5 Ways the New Congress Can Support Older Americans and Their Families

According to Vanessa Sink, Public Affairs Manager at the National Council on Aging (NCOA), the Administration and Congress promises historic debates that could significantly impact the lives of older Americans and their families—today and tomorrow. Founded in 1950 as the first national senior advocacy organization, the National Council on Aging (NCOA) will advocate for 5 priorities to help all Americans age with health, economic security, and independence.

“In the coming months, there will be important discussions about the future of key programs that older Americans and their families depend on—including the Affordable Care Act, Medicare, Medicaid, and the Older Americans Act,” said Howard Bedlin, NCOA Vice President of Public Policy and Advocacy. “These programs are not just for today’s seniors. They provide critical supports for all of us, and our families, as we grow older. NCOA will work to find bipartisan opportunities to defend and improve them.”

In 2017, NCOA will urge Congress to:

1. Protect and strengthen key provisions of the Affordable Care Act (ACA)

According to the nonpartisan Urban Institute, more than 4.5 million Americans aged 55-64 could lose their health insurance coverage by 2019 under the anticipated ACA repeal bill. Seniors over age 65 also could lose important assistance that helps them stay healthy. NCOA is concerned about the following ACA provisions, which we believe are in particular jeopardy:

The Prevention and Public Health Fund, which invests in evidence-based programs that empower seniors to self-manage chronic conditions and prevent costly—and often fatal—falls.

• The Community First Choice Option, which helps keep low-income seniors and people with disabilities out of nursing homes by providing more home and community-based services.

• Medicaid expansion, which helps states provide health insurance coverage to low-income people aged 55-64 who are not yet eligible for Medicare.

• Insurance premium limits, which restrict insurance companies from further raising health care premiums on people in their 50s and 60s.

• The American people deserve to see the details of a health care replacement plan before Congress takes any vote to eliminate current insurance coverage and consumer protections.

2. Improve Medicaid and reject cuts

Medicaid is a lifeline for poor older adults, providing coverage for more than 6 million seniors in 2015. It pays for more than 60% of all long-term care and makes hospital and doctor visits affordable for low-income seniors by paying for Medicare premiums and cost-sharing.

NCOA urges Congress not to cut or change the fundamental structure of our nation’s Medicaid health care safety net. Recent House budget proposals would have cut Medicaid funding by more than $900 billion over 10 years and turn it into a block grant program.

These changes would shift rising health costs to states, individuals, and their families, making it harder for poor seniors to remain at home and afford the health care they need. These changes also could undermine current consumer protections, including those that ensure nursing quality and financial protections for spouses of those who need long-term care.
3. **Restore investments in programs that keep older adults healthy and independent**

With 10,000 Americans turning 65 every day, investments in senior programs have failed to keep pace with the growing need. Nationwide, millions of seniors no longer have access to meals, job placement services, transportation, and caregiver support because these programs have closed or have long waiting lists for the first time. Funding for these non-defense discretionary (NDD) programs is approaching an historic low as a share of the economy.

NCOA urges Congress to restore funding and invest in the Older Americans Act, Medicare State Health Insurance Assistance Program, Senior Community Service Employment Program, and Elder Justice Act. In addition, Congress should reject cuts to programs that help vulnerable seniors, such as the Low-Income Home Energy Assistance Program, Supplemental Nutrition Assistance Program, Social Services Block Grant, and Community Services Block Grant.

4. **Defend and improve Medicare**

Medicare is a guarantee that millions of seniors and individuals with disabilities depend on. Congress must preserve its fundamental promise and structure. Premium support proposals would give people with Medicare a fixed dollar amount to pay for health care, instead of covering a specific set of essential benefits and services. This would unfairly place the burden of rising health costs onto people with Medicare, most of whom have fixed incomes that do not keep pace with the rising cost of living.

NCOA will work towards pragmatic, bipartisan solutions to strengthen Medicare by:

- Investing in outreach and enrollment for those who are eligible for low-income assistance, but are not receiving help.
- No longer penalizing and denying assistance to seniors who did the right thing by saving a modest “nest egg” of assets while working.
- Improving access for Medicare beneficiaries with multiple chronic conditions to evidence-based community programs that save money and improve quality of life.
- Empowering beneficiaries with better information and tools to make good choices about affordable Medicare coverage that best meets their needs.

5. **Improve access to home and community-based services and family caregiver supports**

Overwhelmingly, older adults want to stay in their own homes and communities as long as possible. NCOA believes there are significant bipartisan opportunities to save money and help families delay or avoid nursing home placements. Two examples include:

- The Money Follows the Person Program, which assists states in making home and community-based services more widely available. It expired in October 2016, but the program has had strong bipartisan support and should be extended.
- Legislation to support family caregivers, including a bipartisan bill in the House and Senate that would provide a caregiver tax credit. President-elect Trump has highlighted this as a priority in his plan for the first 100 days.

To learn more about NCOA’s public policy priorities, visit www.ncoa.org.

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According to Richard Eisenberg, Contributing Author to “Next Avenue” — public media’s first and only national journalism service for America’s booming older population, Congress and the Trump-administration-to-be scope out possibilities for replacing The Affordable Care Act, here’s one area that needs attention stat: getting vulnerable Americans better health information about their options and costs and treating them with more respect. Findings from a new study on the subject could make your blood boil.

“We’re not suffering from a lack of health care information,” says Chris Duke, research director of *Right Place, Right Time: Improving Access to Health Care Information for Vulnerable Patients.*
“There’s a lack of targeted health care information. We need to move toward a system that pushes relevant, salient information to people at the right place and the right time.”

Here’s why he says that: Altarum Institute, the Oliver Wyman health care consultancy and the Robert Wood Johnson Foundation surveyed more than 4,000 consumers, focus-grouped 65 and spoke to roughly 100 executives from health insurers, health providers, employers, nonprofits and venture capital firms. Their focus was on lower-income consumers, Medicaid beneficiaries, the uninsured, caregivers and Spanish speakers. They found:

- About 50 percent of vulnerable consumers, and 70 percent of the uninsured, are not satisfied with health care cost information. “Incentives are still not in place to make cost comparisons understandable,” said Duke.
- Only 42 percent of survey respondents had used patient reviews of health providers. “Of the 65 consumers we interviewed, I don’t think a single one knew there were health quality comparisons available,” said Duke. (Similarly, as Helaine Olen recently wrote on Slate, a Harvard Medical School study found that few employees at two corporations who were given health care measurement tools actually used them.)
- Nearly 40 percent of low-income consumers in poorer health felt disrespected by doctors.
- Almost half of Spanish-speaking respondents said language barriers present a problem when communicating with doctors. Hispanics, the report said, are the least likely of all racial and ethnic groups to see a doctor.

Not only would dealing with these problems be humane, it would likely make vulnerable Americans healthier and reduce their health costs.

**Diabetics who don’t feel respected are one-third more likely to have poorly controlled diabetes than those who do feel respected by health providers.**

**THE HIGH COST OF DISREPECT**

The study found, for instance, that patients feeling disrespected are twice as likely as others to not take their medications as directed. People with diabetes who don’t feel respected are one-third more likely to have poorly controlled diabetes than those who do feel respected by health providers, said the report.

In one case, the doctor of a woman with high blood pressure abruptly and curtly told her to take medications three times a day, leaving without asking how she was feeling. “If he didn’t touch or look at me, how would he know what’s wrong with me?” Duke, a senior analyst with Altarum Institute’s Survey and Patient Engagement Research Group, said the woman told the pollster. Feeling disrespected, the patient didn’t take the pills. “When you’re not treated well, you’re less inclined to want to do what doctors have to say,” said Duke.

**STRUGGLING WITH THE INTERNET**

Many vulnerable Americans, the pollsters learned, also don’t know how to use the Internet effectively to find the health care information they need. “They’re not terribly sophisticated when they search,” said Helen Leis, partner, Health & Life Sciences at Oliver Wyman. “While other consumers might Google the name of a procedure, or a doctor quality review by ZIP code, these consumers Google something like: ‘I need a doctor.’” That kind of scattershot approach, says Leis, “gives them a lot of noise.”

The executives surveyed weren’t terribly surprised to learn that health information isn’t getting to consumers adequately to help them make informed decisions, said Leis. But they were stymied about how to fix the problems. “They know the information needs to be more tailored and personalized, but they’re not sure how to do that or what it means,” said Leis.

**THE HEALTH INFORMATION SYSTEM**

Some solutions aren’t all that difficult, though. For instance, says Duke, “we need to move away from a system that requires people to seek out health cost and quality information, because people are not very good at that.” Instead, he says, when health insurers know that consumers plan to have surgery, “send a list of prices and quality comparisons of all the facilities in their area to them.” That, he adds, “would make it very easy to make educated, informed decisions.”

**PAGING ARETHA FRANKLIN**

Another pretty simple solution: Take the Aretha Franklin approach. R-E-S-P-E-C-T. “More eye contact with patients, more listening to patients and not being dismissive of their concerns or questions,” said Leis. According to AARP, studies have found that doctors let patients speak for only 23 seconds before cutting them off.
Granted, talking with patients more might make appointments slightly longer, but the effect on patients’ health could be dramatic.

**WHAT SPANISH-SPEAKING PEOPLE NEED**

Another possible solution for doctors and hospital staffs: Ask Spanish-speaking patients if they’d like to receive their health information printed in Spanish. Many Spanish-speaking immigrants surveyed were reluctant to request the information be translated to their native language. “They were afraid they might be reported to Immigration when they were admitted to the hospital or they’d be treated poorly,” said Leis. “Most of the health providers do offer the information in Spanish, but they don’t necessarily promote that.”

**THE DOCTOR’S PHOTO PROBLEM**

Oh, and the pollsters say there’s one other way doctors could make themselves appear friendlier and it surprised the executives surveyed (don’t laugh when you read it):

Some vulnerable consumers “assign a quality rating in their minds based on the photographs,” said Leis. “How they look in the photos signals whether they think the doctor will treat them with respect.” The health execs told the pollsters they want their doctors to look “serious and respected.” But, one health plan executive said, maybe their doctors should have two sets of photographs — “one for their professional organizations and one to be more welcoming to patients.”

**Seniors on Fixed Incomes Can Find Help with Rising Costs**

According to Vanessa Sink, Public Affairs Manager at the National Council on Aging (NCOA), living on a fixed income is a challenging reality for millions of older Americans. Social Security provides most retirement income for about half of households aged 65 and older. And approximately half of households aged 55 and older have no retirement savings in a defined benefit plan or IRA.

Programs that older adults rely on like Medicare, Medicaid, and Social Security could undergo changes this year that would affect their expected budgets. Which means, now is the time for older adults to fortify their fixed incomes by finding benefits programs. For many low income older adults, there are federal and state programs that can supplement their fixed incomes, but often they are unaware of them.

The National Council on Aging’s (NCOA) recently updated website, BenefitsCheckUp.org, is the go-to resource available to easily see if an older adult qualifies for more than 2,500 of these federal, state, and private programs.

BenefitsCheckUp®, the nation’s oldest and most successful public online benefits screening tool, has helped more than 5.5 million people find more than $18 billion in benefits. The website has a new modern design that facilitates a simple process for consumers to learn about programs available to them, easily find out if they qualify, and quickly get connected with the application process.

“Many older adults tell us they need just a little extra money added to their budget, so they don’t have to worry about paying for their basic needs. But they also tell us they aren’t sure where to turn for information,” said Leslie Fried, Senior Director of the NCOA Center for Benefits Access. BenefitsCheckUp is the solution.

Seniors or their loved ones can use the FREE, confidential screening tool to see if they’re eligible for help and get all the information they need to apply.

The most accessed programs on BenefitsCheckUp help seniors pay for medications, health care, housing, utilities, and nutrition. However, the resource library on the website now makes it even easier to search programs by state and get information on other programs, such as:

- Tax relief to help pay property taxes and/or prevent foreclosure
- Employment and volunteer programs
- Income assistance to help meet basic needs
- Veterans programs such as housing assistance and educational grants

“Older adults are tech savvy, and they’re comfortable using websites to find answers for themselves,” said Marlene Schneider, Vice President of NCOA Decision Support Services. The updated BenefitsCheckUp.org makes benefits programs and resources easy to understand and access.

There is something for everyone at BenefitsCheckUp

Older adults and their loved ones can find benefit programs by visiting www.benefitscheckup.org.
What is the Difference Between Medicare and Medicaid?

Medicare and Medicaid are two different government-run programs that were created in 1965 in response to the inability of older and low-income Americans to buy private health insurance. They were part of President Lyndon Johnson’s “Great Society” vision of a general social commitment to meeting individual health care needs.

**Medicare is not the same as Medicaid.**

**Medicare** is a federal program that provides health coverage if you are 65 or older or have a severe disability, no matter your income.

**Medicaid** is a state and federal program that provides health coverage if you have a very low income. If you are eligible for both Medicare and Medicaid (dual eligible), you can have both. Medicare and Medicaid will work together to provide you with very good health coverage.

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What does Medicare Cover (Parts A, B, C and D)?

Different parts of Medicare cover different services. You may hear about four parts of Medicare: Part A, Part B, Part C, and Part D.

**Original Medicare** is administered directly by the federal government, is the way most people get their Medicare, and has two parts:

1. **Part A (Hospital Insurance)** covers most medically necessary hospital, skilled nursing facility, home health, and hospice care. It is free if you have worked and paid Social Security taxes for at least 40 calendar quarters (10 years); you will pay a monthly premium if you have worked and paid taxes for less time.

2. **Part B (Medical Insurance)** covers most medically necessary doctors’ services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services. You pay a monthly premium for this coverage.

Medicare Part D (outpatient Prescription Drug Insurance) is the part of Medicare that provides outpatient prescription drug coverage. Part D is provided only through private insurance companies that have contracts with the government—it is never provided directly by the government (like Original Medicare is). If you want Part D, you must choose Part D coverage that works with your Medicare health benefits. If you have Original Medicare, choose a stand-alone Part D plan (PDP).

Medicare Part C is not a separate benefit. Part C is the part of Medicare policy that allows private health insurance companies to provide Medicare benefits. These Medicare private health plans, such as HMOs and PPOs, are known as Medicare Advantage Plans. If you want, you can choose to get your Medicare coverage through a Medicare Advantage Plan instead of through Original Medicare.

Medicare Advantage Plans must offer at least the same benefits as Original Medicare (those covered under Parts A and B) but can do so with different rules, costs, and coverage restrictions. You also typically get Part D as part of your Medicare Advantage benefits package. Many different kinds of Medicare Advantage Plans are available. You may pay a monthly premium for this coverage, in addition to your Part B premium.

For more information on Medicare and Medicaid visit, the Centers for Medicare and Medicaid Services at [www.cms.gov](http://www.cms.gov).
Raising Medicare Eligibility Age from 65 to 67: Number Uninsured (ages 65-66) With and Without the Affordable Care Act, 2019

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| With ACA          | 1,933,000        | 1,640,000         | 120,000  | 76,000 |
|                   | 947,000          | 97,000            |         |       |
|                   | 986,000          |                   |         |       |

| Without ACA       | 3,836,000        | 3,004,000         | 387,000  | 175,000 |
|                   | 1,745,000        | 269,000           |         |       |
|                   | 2,090,000        |                   |         |       |

New Study Shows Huge Increase in the Number of Uninsured if Medicare’s Eligibility Age is Raised

January 2017 — The National Committee to Preserve Social Security and Medicare Foundation and its Task Force on Health and Retirement Security has released a report analyzing the impact of raising the Medicare eligibility age from 65 to 67, a proposal that is featured in Speaker of the House Paul Ryan’s plan, “A Better Way: Health Care.” The research, conducted by the Actuarial Research Corporation (ARC), provides compelling evidence that suggests this would not be a “better way,” either for the health of Americans aged 65 and 66 or for the financial health of the institutions that provide care for them.

The ARC research provides a one-year snapshot of the impact of raising the eligibility age—taking a single year mid-way through the Trump administration, 2019, to illustrate the effect among people aged 65-66. It assesses the impact on health insurance coverage under two model scenarios: (a) assuming the Affordable Care Act (ACA) remains intact with conforming legislation to extend the premium subsidies and expand Medicaid eligibility to people aged 65-66 and, (b) assuming the ACA is repealed as proposed or is continued without conforming legislation.

The results are stark in both scenarios. Even with the ACA intact and modified to extend access to Medicaid to people aged 65-66, the number of people who would become uninsured rises significantly for both men and women and for all racial and ethnic groups. With repeal of the ACA the rate of uninsured increases even more dramatically.

According to the Chair of the Task Force, Marilyn Moon, director of the American Institute for Research’s Center on Aging, “After reviewing the ARC data, it’s clear that raising the Medicare age will undermine the health security of millions of older Americans. Those who become uninsured will have greater difficulty accessing health care, and as a result these individuals are likely to experience worsening health status. This will also impact the Medicare system because when they do qualify for Medicare.

If the age of Medicare eligibility is raised from the current 65 years of age to 67, people aged 65 or 66 will face three alternatives: private or employer-based health insurance (for the most fortunate in that age group), public health insurance (mainly thru Medicaid), or becoming uninsured. Repeal of the ACA would also eliminate the special protections that currently allow access to insurance without discrimination (pre-existing conditions clauses). Consequently, people with the most severe health problems would have the most difficulty in obtaining coverage and will generate significant costs for hospitals, providers and private insurers who experience “cost-shifting” as a hidden subsidy for care of the uninsured.

“The data would differ slightly depending on the time frame of implementation, but this analysis provides a useful framework to inform the public debate about the consequences of changing Medicare’s eligibility age,” said Max Richtman, President and CEO of the National Committee to Preserve Social Security and Medicare.

“Raising Medicare Eligibility Age from 65 to 67: Number Uninsured (ages 65-66) With and Without the Affordable Care Act, 2019” research was funded by a grant from the Retirement Research Foundation to the National Committee to Preserve Social Security & Medicare Foundation. The summary and full report are available on the NC Foundation website.
Social Security Claiming Strategies for Widows and Widowers –

Retirement benefits Guidance if You’ve Lost a Spouse or an Ex-Spouse

If you are widowed, you might be eligible to claim Social Security widow’s or widower’s payments. That’s true even if you were divorced when your former spouse died, provided you were married for 10 years.

If you are at least full retirement age (currently 66) when you file for Social Security, you get up to 100 percent of your spouse’s Social Security payment. (Earlier filing means reduced payments, down to 71.5 percent at age 60 — not 62 like regular Social Security).

If you and your spouse are getting Social Security, you’re over 66 and one of you dies, the survivor gets the higher of the checks for the rest of their life.

✓ If you and your spouse are both getting Social Security, you’re over 66 and one of you dies, the survivor gets the higher of the Social Security checks for the rest of their life.

✓ Caring for one or more kids? You could even get a 75 percent payment at any age, if you were married at the time of your spouse’s death (or divorced after a 10-year marriage), have limited earnings and are caring for the surviving child under age 16.

✓ And remarriage after age 60 does not block your widow’s or widower’s payments. But remarriage before age 60 blocks payments for as long as the marriage lasts.

You might be a ‘Dualie’

✓ You can be “dually eligible” for widow’s or widower’s payments and your own Social Security. If you are a “dualie”, you can take one benefit early, then switch to the other later. Even if you get reduced early payments on one benefit, the reduction does not carry over to the other.

Smart Claiming Strategies for Widows and Widowers

Here’s how to claim Social Security wisely if you’re a widow or a widower:

✓ Contact the Social Security Administration to learn two numbers: your widow’s or widower’s payment at your Full Retirement Age and your own payment at 70. That’s when each benefit reaches its maximum. Then, the rule of thumb is to take the lower benefit first and the higher benefit second. It’s like a double-harvest — you reap the wheat now while the corn continues to grow.

EXAMPLE: Paul and Ruth are retired and over 66. Paul gets $1,500 a month from Social Security; Ruth gets $2,000. If either one dies, the survivor will get the higher payment of $2,000 a month for life.

EXAMPLE: Lisa was widowed at 56. Her earnings — and therefore her Social Security payments — were high; her husband’s were low. At 60, Lisa retired. She immediately started drawing a (reduced) widow’s payment, 71.5 percent of what she would get at Full Retirement Age. At 70, she’ll switch to her own (then maximum) Social Security, up to 132 percent of her full retirement account payment for the rest of her life. There’s no carry-over reduction for taking her widow’s payments early. If Lisa remarries, her widow’s payments will continue because remarriage over 60 can be disregarded.

EXAMPLE: Carl was married to Mary for over 10 years, then divorced. Mary died five years later. Mary was a high earner; Carl is not. At 64, he retires and immediately starts his own (reduced) Social Security. At full retirement Age, he switches to (maximum) widower’s payments on Mary’s record. He gets 100 percent of what Mary would have gotten at her full retirement age. There’s no reduction for taking his own payments early.

3 Must-Follow Rules When Job Hunting After 50

According to Andy Landis, Contributing Author to “Next Avenue” — public media’s first and only national journalism service for America’s booming older population, job hunting can be discouraging, especially when you’re over 50.

There’s competition with a large pool of highly qualified younger candidates, gaps in desired skill sets, and even our own personal insecurities about aging. Here are 3 tips that will help arm you with the confidence and tools you need for a successful job search:

1. Assert Yourself!

Scenario: You have a great work history and have stayed current with your computer skills. You’re reliable and have great work habits. When your employer closed its doors, you were out of work through no fault of your own. You’re well qualified for the jobs you pursue but get few interviews.
When you interview, nothing happens. You wonder if you should revise your resume so you appear younger. You’ve even considered coloring your hair and buying a “younger” outfit. You walk into interviews, and you think the recruiter can see right through you and see nothing but an older guy.

If this sounds familiar, you’re not alone. Ageism is ingrained in our society, so job seekers over age 50 run into this all the time. Your age is something you can’t change, but the secret is not wanting to.

There is immense value in the wisdom, institutional knowledge, and the experience you’ve been accumulating in the workforce. If you want to convince a recruiter of your economic and social value, you have to be comfortable with who you are. When you’re confident with your experience and age, interviewers will react to your confidence. Remember, age is just a number!

Assert yourself, your capabilities, your knowledge, and your value. Some employers will get it, and some won’t.

2. Effectively prepare for the job search battle

**Scenario**: You’ve been out of the workforce for some time, and you’ve had periods of unemployment while attending to family obligations. When you were working, you had numerous jobs. You’re ready to get a job, but you’re not certain of the kind of work you want or how to present your work experience in a resume.

This is another scenario that’s not unusual. The key to success here is to tackle each part of the job search process with a plan.

1. **Work objective.** Start by making a list of your strongest capabilities and talents. What do you do well and enjoy most? Identify what you can do for an employer, not what you’ve done in the past. From this list of capabilities, identify several specific jobs you would be qualified for and are likely to be available in your community. Use your imagination and think about what jobs could appeal to you in hospitals, schools, retailers, nonprofits, caregiving, and office administration, to name a few.

2. **Your resume.** Know what a good resume looks like. Start with a specific statement of what job you would like. Follow this with a listing of your strengths and talents. If you have gaps in your work history, put a brief paragraph at the end of the resume explaining the time spent with personal obligations.

3. **Identify employers.** Prepare a list of 15-20 employers and each day, contact two or three. Visit their facilities and try to meet someone who’s involved with hiring. Stay focused on these employers until the list is exhausted, and then make a new list.

3. Be Persistent

**Scenario**: You’ve had several interviews, and one job in particular is very appealing. But you haven’t heard back from anyone since your interview two weeks ago. You don’t want to be a pest, but it’s horrible not getting any feedback (good or bad).

It used to be that companies responded to every candidate who applied for a job, but today it’s up to you to keep in contact. Don’t hound employers, but standing out for being a bit too persistent can often give you an advantage. You can’t wait two weeks to follow up, so have a plan for how you’ll follow up after every interview.

Never leave an interview without the name, title, address, email, and phone number of the individual who’s directing the job search. Try to get a sense of the hiring timeline and when you can expect a follow-up conversation. When you send your thank you note or email, mention that you will be in touch on a regular basis. Send a follow-up email one week after your interview that emphasizes your interest in the position and clearly states, “this is the job I want.” If you get no response within two days, phone the employer every few days until you get an answer.

Create a reason to communicate! Send additional information or samples of your work. Job seekers are seldom hired for patience and humility. Be totally professional, but go after that job until you get it or until the employer tells you to stop contacting them.

Armed with these tips, you can overcome some of your job hunt challenges. Just remember to prepare a solid resume and list of viable employers and always be assertive and persistent.
Lisa Sharkey, Contributing Author to “Next Avenue” — public media’s first and only national journalism service for America’s booming older population, decided to switch careers from TV news to book publishing a decade ago and thought it would be helpful to note 15 skills that helped make her transition successful. Lisa believes this advice can be applicable for many, if not all industries:

1. **Having a Sense of Humor**

   In the newsroom, when reporters were all scrambling to get the story while we were live on the air, we would often tell each other: “It’s not brain surgery.” No. It’s. Not. Keep that in mind and try to look on the brighter side.

2. **Being Scrappy**

   I formed the pep squad in 6th grade when I did not make the cheerleading squad. That’s a good example of this. I wound up with pom poms and a leadership role in the bleachers. Never. Give. Up. Find a way to get it done. Go in the side entrance. Take a break and start again fresh until you succeed.

3. **Being Persistent**

   My nickname working on Tim Tebow’s first book was “Mrs. Persistence.” The publication stopped and started more times than Tim’s NFL career, but the book ultimately came out and sold more than 1 million copies. Do not throw in the towel if your gut says there is more you can do.

4. **Managing Up**

   Bosses are people, too, with real feelings and hearts made of things other than stone. Try to get in there and connect with yours. The last thing most bosses want is for you to scared of them. Make yourself known for the right reasons.

5. **Managing Others**

   Make sure you are kind, caring and helpful to everyone, including the woman who empties your garbage pail each night. Know your bus driver, the waitress at your diner and the security guard at your office. You are no better than them.

6. **Managing Across**

   Some of the best friends you will ever have are the people with whom you share office space. You spend more time with your team at work than with your family. Make it work. Get to know them. Look into their eyes when you talk to them and not into your phone. Work on getting over work-sibling rivalry.

7. **Thinking Critically**

   You cannot just wing things. You need to turn your focus to the task ahead and give it some thought. Bring in other perspectives. Take notes. Identify the problem and create a solution. Do not get lost in your thoughts; turn them into action, accept the feedback you get and act on it.

8. **Writing Concisely**

   If you can write, you can make things happen. Write every day. Write emails to others, but send them to yourself first. Edit your writing. Edit it again. Take the time to masterfully whittle your thoughts into the briefest possible argument or ideas. Sell your ideas through words. This skill will serve you for the rest of your life at work and home.

9. **Writing Without Typos**

   Just this week, I received a pitch letter filled with typos and bad grammar. Don’t let it happen. You will wind up in the trash file. Clean copy matters more than you know. Have a friend proofread what you write. Check it three times.

10. **Maintaining Alien Status**

    Do not identify with your captors. Do not be afraid to be the lone voice in the room. Think of the wildest ideas you can and you can always scale back. Do not let the eye-rolling of others stop you in your tracks.

11. **Working through the Fear**

    Remember: fear is what holds us back from grabbing those dreams right off of the shelf. Yes, many of us suffer from fear of failure, or even fear of success. You do not have time to let fear rule you if you really want to accomplish great things. So smile and bear it.
12. Harnessing Your Intuition
You have to be open to the ideas that simply come out of nowhere. That’s why it is so important to keep an open mind and an open heart and to let the universe guide you. I know it sounds so “New Age,” but it is actually true. We all have gut feelings and they need more TLC.

13. Behaving Like a Journalist
Journalists do not wait for stories to land on their desks, or at least the good ones don’t. Chase the story or the idea. Get to know the people you find fascinating in or out of the office. Reach out to them. Invite them for coffee, or a long walk or a phone call that lasts more than a few minutes. Do more than text and email.

14. Plugging Into the Zeitgeist
In many industries, if you are not following trending stories every day — whether they are on websites, blogs, Twitter, Facebook or your favorite newspaper and magazine sites — then clearly you are in the wrong business. Make being plugged into what you do each day your business.

15. Practicing Compassion
This is the No. 1 most important skill. Read all about it and practice it — not only on others, but also on yourself. We are human; we need to keep that in mind. Caring for yourself and your co-workers in a meaningful way means more than you can measure in an annual report.

In my book, Reboot Your Body: Unlocking the Genetic Secrets to Permanent Weight Loss, I dedicate three chapters to forming effective dietary habits, but I consider the most important section in the book to be the six pages I spend talking about food logs.

While many dieters have used food logs, few people invest the time and care necessary to make them truly effective. I get it — keeping track of everything you eat and drink is a pain. It takes time, you have to remember to do it in the first place and (perhaps least pleasant of all) a log forces you to confront all of your choices, especially the bad ones. But this is precisely why a food diary is so powerful: it shines a light on those things in your diet that are keeping you from reaching your weight loss goals.

What to Write in a Food Diary
A good food diary is more than just a list of items you eat each day. It is a true diary, a narrative that tells a tale about your eating and drinking habits and the circumstances relating to those habits.

When you wait too long between meals, do you load up on empty-calorie simple carbs? Does lack of sleep cause you to crave high-fat comfort foods? Do you drink more alcohol when your stress levels are up? A comprehensive food diary can illuminate these things and much more.

The convenience and user-friendliness of mobile weight loss apps render them significantly more effective than web-based and paper diaries.

It isn’t a coincidence that top healthy lifestyle and weight loss programs incorporate dietary tracking in some form or other. A 2008 study funded by the National Institutes of Health and carried out by Kaiser Permanente found that among more than 1,700 participants, those who kept a food diary lost twice as much weight as those who did not.

The Diabetes Prevention Program and the American Heart Association’s healthy eating program utilize food logs to help participants assess and modify their diets, and health coaches like me use the food diary as an integral part of our weight loss programs.

Details, Details, Details
While the Kaiser Permanente study suggests that any food diary is better than none, experience has taught me that the more comprehensive and accurate you can be, the better your chances of keeping the weight off once you’ve lost it.
A 2011 study published in the journal Translational Behavioral Medicine listed 13 evidence-based practices considered key for sustained weight loss. Seven were related to dietary awareness, planning and self-monitoring.

Reading food labels, planning meals and snacks ahead of time, paying attention to portion sizes and drinking water instead of juice, soda or other caloric beverages are all important secondary habits you can pick up when you learn to keep an effective food diary.

To prevent regaining weight after an initial weight loss, these dietary lifestyle habits (along with exercise and certain social habits) are more important than simply tracking calories. And keeping an accurate, detailed food log for even just a couple of weeks can help you build them.

Of course, you can only reap the weight loss benefits of all these habits if you actually build them in the first place. Luckily, technology is here to help.

**Apps that Help You Track**

Diet and weight loss apps are nothing new, but the latest versions are significantly better than they used to be just a few years ago. Indeed, that 2011 study on evidence-based practices found that of more than 200 first-generation weight loss apps reviewed, only 43 percent incorporated a food diary and not a single one integrated all 13 practices. However, recent research has found that the convenience and user-friendliness of the latest mobile weight loss apps render them significantly more effective than web-based and paper diaries, due in large part to increased adherence.

A 2013 study conducted at the University of Leeds, United Kingdom, reported an astonishing 93 percent adherence rate among smartphone app users over a six-month period compared to a 55 and 53 percent adherence rate among the website and paper diary groups, respectively.

And the result of that more frequent food tracking paid off — the smartphone users lost significantly more weight and more body fat as a percentage of weight than the other two groups.

What’s more, a study published in the Journal of the American Medical Informatics Association found that even when adherence rates were similar, app users consumed significantly fewer calories each day than non-app users.

In combination, this research suggests that dietary apps can be a powerful tool for weight loss, especially when the user takes advantage of all the features available, not just the simple calorie and nutrient tracking. Since most of today’s popular weight loss apps have similarly robust lists of features, perhaps the most important consideration when deciding which app to use is how much you like it.

A bit of quick research can help you find an app that’s easy to set up and use, and that one simple tool could be the game-changer in your weight loss effort.

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**A Message from our President & CEO**

Happy New Year NCBA Family!

The New Year promises to bring a lot of success for NCBA.

Let’s welcome 2017 with a strong commitment and new enthusiasm for ensuring African American seniors around the country know we are ready and able to assist them with acquiring affordable housing, training and job opportunities, the opportunity to participate in health and wellness programs that promote vitality at a mature age, and lots more.

This year is sure to bring more progress and achievements to NCBA. I look forward to working with each of you as well as having the opportunity to witness you make the most of your talents to meet and exceed your professional and personal goals.

Please accept my best wishes for the New Year 2017!

Sincerely,

-Karyne