shuts off.
- Refuel your cooled heater outside.
- Check with your local fire department to make sure that kerosene heaters are legal in your area.



Prevent Water Damage and Mold

During extreme cold, or if the power and heat are out, prevent pipes from bursting:

- Leave indoor water taps on exterior walls slightly open so they drip continuously.
- Don't set the indoor temperature too low.
- Open cabinet doors to allow warmer air to get to un-insulated pipes under a sink or near an outer wall. Be sure to move any harmful cleaners and household chemicals out of the reach of children and pets.

Shut off water valves if a pipe bursts. Do not thaw frozen pipes with a torch. Thaw them slowly with warm air from an electric hair dryer. Repairing roof leaks and broken pipes is a top priority to prevent water damage and mold in your home. If your pipes burst and you have wet walls and flooring, fix the leak promptly and dry everything completely.

How to Prevent Frostbite and Hypothermia

If you work or play outside during the winter, you need to know how cold affects your body. Being active in the cold can put you at risk for problems such as hypothermia and frostbite.

How Cold Affects You

Cold temperatures, wind, rain, and even sweat cool your skin and pull heat away from your body. You also lose heat when you breathe and sit or stand on the cold ground or other cold surfaces.

In cold weather, your body tries to keep a warm inner (core) temperature to protect your vital organs. It does this by slowing blood circulation in your face, arms, hands, legs, and feet. The skin and tissues in these areas becomes colder. This puts you at risk for frostbite. If your core body temperature drops just a few degrees, hypothermia will set in. With even mild hypothermia, your brain and body DO NOT work as well. Severe hypothermia can lead to death.

Dress in Layers

The key to staying safe in the cold is to wear several layers of clothing. Wearing the right shoes and clothes helps:

- Keep your body heat trapped inside your clothes
- Protect you from cold air, wind, snow, or rain
- Protect you from contact with cold surfaces

You may need several layers of clothing in cold weather:

- An inner layer that wicks sweat away from the skin. It can be lightweight wool, polyester, or polypropylene (polypro). Never wear cotton in cold weather, including your underwear. Cotton absorbs moisture and keeps it next to your skin, making you cold.
- Middle layers that insulate and keep heat in. They can be polyester fleece, wool, microfiber insulation, or down. Depending on your activity, you may need a couple of insulating layers.
- An outer layer that repels wind, snow, and rain. Try to choose a fabric that is both breathable and rain and wind proof. If your outer layer is not also breathable, sweat can build up and make you cold.

Get Plenty of Food and Fluids

You need both food and fluids to fuel your body and keep you warm. If you skimp on either, you increase your risk for cold weather injuries such as hypothermia and frostbite. Eating foods with carbohydrates gives you quick energy. If you are only out for a short time, you may want to carry a snack bar to keep your energy going. If you are out all day skiing, hiking, or working, be sure to bring food with protein and fat as well to fuel you over many hours.

Drink plenty of fluids before and during activities in the cold. You may not feel as thirsty in cold weather, but you still lose fluids through your sweat and when you breathe.

Watch for Early Signs of Frostbite and Hypothermia

Be aware of the early signs of cold weather injuries. Frostbite and hypothermia can occur at the same time.

The early stage of [frostbite](#) is called frostnip. Signs include:

- Red and cold skin; skin may start to turn white but is still soft.
- Prickling and numbness
- Tingling
- Stinging

Early warning signs of [hypothermia](#) include:

- Feeling cold.
- Shivering.
- The "Umbles:" stumbles, bumbles, grumbles, and mumbles. These are signs that cold is affecting your body and brain.

To prevent more serious problems, take action as soon as you notice early signs of frostbite or hypothermia.

- Get out of the cold, wind, rain, or snow if possible.
- Add warm layers of clothing.
- Eat carbohydrates.
- Drink fluids.
- Move your body to help warm your core. Do jumping jacks or flap your arms.
- Warm up any area with frostnip. Remove tight jewelry or clothing. Place cold fingers in your armpits or warm a cold nose or cheek with the palm of your warm hand. DO NOT rub.

When to Call the Doctor

You should get medical help right away if you or someone in your party:

- Does not get better or gets worse after attempting to warm up or to rewarm frostnip.
- Has frostbite. NEVER rewarm frostbite on your own. It **can be very painful and damaging**.
- Shows signs of hypothermia.

For more information, visit:

<https://medlineplus.gov/ency/patientinstructions/000866.htm>

Now that's cold

What happens to your body in extreme temperatures

What is frostbite?

- **Severe** condition: both skin and underlying tissue (fat, muscle, bone) are frozen.
- Skin appears white and waxy; is hard to the touch.
- No sensation – the area is numb.

What is hypothermia?

Being cold over a prolonged period of time can cause a drop in body temperature
Normal body temp: **37°C (98.6°F)**

Mild hypothermia: Body temp: **36.9-35°C:**

Shivering; numb hands, feet

Moderate: Body temp: **35-32.2°C:**

Sluggish movements; confusion

Severe: Body temp: **32.2-25.6°C:**

Blue skin; can't walk; low pulse rate and respiration

Death

Body temp: **25.6-23.9°C**

Wind chill

Cold temperatures and wind can become deadly

Wind Speed	Temperature (°C)									
	0	-5	-10	-15	-20	-25	-30	-35	-40	-45
	Wind chill temperature (°C)									
10 km/h	-3	-9	-15	-21	-27	-33	-39	-45	-51	-57
20 km/h	-5	-12	-18	-24	-30	-37	-43	-49	-56	-62
30 km/h	-6	-13	-20	-26	-33	-39	-45	-52	-59	-65
40 km/h	-7	-14	-21	-27	-34	-41	-48	-54	-61	-68
50 km/h	-8	-15	-22	-29	-35	-42	-49	-56	-63	-69
60 km/h	-9	-16	-23	-30	-36	-43	-50	-57	-64	-71

0 to -9°C

Low risk of frostbite

-28 to -39

Skin can freeze in 10-30 min.

Risk of frostbite
Hypothermia risk increases

-40 to -47

Skin can freeze in 5-10 min.

High risk of frostbite
Hypothermia risk increases

-48 to -54

Skin can freeze in 2-5 min.

Very high risk of frostbite
Serious risk of hypothermia

-55 & colder
STAY INDOORS

-10 to -27°C

Low risk of frostbite or hypothermia if outside for long periods without adequate protection.

What is frostnip?

- **Mild** form of frostbite; only skin freezes.
- Skin appears yellowish or white, but feels soft to the touch.
- Painful tingling or burning sensation.

Why does your nose run when it's cold?

In trying to warm up cold air on the way to lungs, extra blood flow within nostrils leads to more mucus production.

Finger control

12°C is the critical air temperature for good manual dexterity. 8°C for touch sensitivity.

Why do we shiver?

Muscle contractions produce heat, so when we get cold we shiver

Fingers, toes

The body will preserve heat by favouring the internal organs, thus reducing the flow of blood to the extremities, such as hands and feet.

Eyes

Eyeballs won't freeze because they are contained within the head, which your body works hard to keep warm. Also, tears are salty, which reduces the freezing point.

Ears

At greatest risk because there are no major muscles to produce heat.

Cheeks

Turn red when surface blood vessels dilate as skin temperature falls below 10°C.

You gotta go:

You need to urinate more when you get cold. Exposure to cold causes reduction in blood flow to skin's surface, which reduces overall blood volume. Body's response is to reduce fluid volume by urinating.

Mother Nature's antifreeze!

Urine's temperature is about 37°C – the temperature can't drop fast enough to freeze within the second it takes to hit the ground.

Temp conversion
0°C / 32°F
-5 / 23
-10 / 14
-15 / 5
-20 / -4
-25 / -13
-30 / -22
-35 / -31
-40 / -40
-45 / -49
-50 / -58
-55 / -67
-60 / -76
-65 / -85
-70 / -94
-75 / -103

Sources: ccohs.ca; Environment Canada

SUSAN BATSFORD, GRAPHICS EDITOR, TWITTER @SBATS1; INFOGRAPHIC BY MEGAN DINNEN/QM AGENCY

As the viruses that cause COVID-19 and flu spread, they change.

UPDATED VACCINES ARE NOW AVAILABLE

Staying up to date with recommended vaccines helps keep you protected.

Changing Viruses

Viruses change so they can avoid our natural immune response, and the protection provided by vaccines. This is known as “mutation.” The virus that causes COVID-19 has “mutated” throughout the pandemic. This has resulted in many “variants” – versions of the virus that are different from its original form. COVID-19 and flu vaccines are updated to specifically address changing viruses and protect against the variants that are circulating.

Updated Vaccines

The vaccines targeting COVID-19, and flu are updated regularly to provide protection against changing viruses. Updated vaccines target variants expected to be circulating during the fall and winter. Some viruses, like measles and polio, don’t mutate or do so infrequently. This is why vaccination against these types of diseases provides longer-lasting protection.

Staying Up to Date With Your Vaccines Is Still Critical

COVID-19 and flu result in thousands of hospitalizations and deaths each year. The best way to reduce the risk of severe illness from infectious respiratory disease is to stay up to date with recommended vaccinations.

What to Know About RSV Vaccines for Older Adults

CVEEP
Champions for
Vaccine Education,
Equity + Progress

Respiratory syncytial virus (RSV) is a common infectious respiratory virus that usually causes cold-like symptoms but can lead to serious illness among infants, some young children, and older adults.¹ For older adults, RSV can be very serious and causes hospitalizations and death each year. In the United States, RSV results in thousands of hospitalizations and deaths annually among adults aged 65 and older.²

Vaccines are available to help protect against RSV and the Centers for Disease Control and Prevention (CDC) recommends vaccination for people who are at increased risk for severe RSV.

I'm over the age of 60. Do I need an RSV vaccine?

- ➔ **For adults 75 years of age and older**, the CDC recommends "routine" vaccination, meaning all individuals in this age group should receive an RSV vaccine.
- ➔ **For adults 60 - 74 years of age**, the CDC recommends a "risk-based" approach to vaccination. This means that vaccination against RSV is recommended for those with certain chronic health conditions and/or those living in nursing home settings, which can increase the risk of severe RSV.

What steps should I take to get vaccinated?

- ✓ Adults who are eligible can get an RSV vaccine at any time. Ensuring that you are up to date on your RSV vaccine is the best way to help protect yourself from serious RSV infection.³
- ✓ If you are aged 60-74 with a risk condition, qualified vaccinators, like pharmacists, nurse practitioners, and other providers, may determine your eligibility for an RSV vaccine based on a clinical assessment, even in the absence of medical documentation of a risk condition.⁴ According to the CDC, self-reporting a risk condition is sufficient evidence, and vaccinators should not deny RSV vaccination due to a lack of documentation.

If you are between 60–74 years of age and have any of the following conditions that may put you at greater risk for severe RSV disease, CDC recommends RSV vaccination.

- ▶ Chronic cardiovascular disease
- ▶ Chronic lung or respiratory disease
- ▶ Severe obesity (BMI ≥ 40 kg / m²)
- ▶ Chronic hematologic conditions, including sickle cell disease
- ▶ Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness
- ▶ Diabetes complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin SGLT2 inhibitors
- ▶ End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- ▶ Residence in a nursing home
- ▶ Chronic liver disease
- ▶ Moderate or severe immunocompromise
- ▶ Other chronic medical conditions or risk factors that a health care provider determines would increase the risk for severe disease due to viral respiratory infection

If you have any questions about RSV vaccination or whether you have eligible risk conditions, please talk to a healthcare provider.

¹ <https://www.cdc.gov/rsv/about/index.html>

² <https://www.cdc.gov/mmwr/volumes/72/wr/mm7240a1.htm>

³ <https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults-faqs.html>

⁴ <https://www.cdc.gov/mmwr/volumes/73/wr/mm7332e1.htm>

DOES INSURANCE COVER RESPIRATORY VACCINES?

Nearly all private and public health insurance plans cover all vaccines recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP)—which includes vaccines that protect against COVID-19, flu, pneumococcal disease, RSV, and pertussis (whooping cough)—free of cost to you.

This applies to all vaccines with routine, aged-based, risk-based, catch up, and shared clinical decision-making recommendations from ACIP.

For **adults** covered by...

Are Respiratory Vaccines Covered Free of Cost?

Background on Coverage Requirements

MEDICAID



YES. All ACIP-recommended vaccines are available to Medicaid beneficiaries with no out-of-pocket costs.

The Inflation Reduction Act (IRA) requires state Medicaid agencies to cover all vaccines recommended by CDC's ACIP for Medicaid beneficiaries with no out-of-pocket costs.

MEDICARE



YES. Under Medicare, all ACIP-recommended vaccines are covered through either Medicare Part B or Part D without cost-sharing provided the vaccine is administered through an in-network provider. Medicare Part B vaccines include those for flu, COVID-19, and pneumococcal disease. Vaccines for RSV and pertussis (whooping cough) are covered through Medicare Part D.*

Recent changes to Medicare now ensure that all ACIP-recommended vaccines—both those covered under Part B and Part D—are available free of cost to Medicare beneficiaries.

TRICARE



YES. All ACIP-recommended vaccines administered through an authorized provider or in-network pharmacy are covered by TRICARE for all beneficiaries with no out-of-pocket costs.

TRICARE covers all age-appropriate doses of vaccines including respiratory vaccines—as recommended by CDC.

PRIVATE INSURANCE



YES. Those with private insurance, including those with employer-provided health insurance or insurance purchased through the healthcare marketplace, can access ACIP-recommended vaccines with no out-of-pocket costs through in-network providers.**

Under the Affordable Care Act (ACA), private insurance plans are required to cover all vaccines recommended by ACIP free of cost-sharing.

ADULTS WITHOUT INSURANCE

Adults without insurance may be able to access vaccines free of cost through patient assistance programs or state health departments. The Bridge Access Program, which provided free COVID-19 vaccines to adults without health insurance, ended in August 2024.

** While all Medicare Part D vaccines are covered free of cost to beneficiaries, Part D coverage is optional, so those opting out of Part D may lack coverage for vaccines not covered under Part B.*

*** Certain grandfathered (pre-Affordable Care Act) plans may require cost-sharing for recommended vaccines.*

Have more questions about coverage for respiratory vaccines?
Visit cveep.org/covered

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DOES INSURANCE COVER RESPIRATORY VACCINES?

Nearly all private and public health insurance plans cover all vaccines recommended by the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices (ACIP)—which includes vaccines that protect against COVID-19, flu, pneumococcal disease, RSV, and pertussis (whooping cough)—free of cost to you.

This applies to all vaccines with routine, aged-based, risk-based, catch up, and shared clinical decision-making recommendations from ACIP.

For **children** covered by...

Are Respiratory Vaccines Covered Free of Cost?

Background on Coverage Requirements

THE VACCINES FOR CHILDREN (VFC) PROGRAM

The VFC Program is a federally funded program that provides vaccines for children (18 years old and under) who are uninsured or otherwise unable to afford the cost of vaccines. The program supplies over 50% of vaccines for children in the U.S. In addition to providing vaccines free of cost for children without insurance, a child may also receive a vaccine through the VFC Program if they are covered by Medicaid or the Children’s Health Insurance Program (CHIP).

MEDICAID



YES. All ACIP-recommended vaccines are available to Medicaid-eligible children 18 years old and younger with no out-of-pocket costs.

Children enrolled in Medicaid receive all ACIP recommended vaccines through the VFC Program.

CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)



YES. CHIP is required to cover all ACIP-recommended vaccines for children 18 years and under with zero cost-sharing, which means vaccines are free of cost for those receiving them.

CHIP is a state-run program and therefore how vaccines are covered varies by state. That said, regardless of the type of CHIP coverage a state selects, all states must provide access to ACIP-recommended vaccines free of cost to beneficiaries. Depending on the state’s plan type, these vaccines may be covered by CHIP or by VFC.

CHILDREN WITHOUT INSURANCE



YES. For children 18 years old and under who are uninsured or underinsured (e.g., if the child has health insurance but the plan doesn’t cover vaccines), as well as Alaska Native and American Indian children, the VFC Program provides ACIP-recommended vaccines free of cost.

Uninsured and underinsured children can access ACIP-recommended vaccines free of cost by visiting a provider enrolled in the VFC Program or through a public health clinic, a federally qualified health center (FQHC), or a rural health clinic.

PRIVATE INSURANCE



YES. For children insured through a private plan, including those with coverage through a parent or guardian’s employer-provided plan or plan purchased through the healthcare marketplace, ACIP recommended vaccines can be accessed with no out-of-pocket costs at in-network providers.

Under the Affordable Care Act (ACA), private insurance plans are required to cover all vaccines recommended by ACIP free of cost-sharing.

TRICARE



YES. Recommended respiratory vaccines administered through an authorized provider or in-network pharmacy are covered by TRICARE for all beneficiaries with no out-of-pocket costs.

TRICARE covers all age-appropriate doses of vaccines—which includes respiratory vaccines—as recommended by CDC.

Have more questions about coverage for respiratory vaccines?
Visit cveep.org/covered

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6 Questions to Ask Yourself Before You Unretire

If you're thinking about working part-time in retirement, be sure to think these things through

Maybe you're contemplating closing the chapter of your life where you're employed full-time, but you don't want to stop working altogether. If so, the idea of "unretiring" — working part-time in retirement — may sound enticing.

But don't take the plunge without first asking yourself some essential questions, retirement experts advise.

"I think many people say, 'I'll figure it out' once I retire," said Kerry Hannon, author of "[In Control at 50+](#)" and a senior columnist at Yahoo Finance. "They're so busy wrapping up the chapter with their full-time job, they don't stop to think about the next chapter."

Unretirement Is a Big Step

The [Retirement Saving & Spending Study](#) from the financial services firm T. Rowe Price found that 20% of retired Americans are working these days. But many people "just step into" unretirement, said Judith Ward, the firm's thought leadership director. "They retire and say, 'OK, what am I going to do?'"

Calling unretirement "a serious undertaking," the "[I Used to Be Somebody](#)" podcast host Carl Landau said: "Anyone who doesn't think this is a big change in their life — they're fooling themselves. It's a *huge* change."

To help decide whether to unretire and how to do it, here are six key questions to answer.

Another way to put this is the question often asked in acting class: "What's my motivation?" Hannon urged people in their 50s and 60s to "really do that soul-searching."

One answer may be financial, the reason given by half of unretirees in T. Rowe Price's study.



You may want to work part-time in retirement just to fend off boredom if you have no hobbies, travel plans or nearby friends or family.

If boredom is your motivating factor, said Teresa Amabile, a professor emerita at Harvard Business School and co-author of "[Retiring: Creating a Life That Works for You](#)," the job you look for in retirement "should provide a stimulating challenge and a regular schedule." Another reason you may want to work in retirement, particularly in the same field you've been in, is because your identity is so tied to your career.

"That may be more reason for some people to want to continue doing some kind of work in retirement because they might find themselves lost without it," said Hannon. Think, too, about how much you value the social interactions from working. "Some people don't realize that when you're done with a job, the emails stop, the phone calls stop, people stop asking you for your opinion that was sought after for all those years," said Landau.

1. Do What You Love, on Your Schedule

Cathy Buday, managing editor at EIX.org at the University of St. Thomas' Schulze School of Entrepreneurship, said you may find there's another motivating factor to keep working in retirement: work brings you joy. "When you have work that you love, it energizes you," said Buday. Unretirement can offer an opportunity to continue doing the work you love — just when, where and how you want to do it.

"I wish I had unretired earlier," said Landau, who previously ran an events-management company. "I didn't realize the fatigue I was feeling. Until I actually got away from it, I hadn't realized it had taken a toll on me." However, if you don't need extra income in retirement and can't think of any type of work you'd like to do, you might be better off retiring the traditional, relaxing way, rather than unretiring.

2. Am I healthy enough to work in retirement?

Your physical and cognitive health are vital determinants in whether you'll be able to keep working in retirement.

Said Ward: "If you think you want to work at a retail store, are you going to be able to stand for two to three hours at a time?"

Amabile said knowing your physical and cognitive abilities is the caveat to any question you ask yourself about working in retirement.

3. How much extra money do I need in retirement?

The answer to that question could help you see whether unretiring could bring in enough money or whether you'd be better off working longer, full-time for higher earnings, if you can.

You'll want to run the numbers comparing your expected expenses in retirement with income you'll have from savings and investments, retirement plans and Social Security, depending on when you'll start claiming.

A financial advisor can help through software that shows your likelihood of running out of money at different ages. "I'm a big believer in working in retirement as a safety net," said Hannon. Working part-time in retirement can not only put money in your bank account, but it can also let you afford to continue saving *in* retirement and put off retirement-plan withdrawals. "It helps that you don't have to start tapping into your nest egg," said Ward. The employment income can also allow you to delay claiming Social Security benefits, potentially increasing the size of those checks when they do come.

How Social Security Fits In

Social Security increases benefits by 8% every year you postpone collecting them from your Full Retirement Age (around age 67 these days) until 70. Conversely, if you start claiming at 62 – the earliest age allowed – you could see a nearly 30% reduction in Social Security benefits compared to claiming at Full Retirement Age.

Keep in mind, though, that if you start claiming benefits before Full Retirement Age, Social Security will withhold \$1 for every \$2 you earn above a certain threshold (\$22,320 in 2024). You'll get that lost money back gradually after Full Retirement Age.

A combination of robust employment earnings and investment returns during retirement could also catapult you into a higher tax bracket than when you had a full-time job.

Should you determine that part-time work in retirement could be beneficial, Amabile advised: "Find the best-paying job you can where the work demands fit your current physical and cognitive abilities."

4. Will I have enough time to work part-time in retirement?

Be realistic about other responsibilities you'll have, such as caregiving, and the amount of time that will take.

But don't be churlish about granting yourself time for fun, friends and family.

The underlying question, said "[Revealing Your Next Season](#)" co-author Leslie Braksick, is: How busy do you want to be in retirement?

You likely won't know *exactly* what your days will look like in retirement, but Landau recommended trying to figure out a rough schedule to see how work would fit in. "Don't get sucked into work in retirement that becomes a full-time job," he said.

He speaks from experience. When he first unretired, Landau recorded the podcast and wrote its newsletter weekly. "Then I realized one of my loves was playing [pickleball](#) and I was trying to fit that in," he recalled. "So, I reversed everything and changed from a weekly podcast and newsletter to monthly. Once I made that change, I felt I was on the right track."

5. Is my partner on board with me working in retirement?

If you're married or have a partner, experts say, make sure you discuss with that person your unretirement plans.

You may find they conflict with the vision your spouse or partner had for the next chapter in your lives.

6. Will working in retirement help me find meaning and purpose?

Many people find that the "un" in unretirement provides them with a sense of meaning and purpose later in life. In fact, 40% of the unretirees T. Rowe Price surveyed said they're working for meaning and fulfillment.

"I think for many of us, this is a stage in life where you turn around and have that self-realization of 'What have I accomplished? What has my life on this earth meant and what kind of impact have I had?'" said Hannon.

If your primary reason for wanting to work in retirement is for meaning and purpose, said Amabile, "I would advise searching for a job that would allow you to live out an important value or give you a keen sense of accomplishment — regardless of the pay."

An Important Thing to Remember

When deciding whether to work part-time in retirement, keep in mind that you can change your mind during retirement. You could, for example, work for the first few years but not beyond that. "There's no one telling you that you've made this decision and it's forever," said Hannon.

For more information, visit: <https://www.nextavenue.org/6-questions-to-ask-yourself-before-you-unretire/>



HealthCare.gov Breaks New Record with 16.6 Million Consumers Signing Up for Coverage—the Highest Ever for January 1 Coverage

The Centers for Medicare & Medicaid Services (CMS) is committed to a robust Marketplace Open Enrollment process for consumers so they can easily purchase high-quality, affordable health care coverage. CMS reports that a record 16.6 million^[1] consumers signed up for plan year 2025 and will receive up to a full year of coverage beginning January 1.

Of those consumers, 2 million are new to the Marketplace this year. This represents selections in the 31 states that use HealthCare.gov. Plan selection continues in most State-based Marketplaces, as well. The next national snapshot will be available in early January.

Consumers already enrolled in Marketplace coverage are encouraged to return to the Marketplace and actively renew their coverage. Nearly 7.2 million existing consumers have already returned to the Marketplace to actively keep their current plan or select a new plan for 2025. Building on the historic success of last year, we are on track for a record high number of plan selections for this year's Open Enrollment.

"As millions have already discovered, shopping for quality health coverage through HealthCare.gov is easy. Thanks to tax credits signed into law by President Biden in the Inflation Reduction Act, most shoppers can find a plan for \$10 a month or even less," said Health & Human Services Secretary Xavier Becerra. "Sign-up today at HealthCare.gov for the best holiday gift — quality, affordable coverage and peace of mind."

"The record-breaking enrollment in Marketplace coverage speaks volumes about the critical need for health care coverage," said CMS Administrator Chiquita Brooks-LaSure. "To consumers still exploring options: Act now to secure coverage beginning February 1, and to take advantage of the enhanced tax credits that are still available for 2025 to make coverage more affordable."

For 2025, consumers continue to have greater plan choices, and, thanks to the Biden-Harris Administration and the Inflation Reduction Act of 2022, many people who were previously ineligible for financial assistance now have access to lower premiums after tax credits. Four out of five HealthCare.gov consumers can find a plan for \$10 or less per month through enhanced tax credits. Consumers are reminded that these enhanced tax credits will remain available through 2025. For more information on the range of updates CMS has implemented to improve the Health Insurance Marketplace® for 2025 — including web and navigation enhancements and more — consult the ["What's New for 2025 Open Enrollment" fact sheet](#).

Marketplace Open Enrollment on [HealthCare.gov](https://www.healthcare.gov) runs from November 1 to January 15. Most consumers who enroll between now and January 15 will get coverage starting February 1, 2025.

Individuals can enroll or re-enroll in health insurance coverage for 2025 by visiting HealthCare.gov (or CuidadoDeSalud.gov), or by calling 1-800-318-2596 to fill out an application. Individuals who want assistance signing up for coverage may go to "Find Local Help" on HealthCare.gov to find a Navigator, Certified Application Counselor, or Marketplace-registered agent or broker. Additionally, if someone learns they are no longer eligible for Medicaid or Children's Health Insurance Program (CHIP) coverage, they can visit HealthCare.gov to see if they are eligible to enroll in a low-cost, quality health plan. They can also contact the Marketplace Call Center for support in finding a plan that fits their needs.

Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health and Human Services.

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For many seniors, getting rid of the items in our home feels like we are throwing away or giving away precious members of our life. However, it is possible to declutter if you follow these few simple tips.

12 Decluttering for Seniors – 12 Practical Tips

#1. Figure Out What You Actually Use and Get Rid of What You Don't

Set things you cannot remember the last time you used but do not want to get rid of just in case you may use and put them into a box or basket.

If you use the item, put it away and not back into the basket. Anything left after 90 days can go to a donation center or resale shop. This will help you clear out things that are truly not useful to you without stressing over what if you need it.

#2. Start Small and Split Up the Tasks

The idea of getting rid of a lot of your items is overwhelming to most of us. So, it is best to start small and just dedicate 5 or 10 minutes to decluttering every day. Try decluttering one small area or a certain type of thing at a time to help break it down or make a number of things to declutter each day a goal.

Focus on decluttering bit by bit every day over a long period of time. Start with one room and rid yourself of those items that are no longer useful or that may be broken. It is much easier to get rid of items that we can no longer use and that we don't feel any real attachment to. Once you start getting rid of items in your home the process becomes easier.

#3. Get Help

As we get older, we have less stamina than we do when we are young. Aches and pains, as well as health problems, make decluttering more difficult for many older people.

So why not enlist the help of family or even a professional when decluttering your home. Having them do some of the heavy liftings will be a great deal of help. Your loved ones will have to sort through your things one day. Why not make it fun by having you there to tell them stories about the things they find. This is a great bonding opportunity to enjoy with those you love and the extra help can make it a lot easier.

If you are helping a senior parent or grandparent declutter their home, you will need to keep in mind that they will need to set the pace and decide what goes and what stays.

#4. Start by Decluttering Flat Surfaces

These areas like tables, counters, and bookshelves can become cluttered very easily. These catch-alls should be the first place you look to get rid of things making dusting easier and allowing you to have less distraction that limits your focus. Set up an organizer with items that you often use that you sit in these spaces so things like your remote and spare reading glasses are easy to find when you need them.

#5. Declutter Decor and Knickknacks

While young we often want more decorations in our homes and this want can stick around as we age. But the benefits of an uncluttered space show just how important it is for seniors to declutter these items to help improve memory and focus. You do not need shelf after shelf of old china. Put this to work now and enjoy it while you can or pass it on to someone in the family that wants it. This will help to keep your home less cluttered and let those beautiful pieces be enjoyed.

#6. Clear Away Hazardous Items

This can mean getting rid of rugs you cannot secure, old devices that could be a fire hazard, broken furniture, or items that are likely to fall and could be hazardous if they do. For this, you may want someone to help you to be sure that you do not accidentally drop a heavy yet harmful item. Remove old medicine bottles and replace them so that you have fresh not out-of-date medications should you need them.

#7. Get Rid of Excess Furniture

While you may have once needed a lot of extra seating or tables, as you age these things can become hazards. A space with too much furniture doesn't leave enough room to get around. This is bad for anyone that may have a harder time than they used to but this can be particularly hazardous for those that need mobility aids that need more space to maneuver.

Some furniture items are more likely to tip over. Have things like bookshelves secured to the wall so if you grab on to them to steady yourself, they will not tip over. Get rid of things like coat racks altogether.

#8. Pass Down Items to Family Members Who Will Cherish them

We all know that we can't take it with us, but there are still items in our home that are sentimentally precious to us that we find hard to part with.

However, it is much easier to let go of an item if we know it is going to a family member who will really appreciate it.

It's far easier to give away that dinner set for 12 that you used for every family holiday for 20 years to a family member who loves it and will use for her family's holiday dinners than it is to donate it to goodwill where it will be sold piecemeal.

By [giving these special items away](#) when you are still alive you get the joy of seeing the items going to someone who will really treasure them.

#9. Give Item to Those in Need or Those Just Starting Out

If you are like most seniors, you remember how difficult it was when you were first starting out in your home.

Donating furniture and other items you no longer use to a young couple or family in need or just starting out will make it easier to part with some of those items. This is because you know that those items will be used to make fond memories with another family.

#10. It is Easier to Get Rid of Duplicates

None of us needs two or three crock pots or coffee pots, nor do we need duplicates of anything else. These additional items usually don't have any sentimental value and simply take up space in our homes. So why not donate them to a thrift store or some charitable organization that can pass them onto someone who really could use them. And remember, you can even sell your clutter for cash.

#11. Give Your Kids' Childhood Memories Back to Them

Instead of hanging onto those old report cards and those Christmas ornaments your children made growing up, why not give them back to your children? That way they will have those memories to pass down to their children and share with their spouses. After all, our most precious memories are those memories we share with others and by passing these reminders on to our children, those memories will last generation after generation.

#12. Use a Donation Pick-Up Service

Many areas have a service where you can leave donations on your porch, and they will come to pick them up. This is a great way for seniors to clear away clutter even if they are not capable of loading the car and taking them to a donation center. Use these services to make it easy to get rid of things without worrying about how you will do it.

The Benefits of Decluttering for Seniors

Decluttering can be particularly useful for senior citizens. After many years you likely have a lot of things in your home that take up space and lead to more cleaning or stress.

Improved Mental Focus

Clutter has been linked to memory problems that can be even worse for aging adults. Removing excess clutter and decorations can make it easier to focus the mind so your mind can focus on what is important.

Less Clutter = Less Cleaning

Less clutter means you have to clean less to get everything done. For seniors that may struggle to keep up with housework, by decluttering you leave yourself with fewer items to dust or put away on a regular basis.

Makes Navigation Easier and Helps Prevent Falls

Decluttering items like furniture from your home can make it easier to navigate with walking aids and prevent falls that can lead to injury.

Decluttering Makes it Easier for Your Family to Handle Your Affairs

By decluttering your home you are making it easier for your family to handle your affairs when you are gone. Many people do not realize that the clutter that build-up over our lifetime leads to our loved ones having to sort through it all. This can be a heartbreaking experience and a lot of stress that can be avoided but doing a little decluttering regularly.

You can Make Extra Income by Selling Decluttered Items

Decluttering can be a great way to increase your income when you live on a fixed income as a senior.

Take the time to put items you have decluttered up for sale to help bring in some extra money while making your home more accessible and easier to clean.

However, there are some things you can do that will make it easier for that older individual to part with some of that clutter.

Final Thoughts

It may be somewhat more difficult for seniors to declutter due to memories attached to many of the objects in their homes. However, it can be done as long as you remember that giving away those objects doesn't mean you are abandoning your memories, but rather you are helping to create memories in other people's lives.

With a solid plan and a few tips to help make it easier you can declutter your home and make it easier to enjoy your life in your home or prepare to downsize.

For more information, visit:

<https://www.mytidycorner.com/decluttering-tips-for-seniors/>

GrandFamilies

Family and Kinship

When Grandparents Are Called to Parent – Again

Keith and Edit Lowhorne had planned well for their retirement. The Alabama couple were preparing for an extended trip to Europe. They had bought a vacation cabin in Tennessee. "I had worked 43 years in broadcast journalism," Keith Lowhorne says. "We had saved." Then everything changed with a phone call, and soon they were raising two grandchildren in their home. That trip to Europe? Never happened.

Eugene Vickerson had worked two jobs for years in Atlanta – at a water treatment plant and as a real estate investor. All so he could retire at 50. Then one day, when he was 62, he was sitting outside his home when a woman drove up with one of his granddaughters. The woman said, "If you don't take this child, we are going to put her in protective services." Forget [retiring](#). Mercedes Bristol was living in San Antonio, working for the state of Texas and a few years away from retirement, when circumstances forced her to take in five grandchildren.

The oldest was 9. "I didn't have five beds for kids," she says. "I remember crying at Walmart because I was so overwhelmed with the amount of supplies that the kids needed." More than a decade later, three of her grandchildren still live with her, now ages 13, 15 and 19. These grandparents share something: the unexpected role of becoming a child caregiver long after they thought those years were behind them. They illuminate a social trend in America: the high number of "grandfamilies" – grandparents raising grandchildren.



Keith and Edie Lowhorne with their two grandchildren, in Sharon Johnston Park, New Market, Alabama.

U.S. census data shows that 7.1 million American grandparents are living with their grandchildren under 18. Some 2.3 million of those grandparents are responsible for their grandchildren. About a third of grandchildren living with grandparents who are responsible for them are younger than 6.

About half of the grandparents who are responsible for their grandchildren are 60 and over, according to census data. Generations United, a Washington, D.C.-based nonprofit that was launched more than 35 years ago in partnership with AARP, advocates for grandfamilies. "Grandparents have been stepping in to raise grandchildren since the beginning of our country," says Donna Butts, executive director of Generations United. "But it has increased in recent years. We see spikes whenever there is a crisis."

Twin crises

Parental substance abuse, incarceration and death of a parent are among the many reasons grandparents take in their grandkids. But two crises in particular have forced a spike in recent years. COVID is one. “Tragically, at least 140,000 children – 140,000 children – were orphaned by the pandemic and are now living with grandparents or next of kin,” said Sen. Bob Casey (D-Pa.) in a statement before the Senate Special Committee on Aging, which he chairs. The other crisis is the opioid epidemic.

Sen. Susan Collins (R-Maine) told AARP that America’s opioid problem greatly increased the pressure on grandparents to take over responsibility for children. “I first got interested in this issue when I started seeing so many grandparents in Maine who were raising very young children. In almost every case, the parent of the child had a crisis with drug addiction or had been incarcerated.”

The Lowhornes can relate. Now ages 67 and 60, the couple had already raised seven kids in their mixed family, all now adults. But one day they learned that a newborn grandchild was in a neonatal unit. “He was withdrawing from having drugs in his system when he was born,” Keith Lowhorne recalls. “It came as a shock to us.” They ended up with two children in their home, one of whom needed extraordinary care. “He was diagnosed with several things,” Lowhorne says. “He’s on medication. It’s a struggle for him and for us, but it’s one of those things that we’ve learned to cope with.”

Not only did the Lowhornes have to find doctors and therapists, but they had to figure out how to homeschool their older grandchild so he could attend his therapies. Even their social network changed, because they could no longer do the things their friends were doing. Eugene Vickerson, now 77, has a similar story. Years after his own kids had left home, his granddaughter was brought to his home with nothing but the clothes she was wearing, half a bottle of soda and half a bag of chips. The reason? The mother had “mental issues,” Vickerson says, and was doing drugs. By that time, he already had a grandson living with him.

Vickerson did not want his grandkids to just survive; he wanted them to thrive, which meant he had to figure out how to create a stable environment. “My goal was to raise productive children. I wanted to do all I had done with my biological children.”

Strains and supports

Vickerson describes difficulties he encountered while applying for financial aid. “So, I used my savings,” he says, “and just hustled to get things for the kids that they needed ... childcare, beds, Pampers.”

All the [stuff that parents need for a baby](#), I had to figure out how to get.” Since most grandparents do not plan for child caregiving, financial stress often arises. According to Generations United, about 18 percent of grandparents responsible for their grandchildren live in poverty. A quarter of those grandparents have disabilities.

But there are positive stories as well. San Antonio’s Mercedes Bristol – whose grandkids came to live with her due to drug issues and negligence – started Texas Grandparents Raising Grandchildren, a nonprofit that has raised thousands in donations for grandfamilies. “We have about 20 support groups throughout the state now,” says Bristol, now 69.

The Lowhornes started a group called Grandparents as Parents, which has spread across Alabama. The group collects donations to buy Christmas presents for grandchildren as well as food for families in need. The Lowhornes say they feel “blessed” that they are able to help. Sen. Collins approves of the grandparents’ efforts. “I admire these grandparents who have stepped up to an enormous challenge,” the senator says. “We have an obligation to help them as much as we can.”

For more information, visit: <https://www.aarp.org/home-family/friends-family/info-2023/grandparents-become-parents-again.html?msocid=291161c2924469b32fb775549356680>
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Founded in 1970, The National Caucus and Center on Black Aging, Inc. (NCBA) is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

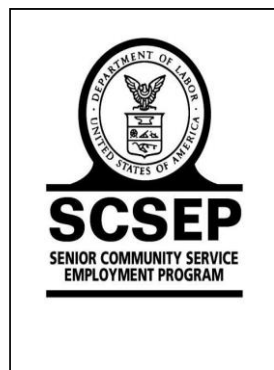
NCBA Supportive Services include:

Job Training & Employment

NCBA administers Senior Community Service Employment Program (SCSEP) with funding from the U.S. Department of Labor (DOL) to over 3,500 older adults, age 60+ in North Carolina, Arkansas, Washington, DC, Illinois, Missouri, Michigan, Ohio, Florida, and Mississippi.

SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.

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



Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

To learn more about the Senior Community Service Employment Program (SCSEP), visit: <https://ncba-aging.org/employment-program-resources>

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



Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: <https://www.ncba-aged.org/environmental-employment-program-resources>



Health

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>

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NCBA Recognizes National Minority Health Month by Launching ‘Caring Connections’ a Culturally Centered Hotline for older Black Americans and Other Diverse Communities, Family Caregivers, and Individuals Living with Disabilities

Washington, DC – In recognition of National Minority Health Month (NMHM), –a time to raise awareness about the importance of improving the health of racial and ethnic minority communities and work towards reducing health disparities, the National Caucus and Center on Black Aging, Inc (NCBA) launched ‘Caring Connections’, a culturally-centered hotline that will work to streamline access and improve the provision, delivery, and use of Aging Network resources and technical assistance available to older Black Americans and other diverse communities, family caregivers, and individuals living with disabilities.

By calling Caring Connections at 202-796-0099 (711-TTYL), Monday to Friday, 9:00 am to 5:00 pm EST., callers will have the opportunity to learn about local, state, and national Aging Network resources and technical assistance available to them, including but not limited to self-advocacy initiatives, job training and employment programs, COVID-19 vaccine education, elder scams and more. Established by the Older Americans Act of 1965 (OAA), the Aging Network is comprised of federal, state, and local agencies that provide resources and technical assistance to help older adults live independently in their homes and communities. Headed by the Administration for Community Living, the Aging Network includes 56 State Agencies on Aging, 622 Area Agencies on Aging, and more than 260 Title VI Native American aging programs. Further, the network is supported by tens of thousands of service providers and volunteers.

“As NCBA celebrates its 54th anniversary, it is important that we remember the promises and difficulties confronting older Black Americans and other diverse communities, family caregivers, and individuals living with disabilities. This hotline reflects NCBA’s determined spirit to further understand where individuals from the aforementioned communities are today and what is needed to bring them into a better tomorrow”, said Angie Boddie, NCBA Director of Health Programs.

NCBA knows first-hand that technical assistance and resources must come from trusted sources, be responsive, flexible, able to readily identify and eliminate access barriers because of race, ethnicity, language, sexual orientation, and/or gender; establish feedback mechanisms to know and predict individual and population needs; and provide meaningful opportunities for individuals to tell their stories through the lens of the issues that are important to them.

“Older African Americans and individuals from diverse backgrounds, family caregivers, and persons living with disabilities are the fabric of our country. Their contributions lend to the richness of this nation. At NCBA—we are dedicated to incorporating more equity-based and culturally responsive approaches into our work, recognizing that we will be learning along the way said Karyne Jones, NCBA CEO/President”.

“Caring Connections” is dedicated to the millions of older adults from diverse communities, family caregivers, and persons living disabilities who face daily challenges and an unsure future, yet these individuals continue to make Herculean sacrifices and contributions to their communities and to the nation. To learn more about NCBA, visit www.ncba-aging.org.

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Need Help: Visit Eldercare Locator

What is the Eldercare Locator: The Eldercare Locator is a nationwide service that connects older Americans and their caregivers with trustworthy local support resources. Since 1991, the Eldercare Locator has been linking those who need assistance with state and local agencies on aging, as well as community-based organizations that serve older adults and their caregivers.

Whether help is needed with services such as meals, home care, transportation, legal assistance, caregiving responsibilities and more, the Eldercare Locator is there to point that person in the right direction.

The Eldercare Locator is a public service of the Administration on Aging (AoA), an agency of the U.S. Administration for Community Living.

To find services in your community, visit

<https://eldercare.acl.gov/Public/Index.aspx>

OR Call 1-800-677-1116 to speak with an specialist at the Eldercare Locator

How Seniors Can Get Free Home-Delivered Meals- Nationwide

If you **ARE NOT** eligible for Meals on Wheels, Mom's Meals offers pay as you go meals for individuals 60+.

Mom's Meals can help

As a leading national provider of refrigerated, home-delivered meals and nutrition services, Mom's Meals is dedicated to helping individuals manage their unique nutritional needs. We work with health plans, managed care organizations, state governments and agencies to provide people covered under Medicare and Medicaid with access to medically tailored meals for free or at a reduced cost. If you do not qualify for this kind of assistance, you can also purchase meals directly. We offer nine different health condition menus that can be sent right to your home.

Choose from 60+ Delicious Options

We're firm believers that reliable nutrition and great taste don't need to cost an arm and a leg for force you to sacrifice when it comes to convenience. That's why we offer nourishing, home-delivered meals that prioritize your food and your budget.

Our meals check all the boxes:

- Designed to support general wellness as well as specific dietary requirements and preferences
- Right-sized portions optimized to meet nutritional needs
- Meals will last 14 days from delivery when stored in the refrigerator
- Heat-and-eat-convenience
- Delivered to homes nationwide
- Just \$7.99 for most meals*

*Gluten-free, renal and pureed meals are \$8.99 each

For more information, visit: https://www.momsmeals.com/individuals-caregivers/?utm_source=Bing&utm_medium=search&utm_campaign=PrivatePayMarketing&utm_content=Brand&utm_term=momsmeals.com&matchtype=p&network=o&device=c&msclkid=1ba3d4ca9f2e17989bfdb39dbf2c3421

Call 866-971-6067

****Get our Newsletter****

Want the latest news about aging, including resources and technical assistance? Email Angie Boddie @ aboddie@ncba-aging.org or call the NCBA Hotline at 202-796-0099.

For more information about NCBA programs and services, visit:
www.ncba-aging.org