Nearly a thousand people gathered on the Capitol Hill west lawn on May 8th to call attention to the need for safe, affordable, accessible housing for older adults. The weather smiled on us and LeadingAge members and older adult residents and supporters from across the country heard from members of Congress, residents in affordable housing, the American Association of Service Coordinators, and the great cheerleading of Steve Fleming, chair of the LeadingAge board.

Maryland had more people present than any other state. Catholic Charities, CSI Support and Development, Fellowship Square Foundation, National Church Residences and Volunteers of America were out in force!

Jill Humann, President & CEO for Leading Age Maryland said, “Thank you, thank you, thank you for advocating in person for safe, affordable, accessible housing and services for every older adult!! And, let’s continue this important advocacy wherever we are! Together, we can make a difference”.
Carolyn Vinson, Resident Association President at Samuel J. Simmons NCBA Estates delivered remarks about the importance of senior housing.

Ms. Vinson said, "I am so happy to be here today with all of you! My name is Carolyn Vinson and I am the President of the Resident Council at Samuel J. Simmons NCBA Estates, just up here on 14th Street Northwest.

I have lived there for 18 years.

As Steve just said, I am one of the lucky ones. I know I am one of the lucky ones because I know all about budgets and money. I was an accounting technician for the Small Business Administration for 19 years. I can tell you exactly how much the retirement savings I worked so hard to build fell short of letting me live in a quality home, in a beautiful community, in a safe neighborhood.

I live in a neighborhood called Columbia Heights. I think it has "heights" in the neighborhood’s name because of how high rents are there. But there also stores. And buses. And doctors. And pharmacies. And a metro stop.

But, without Sam Simmons NCBA Estates, Columbia Heights would not have me, or any of my wonderful neighbors.

My affordable home means I can afford to live in my hometown and I can live near my family. Those are some of my favorite words, so I will say them again: I can live near my family. I am grateful for my home, my health and my community. Along with living near my family, these are things I always assumed I’d have.

After 30 years of working for the federal government, I wasn’t planning on anything else. And then rents exploded and my options for living in DC became out of reach.

Thanks to Sam Simmons, I have a rent I can afford and a community that keeps me active and healthy.

While I am grateful, I also know that I am the exception to the rule.

Most seniors do not have a Sam Simmons. Most seniors live in housing that makes them choose between paying their rent or mortgage or paying for food or paying for medicine don’t have a Sam Simmons.

But, they should.

I am here today to ask Congress to expand HUD’s affordable housing programs so that everyone has a safe, affordable, quality place to call home.

I am here today to ask Congress not to leave other seniors behind.

We have worked hard.

We have raised beautiful families.

We have built the communities everyone now enjoys.

Now, we need something. We need some help paying for the roof over our heads.

I knew Mr. Sam Simmons, the great and giving man that my community is now name for.

I know he’s looking down on us today. He’d be so proud to see us all here, speaking for seniors.

Mr. Simmons was one of the first administrators of the Fair Housing Act, when he was an Assistant Secretary at HUD.

Mr. Simmons was a champion for justice.

Each of you is a champion for justice.
I want to thank you for telling Congress how important it is to keep the affordable housing we currently have, but also that must be expanded so more seniors can live comfortably, affordably, and yes, near our families! Thank you all!”

Senior Housing Residents In Action!
What is Section 202 Housing?

Funded through the Department of Housing and Urban Development (HUD), the Section 202 Supportive Housing Program was initiated to provide affordable and assisted living for the elderly. This program is the only affordable housing program offered exclusively for seniors.

Benefits

202 program participants receive rental assistance. The resident will pay 30 percent of her income towards rent. The rental assistance subsidy pays the remaining portion.

Program Participant Eligibility

To live in a Section 202 housing development the head of household must be 62 years of age or older and provide proof that he meets the very low-income limit requirement. Other family members who do not meet the age requirement may live in the development; however, the total household income will be used to determine income eligibility.

Program Requirements

Once an applicant is selected for the program, the family must sign a lease and a tenant rental assistance contract. Since household income and family composition may change over the course of a tenancy, the contract states that they agree to re-certify annually to determine if the family is still eligible to receive assistance.

If the household’s income has exceeded the very low-income limit level, they will no longer receive a rental subsidy; however, they can remain in the housing development if the head of household still meets the 62 years of age requirement.

For more information about the Section 202 Supportive Housing Program, visit www.hud.gov

Senior Living Options

Active Adult Community

If you’re healthy and independent but want a house and neighborhood designed for your needs and interests, this

might be the right fit. You must be a certain age, typically at least 55, to rent or buy one of these condos or houses. The communities usually offer social opportunities with your peers, activities, and sports, but no care or other support.

Senior Apartments

Another option for independent seniors is to rent an apartment in a building that doesn’t allow kids or young adults. These can be high-end and costly or designed for people on a tight budget. They may have perks like a gym or pool, but they don’t have any care services.

Independent Living

This type of community might be right for you if you’re able to take care of yourself but want someone else to do the cooking and cleaning. They typically offer meal plans as well as services like laundry, transportation to shopping areas or doctors’ appointments, and housekeeping. Most have social activities for residents and schedule outings to local events.

Co-Housing

Seniors who are independent and don’t want to move into a facility run by someone else may think about a co-housing community or co-op, where you own your own home. Residents share some common facilities and make decisions about the community together.

Home Health Care

If you live in your own home and get sick or injured, home health care can provide some basic treatments you’d typically get in a hospital or nursing facility. For example, home health aides can change wound dressings, give shots, take your blood pressure, or help with meals. Your doctor can refer you to a home health agency so it’s more likely to be covered by insurance.

Adult Day Social Care

These programs or centers offer a safe, comfortable place to enjoy meals and socialize with peers, but you don’t stay overnight. Trained staff can help with tasks like going to the bathroom or eating. They may also provide transportation to and from the center.
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**Memory Care Facility**

Some assisted living facilities have areas dedicated to memory care. This means there’s a separate floor or wing just for people who have some form of dementia, like Alzheimer’s disease. Memory care facilities have round-the-clock staff to care for the residents and make sure they stay safe.

**Nursing Home**

Skilled nurses are on site around the clock to help with medical care, supervised by a doctor. Nursing assistants help residents bathe, dress, walk, or eat their meals. Therapists can also help seniors who have physical or speech problems.

**Continuing Care Retirement Communities (CCRCs)**

These offer the different options for care you may need over time. For example, one area may have independent living apartments, while another has units with assisted living or memory care services. Some CCRCs even include a nursing home. You can age in place and not have to move to another facility.

**Respite or Personal Care**

If you’re a caregiver for a senior and need an occasional break, these programs can step in for a short time. Staff can care for seniors in their own homes or at assisted living or skilled nursing facilities. You may book someone for a few hours or a few weeks. These may not be covered by insurance, so check on the cost before you commit.

**Palliative Care**

Doctors, nurses, therapists, or clergy work together to ease your pain or other symptoms and give you comfort. It’s not designed to treat or cure your disease. You can get palliative care at a nursing home, hospital, or in your own home.

**Hospice Care**

This is round-the-clock care at a hospital, special facility, or at home for people who have an incurable illness. Doctors and nurses treat pain and other symptoms, like nausea or breathing problems. Clergy or social workers offer counseling or emotional support.

**Adult Foster Care**

This may work well for seniors who have a mild disability. They’re usually small, with up to six residents who each have their own bedroom but share a living or dining room. Adult foster care homes may offer meals, recreation, or rides to the doctor’s office, but they don’t provide medical care. These homes also may have social workers or legal aides.

For more information, visit [https://www.webmd.com/healthy-aging/ss/slideshow-senior-living-options](https://www.webmd.com/healthy-aging/ss/slideshow-senior-living-options)

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**Rural America Faces a Housing Cost Crunch**

Bertie County, North Carolina, is one of many rural counties that saw a sizeable increase this decade in the number of households spending at least half their income on housing.

The problem of housing affordability, long a concern in popular big cities, has moved to rural America.

Nearly one-fourth of the nation’s most rural counties have seen a sizeable increase this decade in the number of households spending at least half their income on housing, a category the federal government calls “severely cost-burdened.”

Those counties, none with towns of more than 10,000 residents, have experienced housing cost increases significant enough to force families to scrimp on other necessities.

Meanwhile, only two big-city counties — Bronx, New York, and Norfolk, Virginia — fell into the same category. Both had 2-point increases, according to a Stateline analysis of American Community Survey estimates from the U.S. Census. Stateline compared the early years of the Great Recession, 2006-2010, with the most recent economic recovery era, 2013-2017.

The share of severely cost-burdened households has fallen since the Great Recession in expensive destinations such as Cape Cod, Massachusetts; Key West, Florida; San Francisco and Seattle. The share also has dipped slightly in Manhattan, New York, as the overall economy has recovered.
Losses of high-paying jobs have hit some rural regions, such as a cluster of coal-dependent counties in Kentucky, Tennessee and Virginia, especially hard. Other places are struggling with affordable housing because new workers in economically revived areas are vying for rental housing, putting pressure on prices in a rental market with a limited supply.

**Rural Counties Are Making a Comeback, Census Data Shows**

"Sometimes all it takes is just one new [business] facility in one of these communities," said Corianne Scally, a research associate who studies affordable housing at the Urban Institute.

"All of a sudden you need more labor on hand to start up that plant, you’re stretching the ability of the rental housing base to accommodate new people and you see prices increase," Scally said. That’s the case in Irion County, Texas, population 1,516, where fracking and wind farms have been bringing new workers, said county clerk Shirley Miles.

The county’s energy jobs tripled to 187 between 2010 and 2016, the latest federal data available, at average annual wages of more than $63,000. Unemployment in the county dropped from 5.3 percent to 3.2 percent in that time, and typical monthly rents rose 44 percent to $858.

Another new wind farm is under construction now, and it’s already under contract to provide power to Mexico-based baker Grupo Bimbo and other customers. That’s bringing 300 temporary construction workers this year and a dozen more permanent jobs after the wind farm is operational.

"Yet Irion County had one of the largest cost-burden increases, according to the Stateline analysis, with 13 percent of households severely cost-burdened in recent years, up from just 4 percent during the Great Recession. You think of these places like Irion County as ‘The Last Picture Show,’ all dusty and forgotten, and then you see that some of them are success stories."

This isn’t all a dark story,” said Keith Wiley, senior research associate at the Housing Assistance Council in Washington, D.C., a nonprofit working to build more housing in rural communities.

There are similar situations in rural areas of Iowa and Georgia, where new meatpacking plants are stressing the local rental market and driving up prices, Wiley said.

One reason for the slow-moving crisis in rural rental housing is that federal incentives to include affordable units have all but disappeared, and those remaining are quietly expiring, allowing landlords to freely charge more when demand rises, according to a 2018 study by the Housing Assistance Council. More than 2,000 rental properties left the federal program, mostly in the Midwest, between 2006 and 2016, according to the study, as landlords paid off the loans.

Norton, Virginia, a town at the heart of Appalachian coal country with a population of 3,936, saw its cost-burdened population soar to 22 percent from 12 percent in Stateline’s analysis, one of the largest increases.

In Norton, people have lost good jobs and are struggling to make a living in a town that’s a commercial and health care center for surrounding rural counties. The area is having its own local recession after prospering during the nation’s Great Recession, officials there said, before the fracking boom made natural gas cheaper than coal. Median rent is unchanged at about $550 between 2010 and 2017, but household income dropped to about $27,000 from about $34,000.

"We never had a downturn here like other places. Our economic peak was probably around 2010," said Norton City Manager Fred Ramey. "Then we lost a lot of coal jobs — probably a thousand in this area, and those were jobs paying $50,000 to $80,000, and the rest of the local economy was not able to absorb all those jobs."

A similar thing is happening in Madison County, Idaho, 475 sprawling square miles of farmland and foothills with a population of about 40,000 people. The county seems an unlikely candidate to eclipse crowded hotspots such as Los Angeles and Key West in the number of residents struggling to pay rent. But 25 percent of Madison County households are severely cost-burdened, an increase of 6 percentage points, according to Stateline’s analysis.

That’s because Brigham Young University’s Idaho campus has expanded from a two-year to a four-year school, drawing thousands of new students from other states. Many of them are married with children, following a way of life common for members of The Church of Jesus Christ of Latter-day Saints, which is affiliated with the school.
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Eastern Idaho Public Health has expanded low-income family programs like immunizations and nutrition programs to serve the new residents.

"Technically we have an increase in poverty, but that's just because when you're a 19-year-old college student with a family you're not bringing down the big bucks yet," Taylor said. "It's an exciting development for the community, and it's also bringing good jobs for professors and other university employees."


For those who've been locked up in prison for years, finding a home on the outside can be rough. Parole restrictions may limit where former inmates can live. Public housing and housing vouchers may be off-limits, and many landlords are reluctant to rent to former offenders.

The result, criminal justice experts say, is a housing crisis among the formerly incarcerated, particularly among those recently released from prison. The lack of affordable housing in many cities, and the resulting spike in overall homelessness, are exacerbating the problem.

Former prison inmates are almost 10 times more likely to become homeless than the general population, according to an August report by the Prison Policy Initiative, a nonprofit based in Northampton, Massachusetts.

In New York City, for example, more than 54% of people released from prison moved straight into the city's shelter system in 2017, according to a 2018 report by the Coalition for the Homeless. "If people don't have stable housing when they get out, they're much more likely to go back," said Steve Berg, vice president for programs and policy at the National Alliance to End Homelessness, a research and advocacy group based in Washington, D.C. "Housing is the key to understanding the recidivism puzzle."

A handful of states, cities and counties are experimenting with ways to house former inmates while protecting the public. Prisoner advocates in Alameda County, California, launched a program in August that takes the Airbnb approach, pairing recently released offenders with homeowners willing to rent to them.

In December, Delaware Gov. John Carney, a Democrat, created a commission to make it easier for state inmates to find housing and employment. In Washington state, the Tacoma Housing Authority provides rental assistance to formerly incarcerated college students at risk of homelessness. The Housing Authority of New Orleans is updating its screening process to make it easier for ex-offenders to get housing, while Seattle and Washington, D.C., have barred landlords from asking about felony convictions on rental applications.

The Georgia Department of Corrections may be taking the most innovative approach. In August, it opened the Metro Reentry Facility in Atlanta, believed to be the first transitional state prison for offenders slated for release within 18 months. "Returning citizens" receive intensive counseling, vocational training and housing support so they will leave with two things: a job and a home. "One of our goals is: Nobody is released to homelessness," said Jay Sanders, assistant commissioner of inmate services at the Georgia agency.

Before, many former inmates became homeless as soon as they walked out of prison, said Doug Ammar, executive director of the Georgia Justice Project. The group is providing free legal services for those enrolled in the Metro Reentry Facility program. "They didn't have anywhere to go," Ammar said. "And the state system was like, 'Good luck, we don't have anything to do with it.'"

Now government officials are increasingly aware of the problem, Ammar said, and willing to take steps to ameliorate it. The shift comes amid a bipartisan push to change the criminal justice system and reduce recidivism rates by, among other things, updating sentencing guidelines, decriminalizing some minor offenses and raising the age of criminal responsibility.
In the long term, those changes will lead to fewer people going to prison. In the short term, however, they are causing a flood of recently released inmates that is straining homeless assistance programs, according to Stephen Eide, senior fellow at the Manhattan Institute, a libertarian-leaning think tank in New York City. Cities faced a surge of homelessness when people with mental illnesses were moved out of institutions in the 1970s and ‘80s. Now they are facing a similar situation as more people are released from prison. “They’ve been in prison, and now they fall into the shelter system,” Eide said. “And shelters are very expensive.”

For their part, landlords say they are faced with a difficult choice. “There’s a lot of fear when people hear there are criminal records,” said Alexandra Alvarado, director of marketing and education for the American Apartment Owners Association, a membership organization of professional property managers based in Calabasas, California. “They’re afraid they’re going to have a violent offender who’s a safety risk.” At the same time, Alvarado said, landlords are reluctant to run background checks for fear of being sued for housing discrimination. She said her organization advises property owners to consider the type of crime the former offender committed and its relevance to renting a home.

Precariously Housed

“There’s really no reason to expect that someone leaving prison would be able to find housing on their own,” said Wanda Bertram, spokeswoman for the Prison Policy Initiative. It should be incumbent on cities, counties and states to find housing for people who’ve been incarcerated, Bertram said, particularly when some local ordinances can make it all but impossible for former inmates to find housing.

For example, in August, the Clayton (California) City Council banned homes for two or more people on probation or parole in all but two locations in the city. “I don’t want parolee housing landing anywhere in Clayton,” Councilwoman Julie Pierce said at the Aug. 21 board meeting, according to the East Bay Times. “I want to make it as ugly a process as it can possibly be, so they go anywhere but Clayton.”

Federal law only prohibits two types of former offenders from living in public housing: people convicted of manufacturing methamphetamine and those who must register as sex offenders. But individual authorities have broad discretion to bar other kinds of offenders.

In 2016, the U.S. Department of Housing and Urban Development issued guidelines advising public housing authorities and private landlords that refusing to rent to someone with a criminal history could violate the Fair Housing Act because “racial and ethnic minorities face disproportionately high rates of arrest and incarceration.” But critics argue the HUD guidelines are vague and rarely enforced. “It’s so loosey-goosey out there,” Ammar said. “It leaves a lot of room for people not to get housing.”

Reestablishing Connections

Being in prison cuts people off from friends, family and other sources of support. And sometimes parole conditions bar former inmates from moving back home if other family members also have criminal records — a common situation in poor neighborhoods.

The reentry facility in Atlanta was created because so many state prisoners were from the area but were locked up in facilities far from home, according to Sanders from the Georgia Department of Corrections. Most of the prisons are in rural Georgia, Sanders said, which made it difficult for Atlanta-area inmates to reconnect with family and local services.

So far, 350 inmates, all men, have been enrolled in the program. Plans are in the works that would build additional dorms for men who are about to be released and who have jobs outside the prison. Prison officials work with the soon-to-be released inmates to help them reconnect with family members, find housing, get a driver’s license and open a bank account.

The goal is to introduce a strange new world to people who may have been incarcerated for decades. They have so much they have to catch up on,” from technology advancements to
resume-building to getting a driver’s license, said Terah Lawyer, project coordinator for the Homecoming Project at Impact Justice, a California-based nonprofit.

Lawyer has experienced that struggle herself: In 2017, she was released from prison after serving 15 years of a lifetime sentence. (She doesn’t want to say what her crime was, out of respect for her victim.) "My criminal record could definitely lead to me [living] in my car," Lawyer said. Now, she matches people recently released from prison with homeowners who are willing to give them a place to live and coach them on living life on the outside.

The homeowners are paid a $25 daily subsidy. So far, 10 people have enrolled in the two-year pilot program, which is believed to be the first of its kind. Five former inmates have successfully completed the program. Two have moved on to their own apartments and three have opted to become permanent roommates with their benefactors. She hopes to expand the program with state and county funding.

"Once they’re not worried where they’re going to lay their head, they’re able to focus on the things that matter," Lawyer said.


A homeless man living in one of the tents near Union Station in Washington, D.C., sweeps his area as he waits for city workers to pack up his belongings into a truck and have the small tent city — just blocks away from the U.S. Capitol — removed.

Increasingly, cities and counties are trying to tackle the racial disparities in homelessness. Bill Clark/The Associated Press

Just a few blocks from the U.S. Capitol sprawls the Federal City Shelter, the nation’s largest homeless shelter, a behemoth of beige concrete extending across an entire city block.

Outside the shelter one recent morning, James Jeffery, a grizzled 69-year-old who’s been homeless off and on for a decade, stands, philosophizing. He moved to the city a few months ago, and he’s been bothered by something ever since.

"Why are all these shelters in D.C. black more than anything?"

Then he answered his own question. “The system’s failing,” said Jeffery, who is African-American. “And this is D.C., the beacon of the world. If it’s happening here, what do you think is happening in the rest of the country?”

Jeffery’s comments reflect the challenges cities and counties face in tackling racial disparities among the homeless. People of color are disproportionately represented among the homeless, with blacks and Native Americans experiencing the highest rates among those groups.

Poverty alone doesn’t account for the stark inequities, researchers say, because the number of black and Native people who are homeless exceeds their proportion of people living in deep poverty. Those disparities, researchers say, are the result of centuries of discrimination in housing, criminal justice, child welfare and education. What’s new, though, is that cities and counties are beginning to take a hard look at how entrenched policy has served to perpetuate homelessness in black and brown communities.

Taking the first step means identifying just how bad the problem is, said Jeff Olivet, a senior advisor for the Center for Social Innovation, a Needham, Massachusetts-based research nonprofit that focuses on homelessness. "Homelessness was an issue that wasn’t even remotely tied to race," Olivet said. "We were just trying to end homelessness." “But unless you diagnose the problem correctly,” he said, “you can’t solve it.”

African-Americans make up 13 percent of the general population. Twenty-one percent of people living in poverty in the United States are black, according to census data. But African-Americans account for 40 percent of people experiencing homelessness — and half of homeless families with children, according to the 2018 Annual Homeless Assessment Report (AHAR), produced by the U.S. Department of Housing and Urban Development. American Indians also are overrepresented in the homeless population.
Latinos make up a share of the homeless population (22 percent) that is slightly higher than their share of the general population (18 percent). Based on their percentage of the total population, the number of homeless whites and Asians is disproportionately low.

Increasingly, local governments are exploring ways to address the racial disparities. Los Angeles in February announced an initiative to tackle rising black homelessness after voters approved a local tax hike to build housing. King County officials in the Seattle area have created a data system to track the homeless population and understand its racial composition. And in 2017, city officials awarded $3.2 million to five Native-led nonprofits for homelessness programs.

“People are all over the issue now,” said Steve Berg, vice president for programs and policy at the National Alliance to End Homelessness, a Washington, D.C.-based research and advocacy group. “Localities are saying, ‘What are we trying to do about this?’” The federal government is getting involved, too: In December, HUD released a race and ethnicity data tool to help states and localities assess the conditions creating racial disparities among the homeless.

And as part of its grant process, HUD now awards extra points to applicants who can demonstrate how they are addressing disparities. The idea is to use incentives to encourage local communities to tackle obstacles people of color face, said HUD spokesman Brian Sullivan. “Nobody likes these disparities,” Sullivan said.

NCBA-SCSEP offers job training and placement for older adults, age 55+ who meet the federal poverty guidelines return or remain active in the labor force.

Job training and employment candidates include Veterans, the homeless, individuals at risk for homelessness, persons living with disabilities, rural dwellers, older adults with low literacy and/or limited English proficiency, and individuals with minimal employment prospects re-enter the workforce.

For two decades, NCBA-SCSEP has successfully placed over 50% of the above referenced populations into employment.

Food & Wine reports McDonald’s will have different positions available ranging from cashier to shift manager. All those hired through the AARP will work those earlier shifts, as chief people officer for McDonald’s USA Melissa Kersey explains its younger employees (who make up most of their workforce) are "in school or aren’t always excited about working that 5 a.m. shift, so we believe matching this mature workforce with the breakfast and lunch shift...is really important.”

The AARP and AARP Foundation released a statement explaining their excitement for the partnership to come:

"We know that employees and employers across all industries succeed when they remain committed in words and in action to hiring and maintaining an age diverse workforce. Integrating these workers with their younger staff can often bring unexpected benefits including two-way mentoring which supports growth for all”.

Something else that AARP and McDonald’s believe will make the "mature" set invaluable? Their “soft skills.” The 55-and-up group tends to be more punctual and can more easily connect with customers because of their years already banked in the workforce, which is, of course, crucial in the restaurant industry.

All these job openings will be posted to the AARP’s job board in Florida, Illinois, Indiana, Missouri, and North Carolina.

Networking 101: The Art of Working the Room

While plenty of job search maneuvers can be conducted by computer or phone, nothing beats connecting with someone new face-to-face.

Whether you’re mingling at a networking event for job seekers or attending an industry lecture followed by schmooze time, you’re at a gathering that’s hardwired for meeting people who can open doors for you. But you must know how to work the room.

1. **Tweak your attitude.** View each networking event as a chance to expand whom you know and what you know. When you’re positive and engaged, your whole posture changes, and you project an energetic vibe that people find appealing. They gravitate toward you.

   One way to psych yourself up is to keep in mind that the best job opportunities often go unposted on job boards, so the more people you connect with, the greater your odds of hearing about an opening.

   Plus, it’s a two-way street: You can share tips on jobs that you know about but are not up your alley. Helping a fellow job hunter simply feels good. At the very least, you can get on that person’s radar for future possibilities, while increasing your network — the quintessential ingredient in landing a job.

2. **Make room in your schedule.** Don’t race in, grab a drink and race out. Successful networking requires time and planning. If possible, review the RSVP list to see if you know anyone attending, or if there’s someone you want to be sure to meet. Then do a quick review of his or her LinkedIn profile to gather background for questions.

   Often the roster is available on the sponsoring group’s website. If it’s an open event, you might consider inviting a fellow job seeker or two. Going with someone you know takes the bite out of being in a room full of strangers and can put

   Make certain your online accounts at LinkedIn, Facebook and Twitter tell the same story about you as your résumé does. Check that job titles and other personal information match and that you use the same name at each site. Also, take down any embarrassing photos or posts that are open for public viewing.

3. **Set goals.** Make a pact with yourself that at each gathering you’ll meet three or four new people and get their contact information. Afterward, jot down notes on the back of their business cards to remind you of where you met and what you talked about. You’ll need this to jog your memory if you follow up with them later. Having a strategy like this for your time keeps you fully engaged at the event — not simply meandering around the room ricocheting from person to person or retreating to a corner table alone to nibble on appetizers and sip club soda.

4. **Arrive early.** The best time for bantering is before the room gets crowded. This can be a little uncomfortable if you’re shy, but with fewer people around, you have no choice but to stick out your hand and smile. Plus, the low noise level in the room will be more conducive to conversation.

   Look for someone standing alone or sidle up to a small group of people and introduce yourself. Offer a brief but firm handshake while making eye contact, smiling and saying your first and last name. Then, listen vigilantly for the person’s name.

5. **Be curious and listen.** Ask questions to get people to talk about themselves. It’s subliminal, but this approach will build a positive memory of you, because who doesn’t like talking about what they do? Spend at least twice as much time listening as you talk.

   If possible, be the one to toss out the first question. The person who answers will be more apt to relax and listen more carefully to what you have to say when it’s your turn, since the ice has been broken, so to speak.

   It helps to have your basic questions and comments committed to memory. Begin with the same kind of small talk that you might have at a purely social gathering. Comment casually on the food, perhaps, or an interesting article of clothing that someone is wearing. Then you can ask about what he or she does for a living, or background.

   It’s an old trick but try to use the other person’s name once or twice during your conversation. People like to hear their names and at the same time it will help you remember it.

6. **Follow up.** Send a note to your new connections the next day and tell them how much you appreciated meeting them and propose a future date to get together casually.
Or mention a book, an upcoming event or even a movie they might enjoy — based on what you learned in your conversation. Email works fine for this, but if you’ve got a personal note card to send, that never goes out of fashion.

You might also consider following the people on Twitter, if they have accounts, and sending invitations to connect on LinkedIn. Don’t use the generic invite, but type in your own personal one with a reference to where you met.


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**Health**

It’s Not Just Measles, What You Should Know About Vaccines for Adults

Amid one of the largest measles outbreaks in the U.S. in recent history, vaccines are on the minds of many Americans. The Centers for Disease Control and Prevention reported this week that the number of measles cases this year has climbed to 839 in 23 states, affecting mostly unvaccinated people. Most people in the U.S. are vaccinated against measles when they’re children as part of the routine immunizations they get in primary care.

We’re used to kids needing lots of shots to ward off lots of illnesses, but what about adults? The CDC recommends that adults get multiple vaccines for conditions ranging from tetanus to influenza to cervical cancer. The shots can be a bit trickier to keep track of, as many adults go to the doctor less frequently than kids do, but those vaccinations are equally important for staying healthy.

"Many adults are not aware of what vaccines they actually need," says Dr. Pamela Rockwell, an associate professor of family medicine at the University of Michigan who works with the CDC’s Advisory Committee on Immunization Practices. "That is also balanced by physician unawareness of what vaccines they should be recommending. It’s gotten very complicated, and it is difficult to keep up with all the changes."

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**Vaccinations Are Not Just for Kids**

Get up to date. Vaccinate!

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**Some Common Questions About Adult Vaccines**

I was vaccinated against measles as a child, but the measles outbreak makes me worry that I’m no longer immune. Do I need to be revaccinated as an adult?

If you received the standard two doses of the modern measles, mumps and rubella (MMR) vaccine, you’re all set. You shouldn’t need to be revaccinated, because you’re considered immune for life.

And if you were born before 1957, doctors assume you were exposed to measles as a child and are already immune.

However, a version of the vaccine produced in the mid-to-late 1960s wasn’t as effective as the current regimen, so if you were vaccinated before 1968, you should talk to your doctor about whether you need another shot. If you were born after 1957 but for some reason never got immunized, you should also get the MMR vaccine.

I’ve heard there’s an effective vaccine for shingles, but my doctor’s office doesn’t have it and it’s out of stock at the pharmacy. What’s going on?

Shingrix is a two-dose vaccine that is upward of 95 percent effective at preventing shingles, a painful rash that tends to affect older adults and immunocompromised people. The vaccine was approved in 2017 and requires two injections. It’s more effective than Zostavax, an older shingles vaccine, so doctors will recommend Shingrix over Zostavax to most patients over age 50.

There has been a shortage of Shingrix for almost as long as it has been available because demand for the vaccine has outpaced the supply. Its manufacturer, GlaxoSmithKline, told the CDC that it’s working to step up its production schedule. But because every dose of Shingrix needs to undergo safety checks, GSK expects that shortages will continue at least through the end of the year.
The demand was so great they literally couldn’t keep up,” Rockwell says.

If you get the first dose, do your best to get the second one within two to six months. If your local pharmacies don’t have Shingrix in stock, don’t worry — you can use the HealthMap Vaccine Finder to find out where it is available. If you wait more than six months to get the second dose, you don’t need to repeat the first one, but it’s possible the vaccine won’t be quite as effective in preventing shingles.

**What’s the deal with tetanus shots? How often do I need them?**
Tetanus is a life-threatening disease of the nervous system that’s caused by a toxin-producing bacterium usually found in soil. It can be prevented by a series of five childhood shots, including a booster between ages 11 and 12. Adults then need a booster shot every 10 years. It can be hard to keep track of this if you move or change doctors, so make a note in your calendar and don’t be afraid to ask about it. If you get it early or a year or two late, it isn’t harmful.

If you ever have an injury that might expose you to tetanus — such as stepping on a nail — your doctor will ask when your latest tetanus booster was and may give you another booster shot on the spot. If you’re not up to date on your tetanus vaccines, you may need additional treatment to prevent the disease.

Childhood tetanus shots are combined with a vaccine for diphtheria, a dangerous infection that can affect kids, and one for pertussis, which is known as whooping cough. Your every-10-year tetanus and diphtheria boosters won’t include pertussis, unless you’re pregnant. But when you turn 65, you should again get the shot that protects against all three, which is known as Tdap.

**I’m thinking about having a baby. What vaccines do I need?**
Make sure you and everyone around you is up to date on standard childhood and adolescent vaccines, including pertussis, since babies are vulnerable to this disease. You should also get a dose of Tdap during prenatal care, since it’s safe in pregnancy.

**I’m planning to visit my newborn nephew. What vaccines do I need?**
If you’ve gotten all your recommended vaccines and boosters, you’re almost ready to meet the baby. Babies, like pregnant women, have weak immune systems, so an annual flu shot is important before interacting with a newborn. Adults over 65 should have gotten a pertussis booster (included in the Tdap shot).

Everyone also should get an annual flu shot, because pregnant women, who have weakened immune systems, are particularly susceptible to influenza and can get very sick or die from an infection.

Even if you got all the recommended vaccines as a kid, it’s possible your immunity has waned when it comes to some of the vaccine-preventable diseases that can be passed from mom to baby. Therefore, prenatal doctors and midwives check to make sure pregnant women are immune to hepatitis B, varicella (chickenpox) and rubella.

If you find out you’re not immune before you get pregnant, you should get vaccinated again. The hepatitis B vaccine is safe during pregnancy. But the varicella and MMR (which includes rubella protection) vaccines are not safe for pregnant patients, so your doctor is likely to recommend that you get them after delivery.

**What about if I’m visiting my hospitalized, elderly grandmother?**
Older, hospitalized adults are like newborns in that their immune systems are weak and particularly vulnerable to infections. Follow the same advice as if you’re going to meet a new baby.

**I was born before the varicella (chickenpox) vaccine existed. Do I need it now?**
The varicella vaccine was approved in 1995, so if you were born before then, there’s a good chance you weren’t vaccinated.

But even if you weren’t vaccinated, you’re probably already immune because there’s a high likelihood you’ve had chickenpox. The CDC says adults born before 1980 don’t need the vaccine and don’t need testing to prove their immunity.
There are some occasions when doctors will want to order blood tests to make sure their patients are immune to varicella — for pregnant women and health care workers, for example. If you get tested and the blood test shows you’re still susceptible, your doctor will recommend that you get the vaccine. But because the vaccine is so effective, and the blood test isn’t always accurate, getting tested isn’t necessary for everyone.

What do I need to know about all the different hepatitis shots?

Hepatitis means inflammation of the liver, but when we’re talking about vaccines, we’re referring to several types of viruses that infect liver cells and can cause lots of different and potentially life-threatening problems, ranging from diarrhea to liver failure to cancer. Routine childhood immunizations include vaccines for hepatitis A and hepatitis B, meaning virtually all kids in the U.S. are vaccinated against them.

Hepatitis B is transmitted through blood or sex. A vaccine for it has been available since the 1980s, but it’s common for immunity to hepatitis B to decrease over time. If you work in health care or are thinking about becoming pregnant, your doctor might order a blood test that shows if you’re still immune. If you’re not, your doctor may recommend you get revaccinated as an adult.

Hepatitis A is transmitted through the fecal-oral route, meaning that if you eat something that has been contaminated with the feces of an infected person, you can get it. The vaccine for hepatitis A was approved in 1995. If you’re not yet vaccinated and you fall into one of a few groups — including if you’re a man who has sex with other men, you’re traveling to a country where the virus is endemic, you live with a person who has had hepatitis A — you should get the shots.

Hepatitis C is another common viral infection that affects the liver. It’s so common, in fact, that doctors routinely test people born between 1945 and 1965 for the virus. Unfortunately, there’s no vaccine available for it, but it can be treated with an oral medication. If you haven’t been screened for it, ask your doctor if you need to be.

Who should get the HPV vaccine? What’s it for?

This is essentially a cancer vaccine.

The CDC still officially recommends that both boys and girls get their first shot by 11 or 12, up until age 26 for women and 21 for men. The CDC adds that men up to age 26 “may be vaccinated” based on a consult with a doctor. If you’re older than 26 and haven’t been vaccinated, again, talk to your doctor about whether you need it.

HPV stands for the human papillomaviruses, which cause a wide variety of conditions, ranging from common warts on hands and feet to cervical and anal cancer. The vaccine helps prevent infection from certain types of HPV, including the strains that are the most likely to cause cancer.

It’s a series of two shots, six to 12 months apart, which is a change from when the vaccine was first approved — it used to require three shots. Children who are late getting the HPV vaccine and receive their first dose after age 15 will still need three doses.

And there’s more.

You may also need vaccines for conditions such as pneumonia or meningitis. Ask your doctor. What your doctor recommends will depend on your medical history and your risk factors, so don’t be afraid to speak up at your next appointment.

Contributing Author: Mara Gordon is a family physician in Washington, D.C., and a health and media fellow at NPR and Georgetown University School of Medicine.

Live a Healthier Life in Your 60’s and Beyond

When you reach your 60s, all the issues that arose in your 50s become more extreme.

Your yearly well-woman visit is a good time to check in with your doctor about how you’re doing, how you’d like to be doing and what changes you can make to reach your health goals.
In addition to talking with your doctor or nurse about your health, you may also need certain vaccines and medical tests. Don’t worry. You won’t need every test every year. Younger than 65? Right now, a yearly well-woman visit won’t cost you anything extra if you already have health insurance. (This could change if the new administration is successful in its attempts to repeal and replace all aspects of the Affordable Care Act.)

Talk to the doctor about:
- Your weight, diet and physical activity level
- Your tobacco and alcohol use
- Any violence in your life
- Depression and any other mental health concerns
- Preventing falls
- Who will make health-care decisions for you if you are unable to
- Low-dose aspirin
- Tests for blood pressure, cholesterol, colorectal cancer, diabetes, bone mineral density
- Vaccines for flu, pneumococcal pneumonia, hepatitis B and hepatitis C, shingles, thyroid
- HIV
- Lung cancer
- Mammogram
- Osteoporosis (65 and older)
- Dental health
- Eye health
- Pap and HPV (64 and younger)
- Sexually transmitted infections (Screening for STIs is not a regular part of your well-woman visit. Ask for it.)
- Tuberculosis

Protect your heart. According to the American Heart Association, most heart attacks in women occur in the 10 years after menopause. To lower your heart disease risk, keep track of your blood pressure, total cholesterol, fasting blood glucose, weight and waist circumference.

You’ll likely experience drastic changes in density, strength and moisture levels in your hair in your 60s. This might prompt you to cut your locks, though you shouldn’t feel pressured to do so. Whether you decide to wear your hair long or short, invest in a good cut to reduce wear and tear. Age does cause the scalp to tighten, which affects the ability to grow hair.

The solution: Apply a hydrating scalp treatment and massage it in to get more blood flowing.

Most private health plans cover certain preventive care benefits, including a yearly well-woman visit, without charging a copay, coinsurance or making you meet your deductible. If you don’t have insurance, you can still see a doctor or nurse for free or low-cost at a local health center. When you turn 65, Medicare plans must also cover your annual wellness visit and other preventive care services at no cost to you.

It can be difficult to manage your health while living with a chronic condition like diabetes, heart disease or COPD, all of which become more prevalent when you hit your 60s. Take it one day at a time and remember that you must take care of yourself before you can help care for others.

Every day:
- Eat healthy.
- Get at least 30 minutes of physical activity (Talk to your doctor about chronic conditions that may limit your movement.)
- Get at least seven to eight hours of sleep, though a full night of sleep may start to elude you as you age. If you’re having difficulty sleeping, talk to your health-care provider.
- Reach and maintain a healthy weight
- Get help to quit or don’t start smoking
- Limit alcohol use to one drink or less each day
- Don’t use illegal drugs or misuse prescription drugs
- Wear a helmet when riding a bike and wear protective gear for other sports
- Wear a seatbelt in cars
- Don’t text while driving
Forget younger-looking skin and focus on healthy skin. That means exfoliation is critical. And you’re never too old to prevent sun damage. Limit sun exposure and invest in a good sunblock. Since our skin tends to become drier (we lose oil glands as we age), dry skin is a common challenge.

Wash your face every night before bed, but not with soap, which pulls away the natural oils necessary to keep your skin healthy. You don’t have to give up those hot baths you love, but you’ll want to slather on moisturizer as soon as you climb out, while your skin is still damp.

Practice safer sex. Mama may take longer to get revved up, but that doesn’t mean her sex life is stuck in park! If you’ve been out of the dating game for a long time, talk to your doctor about condoms and sexually transmitted infections.

For more information, visit https://blackhealthmatters.com/2017/05/18/live-healthier-life-your-60s-beyond/

5 Warning Symptoms Men Shouldn’t Ignore

Guys, stop being stubborn and go to the doctor

A recent survey by the American Academy of Family Physicians found what women already know: 38 percent of men go to the doctor only when they’re extremely sick or when symptoms don’t dissipate on their own. (The study didn’t mention guys who go when their significant others make them!) But waiting for health issues to get better could lead to serious complications—or worse: a late diagnosis.

Stop waiting around, guys! If you experience any of the following five symptoms, do not pass go, do not collect $200; head straight to your doctor’s office.

1. **Dizziness.** That light-headed, room-spinning sensation can happen if there’s a sudden drop in blood pressure or from dehydration. If you have allergies, flu or hypoglycemia, you might also get dizzy. It also can indicate a serious health risk like heart disease, shock or stroke.

2. **Erectile dysfunction.** Sure, it happens to everybody at one time or another, but roughly 70 percent of cases of erectile dysfunction are caused by another medical condition, including diabetes, heart disease, kidney disease or multiple sclerosis.

3. **Excessive thirst.** Find yourself reaching for the water bottle a lot more than usual? Excessive thirst can be an indication you have a health condition such as diabetes, internal bleeding, severe infection, or a failure of the heart, liver or kidneys.

For more information, visit https://blackhealthmatters.com/2013/08/05/5-warning-symptoms-men-shouldnt-ignore/

Clinical Trials Key to Eliminating Cancer Disparities

“Blacks have the worst survival of all cancers.” With that frank statement, Carol Brown, M.D., associate cancer center director for diversity and health equity at Memorial Sloan Kettering Cancer Center in New York, opened her presentation at the Third Black Health Matters Health Summit at Riverside Church in Harlem earlier this month.

Brown then delved into how scientific research aimed at developing better treatments for specific diseases is being done all over the country every day, but she pulled no punches about the lack of inclusion of African Americans in this research. “They say it’s all in the genes,” Brown said. “That’s very true. What’s in the genes is something about the type of cancer that African American men and women get is different than the type they have in Sweden.
Prostate cancer, breast cancer, colon cancer, uterine cancer, multiple myeloma—these are the cancers with huge disparities. We need men and women of African descent to participate in trials.

Brown also outlined how ageism can play a part in keeping us out of medical research.

"Government agencies say women after age 65 with adequate screenings for the previous five years, no longer need Pap smears," Brown said. "This isn't true. The death rates start increasing exponentially after age 65. Many of us are sexually active after age 65. If you have a cervix after age 65, you still need to get screened."

But the biggest indicator of cancer diagnosis and survival? Poverty. It's even bigger than race, Brown said. "If you have Medicaid, you do worse with breast cancer no matter what color you are, even worse than people with no insurance. "Medicare Advantage plans do not let you go to NYU or Sloan Kettering. They want you to go where the care is cheapest. You don't want cheap cancer care. You want the best cancer care."

Where is that care? According to Brown, most cancer centers have programs dedicated to eliminating disparities. It is at these centers where cutting-edge scientific study is done. And it's critical for black folks to be part of that research.

"You're going to get the best, latest advances and better care," she said. "You can help get rid of some of these disparities, particularly if you're a person of color. Clinical research plus underserved populations equal cancer health equity."

So why are so few of us taking part in clinical trials? The easy answer is our fear of research borne out of medical experimentation—think: Tuskegee Experiment and Henrietta Lacks. But the truth is that most people aren't old enough to remember this mistreatment. Brown suggested the culprit is deeper than that.

Some of our reluctance centers around cost. We worry we won't be able to afford the treatment. "Medicare does cover all of the costs associated with participating in a clinical trial," she said, giving credit for this to legislation passed during Bill Clinton's administration. "Medicaid does not. But there's a bill in Congress right now to make this mandatory for Medicaid. There is no study in New York City where someone should not be given access to a clinical trial because of costs."

Another roadblock to minority involvement in clinical trials comes from the medical profession itself. "A lot of oncologists assume poor patients, homeless patients, old patients, or patients of color won't be able to deal with this clinical trial, so they think, 'I'm not going to tell them about it,'" Brown said. "We have to get past that."

Sloan Kettering works hard to avoid those assumptions. It's not the only center actively seeking people of color for research, but it's the place Brown knows best. "We are very aggressive about informing patients about research and clinical trials," she said.

Today's cancer treatment is all about precision medicine. This is where a test tells each patient what their cancer looks like from a DNA standpoint.

"We learn a way to manipulate this cancer by taking your cancer and your blood and mapping the genome. We can target the mutations in the cancer genome," Brown said. "New drugs are being developed every day. How? By clinical trials. Participating in a clinical trial is the best way for people of color affected by cancer to level the playing field."

For more information, visit https://blackhealthmatters.com/2019/03/11/clinical-trials-key-to-eliminating-cancer-disparities/?mc_cid=9aba4f017c&mc_eid=cc12c5d5c6
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.

To learn more about the Senior Employment Environment Program (SEE), visit: 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/

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/
When Unita Blackwell became mayor of Mayersville, Miss., many of the town’s roughly 500 residents lived in tin-roof shanties with no running water. There was no sewer system, and the streets were unpaved. The year was 1976, but the town carried on much as it had for generations, unnoticed by the world beyond the Mississippi Delta.

For her efforts to modernize and improve the living conditions in her town, Mrs. Blackwell — a former civil rights worker whose early education ended at eighth grade, and who had once chopped cotton for $3 a day — received a MacArthur Foundation grant in 1992 worth $350,000. The award, commonly called a “genius” grant, brought national attention to Mrs. Blackwell, to Mayersville and to the struggles of rural communities like it.

Mrs. Blackwell, who was reportedly the first black woman to serve as a mayor in Mississippi, spending two decades leading her town from the one-room city hall that had formerly been a Baptist church, died May 13 at a hospital in Ocean Springs, Miss. She was 86. The cause was a heart and lung ailment, said her son, Jeremiah Blackwell Jr.

A daughter of sharecroppers, Mrs. Blackwell joined the civil rights movement in the 1960s. Recruited to the Student Non-Violent Coordinating Committee, she was arrested more than 70 times, by her count, for her efforts to register African American voters. The Ku Klux Klan burned crosses in her yard. Molotov cocktails exploded outside her home.

Even after the Civil Rights Act of 1964 and the Voting Rights Act of 1965, which outlawed discrimination in employment, public accommodations, the voting booth and elsewhere, deep economic inequality persisted, leaving Mayersville and other largely black communities mired in poverty. It was this inequality that Mayor Blackwell sought to rectify, if only incrementally, as she defended her hamlet’s way of life.

Mrs. Blackwell, whose civil rights activism had led to work with the National Council of Negro Women and the Ford Foundation, first set about the task of incorporating Mayersville in the 1970s. “You can’t get federal dollars for housing if you’re not an incorporated town,” she told the Atlanta Journal-Constitution years later.

As the town’s first mayor, she spearheaded the establishment of public water and sewer systems. She oversaw the paving and naming of roads. Under her leadership, the town obtained its first firetruck.

Mrs. Blackwell stepped down as mayor to run, unsuccessfully, for the Democratic nomination for a U.S. congressional seat in 1993. She won election to another four-year term as mayor in 1997. By that time, there were “no shacks in Mayersville, only modest ranch homes built with Farmers Home Administration loans and several public housing projects,” the Atlanta newspaper reported.

Those housing projects included a $550,000 federally funded complex of 20 units for the elderly and disabled that opened in 1987. For some residents, it was their first home with indoor plumbing.

The NCBA Board of Directors, staff, and senior housing community at “Unita Blackwell Estates” in Mayersville, MS would like to express heartfelt sympathy to Mrs. Blackwell’s family, and all who were touched by her extraordinary gifts. She will be sincerely missed by everyone.

**Contributing Author:** Emily Langer, Washington Post, https://www.washingtonpost.com/people/emily-langer/?utm_term=.0e6e0eaf1493 and Angie Boddie, aboddie@ncba-aging.org
Beat the Heat: Summertime Activity Ideas for Elders & Caregivers

During the hot months of summer, it is often advisable, for seniors especially, to stay indoors and keep cool because Seniors are more prone to heat-related illnesses.

How can you stay active while keeping cool? What can caregivers do to keep elderly loved ones engaged and active? Here are some tips for indoor activities and summertime fun for seniors and caregivers:

- Take this time to organize pictures, scrapbooks and share family memories. Plan for the holidays and organize family gifts of photos or a memory book.

- Plan for the holidays by putting together gift lists and organizing address books and cards.

- Consider audio books if reading is difficult. Check with your local library about Books on Tape/Talking Books programs. Visit the Pinellas County Library Cooperative’s Talking Books program to learn more about this free program for qualified seniors and others. Large print books or an eReader may help someone with visual challenges.

- If your loved one enjoys music, consider putting together a special music collection on an ipod or burning a CD and buying a portable CD player that can be easily within reach (it may be a good time to consider burning those old albums to CDs for better portability/ease).

- Plan outings to local museums and indoor cultural events.

- Take in a movie, especially on a hot afternoon when the prices are lower, and the air conditioning feels great!

- Do a little shopping at the mall or spend some time at a local bookstore and get an iced coffee or treat while you linger over a book or magazine.

- It is a good time to get organized! Slowly go through closets or files, work together on shredding items and cleaning out/organizing.

- Set a goal to learn something new together...it is great for the brain! Practice a new language (or pick up an old one that you haven’t used in a while, or teach each other if one generation has a jump start); learn a new craft such as crocheting, take an art class (or practice along with one of the art lesson TV shows); learn and practice a new game-chess, cards, the latest board game; read a different genre book than you would usually or join in with an online book club or review Oprah’s old picks.

- Take a course at the local recreation center or senior center. Courses range from art classes to language lessons to computer classes and much more, usually for very reasonable prices.

- Check with local recreation centers and senior centers about other activities. They range from dances to trivia contests and movies to outings and various clubs. If you are a caregiver, go to the local centers and do some research for your loved one to explore what might be interesting.