United States Census 2020

How the 2020 Census will Invite Everyone to Respond

Every household will have the option of responding online, by mail, or by phone. Nearly every household will receive an invitation to participate in the 2020 Census from either a postal worker or a census worker.

95% of households will receive their census invitation in the mail.

Almost 5% of households will receive their census invitation when a census taker drops it off. In these areas, most households may not receive mail at their home’s physical location (like households that use PO boxes or areas recently affected by natural disasters).

Less than 1% of households will be counted in person by a census taker, instead of being invited to respond on their own. We do this in very remote areas like parts of northern Maine, remote Alaska, and in select American Indian areas that ask to be counted in person.
What to Expect in the Mail

When it's time to respond, most households will receive an invitation in the mail. Every household will have the option of responding online, by mail, or by phone. Depending on how likely your area is to respond online, you'll receive either an invitation encouraging you to respond online or an invitation along with a paper questionnaire.

Letter Invitation

Most areas of the country are likely to respond online, so most households will receive a letter asking you to go online to complete the census questionnaire. The Census plans to work with the U.S. Postal Service to stagger the delivery of these invitations over several days. This way we can spread out the number of users responding online, and we'll be able to serve you better if you need help over the phone.

Letter Invitation and Paper Questionnaire

Areas that are less likely to respond online will receive a paper questionnaire along with their invitation. The invitation will also include information about how to respond online or by phone.

If You Miss Our Letter in the Mail

Every household that hasn't already responded will receive reminders and will eventually receive a paper questionnaire. It doesn't matter which initial invitation you get or how you get it—we will follow up in person with all households that don't respond.

For more information about the 2020 Census, visit www.census.gov

How the Census Benefits Your Community

Federal funds grant and support to states, counties and communities are based on population totals and breakdowns by sex, age, race and other factors. Your community benefits the most when the census counts everyone. When you respond to the census, you help your community get its fair share of the more than $675 billion per year in federal funds spent on schools, hospitals, roads, public works and other vital programs.

The U.S. Joins Other Countries with Large Aging Populations

In less than two decades, the graying of America will be inescapable: Older adults are projected to outnumber kids for the first time in U.S. history.

Already, the middle-aged outnumber children, but the country will reach a new milestone in 2035. That year, the U.S. Census Bureau projects that older adults will edge out children in population size: People age 65 and over are expected to number 78.0 million, while children under age 18 will number 76.7 million.

This demographic transformation caused by a rapidly aging population is new for the United States but not for other countries. Japan has the world’s oldest population, where more than one in four people are at least 65 years old. Already, its
Europe is headed down the same demographic path. Some countries in Western Europe have populations that are older than the U.S., notably Germany, Italy, France and Spain. Countries in Eastern Europe are even further along and, within a few years, many of their populations are projected to begin shrinking.

America has been different, until now.

Higher fertility and more international migration have helped stave off an aging population and the country has remained younger as a result. But those trends are changing. Americans are having fewer children and the baby boom of the 1950s and 1960s has yet to be repeated. Fewer babies, coupled with longer life expectancy equals a country that ages faster.

Although declining fertility plays a role, the driving force behind America’s aging is the baby boomers. As one of the largest generations in the country, boomers leave a substantial imprint on the population. They swelled the ranks of the young when they were born and then the workforce as they entered adulthood.

Now, boomers will expand the number of older adults as they age. Starting in 2030, when all boomers will be older than 65, older Americans will make up 21 percent of the population, up from 15 percent today.

By 2060, nearly one in four Americans will be 65 years and older, the number of 85-plus will triple, and the country will add a half million centenarians.

With this swelling number of older adults, the country could see greater demands for healthcare, in-home caregiving and assisted living facilities. It could also affect Social Security. We project three-and-a-half working-age adults for every older person eligible for Social Security in 2020. By 2060, that number is expected to fall to two-and-a-half working-age adults for every older person.

If the trends continue, the U.S. is fast heading towards a demographic first. It will become grayer than ever before as older adults outnumber kids.

Contributing Author: Jonathan Vespa is a demographer in the U.S. Census Bureau’s Population Division.

Did you know?

A citizenship question will likely appear as the last question on the 2020 census, the first time it will be asked of all households since 1950.

The 2020 census will be the first to ask about same-sex couples.

States can primarily support the 2020 census in three ways: by contacting Congress, funding census work and creating “complete count committees.”
The answer to who the decennial census counts is relatively simple—it counts everyone. It’s not so simple, though, to answer: How does the census count everyone? The “who” includes every person who resides in the country. The “how” deals with what questions are asked and by which methods.

The U.S. Constitution requires that every “person” be counted. Just how the government goes about that changes from one census to the next. The upcoming 2020 census will be no exception to the rule because it will include both minor and some major changes.

Federal Action

The census is a federal responsibility, executed by the federal government through the U.S. Census Bureau, nested within the Department of Commerce. Even so, states can offer support to make it as complete and successful as possible.

The U.S. Census Bureau has changed several aspects of its operations, including the methods of the survey and some of the questions.

Operational Changes. The 2020 census will be the first census to use the internet as the primary response method, and to provide a call-in option. Ultimately, in part because of the persistent digital divide, individuals can choose whichever method they prefer—internet, phone, or the classic option, paper. Some may choose to use phone or paper because internet connectivity is not easily available, or because they have concerns about cybersecurity and providing their information over the web.

Given the nature of the internet, cybersecurity concerns are at the forefront of planning. The bureau continues testing and fine-tuning its hardware and software even as April 1, 2020—the specific day everyone is counted—approaches.

Changes to Questions. In addition to the new data collection methods, the Census Bureau and the Commerce Department have changed what will be asked on the decennial census form. The census form begins with an initial set of questions.

These include asking how many people live in the household as of April 1, 2020, whether additional people are in the household who were not included in the first question, if the house is rented or owned, and a phone number for follow-up. The form then asks about everyone in the home, including name, age and race.

Although still under challenge in the courts, the census will likely ask about the citizenship status of respondents. The question was last asked of all households in 1950, when the number of immigrants was at historic lows. It has been asked throughout the subsequent decades, however, on the “long form.” The long form was replaced after the 2000 census by the Census Bureau’s American Community Survey, an ongoing survey sent to a sample of households every year. The effects of adding the question have not been fully tested.

Additionally, there is currently no plan to add the category of “U.S. National” to the possible answers. Proponents argue that better citizenship status data will aid in enforcing the Voting Rights Act and that the country should know who is and who is not a citizen, perhaps for redistricting purposes or other goals. Opponents contend that those rationalizations are a smoke screen and that the question will depress response rates, given the contentious national rhetoric surrounding immigrants and refugees.

While much research was done around altering the questions regarding racial and ethnic origins, these will remain largely the same as they appeared in the 2010 Census. The question, “Is Person 1 of Hispanic, Latino, or Spanish origin?” will remain a stand-alone question, identical to the 2010 version. A respondent may check “no;” or one of the pre-set boxes for “Mexican, Mexican Am., Chicano, Puerto Rican, or Cuban;” or write in another Latin American nationality.

One change is to the question, “What is Person 1’s race?” Individuals who select “White” or “Black or African Am.” can further describe their heritage, similar to the Hispanic origin question. They will be given 16 characters, the same as the Hispanic origins question, to write in, for example, Italian, Nigerian, or even American. Longer combinations will not fit the space. Moreover, the proposal to add the new category of Middle Eastern or North African, or MENA, was not added.
For the first time, same-sex couples will be included in the decennial census. Under “How is this person related to Person 1?” respondents may check the boxes “Same-sex husband/wife/spouse,” or “Same-sex unmarried partner” after options for “Opposite-sex” spouses and partners. Two sexes are provided as options in a separate category. Respondents can select male or female as their sex in a separate question.

Just where some groups will be counted remains a topic of discussion as well, since the allocation of billions of federal dollars relies on census data. Military members are one of these populations. Deployed troops will now be counted at their home bases or ports, rather than following the 2010 protocol, which counted them at the address they provided at enlistment.

Where to count the incarcerated remains a topic of ongoing debate. Reformers want prisoners to be counted at their home addresses rather than as residents of the facility where they are held. This policy, they argue, artificially inflates the populations of areas that run prisons while draining resources away from other areas when prisoners are likely to stay at individual prisons for only a short time.

Conversely, changing the policy would drain resources away from areas that maintain prisons, which are most often rural. For “group quarters,” the guiding rule for the Census Bureau is that of “usual residence,” or “the place where [people] live and sleep most of the time.” That means college students should be counted in dormitories if that is where they reside most of the time as of April 1, 2020.

**State Action**

States benefit from accurate census data in four primary ways: It guides the disbursement of more than $800 billion federal dollars to the states; the decennial census lies at the core of congressional apportionment; states use census data for redistricting at all levels of government; and lawmakers, businesses and nonprofits use census figures to make decisions.

States can choose to support the census in three ways. First, state legislators can speak with their congressional representatives about the census. Second, they can form state-level “complete count committees” (sometimes called commissions, or CCCs). By May 2018, California, Georgia, Illinois, Kentucky, New York and Mississippi had created CCCs. Legislation was pending in Louisiana and Rhode Island. These are usually created by a governor’s executive order or through the legislature. Other states have launched alternative initiatives to promote the 2020 Census.

And third, states may appropriate funds toward census outreach, education and promotion. California, Georgia, Maryland, Minnesota, Oregon, Virginia and Washington have appropriated funds of various amounts to census work. Michigan passed legislation that would allocate $1 of matching state funds (up to $500,000) for every $4 in private funds received. Arizona introduced but did not pass a funding bill, and additional dollars from California are pending.

For more information about the Census, visit [www.census.gov](http://www.census.gov).

It’s time for that once-every-10-years job opportunity! If you are looking to earn extra income for your household, you may want to consider becoming a U.S Census worker. To prepare for the 2020 census, the U.S Census Bureau is hiring thousands of recruits to work temporary jobs across the nation.

Working for the census will allow you to help your community and earn money at the same time. The U.S Census helps determines each state’s representation in Congress, how funds are spent for schools, hospitals, roads, and provides information to guide many decisions made by government agencies, private businesses and institutions.

Jobs within the census vary from working in the field canvassing, updating maps, doing follow up interviews with citizens in your community, or working in the office as a clerk doing administrative tasks or office operation supervisor, who oversees the field staff. The job begins on April 1, 2020 and ends in December of 2020.

The Census is recruiting now due to the process of getting future employees through training and other screening processes. “Working for the census is definitely enjoyable, it’s not hard to do and it’s worth it for the pay,” Randy Kramer, U.S Census clerk for the Gainesville office, said.
To be able to work for the census you must be:

- 18 years old
- Valid Social Security
- Be a U.S Citizen
- Complete an application and answer assessment questions
- Be registered with the Selective Service System
- Pass a Census-performed criminal background check
- Commit to completing training
- Be available to work flexible hours

Many older Americans take on Census jobs after formal retirement from a full-time career. But if you already have a job, you can still work for the Census. Your current job cannot clash with the hours you work for the Census nor create any conflicts of interest. If you’re a veteran who served on active duty in the U.S military, you may be eligible for veteran’s preference.

For more information about working for the 2020 Census, visit https://2020census.gov/en/jobs

Cindy Hounsell, president of WISER, the Women’s Institute for a Secure Retirement, discusses financial challenges facing women.

Q: Women are more likely to take on the role of full-time caregivers. What is the financial cost to them?

A: When I first started doing this, caregiving advocates would say to me, “People love their caregiving job. They do this because they love their parent. You can’t talk about finances.”

But I started talking about it. I’d do events with aging advocates and people would come up to me afterward, like a schoolteacher who said, “I quit my job with benefits to take care of both parents, and now the state is taking the house for all the money they owe. I’m 64 years old. Where am I going to get a job?” A lot has been written about this. You’re not going to get another job with benefits. These people have nothing left because someone they loved got sick. I think a lot about them.

Q: What are some of the ideas being considered to support caregivers?

A: We are talking more about family caregiver agreements. Families are beginning to understand that caregiving has to be about more than just one person. We’re beginning to hear that the other siblings are pitching in financially. I’ve even seen examples where the other family members bought the family house for the sister who quit her job to do the caregiving.

What’s interesting is that we also see a lot of younger women who are daughters quitting their jobs to be caregivers for their parents. But we’re hearing from several older women who tell them, “Don’t quit your job.” You’re sacrificing something for a responsibility that needs to be shared with the rest of the family.

Q: How should women prepare for their financial lives when they become widows?

A: Over the years, I’ve heard story after story about widows not getting survivor benefits or pension benefits they should have had. They didn’t sign up for it properly, or they didn’t handle it correctly in a divorce. They leave money on the table that they are going to need. We urge women, and the children of these women — because they are going to end up with some of that burden — to start talking about this.
Q: What are some specific strategies older women can consider preparing for a more secure retirement?

A: People say you should really work to age 70. If you think you can’t, and you are pushing to get to age 66 and get your full benefits, maybe try staying at your job at least another year or two. Or if you can’t put the maximum each year into your IRA, at least put a little bit in. These are hard decisions, but there are things you can do. Don’t just say you don’t want to deal with them and do nothing.

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Caring for Others: Tips for Medicines and Devices

Do you help care for a loved one at home or check on them out of town? You want to help your loved ones stay as healthy as they can be. But it can be hard to manage their medicines and medical devices. Changes in their treatment can also be a challenge.

Use these four (4) tips for how you, your loved one, and their healthcare provider can create a plan for using medicines wisely.

Tips for Creating a Care Plan

1. Get the Facts

You need to know what each medicine is for and how it should be taken. You also need to know how each device works. When you go to the doctor, you or your loved one should ask:

• What is the name of the medicine?
• How much medicine should your loved one take and when should they take it?
• What are the side effects or special warnings?
• What can be done if your loved one has problems taking or tolerating their medicine?
• How do we safely get rid of old or unused medicine and devices?

2. Follow Directions

• Taking too much or too little medicine can make your loved one very sick. Use the medicines and devices as directed.

3. Stay Organized

Simple steps can help your loved one stay safe and stick to their medication routine. They can also help make your work easier.

• Keep a list of medicines.
• Set reminders.
• Lock medicines up and away.
• Keep track of any changes in your loved one’s health.
• Report problems to their healthcare provider. You can report problems with medicines to FDA at www.fda.gov/medwatch/report.

4. Be Prepared! Don’t be Caught Off Guard.

• Plan for emergencies.
• Pack a kit with medical supplies and batteries. Put the kit in a place that is easy for your loved one to access.
• Include a copy of your loved one’s medicine list and other medical information in the kit.
• Ask how to handle medicines or devices affected by flood water or heat.
• Tell the electric company and fire department if there is a medical device that needs power in your loved one’s home.

For more information, visit: https://www.fda.gov/downloads/ForConsumers/ByAudience/ForWomen/FreePublications/UCM619919.pdf

Before you start:

• Ask a healthcare provider for help.
• Use the right tool. Give the right amount.
• Read the labeling and other information.
• Read the directions on how to clean your device. You should not use household cleaners on some devices.
Caring for an Older Adult? You Are Not Alone

If you’re caring for an aging spouse, partner, family member, or friend, you may need support.

To identify the caregiving needs of our communities, the NCBA Health Program and the Diverse Elders Coalition, a not-for-profit, national advocacy coalition working to improve the quality of life for aging communities and the NCBA Health Program have partnered to address the unmet needs of caregivers.

Supported by a grant from The John A. Hartford Foundation, a private, nonpartisan philanthropy organization dedicated to improving the care of older adults, the goal of this survey is to understand the opinions and experiences of people who are helping an adult with health problems or disabilities, and to improve national and community-based programs and services for caregivers.

The survey is anonymous; please do not put your name on it.

Your answers will be combined with answers from about 800 others who are helping a relative, partner, friend, or neighbor, age 55 or over. The Survey takes about 20-30 minutes to complete. After completing this survey, you will receive a $20 CVS gift card in appreciation for your time.

If you would like to complete the caregiving survey, please email Angie Boddie at aboddie@ncba-aging.org before April 26, 2019. Your thoughts and opinions matter.

Sleep Problems

Basic Facts About Sleep Most adults need 7-8 hours of sleep each night. Not everyone gets the sleep they need. Occasionally, you may have trouble sleeping due to:

- Stress
- Health problems and medicines
- Long work hours/shift work
- Light or noise
- Drinking alcohol or eating too close to bedtime

If you have trouble falling asleep or staying asleep most nights, you may have a sleep problem called insomnia. Some people have more serious sleep problems. Talk to your doctor if you:

- Fall asleep during the day
- Snore or make choking sounds in your sleep
- Have odd feelings in your legs or feel like you need to move your legs

Prescription sleep medicines work well for many people, but they can cause serious side effects.

- Talk to your doctor about all the risks and benefits of using prescription sleep medicines.
- Sleep drugs taken for insomnia can affect your driving the morning after use.

Sleep drugs can cause rare side effects like:

- Severe allergic reactions
- Severe face swelling
- Behaviors like making phone calls, eating, having sex, or driving while you are not fully awake
Over-the-Counter (OTC) OTC sleep drugs have side effects too. Read the "Drug Facts Label" to learn more about the side effects of your OTC sleep medicine.

Talk to your healthcare provider if you have trouble sleeping almost every night for more than 2 weeks.

Making some changes to your night time habits may help

- Go to bed and get up at the same times each day.
- Sleep in a dark, quiet room.
- Avoid caffeine and nicotine.
- Don’t drink alcohol before bedtime.
- Do something to help you relax before bedtime.
- Don’t exercise before bedtime.
- Don’t take a nap after 3 p.m.
- Don’t eat a large meal before you go to sleep.

For more information about sleep, visit www.fda.gov/womens

**Multigenerational Households**

Between 2000 and 2016, the number of multigenerational households increased by a remarkable 21.6 million, increasing from 42.4 million in 2000 to 64 million in 2016. Today, 1 in 5 American households are multigenerational.

Multigenerational families offer many advantages to its members. These households also face many challenges. Generations United urges policymakers and the private sector to offer supportive policies and services to support them.

What is a Multigenerational Household?

The U.S. Census Bureau defines multigenerational families as those consisting of more than two generations living under the same roof. Many researchers also include households with a grandparent and at least one other generation.

**Multigenerational Household Key Facts**

- Multigenerational households have rapidly increased in the last few years:
- One in five Americans currently lives in a multigenerational household.
- The number rose from 42.4 million in 2000 to 64 million by 2016.
- In 1950, 21 percent of households, including 32.2 million people, were multigenerational
- After 1980, the number and percent of people living in multigenerational households began to rise again, very slowly, until the past few years when a more rapid uptick has begun to occur.

**Major Factors Leading to the Increase in Multigenerational Households**

Five major factors appear to contribute to the increase in multigenerational households:

- **Slower Starts:** People are marrying later. More unmarried 20-somethings continue to live with their parents, by choice or economic necessity.
- **Immigration:** Latin Americans and Asians have immigrated to the U.S. in large numbers. Immigrants are more likely to live in multigenerational families.
- **Availability of Kin:** There are more Baby Boomers currently financially secure and able to offer their parents a place to live in their old age while providing a home to their own children.
- **Health and Disability Issues:** Increasing numbers of Americans of all ages suffer from chronic conditions and disabilities. They may move in with family members to gain access to caregivers for themselves and/or their children.
- **Economic Conditions:** During the Great Recession many Americans struggle with job loss or other forms of reduced income. Sharing household expenses across generations make them more manageable.
Types of Multigenerational Households

Multigenerational Households come in all shapes and sizes. A few common types include:

- **Three-generation:** The most common multigenerational household arrangement consists of three generations – typically one or more working-age adults, one or more of their children (who may also be adults), and either aging parent(s) or grandchildren.

- **Grandfamilies:** There are also growing numbers of grandfamilies – that is, households headed by an older individual or couple who live with grandchildren under age 18.

- **Two adult generations:** Most two-generation households consist of parent(s) and child(ren) under the ages of 18 to 22. However, households with “boomerangs” are on the rise – grown children who because of unemployment, underemployment or other reasons return to their childhood household.

- **Four-generation:** Once a rarity except in some lower-income ethnic communities, the four- or even five-generation household – parents, grandparents, great-grandparents, adult children, their children – is more commonplace and socioeconomically significant.

For more information about multigenerational households, visit [https://www.gu.org/explore-our-topics/multigenerational-households/](https://www.gu.org/explore-our-topics/multigenerational-households/)

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**Measles Outbreak 2019:**
What Are the Symptoms, How Does it Spread?

April 11, 2019 -- Measles cases have been skyrocketing in the U.S. this year, with 555 reported so far, according to the CDC. Worldwide, the number of reported cases jumped 300% in the first three months of 2019 compared to the same period in 2018, according to the World Health Organization. Learn why it’s happening and how to protect your family from this potentially deadly disease.

**What is measles?**

**Measles** is a contagious disease spread by a virus. It’s so contagious that when someone has measles, 90% of the people around them who aren’t immune will also catch it. And it’s so serious that one in four people who get measles will need to be hospitalized.

**What are the symptoms of measles?**

Seven to 14 days after exposure, symptoms begin with a high fever, cough, runny nose, and red, watery eyes. Several days after that, the measles rash appears.

**Why has measles come back?**

Measles was declared eliminated in the U.S. in 2000, 3 decades after the vaccine was introduced. But in recent years, “A critical number of parents have chosen not to vaccinate their children,” says Paul Offit, MD, director of the Vaccine Education Center at Children’s Hospital of Philadelphia. “When that happens, measles -- the most contagious of vaccine-preventable illnesses -- is often the first to come back.”
Where have there been measles outbreaks 2019?

The CDC defines an outbreak as three or more cases.

The largest outbreak this year has been in New York City, with nearly 300 cases concentrated in an Orthodox Jewish community in the Williamsburg area of Brooklyn. New York City Mayor Bill de Blasio declared a public health emergency April 9 and said unvaccinated residents living in certain ZIP codes that had been exposed to the virus must get the vaccine to help prevent further spread of the disease.

Residents who refuse may face a violation and possible fine of $1,000. A group of parents is suing the city’s public health department to block the order. Rockland County, north of the city, also had a sizable outbreak, as did counties in Washington state, Michigan, New Jersey, and California. Individual cases have been confirmed in 14 other states.

How dangerous is it?

For some people, measles brings far more than just a fever and a rash. There is no treatment, and it can cause serious health complications, especially in small children. Currently, five patients in New York City have been admitted to the intensive care unit. In general, one out of every 10 children with measles get an ear infection, which can lead to permanent hearing loss. And one or two out of every 1,000 will die.

Who’s most at risk of measles?

About 500,000 people in the U.S. can’t be vaccinated because of severe allergies or a weakened immune system, says Offit. Those people rely on everyone else’s vaccinations to protect them, in a concept known as community (or herd) immunity. Community immunity also keeps infants safe, since the vaccine isn’t given until a child is a year old.

How is measles spread?

People with measles can spread the disease up to 4 days before their symptoms appear. When an infected person coughs or sneezes, the virus sprays into the air, where it lingers or lands on surfaces. The virus can live outside a human body for up to 2 hours -- so even if you enter an empty room, if you don’t have immunity, you can become infected.

What is the chance that measles will spread more widely?

If more parents refuse to vaccinate their children, the disease could become a constant threat.

When is the measles vaccine given?

The vaccine is usually given to children between the ages of 1 and 6. To be most effective, they’ll get two doses: the first at 12 to 15 months, and the second between ages 4 and 6. That second dose can be given as soon as 28 days after the first dose, if necessary.

If every unvaccinated person got vaccinated, would it stop the spread?

Absolutely, says Offit. “Measles is back because we haven’t learned from history. And it’s the children who suffer for our ignorance.”

Are measles parties safe?

Before there was a vaccine for chickenpox, parents would bring children to the home of a child who had the pox to expose them on purpose. (Chickenpox can become more serious in adults.) Now, some parents who refuse vaccinations for their children are doing the same with measles. Offit says this is extremely dangerous. “Why risk a natural infection, knowing it could mean your life?”

Does the vaccination I got as a child still protect me?

In most cases, yes. Only about three people out of every 100 who get both doses of the vaccine will still get measles after exposure. One caveat: If you received the vaccine in its early days, between 1963 and 1967, you may need to be re-vaccinated. Certain vaccines given in those years were not effective.

For more information, visit www.cdc.gov.
1. Why get vaccinated?

Adults may be at risk for serious diseases that are still common in the U.S.

- Each year thousands of adults in the United States get sick from diseases that could be prevented by vaccines — some people are hospitalized, and some even die.
- Even if you got all your vaccines as a child, the protection from some vaccines can wear off over time. You may also be at risk for other diseases due to your age, job, lifestyle, travel, or health conditions.

You can’t afford to risk getting sick.

- You can’t afford to risk getting sick. Even healthy people can get sick. If you’re sick, you may not be able to take care of your family or your other responsibilities.

You can protect your health and the health of those around you by getting your doctor recommended vaccines.

- Vaccines lower your chance of getting sick.
- Vaccines work with your body’s natural defense to lower the chances of getting certain diseases as well as suffering complications from these diseases.

Vaccines lower your chance of spreading certain diseases.

- There are many things you want to pass on to your loved ones; a vaccine preventable disease is not one of them.

Vaccines are one of the safest ways to protect your health.

- Vaccine side effects are usually mild and go away on their own. Severe side effects are very rare.

2. How can YOU get vaccinated?

You can get most recommended vaccines at your doctor’s office. Many recommended vaccines are also available at local pharmacies, health centers, health departments, and travel clinics.

3. Does insurance cover my recommended vaccinations?

Most health insurance plans, including Medicare cover the cost of recommended vaccines. NCBA encourages individuals to check with their insurance provider for a list of vaccines they cover. Non-insured individuals should visit www.healthcare.gov to learn more about their immunization options.
NCBA Supportive Services

The National Caucus & Center on Black Aging, Inc., (NCBA) one of our country’s oldest organizations dedicated to aging issues related to African American older adults. NCBA is also a leading authority when it comes to offering supportive services for older adults, including but not limited to safe and affordable housing; job training and employment opportunities; and health and wellness programming that promotes vitality at a mature age.

NCBA Supportive Services include:

**Employment Opportunities**

NCBA provides programs and services including employment training through its Senior Environmental Employment (SEE) Program and its Senior Community Service Employment Program (SCSEP).

To learn more about the Senior Community Service Employment Program (SCSEP), visit: [https://www.ncba-aged.org/employment-program-resources](https://www.ncba-aged.org/employment-program-resources).

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

**NCBA Health & Wellness Program**

NCBA’s Health and Wellness Program advances the principles of health and wellness, vitality, and activity at a mature age.

The NCBA Health and Wellness Program promotes healthy living and disease prevention through nutrition, physical activity, early detection and screening with the intent of changing behaviors. The program addresses many health issues, including: cancer (breast, cervical and prostrate); cardiovascular disease; hypertension; HIV/AIDS; substance abuse; medication usage; Alzheimer’s Disease; nutrition; physical activity; access barriers (services and Care) and more.

To learn more about NCBA Health Program, visit: [https://www.ncba-aged.org/health-and-wellness/](https://www.ncba-aged.org/health-and-wellness/)

**Housing**

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization’s largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC.

To learn more about NCBA Housing Program, visit [https://www.ncba-aged.org/affordable-housing/](https://www.ncba-aged.org/affordable-housing/)

*Samuel J. Simmons NCBA Estates located in Washington, DC*
Older Americans Month

Every May, the Administration for Community Living leads our nation’s observance of Older Americans Month. The 2019 theme, Connect, Create, Contribute, encourages older adults and their communities to:

- **Connect** with friends, family, and services that support participation.
- **Create** by engaging in activities that promote learning, health, and personal enrichment.
- **Contribute** time, talent, and life experience to benefit others.

Communities that encourage the contributions of older adults are stronger! By engaging and supporting all community members, the Administration for Community Living recognizes that older adults play a key role in the vitality of our neighborhoods, networks, and lives.

**Activity Ideas**

Bring your community together to connect, create, and contribute. Offering an activity or event is a fun and effective way to celebrate Older Americans Month (OAM). There are countless approaches to planning activities like this. Below are a few ideas to get you started.

**Connect**

- Arrange a sit-down meal to celebrate OAM and consider recognizing community members for their accomplishments. Ask local leaders to attend and/or speak.
- Plan a game night or crafting activity that brings people together in the name of fun. Invite guests for their feedback and think about turning it into a regular event.
- Encourage older adults and other storytellers to share their experiences, perhaps around a certain theme. Invite local media to help connect with a broader audience.
- Plan a virtual date night with family or friends. Pick or create an occasion to call or video chat with others and celebrate.

**Create**

- Offer a class on computers and social media to help people become comfortable connecting online.
- Plan a resource fair or set up a kiosk at community events to inform older adults about services and supports available to them.
- Inspire older adults to express themselves through art, dance, exercise, or other personal enrichment activities.
- Host a workshop for seniors on key issues like starting a new career, personal finance, nutrition, or safety. Consider engaging an older adult to lead the workshop.
- Create a virtual village to bring older adults in your community together through an online forum. Virtual events can cover topics related to shared interests of your group.

**Contribute**

- Coordinate one or a series of community betterment activities (e.g., cleanups, gardening, donation drives).
- Host a fundraising event, like a community walk or bake off, to benefit local programs or community centers that serve older adults.
- Promote the work of volunteers and organizations (e.g., meal programs) that support older adults. Recognize their contributions at a public event or in the media.
- Develop an online forum where older adults and other community members can contribute their ideas and/or time in service of others.
- Use social media to connect older adults with resources and each other. Consider hosting a photo, caption, or story contest to encourage interaction.
The rally will bring residents, policymakers, advocates, and other stakeholders together in support of more resources to address the affordable housing needs of older adults with low incomes. Speakers will include members of Congress, residents, and leaders from the aging services community. We encourage your participation in this extremely important activity.

Your Home  
Our Voices  
Senior Housing NOW Rally  
Protect and Expand Affordable Housing for Older Adults  
SAVE HUD  

Join NCBA, Leading Age and other housing advocates like you on Capitol Hill to rally around one simple goal:  
Protect and Expand Affordable Housing for Older Adults  

When: Wednesday, May 8, 2019  
Where: West Lawn of the United States Capitol Grounds  

To Attend This Event, Register with the NCBA Estates Leasing Office By May 1, 2019  

Bus Transportation & Refreshments Will Be Provided  

For more information, visit www.leadingage.org